Public Board Meeting

Thu 06 February 2025, 09:30 - 13:05

Pinewood House Education Centre

NHS Stockport NHS Foundation Trust

Agenda

09:30 - 09:30
0 min

1. Apologies for Absence

09:30 - 09:30
0 min

2. Declaration of Interests

09:30 - 09:35
5 min

3. Patient Story (Verbal)

Information *James Dyer, Urology Consultant*

09:35 - 09:40
5 min

4. Minutes of Previous Meeting - held on 5 December 2024 (Paper)

Decision *Marisa Logan-Ward*

04 - Public Board Minutes - 5 December 2024.pdf (8 pages)

09:40 - 09:40
0 min

5. Action Log (Paper)

Information *Marisa Logan-Ward*

05 - Public Board Action Log - February 2025.pdf (2 pages)

09:40 - 09:50
10 min

6. Chair's Report (Paper)

Discussion *Marisa Logan-Ward*

06 - Chairs Report - February 2025.pdf (4 pages)

09:50 - 10:00
10 min

7. Chief Executive's Report (Paper)

Discussion *Karen James*

07 - Chief Executive's Report - February 2025.pdf (5 pages)

PERFORMANCE

10:00 - 10:20
20 min

8. Integrated Performance Report (Paper)

Discussion *Executive Directors*

- Quality

- Operational Performance
- Workforce
- Finance

08a - Integrated Performance Report - Front Sheet Jan 25.pdf (2 pages)
08b - Integrated Performance Report - Jan 25.pdf (22 pages)

10:20 - 10:35
15 min

9. Financial Position - Month 9 (Paper)

Discussion *John Graham*

09a - Financial Position Report Month 9 2024-25 Front Sheet.pdf (3 pages)
09b - Financial Position 2024-25 M09 - v2.pdf (16 pages)

STRATEGY

10:35 - 10:50
15 min

10. Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust Collaboration (Paper)

Discussion *Paul Buckley*

10 - SFT & TGICFT Collaboration Report - February 2025.pdf (10 pages)

10:50 - 11:00
10 min

11. Digital Strategy Progress Report (Paper)

Discussion *Peter Nuttall*

11a - Digital Strategy Progress Report - Front Sheet - Jan 25.pdf (2 pages)
11b - Digital Strategy Progress Report.pdf (15 pages)

11:00 - 11:10
10 min

12. Site Development Strategy Progress Report (Paper)

Discussion *Paul Featherstone*

12a - Site Development Strategy Progress Report - Front Sheet.pdf (4 pages)
12b - Site Development Strategy Update February 2025.pdf (2 pages)

11:10 - 11:20
10 min

COMFORT BREAK

PEOPLE

11:20 - 11:30
10 min

13. People & Organisational Development Plan Progress Report (Paper)

Discussion *Amanda Bromley*

13 - People & OD Plan Progress Report - February 2025.pdf (9 pages)

11:30 - 11:40
10 min

14. Freedom to Speak Up Report (Paper)

Discussion *Nadia Walsh*

14 - Freedom to Speak Up Report.pdf (11 pages)

11:40 - 11:50
10 min

15. Guardian of Safe Working Annual Report (Paper)

Discussion *Ugonna Chukwumaife*

- 15 - Guardian of Safe Working Report - February 2025.pdf (6 pages)

11:50 - 11:55
5 min

16. Wellbeing Guardian Report (Verbal)

Discussion *Marisa Logan-Ward*

11:55 - 12:05
10 min

17. Safe Care (Staffing) Report (Paper)

Discussion *Nicola Firth / Andrew Loughney*

- 17a - Safe Staffing Report - Front Sheet.pdf (2 pages)
- 17b - Safer Care Report - January 2025.pdf (28 pages)

12:05 - 12:15
10 min

18. Annual Nursing & Midwifery Establishments (Paper)

Discussion *Nicola Firth*

- 18 - Annual Nursing & Midwifery Establishment Review - February 2025.pdf (8 pages)

QUALITY

12:15 - 12:25
10 min

19. Maternity Services:

19.1. Maternity Services Highlight Report (Paper)

Discussion *Nicola Firth & Maternity Team*

- 19.1a - Maternity Services Highlight Report - Front Sheet.pdf (7 pages)
- 19.1b - Appendix 1 - Maternity Service Highlight Report January 25.pdf (23 pages)

19.2. Annual CNST Board Declaration (Paper)

Decision *Nicola Firth & Maternity Team*

- 19.2a - CNST YR 6 Sumbission Board Declaration - Front Sheet.pdf (8 pages)
- 19.2b - Annex A - SA 4c Stockport Neonatal Workforce CNST Action Plan August 2024.pdf (5 pages)
- 19.2c - Annex B Action Plan - Safety action 5 one to one care in labour CNST year 6.pdf (3 pages)
- 19.2d - Annex C - SA 8 Action plan updated Jan 2025.pdf (3 pages)
- 19.2e - Annex D - CNST Y6 Action plan and evidence.pdf (5 pages)
- 19.2f - Annex E - MIS-Year-6-Board-Notification-form-Final.pdf (23 pages)

GOVERNANCE

12:25 - 12:35
10 min

20. Board Assurance Framework - Q3 2024/25 (Paper)

Decision *Karen James*

- 20a - Board Assurance Framework Q3 2024-25 - Front Sheet.pdf (4 pages)
- 20b - Appendix 1 - Board Assurance Framework 2024-2025.pdf (22 pages)
- 20c - Appendix 2 - Significant Risk Register - January 2025.pdf (2 pages)

12:35 - 12:45
10 min

21. Standards of Business Conduct

21.1. Non-Executive Director Independence (Paper)

Decision *Rebecca McCarthy*

21.1 - Independence of Non-Executive Directors 2024-25.pdf (6 pages)

21.2. Board of Directors Declarations of Interest (Paper)

Decision *Rebecca McCarthy*

21.2 - Directors Register of Interests 2024-2025.pdf (6 pages)

21.3. Annual Fit & Proper Persons Review (Paper)

Decision *Rebecca McCarthy*

21.3 - Fit & Proper Persons Requirement 2024-25.pdf (11 pages)

12:45 - 12:50
5 min

22. Board of Directors: Chairing Arrangements in March 2025

Decision *Marisa Logan-Ward*

22 - Board Chairing Arrangements - February 2025.pdf (3 pages)

STANDING COMMITTEE REPORTS

12:50 - 13:00
10 min

23. Board Committees - Key Issues Reports:

23a - Board Standing Committees Key Issues Reports - Front Sheet.pdf (3 pages)

23.1. People Performance Committee (Paper)

Information *Beatrice Fraenkel*

23b - People Performance Committee Key Issues Report - January 2025.pdf (2 pages)

23.2. Finance & Performance Committee (Paper)

Information *Anthony Bell*

23c - Finance & Performance Committee Key Issues Report - January 2025.pdf (2 pages)

23.3. Quality Committee (Paper)

23d - Quality Committee Key Issues Report - January 2025.pdf (3 pages)

CLOSING MATTERS

13:00 - 13:00
0 min

24. Any Other Business

13:00 - 13:00
0 min

25. Board Work Plan & Attendance - For Information

25a - Board of Directors Work Plan 2024-25.pdf (4 pages)
25b - Board of Directors 2024-25 Attendance.pdf (1 pages)

DATE, TIME & VENUE OF NEXT MEETING

13:00 - 13:00
0 min

26. Thursday, 3 April 2025, 9.30am, Pinewood House Education Centre

13:00 - 13:00
0 min

27. Resolution:

"To move the resolution that the representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".

STOCKPORT NHS FOUNDATION TRUST
Minutes of a meeting of the Board of Directors held in public
Held on Thursday 5 December 2024, at 9.30am in Pinewood House Education Centre, Stepping Hill Hospital

Members Present:

Dr Marisa Logan-Ward	Interim Chair
Dr Samira Anane	Non-Executive Director
Mr Anthony Bell	Non-Executive Director
Mrs Amanda Bromley	Director of People & OD
Mr Paul Buckley	Director of Strategy & Partnerships*
Mrs Nicola Firth	Chief Nurse
Mr John Graham	Chief Finance Officer / Deputy Chief Executive
Mrs Karen James	Chief Executive
Dr Andrew Loughney	Medical Director
Mrs Jackie McShane	Director of Operations
Mrs Mary Moore	Non-Executive Director
Dr Louise Sell	Non-Executive Director

In attendance:

Mrs Soile Curtis	Deputy Trust Secretary
Ms Kathryn Dore	Assistant Directorate Manager, Medicine
Mrs Rebecca McCarthy	Trust Secretary

Apologies:

Mrs Beatrice Fraenkel	Non-Executive Director
Mr David Hopewell	Non-Executive Director

** indicates a non-voting member*

Quoracy:
To be quorate the meeting requires:
At least six voting Directors including not less than two Executive Directors (one of whom must be the Chief Executive, or another Executive Director nominated by the Chief Executive), and not less than two Non-Executive Directors (one of whom must be the Chair or the Deputy Chair of the Board of Directors)

Quorate: Yes

REF No/Yr.	ITEM	ACTION OWNER
126/24	**Apologies for Absence** The Interim Chair welcomed everyone to the meeting. Apologies for absence were noted as above.	
127/24	**Declarations of Interest** There were no declarations of interest.	
128/24	**Patient Story** The Board of Directors watched a video regarding a Diabetes Transitioning Young Adults Project. The story highlighted the support offered to young adults with their diabetes management and the positive impact the supportive, tailored and multi-disciplinary team approach was having on the young adults living with diabetes. Dr Louise Sell, Non-Executive Director, welcomed how the project addressed health inequalities, noting that it would be useful to gather outcome data from the project in relation to hospital avoidance and consequent cost avoidance. The Interim Chair queried if there was a plan to integrate the project as	

	business as usual. The Assistant Directorate Manager of Medicine advised that the project pilot was due to conclude in March 2025 and the Trust was exploring funding options through Greater Manchester (GM) to establish if the project could continue on a sustainable basis. She stated that the team were enthusiastic to continue with the support and noted that the project would need to be running for longer to be able to demonstrate the impact on hospital avoidance and other benefits. **The Board of Directors received and noted the Patient Story.**	
129/24	**Minutes of Previous Meeting** The minutes of the previous meeting held on 3 October 2024 were agreed as a true and accurate record.	
130/24	**Action Log** The action log was reviewed and annotated accordingly.	
131/24	**Chair's Report** The Interim Chair presented a report reflecting on recent activities within the Trust and the wider health and care system. The Board of Directors received an update on the following: - Independent Review of Care Quality Commission (CQC) - Development of 10 Year Health Plan - Budget - NHS England: Evolution of Operating Model - The Insightful Provider Board - NHS Greater Manchester - Trust Activities Dr Louise Sell, Non-Executive Director, referred to the Insightful Provider Board guidance published by NHS England, and queried the timing of the review led by the Director of Informatics to identify any areas of improvement for the Board. Furthermore, she suggested that the review should link into the Board's review of its own effectiveness. The Chief Executive advised that the review of the guidance was due to be completed in January 2025, and the Board would be informed of the outcome in due course. Mrs Mary Moore, Non-Executive Director, advised the Board that she had tendered her resignation as a Non-Executive Director of the Trust and would conclude her term at the end of March 2025. The Interim Chair thanked Mrs Moore for her flexible approach to enable a smooth transition. **The Board of Directors received and noted the Chair's Report.**	
132/24	**Chief Executive's Report** The Chief Executive presented a report providing an update on local and national strategic and operational developments, including: - Greater Manchester System and Place - Trust Operational Performance - Hospital Site / Estate Issues - Key Successes and Celebrations	

	In response to a question from Mr Anthony Bell, Non-Executive Director, regarding the pay award funding gap, the Chief Executive acknowledged the issue and associated risks and advised that regional and national discussions continued in this area. Dr Louise Sell, Non-Executive Director, welcomed the involvement of clinical divisions in the review of estate issues and risks. Furthermore, she noted that the estate issues, associated risks and impact on patient safety continued to be considered and triangulated at Board Committees. **The Board of Directors received and noted the Chief Executive's Report.**	
133/24	**Corporate Objectives & Outcome Measures 2024/25 – Mid-Year Review** The Director of Strategy & Partnerships presented a report providing an overview of progress made against the 2024/25 corporate objectives and key outcome measures during the first six months of the year. The Director of Strategy & Partnerships briefed the Board on the content of the report, noting overall positive progress made towards the corporate objectives and highlighted mitigating actions to improve performance against red and amber rated objectives. Furthermore, he highlighted the approach to develop Trust objectives and key outcome measures for 2025/26, including an associated Board development session. Mrs Mary Moore, Non-Executive Director, noted discussion at Quality Committee regarding smoking at the time of delivery and queried the appropriateness of the data in relation to the key outcome measure. She also queried if the objective for timely recognition of sepsis could be strengthened to include antibiotic administration going forward. The Medical Director advised that a transformation project would consider the new NICE guidance and the relevant outcome measures would be modified as necessary. In response to a question from Dr Louise Sell, Non-Executive Director, querying arrangements for detailed monitoring of the Green Plan, the Director of Strategy & Partnerships advised that progress against the Green Plan was monitored at a Joint Green Plan Delivery Group, which had recently been established between this Trust and Tameside & Glossop Integrated Care Foundation Trust. It was noted that the Board of Directors received an annual update report on the Green Plan, as included on the Board work plan. In response to a question from Mrs Mary Moore, Non-Executive Director, regarding the RAG rating of the Patient Safety Incident Response Framework (PSIRF), the Chief Nurse confirmed that the framework had been fully implemented across the organisation, hence the blue RAG rating. **The Board of Directors received and noted the Mid-Year Review: Corporate Objectives and Outcome Measures 2024/25**	
134/24	**Integrated Performance Report** The Chief Executive introduced the Integrated Performance Report (IPR), which included exception reports for areas of most significant note. She highlighted the ongoing significant operational pressures and challenges, particularly relating to the Emergency Department and maintaining patient flow.	

Operations
The Director of Operations presented the operational performance section of the IPR and highlighted challenges and mitigating actions regarding Emergency Department (ED) performance, patient flow, diagnostics, Referral to Treatment (RTT), community, outpatient efficiency, outpatient procedures and theatre efficiency metrics due to under-achievement in month.

The Board heard that performance against the ED trajectory was outside the target thresholds and performance did not benchmark well against GM peers. The Director of Operations noted increase in attendances and acuity levels and highlighted programmes in place to improve performance, including support provided by the Emergency Care Intensive Support Team (ECIST).

The Director of Operations reported positive performance against all cancer metrics in month.

The Board heard that significant improvements had been made to the Trust's RTT position in 52, 65, and 78-week waits.

The Director of Operations advised that the diagnostic position continued to be challenged due to backlogs in Echo and Audiology, although Echo had shown significant improvement.

In response to a question from Dr Louise Sell, Non-Executive Director, regarding low utilisation of virtual wards and the barriers in this area, the Director of Operations advised that the development of pathways continued with a focus on building confidence around the use of virtual wards in primary and secondary care.

Mr Anthony Bell, Non-Executive Director, referred to the Did Not Attend (DNA) rates and associated mitigating actions, noting a deep dive considered by the Finance & Performance Committee in this area. The Director of Operations briefed the Board on the improvement actions in relation to DNAs, noting that the Council of Governors would receive a presentation on the topic at its next meeting.

In response to a question from Dr Louise Sell, Non-Executive Director, the Director of Operations confirmed that the long waits in ED and associated outcomes were being monitored and acknowledged that these could be further explored with the locality.

Quality
The Chief Nurse and Medical Director presented the quality section of the IPR and highlighted challenges and mitigating actions regarding sepsis, infection prevention & control (IPC), pressure ulcers, complaints, incidents and maternity due to under-achievement in month.

The Medical Director advised that the SHMI mortality rates continued to be low, with Stockport reported with the lowest rates across GM.

The Board heard that timely administration of antibiotics within the necessary timescales continued to be challenging, with out of hours prescribing being a key theme in delays.

	The Chief Nurse advised that reported infection rates for Clostridium Difficile (CDiff) had improved in month, with E.Coli rates remaining static. The Chief Nurse advised that written complaint rates had not changed significantly, noting plans in place to improve performance in areas of concern. The Board heard that maternity metrics remained fairly static. **People** The Director of People & Organisational Development (OD) presented the people section of the IPR and highlighted challenges and mitigating actions regarding sickness absence, turnover, appraisal rates and mandatory training due to under-achievement in month. She briefed the Board on mitigating actions, including promotion of health and wellbeing services, focused work with divisions to support turnover, and actions being taken to improve appraisal compliance. In response to a question from the Interim Chair regarding the NHS England review of statutory and mandatory training, the Director of People & OD welcomed the review and advised that the Trust was awaiting further information on the consequent impact on statutory and mandatory training requirements. **Finance** The Board received and noted the finance section of the IPR, noting that more detailed financial information was provided within the Finance Report. **The Board of Directors received and noted the Integrated Performance Report.**	
135/24	**Finance Report** The Chief Finance Officer presented a report providing an update on the financial performance for Month 7 2024/25. The Board heard that the Trust had a deficit of £1.3m at Month 7 2024/25, which was an adverse variance of £0.9m against plan. The Board heard that the adverse variance to date related to Elective Recovery Funding (ERF) underperformance, unfunded industrial action costs and the pay award pressure, offset by overachievement of the Stockport Trust Efficiency Programme (STEP). It was noted that at this point the forecast for year-end was a deficit of £2.5m, which was in line with the annual plan for 2024/25 following the receipt of the non-recurrent system funding from GM. The Chief Finance Officer advised that the funding was cash-backed and the Trust's overall cash position had consequently improved by £24m in October 2024 and the cash risk had reduced on the significant risk register from a score of 25 to a score of 10. The Chief Finance Officer advised that the Trust had delivered savings of £8.7m at Month 7, which was £1.2m ahead of plan. It was noted that the savings plan was weighted towards the second half of the financial year and focus remained on delivering recurrent savings.	

	The Board heard that the Trust was forecasting to deliver the financial plan for 2024/25, subject to risks highlighted. The Chief Finance Officer advised that agency costs had reduced below the 3.2% target at 2.9% in October, after adjusting for the pay award arrears. It was noted that agency expenditure remained a key focus within the financial plan and performance was overseen by the Workforce Efficiency Group. The Chief Finance Officer advised that to date, the Trust had spent £16.9m against a Capital Plan of £20.1m, and highlighted expenditure relating to the Emergency & Urgent Care Campus, the MRI scheme and essential network cabinet refresh. It was noted that the current forecast was an overspend of £15.1m, but a decision on the Targeted Investment Fund was expected shortly. In response to a question from Dr Samira Anane, Non-Executive Director, regarding budget for next year, the Chief Finance Officer advised that the granular planning guidance was still awaited. Mr Anthony Bell noted that the financial risks continued to be discussed at Finance & Performance Committee and queried how the risks that were not in the Trust's control to mitigate were addressed as a system. The Chief Finance Officer acknowledged the challenging position and reaffirmed the importance of a system response to the issues, noting that discussions continued in this area. The Chief Executive briefed the Board on ways in which the GM Trust Provider Collaborative was working collectively, including review of standardised bank and junior doctor rates, noting that she would keep the Board informed on collaborative working through the Chief Executive's Report. **The Board of Directors received and noted the Finance Report.**	
136/24	**Safe Care (Staffing) Report** The Chief Nurse and Medical Director presented a report providing assurances and risks associated with safe staffing, alongside actions to mitigate the risks to patient safety and quality, based on patients' needs, acuity, dependency and risks. The Board acknowledged the ongoing high levels of operational demand within the acute and community services, which was having an impact on patient and staff experience. The Board noted an increased focus on the recruitment of health care assistants in preparation for the winter pressures. In response to a question from Mr Anthony Bell, Non-Executive Director, regarding recruitment, the Chief Nurse briefed the Board on recruitment initiatives and highlighted positive progress in this area. In response to a question from the Interim Chair regarding staff moving between this Trust and Tameside & Glossop Integrated Care NHS Foundation Trust, the Board heard that this was picked up through the talent management process, but in the main related to collaborative working rather	

	than staff leaving one organisation for the other. **The Board of Directors received and noted the Safe Care (Staffing) Report.**	
137/24	**Trust Values & Behaviours** The Director of People & OD presented a report on the refreshing of the Trust's values and behaviours, undertaken in collaboration with Tameside & Glossop Integrated Care NHS Foundation Trust. The Director of People & OD advised the Board that staff had been engaged in the development of the values and behaviours via listening and co-design exercises and an associated Board development session had also been held. It was noted that in conclusion of the exercise, the refreshed set of values and behaviours had been designed around the acronym 'CARE: Compassion, Accountability, Respect, and Excellence'. The Board heard that the new values and behaviours would be launched across both organisations in January 2025 through a comprehensive communications and engagement plan. **The Board of Directors received and noted the report and endorsed the refreshed values and behaviours.**	
138/24	**Annual Emergency Preparedness, Resilience and Response (EPRR) Report – Core Standards and Statement of Compliance** The Chief Finance Officer presented the Annual EPRR Report, providing an overview of the Trust's EPRR related activities carried out between December 2023 and December 2024. The Chief Finance Officer briefed the Board on the content of the report, advising that an EPRR Manager had been appointed in February 2024 into a shared role with Tameside & Glossop Integrated Care NHS Foundation Trust. The Board heard that the Trust was working towards being fully compliant with the responsibilities under the Civil Contingencies Act, the Health and Social Care Act and a number of other pieces of legislation, with good progress made in this area. **The Board of Directors approved the Annual EPRR Report, including compliance position with the core standards.**	
139/24	**Board Committees – Key Issues Reports** **People Performance Committee** The Acting Chair of People Performance Committee (Mrs Mary Moore, Non-Executive Director) presented the key issues report from the People Performance Committee meeting held on 14 November 2024. She briefed the Board on the content of the report and detailed key people related issues considered. **The Board of Directors reviewed and confirmed the People Performance Committee Key Issues Report, including actions taken.**	

	Finance & Performance Committee The Chair of Finance & Performance Committee (Mr Tony Bell, Non-Executive Director) presented the key issues reports from the Finance & Performance Committee meetings held on 17 October 2024 and 21 November 2024. He briefed the Board on the content of the reports and detailed key financial and operational issues and associated key risks considered. **The Board of Directors reviewed and confirmed the Finance & Performance Committee Key Issues Report, including actions taken.** **Quality Committee** The Chair of Quality Committee (Mrs Mary Moore, Non-Executive Director) presented the key issues report from the Quality Committee meetings held on 22 October 2024 and 26 November 2024. She briefed the Board on the content of the report and detailed key quality related issues considered. **The Board of Directors reviewed and confirmed the Quality Committee Key Issues Report, including actions taken.** **Audit Committee** The Acting Chair of Audit Committee (Mr Anthony Bell, Non-Executive Director) presented the key issues reports from the Audit Committee meetings held on 17 September 2024 and 19 November 2024, detailing key issues considered. He highlighted good triangulation between all Board Committees at the Audit Committee meetings. **The Board of Directors received and noted the Audit Committee Key Issues Report, including actions taken.**	
140/24	**Any Other Business** There was no other business.	
141/24	**Board Work Plan & Attendance** The Board of Directors noted the Board Work Plan and Attendance for 2024/25.	
142/24	**Date and Time of Next Meeting** Thursday 6 February 2025, 9.30am, Pinewood House Education Centre.	
143/24	**Resolution** *"To move the resolution that the representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".*	

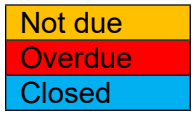
Curtis Soile
14/02/2025 08:59:36

Signed:_____Date:_____

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Action Log Ref No/Yr.	Meeting Date	Minute Ref	Item	Action	Responsible	Status
02/24	1 August 2024	92/24	Learning from Deaths Report	The Director of Operations referred to potential harm caused by poor patient flow, as stated in the report, and queried how this information could be shared with locality teams to highlight the importance of patient flow. The Chief Nurse proposed sharing the Learning from Deaths Report at the Stockport locality-wide Quality Meeting. **Update December 2024** – To be shared via Stockport Quality Collaborative Group, 10th December.	Chief Nurse / Medical Director	Closed
03/24	3 October 2024	113/24	Estates & Facilities Update	In response to a question from Mr Anthony Bell, Non-Executive Director, querying when the effectiveness and appropriateness of the Estates & Facilities governance structure had last been audited, it was noted that the last audit had taken place 3-4 years ago and it was agreed to consider inclusion of a repeat audit in the 2025/26 Internal Audit Plan. The Chief Finance Officer suggested exploring an audit across both Stockport and Tameside to ensure consistency in approach. **Update December 2024** – Highlighted at Audit Committee, November 2024. To be considered further by the Audit Committee as part of draft Internal Audit Plan 2025/26 review.	Chief Finance Officer / Mersey Internal Audit Agency	Closed
04/24	3 October 2024	113/24	Estates & Facilities Update	Overarching review of the impact of Outpatients B closure incorporating quality, operational performance, people and finance.	Director of Operations	April 2025 (deferred from February)

On agenda



Closed actions will be removed from the Action Log once confirmed by the Committee/Group.

Stockport NHS Foundation Trust

				Agenda No.	6
Meeting date	6 February 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Chair's Report				
Director Lead	Dr Marisa Logan-Ward, Interim Chair	**Author**	Dr Marisa Logan-Ward, Interim Chair		

Paper For:	**Information**	X	**Assurance**		**Decision**	
Recommendation:	The Board of Directors is asked to note the content of the report.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values

	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	
Financial impacts if agreed/ not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This report provides an update on matters of interest, which have arisen since the last Board meeting held in October 2024 including:

- Reforming elective care for patients
- Launch of Social Care Commission
- NHS Pressures
- NHS Greater Manchester
- Trust Activities

1.0 Purpose of the Report

The purpose of this report is to inform the Board of Directors on matters of interest arisen since the last Board meeting held in December 2024.

2.0 National

2.1 Reforming elective care for patients

On 6 January 2025, the Prime Minister announced a new national plan published by NHS England (NHSE) setting out how the NHS will reform elective care for patients in England. The plan is intended to ensure recovery of the 18-week standard and reform elective care by March 2029. Further detail is highlighted within the Chief Executive's Report.

2.2 Launch of Social Care Commission

In early January, the government announced the launch of a social care commission and actions to tackle short-term issues in social care. The independent commission into adult social care is to be chaired by The Baroness Casey of Blackstock DBE CB, to inform the work needed to deliver much needed reform.

The commission, which is expected to begin in April 2025, is part of the government's Plan for Change for health and care services, starting with cutting waiting lists (as detailed above) and reforming the adult social care system to meet the current and future needs of the population.

Split over 2 phases, the commission will set out a vision for adult social care, with recommended measures and a roadmap for delivery. The first phase, reporting in 2026, will identify the critical issues facing adult social care and set out recommendations for effective reform and improvement in the medium term. The second phase, reporting by 2028, will make longer-term recommendations for the transformation of adult social care.

2.3 The New Hospital Programme

The Secretary of State for Health and the Chancellor has published the findings of their review of the New Hospital Programme (NHP) The review found that the NPH, launched the previous Government in 2020 with a commitment to deliver '40 new hospitals' by 2030 was 'behind schedule, unfunded and undeliverable'. An implementation plan has been now published and the NHP will be delivered through consecutive waves of investment.

2.4 NHS Pressures

Since the start of the new year, there has been widespread media coverage of winter pressures and critical incidents declared across the NHS. Across the country, demand for urgent and emergency services has surged, with the cold weather and high levels of flu and other viruses increasing pressure on already stretched services.

I would like to thank all staff within our own Trust who continue to deliver high quality care under immense pressure.

3 Greater Manchester

As previously reported, NHS England (NHSE) have published the Enforcement Undertakings that set out the improvements required by the GM Integrated Care Board (GM ICB), covering; Leadership and Governance; Quality; Financial Sustainability; Performance and Assurance. Work continues to develop the NHS GM Sustainability Plan.

4. Trust

Since the last Board meeting, I have continued to undertake a range of other activities, including:

- Chaired Consultant Interviews for Head and Neck Radiology Consultant
- Chaired Council of Governors Meeting
- Panel Member Blue StARS Accreditation
- Meetings with Trust Lead Governor
- Mid-Year Reviews with all Non-Executive Directors
- Attended Disability and Wellness Staff Network Meeting
- Met with CEO and Head of Health Services of Life Leisure CIC
- Panel Member – Joint Chair Stockport NHSFT and Tameside NHS ICFT

- Attended the One Stockport Health & Wellbeing Board
- Panel Member for the North West Anti-Racism Framework Assessments
- Met with Regional Head of Staff Experience Lead for Health & Wellbeing
- Attended GM Trust Chairs meeting
- Met with Interim Chair of Northern Care Alliance NHSFT

- NHSE and NHS Providers Roundtable to discuss the Chair Role

NHS Stockport NHS Foundation Trust

				Agenda No.	7
Meeting date	6 February 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Chief Executive Officer's Report				
Director Lead	Karen James, Chief Executive	**Author**	Rebecca McCarthy, Trust Secretary Helen O'Brien, Head of Communications		

Paper For:	**Information**	X	**Assurance**		**Decision**	
Recommendation:	The Board of Directors is asked to note the content of the report.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in

		Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This report provides an update on matters of interest, which have arisen since the last Board meeting including:

- Reforming elective care for patients
- Greater Manchester Integrated Care System
- Trust Operational Performance
- Hospital Site / Estates Issues
- Success & Celebrations

1. Purpose of the Report

The purpose of this report is to inform the Board of Directors of strategic and operational developments, alongside recognition of key successes and celebrations.

2. National

2.1 Reforming elective care for patients

NHS England (NHSE) have published a new national plan published by setting out how the NHS will reform elective care for patients in England. The plan is intended to ensure recovery of the 18-week standard and reform elective care by March 2029.

The plan highlights focus on four areas: empowering patients, reforming delivery, delivering care in the right place, and aligning funding, performance oversight and delivery standards.

A number of expectations for NHS elective care providers are highlighted under each area of focus, with every Trust required to deliver a minimum five percentage point improvement against the 18 week referral to treatment standard by March 2026. Whilst the Trust foresees it will be able to achieve the 18 week referral to treatment standard, further review of the wide-ranging expectations under each area of focus is still required, recognising delivery against all of these areas will be a challenge.

Improvements in performance against the cancer waiting time standards are also expected with further details to be set out in a dedicated national cancer plan and in the annual operational planning guidance.

3. Integrated Care System

3.1 Greater Manchester Integrated Care System

The Executive Directors and I continue to engage in several operational, tactical and strategic meetings within Greater Manchester (GM), with significant focus on achievement of the GM financial position 2024/25, which remains a challenge, and in year operational performance, alongside the development of plans to achieve a sustainable future.

Provider Oversight Meetings (POM) continue to take place monthly with the Trust also.

3.2 Helping you Thrive in 2025

In early January, NHS Greater Manchester launched its Helping you Thrive in 2025 campaign, highlighting the support available to help the local population make healthier choices and simple things that can improve health and quality of life. The Trust is promoting this information both to staff and the local populations via our website.

4. Trust

4.1 Operational Performance

January is always very pressured, with high demand for our urgent and emergency services. We are seeing respiratory syncytial virus (RSV), and flu circulating in our communities, which is adding to the pressures, and coupled with the recent extremely low temperatures, this is having a big impact on our services both in the hospital and in the community.

Whilst numbers of patients through our Emergency Department have not necessarily increased, we are seeing a very high acuity of patients which in turn contributes to a pressure on admitting people to beds in the hospital. Our focus therefore remains on safely discharging patients back to their own homes or normal places of care.

We continue to improve our position with respect to elective care, and from a cancer perspective, we are meeting all cancer performance standards. This is excellent considering the high demand for cancer services and the increase in patients requiring this type of treatment.

4.2 Hospital Site / Estate Issues

Work continues at pace on the modular build for our new Outpatient facility, with all modules now safely in place. Access to the build continues to be challenging, with some temporary road closures and large loads delivered onto the site. We know this is also having an impact on some of our neighbours, but we continue to engage with local residents and provide regular updates by letter.

Our Emergency and Urgent Care Campus is also progressing well, and we expect to hand over the next stage of the build in early February, which will fully open our new clinical decision unit. The build is expected to complete by the end of Spring 2025, and we are looking forward to restoring this area of the site.

Whilst both developments are welcome and much needed, there are still areas of our site which are at the end of their life, and our estates and facilities team are regularly working to fix issues related to the ageing condition of some of our buildings. These issues will continue to present challenges to our business continuity, and we are working with our partners to identify further funding opportunities in the coming years.

5. Success & Celebrations

5.1 Swifter diagnosis for IBD patients recognised with national award

Two advanced clinical practitioners at Stepping Hill Hospital have received a national award recognising their project to ensure swifter diagnosis and treatment for patients with IBD (inflammatory bowel disease).

Advanced clinical practitioners Rachel Campbell and Callula Nulty received the Richard Driscoll Memorial Award from the Healthcare Quality Improvement Partnership in Sheffield in November for their joint development of a new ‘pathway’ for swifter IBD diagnosis.

Before their project, patients who had been diagnosed not with cancer but with IBD, were then referred on to the gastroenterology team for further diagnosis. This could result in a wait of up to 38 weeks. Rachel and Callula developed the new pathway in collaboration with colorectal, surgical colleagues and audit colleagues, with the aim of patients now receiving their diagnosis in a time of under 8 weeks, helping to ensure more effective treatment. Within the first six months of the new pathway being in place, 40 out of 58 patients were seen within the newer eight week target.

As well as leading to more effective treatment, with fewer GP appointments and emergency department (A&E) visits, the new pathway is more cost effective too. The Richard Driscoll Memorial Award is awarded each year by the Healthcare Quality Improvement Partnership to recognise outstanding work in patient and carer engagement.

5.2 Care Homes awarded for the best in end-of-life care

High quality care for people at the end of life was rewarded with a presentation of awards for care homes across the Stockport area.

The awards were presented to care home representatives by our Deputy Medical Director, Tushar Mahambrey and Divisional Director of Nursing and Therapies for Integrated Care, Liza McIlvenny, during a ceremony at Stepping Hill Hospital.

Research consistently shows most people would prefer to die in their usual place of residence rather than in hospital. Stockport’s local care homes have been working closely with our End-of-Life Care

Quality Improvement Facilitators to develop skills in recognising decline and advance care planning to maximise the opportunities for residents to be safely cared for and die at home.

5.3 New support in tackling patient homelessness

Hospital patients who are homeless, or at risk of becoming so, now have access to additional help and support thanks to a new project, with the support of resources from our partners in the initiative; the Stockport Homes Group, Age UK, The Wellspring, Decathlon Stockport and Mastercall.

Stockport Homes Group (SHG) provides the role of Hospital Homeless Advocate to deliver specialist support on the Stepping Hill Hospital site. SHG are working with us to provide face-to-face training sessions for staff to help them with the process referring patients to the support they need.
Patients who have been referred can then receive support from SHG and partner services.

The aim is for consenting patients to receive their referral as soon as possible for the support of their welfare, and improving patient care and outcomes, as well as helping patient flow in the busy hospital. For those who are still experiencing homelessness, staff can also provide them with supplies which have been donated by partners.

NHS Stockport NHS Foundation Trust

				Agenda No.	8
Meeting date	6th February 2025	**Public**	x	**Confidential**	
Meeting	Board of Directors				
Report Title	Integrated Performance Report				
Director Lead	Chief Executive	**Author**	Peter Nuttall, Director of Informatics		

Paper For:	**Information**		**Assurance**	X	**Decision**	X
Recommendation:	The Board of Directors is asked to note and discuss performance against the reported metrics. This includes the described issues that are affecting performance and any mitigating actions to improve performance that are described in the exception reports.					

This paper relates to the following Annual Corporate Objectives

x	1	Deliver personalised, safe and caring services
x	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
x	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
x	5	Drive service improvement through high quality research, innovation and transformation
x	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

x	Safe	x	Effective
x	Caring	x	Responsive
x	Well-Led	x	Use of Resources

This paper relates to the following Board Assurance Framework risks

x	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
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Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	Highlight section and Finance exception report
Regulatory and legal compliance	All sections
Sustainability (including environmental impacts)	

Executive Summary

This report provides an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a scorecard that incorporates metrics from the Single Oversight Framework, as well as other high priority metrics.

The scorecard details the in-month and year- to- date performance for each metric along with an indicative forecast for next month and summary indicator of performance trend.

Exception reports are included for each metric group that is not currently achieving target thresholds and includes metric descriptions, in-month performance and target thresholds, as well SPC charts clearly showing performance trends. Exception reports also include detailed narrative from the relevant services detailing key issues affecting performance, and mitigating actions of note.

Please see introduction page of the report, which includes summary highlights for each section.

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Integrated Performance Report

Reporting period

December 2024

Introduction
This report provides the Trust Board with an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a dashboard that incorporates metrics from the Single Oversight Framework. The dashboard details the in-month, and year- to- date performance for each metric along with an indicative forecast for next month.

Quality Highlight

Exception reports included this month relate to performance against Sepsis, Infection Prevention Control, Pressure Ulcers, Complaints, Incidents, and Maternity.

- SHMI Mortality rates continue to be low, with Stockport reported with the lowest rates across GM.
- The Trust continues to perform well against the Sepsis timely recognition target. Antibiotic administration 12-month rolling performance remains consistently below target, however, in-month performance for December shows 91% of audited patients received IV antibiotics within agreed timescales. Transformation team are now supporting to enable further service improvement.
- Reported infection rates for C. diff and E. coli show no significant changes in the last 12 months and continue to report above the target threshold. The Trust reported no cases of MRSA in December.
- We continue to perform well against all Stroke and Falls metrics.
- Pressure ulcers across all categories and settings show no significant changes to reported numbers, although Hospital Category 3&4 pressure ulcers do appear to show an overall improving trend.
- The Trust written complaints rate has not changed significantly, although the last 6 months have seen rates increasing. Timely response to complaints has improved for December, achieving the 95% target for the first time since July 2024.
- Smoking during pregnancy performance has not changed significantly but performance has reported above the target threshold since December 2024.

Operations Highlight

Exception reports included this month relate to performance against Emergency Department, Patient Flow, Diagnostics, RTT, Community, Outpatient Efficiencies, Outpatient Procedures, and Theatres.

- Performance against the ED 4-hour standard has continued to improve month on month since September, EUCC estate refurbishment continues to impact on operational flow.
- The number of patients with “No criteria to reside” remain above the trajectory level, with no significant changes since March 2024.
- Adult G&A bed occupancy has reported as below average levels since June 2024. Despite a steady increase reported since August, we are still below our trajectory.
- Diagnostic performance remains challenging, with Audiology a key risk to achieving the 5% target by the end of March 2025.
- All reported cancer standards have achieved targets for December 2024.
- Over the past 12 months the Trust has seen a 56% reduction in patients waiting over 52-weeks for treatment, reducing from 3,611 (Dec-23) to 1,598 (Dec-24) with
- Virtual ward utilisation hasn’t shown any significant changes since October 2023 and remains below the target threshold of 80%.
- Outpatient efficiencies in PIFU and Clinic Utilisation continue to perform well with both achieving their targets in October. DNA rates remain above the target threshold.
- There have been no significant changes to performance in theatre capped touch time utilisation. EUCC construction continues to disrupt theatre sessions. Challenges with pre-op capacity to supply patients for surgery.

Introduction
This report provides the Trust Board with an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a dashboard that incorporates metrics from the Single Oversight Framework. The dashboard details the in-month, and year- to- date performance for each metric along with an indicative forecast for next month.

Workforce Highlight

Exception reports included this month relate to performance against Sickness Absence, Appraisal rates, and Mandatory training.

- Monthly sickness absence rates remain above the target threshold. "Colds, coughs, and flu" is now a significant reason for absence as anticipated due to the winter season.
- Agency costs continue to show an improved position compared with earlier in the year, with the latest position for December 2024 the lowest percentage of PAY costs across the reporting period.
- Workforce turnover has shown a steady improvement month to month since September 2024.
- There have been no significant changes to appraisal rates since May 2023. Changes to the appraisal process are planned to come in from April 2025.
- Mandatory training rates have seen a decreasing trend over the last several months, with performance now at its lowest since June 2023. A deep dive is underway to understand the compliance position in more detail.

Finance Highlight

At the end of December 2024 (month 9 2024-25), the Trust position has a £3.2m deficit, which is adverse to plan by £1.8m. The adverse position is due to:

- (£2.3m) estimated elective recovery fund (ERF) under performance
- (£0.3m) pay award pressure
- (£0.4m) enhanced care
- £0.1m cost improvement (STEP) programme ahead of the profiled plan
- £1.1m divisional grip and control, including improvements to bank and agency run-rate

Stockport Trust Efficiency Programme (STEP) is profiled on a stepped basis with an increased requirement in the second half of the year. The STEP target has overachieved to month 9 by £0.1m and to date full year savings of £20.4m (83% of the full year target) have been actioned of which £6.1m is recurrent.

The Trust maintained sufficient cash in December. As a result of the deficit support funding, a £13m repayment of the revenue support PDC received in early 2024/25 is forecast in March 2025.

The Trusts capital plan for 2024/25 is £37.0m, including IFRS16. The submitted plan is now compliant, but there are still challenges as the current forecast expenditure is £3.5m adverse to plan and continues to be discussed with NHSE.

Integrated Performance Report
Scorecard

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

	Reporting Period	Target 24/25	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Quality Scorecard							
Mortality: SHMI	Oct-23 to Sep-24	≤ 100		→	94	●	●
Sepsis: Antibiotic administration	Jan-24 to Dec-24	≥ 90%		→	76.6%	▲	▲
Sepsis: Timely recognition	Jan-24 to Dec-24	≥ 90%		↑	97.9%	●	●
C.diff infection rate	Jan-24 to Dec-24	≤ 32.75		↘	37.93	▲	▲
Covid-19 infection rate	Jan-24 to Dec-24			→	1.41		
E. coli infection rate	Jan-24 to Dec-24	≤ 31.41		→	35.19	▲	▲
MRSA infection rate	Jan-24 to Dec-24	≤ 0		→	0.46	▲	▲
Stroke: Overall SSNAP Level	Sep-24	≥ C		→	A	●	●
Falls causing moderate+ harm	Dec-24	≤ 22	2	→	0	●	●
Falls due to lapses in care	Dec-24	≤ 425	141	→	14	●	●
Falls rate	Dec-24	≤ 3.51	2.76	↘	2.84	●	●
Pressure Ulcers: Community, Cat 2	Dec-24	≤ 114	89	↗	5	●	▲
Pressure Ulcers: Community, Cat 3&4	Dec-24	≤ 38	43	→	3	●	▲
Pressure Ulcers: Hospital, Cat 2	Dec-24	≤ 79	47	→	4	●	●
Pressure Ulcers: Hospital, Cat 3&4	Dec-24	≤ 8	12	↗	1	▲	▲
Complaints: Timely response	Dec-24	≥ 95%	93.1%	↗	94.9%	▲	▲
Complaints: Written Complaints Rate	Dec-24	≤ 7.9	9.41	↘	12.18	▲	▲
Never Event Incidence	Dec-24	≤ 0	1	→	0	●	●
Patient Safety Alerts	Dec-24	≤ 0	14	→	1	▲	▲
Patient Safety Incident Investigatio..	Dec-24		20	→	0		
Patient Safety Incident Rate	Jul-24 to Dec-24			↓	95.48		
Early Neonatal Deaths	Dec-24	≤ 0	2	→	0	●	●
Maternity Diverts	Dec-24	≤ 0	4	↘	1	▲	▲
Registrable Stillbirth Rate	Dec-24	≤ 0	4.32	↗	0	●	●
Registrable Stillbirths	Dec-24	≤ 0	9	↗	0	●	●
Smoking In Pregnancy	Dec-24	≤ 4%	4.7%	↘	6.3%	▲	▲

	Reporting Period	Target 24/25	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Operational Scorecard							
4hr Standard	Dec-24	≥ 64.8%	62.8%	→	63%	▲	▲
Patients in department over 12 hrs	Dec-24	≤ 2%	10.7%	↘	12.7%	▲	▲
No criteria to reside (NCTR)	Dec-24	≤ 61	640	→	70	▲	▲
Adult G&A Bed Occupancy	Dec-24	≤ 97.1%	93.9%	↘	94.4%	●	●
Diagnostics: 6 Week Standard	Dec-24	≤ 12.2%	18.8%	↗	18.2%	▲	▲
62-day standard	Dec-24	≥ 70.2%	72.3%	→	70.6%	●	●
Patients waiting 63 days and over	Dec-24	≤ 49		↑	49	●	●
28-day standard (FDS)	Dec-24	≥ 74.1%	78.9%	→	79.6%	●	●
14-day standard (2WW)	Dec-24	≥ 93%	97.3%	→	96.5%	●	●
Incomplete pathways 18-week %	Dec-24	≥ 92%		↑	54.2%	▲	▲
52-week breaches	Dec-24	≤ 1267		↑	1598	▲	▲
65-week breaches	Dec-24	≤ 0		↑	58	▲	▲
Virtual Ward Utilisation	Dec-24	≥ 80%	63.9%	→	67.4%	▲	▲
Urgent Community Response	Nov-24	≥ 70%		→	97.3%	●	●
Outpatient DNA rate	Dec-24	≤ 6.3%	7.8%	→	8%	▲	▲
Outpatient clinic utilisation	Dec-24	≥ 90%	94.1%	→	93.2%	●	●
Patient initiated follow up (PIFU)	Dec-24	≥ 4.3%	4.9%	↗	5.3%	●	●
OP First Attend and Procedure	Dec-24	≥ 44%	43.2%	↑	43.3%	▲	▲
Capped Touch Time Utilisation	Dec-24	≥ 85%	77%	→	75.5%	▲	▲
Workforce Scorecard							
Substantive Staff-in-Post	Dec-24	≥ 90%	92.9%	↗	92.5%	●	●
Sickness Absence: Monthly Rate	Dec-24	≤ 5.5%	5.9%	↘	6.5%	▲	▲
Workforce Turnover	Dec-24	≤ 12.7%	12.6%	↗	12.4%	●	●
Staff Retention Rate	Dec-24		98.9%	↗	99.2%		
Appraisal Rate: Overall	Dec-24	≥ 95%	90.3%	→	90%	▲	▲
Mandatory Training	Dec-24	≥ 95%	94.7%	↓	94.3%	▲	▲
Agency Costs %	Dec-24	≤ 3.2%	2.9%	↗	2.1%	●	●
Finance Scorecard							
Capital Expenditure	Dec-24	≤ 10%		↘	-22%	●	●
Cash Balance	Dec-24			↗	28.6		
CIP Cumulative Achievement	Dec-24	≥ 0%		↘	1.1%	●	●
Financial Controls: I&E Position	Dec-24	≤ 0%		↓	93.8%	▲	▲

Legend

1-month Forecast

The 1-month Forecast is an informed prediction of the next month's performance, which may be based on part-month data, operational intelligence, or historical trends.

Current Period

- ● target achieved
- ▲ target not achieved

6-month Trend

- ↑ strong improvement
- ↗ improvement
- → no significant change
- ↘ deterioration
- ↓ strong deterioration

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Quality **Sepsis**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Sepsis: Timely recognition	The number of patients who are screened for sepsis, as a percentage of those eligible patients audited.	>= 90%	97.9%	↑	● ● ● ● ● ●	●
Sepsis: Antibiotic administration	The number of patients who received IV antibiotics within agreed timescales for sepsis patients, as a percentage of eligible patients audited and found to have sepsis.	>= 90%	76.6%	→	▲ ▲ ▲ ▲ ▲ ▲	▲

Performance is based on an audit sample of patients, and is based on data from a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.

Timely recognition

- 98% timely recognition sepsis in December.
- 12 month rolling figure now 97.6 % ahead of 90% trust target.
- 105 records included in audit- 103 compliant.
- 2 audit fails in medicine
- Delays: 89 min, 50 min
- Both fails were suspected red flag sepsis triggers, Out of Hours. 2222 not utilised, escalated via e task.

Antibiotic administration

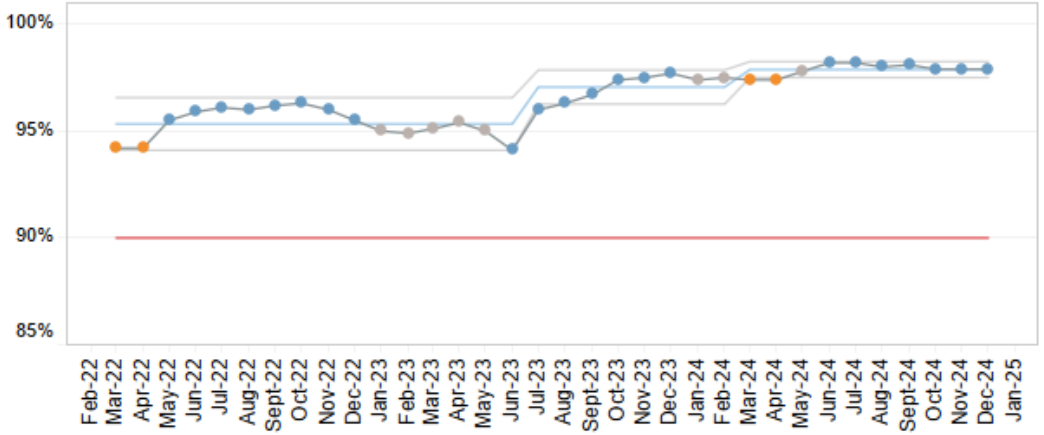
- 91% Timely Antibiotic Administration in December.
- 12 month rolling figure now 76.7%, below trust target of 90%.
- 31/34 patients screened for sepsis received antibiotics in accordance with trust guidelines.
- All 3 fails involved red flag triggers and occurred out of hours. 2222 utilised in 2/3 incidents.
- 2 fail within Division of Surgery and 1 fail within Medicine
- Antibiotic delays: 12min, 22 min, 541 min (average= 192)
- Themes:
  - Delayed prescribing in 2/3 incidents; prescribing antibiotics as scheduled dose in one of the incidents compounded significant delay in administration.
  - Delayed nurse administration was evident in 1 incident due to patient was out of the ward.
- Time to administer from prescribing: 8 min, 21 min, 172 min (average= 67)
- Sepsis6 not completed by clinician in all 3 incidents.
- In December Sepsis6 was finalised by clinician in 23% forms. 12 month rolling figure is 24%.

Key Events/ Ongoing Issues

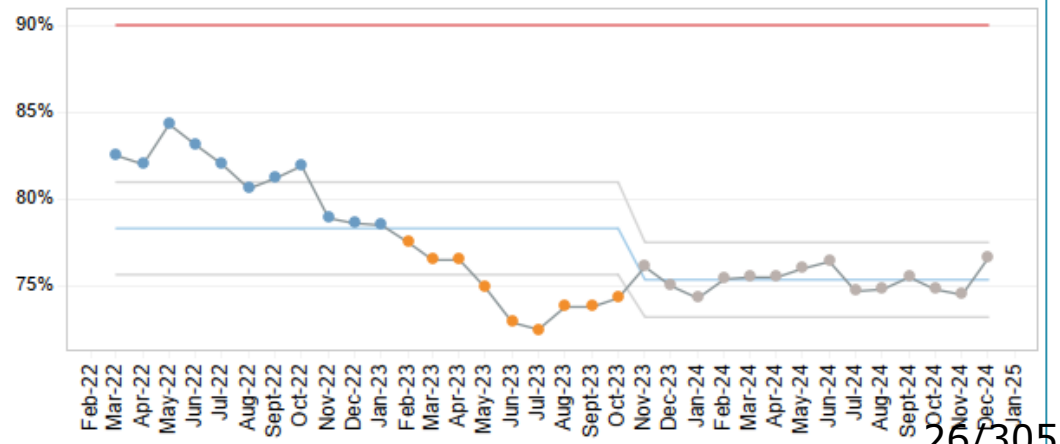
- Sepsis link nurse meeting 08/01/25
- Sepsis star of the month awarded to MSEC and B4.
- Transformation team now involved in Sepsis. Monthly Transformation meeting from 16/1/24.
- New senior sepsis practitioner will be in post from March 2025.

Update provided by	Annmaria John
Executive Lead	Andrew Loughney

Performance for Sepsis: Timely recognition



Performance for Sepsis: Antibiotic administration



Quality **Infection Prevention & Control**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
C.diff infection rate	The number of hospital-onset Clostridioides Difficile (C. diff) infections per 100,000 bed days for patients aged 2 years and older.	<= 32.75	37.93	↘	▲ ▲ ▲ ▲ ▲ ▲	▲
MRSA infection rate	The number of hospital-onset Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections per 100,000 bed days.	<= 0	0.46	→	▲ ▲ ▲ ▲ ▲ ▲	▲
E. coli infection rate	The number of Escherichia Coli (E. coli) bacteraemia infections per 100,000 bed days.	<= 31.41	35.19	→	▲ ▲ ▲ ▲ ▲ ▲	▲

Performance is based on data from a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.

C. diff infection rate

- There were 9 HOHA and 1 COHA cases in December, totalling 66 YTD. The Trust is over the projected threshold of 54.7 for the end of December.
- 57 cases have been presented to the HCAI Panel; 9 cases are scheduled for review during January. The most common themes for learning remain ensuring appropriate antibiotics are prescribed, reviewed and stopped in a timely manner and embedding IPC standard practices across the Trust.
- The latest National figures (October 2024) rates Stockport first out of the seven GM Trusts which is an improvement on the previous month. Out of the 42 ICB's across the UK, GM is ranked 39th which is a two-place increase from the previous month.

MRSA infection rate

- The Trust had 0 cases of MRSA Bacteraemia in December against a zero-tolerance threshold.
- The latest National figures (October 2024) rates Stockport first out of the seven GM Trusts which is the same as the previous month.

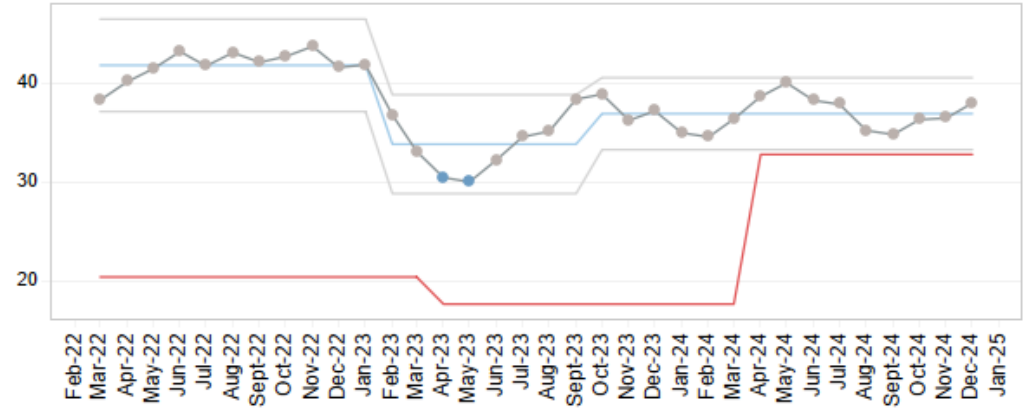
E. coli infection rate

- There were 4 HOHA and 2 COHA cases in December totalling 55 cases YTD. The Trust is over the projected threshold of 52.5 for the end of December.
- The latest National figures (October 2024) rates Stockport fourth out of the seven GM Trusts which is the same as the previous month.
- The task and finish group continues to review and finalise documentation around the care and management of urinary catheters to support practice.

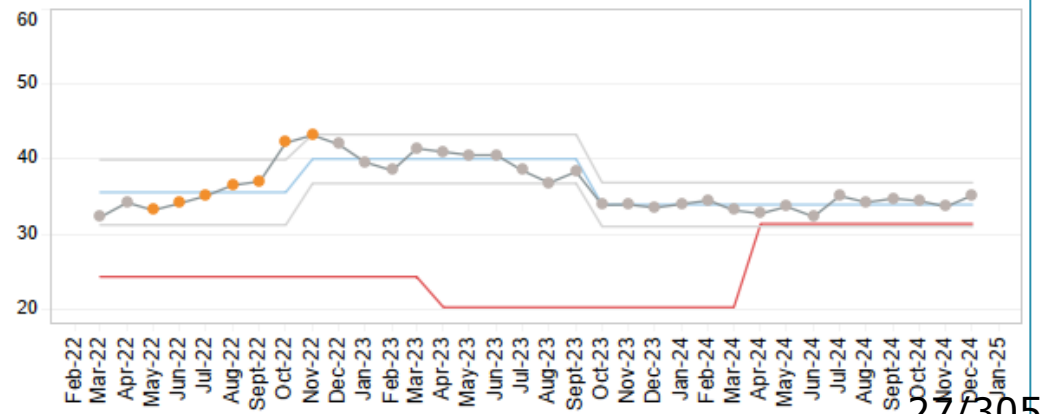
COVID-19

- The Trust had 11 new COVID-19 positive cases in December of which 2 were nosocomial. This is an increase of 2 positive cases but a decrease of 2 nosocomial case numbers.
- The Trust currently has a HOC rate of 18% which is a decrease of 26% from last month.
- There has been a recent surge in Respiratory PCR testing and positive influenza A cases which has necessitated the opening of a positive ward as part of the agreed escalation plan.

Performance for C.diff infection rate



Performance for E. coli infection rate



Update provided by	Nesta Featherstone
Executive Lead	Nic Firth

Quality **Pressure Ulcers**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Hospital, Category 2	Total number of category 2 pressure ulcers in a hospital setting - includes device-related pressure ulcers.	<= 6	4	→	▲ ● ● ● ▲ ● ●	●
Hospital, Category 3&4	Total number of category 3 and category 4 pressure ulcers in a hospital setting - includes device-related pressure ulcers.	<= 0	1	↗	▲ ▲ ● ● ● ▲ ▲	▲
Community, Cat 2	Total number of category 2 pressure ulcers in a community setting.	<= 9	5	↗	▲ ▲ ● ▲ ● ▲ ●	▲
Community, Category 3&4	Total number of category 3 and category 4 pressure ulcers in a community setting - includes device-related pressure ulcers.	<= 3	3	→	▲ ▲ ● ● ▲ ▲ ●	▲

Hospital

- This month (December data) we have had 4 category 2 pressure ulcers reported: 3 were as a result of a medical device. All pressure ulcer incidents are investigated for any lapses in care where learning and improvement can be identified.
- The number of pressure ulcer incidents this month is static, but we continue to see incidents related to medical devices, 2 incidents this month were related to oxygen tubing/masks.
- Ongoing pressure ulcer reduction and improvement strategies are in place; we are looking now at planning the annual pressure ulcer collaborative event. The pressure ulcer prevention policy is due to be updated, which will provide opportunity to re-launch.

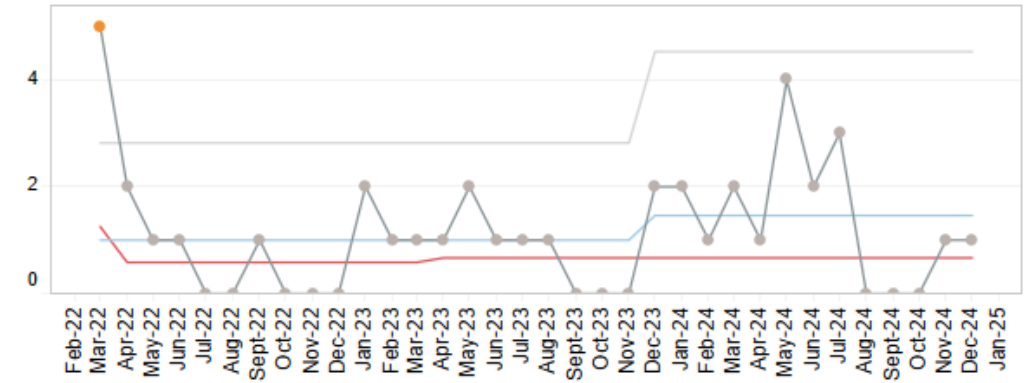
- The Trust is aiming to achieve no hospital acquired Category 3 or 4 pressure ulcers as a result of a lapse in care. This month (December data) there has been 1 category 4 pressure ulcer incident. An initial investigation was presented and determined that a patient safety incident investigation was to be completed.

Community

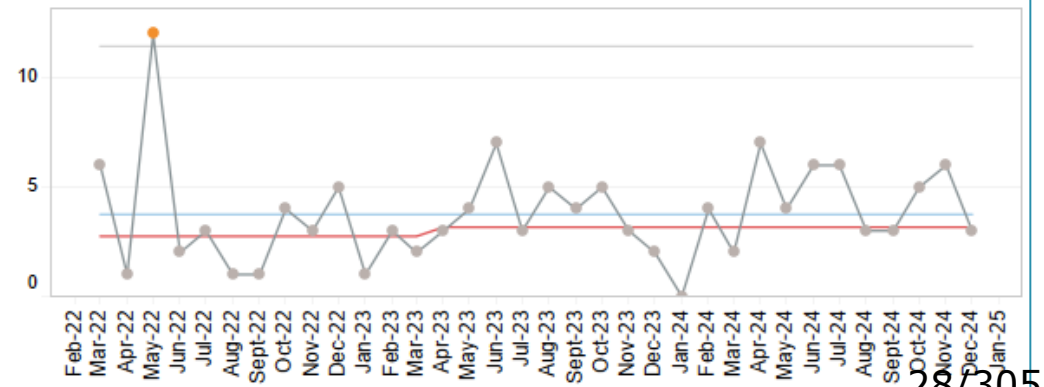
- This month (December data) we have had 5 category 2 pressure ulcers reported. All pressure ulcer incidents are investigated for any areas of lapses in care where learning and improvement can be identified.
- This month there has been a significant decrease in the number of incidents and we have seen again an improvement in the timeliness of investigation, although there are still some investigations outstanding.
- The Trust is aiming to achieve no Category 3 or 4 pressure ulcers as a result of a lapse in care.
- This month (December data) there have been 3 Category 3 & 4 pressure ulcers in the community. This is a slight decrease from previous months

- Each incident of a category 3 or 4 pressure ulcer is investigated and reviewed to identify any learning or lapses in care. One incident has had lapses in care identified. There continues a multi-disciplinary working group addressing common themes in pressure ulcer incidents in the community

Performance for Pressure Ulcers: Hospital, Cat 3&4



Performance for Pressure Ulcers: Community, Cat 3&4



Update provided by	Lisa Gough
Executive Lead	Nic Firth

Quality **Complaints**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Written Complaints Rate	Number of formal written complaints received, calculated as an incidence rate for every 1000 whole time equivalent staff in post.	<= 7.9	12.18	↘	▲ ● ▲ ▲ ▲ ▲	▲
Timely response	The total number of formal complaints responded to within agreed timescales, as a percentage of all formal complaints responded to.	>= 95%	94.9%	↗	● ▲ ▲ ▲ ▲ ▲	▲

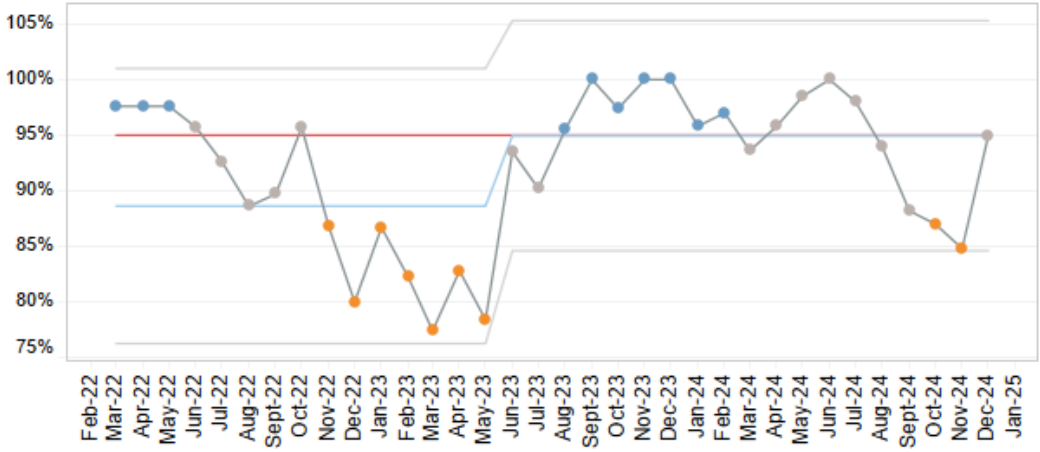
Timely response

- 39 responses were sent in month, of which 37 were sent within the agreed timeframe, resulting in a 95% response rate.
- The complaints team will always aim to respond within the timeframe stated at the commencement of the investigation. However, the team strive to also ensure that all responses sent out are of high quality. Delays can occur in receiving quality responses from clinical staff for some cases and the team continue to work with clinical teams to improve this position. When this does occur, the complainant will be contacted to inform them of potential delays and where agreeable, a new timeframe will be discussed.

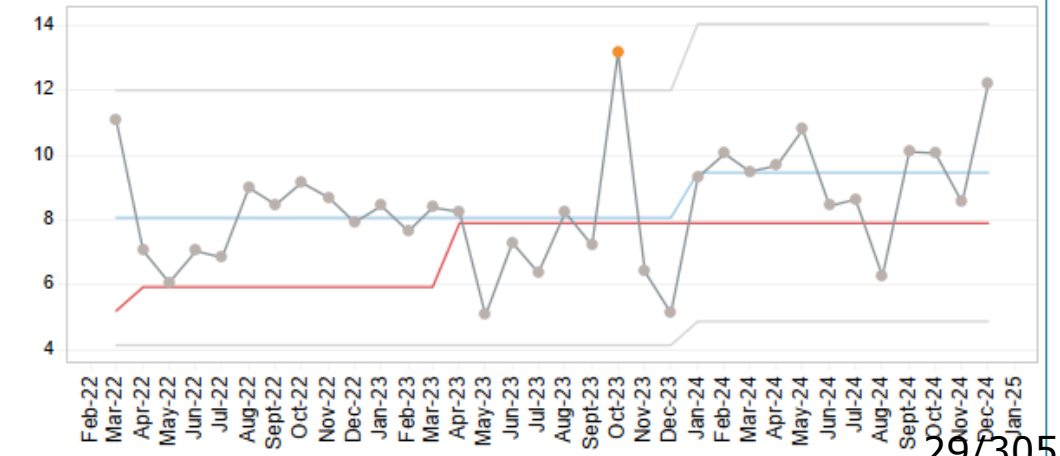
Written Complaints Rate

- 67 formal complaints were received in December 2024 - Clinical Support Services = 2, Integrated Care = 9, Medicine & UC = 22, Surgery = 20, Women & Children = 11, Corporate = 1, Estates & Facilities = 2.
- The PALS & Complaints team continue to receive a high number of contacts each month with 139% increase in the number of formal complaints received in December 2024 compared to December 2023 with a 100 more received in 2024/25 compared to the previous year. The Trust also received 202 informal concerns/enquiries and 244 PALS enquiries in December 2024..
- Top five themes for formal complaints in December 2024 was as follows:
    1. Communication
    2. Clinical treatment
    3. Patient Care
    4. Appointments
    5. Staff values & behaviours
- Top five themes for informal concerns/enquires in December 2024 was as follows:
    1. Communication
    2. Appointments
    3. Admin procedures & record management
    4. Access to treatment or drugs
    5. Property (lost/missing)

Performance for Complaints: Timely response



Performance for Complaints: Written Complaints Rate



Signed off by	Natalie Davies
Executive Lead	Nic Firth

Quality **Incidents & Risk**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Patient Safety Incident Rate	The number of patient safety incidents, calculated as an incidence rate for every 1000 bed days. This average is calculated using a rolling 6 months of data.		95.48	↓		
Patient Safety Alerts	The number of national patient safety alerts not completed to deadline.	<= 0	1	→	▲ ▲ ● ▲ ● ▲	▲
Patient Safety Incident Investigations	A count of the patient safety incident investigations (PSII) that have been declared in month.		0	→		
Never Event Incidence	Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur.	<= 0	0	→	● ● ● ● ● ●	●

Patient Safety Incident Rate

- There are no issues related to patient incidents to report.
- The Incident Review Group meets on a weekly basis to review incidents with a focus on those where harm has been attributed, as well as other topics of interest.
- Pressure ulcer incidents are reviewed at the Pre-Harm Free Care Panel on a weekly basis.
- Patient falls incidents are reviewed at the Falls Review Panel on a weekly basis.
- Security & Safeguarding Meeting takes place to review Security related incidents.

Patient Safety Alerts

- There was one National Patient Safety Alert with a completion deadline in December 2024.
  - ➢ The alert has now been completed (03/01/2025), but after its deadline date (05/12/2024). - NatPSA/2023/014/NHSPS - Identified Safety Risks With The Euroking Maternity Information System
- This was the only overdue National Patient Safety Alert at the end of December.

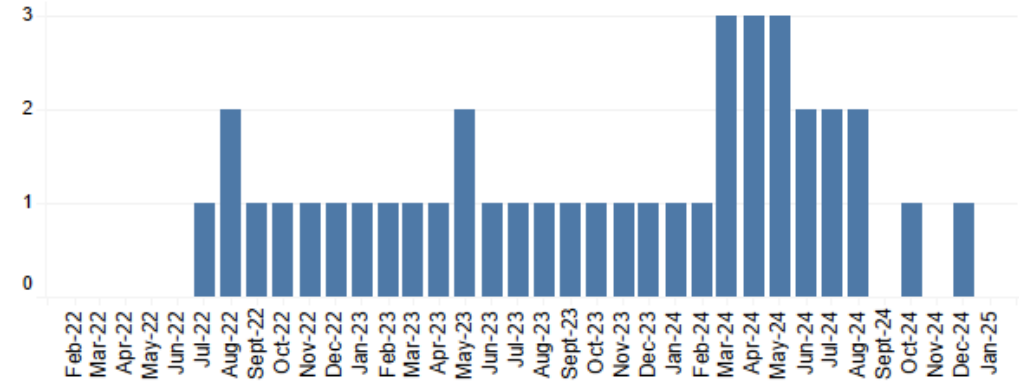
Patient Safety Incident Investigations

- There were no Patient Safety Incident Investigations declared in December 2024.

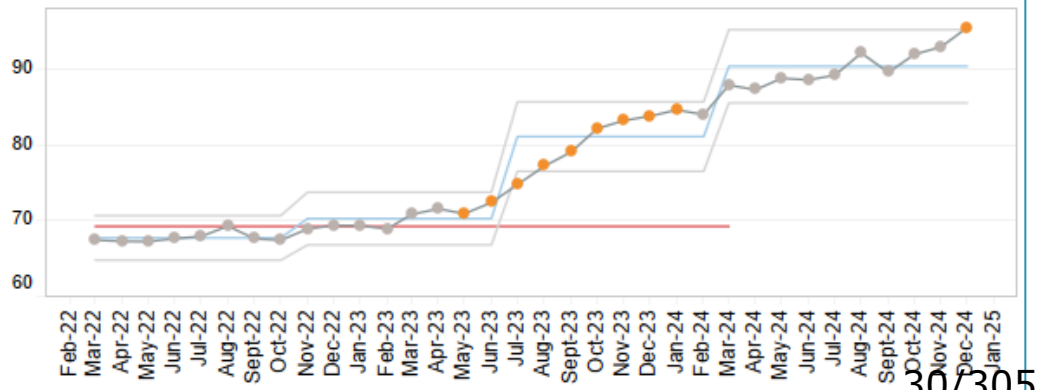
Never Event Incidence

- There were no never events reported in December 2024.

Showing number of Patient Safety Alerts



Performance for Patient Safety Incident Rate



Laura Soile
14/02/2025 08:59:36

Signed off by	Natalie Davies
Executive Lead	Nic Firth

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NHS Stockport NHS Foundation Trust

Quality **Maternity**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Early Neonatal Deaths	The number of babies born with signs of life, that have died with within the first 7 completed days of life.	<= 0	0	→	● ● ● ▲ ● ●	●
Registrable Stillbirths	The number of babies born without signs of life due to stillbirth or termination of pregnancy that occurs after a gestation of 24 weeks (168 days) or more.	<= 0	0	↗	▲ ▲ ▲ ▲ ▲ ●	●
Registrable Stillbirth Rate	Calculated as a rate per 1000 registrable births.	<= 0	0	↗	▲ ▲ ▲ ▲ ▲ ●	●
Smoking In Pregnancy	The number of women known to be smokers at the time of delivery, as a percentage of all deliveries in the month.	<= 4%	6.3%	↘	● ● ▲ ▲ ● ▲	▲
Maternity Diverts	The total number of occasions the maternity unit has been unable to admit women during the reporting period.	<= 0	1	↘	● ▲ ● ● ● ▲	▲

Smoking in Pregnancy: This metric excludes women whose smoking status was not known at the time of delivery, and only includes women initially booked with us who then delivered with us. Women known to be smokers at the time of delivery are defined as pregnant women who self-reported that they were smokers. This includes any cigarettes or tobacco at all, but excludes non-combustible nicotine products, such as e-cigarettes or other nicotine containing products. If a woman intends to give up smoking after the delivery, but was a smoker up until the delivery date they are included in this count.

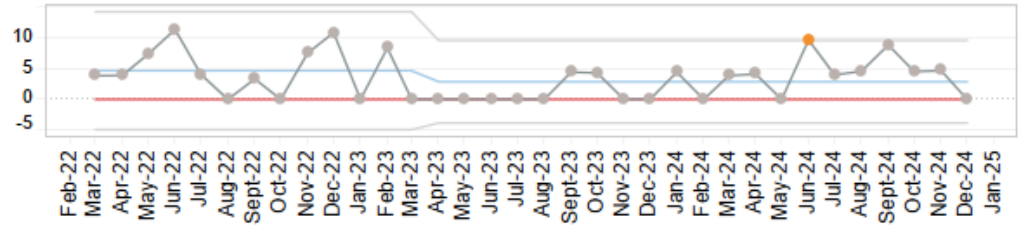
Early Neonatal Deaths
The service has had 0 babies born over 24 weeks that have died within 7 days of birth in December.

Registerable stillbirths
Following a run of at least 1 stillbirth for the past 6 months, the service has had 0 stillbirths in December, reaching the Trust target.

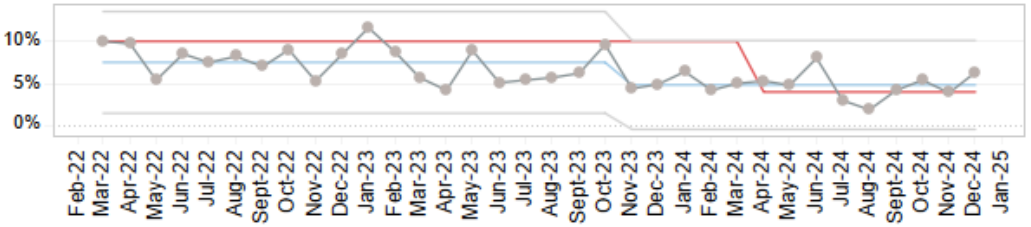
Smoking in pregnancy
The percentage of women (who had initially booked with our service and progressed to deliver with the service) who were smoking at time of Delivery in December was 6.3%, which is 2.4% higher than November and above Trust target.

Maternity Diverts
There was 1 Maternity divert reported in December 23/12/2024 for 4 hours (03:00-07:00) due to acuity. The previous 3 months the service has had 0 diverts.

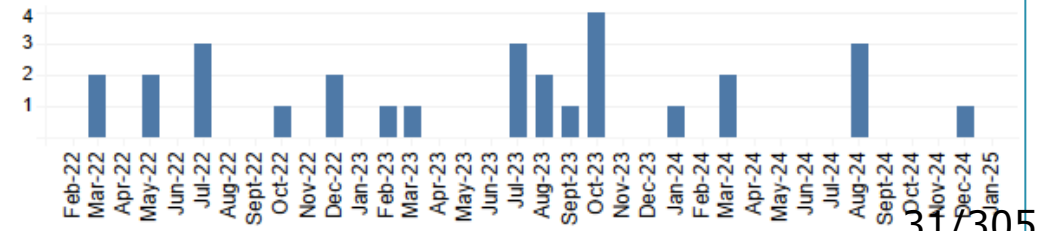
Performance for Registrable Stillbirth Rate



Performance for Smoking In Pregnancy



Performance for Maternity Diverts



Signed off by	Sharon Hyde
Executive Lead	Nic Firth

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NHS Stockport NHS Foundation Trust

Operations **Emergency Department**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
4hr Standard	The number of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival, as a percentage of all patients attending A&E.	>= 64.8%	63%	→	▲ ▲ ▲ ▲ ▲ ▲	▲
Patients in department over 12 hrs	The number of patients spending 12 hours or more in department, as a percentage of all patients attending the emergency department.	<= 2%	12.7%	↘	▲ ▲ ▲ ▲ ▲ ▲	▲

Performance Summary

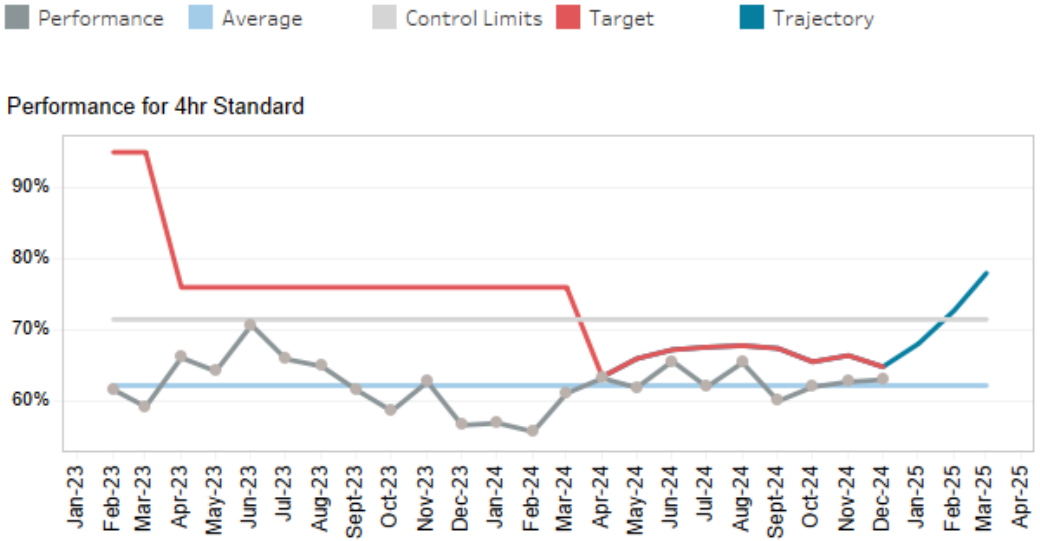
- December 2024 performance against the UEC 4hr standard saw an increase from 62.7% in November to 63%.
- December 2024 saw attendances drop slightly to 9262, predominantly across the festive period.
- Admissions to hospital from ED also remained static at 92 per day, 31% conversion rate, this does include admissions to the SDEC pathways. Excluding SDEC admissions, the conversion rate was 24.9%.
- December saw similar levels of 12 hour waits in ED compared to November 2024. Robust processes for managing, reviewing, and providing assurance for assessment of harm in respect to 12hr breaches are embedded within the service.
- The Trust is off trajectory to achieve the national standard of 78% in March 2025, and whilst all endeavours will be made to achieve this, delivery is very unlikely.

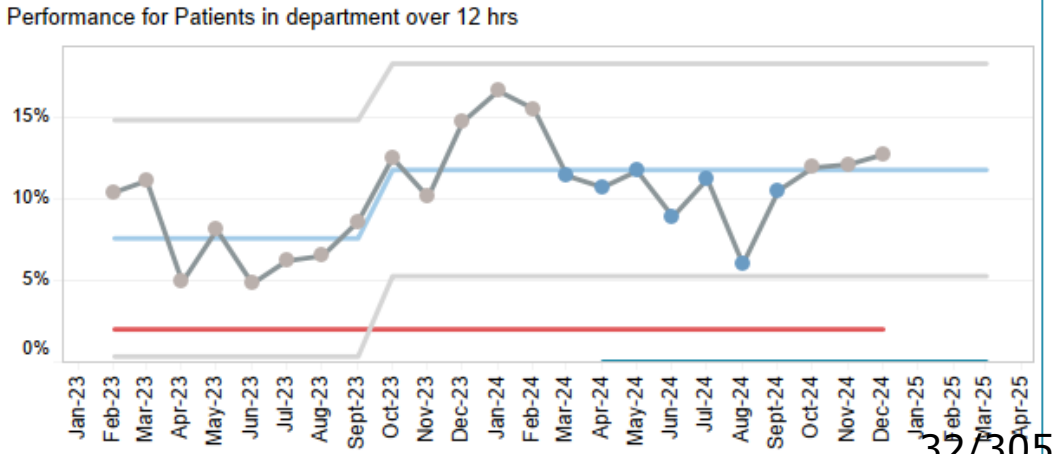
Risks and Issues

- EUCC estate changes continue to impact on operational flow of the department
- Lack of a dedicated CDU facility in the department which includes inpatient beds
- Reduced escalation space to manage ambulance patients when the department is full

Actions and Mitigations

- Weekly Trust 4hr clinical standards performance group is in place with full specialty representation with actions to improve position
- Transformation piece of work continues to focus on front door including streaming, triage, bookable NHS 111 slots for UTC & minors and deflection
- Senior Decision Maker at the front door to see and treat and reduce waiting times
- Streamlining diagnostic tests to support early decision making
- Partnership work with NWAS to improve current handover process and manage the relationship during our most challenging period
- Use of an SDEC bay for ED expansion to give more physical space
- Internal UTC with consistently higher daily numbers
- MSDEC streams have increased in patient numbers from ED
- Internal professional standards developed and implemented
- Planning for the opening of the new CDU facility at the end of January





Signed off by	Ruth Sefton
Executive Lead	Jackie McShane

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NHS Stockport NHS Foundation Trust

Operations **Patient Flow**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
No criteria to reside (NCTR)	Number of patients with "No Criteria to Reside". This metric is a mean average per day for each month.	<= 61	70			
Adult G&A Bed Occupancy	The total number of occupied adult general & acute bed days, as a percentage of all available adult general & acute beds.	<= 97.1%	94.4%			

Performance Summary

- The average number of patients recorded with a No Criteria to Reside reduced slightly in December to 70 per day or 12.3% of adult occupied beds. This remains above the planned level of 61.
- Pathway discharges in December reduced by an average 2 per day to an average of 70 per day.
- Adult G&A bed occupancy in December reduced to 94.4%, which is above the 92% NHSE target.
- Medical bed occupancy on the Stepping Hill Site reduced but was still high at 97.9%.
- The average number of patients with a length of stay of 21+ days increased slightly in December from 114 to 124 or 21% of occupied adult G&A beds. The national ambition is to get to 12%.

Risks and Issues

- Community capacity in Pathways 2 - 3, for Stockport.
- Community capacity in Pathways 1 - 3, for Derbyshire, East Cheshire and other areas.
- Ambulance availability for patients who cannot return to the community any other way.
- HCRs completed too late in the patient's stay, which then impacts on medication availability.
- Delays resulting from recently introduced greater commissioner scrutiny regarding the use of unmet need Pathway 2/3 beds when the commissioned D2A beds are occupied.

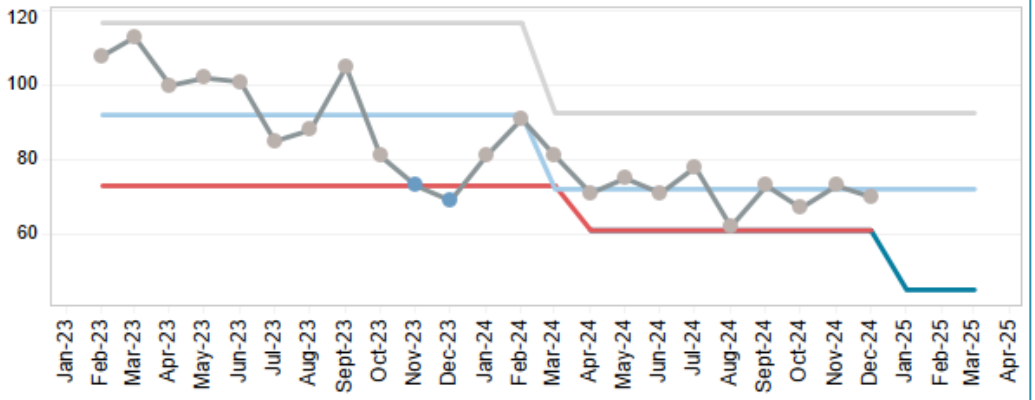
Actions and Mitigations

- Collaborating with our partners in other areas to reduce delays.
- System attendance at weekly Discharge Flow meetings to review delays and escalations. From the beginning of December this included OAA patients whereby locality colleagues (ICB and ASC) also own the OAA delays.
- Twice weekly Failed Discharge meetings to review why patients did not leave, using Identified themes and trends to support improvements.
- Transport improvement plan underway.
- HCRs have been reviewed and changes made to the document to support streamlining.
- Working with Blue StARS wards in the Medicine Division to promote criteria-led discharges at a weekend.
- Senior ITT presence at a weekend to work with Discharging medics and eTask Co-ordinators to facilitate increased complex discharges
- Greater ITT support to the LLoS Work Programme
- Pilot commenced on 16.12.24 to restart packages of care for patients who have been in hospital for >10 days to reduce dependence on D2A support team to facilitate discharge.
- System Task and Finish Group established with Pennine Care to improve flow through Saffron ward.
- Pathway 2/3 system partner daily (Mon – Fri) meetings operationalised to address the increased number of P3 Stockport delays in transfers greater than 48 hours. As a consequence, delays reduced by two thirds and meetings reduced to twice weekly going forward.
- REaCH offer focusing on support to D2A and ED to support flow throughout winter pressures.

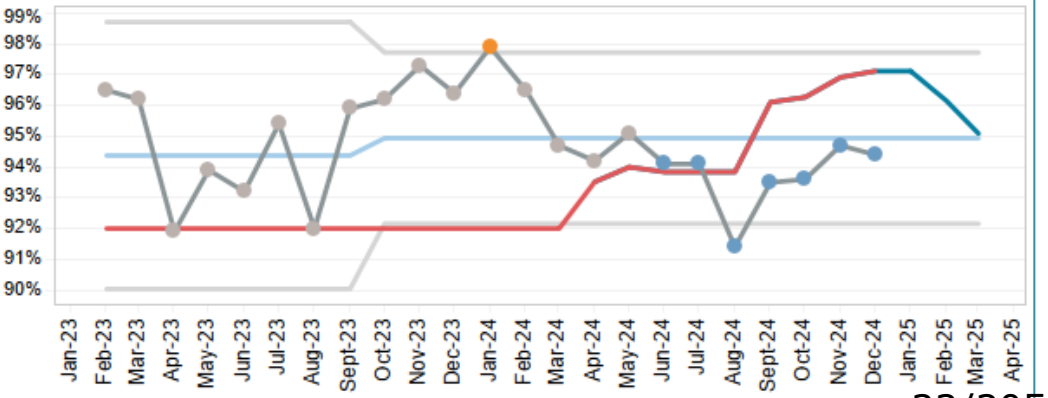
Signed off by	Jane Ankrett
Executive Lead	Jackie McShane

Performance | Average | Control Limits | target | Trajectory

Performance for No criteria to reside (NCTR)



Performance for Adult G&A Bed Occupancy



Operations **Diagnostics**

	Target	Actual	6-month trend	Previous Performance	1-month Forecast
Diagnostics: 6 Week Standard — The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.	<= 12.2%	18.2%			

Audiology

Risks and Issues

- Look back commenced in November, resulting in further lost capacity for patients within the backlog
- Audiology team are experiencing high sickness and current have 1 WTE band 5 vacancy
- Limited uptake in additional Sessions from substantive staff
- Consideration to stop to new referrals with immediate effect
- Paediatric service has been paused - this will have a huge impact on DM01 performance
- Recruitment underway for Audiologist vacancy, but currently on hold pending further discussions

Key Actions

- Resubmission of insourcing proposal to Medinet for 2x audiologists to provide additional weekend clinics. Will provide additional capacity for 520 appointments between January and March. No success at the moment but will continue to pursue.
- Resubmitted the request to GM for consideration of mutual aid. Previously requested this in September but no uptake or support received. Requested support for 600 patients.

Echo

Risks and Issues

- Breaches are largely driven by Stress Echo
- DNA rate for stress echo is significantly high at 25%.
- Patient Cancellation rate over the Christmas period had increased
- Locum consultant on annual leave for January, meaning 32 Stress slots cancelled

Key Actions

- 6x WLIs (outsourcing physiologists/substantive consultants/nurses) in place to clear the back log of 44 stress echo slots planned currently for January 2025 – Potential to increase depending on consultant availability
- Awaiting additional availability for January/February from consultant team for extra Stress Echo WLI's. This additional clinical capacity will support achieving the DMO1 target
- Task and finish group set up with Patient Access team to look at ways of implementing digital letters being sent to patients as well as Text/Call reminder
  - Task and finish group commenced November 2024, next meeting 14th January 2025.

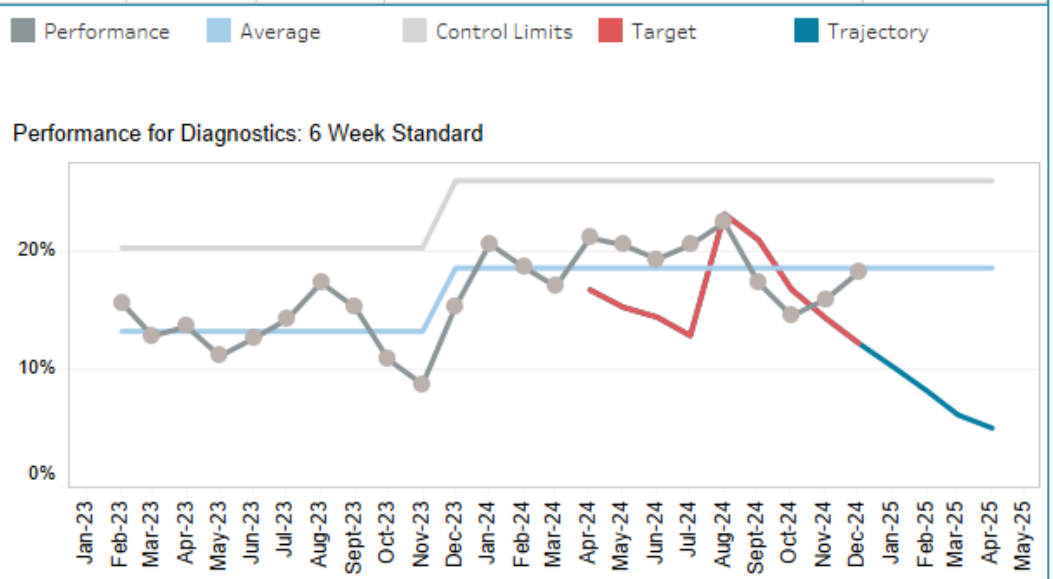
MR

Risks and Issues

- There is a risk in Q4 linked to the installation of the new Canon unit. Approval has been given to a mobile unit on site to mitigate the loss of activity during installation.

Key Actions

- Mitigate 6 days of single scanner provision on site, during Canon relocation with full CDC usage for two weeks.
- Maximise the use of the CDC, including improved reminder processes to reduce DNAs.
- Continue to drive productivity through the two scanners on site including extended days.



Signed off by / Update provided by	Karen Hatchell / Ruth Sefton / Mike Allison
Executive Lead	Jackie McShane

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NHS Stockport NHS Foundation Trust

Operations **Referral to Treatment (RTT)**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Incomplete pathways 18-week %	Referral to treatment, the number of patients on an open pathway, whose clock period is less than 18 weeks, as a percentage of all patients on an open pathway.	>= 92%	54.2%			
52-week breaches	Referral to treatment, the total number of patients whose pathway is still open and their clock period is greater than 52 weeks at month end.	<= 1267	1598			
65-week breaches	Referral to treatment, the total number of patients whose pathway is still open and their clock period is greater than 65 weeks at month end.	<= 0	58			

Performance Summary

- The Trust reported zero patients waiting >78 weeks at the end of December-24.
- For 65ww, the trust reported 58 patients waiting at the end of December, a slight increase from the end of the previous month. The Christmas period did have some impact on clinical capacity.
- For 52ww, there was only minor movement in month and the Trust is now behind forecast trajectory. The main areas of increase are Gastroenterology, Orthopaedics, ENT, and Cardiology.
- The Trust 18-week performance was 54.2%, and the overall RTT waiting list reduced by 0.5%

Risks and Issues

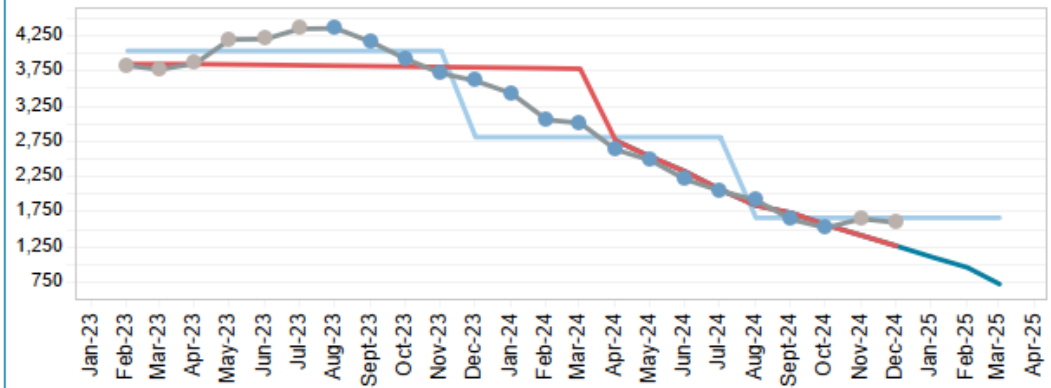
- Pathways delays due to complex diagnostics undertaken externally (Cardiology, Gastroenterology, and General Surgery)
- Complex elective patients >65 weeks requiring surgery in month to avoid breaches in ENT, Gynaecology, and Orthopaedics.
- Long wait times for 1st appointment remains a challenge across several specialties
- Capacity and wait times for diagnostic echo and impact on cardiology long waits
- Adverse impact of EUCC construction work on theatre capacity and activity
- Potential impact of winter pressures on elective programme
- Returns from the independent sector and data quality issues can lead to unexpected long waiters

Actions & Mitigations

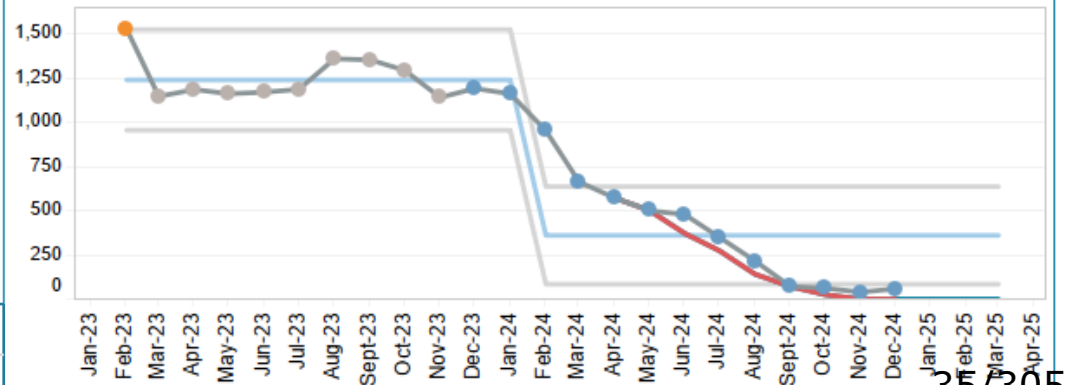
- Multiple schemes to expand elective capacity in year across several specialties using additional IPT funding. Includes additional locum consultants and use of outsourcing/insourcing
- Additional RTT performance PTLs remain in place to maintain rigor and drive performance
- Additional validation work to cleanse the waiting list and reduce the total waiting list size.
- Initiated escalation processes for diagnostics for long waiters for internal and external (MFT)
- Independent sector outsourcing capacity to support ENT, Ophthalmology, General Surgery, Orthopaedics and Gastroenterology
- Use of GM mutual aid capacity from WWL for Urology, Orthopaedics and ENT, plus some mutual aid support from East Cheshire Trust for Orthopaedics.

Performance target Trajectory Average

Performance for 52-week breaches



Performance for 65-week breaches



Signed off by	Andrew Tunnicliffe
Executive Lead	Jackie McShane

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Community**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Virtual Ward Utilisation	The number of occupied bed days in the virtual ward service, as a percentage of the available bed days in the virtual ward service.	>= 80%	67.4%	→	▲ ▲ ▲ ▲ ▲ ▲	▲
Urgent Community Response	The total number of Urgent Community Response referrals assessed within 2 hours of referral acceptance, as a percentage of all Urgent Community Response referral..	>= 70%	97.3%	→	● ● ● ● ●	●

Performance Summary

- VW - December saw an improvement in the average number of occupied beds from 27 to 34 (67.4%) which is closer to the 40-bed/80% occupancy target.
- VW - December saw a 20% increase in admissions to 232 with an increase in the proportion of 'Step Down pathways' to 28%.
- UCR - Reporting of this metric is a month in arrears in line with the National data release.
- UCR - The Trust continues to perform well against the Urgent Community Response 2-hour target of 70%, achieving 97.3% in November 2024.

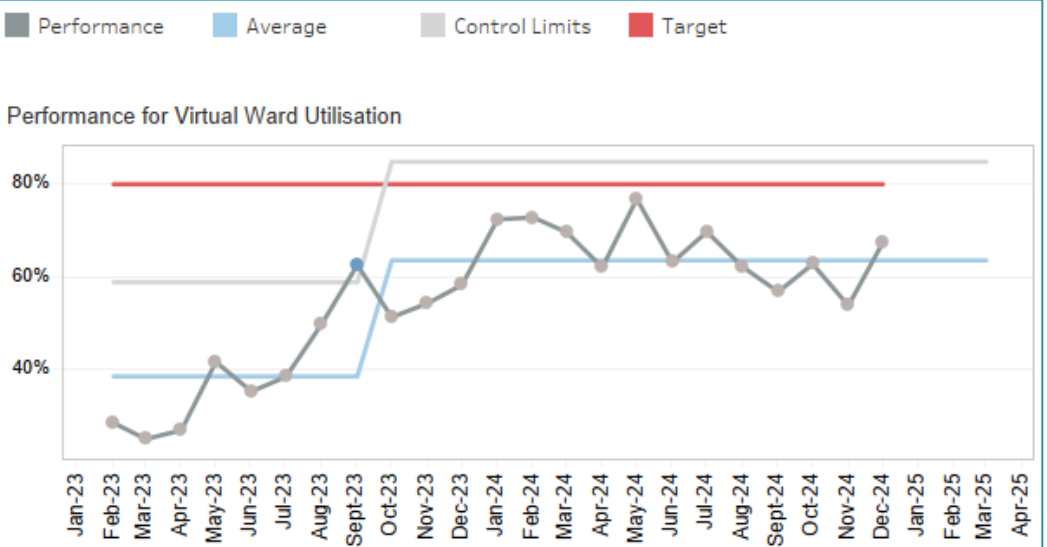
Risks and Issues

- VW - Currently not consistently meeting the 80% trajectory
- VW - Lack of substantive medical cover 7/7 (weekend cover)
- VW - Financial uncertainty; funding non-recurrent 2024/25
- UCR – Staffing, vacancies and capacity

Actions and Mitigations

- VW – Re-launch of Flu Clinical Pathway.
- VW –Weekly performance meetings implemented to target areas where referrals have dropped.
- VW - Launch of a new Oxygen @ Home Clinical Pathway, on 16 December, supporting early discharge for patients requiring oxygen therapy. Scoping additional pathways with Respiratory Clinical Director i.e. Asthma
- VW – Launch of new VTE pathway confirmed with MSDEC for housebound patients and patients in residential care.
- VW – Working with Surgical SDEC to develop Step Down clinical pathways.
- VW – Developing a new Step-Down Heart Failure Clinical Pathway to support patients requiring diuretic titration.
- VW – Finalising a new Urinary Retention Clinical Pathway for admission avoidance.
- VW – Working with the Trust Antibiotic Lead to scope opportunities for early supported discharge utilising the Baxter Infusor Ambulatory System to replace the need for TDS and QDS in-patient IV antibiotics.
- VW - Working closely with ED Navigation and the new 'Doc in a Box' initiative whereby navigation is
- VW - BI and Operational Deep dive into data reporting commenced.
- VW and UCR – Linked into the implementation of the Stockport Integrated Care Coordination Service
- UCR – Recommencing Adult Social Care presence at Mon – Fri Huddles
- UCR – Introducing meetings with REaCH Manager to improve the Los and flow of patients through the service.

Signed off by	Jane Ankrett
Executive Lead	Jackie McShane



Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Outpatient Efficiencies**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Outpatient DNA rate	The number of appointments where the patient did not attend, as a percentage of all booked appointments.	<= 6.3%	8%	→	▲ ▲ ▲ ▲ ▲ ▲	▲
Outpatient clinic utilisation	The number of outpatient appointment slots booked, as a percentage of all outpatient appointment slots planned. Excludes cancelled clinic templates.	>= 90%	93.2%	→	● ● ● ● ● ●	●
Patient initiated follow up (PIFU)	The number of patients moved to a PIFU pathway as a result of an outpatient attendance, as a percentage of all outpatient attendances.	>= 4.3%	5.3%	↗	● ● ● ● ● ●	●

The DNA rate for December was 7.95%, which has increased from November, but there will be seasonal variability (Dec 23 was 8.05%).

Key actions taken:

- DNA deep dive was presented to F&P in November.
- Calls to patients with prevalent factors for DNAs continue
- Task and finish group work with Division of Medicine and the Specialty of Paediatrics remains in place
- Review of text reminder response management processes has been completed
- Work with the Deputy Public Health Registrar has begun with a small pilot and control agreed upon, which is due to commence on 6th January 2025

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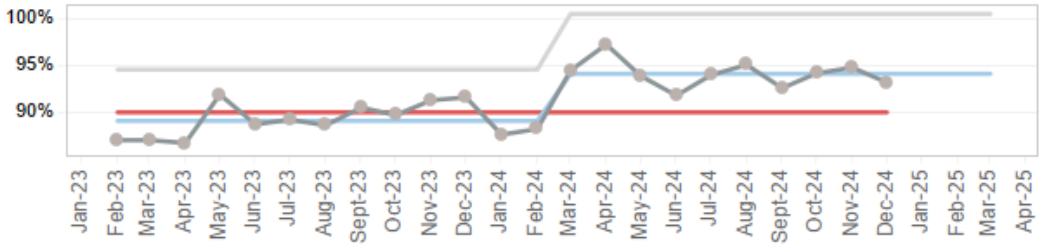
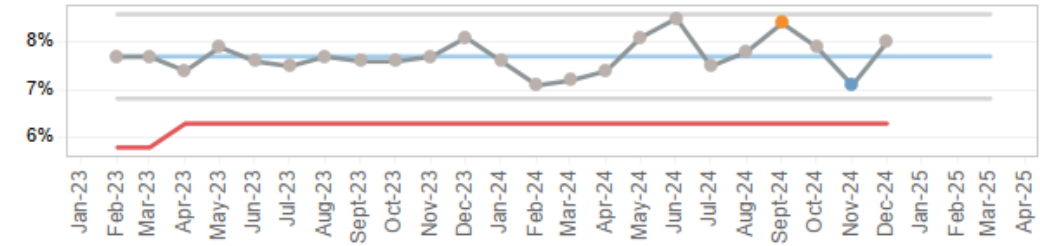
Performance Average Control Limits Target

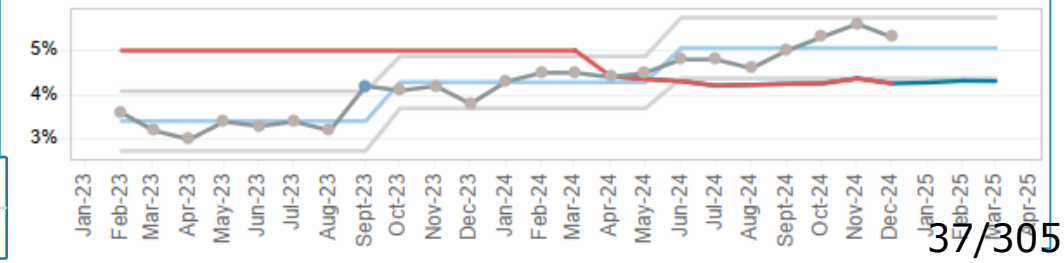
Performance for Outpatient clinic utilisation



Performance for Outpatient DNA rate



Performance for Patient initiated follow up (PIFU)



Signed off by	Mike Allison
Executive Lead	Jackie McShane

Operations **Outpatient First and Procedures**

	Target	Actual	6-month trend	Previous Performance	1-month Forecast
OP First Attend and Procedure — The total number of outpatient attendances that are a first-attendance, or are an outpatient procedure, as a percentage of all outpatient attendances.	>= 44%	43.3%			

To support the recovery of core services and to continue to shift the balance of outpatient activity towards clock-stopping the NHS Operational Planning Framework for 2024/25 introduced a new metric to measure the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff.

The national ambition is to achieve 46% across 2024/25, the Trust submitted an operational plan to achieve 44% across the year with an improvement trajectory of 44.04% for December 2024.

Performance Summary

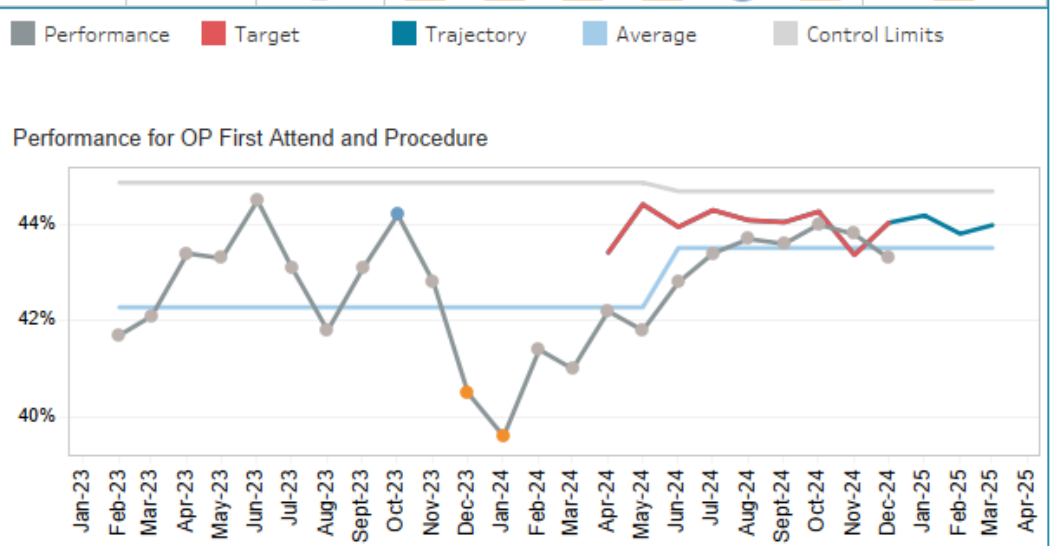
- The current year-to-date position has improved, primarily through validation work identifying activity being recorded on PAS as follow up when it should be new. The capture of outpatient procedures is also key to this metric and impacts on the income received under elective recovery funding. The year to-date position is 43.2% with December dropping to 43.3%.

Risks and Issues

- Poor engagement by clinicians recording the procedures being undertaken in outpatient clinics. (either via paper RTT forms or within the new digital electronic outcome form (CLIO).
- Transcription errors by administrative staff who transcribe the data into Patient Centre.

Actions and Mitigations

- Continue validations and engagement with administrative staff about correct recording processes on PAS..
- Benchmarking procedure coding by speciality to identify areas of opportunity.
- Work with divisions to highlight procedures being undertaken in clinics which are not captured on CLIO.
- Development to CLIO to add the additional procedures so they can be captured.
- Data quality reports highlighting mismatches in procedure transcribing onto PAS developed and share with teams.



Updated provided by	Debbie Hope
Executive Lead	Jackie McShane

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Theatres**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Capped Touch Time Utilisation	The overall time spent operating, calculated as a percentage of the overall planned session time. Session overrun time is excluded.	>= 85%	75.5%			

Performance Summary

- Ongoing Theatres Improvement Programme - key highlights include analysis of OPROC & Day Case missed opportunities, review and standardisation of OTD cancellation codes in line with national codes, PDSA cycle for patient calls as part of reducing OTD cancellations, PDSA cycle on CEPOD coordinator role commenced, and commencement of a review into non-elective T&O demand.
- Overall, all OTD cancellations has reduced for 2 consecutive months, but reportable OTD cancellations increased December. The top 3 reasons for cancellations in month was Surgeon sickness (20), Equipment related (16), Lack of time (10).
- The average late start time (for lists that started late) has deteriorated to 35 minutes. Intercase time has also slipped slightly to 16 minutes. Lift 22/23 issues have been impacting on lists starting and OTD cancellations
- Booked utilisation remains high; 103% in Dec24 for the Trust.

Key Risks/Issues

- Disruption to theatre sessions due to EUCC construction activities – until February 2025.
- Estate backlog maintenance.
- Pre-Op vacancies/sickness and capacity to supply patients for surgery.
- IP/DC activity plan underachievement particularly for T&O.

Key Priorities

- Theatres Improvement Programme
- Communication with capital estates team
- Daily theatre meetings continue to support analysis, peer challenge and drive improvements
- Ophthalmology pilot call reminder service 3 days ahead of TCIs to Stockport Eye Centre.
- The Pain Team will trial a test of change to target a reduction in *Intercase Downtime*

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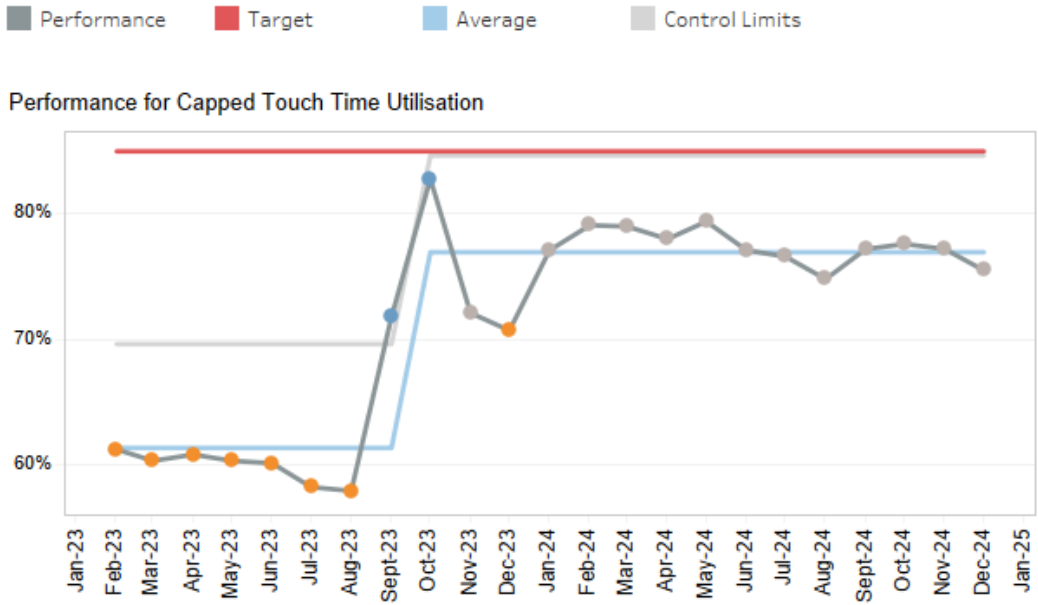


Signed off by	Karen Hatchell
Executive Lead	Jackie McShane

Workforce **Sickness Absence**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Sickness Absence: Monthly Rate	The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.	<= 5.5%	6.5%			

Our absence level has increased by 0.44% compared to November, reporting 6.43% in December 2024, a similar position to December 2023. Our rolling 12-month absence rate is above the revised absence target of 5.5%, at 5.85% in December. There was a slight reduction in long term sickness to 3.91% and an increase in short term to 2.99% in December 2024.

The 3 main reasons for absence remain the same with similar percentage to previous months, however as anticipated through winter we have seen the seasonal variation for colds, coughs and Flu, which is now the second highest reason for absence.

Frontline & Non-Frontline	Stockport Total Staff	Number vaccines given	Stockport Performance
Flu	6422	1473	22.94%
Covid	6422	568	8.84%

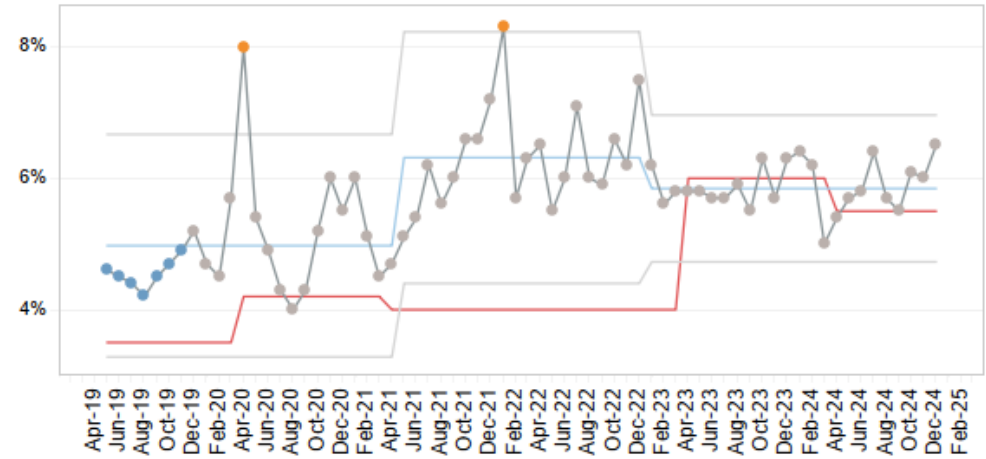
Figures above show the staff take up for the Flu and Covid vaccinations. Although numbers remain lower than previous years and are in line with GM rates, our Wellbeing & OH team continue to provide dedicated clinics, a drop-in service and provision for predominant night staff. Purpose visits to departments and clinics and a 'roaming' provision around the site remain in place. New starters are offered the vaccinations at the Trust Induction sessions. In line with the NHS England request, our vaccination programme has been extended until the end of January for COVID and end of March for Flu.

Our menopause clinic continues to be well attended supporting staff who to remain in with additional support. SPAWS continues to support staff who are struggling with their mental health. Our MSK dedicated physiotherapist continues to support staff to remain in work where possible and to return to work, with adjustments as soon as they are able

We continue to share our Wellbeing Newsletter, providing advise and signposting to initiatives to support staff with managing their health and wellbeing. We have introduced a wellbeing module into our leadership development programme, to ensure that leaders are equipped in managing and supporting staff with their health and wellbeing.

Our focus on supporting people to return from absence continues, with the sickness oversight reviews conducted by Head of HR/Deputy Director of People & OD. We are also reviewing our policy to improve the processes and begin our alignment with the national wellbeing policy.

Performance for Sickness Absence: Monthly Rate



Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Workforce **Appraisal Rate**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Appraisal Rate: Overall	The percentage of overall staff that have been appraised within the last 15 months. Includes both medical staff and non-medical staff.	>= 95%	90%	→	▲ ▲ ▲ ▲ ▲ ▲	▲

The Trust's overall appraisal compliance rate for December 2024 is 89.8% which is 0.5% higher than the previous month and below our corporate target.

A recent sample audit of appraisal objectives has been completed and has led to the Executive Management Team agreeing several changes to the appraisal process from April 2025. These include:

- Introducing an annual appraisal window which will run from 1 Apr to 30 Sept
- Implementing a robust process for completing appraisals in a systematic and top-down approach with completion deadlines for each tier within the window
- Introducing standardised performance objectives for specific management tiers
- Providing additional training for line managers on how to cascade & set SMART objectives.
- Launching a refreshed 'Let's Talk Annual Appraisal' template by March 2025.

In the meantime, divisions/directorates will continue to be supported to complete outstanding appraisals.

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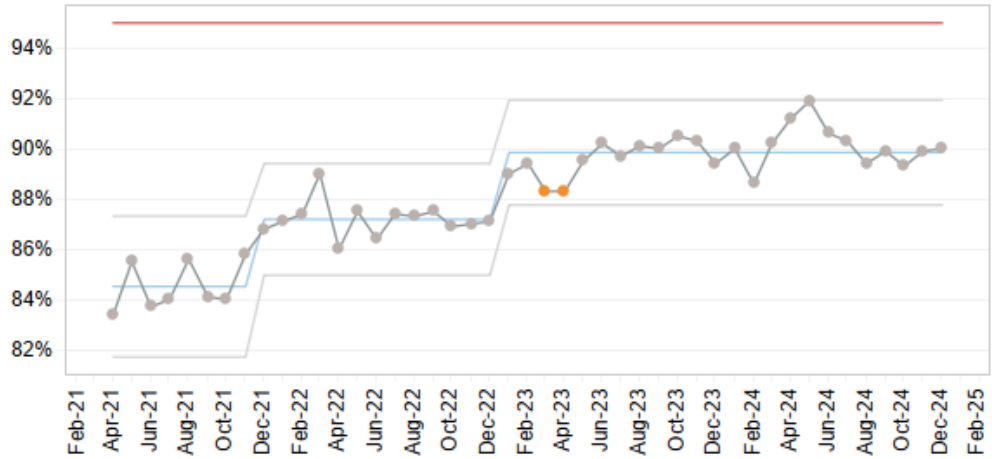
Performance for Appraisal Rate: Overall



Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Workforce **Mandatory Training**

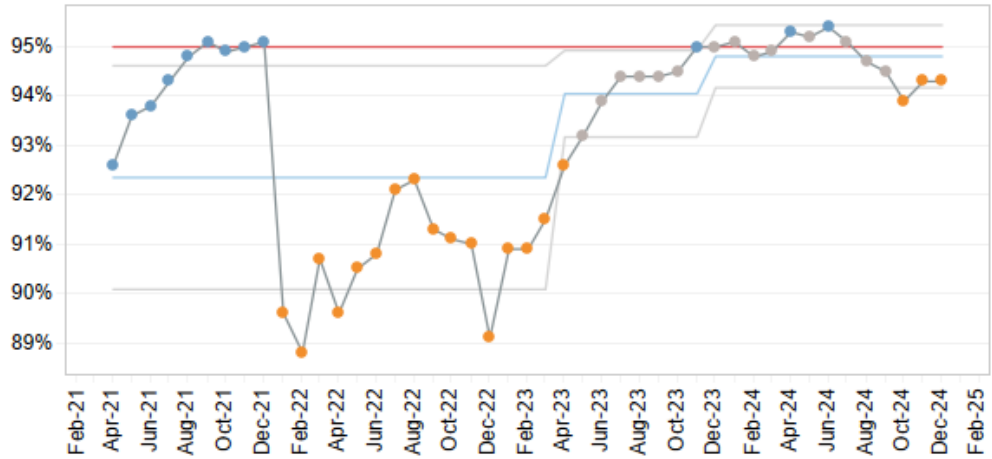
		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Mandatory Training	The percentage of statutory & mandatory training modules showing as compliant.	>= 95%	94.3%	↓	● ▲ ▲ ▲ ▲ ▲	▲

Mandatory training has seen increases in recent months and compliance now stands at 94.30%. All colleagues with multiple outstanding competencies for both Mandatory and Role Specific topics have received an email notification to offer them support.

We are undertaking a 'deep dive' into the compliance position to understand which staff have not ever been or have not been compliant for over 12 months and will be escalating this to the appropriate manager to improve the position.

The Learning & Education Team are working with managers to book colleagues onto required training and continue to work with educators in each division to support colleagues in completing their eLearning. A 'Mandatory January' month is underway with extra sessions of face-to-face topics being delivered across the Trust.

Performance for Mandatory Training



Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Finance **Risks**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Financial Controls: I&E Position	The actual financial position, displayed as a percentage variance from the planned financial position.	<= 0%	93.8%	↓	● ● ● ▲ ▲ ▲	▲
Cash Balance	The amount of cash balance in Trust accounts. Figures displayed are millions per month.		28.6	→		
CIP Cumulative Achievement	The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement.	>= 0%	1.1%	↘	● ● ● ● ● ●	●
Capital Expenditure	The actual capital expenditure, as a percentage of the planned capital expenditure. Performance is displayed as a percentage variance from the planned amount.	<= 10%	-22%	↘	● ● ● ● ● ●	●

Risks

- Elective Recovery Fund (ERF) - There is a continued risk that the activity recovery plan will not deliver in full, to achieve the ERF plan for the year. There have been further disruptions to theatres caused by Emergency and Urgent Care Campus (EUCC) work and bad weather which will adversely affect the position.
- Capital - The capital position remains challenging. The latest forecast variance shows an updated gap of £3.5m between funding and expenditure. This will present further challenges with cash management. The limited availability of capital given the condition of the estate at Stockport presents a higher revenue risk from both an expenditure perspective and a loss of income.
- Increased emergency demand and specialist patients - The Trust continues to see high level of emergency attendances and high OPEL level scores, which relates to continued operational challenges on achieving targets. There is no additional funding to cover the winter period and increased costs of escalation.
- Cash - As a result of the deficit support funding, the cash balance risk is minimal at this stage in the year.

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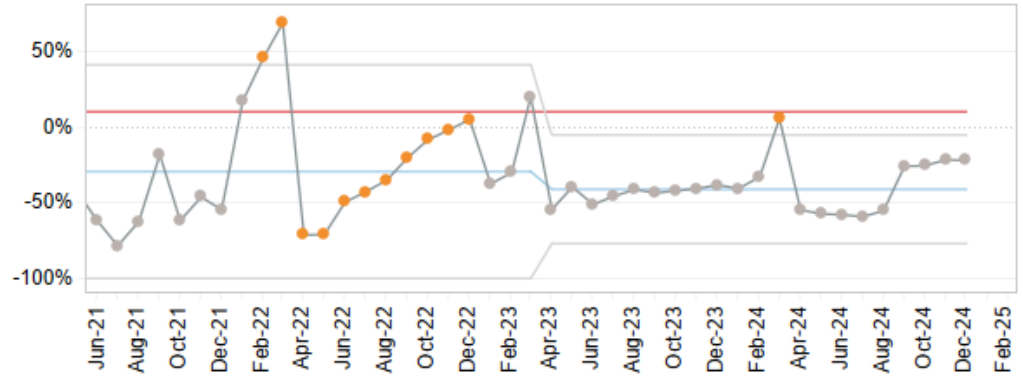
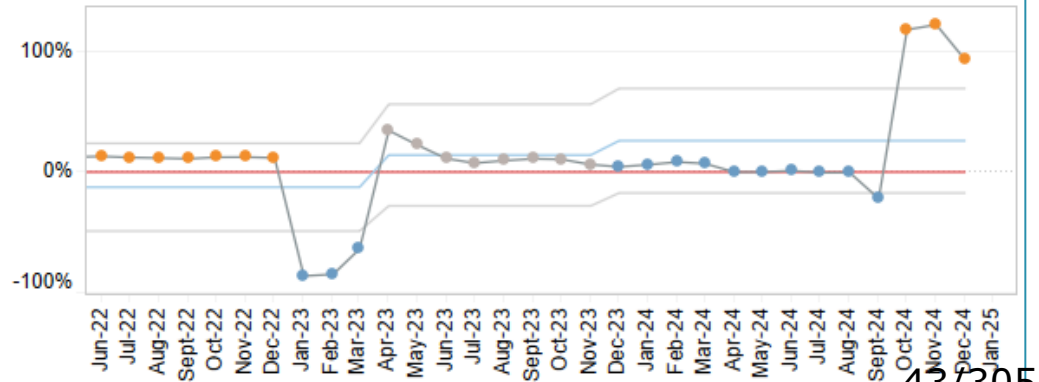
Performance for Capital Expenditure



Performance for Financial Controls: I&E Position



Signed off by	Kay Wiss
Executive Lead	John Graham

NHS Stockport NHS Foundation Trust

				Agenda No.	9
Meeting date	**6th February 2025**	**Public**	**X**	**Confidential**	
Meeting	Board of Directors				
Report Title	Financial Position Month 9 2024/25				
Director Lead	John Graham Chief Finance Officer	**Author**	Kay Wiss Director of Finance		

Paper For:	**Information**		**Assurance**	**X**	**Decision**	
Recommendation:	The Board of Directors is asked to receive the Financial Position Report for Month 9 2024/25, to update on the current financial position in support of the Integrated Performance Report.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes

	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	n/a
Financial impacts if agreed/not agreed	Whole paper
Regulatory and legal compliance	Whole paper
Sustainability (including environmental impacts)	n/a

Executive Summary

The Trust has a deficit of £3.2m at Month 9 (December) 2024/25, which is an adverse variance of £1.8m to plan. A detailed finance paper was presented to the Finance & Performance Committee on the 23rd January 2025 and this paper is the summarised key extracts from that paper.

The key driver for the adverse variance to plan is underperformance against the Elective Recovery Fund target and this is due to lost activity through industrial action, disruption caused by building work and a higher than expected target allocation.

The Trust has delivered profiled savings of £13.3m of at Month 9 which is £0.1m ahead of profiled plan;

£20.4m of the savings plan for the year have been delivered in total. The total plan for 2024/25 is £24.6m. Whilst the Trust is forecasting delivery of the full plan there is a shortfall on recurrent savings of c.£3m.

Temporary staffing costs via an agency have continued below the 3.2% target at 2.9% in December, after adjusting for the pay award arrears. This remains one of the key focus areas within the financial plan and is overseen by the Workforce Efficiency Group.

The forecast remains to deliver the financial plan for 2024/25 subject to risks highlighted within the paper

The Trust has spent £24.7m against a capital plan of £25.4m to date; costs have been incurred on the Emergency Care Campus, the MRI scheme and the essential network cabinet refresh. The current forecast is an overspend of £3.5m.

NHS
Stockport
NHS Foundation Trust

Board of Directors

Financial Performance
Month 09 2024/25 (December)

John Graham
Chief Finance Officer

Contents

NHS Stockport NHS Foundation Trust

1. Overall Financial Position M9 2024-25

NHS Stockport NHS Foundation Trust

Income & expenditure Position	December 2025 (M09)			Year to Date			Forecast		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Total Income	**40.7**	**40.6**	**(0.1)**	**370.8**	**370.7**	**(0.1)**	**489.9**	**490.0**	**0.2**
Substantive Staff	(24.2)	(25.5)	(1.3)	(228.1)	(228.8)	(0.7)	(300.2)	(302.1)	(1.9)
Bank Staff	(4.5)	(2.7)	1.7	(28.1)	(26.1)	2.0	(37.6)	(34.5)	3.1
Agency Staff	(1.3)	(0.6)	0.7	(11.7)	(7.6)	4.1	(15.4)	(9.0)	6.4
Pay Costs	(30.0)	(28.8)	1.1	(267.8)	(262.5)	5.3	(353.2)	(345.6)	7.6
Drugs	(2.0)	(2.1)	(0.0)	(18.0)	(18.1)	(0.1)	(23.8)	(24.3)	(0.6)
Clinical Supplies & Services	(2.0)	(2.3)	(0.3)	(22.1)	(24.4)	(2.4)	(29.9)	(31.8)	(1.9)
Other Non Pay Costs	(4.8)	(5.5)	(0.7)	(43.8)	(48.3)	(4.5)	(57.8)	(63.9)	(6.1)
Below the Line	(2.3)	(2.3)	0.0	(20.7)	(20.5)	0.2	(28.0)	(26.9)	1.1
Total Expenditure	**(41.1)**	**(41.0)**	**0.1**	**(372.4)**	**(373.8)**	**(1.4)**	**(492.6)**	**(492.5)**	**0.1**
TRUST SURPLUS / (DEFICIT)	**(0.4)**	**(0.4)**	**0.0**	**(1.6)**	**(3.1)**	**(1.5)**	**(2.8)**	**(2.5)**	**0.3**
System reporting adjustments	0.0	0.0	(0.0)	0.2	(0.1)	(0.3)	0.3	(0.0)	(0.3)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(0.4)**	**(0.4)**	**(0.0)**	**(1.4)**	**(3.2)**	**(1.8)**	**(2.5)**	**(2.5)**	**(0.0)**
Stockport Trust Efficiency Programme (STEP)	2.8	1.9	(0.9)	13.2	13.3	0.1	24.6	24.6	-
Efficiencies as % of expenditure	*7%*	*5%*		*4%*	*4%*		*5%*	*5%*	
Capital expenditure	(4.1)	(2.4)	1.7	(25.4)	(24.7)	0.7	(37.0)	(40.5)	(3.5)

1. Overall Financial Position

NHS Stockport NHS Foundation Trust

- **In month:** The Trust's deficit is £0.4m in month, which is in line with the Trust's financial plan.

- **Year to date:** In the 9 months to date the total deficit is £3.2m, which is £1.8m adverse to plan. The variance from plan year to date is due to:
  - (£2.3m) estimated ERF under performance, including devices and target adjustments
  - (£0.3m) pay award pressure
  - (£0.4m) enhanced care
  - £0.1m CIP ahead of the profiled plan
  - £1.1m divisional grip and control, including improvement to bank and agency run-rate

- **Forecast:** The Trust reported forecast out-turn position is in line with the revised planned deficit of (£2.5m).

- **Cost Improvement Programme (CIP):** The Trust has delivered £13.3m of savings after 9 months of the financial year against a Stockport Trust Efficiency Programme (STEP) target of £13.2m, so is £0.1m ahead of the profiled plan. In year £20.4m (83%) of the full year £24.6m CIP target has been delivered, however only £6.1m (49%) of the recurrent target.

3. Key Risks within the Financial Position

NHS Stockport NHS Foundation Trust

Capital

- The capital position remains challenging. The latest forecast variance shows an updated gap of £3.5m between funding and expenditure. This is detailed in Section 6 of this report.

- Estate risk - The limited availability of capital given the condition of the estate at Stockport presents a higher revenue risk from both an expenditure perspective and a loss of income. Several critical infrastructure risks which were known when the plan was submitted but without investment are leading to a further deterioration in the site. This increases the risk to further failures of the estate potentially impacting on service delivery, activity and unplanned expenditure including temporary staffing costs.

Cash

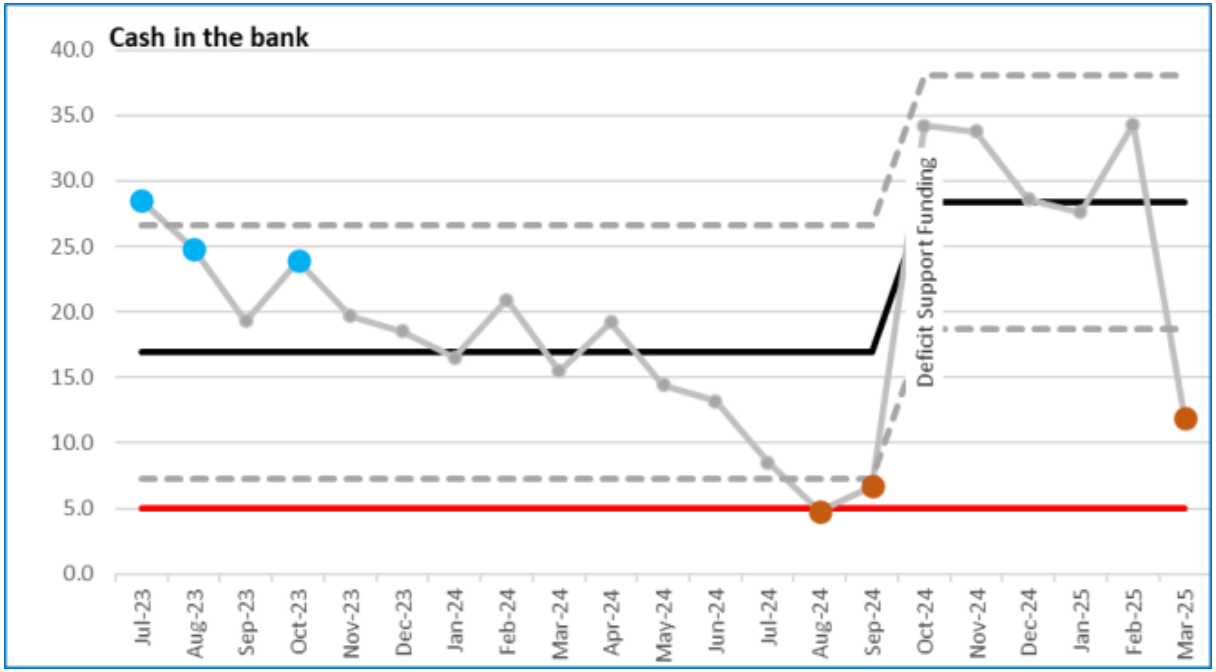
- As a result of the deficit support funding, discussions are required regarding the potential repayment of the £15.6m revenue support PDC received in 2024/25, with the forecast shown assuming repayment of £13m in March 2025.

- The cash balance risk is minimal at this stage in the year but will increase in line with the potential PDC repayment towards the end of the year.

3. Cash

a. Cash Position

Stockport NHS Foundation Trust

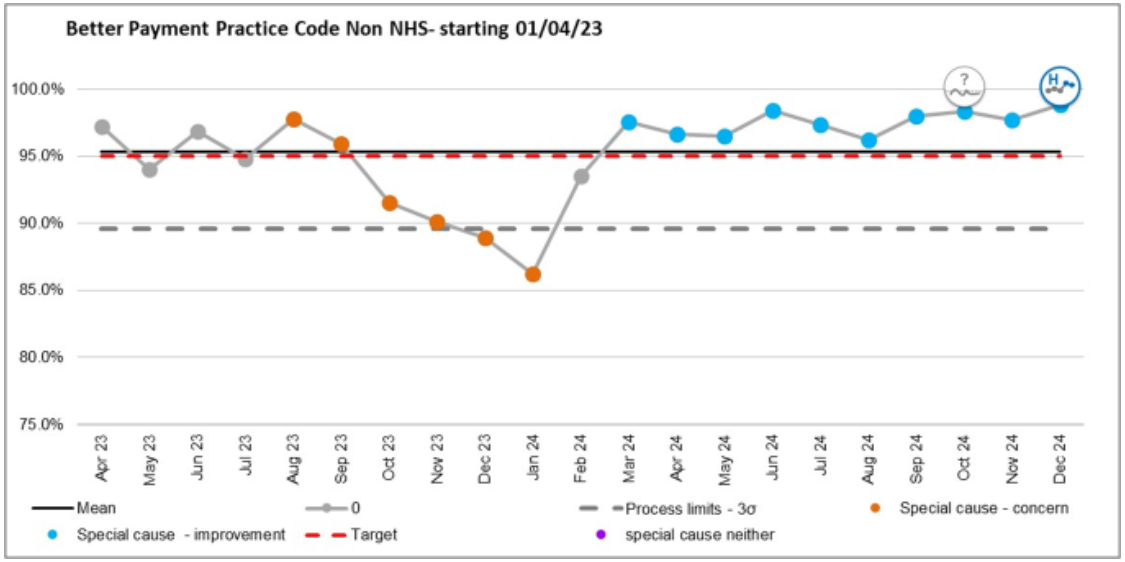


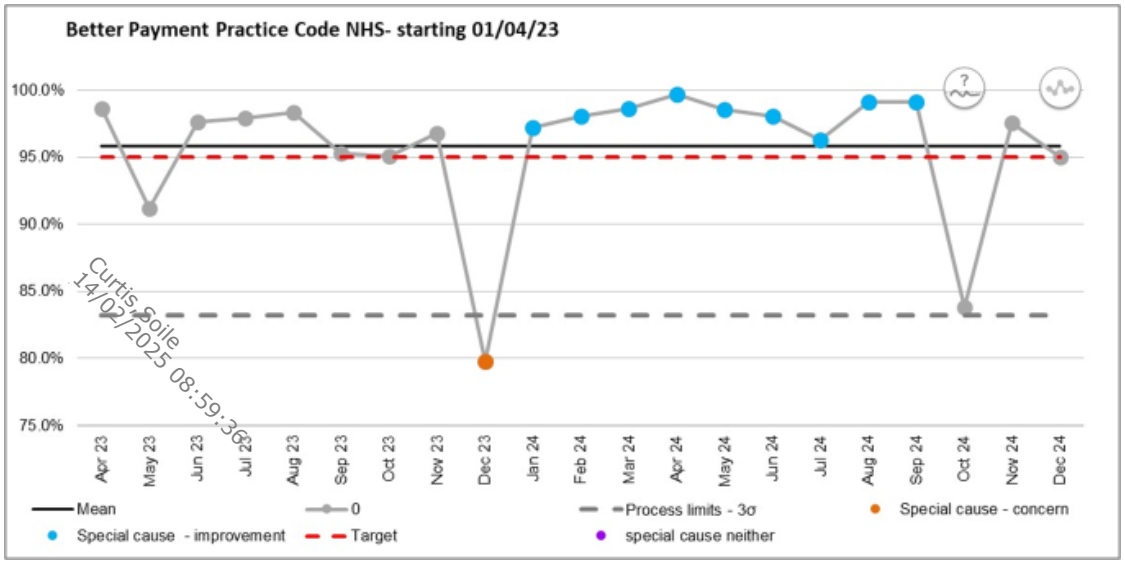
- Cash balances at the end of December were £28.6m, a reduction from £33.8m in November. Key drivers of this reduction related to capital payments for the OPB scheme and settlement to HMRC and NHS Pensions for the pay arrears paid to staff in November.

- Cash balances are forecast to experience a small reduction in January before increasing in February. The forecast shown assumes receipt of capital PDC in February for OPB (£11.5m) and the balance of MR2 funding (£1.2m).
- The forecast assumes repayment of £13m in March 2025, relating to revenue support funding received by the Trust.
- Forecasting and updating of cash balances, including the impact of capital funding and expenditure will continue to be monitored closely by the Cash Monitoring Group.

3. Cash

b. Better Payment Practice Code





The Better Payment Practice Codes (BPPC) sets the target for 95% of all valid invoices to be paid within the agreed timeframe.

Performance against the standard is reported for both NHS and non-NHS invoices, as shown in the charts.

The NHS BPPC performance has returned to normal levels since the underperformance reported in October, which was due to the outcome of an exercise to review purchase and sales ledger balances across GM Trusts.

4. Key Drivers of the Financial Position

a. STEP (Stockport Trust Efficiency Programme)

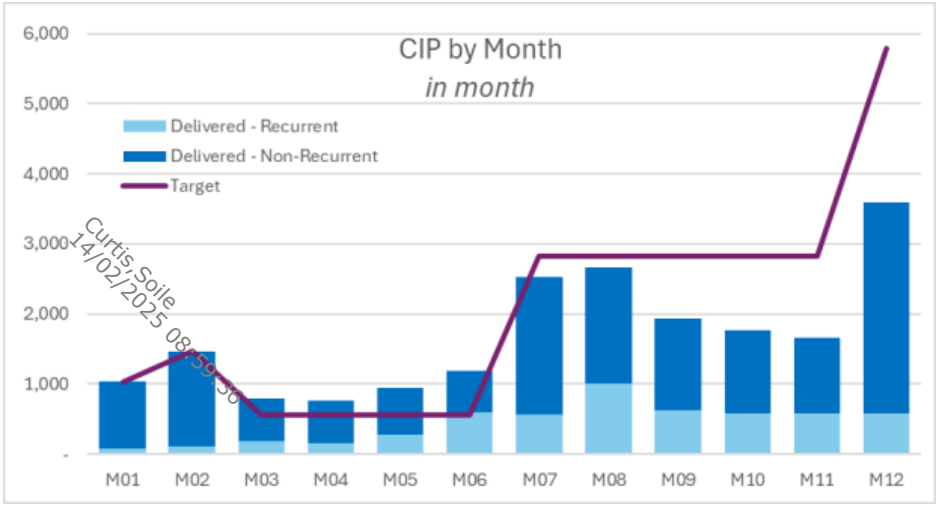
NHS Stockport NHS Foundation Trust

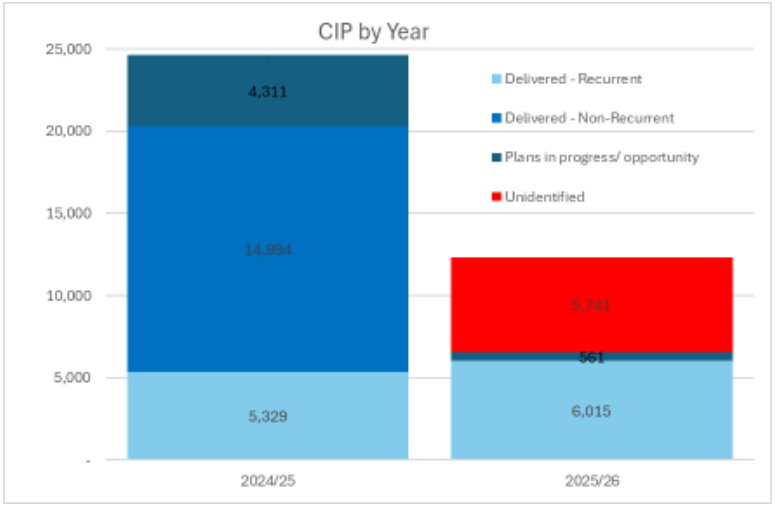
The Trust STEP target for 2024-25 is £24.6m, split evenly between recurrent and non-recurrent savings. The Trust has delivered £20.3m (82%) of the in-year target to date, but only £6.0m (49%) of the 2025/26 requirement. To month 9 £13.3m has been delivered against a profiled target of £13.2m

RISK

The profile of savings required increased from £0.55m per month for Q2 to £2.8m per month for Q3 and Q4, with a final spike of £5.8m savings needed in March 2025. This is shown in the left-hand chart below.

Externally the Trust is reporting forecast delivery of 100% of the in year target, though this will be delivered proportionally 75% non recurrent to 25% recurrent. Divisions are focused on continued CIP into 2025/26, producing updated plans and concentrating on recurrent delivery.





4. Key Drivers of the Financial Position

b. Staff and WTE reconciliation - WTE

NHS Stockport NHS Foundation Trust

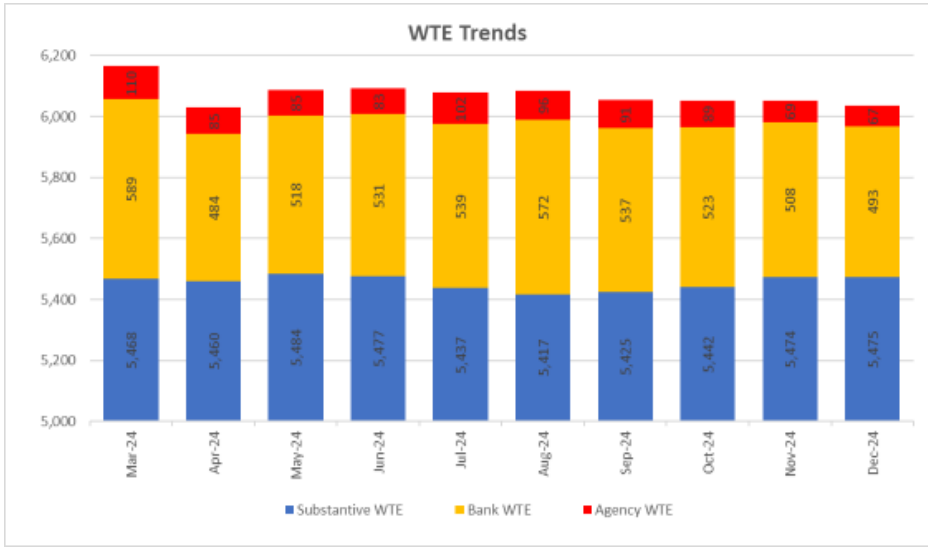
Total WTE has reduced since month 8 and is a reduction since the end of 2023/24.

- Both agency and bank staffing have reduced again in month; December is the lowest month usage in year.
- December substantive staffing had remained static.

Temporary staffing continues to be used to cover enhanced care, vacancies and sickness. Whilst usage has reduced in month, further reduction remains a key focus, particularly the longer-term use of medical locums.

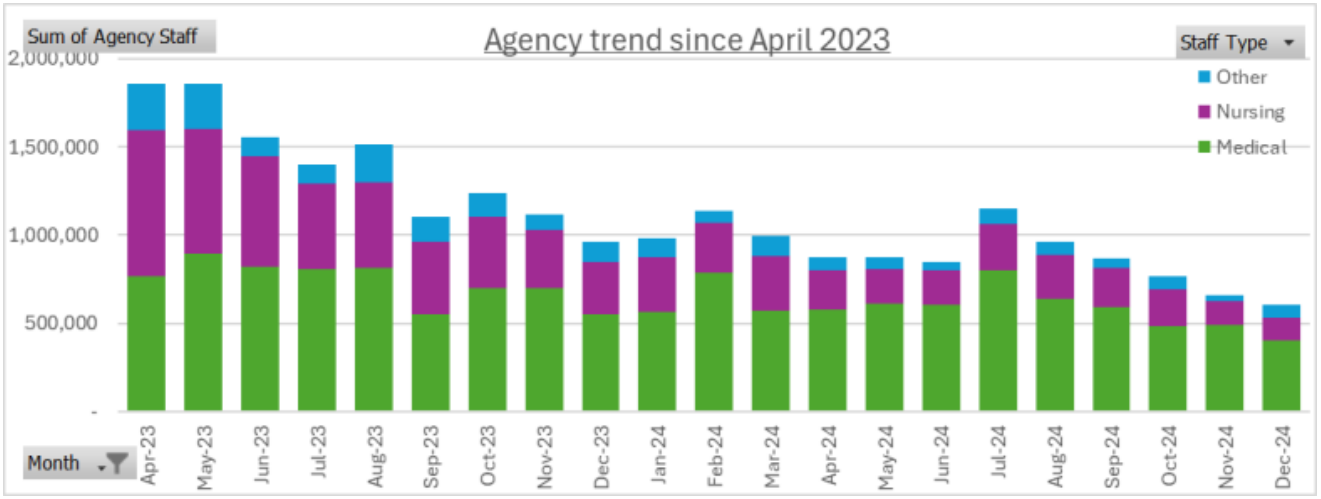
The Workforce Efficiency Group (WEG) continues work to understand and reduce bank and agency staffing and forecast usage for the remainder of the year. Specific work is underway on a post-by-post basis for the remaining long-term agency medical.

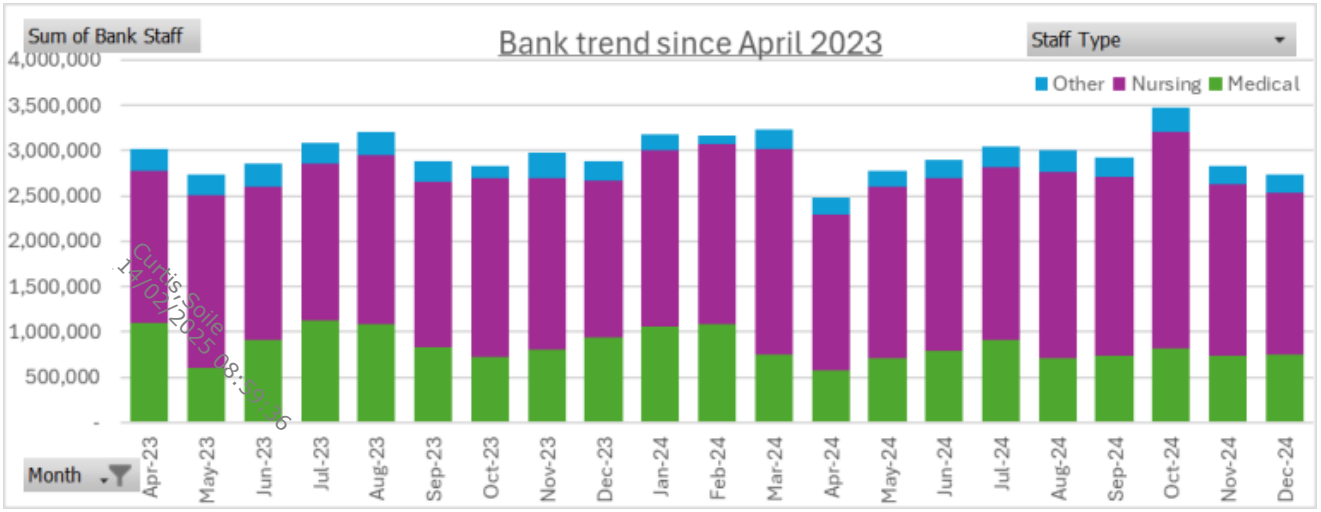
Month	Substantive WTE	Bank WTE	Agency WTE	Total WTE	*Bank %*	*Agency %*
Dec-24	5,475	493	67	6,035	*8.2%*	*1.1%*
Nov-24	5,474	508	69	6,051	*8.4%*	*1.1%*
Oct-24	5,442	523	89	6,053	*8.6%*	*1.5%*
Sep-24	5,425	537	91	6,053	*8.9%*	*1.5%*
Aug-24	5,417	572	96	6,085	*9.4%*	*1.6%*
Jul-24	5,437	539	102	6,078	*8.9%*	*1.7%*
Jun-24	5,477	531	83	6,091	*8.7%*	*1.4%*
May-24	5,484	518	85	6,088	*8.5%*	*1.4%*
Apr-24	5,460	484	85	6,029	*8.0%*	*1.4%*
Mar-24	5,468	589	110	6,166	*9.6%*	*1.8%*
Feb-24	5,469	557	111	6,136	*9.1%*	*1.8%*
Jan-24	5,456	560	115	6,132	*9.1%*	*1.9%*
Dec-23	5,450	501	110	6,060	*8.3%*	*1.8%*
Nov-23	5,419	550	128	6,097	*9.0%*	*2.1%*
Oct-23	5,419	542	145	6,106	*8.9%*	*2.4%*
Sep-23	5,319	533	139	5,991	*8.9%*	*2.3%*
Mar-23	5,356	579	265	6,200	*9.3%*	*4.3%*



4. Key Drivers of the Financial Position

b. Staff and WTE reconciliation - £





Agency costs continue a downward trend in 2024/25, with the most significant reduction seen in nursing agency spend because of key actions taken (such as the on-going reduction of the cascade of unfilled shifts to agency staff).

Bank costs remain relatively static in 2024/25, which is positive containing growth linked to conversion from agency to bank. Costs in October 2024 include an accrual for NHS Professionals backpay costs for the pay award for staff paid standard rates linked to the appropriate band for the role covered.

This supports the data shown in the SPC charts on the following slides.

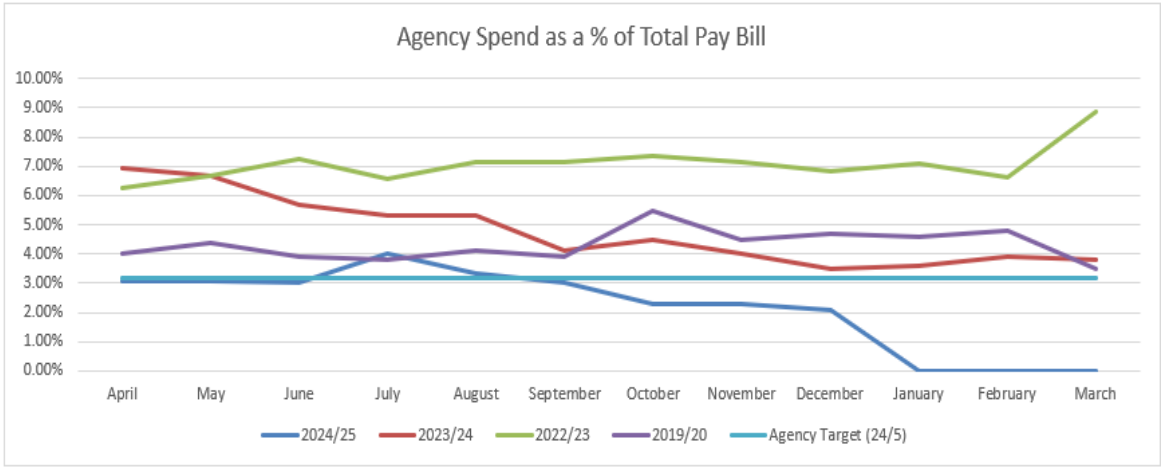
4. Key Drivers of the Financial Position

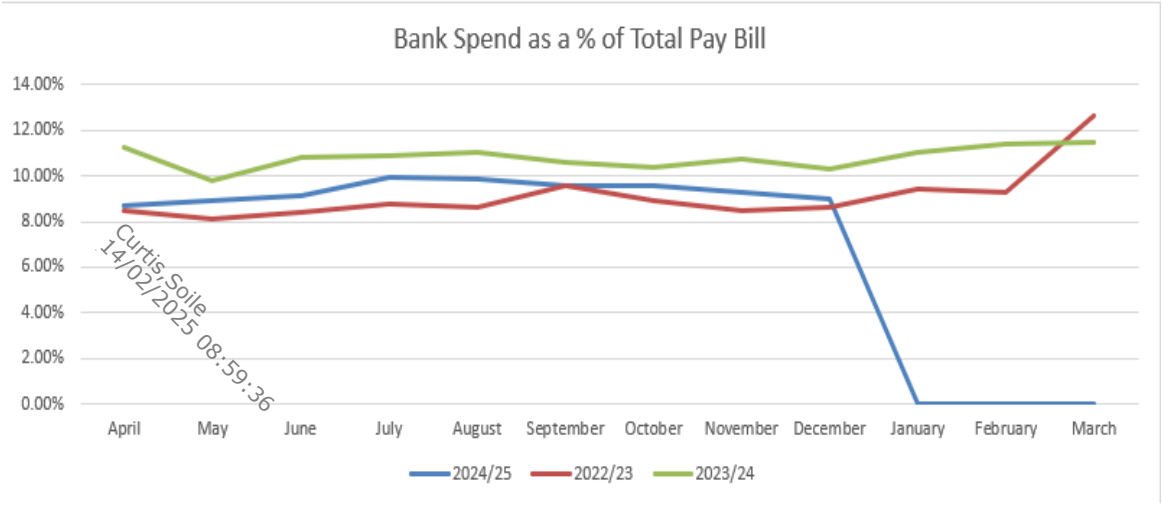
c. Temporary Staffing

NHS Stockport NHS Foundation Trust

In December 2024, 2.1% of the total pay bill related to agency usage, below the 2024/25 target of 3.2%. This is a reduction of 0.2% from November.

The YTD position is 2.9% of the total pay bill related to agency usage which is an improved position in comparison the to the YTD position in December 2023, of 5.1%.





Bank usage accounted for 81.11% of our overall temporary pay bill, against the GM target of 75%.

As at Month 9, Bank and agency usage collectively accounts for 11.1% of total pay costs, a reduction from 11.6% in November

4. Key Drivers of the Financial Position

c. Temporary Staffing

Stockport NHS Foundation Trust

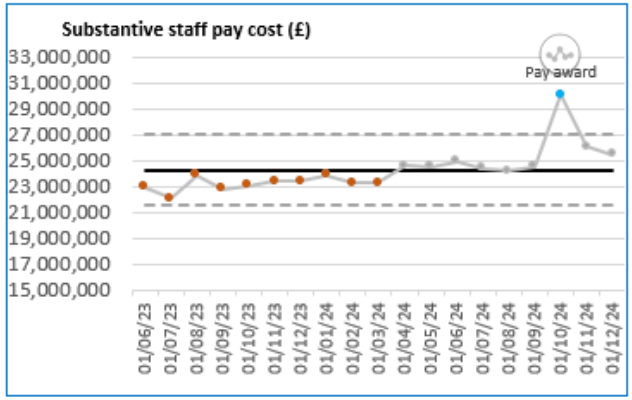
Previously reported actions continued to be delivered and are now business as usual. In addition to these the following work has continued and is currently underway to reduce agency and bank spend:

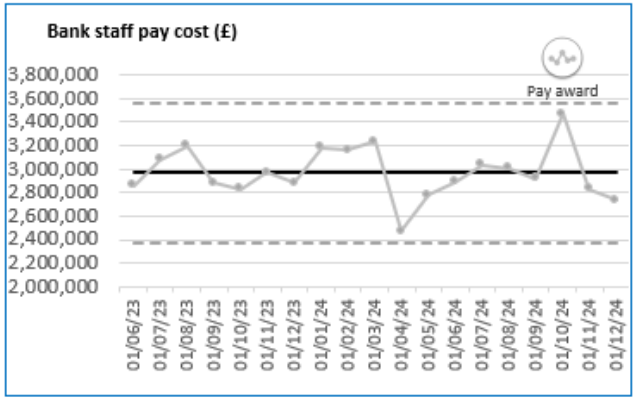
- The medical workforce group, chaired by the Medical Director, has oversight of the recruitment to consultant vacancies, including the progress with recruitment agencies.
- Workforce Efficiency Group (WEG) is undertaking a review of agency workers who are non-compliant with the price cap and working with Divisions to drive improvements with compliance with the NHSE price cap.
- Medical staff conversion from agency to bank continues, with the next area of work to look at the consistency and compliance with our bank rate card and engagement/implementation of the GM rates for medical staff, once approved by the system.
- Nursing agency cascade has been reduced to 12 hours from 18th November 2024. NHSP escalated rates for nursing and midwifery have been reviewed and plans agreed to move to core rates commenced in month 9 and will be concluded by 31st March 2025.
- Following recent recruitment events 137 offers made to band 2/3 HCA's, 23 offers to registered nursing staff.

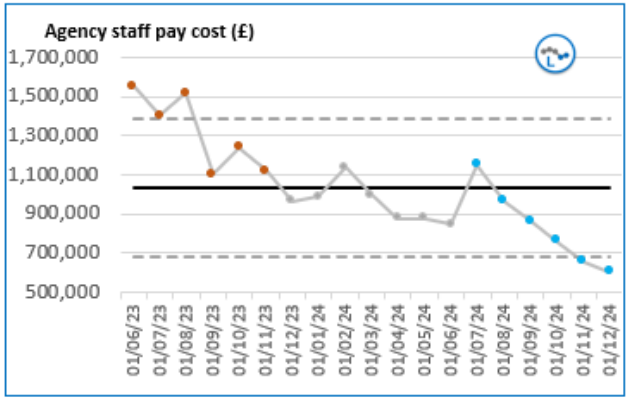
4. Key Drivers of the Financial Position

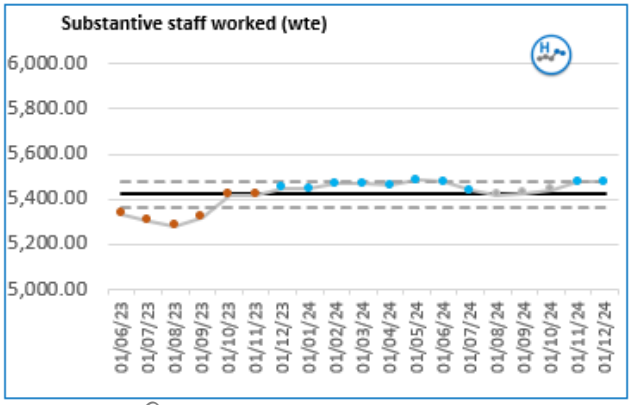
c. Temporary Staffing – All staff groups

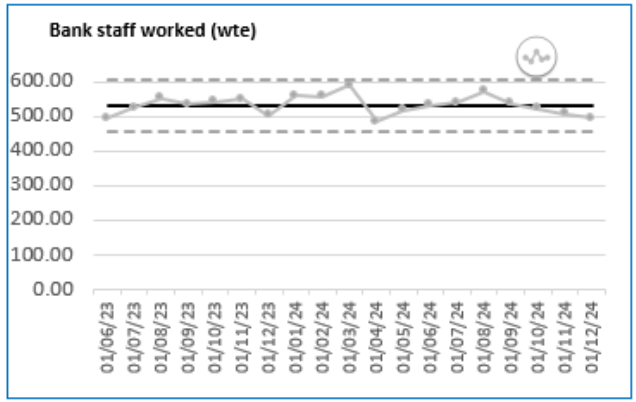
Stockport NHS Foundation Trust

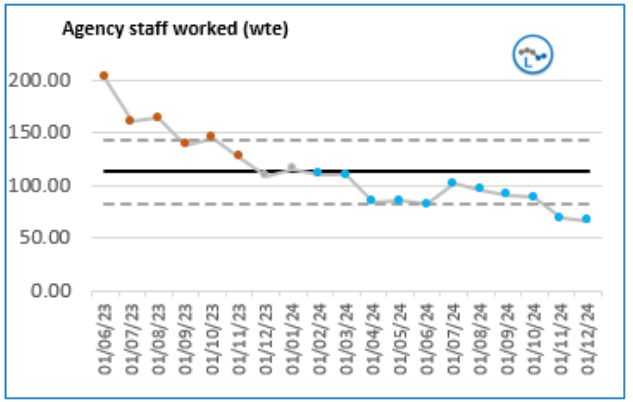












- There is a continues to be a downwards trend in the use of agency staff, but this needs to be viewed in the context of a zero-usage target.
- Bank staff are also showing a reduction in December, but this may be a seasonal variation due to limitations on annual leave in December.

4. Key Drivers of the Financial Position

d. Elective Recovery Fund – Income position

Stockport NHS Foundation Trust

ERF and variable income position £m	M09 YTD	M09 Best Forecast	M09 Worst Forecast	M09 Likely Forecast
SLAM	(1.9)	(2.6)	(2.6)	(2.6)
Excluded devices	0.5	0.7	0.1	0.3
SFT Recovery Actions	-	0.5	0.2	0.3
Theatre risk - winter	-	-	(0.2)	(0.1)
Advice & guidance funding	1.1	1.5	1.3	1.4
GM ERF target increase	(4.4)	(5.8)	(5.8)	(5.8)
GM funding - diagnostics & outpatients	0.5	0.6	0.6	0.6
Independent Sector (IS) inpatients	-	0.7	0.6	0.7
IS other activity	-	0.6	0.4	0.5
Difference National v Trust plan	0.8	1.0	1.0	1.0
Profling for M08 position	1.2	-	-	-
Total underperformance	**(2.3)**	**(2.8)**	**(4.4)**	**(3.6)**

As at month 9 the estimated year-end ERF underperformance is £1.9m, a deterioration from last month.

The 65-week wait recovery plan is offset by £1.4m of confirmed advice and guidance funding of (£1.1m year to date).

There is a £0.5m overperformance on excluded devices, which is currently being negotiated with the ICB.

The ICB have increased the ERF annual target by £5.8m linked to independent sector funding.

A prudent position of £2.3m adverse to plan year to date has been made to allow for the phasing of this target change and theatre disruption.

5. Capital

NHS Stockport NHS Foundation Trust

Description	Month 9			Year to Date M9			2024/2025		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
Estates	4.1	2.4	(1.7)	21.9	21.8	(0.1)	33.4	35.0	1.6
Equipment	-	-	-	-	-	-	-	-	-
IFRS16	-	-	-	3.5	1.9	(1.6)	3.5	4.1	0.6
Digital	-	-	-	-	1.0	1.0	0.1	1.4	1.3
Total	**4.1**	**2.4**	**(1.7)**	**25.4**	**24.7**	**(0.7)**	**37.0**	**40.5**	**3.5**

- Excluding IFRS 16 there is a forecast overcommitment of c£3m on the capital programme.
- £0.12m of PDC funding has been confirmed for Digital Diagnostics, this is included within the budget forecast on the M9 NHSE return, and the table above.
- The Emergency and Urgent Care (EUCC) campus, Outpatients modular build, MR development, and network cabinet refresh make up the majority of spend for the year to date.
- In month 9 £0.9m has been incurred on the Outpatients build and £1.1m on EUCC.
- Forecasts continue to be reviewed and monitored by the Capital Programme Management group.

6. Recommendations

NHS Stockport NHS Foundation Trust

The Finance & Performance Committee is asked to:

- Note the financial position of the Trust to month 9 and the key drivers within the position
- Acknowledge the cash and capital risks for 2024-25 and beyond
- Note the forward-looking emergent risks for 2024-25 with implications into 2025-26

NHS Stockport NHS Foundation Trust

				Agenda No.	10
Meeting date	6 February 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust: Corporate and Clinical Services Collaboration				
Director Lead	Paul Buckley, Director of Strategy and Partnerships	**Author**	Paul Buckley, Director of Strategy & Partnerships Andy Bailey, Deputy Director of Strategy & Partnerships		

Paper For:	**Information**		**Assurance**	**X**	**Decision**	
Recommendation:	The Board of Directors are asked to review the update on the corporate and clinical collaboration work.					

This paper relates to the following Annual Corporate Objectives

✓	1	Deliver personalised, safe and caring services
✓	2	Support the health and wellbeing needs of our community and colleagues
✓	3	Develop effective partnerships to address health and wellbeing inequalities
✓	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
✓	5	Drive service improvement through high quality research, innovation and transformation
✓	6	Use our resources efficiently and effectively
✓	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

✓	Safe	✓	Effective
✓	Caring	✓	Responsive
✓	Well-Led	✓	Use of Resources

This paper relates to the following Board Assurance Framework risks

✓	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
✓	PR1.2	There is a risk that patient flow across the locality is not effective
✓	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
✓	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing

✓	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
✓	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
✓	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
✓	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
✓	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
✓	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
✓	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
✓	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
✓	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
✓	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
✓	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
✓	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
✓	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
✓	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	-
Financial impacts if agreed/not agreed	3.3
Regulatory and legal compliance	2
Sustainability (including environmental impacts)	-

Executive Summary

This paper provides an update on the corporate and clinical services collaborative work between Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust.

Corporate and Clinical Services Collaboration

1. Purpose

1.1 This paper provides an update on the collaborative working that is taking place between Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust (trusts), covering both corporate and clinical services collaboration.

2. Introduction

2.1 As NHS organisations we have a duty to collaborate as outlined in the Health and Care Act (2022). The statutory guidance published in response and the requirements included within the NHS England Well Led framework informs the approach to exploring greater collaboration opportunities to improve our effectiveness and the health and wellbeing of both populations.

2.2 A set of underpinning principles have been agreed with the Boards (**Appendix 1**), the 2024/25 corporate objectives are the same, and the decision to recruit a joint chair is a further example of the commitment to establish greater strategic alignment.

2.3 The approach to collaboration between both trusts is also being taken forward with other secondary care, primary care and locality partners across the Greater Manchester ICS.

2.4 The specific drivers identified, and therefore the benefit themes will focus on:
- improved access for patients,
- achievement of clinical/regulatory standards,
- workforce resilience and leadership,
- operational performance and productivity
- financial efficiency; and
- improved opportunities for training, education and research.

3. Corporate Services Collaboration

3.1 Each Executive Director/Director has continued to review and progress opportunities to collaborate by reviewing the corporate support services that fall within their respective portfolios. A joint workshop was held on 27 January to explore this further with a view to assessing the extent to which greater collaboration could be achieved.

3.2 A summary of the areas progressed to date and other areas of opportunity are set out in **Appendix 2.** Over the next 6 months further progress will be made on these and the benefits from which will be captured.

3.3 Both trusts have a continuous approach to identifying efficiency schemes and for 2025/26 a revised approach will explore joint corporate efficiency schemes across both trusts to support the opportunities identified by Executive Directors/Directors.

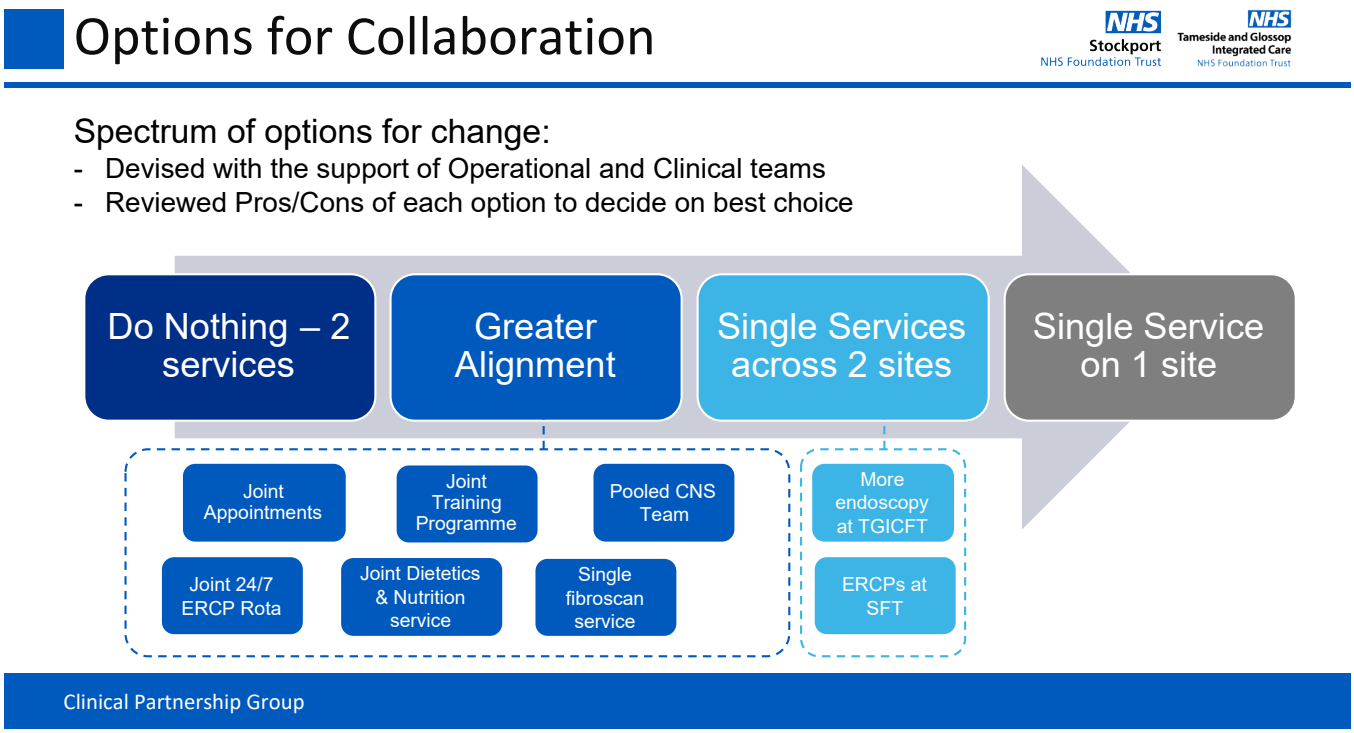
3.4 In January, the trusts established a joint Executive Management Team, and it is anticipated that as this develops it will support streamlined reporting, release time, generate opportunities for shared learning and ongoing strategic alignment.

4. Clinical Service Collaboration

4.1 The initial areas of focus agreed are Gastroenterology and Radiology, which have allowed the trusts and clinical teams to inform the approach that we may wish to take for all other clinical services.

Gastroenterology

4.2 The Gastroenterology steering group has completed a case for change, reviewed a range of options and assessed the potential benefits that may arise. This is set out below.



4.3 The main focus has been on greater alignment at this stage and identifying ways of collaborating that ensures consistency in clinical standards, establishing a dedicated ward with a focus on Gastroenterology patients to facilitate this, a consultant of the week clinical model and a specific rota for the specialty.

4.4 This work has identified the requirement for clinical capacity to lead collaboration work and increased staffing numbers (Consultants, Nurses and A&C) to deliver a new clinical model over a number of years. This will be subject to the normal business case processes in place.

4.5 A list of potential benefits have been identified for this option, which will continue to be developed in order to ensure they are more specific and included in the benefits tracker.

Options	Benefits
Joint Clinical Lead	Cost saving on clinical lead posts Shared best practice Alignment of clinical services
Joint appointments	Filled vacancies New recruits attracted to a larger team

Options	Benefits
Joint training programme	More attractive to Deanery Reduces burden on consultants More scope for specialising
Pooled CNS team	Improved resilience Learning and development opportunities Potential cross-cover
Single waiting list for outpatients	Reduce variation Manage long waits
Joint rota for ERCPs	Build on GI bleed collaboration 24/7 service
Joint development of fibroscan service	Single service – more likely to be recommissioned Meet growing local needs
Dietetics & Nutrition service development	Shared transformation or project management resource Shared workload to develop service
Shared liver service	Increase local offer Meet growing local needs

Radiology

4.6 This service was proposed as an area to explore in part due to the partnership work taking place with the development of a Community Diagnostic Centre. Initial discussions have taken place with the respective clinical teams to review further possible opportunities, that build on the existing joint working such as providing peer operational support, procurement advice, PACs/RIS support, benchmarking and cost comparisons, MDT support and sharing of job descriptions.

4.7 Further opportunities for working together have been identified and include.

Clinical
Joint MR Pacemaker facility on one site
Joint MR sedation facility on one site
Expansion of the CDC
Joint governance and audit to include Joint Policies/Protocols
Maximise the number of MDTs that can be done across both sites with appropriate cross cover including Gynae and Lung
Cross cover for on-call and leave
Combined pathways
MDT review to maximise cross cover arrangements and potential future joint working
Joint services for certain services at the most appropriate site.
Interventional Radiology
Cross department support with incident reports, complaints, investigations
Explore IT solutions to allow cross site working to include out of hours cover, specialist service cover (e.g. paediatric, MSCC, cauda equina etc) as prelude to working towards single service
Regular meetings between the operational and clinical leads across both sites

Education and Training
Peer reviews
Potential for trainees working across both sites
Appraisals and revalidation
Joint REALM

4.8 A list of potential benefits will be collated as the proposal for Radiology is assessed and taken forward.

4.9 By progressing our work as planned with Gastroenterology and Radiology, this has helped inform some further learning and expand on that previously described.

- Dedicated capacity will be required to progress the work within clinical, operational and corporate teams.
- A more structured approach will be beneficial in moving forward.
- Initial benefits that are identified will need further review to ensure they define specific outcomes.
- There is a clear desire from corporate and clinical teams to take this work forward, evidenced by teams sharing their intent to explore opportunities.
- Regular communication so that the purpose is clear to all colleagues is clear.

5. Divisional Plans and a Joint Clinical Strategy

5.1 Good progress has been made through the engagement with Divisional triumvirates to develop a Divisional plan that shapes their medium and longer term plans, despite the operational pressures that exist.

Stockport FT

- Facilitated sessions undertaken with each Division last year
- Medical, Nursing & Operational leads for each service engaged to develop 3-5 year service plan on a page
- Key themes identified to form basis of Divisional Plans
- Given structural changes with Divisions, discussions with each Divisional Director to review draft Divisional Plan and refresh priorities
  - **Surgery** – DD reviewing draft plan
  - **Medicine** – new DD assessing previous plans and those from other Divisions joining Medicine. Divisional session to be arranged
  - **Integrated Care** - workshop sessions with each team in progress to refresh plans
  - **Women & Children** - workshop sessions with each team in progress to refresh plans
  - **Clinical Support Services** – strategic sessions with each team underway to refresh plans

Tameside & Glossop ICFT

Facilitated sessions undertaken to date with:
- Medicine & Urgent Care;
- Surgery, Women & Children; and
- AHP teams from Intermediate Tier and CSS

Medicine & Urgent Care
- all plans on a page completed and edited
- Draft Divisional plan shared with Director for review and prioritisation

Surgery, Women & Children
- Multiple sessions with different teams
- Chasing final plans on a page to build draft Divisional plan

Intermediate Tier
- Divisional session stood down due to operational pressures – working to rearrange
- Plans on a page completed for AHP services as part of AHP Strategy refresh

Clinical Support Services
- Plan on a page completed for radiology as part of AHP Strategy refresh
- Pharmacy session in diary end of Jan

5.2 This work will feed into a new joint Clinical Strategy that will provide a basis for the longer-term collaboration work for both organisations. **Appendix 3** includes an updated process and timeframes for this work.

5.3 The Board of Directors will be engaged in the review of the Divisional plans and the new joint Clinical Strategy as they are developed. This work sits within a revised strategic framework that is developing in response to the joint working, which will see the development of a joint Quality Strategy and options for a joint Organisational Strategy.

6. Recommendations

6.1 The Board of Directors are asked to note the update on the corporate and clinical service partnership work between both trusts.

Appendix 1 – Underpinning shared principles for collaboration

Principle 1	Collaborative working should support equity of service across both organisations for the benefit of the communities they serve.
Principle 2	Collaboration should be in line with the Constitutions, Licences, governance arrangements, and Standing Financial Instructions of each organisation.
Principle 3	Collaborative initiatives should, wherever possible, incorporate the best practice from both organisations.
Principle 4	Collaboration should make the best use of the skills and experience of colleagues in both organisations.
Principle 5	Collaboration should further the delivery of the individual trusts' strategic aims, as well as be in line with the aspirations of local Place and ICB strategic plans.
Principle 6	In establishing a new project, service and initiative, or recruiting to a vacant post, leaders should think "**collaboration**" and consider whether there is benefit in doing so in partnership with the neighbouring trust.
Principle 7	Both Boards will regularly evaluate the impact of collaboration to ensure both organisations are getting maximum benefit from shared arrangements and take steps together to address any areas that are not fully delivering on agreed joint objectives.
Principle 8	Collaborative programmes will not go ahead unless both Boards are in agreement, and the Boards accept that there will be occasions when collaboration with each other is not the right approach to adopt to achieve their individual strategic aims.
Principle 9	Collaboration between SFT and TGCIFT will not prevent either trust from working in partnership with other organisations to achieve their strategic aims.

Appendix 2 – Areas of Corporate Collaboration

Area	Progress	Next Steps
Finance	Recurrent benefits of the sharing of executive posts across the two Trusts Shared learning between finance teams Consistent approach and combined annual planning processes	Review of financial ledger systems Continued sharing of best practice and opportunities for training with wider teams e.g. HFMA Operating Game
Medical	Trainees have the ability to be provided with training across larger base Good practice shared across both sites Medical leadership training and appraisal process standardisation and assuring quality Joint Research, Development and Innovation strategy	Scoping joint working for clinical teams Explore combined SAS leadership and CESR delivery
Nursing	Alignment of Professional standards (Nursing, Midwifery & AHP and IPC) Alignment of assurance processes (Accreditation) Corporate Benchmarking e.g. Governance & Corporate nursing teams Collaborative working for delivery of national ambitions e.g. PSIRF Shared learning - TV, IP, Safeguarding, Pt Exp	Joint leadership roles Collaborative Workforce planning Systems review shared governance Build shared Quality Improvement capacity Shared professional standards and pathways Review opportunity for shared bank
Estates & Facilities	Increasing opportunities for joint working between teams. Continuation of peer reviews. Development of common EFM systems (MiCAD) Amalgamation of primary management vehicles (e.g. E&F SMT) Alignment of core operational practices (car parking, governance). Strategy development including joint Sustainability Manager	Further development of joint working leading to potential single structure
Digital	Laboratory Information Management System (LIMS) joint procurement and skills sharing. Joint Electronic Patient Record (EPR) business case A joint Clinical Coding structure in place.	EPR joint implementation team Business intelligence joint working

Area	Progress	Next Steps
Strategy & Partnerships	Strategy & Partnerships Team work across both trusts Annual planning processes reviewed and improved Shared learning from respective locality Provider Partnership developments. Reduced duplication of attendance at GM / external meetings and consistency across Trusts Ability to respond jointly to new initiatives	Dedicated capacity for driving clinical collaboration Facilitation of joint Clinical Strategy Development of joint Quality Strategy Process for consideration of options to develop a joint organisational strategy. Single operational/annual plan process
Operations	Good in depth knowledge of each others services Good level of collaboration regarding clinical services e.g. Digital Heath & Virtual Ward and SPOA Common performance report and metrics develop with alignment of performance data collection to aid benchmarking & continuous improvement. Cross cover at GM forums to reduce duplication / release time.	Continue sharing best practice and benchmark services. Further scope to collaborate on clinical services. Further implementation of T&G Digital Health offer at SFT
People	Deputy Director of OD post across the two Trusts Creation of a resuscitation faculty Library & Knowledge Services Manager role across the two Trusts Joint working on People agenda Health & Wellbeing, EDI, OD, Education & Training, Recruitment Sharing of best practice	Collaboration of Occupational Health Teams Further development & standardisation within Resuscitation and Library services early days. Further collaboration to be explored within the Workforce Information Team Collaborative working between Medical Staffing Teams.

Appendix 3

Updated Process & Timeframes

Scoping session	• Agree process	Aug 2024
Divisional Sessions	• Triumvirate – overview of the Division, developments, successes and areas for improvement • Strategy & Planning lead – overview of the Trust strategy and clinical strategy process • Facilitated groups – Medical, Nursing, AHP and Operational leads for each service – key questions to develop a service plan on a page	Sep – Oct 2024
Service Plans on a Page	• Operational leads to complete their Plans on a Page • S&P lead to support with editing	Oct – ~~Nov 2024~~ Feb 2025
Divisional Plans	• Present back high level findings from plans on a page • Propose key priorities for Division • Discuss and agree • S&P lead to support Divisional Director to develop their section of the Clinical Strategy	Dec – ~~Jan~~ Mar 2025
Clinical Strategy	• S&P lead to draft Trust-wide overview • Work with Medical Directors, Chief Nurse and COO's • Exec Teams & Boards approval	~~Mar 2025~~ June 2025

NHS
Stockport
NHS Foundation Trust

				Agenda No.	11
Meeting date	6th February 2025	**Public**	**X**	**Confidential**	
Meeting	SFT Board of Directors				
Report Title	Digital Strategy Progress Report				
Director Lead	Peter Nuttall, Director of Informatics	**Author**	Peter Nuttall, Director of Informatics		

Paper For:	**Information**		**Assurance**	**X**	**Decision**	
Recommendation:	The Board is asked to note the contents of the Digital Strategy Update.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
☜	5	Drive service improvement through high quality research, innovation and transformation
☜	6	Use our resources efficiently and effectively
☜	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe	X	Effective
	Caring		Responsive
	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high- quality care to service users.
	PR1.2	There is a risk that patient flow across the locality is not effective.
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan.
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing.
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes.
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport.

	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities.
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised.
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values.
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served.
	PR5.1	There is a risk that the Trust does not implement high- quality service improvement programmes.
	PR5.2	There is a risk that the Trust does not implement high- quality research & development programmes.
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan.
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan.
X	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure.
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards.
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability.
	PR7.4	There is a risk that there is no identified, or insufficient, funding mechanism to support the strategic regeneration of the hospital campus.

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	Not considered
Financial impacts if agreed/not agreed	Throughout
Regulatory and legal compliance	Throughout
Sustainability (including environmental impacts)	Not considered

Executive Summary

This is the update report on the delivery of Trust's Digital Strategy (2021-2026). The Strategy was approved by the Trust Board of Directors in December 2022 and four update reports have been received in October 2022, May 2023, November 2024 and May/July 2024. The report is structured around the seven key ambitions of the strategy and provides an update on the actions listed against each of the ambitions in the strategy document including outcomes.

Digital & Informatics Team

NHS Stockport NHS Foundation Trust

Digital Strategy

2021-2026

Delivery Update: No 5

Trust Board of Directors

January 2025

CONTENTS

1. INTRODUCTION

This is the fifth update report on the delivery of Trust's Digital Strategy (2021-2026). The Strategy was approved by the Trust Board of Directors in December 2022 and four update reports have been received in October 2022, May 2023, November 2023 and July 2024.

The delivery of the strategy is the responsibility of the Digital and Informatics Teams, with oversight from the Digital & Informatics Group. This Group meets on a bi-monthly basis and is chaired by the Director of Informatics. Key Issues & Assurance Reports are presented to the Finance and Performance Committee.

2. REVIEW OF AMBITIONS

The report is structured around the seven key ambitions of the strategy (see diagram below) and provides an update on the actions listed against each of the ambitions in the strategy document.

3 FUNDING OPPORTUNITIES

In FY 2024/25, the digital and informatics department have secured £460k revenue for use against the EPR Programme procurement. This is anticipated to be drawn down in February 2025.

4 OVERALL PROGRESS ON DELIVERY

In the past 6 months, the teams have continued to progress with the delivery of the digital strategy in parallel with managing all BAU activities.

OUR DIGITAL AMBITIONS – 2021-2024

WHAT HAVE WE DELIVERED?

Acute EPR (Electronic Patient Record).

Stockport & Tameside digital teams have continued to work on the preparation activities for the formal procurement and implementation of a joint EPR solution. ***Approval was granted for the Joint Outline Business Case on 11th December 2024 which will allow the programme to progress to procurement stage.*** It is expected the formal procurement will commence in February 2025.

Outcome: £460k revenue funding has been awarded under the Frontline Digitisation Programme to support this work.

Laboratory Information Management System (LIMS).

The LIMS (Telepath replacement) programme has experienced some significant issues and there will now be a split 'go live' planned for April 2025 and October 2025. The Team continues to support CSS (Clinical Support Services) providing expert advice and guidance when required.

Expanded system integration and data sharing.

Working with Stockport Locality and GMSS (Greater Manchester Shared Services) colleagues, we have undertaken a review of access profiles within the Greater Manchester Care Record (GMCR) for Trust staff to facilitate a relaunch of Electronic Palliative Care Coordination Systems (EPaCCS). EPaCCS is used to record and share an individual's care preferences and key details about their care at the end of life.

Outcome: Go live of the EPaCCS functionality in September 2024. No data available yet to demonstrate value.

Optimise Theatreman Solution

Commencing in early 2025, the Digital Projects Team will be working with the Theatreman System Manager to define and deliver an upgrade to the existing system to the new version called Aqua. This will enable additional fucntionality to be rolled out within Theatres. Scope of additional functionality yet to be defined.

Specialist Ophthalomogy EPR

Following the transfer of Ophthalmmology to the Surgical Division, a review is being undertaken by the Divisional Team, supported by the CIO (Chief Information Officer) , to determine the future of the OpenEyes EPR system. This is expected to complete in Q4 FY2024/25.

Explore use of AI/VR & NLP (Artificial Intelligence/ Voice Recognition & Natural Language Processing).

Replacement digital dictation system project has commenced. Due to complete in Q4 2024/25. This is required as the existing supplier no longer offers this service when contract reaches expiry. Working group to be set up to look at ongoing requirements of dictation provision, exploring new technologies that can support operational efficiencies.

Outcome: Annalise 'AI' functionality introduced into radiology PACS (Picture Archiving and Communication System) on 15th October to provide clinical decision support to diagnostic radiographers.

Digital Clinical Safety.

A robust governance structure and process have been implemented to track and progress the organisation's compliance with DCB (Data Coordination Board) standards to ensure the clinical safety of digital systems is assured prior to implementation. A Digital Clinical Safety Group has been established with multi-disciplinary representation and a series of templates and support packages established to enable project teams to achieve compliance. A network of Clinical Safety Officers is being established.

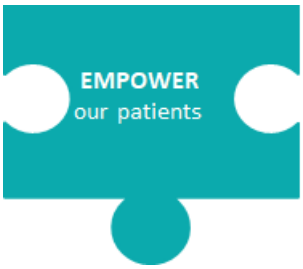
COMPLETED PROJECTS:

Haemonetics BloodTrack;
MASEY Colposcopy;
Infoflex (cancer);
Rhapsody integration engine;
Telepath (pathology) integration with Greater Manchester Care Record;
Move from PRISM Cardiology to Solus Cardiology;
Solus Endoscopy 2.0 go live;
Evolve (scanning for medical records) upgrade complete;
E-Patch (heart monitor) go live.

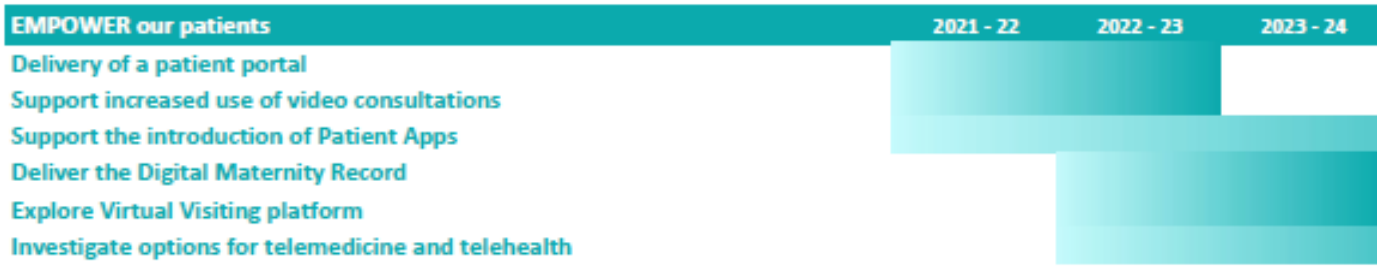
Outcome: Masey Colposcopy – compressed a 6–9-month project into 16 weeks to support a recurring Divisional STEP (efficiency saving) of £17k per annum.

NEW PROJECTS COMMENCED:

CLIO – E clinic outcome forms (in- house development to replace green paper RTT forms) to improve data quality and patient tracking for patients on RTT pathways. Most services live. Outstanding go live for Trauma and Orthopaedics due to additional development to capture data to support funding.
E-Triage in ED.
Advantis EDT – document sending system.



OUR DIGITAL AMBITIONS – 2021-2024



WHAT HAVE WE DELIVERED?

Delivery of the digital maternity record.

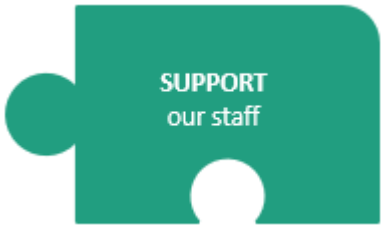
Delivery against the National Patient Safety alert completed on 11th December 2024 with a small system upgrade and new functionality delivered to show a full maternity summary report. Discussions taking place with W&C Divisional Director about the future direction of digital maternity, and whether a new standalone system is required to meet the needs of our patients, or if this can be built into the EPR Programme. ***Work with be done in parallel with colleagues at TGICFT to understand and identify any commonalities in strategic direction and potential for economies of scale.***

Explore virtual visiting platform.

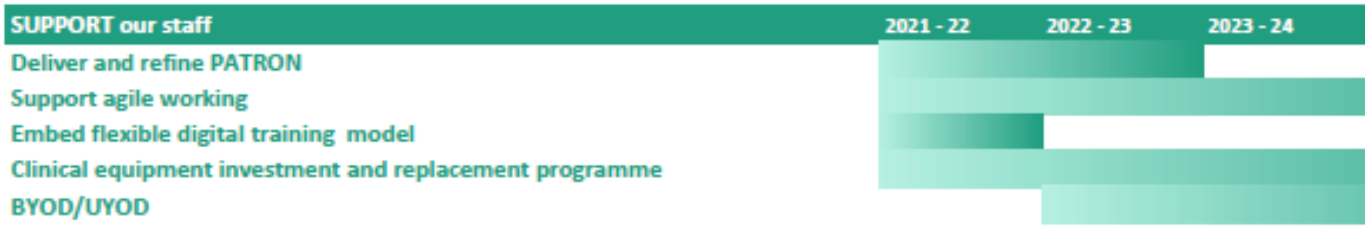
No updates.

Investigate options for telemedicine and telehealth.

No updates.



OUR DIGITAL AMBITIONS – 2021-2024



WHAT HAVE WE DELIVERED?

Clinical equipment investment and replacement programme.
Digital Clinical Ward Rounds continue Trust wide, with representation from IT and the Digital Nursing Team, to ensure digital equipment in clinical areas continues to enable care as required and that staff have the equipment which they need to fulfil their clinical roles and responsibilities. The Team is working with the supplier to undertake a device review following a number of incidents with ePMA (pharmacy) trolleys shearing from their base plate. This work is hoped to be completed in early January and a plan of action for fix/replacement put in place.

BOYD/UYOD (Bring/ Use Your Own Devices).
No updates.

COMPLETED PROJECTS:
Support agile working.

OUR DIGITAL AMBITIONS – 2021-2024

WHAT HAVE WE DELIVERED?

Optimisation of Unified Communications (UC) Programme.

Initial programme deployment was completed in Sept 2022. The more 'agile' elements of the programme were not delivered due to the speed and nature of the initial deployment due to the COVID-19 pandemic. The Digital Technology & Support team has begun a major handset rationalisation programme to further realise the benefits of the new UC solution. Significant numbers of software (softphone) phone licences have been deployed, reducing the need for physical handsets, and allowing for re-deployment of those handsets to those areas that need them.

Outcome: An estimate of the reduction in numbers of physical telephone handsets will be provided in a future update.

Implementation of Vocera Communications System.

Investments have been made, but the programme is on hold. Now that the wireless/cabinets programme has completed, a revised business case for restarting the programme will be submitted for consideration through the Trust governance process for inclusion in the 24/25 capital plans.

Introduction of Virtual Desktop Infrastructure (VDI).

Following completion of rollout of the new VDI solution across all community locations, the acute rollout has also completed. Further upgrades and a move to Windows 11 for both acute and Community deployment is underway along with the full Windows 11 device upgrade programme.

Windows 11.

Significant preparatory works, including the introduction of automatic deployment options, have been completed, ahead of the commencement of the Windows 11 upgrade programme. This will upgrade the Trust's 4,500+ Windows-10 based laptops and PCs with a newer, more efficient, and secure operating system ahead of the end of support date for Windows 10 (14th October 2025). Significant numbers of end-user devices will not run Windows 11 and a business case for investment to replace these devices has been submitted.

Outcome: Upgrade to 4,500+ devices.

Office 365 / Microsoft Teams.

All staff have been 'onboarded' to Office 365 from a basic capabilities perspective to remove Cisco WebEx as our primary meetings platform.

Outcome: Saving of WebEx licensing- value and onboarding to MS Teams for all Trust staff.

Review and rationalise/optimisation of all end-user devices.
A full end--user device rationalisation programme (tablets, PCs, and laptops) has commenced as part of the Windows 11 upgrade programme. Piloting of new Microsoft-surface- hybrid laptops continues in Community and these devices are planned to replace the Samsung tablets.

Replacement of Beech House data centre.
Due to significant challenges with the current 'end of life' cooling systems in the Beech House server room and the overall deterioration of the Beech House building, a programme has commenced in conjunction with Estates & Facilities to look at all options, including a data centre "pod". Architects have been appointed and have produced several options for consideration. A further, more comprehensive, assessment of the Beech House building has concluded and resulted in Beech being assigned a Category D status. A full business case is being developed with Estates & Facilities to determine the most suitable option, given the rapid deterioration of the building and the critical nature of it for the Trust's digital and technology solutions/systems.

Review external partners IT support arrangements.
GM Shared Services (GMSS) provides our connectivity to community sites and the wider HSCN (Health and Social Care Network). A three-year extension to this contract was put in place in 2023-24, which avoided any annual increase in the cost. An options appraisal is planned for quarter 4 of 2024-25 and this will determine what the approach will be for connectivity requirements at the end of this contract. A migration to alternative connectivity will take in the region of 12 months.

Digital equipment tracking system.
Investments have been made, but the programme is on hold. Now that the wireless/cabinets programme has completed, a revised business case for restarting the programme will be submitted for consideration through the Trust governance process for inclusion in the 24/25 capital plans.

Review patient 'infotainment' system.
A free "proof of value" programme to replace all existing Hospedia patient infotainment units has commenced as of December 2024. This programme will replace all existing Hospedia bedside units with the latest, tablet-based models. The programme is in its early stages and does not formally start until Feb 2025. A more comprehensive update will be shared at a later date.
Outcome: Replacement of 400+ Hospedia units with newer devices that have functionality that the Trust might want to use to support EPR, observations etc.

Centralised printing solution.
A fully- managed print solution has been deployed across all Trust departments/divisions, including community, which provides for scanning and locked/secure print. This comes with significant reporting/intelligence on the type of printing being undertaken. Whilst this programme represented a c£45k cost saving over the previous printing arrangements, further changes have been made in November 2024 around disabling colour printing for all staff with a process for enabling it on a case-by case basis. This has resulted in a near 40% reduction in the volumes and cost of colour printing. Further, targeted reduction in colour printing is underway looking at the reasons why colour printing needed to be retained and what alternative options might be available.
Outcome: New metric to be monitored- reduction in colour printing as a percentage of the total volume (target volume of around 10% of the total). Colour printing used to account for around 20 – 25% of our total monthly print volume and 75% – 80% of the cost. The latest data from Nov 2024 shows this has dropped to 12.16%, following the disabling of colour printing for most staff.

Maintain security against cyber- attacks.
Significant progress in regular software updating/patching has been made, backed by robust and structured change control processes. Palo Alto cyber- security capabilities have been deployed, providing threat detection and remediation for our network (referred to as East to West- type traffic).

A business case was fully approved for investment in next-generation firewalls, providing for the best possible perimeter security. These have been fully deployed ahead of the existing firewalls' end- of- support date.

Major improvements/governance changes are planned for cyber security including the introduction of a five- year Cyber- Security Strategy, the formation of a Security Operations Centre (SOC), and the production of an overarching business case for consideration to address our people-centric cyber- security deficiencies.

Replace acute wireless infrastructure.

The Wireless and cabinets programme formally concluded in November 2024. Some elements remain to be completed, namely TIF (Targeted Investment Fund) and EUCC (Emergency and Urgent Care Campus), which will be completed under Business as Usual (BAU).

Outcome: 63 cabinets replaced, 7 network cabinet rooms decommissioned and handed back to Estates and Facilities; 1,900 internal access points (delivering 'triangulation'); 54 external access points, providing coverage of external areas of the hospital site (e.g. car parks) to support future digital wayfinding.

Improvements to WiFi speed/ availability to be measured on an ongoing basis; results will be reported here once available.

Infrastructure replacement/enhancement 5-year Investment Plan.

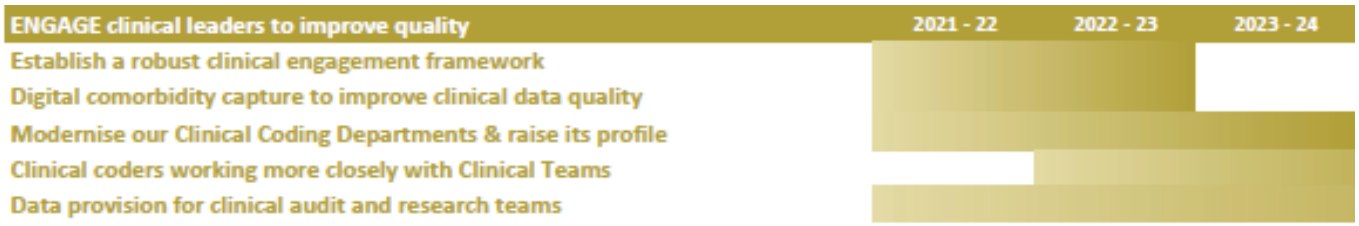
A five- year infrastructure upgrade/replacement roadmap and plan is being produced that will outline the technical priorities for the next five years.

Outcome: Core Infrastructure Uptime Target of 99.999% (excludes planned downtime/maintenance). Latest data: Nov 99.809%.

Deliver an effective information governance framework and maintain accreditations and certifications that demonstrate information security best practice.

Outcome: Achieving "Standards Met" for all mandatory requirements of the Data Security and Protection Toolkit Assessment 2023/24. Maintaining ISO 27001 (Information Security Standard). Maintaining accreditation to the Secure Email Standard (DCB 1596), which allows the Trust to send secure (encrypted) email to other accredited organisations.

OUR DIGITAL AMBITIONS – 2021-2024



WHAT HAVE WE DELIVERED?

Establish a robust clinical engagement framework.

Work is currently underway to engage clinical teams across both the acute and community sites in preparation for the procurement of an EPR. Clinical teams have been engaged through workshops, forums, and 1:1 discussions to inform creation of demonstration scripts. Once the EPR programme is confirmed, the foundation building work completed to date will inform the establishment of an engagement framework that will underpin digital clinical safety, IT development prioritisation, and EPR procurement/implementation. Efforts are currently underway to design a Trust Digital Champion Programme that will increase the presence and impact of digitally- enthused clinicians across the organisation to promote pipeline projects and to garner momentum and interest in the digital and informatics specialties.

Digital comorbidity to capture to improve clinical data quality.

This development is currently on hold due to staffing pressures in the Trust's Digital Development & Integration Team. A review of the need for this application, given the recent implementation of ClearView coding software, is to be undertaken.

Accurate and timely clinical coding of activity is important for monitoring the quality of clinical services, to ensure accurate benchmarking, and for appropriate reimbursement under national payment regimes, including Elective Recovery Funding (ERF). The Clinical Coding Team now has access to the Greater Manchester Care Record to view patients' comorbidities as recorded on primary care systems. Use of this system, together with the implementation of ClearView, a clinically driven digital coding validation and audit system, has helped to improve the quality and depth of clinical coding.

Outcome: The benefits of the implementation of ClearView can be seen with a 10% increase in net tariffs per patient spell (+£1.1m across 12 months) and an increase in the average co-morbidity per spell (SHMI) from 4.53 to 5.36 (the national mean is 4.81).

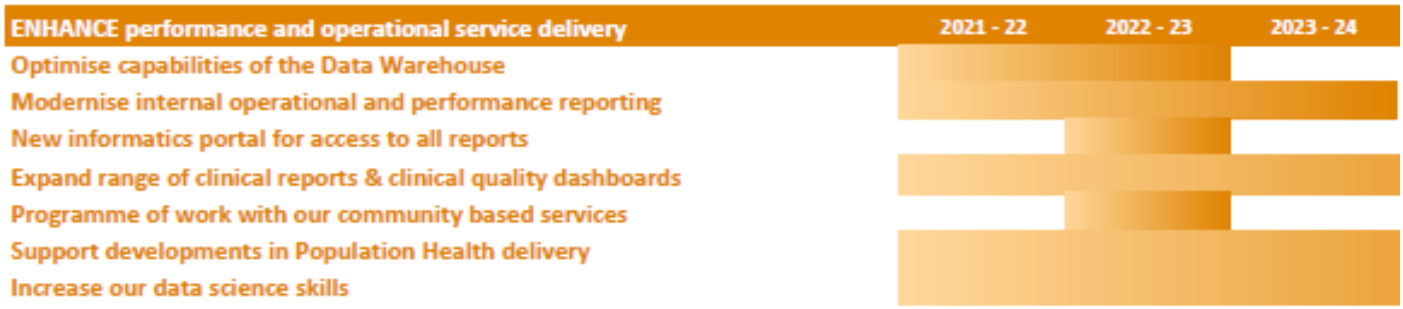
Modernise our clinical coding department and raise its profile.

Clinical coding is a highly skilled task that requires considerable training and extensive knowledge. The coding team has undergone a reorganisation, with the establishment of a new management team, including a joint Head of Clinical Coding, working collaboratively across Stockport and Tameside. A cross-organisational training team has now been established to support staff development and professionalism. The management team attends regular clinical meetings including Clinical Effectiveness, Clinical Directors' Forum, Mortality Review Group, the Palliative and End of Life Care Steering Group, and the Haematology Improvement Project Board. Clinical Coding presentations are delivered to new junior doctors and, once fully established, the new Clinical Coding Improvement Lead post will continue to help deliver the department's improvement and engagement programme, linking in more closely with divisional clinical leads.

Clinical coders working more closely with clinical teams.
See previous point.

Data provision for clinical audit and research teams.
To support improved access to data for clinical audit and research in the future, the following detail has been included in the draft EPR output- based specification and will be a requirement of a future EPR supplier.
'*The EPR solution must also allow for effective clinical audit by providing functionality to easily identify cohorts of patients, and subsequently supply a standard set of information and ad- hoc reports to assess clinical practice. A combination of specific clinical audit reports and alerts are expected to be provided by the bidder to support the clinical audit function for each discipline.'*

OUR DIGITAL AMBITIONS – 2021-2024



WHAT HAVE WE DELIVERED?

Optimise capabilities of the data warehouse.

The Trust's Data Warehouse centralises data from seventeen different clinical and administrative digital systems. Having data in one central place makes reporting, analytics, and external data submissions easier and more comprehensive. SQL data warehouse consolidation work continues, refining the underlying data models and developing new reporting layers in order to decommission legacy reporting tables, supporting the move to a "single version of the truth". The Data Engineering Team continues to automate processes where possible, freeing up valuable staff time, particularly for completion of statutory returns to NHSE/ GM. Data held in the data warehouse has been used for several elective recovery projects, including SMS- text validation of the Trust's outpatient follow up and inpatient/day case waiting lists, the benefit of which is shown below. The team is currently working on SMS text reminders for Radiology and Echocardiography scans, to help to drive down DNA rates and avoid appointment slots being wasted. Data from the Trust warehouse feeds into high- profile NHS England improvement programmes, including Model Hospital, GIRFT, and Faster Data Flows, as well as to the Integrated Care System supporting their System Control Centre, the new OPEL framework, and locality board reporting. This data is driving decision-making so particular attention is paid to data quality with an established Trust Data Quality Review Group providing assurance and recommending improvements to ensure that data quality remains consistently high.

Outcome: In 23/24, there were 36,819 waiting list validation texts delivered for patients on the new outpatient waiting list. This resulted in 2,342 patients being removed from the waiting list without the need for a new appointment. That is a removal rate of 6.36%.

Modernise internal operational and performance reporting.

The Business Intelligence (BI) team continues to develop and improve internal reporting. By providing enhanced visualisation of data, the team continues to provide support to operational teams to enable better pathway management and oversight, and improved patient care. Dashboard developments for RTT and long waiters have meant improved tracking of performance against planned trajectories, and enhanced PTL (Patient Target List) reports have helped to facilitate a significant reduction in the number of long waiting patients. Improved reporting of typing backlog trends and current caseload has helped to identify areas of significant pressure, and to facilitate the direction of additional support as needed. In turn, this supports improved typing turnaround and enables operational teams to action next steps in patient pathways sooner. New reports on diagnostic activity and backlog performance have supported operational teams with the development of action plans for performance recovery, and to provide assurance to the ICB and national teams. Further work is underway to develop demand and capacity models for diagnostic specialties, as well as monitoring utilisation of available capacity to ensure that the organisation maximises available resources where possible and minimises additional costs to manage diagnostic waiting lists.

Outcome: A 94% reduction has been seen for patients waiting over 65 weeks for treatment (from 663 patients in Mar-24 to 39 patients in Nov-24), a 45% reduction seen for patients waiting over 52 weeks (3,012 Mar-24 to 1,651 Nov-24) and a 5% reduction seen in the overall waiting list size.

Despite an 8% increase in typing demand, reporting has helped teams to maintain the 7-day turnaround performance at 53% whilst also reducing the longest waits from 72-days to 31-days.

New informatics portal for access to all reports.
The BI team continues to review and develop centralised menus within Tableau (the dashboard software) for access to groups of similar reports.

Expand range of clinical reports and clinical quality dashboards.
The BI team continues to support the deteriorating patient group with data and dashboards, recently supporting a mortality review of patients with delayed observations and developing a new report showing timeliness of observations pre- and post- ward transfer. BI works closely with the corporate nursing team, recently developing a nutrition assessment alert, which sends a list of patients to each ward where the patient's nutrition assessment was done over 6 hours from admission time.
Outcome: A 13.9% improvement has been demonstrated in MUST (nutrition assessment) compliance (increasing to 88.4% Nov-24 from 74.5% Dec-23).

Programme of work with our community- based services.
Work continues on transitioning community data into a single Trust data warehouse, developing the underlying reporting structure, and rebuilding national reporting. Re-development of local reporting from the data warehouse continues. A transition across to EMIS (community EPR) Insights has recently been undertaken, resulting in a reduced data lag for community data reporting to the services. The BI team has recently set up reporting to provide data to GM for the management of operational pressures under the new Community Health Service OPEL framework. Tableau dashboards have been developed which provide the occupancy and details of patients being managed on virtual wards.

Support developments in population- health delivery.
The BI team continues to support the work of the Integrated Care System with their development of risk stratification tools that aid the locality's population- health and health- inequalities agendas. The BI team has provided Public Health with patient protected characteristic data to support the health inequalities agenda and are starting to develop a health-inequalities dashboard with support from Stockport's Public Health Registrar.

Increase data- science skills.
Recently recruited analyst has data- science skills and will be joining the GM Data Science Collaborative Group to review and support any upcoming work programmes.

OUR DIGITAL AMBITIONS – 2021-2024

WHAT HAVE WE DELIVERED?

Link closely with Tameside digital teams.

Stockport and Tameside continue to work closely on a joint EPR Programme. Early discussions are taking place on the future of the endoscopy and maternity solutions used at both sites due to significant supplier- side issues affecting operational care delivery. Expecting more formalised pathways to be in place early 2025.

Digitally support the joint clinical strategy with East Cheshire.

No update.

Review internal and external technical interoperability capabilities.

No updates.

Alignment of ambitions with Stockport and Greater Manchester.

The Trust's Chief Information Officer (CIO) and Chief Clinical Information Officer (CCIO) attend the Stockport Digital Leaders' Meeting on a monthly basis. Currently primary care and the Trust are working together to finalise plans for a go live of 'Tquest Radiology' on 19th November. This solution will allow GPs to order radiology examinations electronically using the same system they currently use for pathology requesting.

The CIO also attends the weekly meeting of GM Provider CIOs. Both forums ensure that Stockport's ambitions and delivery plans are aligned to external plans.

SUMMARY

Delivery of the Digital Strategy is continuing to progress well, supported by the significant external investment that the team managed to secure. In addition, the Trust's major digital ambition of a new EPR solution is also progressing, which is a positive step for the Trust. The team is working hard to keep procurement and preparedness activities on track and ensure close collaboration with Tameside. It should also be acknowledged that the Digital and Informatics Team also continues to deliver the day- to- day activities (e.g. answering helpdesk calls; maintaining, and enhancing, digital systems; securing clinical engagement; ensuring good data governance; and responding to ad hoc data requests).

GLOSSARY

AI:	Artificial Intelligence
BAU:	Business as Usual
BI:	Business Intelligence
CIO:	Chief Information Officer
CSS:	Clinical Support Services
DCB:	Data Coordination Board
DNA:	Did Not Attend
EPaCCS:	Electronic Palliative Care Coordination Systems
ePMA:	Electronic Prescribing and Medications Administration
EPR:	Electronic Patient Record
ERF:	Elective Recovery Funding
EUCC:	Emergency and Urgent Care Campus
GIRFT:	Getting It Right First Time
GMCR:	Greater Manchester Care Record
GMSS:	Greater Manchester Shared Services
HSCN:	Health and Social Care Network
ISO:	International Organization for Standardisation
LIMS:	Laboratory Information Management System
NLP:	Natural Language Processing
OPEL:	Operational Pressures Escalation Levels
PTL:	Patient Target List
RTT:	Referral to Treatment
SHMI:	Summary Hospital-level Mortality Indicator
SOC:	Security Operations Centre
TGICFT:	Tameside and Glossop Integrated Care Foundation Trust
TIF:	Targeted Investment Fund
UC:	Unified Communications
VDI:	Virtual Desktop Infrastructure
VR:	Voice Recognition

NHS Stockport NHS Foundation Trust

				Agenda No.	12
Meeting date	**06 February 2025**	**Public**	**X**	**Confidential**	
Meeting	Board of Directors				
Report Title	Site Development Strategy Progress Report				
Director Lead	Paul Featherstone Director, Estates and Facilities	**Author**	Paul Featherstone Director, Estates and Facilities		

Paper For:	**Information**		**Assurance**		**Decision**	
Recommendation:	The Board of Directors are asked to note: 1. The difficulties encountered in progressing the short to medium term Stepping Hill Hospital Development Strategy due to a number of system-wide financial impediments; 2. The pausing of the New Hospital Programme initiative and review by the newly elected Labour Government; 3. The delivery of the Outpatients B component of the Development Strategy and on-going construction of a new replacement facility on the hospital site; 4. The emergent and extremely critical time-imperative associated with identifying replacement car parking capacity for the current metal deck provision at Stepping Hill Hospital; and 5. The further work to review opportunities to support the delivery of a Stockport Town Centre Elective Hub.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive

X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
X	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
X	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
X	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

The paper provides the Board of Directors with a further progress update on the delivery of the Trust's short to medium term site Development Strategy with specific reference to the first two year's priorities.

A number of factors are articulated that are, unfortunately, impacting the Trust's ability to deliver the Development Strategy. However, the paper also confirms ongoing work by the Trust to help ameliorate matters including the delivery of replacement facilities for Outpatients B and ongoing dialogue with Stockport Metropolitan Borough Council to scope potential funding solutions for other priorities.

1. Introduction

A short to medium term Development Strategy (DS) for the Stepping Hill Hospital (SHH) site was presented and ratified at the October 2022 Board of Directors meeting. Further progress updates have been presented since that time, the most recent one being in September 2024.

The DS envisaged and articulated a time-framed route map which could help inform a capital development programme for SHH and identified five priorities to be progressed in the first two years:

- Optimisation and potential rationalisation of Staff Accommodation;
- Demolition and relocation of Outpatients B;
- Optimisation and potential rationalisation of non-clinical, administrative space from the SHH site and potential building re-use and / or disposal;
- Optimisation and potential rationalisation of training space; and
- Improving car parking.

At the last Board of Directors update in September 2024, it was reported that limited progress had been made due to a number of considerable financial challenges which has resulted in severe restrictions being placed upon the abilities of NHS Trusts to not only satisfactorily invest in their asset base, but also to generate innovative and alternative property strategies.

Further, it was noted that the Trust's aspirations for a new hospital in Stockport town Centre – "Project Hazel" – had been severely curtailed as in May 2023, the Trust received confirmation from the Capital and Infrastructure Director at DHSC that Project Hazel had *"not been selected to join the* (New Hospital) *programme at this time,"* and, irrespective of this, the new Labour Government had since paused the New Hospital Programme (NHP) subject to a full review saying it needed to be "*realistic and fully costed."*

2. Progress Made and Newly Emergent Considerations

Of the five priorities identified within the DS, only the demolition and relocation of Outpatients B (OPDB) has progressed. As colleagues are aware, OPDB suffered an irrecoverable structural failure leading to its closure, relocation of services, and subsequent demolition. However, the Board will note that a first-class replacement facility is currently being constructed, at pace, on the SHH site and full restoration of clinical services remains a priority by early Summer 2025.

Regarding the range of opportunities presented by the DS to rationalise and potentially relocate several services from the SHH site, it is noted that apart from initial engagement with Stockport Metropolitan Borough Council (SMBC) to scope a variety of workable solutions utilising leased SMBC assets, no further progress has been made due to IFRS16 limitations.

Finally, the Board will note that it was confirmed by the Trust's independent Structural Engineer in early November 2024, that the metal car parking decks at SHH will reach the end of their design life by May-November 2026, meaning that the Trust must look to totally cease use of the decks by then. This means that a credible alternative car parking provision must be in place by then and, in respect of this, the Trust has once more reached out to SMBC regarding delivering and financing a phased replacement car parking plan at SHH, concentrated around creating new parking provision on the ex-OPDB site which is now cleared. At the time of writing the Trust awaits initial proposals from SMBC.

3. Town Centre Elective Hub

Within the context of the current financial climate, and acknowledging the new Urgent Care Centre, the Trust is further reviewing its Project Hazel aspirations with the principal objective of reducing capital requirements.

Specifically, options to create a Stockport Town Centre Elective Hub, working in partnership with SMBC will now be pursued, with the ambition to develop a business case to take advantage of any capital that may become available.

Prior to the 2024 Christmas break, the Trust forwarded to colleagues at SMBC a high-level functional content / space assessment identifying Trust potential requirements for the Town Centre Elective Hub; this will now be worked up in further detail by SMBC's own architectural team.

4. Recommendations

The Board of Directors are recommended to note:

1. The difficulties encountered in progressing the short to medium term Stepping Hill Hospital Development Strategy due to a number of system-wide financial impediments;

2. The pausing of the New Hospital Programme initiative and review by the newly elected Labour Government;

3. The delivery of the Outpatients B component of the Development Strategy and on-going construction of a new replacement facility on the hospital site;

4. The emergent and extremely critical time-imperative associated with identifying replacement car parking capacity for the current metal deck provision; and

5. The further work to review opportunities to support the delivery of a Stockport Town Centre Elective Hub.

NHS Stockport NHS Foundation Trust

Meeting date	6 February 2025	**Public**	✓	**Agenda No.**	13
Meeting	Board of Directors				
Report Title	People & Organisational Development Plan Update				
Director Lead	Amanda Bromley, Director of People & OD	**Author**	Emma Cain – Deputy Director of People & OD Lisa Gammack – Deputy Director of OD		

Paper For:	**Information**		**Assurance**	✓	**Decision**	
Recommendation:	The Board of Directors are requested to receive the progress report of Our People Plan and to note the contents of this paper and the People Performance Committee assurance provided on the considerable progress delivered.					

This paper relates to the following Annual Corporate Objectives

x	1	Deliver personalised, safe, and caring services
x	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
x	4	Develop a diverse, talented, and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation, and transformation
x	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

x	Safe		Effective
	Caring		Responsive
x	Well-Led	x	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
x	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
x	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values

	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity, and inclusion impacts	All
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

The purpose of this report is to provide the Board of Directors with an update and oversight of the progress of delivery against priorities as detailed in the People & OD plan. An update was previously reported to Board in July 2024.

We continue our improvement journey, with ambitious aims and objectives for our organisation, operating in a challenging multifaceted context, whilst acknowledging this it is important that we measure the impact of our plans against our people key performance indicators. We have continued to see improvement and movement in a positive direction. We will continue to monitor our progress and ensure mitigations are in place should our performance change.

Our priority areas will continue to be our focus, looking to deliver an improved retention position, reducing turnover and supporting a 'grow our own' approach to our career progression and talent management. Working to continue our improvement journey in respect of our agency spend is a high priority and linked into our recruitment plans. We will continue to look for opportunities for collaboration, focussing on a joint approach to delivering our people priorities in line with the NHS Long Term Workforce Plan.

We will continue to deliver the People & OD priorities alongside the EDI Strategy 2022-25 and Health and Wellbeing Plan. We will build on the delivery achieved and will be developing our People & OD plan for 2025 onwards. We are committed to having a relentless focus on progressing our improvement journey to creating a more compassionate and inclusive culture.

The Board of Directors are requested to note the contents of this report.

1. Introduction

1.1 The purpose of this report is to provide the Board of Directors with an update and oversight of the progress of delivery against priorities as detailed in the People & OD plan. An update was previously reported to Board July 2024.

2. Priorities

2.1 In March 2023, People Performance Committee received and approved the People & OD priorities. This paper updates against these priorities.

3. Impact

3.1 We are on an improvement journey, with ambitious aims and objectives for our organisation, operating in a challenging multifaceted context, whilst acknowledging this it is important that we measure the impact of our plans against our people key performance indicators.

3.2 We have continued to see the 'green shoots' of improvement and movement in a positive direction. We will continue to monitor our progress and ensure mitigations are in place should our performance change.

People Key Performance Indicators:

- ✓ Annualised (adjusted) Turnover rate has continued to reduce from 11.88% (Dec 23) to 11% (Dec 24)
- ✓ Reduction in agency spend as a % of pay to 2.1% in December 2024, against the new target of 3.2%. We continue to achieve no 'off framework' spend.
- ✓ Sickness Absence Rate remains challenging, in December 2024, at 6.43%, this is the same position recorded in December 2023 and reflective of the seasonality of absence. Our year-to-date position is 5.9%.
- ✓ We achieved our mandatory training compliance of 95% in June 2024, the December 2024 is 94.3%, marginally below our target.
- ✓ We achieved our role essential training compliance of 90% in January 2024 and have continued to be above target throughout 2024. (December 2024 93.16%).

4. Progress Update

The following section of this paper provides an overview of progress achieved to date against each priority area, this has been summarised 'at a glance' in the table below:

Priority	Key Area of Focus	Current Status
Organisational Development	Board & Executive Team Development	On-going (BAU)
	Trust-Wide Leadership & Management Development Offer	On track
	Civility Saves Lives Programme	On track
	Onboarding	On track
	Coaching & Mentoring	On track
	Talent Management & Succession Planning	Behind plan (more work required to get on track)
	Career Progression	Behind plan (more work required to get on track)
Place Based Programmes	Attracting the local population, partnership working as part of the One Stockport Programme.	On track
Collaboration	Continue to look at opportunities to collaborate e.g. Knowledge & Library Services (KLS), Resus Faculty, etc.	Complete
	Commence work with Payroll.	Complete
	Continue with Occupational Health collaboration programme of work.	Complete

Medical Staffing/ Agency Expenditure	Review opportunities for increased grip/control to reduce expenditure.	On track
Sickness Absence	Development and implementation of person-centred absence management and wellbeing policy & approach. Reduce sickness absence.	On track

4.1 **Organisational Development Plan**

Delivery of the OD Plan continues to be challenging due to operational pressures and emerging priorities. Despite this within the first two years of the OD Plan being implemented we have made good and steady progress. Team members continue to demonstrate a relentless focus on delivering key actions, going above and beyond, to deliver to the highest standard.

The key actions that were planned to be delivered by December 2024 have been completed or are in train. Below is a high-level overview of the OD work programme including the action being taken to get back on track plus revised timescales.

4.1.1 Leadership and Management Development

Enhancing our leadership and management development offer remains a key priority in our quest to improve organisational performance and culture. In November 2024 we launched our brand new multi-disciplinary leadership development programme called 'Leading with Impact'.

The programme has been co-designed with key stakeholders and builds on the learning gained from delivering Tameside's Aspire Leadership Development Programme.

The first pilot cohort includes 16 senior leaders in clinical and non-clinical roles at band 8B and above. The programme is modular in approach and includes: -

- Module 1 – Leading at Stockport
- Module 2 – Leading Yourself
- Module 3 – Leading Wellbeing
- Module 4 – Leading Others
- Module 5 – Leading Change

Feedback from our first cohort will help to identify whether any modifications are required to the programme. We plan to deliver the programme to a further five cohorts of up to 20 people on each cohort, during 2025-26.

The 1-day 'Introduction to Compassionate and Inclusive Leadership' course continues to be popular. Since June 2024, a further 122 individuals have attended (total attendance to date is 325) and 49 individuals are booked to attend before 31 March 2025. The participant evaluation continues to be positive. We are in the process of scheduling further course dates from April 2025 onwards.

Our 1-day coaching skills training course facilitated by Enlighten, equips managers to facilitate better conversations. Since June 2024, a further 91 individuals have attended (total attendance to date is 193) and 98 individuals are booked to attend before 31 March 2025. The training will be evaluated to help inform the decision on whether to commission further sessions during 2025-26.

To support the delivery of the Trust's EDI ambitions, we have commissioned a series of 1-day Inclusive Recruitment courses for recruiting managers across the Trust. To date 170 managers have attended the face-to-face training. The training will be evaluated to help inform the decision on whether to commission further sessions during 2025-26.

4.1.2 Improved Working Relationships

In November 2024 phase one of the Civility Saves Lives (CSL) Programme concluded with 48% of our workforce (2826 staff) having attended a 2¼ hour awareness session. Work is underway to co-design with our delivery partner Rambutan, a series of follow-up training sessions that will equip staff with the tools and techniques to have conversations to tackle incivility. The 'Having the Conversation' sessions are expected to start in May 2025.

We have concluded a project to refresh our values and behaviours. This work was initiated in response to our staff telling us, via the NHS staff survey and other employee voice channels, that we needed to do more to create a compassionate and inclusive culture. In addition, it recognised that the context in

which we work has significantly changed over the last five years and our values and behaviours needed to better align with our strategic ambitions.

This project was run in parallel with Tameside and Glossop ICFT's values refresh project. A refreshed set of values and behaviours (which are the same across both Trusts) has been endorsed by both Boards and will be launched in early February 2025.

4.1.3 Onboarding

The content and format of the Welcome Sessions has been refreshed and was implemented from mid-January 2025. The new sessions have been designed to be more engaging and have a greater focus on exploring with new staff the values and behaviours and the support that is available to help them to succeed in their role. The attendee feedback, so far, has been incredibly positive and encouraging.

4.1.4 Coaching and Mentoring

We continue to support individuals to access 1-2-1 coaching support via our internal pool of qualified coaches or via the Northwest Leadership Academy's Coaching Hub which provides free support.

Our Reverse Mentoring Scheme involving BAME and disabled staff continues to be available. However, despite a relentless focus on promoting the scheme, it remains extremely challenging to encourage staff to put themselves forward to be a mentor. The scheme currently involves two employees who are mentoring two Non-Executive Directors. Early feedback shows that the participants are finding the scheme insightful and beneficial. We will refresh the communication and promotion approach over the coming months to help encourage greater participation.

4.1.5 Talent Management / Succession Planning / Career Progression

During July and August 2024, a series of listening sessions were held at Stockport and Tameside which provided an informal platform for staff to share their views and experiences about career progression. Although attendance was exceptionally low, we did receive some helpful feedback which is being used to inform the potential improvements and support that we could put in place.

A collaborative Career Progression Task Group is in place; the group is responsible for developing and implementing targeted career progression interventions supporting the delivery of our EDI ambitions. Due to competing demands, the group has disappointingly had a slow start. The group met in January 2025 and the group's efforts have been refocused. They will be working at pace to ensure that key priorities get on track to completion.

We continue to support divisions/directorates with the recruitment and hosting of NHS graduate management trainees. There are currently two operational management trainees working at Stockport. Recently, the Executive Management Team has approved our expression of interest to host up two Health Informatic trainees from September 2025 – one at Stockport and one at Tameside. We are supporting the relevant divisions to progress stage 2 of the application process. The outcome of our application should be known in March/April 2025.

For the second year running we have participated in a regional succession planning exercise for its' Executive and Director level posts. The exercise has been helpful in determining the readiness of our senior leaders for business-critical positions.

4.1.6 OD Consultancy

Demand for OD consultancy support continues to be high and, in the main, we have been supporting teams to enhance leadership capability/behaviours, culture, performance and colleague experience.

Since July 2024 we have designed and facilitated 6 team interventions involving approximately 146 individuals. The teams involved have included Divisional Directors, nursing teams within the Women and Children's Division, Medical Records Team, IPC Team, and the Acute Frailty Unit.

Bespoke interventions have included activities designed to set team vision and goals, improve communication, trust, and collaboration amongst team members as well as strategies for addressing any issues or conflicts that may impact on the team's performance.

We work collaboratively with the HR Team, Staff Psychology & Wellbeing Service and FTSU Guardian, to triangulate information, and identify areas where OD consultancy support would be most beneficial.

We intend to progress plans to develop OD skills within the HR Team to further support strategic goals and create sustainable change.

4.2 Place Based Programmes

Collaboration remains a priority, and we continue to work with our system partners across Stockport to offer insights to all the potential career possibilities within the health and social care sector. We are committed to supporting our work experience, pre-employment programmes, careers events and insight days, apprenticeships, internships, and cadet/T Level and BTEC programmes, with a focus on our communities that are underrepresented. The aim is to unlock untapped skills and potential by providing opportunities for routes into employment. This is in line with the aspirations of the NHS England (NHSE) Widening Participation framework; the strategic aims of our EDI Strategy and EDI consolidated action plan S1, S2, S4, and NPAge3, and is aligned to the NHS Long Term Workforce Plan.

Our ambition to train, retain and reform our workforce has included strengthening our approach to building an inclusive and diverse workforce that reflects our Stockport community. We ensure colleagues have access to supportive training that includes Inclusive Recruitment training and Neurodiversity Awareness sessions. The Widening Access and Participation framework acknowledges that there is an inherent link between health and work. We know that unless there is an increased commitment from anchor systems to support people in deprived areas, they will continue to spend more time in ill health than those in less deprived areas who are afforded the life chances and opportunities to have a career with fair pay and conditions which ultimately leads to better health outcomes, and improved quality of life.

4.3 Apprenticeships

Since our last update we have had 16 apprenticeship starts giving us a figure of 20 apprenticeship starts since April 2024, as we work towards achieving target again. We have 180 live apprentices across 36 distinct apprenticeship programmes ranging from level 2 (GCSE equivalent) to level 7 (master's equivalent) including (but not exhaustive) Senior Leadership, Business Administrator, Trainee Nursing Associate, Chartered Manager, Installation Electrician, Accounting and Taxation Technician and Mortuary Technician.

As part of our aspiration to grow our own talented workforce through several workstreams, we have supported the Registered Nurse Degree Nurse Apprenticeship (RNDA) and Student Nursing Associate (formerly Trainee Nursing Associate) (SNA) programmes as well as Allied Healthcare Professionals (AHP) Degree Apprenticeship programmes.

We currently have on programme 11 RNDAs and 13 SNAs 8 who are due to complete in 2025, and a further 5 SNAs to complete in 2026. They will be employed as Registered Nurses or Registered Nursing Associates upon successful completion and registration.

There are also Occupational Therapists (5), Physiotherapists (2), Dietitians (1) due to complete in 2026 and two Diagnostic Radiographers due to complete in 2025. We have been successful in securing a place for Speech and Language Therapy degree apprenticeship at Sheffield University. They are one of only three national providers and competition for placements is high. Our candidate has commenced a four-year programme in September 2024.

We successfully bid for three Advanced Clinical Practitioner apprenticeship places which commenced in September 2024 as well as four Health Visitor Apprenticeships and four District Nursing Apprenticeships. Aligned to our recruitment and retention plans we are supporting the career development for our healthcare support workers through several pathways including Level 2 and Level 3 Health Care Assistant Apprenticeship programmes; the student nursing associate programme, and AHP apprenticeship pathways as mentioned above.

4.4 Cadet Programme

We have continued to build on the success of our initial cohort of cadets/T levels growing from our first cohort of 10 in 2022 to 82 for the 2023/24 cohorts. We set a target to increase capacity for T levels to 120 by September 2024. We have exceeded this for the 2024/25 academic year by increasing capacity and currently have 160 cadets confirmed for placement and expect this to increase over the coming

fiscal year to 200. We will continue to update through Educational Governance Group and People Performance Committee.

We currently have 89 cadets on placement. These learners are from Stockport College (BTEC programme) and Manchester College (Transitional Level 2 and T Level programmes). It is anticipated that we will primarily support learners on the T Level programmes and transitional programmes (pre-T level to support with increased academic requirements for T level compared to BTEC programmes) from September 2024, but we will continue to support other health programmes to support future employment in entry level band positions.

4.5 Care Leavers

We have recently launched the Trafford & Stockport College Group SWAP to recruit five whole time equivalent Maternity Assistant roles; the Trust has struggled to attract, recruit and retain Maternity Assistants and found the Pre-Employment Programme a positive experience. Potential Candidates were referred to open days from DWP; attendance from 25 interested candidates was observed with a final 8 enrolling and completing the programme. Remaining candidates were identified for other suitable SWAPs including placements with The Christie and retail positions at the Trafford Centre.

Our five pre-employment participants will complete a weeklong healthcare support worker induction before commencing the 4-week placement. Of the three remaining participants who stepped off programme, two are being supported with direct applications to Antenatal Clinic positions due to the suitability of hours and one participant has been identified as requiring a more supportive pathway through volunteering initially before proceeding on to a 4-week placement.

4.6 Work Experience

Since the last update in July 2024 our work experience programme continues to offer opportunities to engage young people and provides participants with an insight into NHS careers, and as a means of initial contact with potential employees of the future.

The offer includes learners of 16+ years onsite clinical placements in Radiology, Pharmacy, SALT, Dietetics, and the large majority in ward-based placements. Learners of 14+ years in nonclinical placements include EBME, Administration (e.g. HR, Pinewood, non-patient facing administration areas), IT, Finance and Estates and Facilities as appropriate. In conjunction with all onsite placement's learners have access to the NHSE Creating Careers Portal which includes an introduction to a range of online e-learning modules which mirrors the mandatory training undertaken by any new member of staff, bespoke support information and guidance.

We recently expanded our clinical offer where learners were invited to a bespoke Physiotherapy Taster Day held in Pinewood House. Delegates included learners from local colleges (16 years +) and gave them insight into AHP careers, as an alternative to individualised placements.

In quarters 1 and 2 we provided 120 (14–16-year-olds) on site placements and 60 enrolments on the 14+ years 'Creating Careers portal.

4.7 Collaboration

We have continued to explore further opportunities for collaboration in line with the Trust strategic intention to work in collaboration with Tameside & Glossop Integrated NHS Foundation Trust. In line with this we have:

- Jointly appointed to the role of Head of Strategic Workforce Transformation. This joint appointment will facilitate further collaboration of the Workforce Information teams and further collaborative working with the Recruitment functions.
- Within the directorate, we are working collaboratively, to ensure sharing of best practice, learning and reducing duplication across several areas, some examples of our joint approaches are:
  - Launched and implemented of electronic ID-checking services to reduce time to hire. There is a joint evaluation of this system being undertaken and a further examination of the time to hire position being reviewed collaboratively to ensure consistency of practices and to identify process changes to support improved productivity.

- Alignment processes to ensure an initiative-taking approach to collaboration on policies and procedures, including the introduction of the new national policies and initiatives, such as the sexual safety charter, due to launch in Q4.
- Peer Review process embedded which reviews Employee Relation cases and shares learning and good practice, as well as identifying any themes/trends of outcomes and minimising the 'no case to answer' conclusions.
- Continued to work together on the Statutory and Mandatory training programme, supporting alignment within the CSTF and ensuring consistency and establishing a joint working group to implement the NHSE Statutory & Mandatory Training Framework changes.
- Jointly held EDI Steering Group and plans to bring together the Heath and Wellbeing Steering Group from Q1 2025/6.
- We are leading the centralisation of our medical rota teams, which will enable greater sustainability, consistency and resilience and bring our delivery of this service in line with the approach at Tameside, with an ambition to further explore the future benefits of collaborating in this area.
- We continue to meet as a senior team across both organisations exploring collaboration of functional areas and ensuring our alignment with the GM Scaling People Services programmes.
- Exploration of how digital solutions can bring about further efficiencies.

- We are leading the OH workstream as part of the Scaling People Services GM programme.

4.8 **Agency Expenditure**

Our work to review opportunities to reduce our agency expenditure remains a significant priority and substantial progress has been made throughout 2024/25, except for July 2024, we have consistently achieved better than the target of 3.2% of pay spend. The YTD position, as of December 2024, is 2.9% a significant improvement against the December 2023 YTD position of 5.1%.

There has been a substantial in-year reduction in the nursing & midwifery spend as a % of pay, from 3.4% in December 2023, to 1.4% in December 2024. We have also seen positive progress with our Medical & Dental agency expenditure, across the last 12 months, reducing from 7.4% in December 2023 to 5.3% in December 2024.

We continue to monitor this closely at the monthly Workforce Efficiency Group (WEG) chaired by the Director of People & OD, attended by operational and clinical leaders to discuss agency expenditure and plans to further reduce this.

4.9 **Sickness Absence**

The managing and supporting of staff who are off due to sickness remains an on-going priority. Over 2024 we have seen a turbulent sickness absence % with a peak in July 2024 as consequence of an uncharacteristic summer norovirus outbreak. Since that point, the absence % over the summer improved and we are now experiencing the anticipated winter seasonal increases, associated with coughs, colds, and flu illnesses.

The Deputy Director of People & OD continues to attend monthly meetings with each of the Divisions, focusing on the most complex and longest absence cases, which has been well received, and the benefits are being noted with a reduction in our long-term sickness absence from 4.09% in December 2023 to 3.54% in December 2024.

The menopause service continues to be well received and positively supports staff and managers.

Our MSK Physiotherapist continues to support staff with musculoskeletal issues, which is having positive impact in addressing absence due to MSK issues. Our annual back campaign in Q3 of 2024/25 saw absence for this reason reduce from 1.34% to 1.16%. Our MSK staff clinic supports on average 40 staff a week, with a focus on our additional clinical staff, which have the largest proportion of MSK related absences. 31% of MSK absence is for a back related problems and our annual back care campaign reported success from participants with 97% confirming the additional training they had received was relevant to their role and that their confidence and awareness in moving and handling

approaches had increased. We will be building on the success of our annual back care campaign by implementing, mini campaigns throughout 2025/26, commencing in the Spring with the aim of reducing absence for this reason further.

Stress-related absences remain the highest reason for sickness, and we continue to benefit with the support of our Staff Psychological Wellbeing Service. Individual referral rates to SPAWS continue to increase, SPAWS have met individually with over 12% of staff and service satisfaction is extremely high (4.92/5, where 5 is extremely satisfied). SPAWS deliver a range of wider activity including training, webinars and group facilitation and are supporting the delivery of the wellbeing module within our leading with impact leadership development course.

We introduced a new Occupational Health system which supports the referral and reminder for staff appointments and enables managers to access the information required directly, shortening referral wait times and improving access to information to support with the management of attendance. Since its introduction we have improved our performance detailed by our key performance indicators below:

- Pre-employment questionnaires triaged within 2 working days, has increased from 85% (June 24) to 100% (Dec 24)
- Appointments within 10 days of triage of the questionnaire (for those who need to be seen) has increased from 28.6% (June 24) to 98.1% (Dec 24)
- Management referrals triaged within 2 days has remained at 100% throughout the system implementation.
- New urgent referrals seen/offered an appointment within 5 days has increased from 14.3% (Jun 24) to 100% (Dec 24)
- Reports issued within 3 days of appointment has improved from 53.6% (Jun 24) to 89% (Dec 24)

5. Next Steps

5.1 The Trust has received its' initial 2024 NHS staff survey results which we are currently analysing to understand the impact of people and OD activities on staff experience at an organisational, divisional and departmental level. We will triangulate the latest staff survey data with people management metrics and staff feedback gathered vai other employee voice mechanisms.

5.2 Our people and OD priority areas will continue to be our focus, looking to deliver an improved retention position, continuing with a positive turnover position & reducing temporary staffing expenditure, in addition to supporting a 'grow our own' approach to our career progression and talent management.

5.3 We will continue to look for opportunities for collaboration, focussing on a joint approach to delivering our people priorities in line with the NHS Long Term Workforce Plan. Our next area of focus will be the implementation and benefits realisation of AI/digital enhancements.

5.4 We will continue to deliver the People & OD Plan alongside the EDI Strategy 2022-25 and our Health & Wellbeing Plan. We are committed to having a relentless focus on progressing our improvement journey to creating a more compassionate and inclusive culture.

5.5 We will build on the delivery achieved and will be developing our People & OD plan for 2025 onwards.

6. Recommendations

6.1 The Board of Directors are requested to note the contents of this report.

NHS
Stockport
NHS Foundation Trust

				Agenda No.	14
Meeting date	**6th February**	**Public**	**X**	**Confidential**	
Meeting	The Board of Directors				
Report Title	Freedom to Speak Up Report				
Director Lead	Amanda Bromley, Director of People and OD	**Author**	Nadia Walsh – Freedom to Speak Up Guardian		

Paper For:	**Information**		**Assurance**	**X**	**Decision**	
Recommendation:	The Board is recommended to note the contents of the report and the actions being taken to progress the Freedom to Speak Up agenda.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing

	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This report presents an update on the Trust's Freedom to Speak Up (FTSU) agenda and outlines the activities conducted by the Freedom to Speak Up Guardian (FTSUG) during the reporting period.

Overview of FTSU Role Activities: The Freedom to Speak Up (FTSU) Guardian supports a culture of openness by encouraging staff to raise concerns safely. The Guardian regularly meets

with senior leaders, including the CEO, Chair, and Non-Executive Lead for FTSU, to keep leadership engaged with FTSU priorities. Fortnightly one-to-one meetings with their line manager provide further support. Each month, the Guardian also conducts site walkabouts and visits teams across departments to maintain direct engagement, fostering trust and approachability.

Case Contacts: In Quarter 2, case contacts deceased to twenty-two, However, ten members of staff used the FTSU Champion service meaning the total cases raised via a FTSU Channel for Quarter 2 is Thirty-Two. Quarter 3 remains steady with 19 concerns raised as of 17th December 2024. Five concerns have also been raised via the FTSU Champions which means the total concerns raised for Quarter 3 so far stands at twenty-four.

Unfortunately, the cases raised via our FTSU Champions cannot be included in our overall

Open Cases – There are currently three open cases awaiting staff decision with how to proceed.

Themes and Trends

This report has been developed through an in-depth analysis of themes and trends identified over the past 18 months. By taking a longitudinal approach, a broader data pool has been utilised, enabling a comprehensive understanding of recurring patterns and underlying issues. This extended timeframe ensures that the findings are not isolated incidents but part of a larger context that reflects consistent experiences and concerns.

The report identifies 7 learning points obtained from the themes or trends over the last 18 months.

Interestingly, the learning from both trusts was near identical, which may indicate that similar cultural or systemic challenges exist across organisations. This suggests that these issues are not isolated but reflect broader trends, meaning that solutions could benefit from being shared and implemented across multiple trusts.

FTSU Month

In October, there was a strong focus on raising awareness and engaging with staff. Engagement was high, with multiple site walkabouts carried out to encourage open conversations and address concerns directly. Feedback gathered during Freedom to Speak Up Month has been invaluable and has directly informed the learning section, helping to shape future improvements and initiatives.

Resources

The Guardian currently works part-time – two days a week at both Stockport and Tameside & Glossop Integrated Care NHS Foundation Trust. Currently in the absence of the Guardian, staff raise concerns with the Director of People and OD or one of our fourteen Freedom to speak up Champions.

Recommendations: The Board is encouraged to acknowledge the report's contents and the ongoing efforts to advance the FTSU agenda within the Trust.

1. Purpose

1.1. The purpose of this report is to provide the People and Performance Committee with an update on the Trust position in relation to the Freedom to Speak Up (FTSU) agenda and assurance on the approach and activities of the Freedom to Speak Up Guardian (FTSUG).

2. Introduction / Background

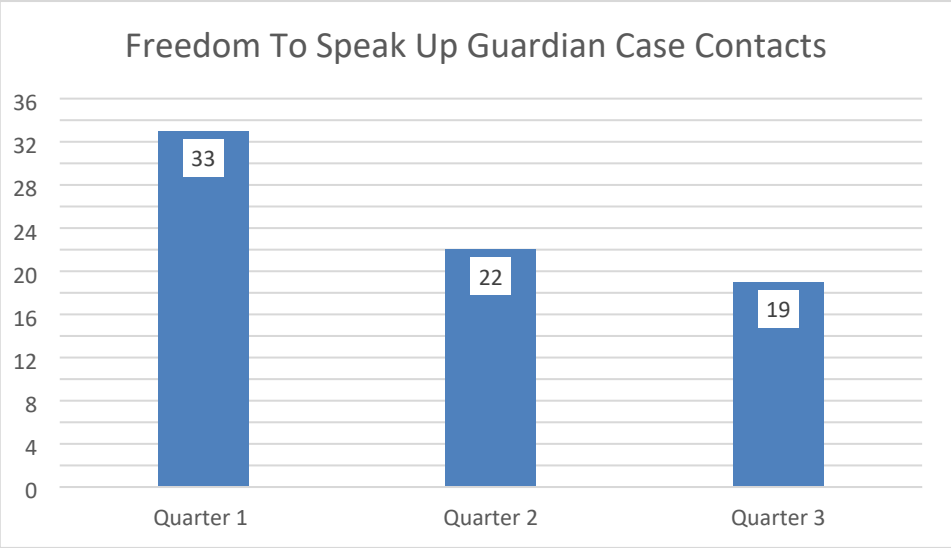
2.1. The Freedom to Speak Up (FTSU) Guardian supports a culture of openness by encouraging staff to raise concerns safely. The Guardian regularly meets with senior leaders, including the CEO, Chair, and Non-Executive Lead for FTSU, to keep leadership engaged with FTSU priorities. Fortnightly one-to-one meetings with their line manager provide further support. Each month, the Guardian also conducts site walkabouts and visits teams across departments to maintain direct engagement, fostering trust and approachability.

3. Matter under consideration

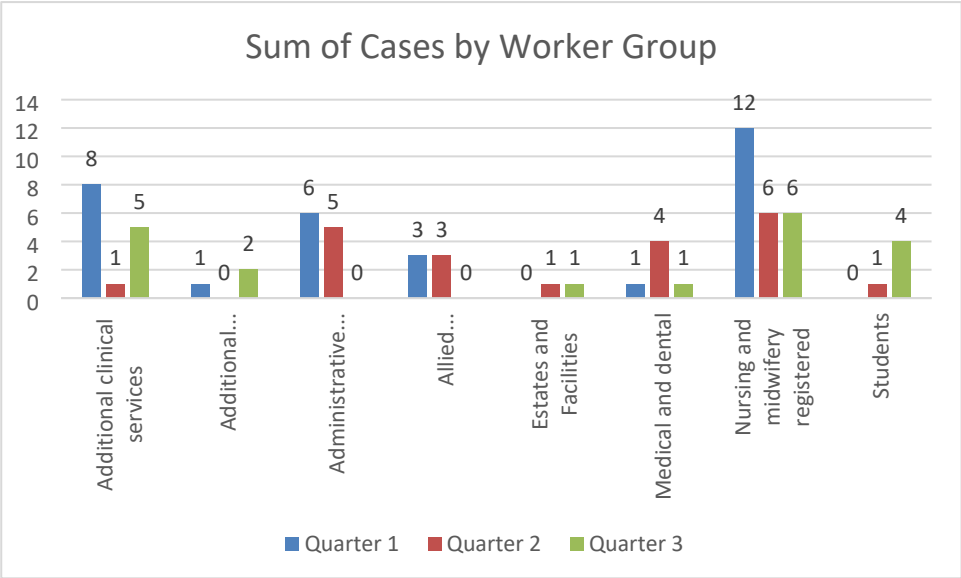
3.1. Case contacts

The table below details the number of cases received through the Freedom to Speak Up channel per quarter.

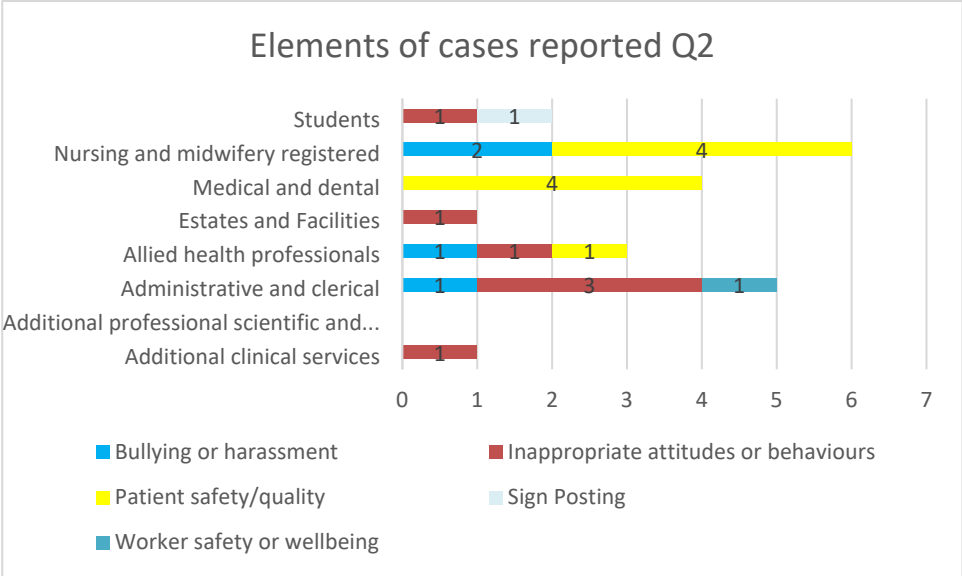
In Quarter 2, case contacts deceased to twenty-two, However, ten members of staff used the FTSU Champion service meaning the total cases raised via a FTSU Channel for Quarter 2 is Thirty-Two. Quarter 3 remains steady with 19 concerns raised as of 17th December 2024. Five concerns have also been raised via the FTSU Champions which means the total concerns raised for Quarter 3 so far stands at twenty-four.

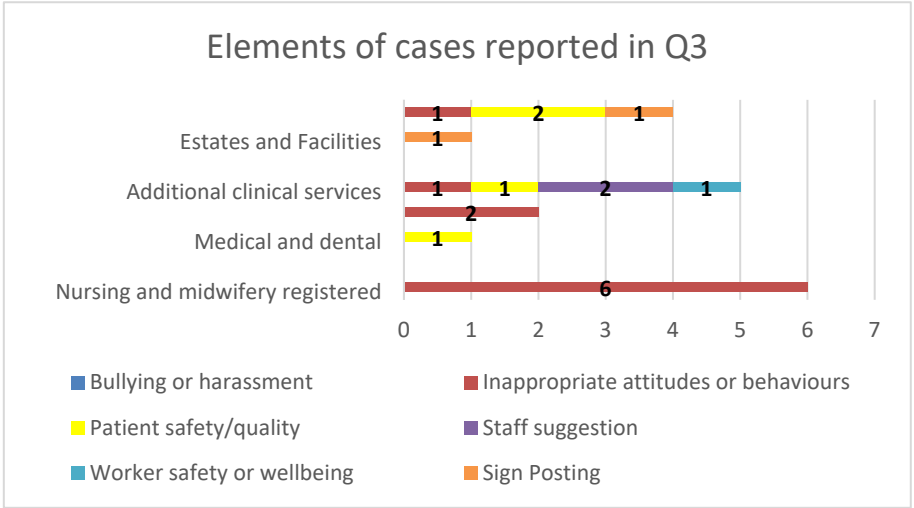


The sum of cases by professional/worker groups have been highlighted below for a clearer understanding of the distribution across different segments.



Additionally, the breakdown of cases based on the reporting element has been incorporated below.





4. Cases raised via a Freedom to Speak up Champion.

4.1 A total of fifteen members of staff so far have used the FTSU champion service for advice on how to raise a concern in Q2. and Q3. This highlights the effectiveness of the use of FTSU Champions within the trust. Unfortunately, the cases raised via our FTSU Champions cannot be included in our overall numbers as per NGO guidance. Looking at ways to advance and engage the FTSU Champion role is a priority moving into the new year. We currently have Fourteen FTSU Champions.

5. Updates on Open Cases:

5.1 There are currently three open cases awaiting a decision from staff members with how to proceed.

6. Themes and Trends:

6.1. This report has been developed through an in-depth analysis of themes and trends identified over the past 18 months. By taking a longitudinal approach, a broader data pool has been utilised, enabling a comprehensive understanding of recurring patterns and underlying issues. This extended timeframe ensures that the findings are not isolated incidents but part of a larger context that reflects consistent experiences and concerns. The analysis has allowed for the identification of key learning themes and trends that can inform strategic improvements. By examining written feedback, verbal contributions, and other data sources, the report has uncovered:

6.2. Learning Point 1: Psychological Safety

Psychological safety is central to Freedom to Speak Up (FTSU), with over 90% of those who used the service identifying it as a key concern.

When asked what psychological safety means to them, respondents gave examples such as:

- "Being able to raise concerns without fear of detriment."
- "knowing I can raise concerns and they will be taken seriously."
- "Feeling supported"
- “Feeling safe to have a voice”
- “Being able to be myself”

What we can do:

Create a transparent and fair system for handling concerns, so staff feel reassured that their issues will be taken seriously and dealt with impartially.

How can we achieve this?

Highlight stories where raising concerns led to positive changes or improvements, encouraging others to feel confident in speaking up. Work is being done to promote feedback from those who have used the FTSU reporting channel using social media.

Ensure concerns are handled in a way that makes staff feel respected, valued, and supported, regardless of the outcome. A positive experience builds trust and reinforces a culture of safety. Work has commenced on developing a managers guide for responding to concern, which is currently in the early stages.

6.3. Learning Point 2: Management styles

I found inconsistencies between managers in terms of style, skill, and experience that lead to varying levels of confidence and ability to handle staff concerns. This has created uncertainty about the best way to address issues.

Staff shared comments such as:

- "It's confusing how different managers handle things so differently."
- "Some managers seem unsure, and others seem too busy to help properly."
- "Concerns get passed around and nobody seems to know what to do"

What we can do:

Provide targeted training to equip managers with skills and confidence. Establish clear and accessible processes for handling concerns.

How can we achieve this?

The Trust's OD plan is central to the development of our leaders and managers. The introduction of Coaching with Compassion and the ASPIRE programme all can help encourage managers to deal with staff with compassion.

The Trust appraisal process is also being reviewed after an audit highlighted areas of improvement to both the process and associated paperwork, this will be accompanied with training on objectives and holding staff to account, again with compassion.

The Trust Values and Behaviours have also been reviewed; these are to be launched in the New Year.

Sexual Safety is also being piloted this has included First Responder training, this is currently being evaluated.

6.4. Learning Point 3: Addressing the Fear of Detriment

Fear of detriment prevents some staff from raising concerns openly, despite the organisation's commitment to zero tolerance for detriment. While this policy is in place, staff have expressed uncertainty about how it works in practice.

Staff shared concerns such as:

- “I’m scared that raising concerns could affect my career here.”
- “I don’t know what protection I have if I speak up about something.”
- “I’ve been told to ‘be careful’ when raising issues, which makes me hesitant.”

What we can do:

Provide clear guidance on how the zero-tolerance policy is applied in practice and communicate the safeguards in place to protect staff from retaliation.

Promote anonymous reporting as a trusted option for raising concerns.

How can we achieve this?

Create simple guides and infographics outlining what detriment means and how it is addressed within the trust.

HR are working on an anonymous reporting system for sexual safety and uncivil behaviours.

6.5. Learning Point 4: Ensuring Effective Resolution of Concerns

Staff who raise concerns often feel these issues are not addressed effectively, with behaviours frequently remaining unchanged. Some staff shared sentiments like:

- “I raised the issue, but it didn’t seem like anything changed.”
- “It feels like concerns are ignored.”
- “The same issues keep coming up, but nothing is ever resolved.”

This approach undermines trust and fails to create meaningful change.

What we can do:

Strengthen resolution processes to ensure concerns are addressed thoroughly and fairly.

Hold individuals accountable to promote lasting behaviour change.

Commit to transparent communication about the outcomes of raised concerns.

How can we achieve this?

We will launch the trusts refreshed values and behaviours - Care, Accountability, Respect and excellence in the new year.

6.6. Learning Point 5: Improving Attitudes and Behaviours in Teams

Inappropriate attitudes and behaviours are negatively impacting team morale. Staff reported feeling:

- "There's a lot of cliques that make the workplace uncomfortable."
- "I feel some managers are just rude and I am undervalued in my team."
- "I don't feel respected, and it's starting to affect my motivation."
- "I don't understand why people are the way they are sometimes its sad to see how people are treated and talked to"

These behaviours have contributed to disengagement, stress-related absences, and turnover.

What we can do:

Increase awareness of how behaviours affect team dynamics.

Ensure staff uptake in training to improve communication, respect, and inclusivity.

Foster reflection among employees and leaders to create a more supportive and professional work environment.

How will we achieve this?

Ongoing OD consultancy support is available to teams across the organisation.

The Trust is finalising a Team Building Toolkit to help team leaders strengthen team working and behaviours. The toolkit will launch during quarter four 2025 and is aligned with the Trust's refreshed values and behaviours.

6.7. Learning Point 6: Leveraging Exit Interviews

Exit interviews are an underutilised source of organisational learning. Departing staff often feel more open to sharing honest feedback, providing insights such as:

- "I feel like I can finally say what I really think now that I'm leaving."
- "Exit interviews give me a chance to share things that I couldn't while I was still here."
- "The things I wanted to say were often ignored, but now I feel I can speak freely."

Exit interviews offer a valuable opportunity to learn about the organisation's culture, management, and areas for growth.

What we can do:

Encourage all departing staff to complete an honest exit interview.

Analyse feedback to identify patterns and opportunities for improvement.

How can we achieve this?

We use structured exit questionnaires to gather feedback from departing employees.

The report is shared with the HR Senior Leadership Team for review.

When necessary, we proactively follow up with individuals to discuss specific concerns or notable comments from their feedback.

6.8. Learning Point 7: Addressing Racism

Racism emerged as a significant concern during the engagement process in October, with both written and verbal feedback highlighting it as an issue within the Trust. Staff shared comments like:

- “Racism is here, but no one seems willing to talk about it.”
- “I feel like there’s no point raising this, because nothing will happen.”

Despite these concerns, no formal complaints were raised through FTSU, largely due to fear of potential repercussions, which highlights the sensitive nature of the topic.

A recurring theme was the use of phrases such as "I don’t see colour," which, while often meant to convey neutrality, can signal a lack of understanding about the complexities of racism and unconscious bias. This suggests that while overt acts of racism may not be present, subtle, and systemic forms could still exist, unnoticed by those who may be unintentionally perpetuating them.

What we can do:

Encourage open and safe conversations around race and racism to reduce fear of retribution.

Provide training to increase understanding of race and unconscious bias and its impact.

Foster an environment where subtle and systemic issues are recognised and addressed.

How can we achieve this?

The Trust will submit evidence in order to obtain a Bronze award against NW BAME Assembly anti-racism framework on 17th January.

7. Conclusion

7.1. These findings highlight the importance of creating an environment where staff feel safe to speak up and trust that their concerns will be handled fairly and effectively. Interestingly, the learning from both trusts was near identical, which may indicate that similar cultural or systemic challenges exist across organisations. This suggests that these issues are not isolated but reflect broader trends, meaning that solutions could benefit from being shared and implemented across multiple trusts. By prioritising open communication, fairness, and learning from staff feedback, we can create a culture where everyone feels valued and respected.

8. FTSU Month

8.1. In October, there was a strong focus on raising awareness and engaging with staff. Engagement was high, with multiple site walkabouts carried out to encourage open conversations and address concerns directly. Feedback gathered during Freedom to Speak Up Month has been invaluable and has directly informed the learning section, helping to shape future improvements and initiatives.

9. Resources

9.1.The Guardian currently works part-time – two days a week at both Stockport and Tameside & Glossop Integrated Care NHS Foundation Trust. The time commitment for the role is considered on an annual basis as part of the yearly review of the Trust's FSU arrangements.

Currently in the absence of the Guardian, staff raise concerns with the Director of People and OD or one of our fourteen Freedom to speak up Champions, the Trust also highlights the various mechanisms within which staff can raise concerns which includes their line manager, their line manager's line manager and any Executive Director.

10. Recommendations

10.1. The Board is recommended to note the contents of the report and the actions being taken to progress the Freedom to Speak Up agenda.

NHS
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				Agenda No.	15
Meeting date	6th February 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Guardian of Safe Working Quarterly Report				
Director Lead	Dr Andrew Loughney, Medical Director	**Author**	Ugonna Chukwumaife, Consultant Anaesthetics		

Paper For:	**Information**		**Assurance**	**X**	**Decision**	
Recommendation:	The Board of Directors are asked to review the content of this report.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

X	Safe		Effective
X	Caring	X	Responsive
	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of

		Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	NA
Financial impacts if agreed/not agreed	NA
Regulatory and legal compliance	NA
Sustainability (including environmental impacts)	NA

Executive Summary

The report to the Board of Directors covers the work of the Guardian of Safe Working with emphasis on exception reports entered by resident doctors and action taken in respect to those.

The supporting papers enclosed serve as context to aid the discussion.

1. Purpose

1.1 It is important that resident doctors are fully trained, and work in ways that are safe and fair. This is reflected in the 2016 terms and conditions of service (TCS) for doctors and dentists in training which references the role of the Guardian of Safe Working.

1.2 This role is to:

- Ensure the confidence of resident doctors that their concerns will be addressed
- Request improvements in working hours and rotas for doctors in training
- Provide Board with assurance that junior medical staff are safe and able to work
- Identify risks and advise boards on the required response
- Ensure the fair distribution of financial penalty income, to the benefit of resident doctors.

1.3 There is also a requirement for the Guardian of Safe Working to submit a report at least annually

2. Introduction / Background

2.1 Since previous report, there has been a new Guardian for safe working officer (May 2024) and 2 sets of Foundation doctors and resident doctors, also a change in terminology to resident doctors has been adopted by Health Education England.

2.2 I have been able to provide a more detailed breakdown on areas in which reports are being generated. The trend may change as the new doctors settle into their roles.

3. High level data Q1-3

Number of resident doctors / dentists (total):	186
Number of resident doctors / dentists on 2016 TCS (total):	186
Amount of time available in job plan for guardian to do the role:	1 PAs
Admin support provided to the guardian (if any):	0 WTE
Amount of job-planned time for educational supervisors:	0.25 PAs/ trainee

4. Matter under consideration

Exception Reports (ER) over past quarter	
Reference period of report	30/06/24 - 30/10/24
Total number of exception reports received	45
Number relating to immediate patient safety issues	4
Number relating to hours of working	39
Number relating to pattern of work	5

Number relating to educational opportunities	0
Number relating to service support available to the doctor	1

ER outcomes: resolutions	
Total number of exceptions where Time of in Lieu was granted	2
Total number of overtime payments	6
Total number of work schedule reviews	0
Total number of reports resulting in no action	1
Total number of organisation changes	0
Compensation	0
Unresolved	71
Total number of resolutions	**9**
Total resolved exceptions	**9**

Reasons for ER over last quarter by specialty & grade

ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Immediate patient safety issues	General medicine	FY1	0	1	0	1
	General surgery	FY1	0	2	0	2
	Gynaecology	FY2	0	1	0	1
	Trauma & Orthopaedic Surgery	FY1	2	0	0	2
Total			**2**	**4**	**0**	**6**
No. relating to hours/pattern	Accident and emergency	FY2	1	0	0	1
	Acute Medicine	Foundation house officer 1	0	1	0	1
	Acute Medicine	FY2	0	1	0	1
	General medicine	FY1	2	3	1	4
	General surgery	CT1	1	0	1	0
	General	FY1	16	21	4	33

	surgery					
	General surgery	FY2	0	2	0	2
	Gynaecology	Foundation house officer 1	0	1	0	1
	Gynaecology	FY2	0	1	0	1
	Obstetrics and gynaecology	FY2	2	3	0	5
	Obstetrics and gynaecology	ST2	0	1	0	1
	Obstetrics and gynaecology	ST6	0	1	1	0
	Respiratory Medicine	CT2	1	0	0	1
	Respiratory Medicine	FY1	1	0	0	1
	Trauma & Orthopaedic Surgery	FY1	8	3	1	10
	Trauma & Orthopaedic Surgery	FY2	2	0	0	2
	Trauma & Orthopaedic Surgery	ST3	0	1	0	1
	Urology	FY1	0	4	0	4
	Urology	FY2	0	1	0	1
Total			**34**	**44**	**8**	**70**
No. relating to educational opportunities	General surgery	FY1	1	0	0	1
Total			**1**	**0**	**0**	**1**
No. relating to service support available	General medicine	FY1	0	1	1	0
Total			**0**	**1**	**1**	**0**

General Comment
Since the last report, there still seems to be a delay with supervisors delaying in their review of Exception Reports (ER)s so these are not concluded in timely manner. Some supervisors are new to the role so will need login details and gentle reminders. A workshop has been agreed to address this.

There is poor turn out of resident doctors to GOSW forum despite adequate advertising.

5. Recommendations

- Board to accept report.
- Continue engagement of Educational Supervisors and resident doctors.
- Seek support from Executives to provide lunch or some form of refreshment for GOSW forum to encourage attendance.

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Meeting date	6th February 2025	**Public**		**Agenda Item No.**	17
Meeting	Board of Directors				
Report Title	Safer Care (Staffing) Report				
Director Lead	Nic Firth, Chief Nurse Andrew Loughney, Medical Director	**Author**	Helen Howard Deputy Chief Nurse		

Paper For:	**Information**		**Assurance**	x	**Decision**	
Recommendation:	The Board of Directors is requested to review and note the assurances of this report.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities

	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This paper provides the assurances and risks associated with safe staffing and the actions in progress to mitigate the risks associated with patient safety and quality, based on patients' needs, acuity, dependency and risks, and trusts should monitor it from ward to board.

The Trust is assessed on the compliance with the 'triangulated approach' to deciding staffing requirements described in National Quality Boards' guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time.

We continue to experience high levels of operational demand within the acute and community services which we are aware is having an impact on both patient and staff experience.

Following on from a successful recruitment event for healthcare assistants, the successful candidates are currently going through the recruitment process & awaiting start dates.

Board of Directors – February 2025

Report of: Nic Firth, Chief Nurse
Andrew Loughney, Medical Director

Contents

NHS Stockport NHS Foundation Trust

1. Introduction

Stockport NHS Foundation Trust

This report provides the Board of Directors with an update on the following:

- Staffing assurances
- Current challenges regarding staffing levels and risk mitigations, and the actions being taken to mitigate risks and financial impacts identified
- Safer staffing governance monitoring led by evidence-based decision-making on safe and effective staffing is a requirement for all NHS organisations
- The NHS has produced a comprehensive long term workforce plan. This is a collective plan for the NHS and sets out a clear direction. The certainty of confirmed funding up to 2028 allows for actions locally, regionally and nationally to address the gaps in the current workforce and meet the challenge of a growing and ageing population
- The Trust strives to provide outstanding care whilst developing flexible approaches and innovative ways of working. This is a challenging time but brings significant opportunities for workforce development
- It is recognised that we are experiencing ongoing pressures require health systems and boards to make tough decisions to ensure services achieve the best outcomes at a time of financial challenge. Boards must ensure that this does not have an adverse impact on the quality of care, as well as patient, service user and staff experience

2. Safe Staffing

NHS Stockport NHS Foundation Trust

Introduction	**What is safe staffing?** **What are the warnings signs of inadequate staffing?** **What CQC standards are around safe staffing?**	**The National Quality Board (NQB) assess Trusts' compliance with the triangulated approach to decide staffing requirements. This combines evidence based tools, professional judgement & outcomes to ensure right staff & skills set, right place and right time.**
1 **Safe staffing levels** **How many staff do you need**	• **Decide how many staff you need** • **Plan your staffing rota** • **Put contingencies in place** • **Review your staffing levels** • **Use technology to support safe staffing**	**We use strategic staffing meetings and evidence from tools such as Datix, Harms, StARS, Safe Care , Healthroster compliance & Opel level escalation processes in place.**
2 **Safe recruitment practices** **Recruit the right staff to deliver safe care & support**	• **Plan your recruitment** • **Attract the right people** • **Review your recruitment & retention activities**	**All recruitment events are planned, organised with engagement from divisions.** **Attend regular *Thrive* workshops improve retention procedures & strategies.**
3 **Safe & competent staff** **Ensure staff are competent to deliver safe care & support**	• **Give new staff a thorough induction** • **Provide learning & development opportunities for staff** • **Support your staff**	**Advertising for a Pastoral Care Lead. The Lead will support new staff throughout the recruitment process, on joining the Trust & induction. Robust training plans are in place for new starters. Speciality areas CPFs' provide bespoke training.**

3. Workforce Safeguards

NHS Stockport NHS Foundation Trust

To ensure the welfare & safety of staff and patient's, nurse to patient ratios were introduced :

Deploying staff effectively
This is to advise the Committee of their responsibilities in ensuring staffing arrangements are safe, sustainable and productive. It also considers emerging roles such as nursing associates (NAs), physician associates and Advanced Clinical Practitioners (ACP) who are all integral to the future NHS workforce.

Useful guidance
The National Quality Board's (NQB) guidance explicitly requires the Trust meets the following expectations :

- deploying the right staff
- with the right skills
- at the right place and time

These set the foundations on which any workforce plan should be based while not ignoring other organisational development needs such as values and behaviours.

In addition, the Cavendish Report 4 highlights that well-performing organisations use their workforce as a strategic asset. This underlines the need to deploy the workforce effectively and efficiently.

4. Guide for safe staffing

NHS Stockport NHS Foundation Trust

- A good rota assists staff in planning work-life balance, communicating with colleagues and people who need care and support. And provides evidence for the CQC inspection
- Once built the rota is approved 12 weeks in advance, this supports the staff with their work-life balance as they can request preferred pattern of shifts
- It is expected, where possible, staff schedule non-emergency appointments on days off. Staff can view shifts & request annual leave via Loop, this app can also be downloaded onto a mobile phone providing flexibility regarding planning annual leave while off-site
- Senior members of staff are allocated to build safe and efficient rotas.
- Staff creating rotas require an understanding of the financial impact and skillset of the workforce required
- Managers are expected to monitor the rota regularly and input changes such as sickness, annual leave, study days
- Healthroster is discussed at ward/unit meetings, managers proactively engage and act on staff feedback in making improvements in the building of the roster.
- The electronic system is simple to use with regular training for all staff groups.

5. Healthroster

NHS Stockport NHS Foundation Trust

The Trust uses Safecare Live at the twice daily staffing meetings to review staffing levels in conjunction with the acuity levels of patients.

The recently introduced Rostering dashboard provides trend data for the Key Performance Indicators (KPIs) which can be used as evidence in report/requests for data. From the information it has been reported

- Safecare Statistics have increased month on month & currently at 68.21% for the Trust. Seventeen areas have increased the % compliance over the past 3 months
- Rosters are approved on average 63 days ahead of the roster commencing
- Total unavailability has reduced to 20.5% bringing this in line with the KPIs target
- Changes to rosters since approval have reduced to 26.5%. The E-rostering Team will focus on identifying a strategy to reduce this

Data provided by the Rostering Team

6. Vacancies

NHS Stockport NHS Foundation Trust

The data below covers the positions of registered nurses (RNs), registered midwives (RMs), nursing associates (NAs), newly registered nurses and midwives awaiting PINs.

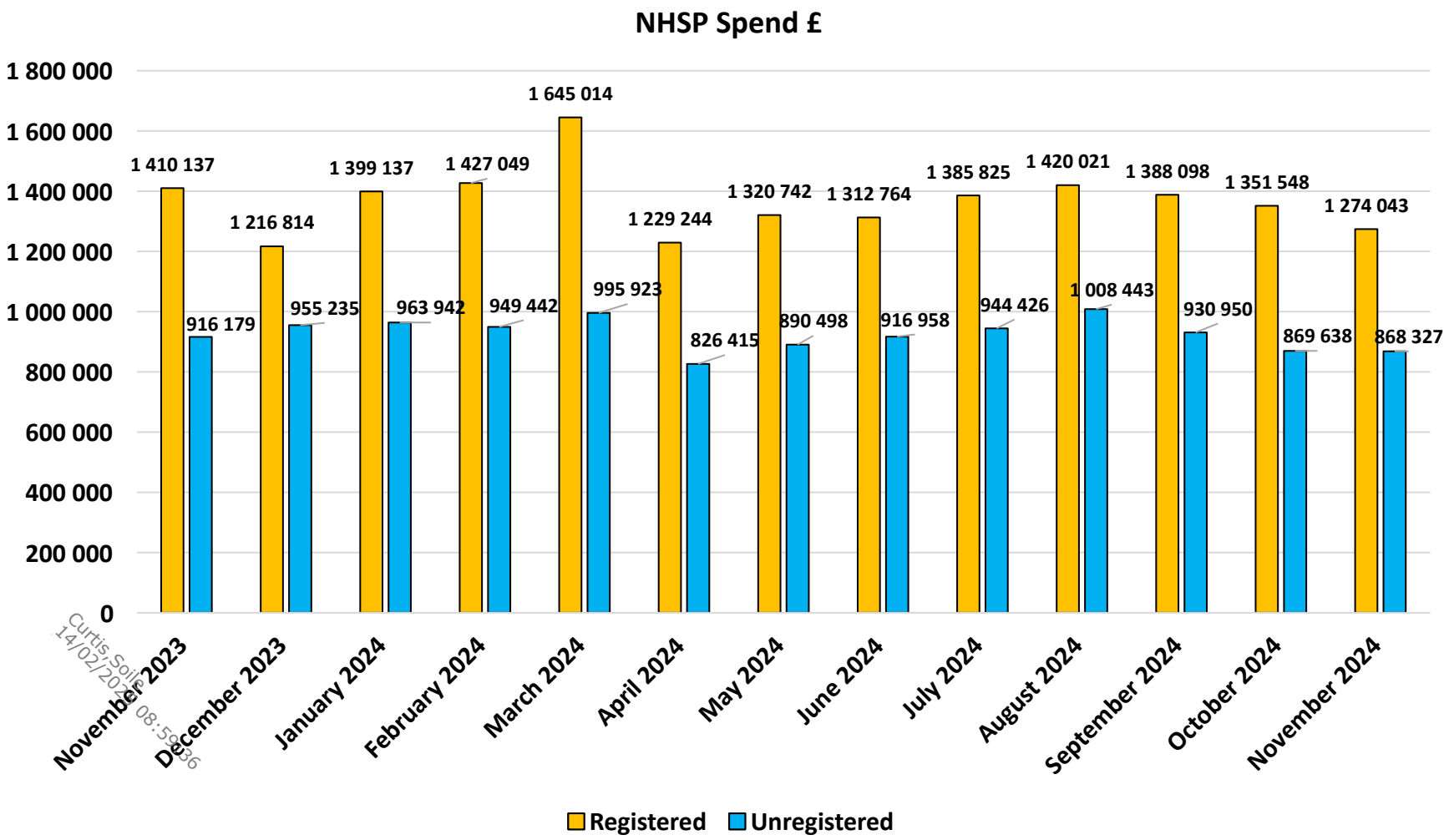
Registered Nurses & Midwives	FTE Actual	Variance FTE	Post Recruited to in TRAC FTE & awaiting start dates
Clinical Support Services	59.73	2.74	2
Corporate Services	105.89	8.69	19
Integrated Care	255.38	-23.36	27
Medicine & Urgent Care	520.66	-82.84	59
Surgery	476.65	-26.86	28
Women & Children's	402.33	-24.15	29
Total	1,820.64	-145.78	164

In November 2025, 164 WTE successful candidates were in the recruitment process & awaiting start dates.

The process for recruiting nursing students has been agreed by all the Divisional Nursing Directors (DNDs), Head of Learning & Education and Workforce, and will be presented to the Nursing, Midwifery & AHP (Allied Health Professionals) Meeting in January for final approval. The SOP aims to ensure nursing students are supported throughout their interview and appointment, HR recruitment process, induction and as they transfer from learner to practitioner. This process will be led by the new role of Pastoral Care Lead & Matron for Workforce in collaboration with the Learning and Education Team.

7. Temporary Staffing Spend

The table below illustrates the ‘month on month’ cost to the Trust of NHSP bank RNs, RMs and unregistered staff.

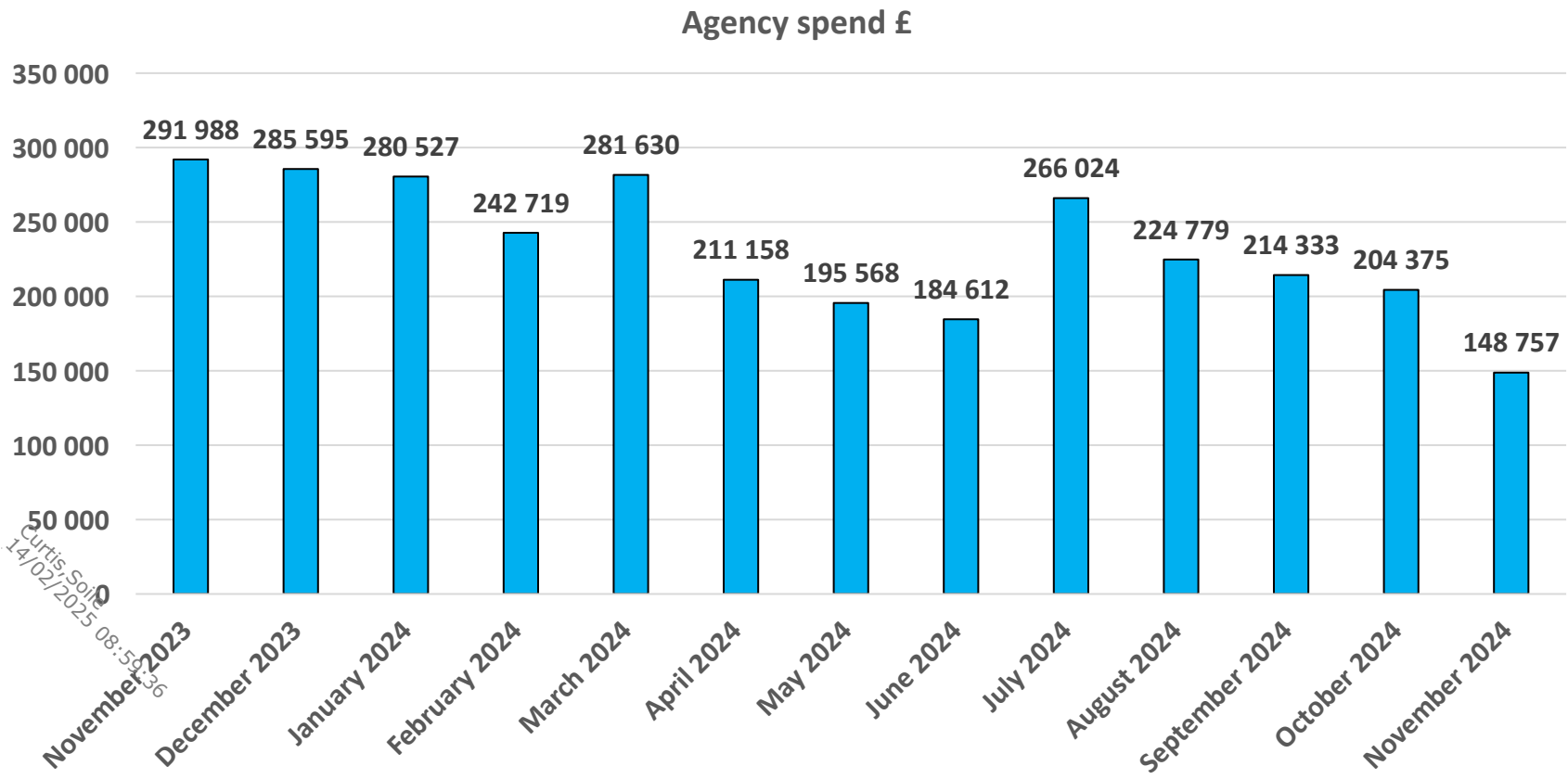


Data provided by People Analytics

8. Agency Spend

The Deputy Chief Nurse, DNDs and NHSP attend a weekly meeting to review agency uptake and explore strategies to reduce agency usage. Staff are encouraged to put out bank shifts as soon as possible to ensure early pick-up, and the Trust is now working towards reducing the cascade to 12 hours.

This has all contributed to a dramatic reduction in agency spend from July to November.



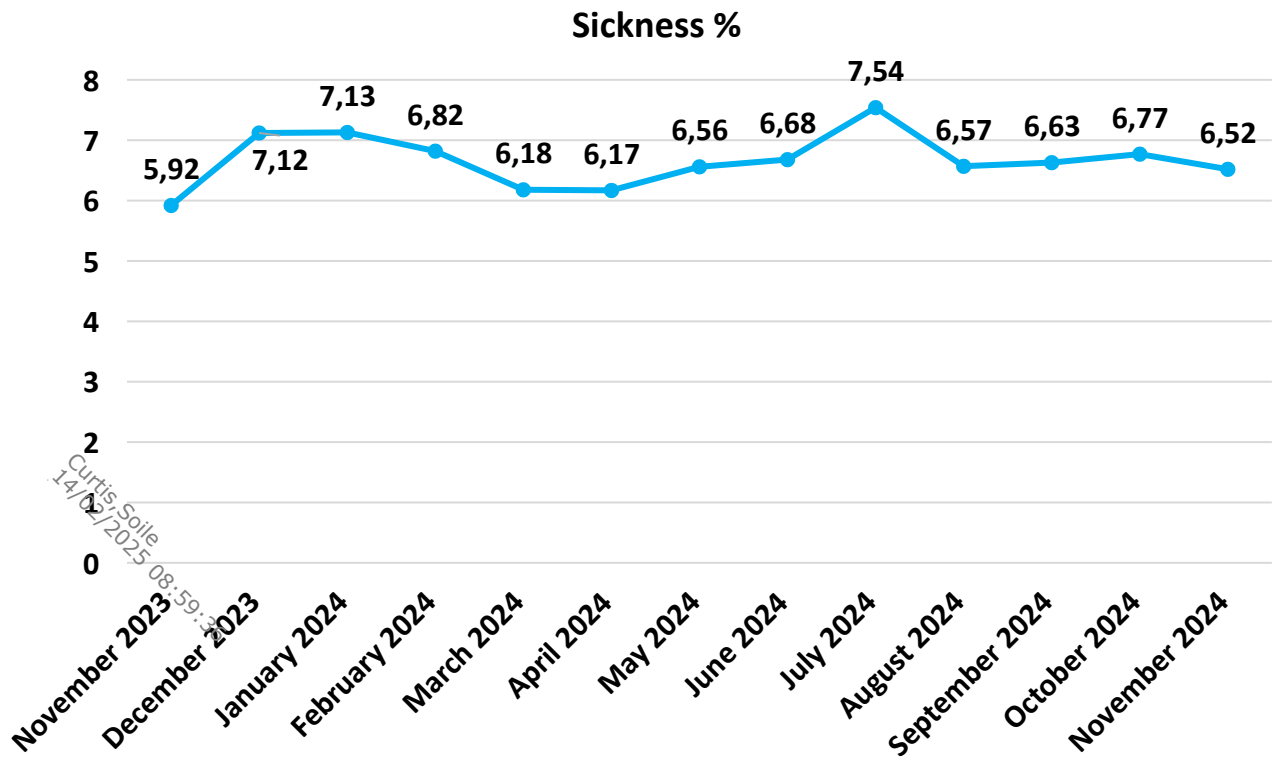
Data provided by NHS Professionals

9. Absences/Sickness

The chart below illustrates the absence rates for registered nurses, registered midwifes and AHPs.

An absence from work can be the result of many factors for example short-term sickness due to colds/virus, long term condition, carers leave and it is recognised that the highest absence rates are during school holidays. 'Looking after our people' **NHS People Plan**. The Trust absence target is set at 6%.

Role	Sickness %
AHPs	4.52%
RNs & RMs	6.64%



- The main reasons for absence continues to be Anxiety, Stress & Depression
- The Trust has a close working relationship with HR, Occupational Health, Professional Nurse Advocates (PNA) SPAWS & Freedom to Speak Up Champions to support the work life balance of our employees

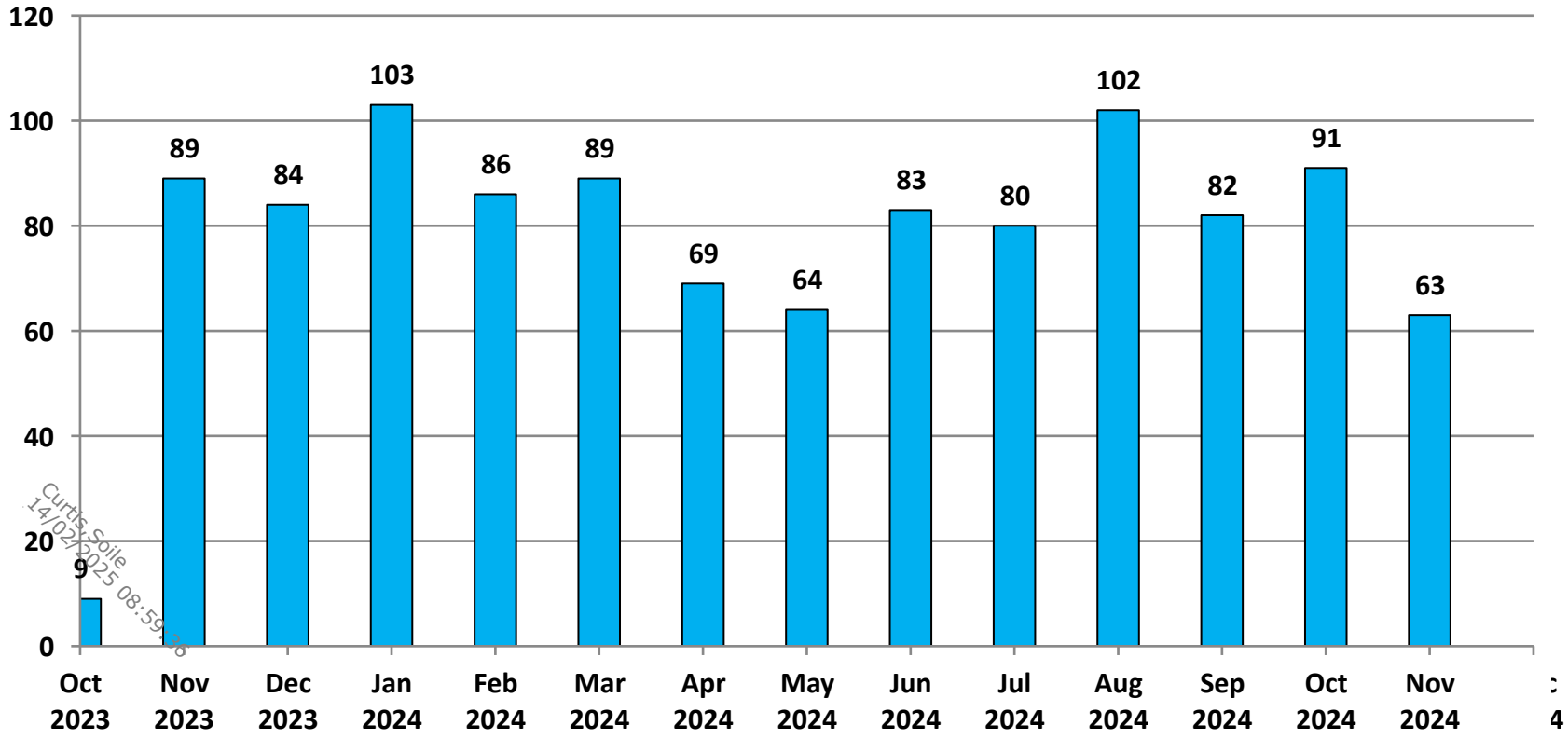
Data provided by People Analytics & Workforce

10. Risk Highlights

The Trust actively encourages all employees to report incidents of staffing shortfalls.

There was a significant reduction in the number of incidents from October to November evidence that the Trust has a robust staffing infrastructure as fewer incidents occurred. This provides reassurance with the onset of winter pressures.

Reported number of staffing shortfalls

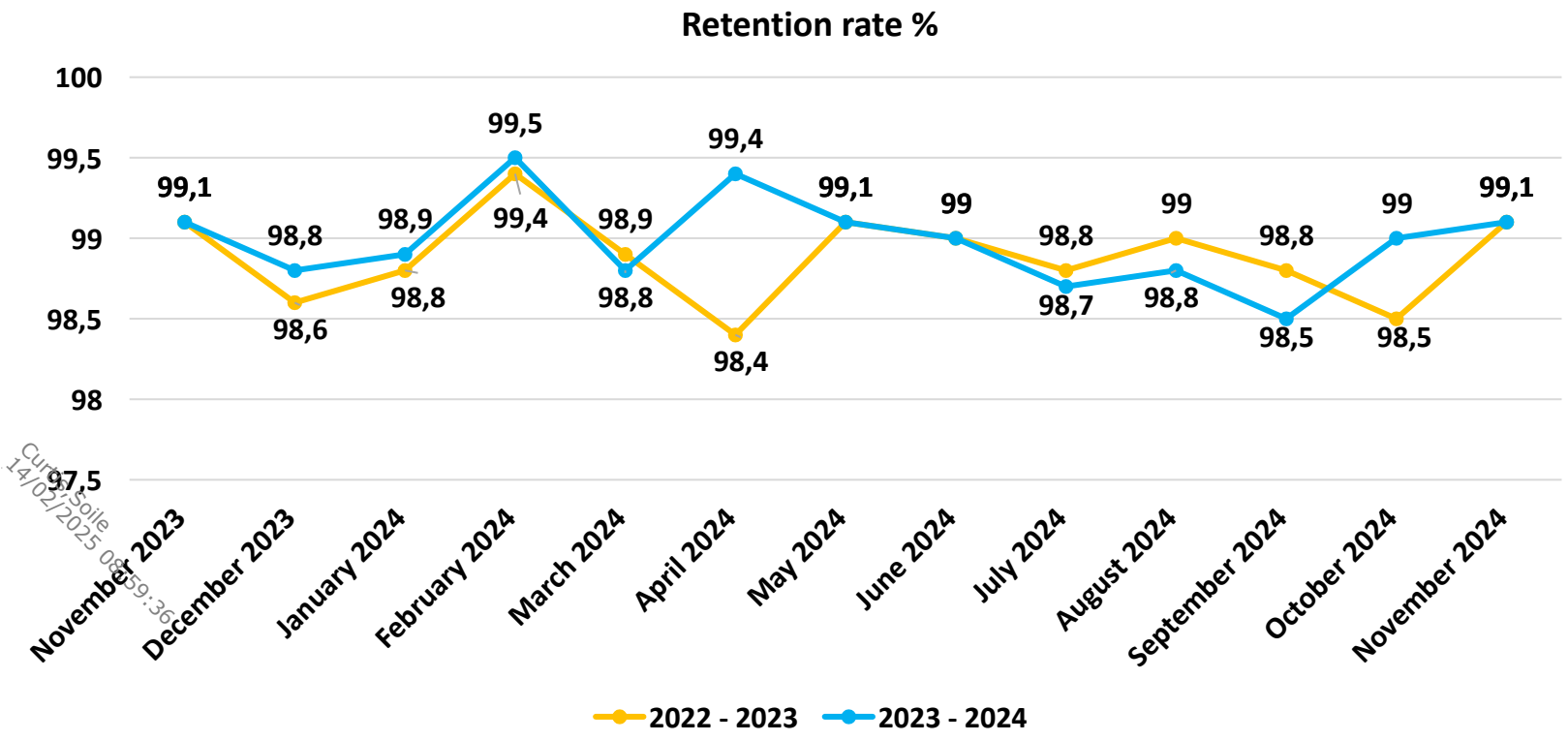


Data provided by Datix

11. Retention

The chart below illustrates the Trust's staff retention rate 'month on month' from November 2023 – November 2024.

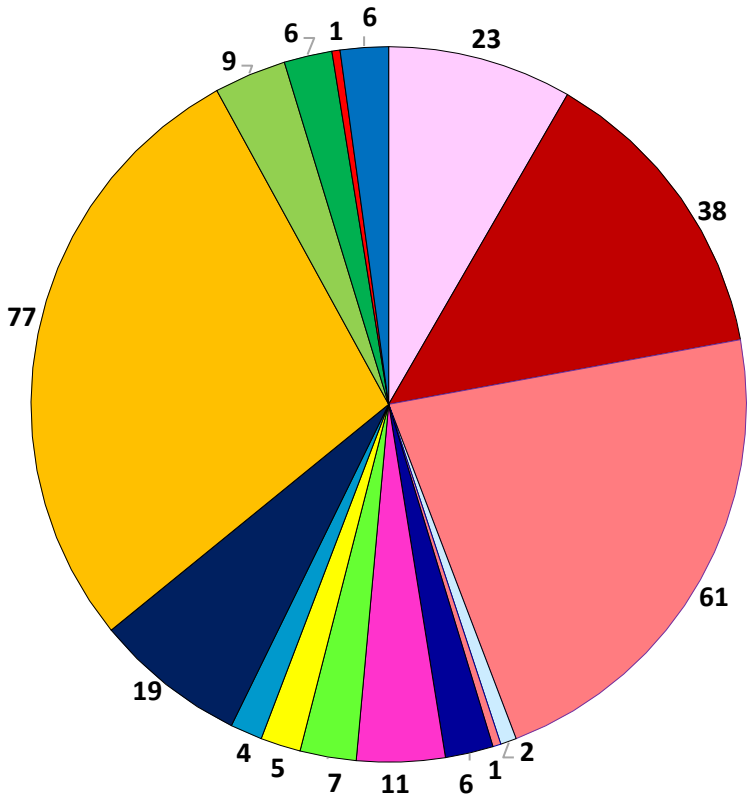
There has been a gradually improvement in retention over the last few months & matches where the Trust was 12 months ago. It is anticipated that this trend will continue with the introduction of the new role of Pastoral Care Lead who will focus on supporting new starters from interview through the recruitment process, and their induction. The Trust values career development and invests in staff by providing training opportunities and supporting secondments to enhance career development. This encompasses both the NHS People Plan and People Promise.



Data provided by People Analytics

12. Reasons for Leaving – November 2024

Stockport NHS Foundation Trust



- There has been an increase in staff applying for voluntary redundancy & focusing on a healthy work/life balance

- Flexi Retirement
- Retirement Age
- Voluntary Resignation - Work Life Balance
- Voluntary Resignation - Adult Dependants
- Voluntary Resignation - Better Reward Package
- Voluntary Resignation - Child Dependants
- Voluntary Resignation - Health
- Voluntary Resignation - Incompatible Working Relationships
- Voluntary Resignation - Lack of Opportunities
- Voluntary resignation - Pay and Reward Related
- Voluntary Resignation - Promotion
- Voluntary Resignation - Relocation
- Voluntary Resignation - To pursue further education
- End of Fixed Term Contract
- Has Not Worked
- Dismissal

Data provided by People Analytics

13. Recruitment

NHS Stockport NHS Foundation Trust

- HCA Recruitment Event took place in November 2024 with great support from all divisions, HR & the Training Department which resulted in successfully appointing 107 candidates

- 'New Year, New Job' recruitment event for RNs & HCAs scheduled for the 25th January

14. Training Pathways

NHS Stockport NHS Foundation Trust

Multi-Professional Cadet Programme

We have successfully expanded the Cadet Programme for 2024/25

The following numbers are confirmed with Stockport and Cheadle Group :

- 20 2nd year cadets returning from last year
- 58 1st years – both groups complete 1 day per week over 2 years
- 30 transitional year cadets from Cheadle site (complete one week placement x 3 per year)
- 20 transitional year cadets from the Marple site
- 6 cadets from Macclesfield College and an additional 8 in January 2025
- 40 cadets from The Manchester College

In total, we are expecting around 190-200 cadets on placement this academic year, including students on T-Levels, Btec, Cache and Level 2 Transition programmes.

16 adult learners from UCEN were successfully recruited into HCA positions following the November 2024 Recruitment Event.

Placement expansion and relationship building continues in Place-Based environments and we are liaising closely with the GM and ICB Workforce Development Lead, One Stockport and other external partners.

Two cadets from the last cohort have secured employment within nursing homes recently opened for placements and 2 cadets have also secured HCA positions within the Acute Trust.

We are working with GM universities to secure interviews and “home Trust” placements for those wishing to pursue a Nursing Degree to retain young people in Stockport.

We will continue to monitor, document and report on cadet destinations.

15. Healthcare Scientists

NHS Stockport NHS Foundation Trust

Laboratory Medical

- **Microbiology** consultants remain the largest risk following 2 retirements without being able to recruit to the posts. Current mitigation is recruitment of 2.6 WTE speciality doctors and 1 locum consultant. The consultant on sabbatical has returned. Support from Manchester Foundation Trust (MFT) has been received to cover the on-call provision. A consultant clinical scientist has been interviewed, and we will be moving to appoint. NHSP and ID-medical are engaged for continued recruitment support.
- **Histopathology** consultant workforce is stable with 11 consultants. The reporting of the service is still supported with outsourcing to a private company.
- **Blood sciences** there is an additional day to backfill consultant clinical scientist to provide capacity for the replacement LIMS project. There has been no additional resource for the significant increase in workload seen since Covid, with yearly increases above 10% growth. Growth continues at 6% year to date, and no additional resource has been provided.

Histology Laboratory

- **Biomedical Scientists (BMS)** We remain 2 BMS short of the required staffing to match the workload coming to the lab, locums have been required to match this however they are not a stable resource with repeated recruitment needed. Internal training to Band 6 for 3 staff continues as the lack of Band 6 staff in the recruitment market remains.
- **Medical Laboratory Assistants (MLA)** – Cancer Tracker post has been offered and is in the recruitment process. Staffing numbers are below that required as highlighted in the paper to executives and an increase in establishment is required.

15. Healthcare Scientists

NHS Stockport NHS Foundation Trust

Blood sciences

- **Biomedical Scientists (BMS), Bands 5-8s** Recruited staff are moving onto the on-call rota and this is improving the resilience of the service. There is a requirement for support from the staff in terms of overtime to cover the transition to the new analytical platforms and operating without robotics in place.
- **Medical Laboratory Assistants (MLA), Bands 2-4** A new supervisor has been appointed in the Blood Sciences Reception and has started in role. Additional staffing will be required whilst the Blood Sciences Analysers and automation is replaced as there will be no automation support for this period. There is a historically a high turnover for the MLA staff in the Pathology Reception and this is seen to be continuing. This is due to it being a stepping stone entry position within laboratory services.

Microbiology Laboratory

- **Biomedical Scientists (BMS), Bands 5-8s** the Laboratory Technical Head has returned from maternity leave. There is a lack of sufficient staff in this area, though recruited to establishment and this is a pressure point as microbiology remains a very manual process.
- **Medical Laboratory Assistants (MLA), Bands 2-4** Workload against staffing level is a significant pressure for this group.

Summary

Pathology has seen a year-on-year workload increase between 6-10% across the disciplines far exceeding the annual growth prior to Covid & has past the point of saturation of the staffing resource. A business case has been submitted for an increase in staffing. This has been agreed in principle, but funding is yet to be sourced. Recruitment remains an obstacle for experienced BMS staff and in-house training has been required to bring people to qualification and through their specialist portfolios.

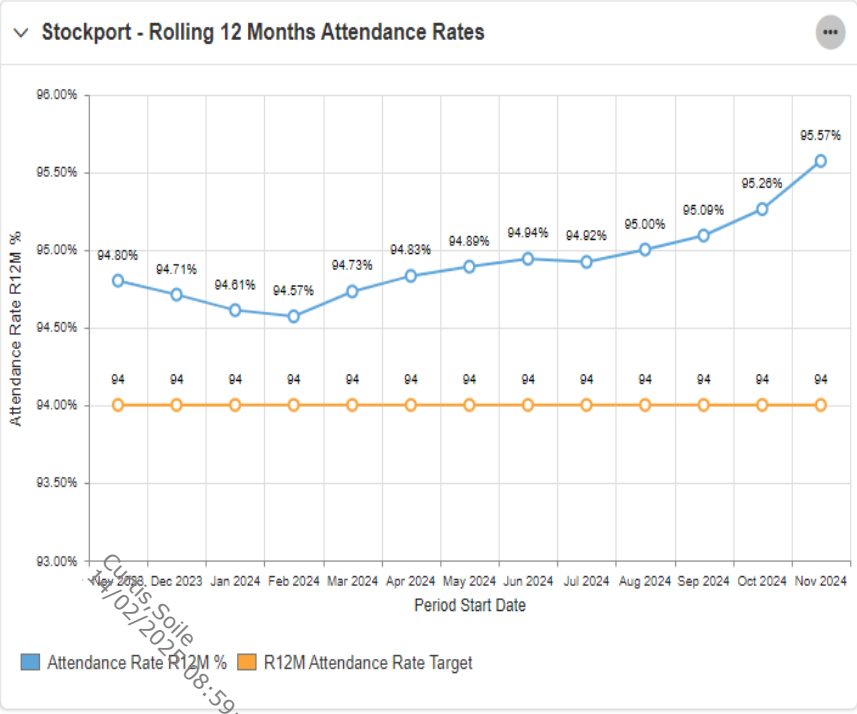
Data provided by Pathology

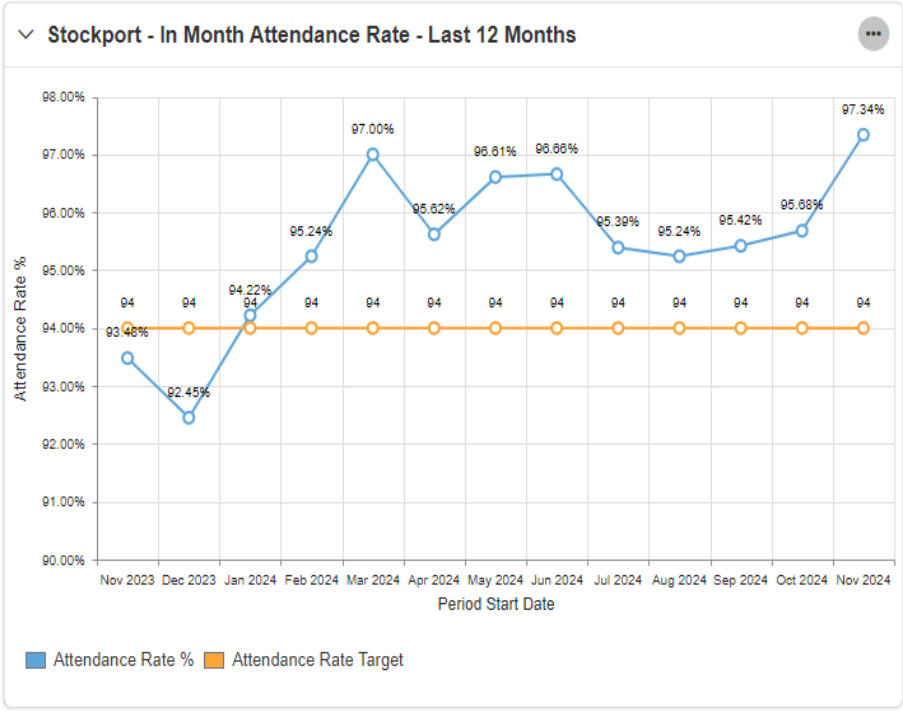
16. Allied Health Professionals (AHPs) – Integrated Therapies

NHS Stockport NHS Foundation Trust

Attendance Rates

The Directorate is extremely proud to report further progress with in-month & rolling 12-month attendance rates, as shown in the graphs below, particularly given the seasonal dip last year. In September it was reported that anxiety/stress/depression was the most prevalent category, but it now sits at 4th, with both cough/cold/flu & gastro both sitting above it at the time of writing. There has been a local drive for both flu & COVID vaccine take-up, with 2 department vaccine clinics set up in Inpatient Therapies to support attendance.





Metrics are closely monitored at team level to ensure any exceptions are identified, with deep dives & relevant action plans presented at the monthly Directorate Quality & Performance meetings, with escalation to divisional level when appropriate.

Data provided by Integrated Therapies & Boroughwide Services

16. Allied Health Professionals (AHPs) – Integrated Therapies

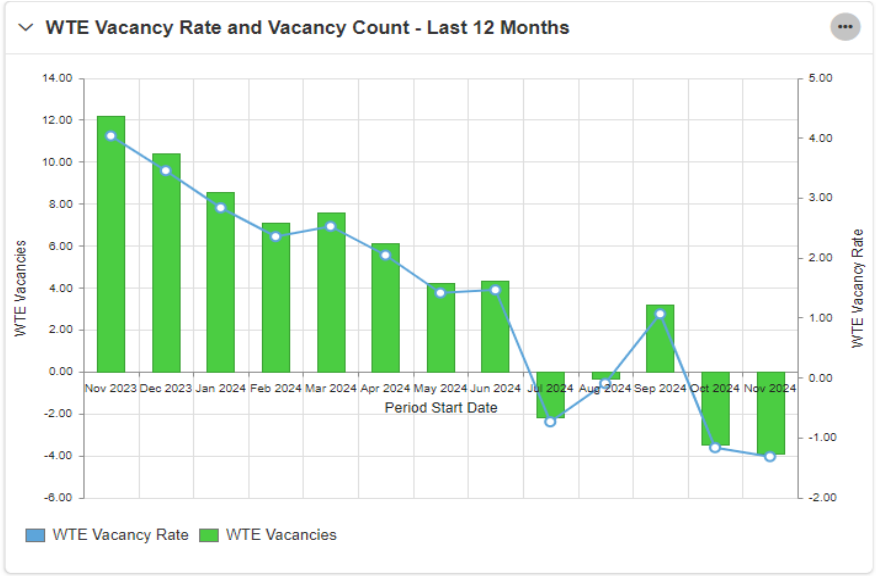
NHS Stockport NHS Foundation Trust

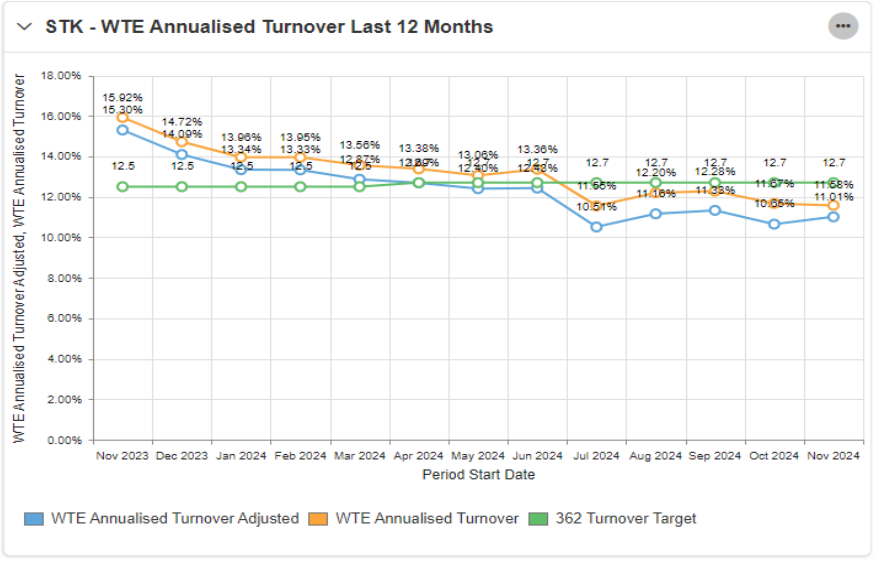
Integrated Therapies Staffing

As a directorate, we are cognisant that we currently have a team of Apprentice AHPs without substantive funding, after the Trust's agreement to use turnover & non-recurrent vacancy factor. This is important when looking at number of vacant posts as the additional staffing can mask substantive vacancies. However, looking at the November data the true vacancy count is circa 4.7 WTE. The graph to the right illustrates staffing is currently in the best position for over 12 months. Integrated Therapies are currently working with Medicine to review Stroke staffing against the RCP guidelines which will be presented in the New Year.

Turnover

November was the 8th consecutive month with adjusted turnover lower than the 12.7% target. Most leavers cited promotional opportunity as the reason for leaving & this accounted for 21.3% of the series. This is reassuring as we take career development seriously & is a testament that our workforce, in the main, are leaving their posts for positive reasons. However, in November, 9 leavers (14.8%) cited work/life balance. In the new year, a deep dive will commence to understand the nuance of this & identify any opportunities to address or improve this statistic.





Data provided by Integrated Therapies & Boroughwide Services

16. Allied Health Professionals (AHPs) – Integrated Therapies

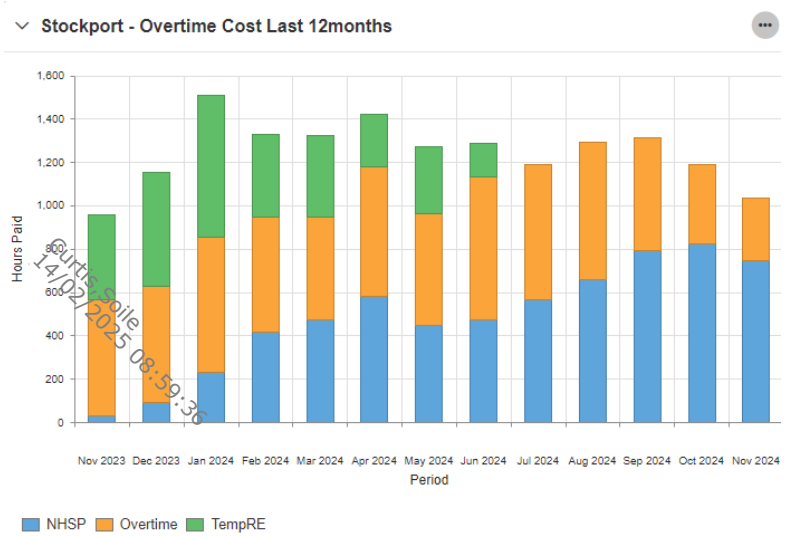
NHS Stockport NHS Foundation Trust

Apprenticeships

We have successfully appointed to 4 of the 5 Support Worker apprenticeships for 2024/25. Our Level 3 apprentice started in November & our Level 5 apprentices will start their programme in February. All Level 6 apprentices remain on the programme & are progressing well.

Temporary Staffing

As discussed in the last paper, temporary staffing & overtime costs have been areas of focus for Integrated Therapies. We continue to staff one ward (historic escalation ward) through NHSP, using bank to support with vacancies (AHP services do not use temporary staffing to support unplanned leave). The process for approving additional hours has been reviewed & updated, with added rigor & standardisation. As a result, we have seen hours paid & the proportion of 'additional hours/overtime' reduced to the lowest level since December 2023, which is the timeframe available for review (see graph below). Focus on this will continue in 2025 & we are reviewing our weekend rosters & operational deployment to identify any further potential efficiencies.



Health Roster

Work is ongoing to move AHPs forwards with regards to Heath Roster KPI compliance and effectiveness. Several processes have been updated, including a review & tidy of roster tiles, all weekend/on-call services now having standalone rosters, and a clear expectation of the 70 day approval lead time.

Data provided by Integrated Therapies & Boroughwide Services

17. Midwifery Update

NHS Stockport NHS Foundation Trust

The Maternity Unit is currently staffed in line with NICE guidance for Safe Midwifery Staffing for Maternity Settings (NICE 2015) and the latest Birth Rate plus (BR+) midwifery staffing review (March 2023).

Challenges

- Current registered vacancy inclusive of inpatient & outpatient areas is 5.88 WTE with a gap of 8 WTE on maternity leave. This equates to a total deficit of 13.88 WTE & 1.48 WTE of notices. At a total of 15.36 WTE.
- Maternity Support Worker (MSW) 5.65 WTE vacancy and maternity leave 0.88 WTE. This equates to 6.53 WTE

Actions

- Weekly planned roster scrutiny meetings/E-Roster training sessions continue
- Recruitment event held in April 2024 – 15.24 WTE offers made, 12.68 WTE accepted & onboarding in process
- Awaiting external approval to send offers to midwives currently in Trac reserve

Assurance

- All shift co-ordinators have supernumerary status & monitored daily by MOD, incorporated into monthly dashboard with 100% compliance September 2024
- August 2024 showed 99.2% one-to-one care in labour (1 fully dilated on arrival)
- Fully engaged with MSW Framework Working Group
- We have commenced trust pre-employment programme for HCAs

Registered Midwives		
WTE Actual	**WTE Vacancies**	**Post WTE Recruited to TRAC**
162.2	**No vacancies Mat Leave 10.6**	**4.76 NQM start dates tbc 1 Band 6 midwife start date confirmed**

Data provided by the Division of Women & Children's

18. Medical Workforce

NHS Stockport NHS Foundation Trust

The Tiers below describe the directly employed Medical Workforce within the Trust:

Tier 3: ***Expert clinical decision makers*** These are clinicians with overall responsibility for patient care. In the Medical Workforce these are our Consultants.

Tier 2: ***Senior clinical decision makers*** These are clinicians capable of making a prompt clinical diagnosis and deciding the need for specific investigations and treatment. For the medical grades this is largely SAS Doctors and Senior Clinical Fellows.

Tier 1: ***Competent clinical decision makers*** These are clinicians capable of making an initial assessment of a patient. For the medical grades this is largely Foundation Doctors and Junior Clinical Fellows.

Medical Staff	FTE Budgeted	FTE Actual
Tier 3	257.01	238.11
Tier 2	150.21	125.8
Tier 1	139.18	154.2
Total	546.40	518.11

N.B. *The Trust is also a host employer on behalf of the Lead Employer, St Helens and Knowsley NHS Trust, for specialty, core and general practice trainees and we host a further 165 trainee doctors working at the Trust across our specialties.*

Data provided by Medical Staffing

18. Medical Workforce

NHS Stockport NHS Foundation Trust

Consultant Vacancies

The table below gives an overview of the vacancies :

Costc	Costc (T)	Budget	Contracted	Worked	Vacant	Comments
25C10	Medical Staff - DMOP	5.35	2.00	2.00	3.35	Been out to advert. Engaging with Doctors Relocate & ID Medical.
25A23	Medical Staff - General Medicine (A1 and D2)	2.00	-	-	2.00	Been out to advert. Engaging with Doctors Relocate & ID Medical.
25B25	Medical Staff – General Medicine (B6)	1.00	-	-	1.00	Engaging with Doctors Relocate & ID Medical.
25K22	Medical Staff - General Medicine (C6)	1.00	-	-	1.00	Engaging with Doctors Relocate & ID Medical.
25B41	Medical Staff - Rheumatology	6.26	5.45	5.45	0.81	Been out to advert. Engaging with Doctors Relocate & ID Medical.
25C11	Medical Staff - Stroke	9.00	7.95	7.89	1.05	Been out to advert. Engaging with Doctors Relocate & ID Medical.
25K11	Medical Staff - Emergency Department	13.55	12.30	12.30	1.25	ST6 acting up
25K05	Medical Staff - Frailty	1.00	-	-	1.00	Covered with Trust Bank Locum. Will be in review with Gen Med & DMOP
34B12	Medical Staffing - Surgery	11.59	10.80	10.80	0.79	
32A13	Medical Staffing - Anaesthetic	30.01	28.14	28.14	1.87	New starters appointed pending start date.
34D12	Medical Staff - Ophthalmology	7.71	6.32	6.32	1.39	Hold due to accommodation issues
21C10	Medical - Paediatrics	14.67	16.37	16.40	- 1.70	Over establishment due to recruitment of 2 part time consultants BAPM - awaiting job plan adjustments which should reduce this
27C10	O&G medical staffing	14.61	12.69	12.69	1.92	New starters have been recruited.
65A11	Medical Services - Pathology	13.60	12.60	11.60	1.00	Microbiologist been out to advert. Engaging with Doctors Relocate & ID Medical and NHSP Gateway for overseas recruitment
68A11	Medical Services - Radiology	20.27	18.04	18.24	2.23	1wte Head & Neck appointed pending start date.

Data provided by Medical Staffing

18. Medical Workforce

Stockport NHS Foundation Trust

Medical Workforce Group General Update

- **Senior Medical Recruitment**

  This is monitored by the Medical Workforce Group & seeks to assist divisions with e.g. those difficult to fill specialties and ensure that all options are being explored.

  *There have been a number of positive appointments recently including in Urology, Radiology & Anaesthetics.

- **Senior Medical Locum Expenditure**

  This is also being monitored by the Group so that it can actively seek to assist divisions in reducing costs whilst also focusing on ensuring ensure safe staffing levels and patient safety. This exercise has already demonstrated significant financial savings and cost avoidance for the Trust.

- **GMC Survey and Mandatory Training**

  The Group have placed great emphasis on improving the GMC Survey Results & mandatory training compliance rates in 2024. There has been improvements in both areas & will help with attracting doctors to the Trust.

  N.B. Likewise, the Trust has now moved to the top 20% of regional trusts for mandatory training compliance for Lead Employer doctors.

- **Portfolio Pathway and Workforce Planning**

  The group have undertaken research into the type of support which can be provided to Doctors wanting to undertake CESR & ultimately eligible for Consultant posts to help with workforce planning, particularly in those difficult to fill areas. A revised paper will be presented to the Group in January & then forwarded to the Trust Executives, giving recommendations on next steps.

Data provided by Medical Staffing

18. Medical Workforce

NHS Stockport NHS Foundation Trust

Engagement with external agencies

- Discussions with NHSP Gateway to seek 'net new' doctors to the UK & NHS with Portfolio Pathway support with Speciality Doctor / Specialist roles back in July 2024. MOU has been signed off. Waiting for CVs for Microbiology once passed their MAG assessment process. Department engaged & looking at our 'offer' in terms of relocation package & RRP.

- Actively engaging with ID Medical & Doctors Relocate under NHS Framework – specifically within Medicine & Microbiology to identify UK based doctors. Pulse have also been supporting Microbiology & provided a suitable doctor, unfortunately the doctor had already accepted another appointment.

- To date 21 CVs have been shared for potential Consultant vacancies from ID Medical & Doctors Relocate. Only 2 appropriate candidates for General Medicine. Unfortunately, these will not be going ahead due to a pending review of General Medicine job plans. The remainder of applicants did not have the required level of experience or passed their MRCP exams.

- Medicine have appointed 2 SCFs from ID Medical. They could however have been filled without using ID Medical as there was adequate applications via Trac but were advised to interview those sent by ID Medical alongside the Trac applications. Consequently, this has resulted in the additional cost of the ID Medical's finders fee.

Data provided by Medical Staffing

19. Good news

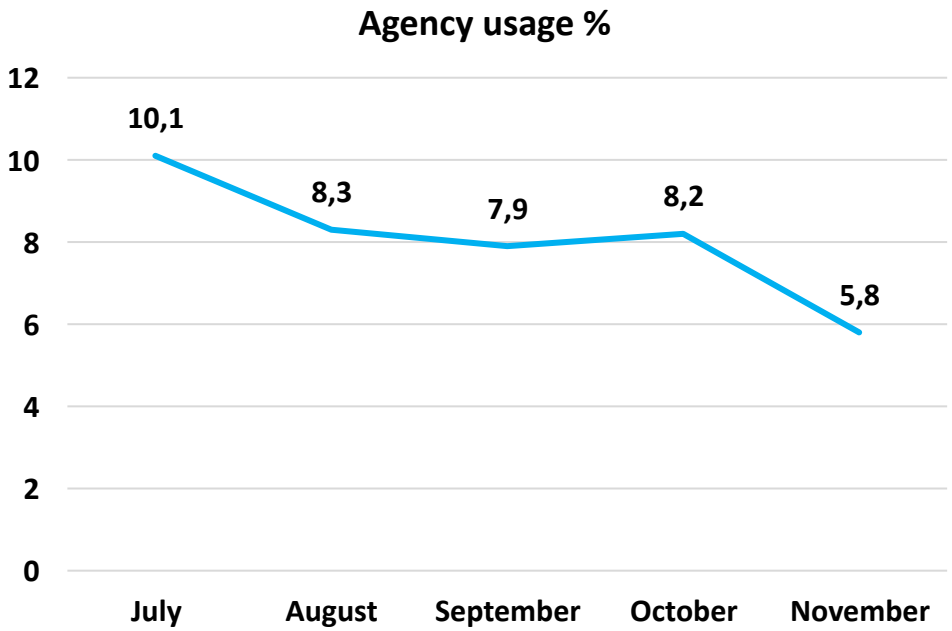
Stockport NHS Foundation Trust

- Continuing to work with NHSP to create a pathway enabling NHSP HCAs to apply directly to vacancies within the Trust, this ensures a quicker more efficient recruitment process
- Two members of staff have started the PNA (Professional Nurse Advocate) programme & will be qualifying at the end of January
- NHSE GIRFT Lead for Theatres to use the Trust's Theatres staffing structure for a pilot in developing Scrub Practitioners
- As a result of a highly successful HCA Recruitment Event in November 2024, the 107 successful candidates are currently in the recruitment process & awaiting confirmation of start dates
- There has been a steady reduction in the use of agency from 10.1% in July to 5.8% in November
- There are currently no vacancies in Midwifery. 4.76 WTE newly qualified midwives start dates have been confirmed & 1 Band 6 start date to be confirmed
- NHSE conducted a nursing, midwifery and AHP workforce review during November with feedback around many of our "brilliant" and innovative practices. We await the formal feedback report.

20. Going forward

Stockport NHS Foundation Trust

- There has been a steady reduction in agency usage since July, and this is expected to continue with the implementation of effective initiatives to ensure cost savings :



- 107 candidates were successfully appointed at the HCA Recruitment Event in November 2024 & have been allocated to clinical areas. Due to the high number the Training Department have reviewed the Care Certificate programme to ensure the new starters complete the training & competencies as soon as possible

- The Emergency Department have developed a Development Transformation Programme which will provide support & training for Band 5s career progression to a Band 6
- Surgery & Medicine have developed a career development programme for Trust Band 2 HCAs to upskill to a Band 3. Clinical skills training will be provided by the Training Department

Meeting date	6th February 2025	**Public**	X	**Agenda No.**	18
Meeting	Board of Directors				
Report Title	Annual Nursing & Midwifery Establishment Review				
Director Lead	Nic Firth, Chief Nurse	**Author**	Helen Howard, Deputy Chief Nurse		

Paper For:	**Information**		**Assurance**	X	**Decision**	
Recommendation:	The Board of Directors are asked to receive the report, including assurance that the investment in nursing and midwifery staffing has provided the organisation with safe staffing establishments. There a small number of identified areas requiring a further review and these will be completed within the divisions and in consideration with the Deputy Chief Nurse and Chief Nurse.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

X	Safe		Effective
	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities

	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
X	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	

Executive Summary

This paper provides the assurances and risks associated with safer nursing and midwifery staffing and the actions in progress to mitigate the risks associated with patient safety and quality, based on patients' needs, acuity, dependency and risks.

The NHS Long Term Plan responds to changes in society and health needs. Nursing, midwifery, and care staff have a pivotal role to play in its delivery. Strengthening and supporting leadership at all levels is a key area of focus set out in the Long Term Plan to support staff to do their jobs effectively.

Nursing, midwifery and health care leadership provides a strong vehicle to ensure that staff can create and deliver the changes that are needed on the ground.

The Trust is assessed on the compliance with the 'triangulated approach' to decide staffing requirements described in the National Quality Board guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time.

NQB's guidance states that providers:

- must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively
- should have a systematic approach to determining the number of staff and range of skills required

to meet the needs of people using the service and always keep them safe

- must use an approach that reflects current legislation and guidance where it is available.

The underlying nurse staffing position has remained consistent with a reduction in nursing and midwifery vacancies and a levelling out in turnover. Systems are in progress to provide assurance that safer Nursing and Midwifery staffing across the organisation is a priority, to maintain patient quality and safety. Safecare LIVE is used to determine safe staffing levels and triangulates patient acuity, the number of patients and the nursing staffing levels.

1. BACKGROUND

The purpose of paper is to present the findings from the annual acuity and dependency safe nurse staffing study which ensures we:

- have the right staff, with the right skills in the right place
- have patient driven staffing levels
- improve the safety and care on our wards
- improve key quality performance indicators

The report provides a review of the nursing, midwifery and healthcare assistant staffing situation, and the latest position in relation to key staffing assurances and acuity and dependency using the Safer Nursing Care Tool. The review of acuity and dependency took place during the month of June 2024 and the data for acuity are included in Appendix 1.

The challenges regarding maintaining safe staffing levels & the actions being taken to mitigate risks are identified. It outlines the measures being implemented to enable employees to safely remain in work by supporting their health and wellbeing.

2. CURRENT SITUATION

It is acknowledged that no one tool can give assurance in relation to safe staffing as this fluctuates over time and can be influenced by seasonal change. At Stockport NHS Foundation Trust, 3 tools are used to determine safe nurse staffing levels; The Safer Nursing Care Tool (SNCT), Emergency Department Safer Nursing Care Tool (EDSNCT), are used in conjunction with Professional Judgement (PJ) to triangulate the patient needs to determine safe staffing levels. These tools were introduced within a stringent quality control framework to ensure a robust approach is maintained for data collection and consistency.

Staffing meetings are held twice daily to discuss safe nurse and midwifery staffing, with positive divisional representation. Staffing in extremis business continuity plans are initiated where staffing levels fall below the expected ratios. The senior nursing and midwifery leadership teams consider the risks utilising the above tools to make an informed decision based on the need of the service and the level of risk. A weekly staffing meeting is chaired by the Deputy Chief Nurse and attended by the Healthroster Team, NHS Professionals and HR colleagues. Additionally, there is a monthly staffing meeting that provides the assurance to the People and Performance Committee, and further to the Board of Directors.

3. DIVISIONAL REVIEWS

3.1 Division of Medicine, Urgent and Emergency Care

The Division of Medicine, Urgent and Emergency Care combined to become one division during 2024 encompassing the Emergency Department, Acute Medical Unit and the Acute Frailty Unit. The funded establishments for all these 15 areas have been assessed and confirmed as broadly correct. With the change of wards A3 and E3 the functionality of E3 needs to be determined, as it is currently an acute general medical ward. The staffing model may need further consideration once the speciality has been confirmed.

The Emergency Department establishments currently meet the RCN national guidance.

3.2 Division of Surgery, Critical Care and Theatres

The Division of Surgery, Critical Care and Theatres have funded establishments that have been assessed and confirmed as broadly correct. There are 10 ward areas as well as SSEC, Theatres

and ICU/HDU. Consideration will be required for SSEC staffing model dependent upon the expansion of the service.

3.3 Division of Integrated Care

Bluebell has recently reverted to the commissioned specification inclusion criteria, resulting in less requirement for patients receiving enhanced care. However, in times of escalation professional judgment may result in an increase in staffing to ensure the unit remains safe. All patients are accommodated in single bedrooms, and therefore there are challenges for bay nursing to be applied.

District Nursing

The total number of district nurses equates to 189.6 WTE. A Rapid Relief Team has been piloted to support unplanned, unscheduled community work and alleviate the pressures incurred when receiving urgent calls. The outcome of the pilot has evidenced the need to review a longer-term solution to support this work. Activity across the District nursing service continues to become ever more complex, suggesting a review to the district nurse establishment may be required.

3.4 Division of Women and Children's

Midwifery establishments using the Birthrate Plus tool, have been determined to be correct. The midwifery continuity of care model remains under review nationally because of the multiple national reports regarding safety in maternity services.

Jasmine ward staffing is broadly correct.

Paediatric staffing is in line with RCN guidance.

The Neonatal Unit meets the BAPM standards.

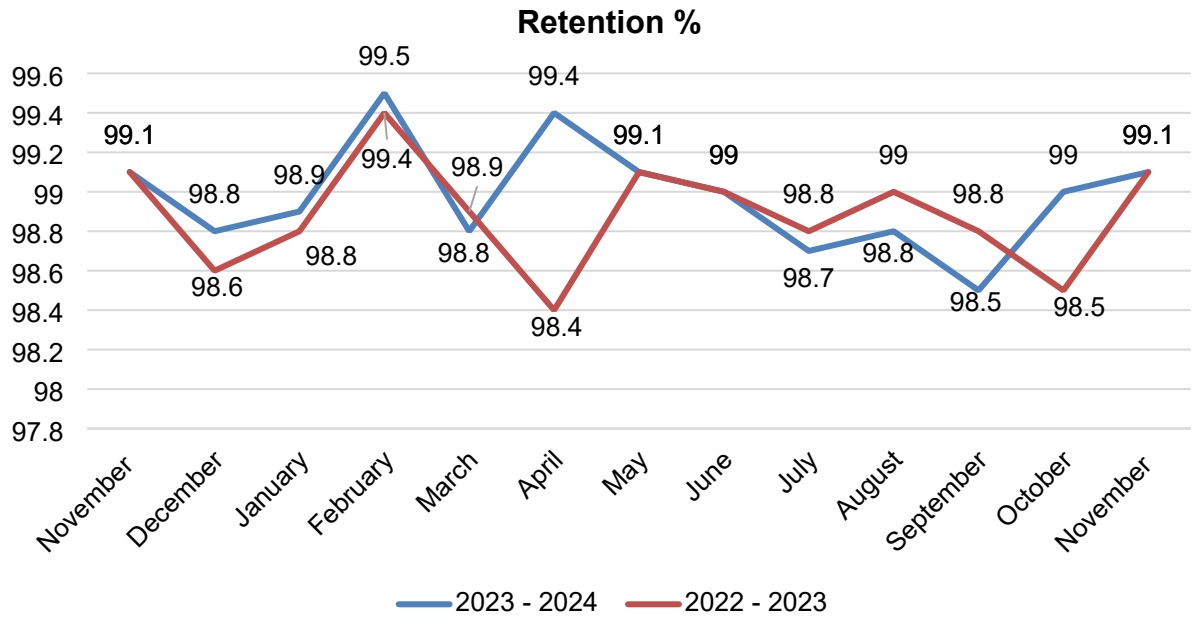
3.5 Division of Clinical Support Services

This is the second occasion Clinical Support Service has been included in the strategic staffing review. The division covers Outpatients A, and C, Bobby Moore Unit, Chest clinic, Dental clinics and Endoscopy. The staffing establishments for Endoscopy and outpatient areas have been assessed as appropriate for the current provision of services.

4. RECRUITMENT AND RETENTION

Recruitment for registered nurses and health care assistant is on-going with planned recruitment events scheduled throughout the year. Additionally, Matrons attend the universities to encourage the learners to work at Stockport NHS Foundation Trust.

The Trust's priority is to improve retention, focusing on staff within the first 2 years of employment at the Trust, and in providing staff with excellent career development opportunities ensuring a healthy work/life balance.



**Data from People Analytics*

The Grow and Support Our Workforce (GROW) pathway has a Standard Operating Procedure (SOP) that provides RNs with the opportunity to transfer to an alternative clinical area and experience working in a different environment and with a new team.

One of the themes of the NHS People Promise is "We are a team" with a focus on a new starter's recruitment experience, from the interview, through the employment process, their induction to the Trust and working environment, and providing support as they progress from learner to practitioner. The Trust is recruiting to the Pastoral Care Lead who will support these responsibilities. The Pastoral Care Lead will work closely with the new starters and link in with the Practice Education Facilitators (PEFs) during the Preceptorship Programme.

5 ENHANCED SUPERVISION

Enhanced Supervision has been highlighted throughout all the strategic staffing reviews and will remain part of the divisional performance reviews. The improved processes for authorisation and monitoring of enhanced supervision, has resulted in a considerable reduction in the use of security staff and is recognised as a more appropriate way of supporting patients. The use of NHSP healthcare support workers has increased, therefore. Additionally, there has been significant focus on 'No Criteria to Reside' ward rounds lead by the deputy medical director and with a focus on timely discharges. Patients requiring enhanced observations are additionally cohorted together where practical and supports the falls reduction policies and programmes in place across the organisation.

The Trust has experienced a significant impact of people requiring a mental health admission remaining either in the Emergency Department or in the Trust for prolonged periods of time due to the national shortage of mental health beds. This has been across all age groups but specifically with several children and young people. Additional support for individuals has been determined on a case-by-case basis and escalated appropriately.

6 SUMMARY

The strategic staffing reviews effectively support that the nursing and midwifery establishments are broadly correct. The areas that have been identified as requiring a review, will be reviewed by the divisions with oversight of the Deputy Chief Nurse and approval by the Chief Nurse.

7 RECOMMENDATIONS

The Board of Directors are asked to note and accept the contents of this report and receive assurance nursing and midwifery staffing across the organisation have safe staffing establishments.

APPENDIX 1

The Safer Nursing Care Tool data in support of the nursing establishment review:

For the period 1-30 June 2024					
Unit	**Level 0**	**Level 1a**	**Level 1b**	**Level 2**	**Level 3**
Integrated Care					
Bluebell Meadows	**0.00%**	**17.77%**	**72.36%**	**9.87%**	**0.00%**
Medicine					
Ward A11	**21.72%**	**24.03%**	**39.37%**	**14.88%**	**0.00%**
Ward A3	**0.25%**	**10.56%**	**87.66%**	**1.54%**	**0.00%**
Ward B2	**6.21%**	**41.36%**	**52.42%**	**0.00%**	**0.00%**
Ward B4	**0.00%**	**3.65%**	**96.03%**	**0.31%**	**0.00%**
Ward B5	**37.34%**	**28.90%**	**32.61%**	**1.15%**	**0.00%**
Ward B6	**0.00%**	**2.43%**	**83.32%**	**14.25%**	**0.00%**
Ward C3	**12.55%**	**70.99%**	**16.46%**	**0.00%**	**0.00%**
Ward C4	**0.00%**	**24.43%**	**74.17%**	**1.41%**	**0.00%**
Ward C6	**1.93%**	**35.90%**	**62.17%**	**0.00%**	**0.00%**
Ward E1	**3.38%**	**3.44%**	**93.19%**	**0.00%**	**0.00%**
Ward E2	**11.31%**	**29.36%**	**47.46%**	**9.11%**	**2.76%**
Ward E3	**3.15%**	**8.88%**	**52.72%**	**35.24%**	**0.00%**
Ward Hyper Acute Stroke Unit	**5.17%**	**28.72%**	**49.87%**	**13.29%**	**2.94%**
Acute Frailty Unit	**0.00%**	**0.00%**	**99.25%**	**0.75%**	**0.00%**
Acute Medical Unit (AMU)	**0.00%**	**1.29%**	**78.15%**	**20.55%**	**0.00%**
Devonshire Centre	**0.10%**	**1.49%**	**95.15%**	**3.27%**	**0.00%**
Surgery					
Ward A1	**0.00%**	**7.82%**	**88.14%**	**4.03%**	**0.00%**
Ward B3	**0.61%**	**16.94%**	**82.45%**	**0.00%**	**0.00%**
Ward D1	**1.96%**	**31.72%**	**49.81%**	**16.51%**	**0.00%**
Ward D2	**0.00%**	**0.78%**	**99.22%**	**0.00%**	**0.00%**
Ward D5	**14.43%**	**38.88%**	**46.70%**	**0.00%**	**0.00%**
Ward D6	**91.37%**	**8.63%**	**0.00%**	**0.00%**	**0.00%**
Ward D7	**34.13%**	**25.17%**	**40.53%**	**0.16%**	**0.00%**
Ward D8	**22.12%**	**16.35%**	**61.54%**	**0.00%**	**0.00%**
Ward M4	**0.00%**	**3.71%**	**96.29%**	**0.00%**	**0.00%**
Ward M6	**6.48%**	**33.49%**	**60.03%**	**0.00%**	**0.00%**
W&C					
Jasmine Ward	**95.88%**	**3.89%**	**0.00%**	**0.23%**	**0.00%**
Neonatal Ward	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**100.00%**
Tree House	**76.31%**	**3.89%**	**18.26%**	**1.54%**	**0.00%**
Total	**11.70%**	**16.89%**	**63.48%**	**6.24%**	**1.69%**

**Data provided from E-rostering*

				Agenda No.	19.1
Meeting date	6 February 2025	**Public**	✓	**Confidential**	
Meeting	Board of Directors				
Report Title	Maternity Services Highlight Report				
Director Lead	Andrew Loughney, Medical Director Nic Firth, Chief Nurse	**Author**	Divisional Director Midwifery and Nursing		

Paper For:	**Information**		**Assurance**		**Decision**	
Recommendation:	The Board is asked to acknowledge the updates for Maternity Services, noting that Quality Committee receive the detailed Maternity Services Highlight Report on a bi-monthly basis.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring		Responsive
	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing

	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

The maternity services highlight report incorporates an update on several of the elements the service is currently working towards, including:

- Saving Babies Lives Care Bundle V3
- Midwifery Continuity of Carer pathway (MCOC)
- Three year delivery plan for maternity and neonatal services (2023)
- Pregnancy Loss review (July 2023)
- CQC 2024

The update also includes an overview of Stockport's performance across GMEC (Greater Manchester East Cheshire) using the Quality surveillance toolkit, ongoing work with the Maternity Voices Partnership (MVP), Midwifery staffing, Equality and Equity plan, Perinatal mental health and maternity and perinatal safety champions.

The maternity service highlight report will be presented on a bi-monthly basis to Patient Safety Group and Quality Committee.

1. Purpose

1.1 The purpose of this paper is to provide an update on a number of elements the maternity and neonatal service is working towards to ensure safe personalised care is delivered to women, birthing people and families who use the service and to provide assurance against the recommendations of regional and national drivers for safer maternity and neonatal care.

2. Updates

2.1 **Saving Babies Lives Care Bundle V3** (SBLCBv3)

- Released 1 June 2023.
- New element added - Management of Diabetes in pregnancy.
- 6 elements of care in total
- CNST Year 6 compliance fully achieved.
- Overall compliance 96% January 2025

2.2 **Midwifery Continuity of Carer** (MCoC)

- No national targets for reporting MCoC
- The trust continues to work towards delivering MCoC to the most vulnerable families.

2.3 **Three Year Delivery Plan (March 2023)**

- NHS ambition to make maternity and neonatal care safer, more personalised and equitable.
- 4 Themes.
- LMNS Maternity Perinatal Performance Oversight Panel (MPPOP) oversee evidence against recommendations.
- On track to deliver theme 1
- Partial assurance to deliver themes 2,3 and 4
- LMNS assurance visit October 2024 – 19 recommendations, action plan in place.
- Data outlining the services position against the long term plan deliverables highlights that Stockport are not an outlier across GM for the still birth or neonatal death rate.

2.4 **Pregnancy Loss Review**

- Report published 22nd July 2023 setting out the vision for improving the care of people who experience pre 24 week baby loss.
- The service prioritised a review to evaluate our position against the **20** immediate actions.
- Fully compliant with 6/20 recommendations
- Partially Compliant 4/20 recommendations
- Non – Compliant 1/20 recommendations
- 9/20 recommendations awaiting further guidance from NHSE, NIHR and Directory of Services (DOS).

2.5 **CQC September 2023**

- Report published 10 May 2024
- 3 must do and 4 should do actions.
- Action plan in place, full compliance against 3 actions, partial compliance against 4.
- Monitored through PSG and was presented to the group at Septembers PSG meeting.
- The organisation was asked to comply with the Rapid Quality Review (RQR) process. The RQR process was set up in response to the CQC rating of 'Requires Improvement' for Safe and Well Led following the CQC inspection in September 2023.
- Rapid quality review meeting with the regional Maternity team took place on Monday 23rd September 2024, to present the trusts progress against the CQC recommendations.
- Acknowledged following the RQR that progress had been made against the recommendations and systems were in place to sustain the quality improvements within the Maternity unit.
- Recommendation on the basis of the positive progress and sustainability demonstrated by the Trust in response to the concerns raised, that oversight of quality and assurance to return to the LMNS and ICB through their Maternity Performance and Oversight Panels and assurance oversight visits

2.6 **Maternity and Neonatal Voices Partnership (MNVP)**

- The Trust has good engagement with the MNVP including co-production of services, recruitment, and service user feedback action plans.
- Quarterly meeting attended by all Maternity and Perinatal safety champions including Executive and Non-Executive Directors.

2.7 **Equality and Equity Plan 2022-2027**

- The service is working towards the 5 priorities of the plan to improve maternity outcomes for service users who face inequalities based on their circumstances.
- Data collected monthly.

2.8 **Perinatal Mental Health**

- Overview of the current service offer and collaborative working within GM.
- Personalised care plans for all women/Birthing people.

3. Midwifery Staffing

3.1 Overview of midwifery staffing WTE, vacancy and recruitment.

3.2 Current budgeted establishment in line with Birth Rate plus.

3.3 Current registered vacancy is Zero, however current gap of 10.6wte due to parental leave. Recruit to turnover and maternity leave.

3.4 Overview of recruitment and retention plan.

3.5 Maternity Red flags (events related to reduced staffing levels) are reported through directorate governance meetings and monitored through directorate governance meetings and monitored through division.

- During December 14 staffing red flags were reported via Datix.

4. Perinatal Culture and Leadership Development Programme (PCLP*)*

4.1 The score survey was undertaken in March 2024 across 10 settings.

4.2 177 respondents with a 21% response rate

4.3 Cultural Conversations held to deliver the findings of the survey and an action plan has been developed by the Quadrumvirate to address themes.

5. Maternity StARS

5.1 All Maternity inpatient areas have green status.

5.2 Action plans in place and overseen by the Divisional Director of Midwifery and Deputy Head of Midwifery

6 Maternity and Perinatal Safety Champions

6.1 The role of the safety champion is to ensure that women, birthing people, babies and families receive the safest care possible by adopting best practice and personalised care.

6.2 Members of the team include representatives from Trust Board and Maternity, Obstetric and Neonatal services.

6.3 Bi-monthly meetings and walk rounds in place.

7. GMEC Maternity Quality Surveillance

7.1 Dataset displaying the Trust's safety and quality performance across GMEC using the Quality surveillance toolkit.

7.2 The dashboard also enables an overview of all GMEC providers performance

against the same dataset providing an opportunity for providers to benchmark/learn from each other.

8 Recommendations

8.1 The Board is asked to accept the content of this report.

Maternity Services Highlight Report

Trust Board - 6 February 2025

Maternity Update

NHS Stockport NHS Foundation Trust

The update incorporates a number of the elements the service is currently working towards, including

- Saving Babies Lives Care Bundle V3 (SBLCBv3)
- Midwifery Continuity of Carer pathway (MCOC)
- Three-year delivery plan for maternity and neonatal services (2023)
- Pregnancy Loss review (July 2023)
- CQC 2024

The update also includes an overview of Stockport's performance across GMEC using the Quality surveillance toolkit, ongoing work with the MNVP, Midwifery staffing, Equality and Equity plan, Perinatal mental health, StARS and maternity and perinatal safety champions.

Saving Babies Lives Care Bundle V3 (SBLCBv3)

Stockport
NHS Foundation Trust

- The Saving Babies' Lives Care Bundle provides evidence based best practice, for providers and commissioners of maternity care across England to reduce perinatal mortality.
- CNST Safety Action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version 3 Reporting period: 2 April 2024 until 30 November 2024
- Quarterly assurance meetings have taken place throughout the CNST reporting period. The final meeting took place 14 January 2025.

- CNST Year 6 compliance fully achieved

- Overall compliance January 2024 96%

- 100% compliance in Elements 3,4 and 6

Element 1	1.1			1.2	1.3			1.4	1.6			1.7	1.8	1.9	1.10
LMNS Threshold	MSDS Passed	95%	95%	80%	95%	95%	80%	90%	60%	60%	60%	80%	90% by 11/24	90% by 11/24	90%
		99	91	80	100	100	75	95	50	71	40	100	92	97	100

Element 2	2.1	2.2	2.4	2.7	2.10	2.11	2.18	2.19	
LMNS Threshold	80%	80%	80%	80%	80%	80% by 11/24	<70%	50%	<30%
	100	100	98	100	90	93	53	37	5

Element 3	3.2		
LMNS Threshold	95% min	90% min	<3%
	100	92	0

Element 4	4.1		4.2	4.3	4.4
LMNS Threshold	≥90% by 11/24	≥90% by 11/24	90%	90%	80%
	95	96	93	93	100

Element 5	5.2			5.3	5.9	5.11	5.16	5.17	5.19	5.20	5.21		5.22	5.23	5.24	5.25	5.27
LMNS Threshold	1%	T* <8% <7% local	T* ≤ 7.8% LNU: <4.3%	90%		90%	60%	60%	85%	≥52%	87%	≤15%	60%	70%	>77%	50%	85%
	0	8	4	100		99	66	62	94	38	100	0	25	75	88	56	100

Element 6	6.2		6.4
LMNS Threshold	95%	80%	90%
	100	100	100

Midwifery Continuity of Carer (MCoC) Update

NHS Stockport NHS Foundation Trust

In the absence of national MCoC targets Stockport offer:

- An established model of AN and PN continuity for all women and families including named Midwife
- Low risk offer for intrapartum care utilising the birth centre for suitable women
- A successful home birth service
- Enhanced MCOC offer to the most vulnerable families including young parents and asylum seekers
- The current transformation towards Family Hubs in Stockport, provides an opportunity for further development of smaller community based MCoC teams. The teams will provide an enhanced offer to those most likely to benefit from coordinated and relational care
- Early adopter sites have been identified in Adswood, Brinnington and Offerton, community teams have been aligned to the family hubs footprints. This is to enable both increased efficiency and more joined up and integrated care around vulnerable families within the community.
- This supports with Core20PLUS5, the national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level but also the Equality and Equity agenda. The proposed funding is £960K across GMEC.
- LMNS funding approved awaiting final confirmation of available funds and associated MOU

Three-year delivery plan

Three-year delivery plan (March 2023)

- Sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families by incorporating the findings from the Ockenden (2020/2022) and East Kent (2022) reports.

The plan focuses on 4 themes:

- Listening to and working with women and families, with compassion
- Growing, retaining, and supporting our workforce
- Developing and sustaining a culture of safety, learning, and support
- Standards and structures that underpin safer, more personalised, and more equitable care.

Maternity Perinatal Performance Oversight Panel (MPPOP) launched by the LMNS for providers to submit evidence against the Three-year delivery plan recommendations.

A presentation regarding our progress against the plan was presented to the LMNS during the assurance visit on the 8th March 2024.

Overview

GMEC LMNS MPPOP Evidence Review - November 2024

	On track to deliver Theme One Y/N	On track to deliver Theme Two Y/N	On track to deliver Theme Three Y/N	On track to deliver Theme Four Y/N
Stockport FT	Panel assured on track	Partial assurance on track	Partial assurance on track	Partial assurance on track

Deliverables against the Long-term Plan –Maternal Death Rate

Stockport NHS Foundation Trust

April 2023 to March 2024

- No maternal deaths between April 2023 – March 2024

April 2024 to March 2025 – Maternal Deaths

- No maternal deaths between April 2024 to March 2025

Euroking Dashboard 2024-2025

Clinical activity - Triggers	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Maternal death	0	0	0	0	0	0	0	0	0
Perinatal deaths *(count baby within its month of birth)*	0	1	0	0	0	0	1	0	0
Intrapartum Stillbirth	0	0	0	1	0	0	0	0	0

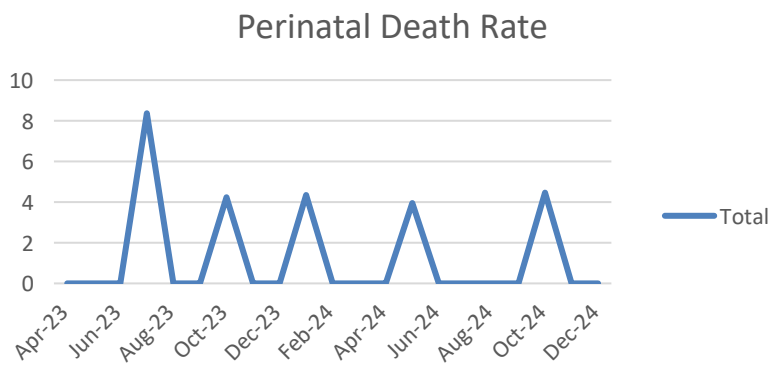
External Datix 129919 – 13/9/24 – Maternal death, cardiac arrest. Reported to MBRRACE, did not meet MNSI data (over 42 days) All maternity care provided by MFT. Returned to work on Norbury ward following maternity leave had a cardiac arrest and died in ED.
A cross-site MDT took place 11/11/24 with MFT, Salford cardiology, SHH Governance, SHH ED, Pennine did not respond to attend.
The meeting concluded there were no omissions in maternity care.
The team at Salford were going to explore the medication as it had recently been increased and could cause cardiac arrhythmias.
There will be a coroner's inquest.

Datix 129283 – 15/9/24 – Maternal death due to suicide. Reported to MBRRACE, did not meet MNSI criteria (suicide). Completed Rapid review went through PSIRG. No further investigation required for Stockport.
Booked at SHH, transferred care to MFT and delivered with them. One PN visit and then re-admitted to Norbury ward. Following discharge committed suicide. Pennine completing a PSII.
A cross-site MDT was scheduled for 22/11, then 20/12 and due to staffing availability has been rescheduled to 24/1/25.
It was agreed by the LMNS/ICB/Stockport risk management that in the future if there is a maternal death in Stockport, the trust would report to MBRRACE, MNSI if eligible and StEIS report the cases.

The Trust where most of the maternity care has been provided would report on their dashboard - hence why Stockport NHS Foundation Trust have not submitted these 2 deaths on their dashboards but have still provided narrative and supported MDT reviews.

Deliverables against the Long-term Plan –Neonatal Death Rate

NHS Stockport NHS Foundation Trust



Month	Perinatal Deaths	Registerable births	Perinatal death rate per thousand
Apr-23	0	260	0
May-23	0	261	0
Jun-23	0	234	0
Jul-23	2	239	8.37
Aug-23	0	233	0
Sep-23	0	230	0
Oct-23	1	236	4.24
Nov-23	0	222	0
Dec-23	0	246	0
Jan-24	1	230	4.35
Feb-24	0	228	0
Mar-24	0	265	0
Apr-24	0	247	0
May-24	1	253	3.95
Jun-24	0	210	0
Jul-24	0	255	0
Aug-24	0	222	0
Sep-24	0	230	0
Oct-24	1	224	4.46
Nov-24	0	218	0
Dec-24	0	223	0

Perinatal Deaths (Any gestation and within 28 days)

July 2023: 2

- 40+4 born 07/2023, RIP 08/2023 Day 21 (Not counted on RCOG dashboard metric as over 7 days)
- 37+3 Born 07/2023, RIP Day 2 suspected cardiac anomaly (Counted on RCOG dashboard metric)

October 2023: 1

24+1 extreme prematurity

January 2024: 1

21+2 TOP for T21, born with signs of life and later passed away

May 2024: 1

35+6 Born SHH, transfer to Burnley NNU - RIP at Burnley at age day 4.

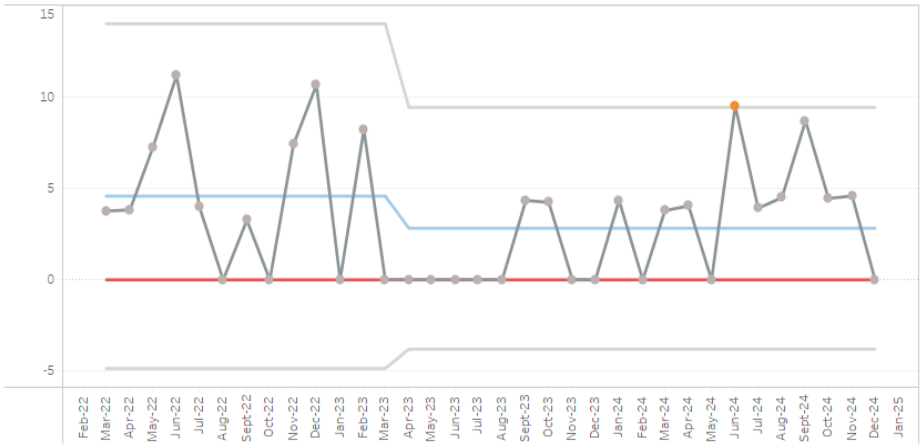
Counted in GMEC figures as baby was born ≥24 weeks and died within 7 days of birth for which the provider organisation was the intrapartum lead provider.

October 2024: 1

NND of Twin 2 at 21+5 weeks gestation - signs of life for under an hour. (NOT a TOP)

Deliverables against the Long-term Plan –Stillbirth Rates

NHS Stockport NHS Foundation Trust



Stillbirths

April 2023: 1 SB AP 24+3 TOP for abnormality
July 2023: 1 SB AP 24+3 TOP
September 2023: 1 SB AP 29+1
October 2023: 1 SB IP – No resus 38+0
January 2024: 1 SB AP 24+0
March 2024: 1 SB AP 27+0, twin, diagnosed at 24/40

April 2024: 1 SB AP 26+6 FDIU
June 2024: 1 SB AP 35+3 RFM FDIU
1 SB AP 36+5 LGA FDIU
July 2024: 1 SB IP, resus performed 31+5
August 2024: 1 SB AP 24+5 (FDIU)
September 2024: 1 SB AP 24+2
1 SB IP 40 weeks (potentially 'un-determined timing' as BBA)
October 2024: Twin 2 of a set of twins TOP at 31/40 for anencephaly, delivery of live Twin 1 at 32+2
November 2024: SB - Timing unknown 26+3, APH, no FH on attendance in labour

Month/Year	Maternity: Registrable Stillbirth Rate
Apr-23	0
May-23	0
Jun-23	0
Jul-23	0
Aug-23	0
Sep-23	4.35
Oct-23	4.24
Nov-23	0
Dec-23	0
Jan-24	4.35
Feb-24	0
Mar-24	3.79
Apr-24	4.05
May-24	0
Jun-24	9.52
Jul-24	3.92
Aug-24	4.5
Sep-24	8.7
Oct-24	4.46
Nov-24	4.59
Dec-24	0

Deliverables against the Long-term Plan

NHS Stockport NHS Foundation Trust

- The GM maternity Safety Surveillance toolkit highlights that Stockport are not an outlier for the still birth or neonatal death rate.

Comparision to GM Average (Latest 12 months)

per 1000

	Bolton	East Cheshire	MFT North Manchester	MFT Oxford Road	MFT Wythenshawe	NCA Oldham	Stockport	Tameside	WWL
Stillbirths	3.88	1.56	4.34	7.03	2.52	4.02	3.51	3.65	3.66
Total ENNDs	2.90	0.00	1.36	3.15	0.84	2.43	1.41	0.00	1.22
Maternal Deaths	0.00	0.00	0.27	0.00	0.64	0.00	0.00	0.56	0.00

- The trust continue to work towards the deliverables of the long-term plan and are fully compliant with Saving Babies Lives Care Bundle v2 (SBLCBv2) and CNST year 5 and are on track to declare full compliance against SBLCBv3 and CNST year 6.

Local Maternity and Neonatal System (LMNS)/ICB Assurance visit – 15th October 2024

NHS Stockport NHS Foundation Trust

The LMNS/ICB Assurance visit took place on 15th October 2024, the LMNS requested 4 Immediate actions be undertaken:

1. Re-bench Stockport's Triage provision against the RCOG Triage good practice guidance (2023), and the GMEC triage principles
2. Raise awareness with, and include the Specialist Midwives with the development of a Stockport PMRT overarching report
3. Provide clarity to Junior GP trainees on;
   -who is the senior person for them to engage with
   -what is the process for them to receive supervision
   -gynae emergency training needs addressed
   -review pathways for support with their workload on the gynae ward for gynae reviews
4. Formal comms to be sent to the MSWs involved in the grievance around next steps

The LMNS confirmed that feedback submitted by the QUAD by the deadline date of 25th October 2024 provided assurance that the appropriate progress and actions have been taken in response to their request.

The full formal report was received 23rd December 2024 with 19 recommendations – The division are finalising the action plan which will be shared via Divisional governance and risk meeting and Divisional Quality Group (March 2025)

The LMNS are planning our next assurance visit which is likely to be in the next 12 months.

Pregnancy Loss Review

Stockport NHS Foundation Trust

Out of the 73 recommendations the government has identified 20 immediate actions that are to be implemented in the short term, which cover the following areas:

Sensitive handling and storage of pregnancy loss remains	Care for sporadic and recurrent miscarriage
Bereavement	NHS employees
Certificate of baby loss	Education, training and information
EPAUs	Research

Summary of findings

Out of the 20 immediate actions the trust are:

- Fully compliant with 6/20 recommendations
- Partially Compliant 4/20 recommendations
- Non – Compliant 1/20 recommendations

An action plan is in place against the 20 immediate actions – This will be monitored through the Maternity and Women's Health Risk and Governance meeting

9 of the immediate recommendations are awaiting further guidance from NHSE, NIHR and Directory of Services (DoS)

A full review against the remaining 53 recommendations has taken place within the division, before proceeding with relevant recommendations we are awaiting a further directive from the government and ICS.

The majority of the actions covering EAPU, Service Provision and Gynaecology Services links direct with the transformation of Gynae SDEC at Stockport NHS Foundation trust. The model will allow direct access to EPAU specialist services, ensuring women experiencing baby loss are accurately directed to the most appropriate service.

The EPU team attended the annual scientific meeting of early pregnancy in November 2024, nationally the PLR has not been implemented, the team will aspire to meet as many recommendations whilst awaiting updates.

CQC Feedback

On 28 September 2023, the CQC undertook an announced inspection of maternity services covering the domains of safe and well led as part of the national maternity inspection programme.

The inspection report published 10 May 2024 rated the service as requires improvement in both safe and effective, meaning that rating remained unchanged. The report included 3 MUST DO actions, and 4 SHOULD DO actions.

An action plan in response to these recommendations submitted to the CQC within timeframe and is monitored through Divisional Quality Group and Maternity and perinatal Safety Champions. Currently compliant with 3 actions and partially compliant with 4.

MUST DO'S

1. The service must ensure staff complete daily checks of emergency equipment. Regulation 12 (1) (2) (e) – partial compliance
2. The services must ensure staff comply with systems in place to ensure risks are identified and acted upon in a timely manner. This includes but not limited to compliance with accurate interpretation and escalation of electronic fetal monitoring. Regulation 12 (2) (a) (b) partial compliance
3. The service must ensure there are effective governance systems and processes to identify and manage incidents, risks, issues, and performance and to monitor progress through completion of audits, action plans and oversight of improvements and reduce the recurrence of incidents and harm including postpartum haemorrhage PPH and perineal tears & trauma. Regulation 17 (2) (a) (b) full compliance

SHOULD DO's

1. The service should ensure staff on the birth centre complete all mandatory training. full compliance
2. The service should ensure stored breast and formula milk is labelled and stored correctly and in line with national guidance. full compliance
3. The service should continue to minimise and mitigate the impact of short staffing. partial compliance
4. The services should continue to review and improve patient record keeping ensuring all staff have easy access to patient information they need. Partial compliance

Rapid Quality Review Meeting

- Meeting held 23/9/2024
- Quadrumvirate presentation
- Positive feedback received from the panel
- 3 Areas of focus identified: Accurate reporting of workforce data through PWR, Include MPOP into governance reporting framework, focus on Trainee survey

Maternity and Neonatal Voices Partnership (MNVP)

Stockport NHS Foundation Trust

MVNP Engagement

- MNVP Lead in post from 4th November 2024 (0.5WTE)
- 15 steps Undertaken 1st May 2024 – Action approved at Risk and Governance 03/07/2024, co-produced with MNVP and midwifery management team

MNVP Workplan – Key Priorities 2024/25

- Work collaboratively with the leads responsible for the Early pregnancy loss survey results and action plan
- Workplans to be created by MNVP leads, quadrumvirate and LMNS
- Service User recruitment to prioritise:
  - The voices of neonatal and bereaved families
  - The voices of Women from black, Asian and minority ethnic backgrounds
  - The voices of women living in high levels of deprivation
  - The voices in young parents.
- Community engagement with local network leads
- CQC Survey 2023 action plan co-produced

Equity and Equality Plan 2022 – 2027 (GMEC/LMNS)

NHS Stockport NHS Foundation Trust

Aim of the plan

To improve maternity outcomes and experiences for those women and people using maternity and neonatal services in GMEC who face inequality based on their circumstances or protected characteristics, such as ethnicity, faith, belief, sexual orientation and disability.

- In response to national guidance the LMNS and GMEC developed The Maternity Equity & Equality Action Plan 2022-2027, we have commenced the process of benchmarking ourselves against the 5 priorities and inclusive recommendations:
  - Restore NHS services, following COVID pandemic
  - Mitigate against digital exclusion
  - Ensure datasets are complete and timely
  - Accelerate preventative programmes that engage those at greatest risk of poor health outcomes
  - Strengthen leadership

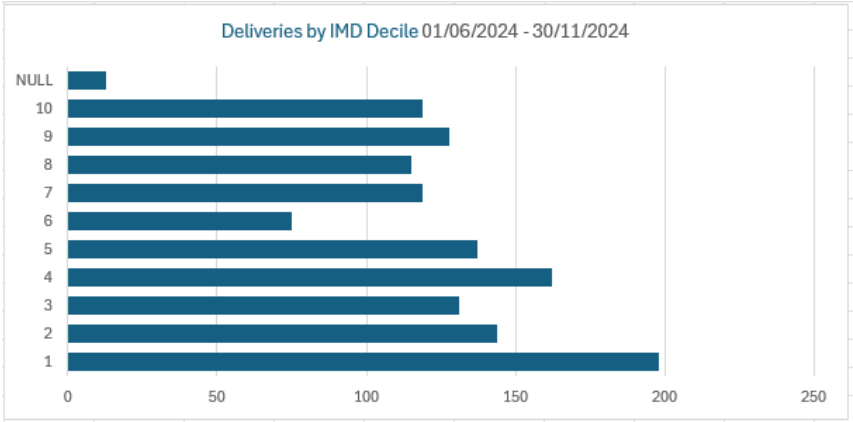
Progress to date

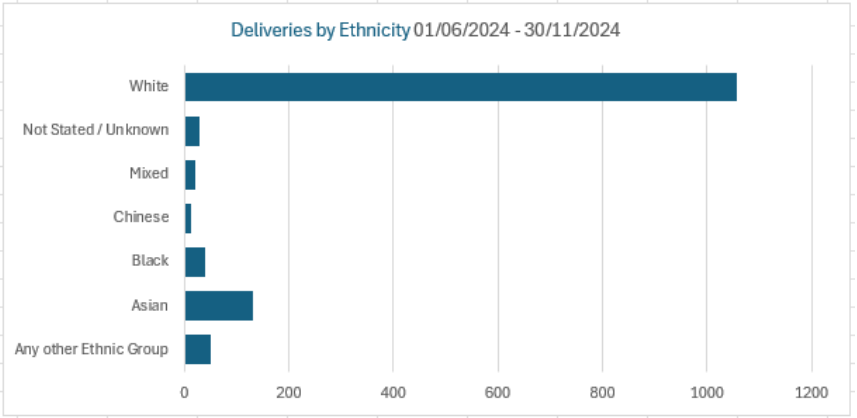
- Standing Operating Procedure (SOP) developed titled 'Reducing inequality in Black Asian and minority Ethnic communities during the perinatal period'
- The service collects data on a monthly basis through the maternity data set system which enables mapping in relation to local deprivation utilising postcodes
- Designated Cultural & Diversity Midwife in post who has attended cultural competency training and delivers (mandatory) training to the maternity workforce, which incorporates tackling unconscious bias, cultural sensitivity, and trauma informed care.
- The asylum seeker families in Bredbury Hall & Britannia hotels currently receive enhanced care from a small team of midwives to increase continuity in the antenatal and postnatal periods.
- Clinics specifically for these service users have been re-established in both hotels and close links established with a named health visitor.
- A new parent education programme designed specifically for Young Parents has been developed.
- Essential Parent (our online repository for patient information leaflets and resources for parent education) are preparing to launch their mobile app. This will be able to translate all our parent education information into 70 languages.
- Workforce Race Equality Standards toolkit completed and submitted December 2024, collating information about the demographics of those working in maternity services across GM. It looks at employment and development opportunities, training compliance and attendance, to see how this compares to the demographic of our service users.

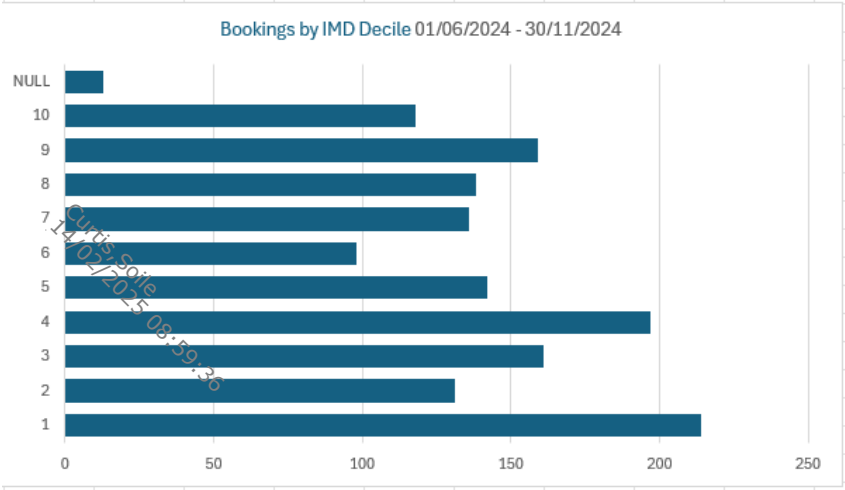
Equity and Equality demographics

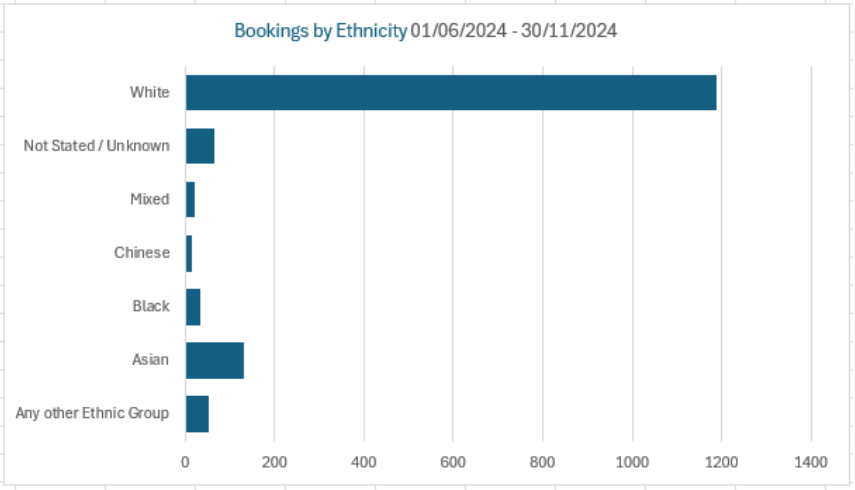
NHS Stockport NHS Foundation Trust

Our service collects data monthly through the maternity data set system which enables mapping in relation to local deprivation utilising postcodes









Perinatal Mental Health

NHS Stockport NHS Foundation Trust

Service offer

- Perinatal Mental Health Lead Midwife and Lead Obstetric Consultant supported by B6 midwife and B4 Midwifery Assistant.
- Perinatal Psychiatrist has a clinic every fortnight in the ANC
- Stockport have adopted the GMEC Perinatal Mental Health Guideline
- A screening tool comprising of a series of questions known as PHQ4 (Patient health questionnaire) is a universal offer within the booking procedure to identify current maternal depression & anxiety.
- Aligned to the wider infant parent mental health service within Stockport family, Stockport Talking Therapies and associated support from the VSCE sector e.g. Homestart including Dad matters.
- Families are prioritised within Stockport talking therapies for psychological support in the perinatal period .
- Women have personalised birth and wellbeing plans sometimes in collaboration with the Community Perinatal Mental Health Team
- All women within Red and Amber category are offered a face to face or virtual appointment to maximise engagement.

Stats					
	Number. referred	**No. red**	**No. Amber**	**No. Green**	**No. other**
September	79	8	31	41	6
October	97	7	25	45	18
November	101	5	23	62	11
Average	92	7	26	49	

- Active MNVP that engages with the local community.
- Monthly mandatory education day provides updates on Perinatal Mental Health - Referral processes, information and resources and supporting women who are in Crisis both as an inpatient and in the community.
- 2025 Ambition – to develop and incorporate Trauma informed practice training within maternity education study days to be rolled out April onwards 2025

Maternity staffing overview

Stockport NHS Foundation Trust

The maternity unit is currently staffed in line with NICE guidance for Safe Midwifery Staffing for Maternity Settings (NICE 2015) and the latest Birth Rate plus (BR+) midwifery staffing review (March 2023.)

Current Maternity position

December 2024	WTE Actual	Number of WTE Vacancies	Post WTE Recruited to TRAC
Registered Midwives	158.2 Midwives 4 Matrons Total 162.2 (Including B8)	16/12/2024 Vacancy 0 Maternity Leave 10.6 WTE Notices: 2.6 WTE	4.76 WTE offers on trac – awaiting start dates

Obstetrics cover

- 24/7 Consultant obstetric cover on delivery suite
- 2/day 7 day/week Consultant ward rounds in place
- Audit from February 2024 – August 2024 demonstrates compliance with RCOG certificate of eligibility guidance for short term locums
- Quarterly audits undertaken which demonstrate 100% compliance of consultant attendance for clinical situations listed in RCOG workforce document.

Challenges

- Current registered vacancy inclusive of Inpatient and outpatient area's is none (over established), however, there is currently a gap of 10.6 WTE on Maternity leave.
- MSW (Maternity Support Worker) MSW 5.7 WTE vacancy and Mat leave 0.88 WTE. This equates to 6.58 WTE. 2.6 of offers accepted.

Actions

- Weekly planned roster scrutiny meetings/E-Roster training sessions.
- Recruiting to turnover and maternity leave
- Engaging in pre-employment programme for MSW and ward clerk vacancies.

Assurance

- All shift coordinators have supernumerary status, incorporated into monthly dashboard – 100% compliance December 2024
- October showed we achieved 97.5 % one to one care in labour
- Fully engaged with Maternity support workers framework working group
- Continued to support trust pre-employment programme for MSW and ward clerks

Recruitment and Retention

NHS Stockport NHS Foundation Trust

- Developing a recruitment and retention strategy – In line with the 3-year delivery plan
- Plan to develop mentor programme for B7 and B8 roles
- Labour Ward coordinator framework in development – in line with Ockenden recommendations
- Redesigning the Preceptorship programme in line with the national framework for midwifery.
- Participating in Northwest Maternity & Neonatal Services Reverse Mentoring and Sponsorship Programme.
- Retaining students- offered positions to 11 of our 3rd year student midwives
- Developing Maternity Support Worker training package in line with the new MSW framework- undertaking mapping tool as per GMEC/LMNS
- Pre employment programme for MSW has been a success and have continued for employment
- Ongoing recruitment of midwives in response to any notices received
- Supporting review of PWR data and ensuring its accuracy
- Increasing PMA activity and supporting some QI projects to support retention of staff
- Pre employment programme for ward clerks
- Implement actions following the Perinatal Culture SCORE Survey.
- Staff Appraisals

Maternity Update – Maternity Red Flags

NHS Stockport NHS Foundation Trust

Maternity Red Flags

Maternity red flag events are events that are immediate signs that something may require action to stop the situation getting worse. Action includes escalation to the senior midwife in charge of the service, and the response may include allocating additional staff to the ward or unit.

Maternity red flags are monitored by the Maternity manager of the day and the shift coordinators out of hours. Red flags are triggered by insufficient staffing levels resulting in the following:

- Delayed or cancelled time-critical activity
- Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing).
- Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication).
- Delay of more than 30 minutes in providing pain relief.
- Delay of 30 minutes or more between presentation and triage.
- Full clinical examination not carried out when presenting in labour.
- Delay of 2 hours or more between admission for induction and beginning of process.
- Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output).
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour.

During December 2024 there were 14 maternity staffing red flags reported via Datix

SCORE Culture survey was undertaken March 2024 and closed April 2024.
The survey was undertaken across 10 work settings within the division of Women and Children's
There were a total of 117 respondents – Response rate 21%

January 2025 update

The SCORE survey has been undertaken, and all planned cultural conversations have taken place. The Quadrumvirate have reviewed the outcomes of the SCORE survey.

Overall, the survey showed some improvements, and that safety climate is positive however there were themes of staff feeling burnt out, some acknowledgement of difficult colleagues and opportunities were clear to better support staff with emotional recovery following difficult situations.

Moving forward, there is an aspiration from the Quadrumvirate to strengthen teamwork across maternity and neonates. An action plan has been developed which includes working with teams to enable them to better understand each other's areas (including their challenges), to increase opportunities for wider teams to better know each other and to support collaborative working.

3 of the 4 Culture Coaches attended a MOMENTS training session in December, to facilitate MOMENT sessions throughout the Division in 2025.

Maternity StARS overview

Stockport NHS Foundation Trust

Stockport Accreditation & Recognition System (StARS) is designed to measure the quality of care provided by individuals and teams throughout the Trust. It incorporates key clinical indicators and supports the standards in providing evidence for the Care Quality Commission's Fundamental Standards.

The framework considers 14 standards with each standard subdivided into the following 3 categories Environment, Care and Leadership.

Maternity inpatient areas have been included in the accreditation programme Since November 2022 following the development of maternity specific standards. the results are highlighted below.

MATERNITY	Nov 22	Jan/Feb 23	May/June 23	August/Sept 23	December 23	March 24	May 24	August 24	Sept 24
M1 (DS)		1	2	3					
M2	1	2	3	4					
M3 (BC)		1	2	3					

Actions

- Action plans are in place for each area, overseen by the Divisional Director of Midwifery and the Deputy Head of Midwifery.
- Weekly divisional oversight meeting in place to review action plans, share progress and support each other.
- Action plans shared and discussed at directorate and divisional meetings.
- Weekly 'buddy' walk rounds in place.

Staff feedback from frontline champions and walk about

The Maternity and Perinatal Safety Champions walk rounds take place Bi-monthly. Walk rounds for 2025 confirmed and diarised.

Last walk round took place Wednesday 15 January 2025 with the next scheduled for Monday 24 February 2025

Board safety champions meet with the perinatal quadrumvirate, meetings scheduled bi-monthly 2024 – Focus on SCORE survey across Maternity and Neonatal services

Last Maternity and Perinatal safety champions meeting was held on Wednesday 15 January 2025 with the next scheduled for Friday 21 March 2025

Andrew Loughney (MD) and Mary Moore (NED) are both registered to the FutureNHS workspace to access: *Safety Culture - Maternity & Neonatal Board Safety Champions - FutureNHS Collaboration Platform workspace*

Greater Manchester and Eastern Cheshire Strategic Clinical Network
Maternity Quality Surveillance

NHS Stockport NHS Foundation Trust

Maternity Quality Surveillance

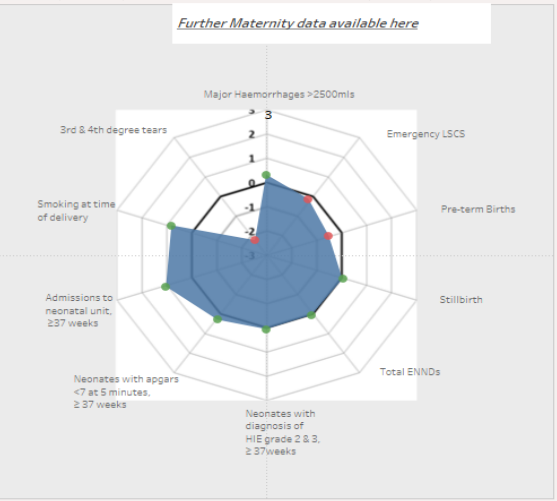
next update due October/November 2024)

Provider Choice: Stockport

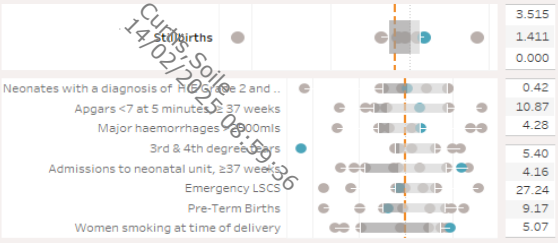
Lastest 12 months | Oct, 2023 | to | Sept, 2024

Stillbirth (per 1,000)	Early Neonatal Deaths (per 1,000)	HIE (per 1,000)	Maternal Deaths (per 1,000)
2.460	1.411	0.836	0.000

Further Maternity data available here



GM Avg



Part of Greater Manchester Integrated Care Partnership

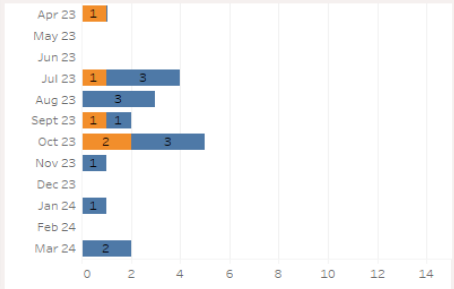
% Compliant as of Jan 2024:

Element 1	80%
Element 2	95%
Element 3	100%
Element 4	100%
Element 5	100%
Element 6	100%
All Elements	96%
CNST Met	Met

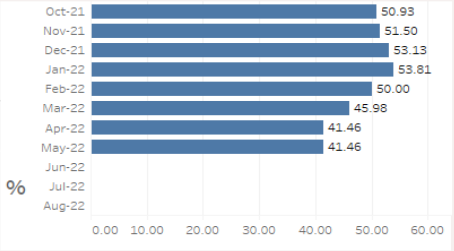
NHS Improvement

STEIS and Diverts
Total number of diverts
Total number of STEIS excluding diverts

Total	
	14
	5



CONTINUITY OF CARER



Care Quality Commission: Requires Improvement

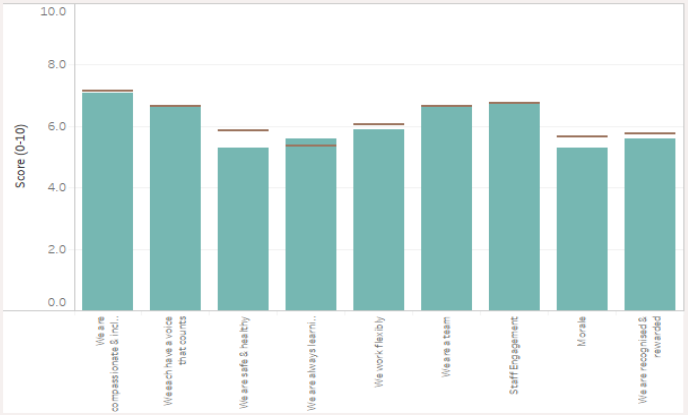
NHS Resolution
CNST MIS Status (Year 5): 10

Greater Manchester and Eastern Cheshire Strategic Clinical Networks

SURVEYS

Breakdown | Your Org

Stockport NHS Foundation Trust: Nursing & Midwifery Registered Score (Breakdown) Vs Unweighted Organisation Average (Your Org)



	We are compassionate & inclu..	We each have a voice that counts	We are safe & healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale	We are recognised & rewarded
Breakdown	7.1	6.7	5.3	5.6	5.9	6.7	6.8	5.3	5.6
Your Org	7.2	6.7	5.9	5.4	6.1	6.7	6.8	5.7	5.8
Responses	728	722	727	707	723	727	728	728	724

GMC National Training Survey (2022) Overall Satisfaction (published March 2023): 69%

RAGB Rating for CQC Maternity Survey
Amber (7-7.9)
Green (8-9)
red

GMEC CQC Maternity Survey

The Start of Your Care During Pregnancy	Antenatal Check-Ups	During Your Pregnancy	Your Labour and Birth	Staff Caring for You	Care in Hospital After Birth	Feeding Your Baby	Care at Home After Birth	Overall average
5.46	8.66	8.61	7.43	8.08	7.89	8.19	7.97	7.78

NHS Stockport NHS Foundation Trust

Meeting date	6 February 2025	**Public**	X	**Agenda No.**	19.2
Meeting	Board of Directors				
Report Title	Clinical Negligence Scheme for Trusts (CNST) Year 6 Maternity Incentive Scheme – Board Declaration				
Director Lead	Nic Firth, Chief Nurse	**Author**	Divisional Director of Midwifery & Nursing		

Paper For:	**Information**		**Assurance**		**Decision**	X
Recommendation:	The Board of Directors is asked to review the Maternity Incentive Scheme Year 6 Report and approve submission of board declaration form for the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) year 6 by the 3 March 2025 at 12 noon to NHS Resolution (NHSR); noting compliance is demonstrated with ten out of ten safety actions, including three safety actions that require action plans as part of the submission, which do not impact on achieving full compliance with the ten safety actions.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented, and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

X	Safe		Effective
	Caring		Responsive
	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working

	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This report details the position of the Trust's maternity service in relation to the 10 Safety Actions we are required to meet as part of the CNST year 6 maternity incentive national scheme.

On review of the standards and in line with the submission requirements of the board assurance framework, the Trust will be compliant with ten out of ten safety actions.

This submission is subject to the approval of action plans in relation to safety actions 4, 5 and 8 which are all outlined as appendices within this report.

Evidence demonstrating the necessary sub requirements is collated within a locally shared drive and is overseen as a standing agenda item under 'CNST Year 6' via the divisional governance structure, Patient Safety Group, Quality Committee and Maternity & Perinatal Safety Champions Meeting – with membership including the Non-Executive Director Maternity Safety Champion. The Chief Nurse and Medical Director have oversight of the collated evidence.

Sub sections of evidence supporting Safety Action 1, 2, 3, 4, 5,6,7,8,9 and 10 have also been submitted and discussed with the Local Maternity and Neonatal System and ICB at a joint assurance meeting. Evidence required by the LMNS and ICB has been uploaded and shared via the NHS future platforms.

Quality Committee has reviewed compliance with the safety actions at each meeting throughout the year.

Quality Committee was stood down on 28th January 2025, however Quality Committee members were provided opportunity to consider the submission, including the action plans contained within the appendices which meets the national requirements and the overall action plan for Safety Actions 1 – 10, with the Divisional Director of Midwifery & Nursing and Clinical Director with no concerns or further queries raised.

All the evidence for Safety actions 1 – 10 is listed in Annexe D against each action requirement. Evidence has been made available for the board of directors to review in preparation for the board declaration submission on the 3 March 2025.

Appendices

- Annexe A - Action plan safety action 4c – Neonatal Medical Workforce
- Annexe B - Action plan safety action 5d - One to one care in labour
- Annexe C – Action plan safety action 8 – Rotational medical staff MDT training
- Annexe D – CNST Year 6 Overall action plan and evidence
- Annexe E – CNST Year 6 Board declaration form

Following review of the CNST Year 6 Maternity Incentive Scheme submission and approval of the Board declaration form, the signature of the Chief Executive will be applied to the Board declaration form.

Furthermore, the Chief Executive has ensured that the Accountable Officer (AO) for the Integrated Care System (ICB) is apprised of the Maternity Incentive Scheme safety actions' evidence and Board declaration form requirements. Subject to approval by the Board of Directors, the Trust Board declaration form of compliance for CNST will be submitted to NHS Resolution.

1. Purpose

1.1. The purpose of this report is to update the current position in relation to the Clinical Negligence Scheme for Trusts (CNST) 10 Safety Actions and to present an overview and action plans for neonatal medical workforce, the provision of one to one care in labour and compliance towards rotational medical staff MDT training.

2. Background

Year six of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme (MIS) to support the delivery of safer maternity care began in April 2024. As in year five, the scheme incentivises 10 maternity safety actions. This year, the 10 actions are similar to previous years but with additional detail under each theme. The MIS applies to all acute trusts that deliver maternity services and are members of the CNST.

In summary annual CNST premium and incentives are detailed below:

Area	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
General	6,830,719	5,852,774	5,613,309	5,969,453	5,669,517	5,865,673	6,658,658	7,464,074
Maternity - standard	3,358,871	2,872,027	4,159,025	5,316,487	6,197,981	7,014,650	7,536,109	6,310,701
Maternity - incentive	335,887	287,203	415,903	531,649	619,798	701,465	753,611	631,070
	10,525,477	9,012,004	10,188,237	11,817,589	12,487,296	13,581,788	14,948,378	14,405,845
TOTAL CNST	**10,525,477**	**9,012,004**	**10,188,237**	**11,817,589**	**12,487,296**	**13,581,788**	**14,948,378**	**14,405,845**
LTPS	177,942	172,694	193,604	170,681	178,108	231,541	208,370	208,370
PES	36,847	19,620	26,231	33,775	29,990	33,082	39,279	39,279
GRAND TOTAL	**10,740,266**	**9,204,318**	**10,408,072**	**12,022,045**	**12,695,394**	**13,846,411**	**15,196,027**	**14,653,494**

Trusts that can demonstrate they have achieved all the 10 safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

Trusts that do not meet all 10 safety actions will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help them make progress against actions they have not achieved.

The financial and safety impact of not meeting CNST standards is significant. Obstetric incidents can be catastrophic and life-changing, with related claims representing the scheme's biggest area of spend. Provision for the maternity incentive scheme was built into the CNST maternity pricing for 2024/25.

Each of the 10 actions aims to improve safety in maternity and neonatal care by raising the standard of key themes which can affect outcomes in care, including clinical staffing, service user engagement/collaboration, training, incident reporting and investigation and Board level engagement with maternity services. Every

standard is linked to delivering best practice and a high-quality healthcare experience for all women and babies.

The table below demonstrates the Trust's current RAG rated position against the 10 actions: -

Safety Action	Maternity Safety Action	Action Met? (Y/N/Partial)
1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Yes
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Yes
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	Yes
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Yes
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes
6	Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	Yes
7	Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	Yes
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	Yes
9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	Yes
10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI) from October 2023) and to NHS Resolution's Early Notification (EN) Scheme?	Yes

To demonstrate compliance with safety action 4c, 5d and 8 the trust is required to have board approved action plans for elements within the actions. There is a total of three action plans for approval

3. Matters under consideration.

- **Safety action 4:** Can you demonstrate an effective system of clinical workforce planning to the required standard?

  4.c Neonatal medical workforce.

  The neonatal unit meets the relevant BAPM national standards of medical staffing.
  or
  The standards are not met, but there is an action plan with progress against any previously developed action plans.
  Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN

  The Trust remains partially compliant regarding the BAPM national standards for medical staff. The gap remains in the tier one rota, and 0.2 WTE consultant, a business case to support funding for three tier one trainees and 0.2 WTE consultant post has been agreed in principle by the Executive team but requires final approval and sign off from the Stockport Integrated Care partnership. There is a robust action plan in place. (Annexe A)

- **Safety action 5:** Can you demonstrate an effective system of midwifery workforce planning to the required standard?

  5.d One to One care in Labour

  All women in active labour receive one-to-one midwifery care.

  The required standard is to demonstrate 100% compliance for 1:1 care in active labour, due to the definition provided by RCOG the trust will not achieve 1:1 care in active labour due to the requirement to include Born before arrival (BBA). The data is collected monthly on the Maternity dashboard and monthly non-compliance is documented. To be compliant with this an action plan will be submitted as part of the board declaration (Annexe B)

- **Safety action 8:** Can you evidence the following 3 elements of local training plans and ‘in-house’, one day multi professional training?

  For rotational medical staff that commenced work on or after 1 July 2024 a lower compliance will be accepted. A commitment and action plan approved by Trust Board must be formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust.

  To be compliant with this action an action plan will be submitted as part of the board declaration (Annexe C)

4. Recommendations

Our current assessment is that the Trust will be fully compliant with ten out of the ten safety actions following approval of action plans in relation to safety action 4, safety action 5 and safety action 8 which are outlined as appendices within this report.

In order to be eligible for payment under the scheme, Trusts must submit their completed Board declaration form (Annexe E) to NHS Resolution by 12 noon on 3 March 2025 and must comply with the following conditions:

- Trusts must achieve all ten maternity safety actions.

- The declaration form is submitted to Trust Board with an accompanying joint presentation detailing position and progress with maternity safety actions by the Director of Midwifery/Head of Midwifery and Clinical Director for Maternity Services

- The Trust Board declaration form must be signed and dated by the Trust's Chief Executive Officer (CEO) to confirm that:

    - The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub-requirements as set out in the safety actions and technical guidance document included in this document.

    - There are no reports covering either year 2023/24 or 2024/25 that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration (e.g. Care Quality Commission (CQC) inspection report, Healthcare Safety Investigation Branch (HSIB) investigation reports etc.). All such reports should be brought to the MIS team's attention before .

- The Trust Board must give their permission to the CEO to sign the Board declaration form prior to submission to NHS Resolution. Trust Board declaration form must be signed by the Trust's CEO. If the form is signed by another Trust member this will not be considered.

- In addition, the CEO of the Trust will ensure that the Accountable Officer (AO) for their Integrated Care System (ICS) is apprised of the MIS safety actions' evidence and declaration form. The CEO and AO must both sign the Board declaration form as evidence that they are both fully assured and in agreement with the compliance submission to NHS Resolution

3. The Board of directors is recommended to:

- Receive assurance that actions plans are in place against safety action 4, 5 and 8.
- Approve that the evidence provided meets the necessary sub requirements in order to be able to submit the Trust Board declaration.

- Approve for the Chief Executive to sign the Trust Board declaration on behalf of the Board of Directors.

Neonatal CNST Workforce Action Plan

Version	Date
6	October 22
7	March 23
8	September 23
9	December 23
10	August 2024

Organisation:	Stockport NHS Foundation Trust
Lead Officer:	Dr Carrie Heal/Rachael Whittington
Position:	Clinical lead DND
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Status Key	
1	Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided
2	Actions partly or mostly achieved / timescales not met by 3- 6 months / some evidence outstanding
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

Ref	Area of Focus	Key Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1.	Medical Workforce standards not met as per British Association of Perinatal Medicine (BAPM) recommendation - Tier 1 (SHO) level rota.	Review of current service provision (dedicated tier 1 doctor 9am-7pm Mon-Fri*)* Tier 1 rota to be supported by NLS *trained* midwifery staff and the Neonatal nursing team. Tier 1 induction includes NLS training. Tier 1 trainees accompanied to deliveries until assessed as competent. Increased Consultant support with resident consultant twilight cover. Additional Tier 2 cover 9-5pm at the weekends for 52 weeks/year.	Dr C Heal Lead Clinician NNU Dr Elizabeth Newby – Clinical Director.	Review every 3 months. Business case September 2023	**October 2022** 2 WTE Medical Support Workers employed until March 2023 and 2 Advanced Clinical Practitioners (ACPs) qualified September 2022 - supporting Tier 1 rota on twilight, late evenings, and weekend cover. 2 further ACPs in training Plan to consider business case to increase Tier 1 numbers while ACPs in training. **September 2023** • Actions completed but remain non-compliant to BAPM standards as no dedicated Tier 1 doctor for NNU 24/7. • Standards reviewed as part of CNST year 5 maternity incentive scheme. • Risk assessment reviewed and updated. • New action to produce full business case with options appraisal to fulfil rota requirements.	

		September 2023 Business Case to be produced to address shortfalls in medical workforce based upon options appraisal and workforce models. Revisit job planning and rota options. Ongoing work with ODN to support specialist training and Advanced Clinical Practitioners that are NW regional wide. Role of the ACP and Medical Support Workers supporting tier 1 rota currently Further development of ACP roles within Division to have 6 WTE.			• Risk assessment completed – mitigation around support from Middle Grade and Consultant rota cover expansion as interim measure. **December 2023** A BAPM Compliance Business Case has been submitted and agreed in principle by the Trust Executive Team for 3.0 WTE Tier 1 Trainees. This would provide cover for 19:00 - 09:00 on weekdays and 48-hour cover at the weekend. This request for additional funding has now been submitted to Stockport Integrated Care Partnership for review and approval. **August 2024** The Business Case for Tier 1 Trainees continues to await review and approval from Stockport Integrated Care Partnership. The use of locums is currently providing cover in order to mitigate for the gaps on the Tier 1 rota.	
2.	Medical Workforce standards not met as per British Association of Perinatal Medicine (BAPM) recommendation - Tier 2 (Registrar) level rota.	Extra trust middle grade doctor on the Tier 2 rota since 2020 – gives extended hours all year round with dedicated NNU cover Monday to Friday 09.00 – 21.00 and 09.00 – 17.00 at weekends. All Tier 2 Doctors assessed individually and supported appropriately during their post. Extended winter cover gives additional support from Consultant tier. ACPs in training will support rota from 2023. Options appraisal (as above) to consider recruiting to ANP substantive posts and further training posts.	Dr C Heal Lead Clinician NNU Dr Elizabeth Newby – Clinical Director.	Review every 3 months. Interim options appraisal August 2021 Business case September 2021	**October 2022** 2 Middle Grades until 9pm Monday - Friday and until 5pm at weekends. Resident Consultant in place until 12 midnight October- December supporting Middle Grade rota at busiest time of year. Plan to increase Middle Grade cover in **March 23** New rotation in place rota so that two Middle Grades 9am-9pm 7 days/week.	

		July 21 Options appraisal to consider Staff Grade options to support out of hours and weekend cover. **October 2022** Following review full compliance for tier 2 rota March 2023				
3.	Consultant paediatrician workforce standards for Local Neonatal Units not met.	Review of consultant cover for NNU and Job plans. All paediatricians are expected to show evidence of ongoing training including NLS at appraisal. The Unit is supported by the Network with immediate advice available from our link tertiary unit transport team. Review of all rotas to ensure safe cover within the NNU. Options appraisal followed by Business Case to be produced to address shortfalls in medical workforce including Consultant cover.	Dr C Heal Lead Clinician NNU Dr Alison Jobling Associate Medical Director Dr Elizabeth Newby – Clinical Director	Annual review	**October 2022** Neonatal Hot Week system in place providing dedicated NNU cover Monday - Friday. Dedicated Consultant Ward Round 3 months of year (October – December) with plan to increase in January 2024 to 6 months a year (October – March). Outside of these times weekend cover by Consultant covering NNU and Paediatric Ward Planned review of investment required to support 7 days per week 365 days per year. **September 2023** New action to produce full business case with options appraisal to fulfil rota requirements. **December 2023** Funding has been received via the NWNODN for additional Consultant time (0.6 WTE) from October 2023. A further 0.2 WTE has been identified internally from within the Directorate. A BAPM Compliance Business Case has been submitted and agreed in principle by the Trust Executive Team for 0.2 WTE Consultant, to allow for the recruitment of a 10PA Consultant position.	

					This request for additional funding has now been submitted to Stockport Integrated Care Partnership for review and approval. Once this Consultant has been appointed, we will then be BAPM compliant from a Consultant perspective. **August 2024** The additional Consultant has now been appointed and is due to commence in post in September 2024.	
4.	Nursing Standards not met as per Service specification and BAPM standards. All nursing tool calculators look at workforce requirements needed to meet activity demands.	Review of Nurse Staffing establishment and skill mix. Reconfigure nursing establishment. 6 Monthly completion of NWNODN workforce tool kit. Workforce review completed identifying BAPM gaps. Subsequent funding revised from Neonatal network to achieve standard. from Neonatal Network Twice Daily staffing reviews against activity by senior Nurses. With circulated sit rep to senior management team. Use of adapted Shelford safe staffing tool in place Robust escalation process in place	Pamela Hardy	Annual review against BAPM standards	**February 2022** • Funding from Neonatal network of £207,418 to achieve BBAPM compliance and supernumerary shift lead based on activity. • Recruitment commenced. • Recruitment into registered posts completed. • Recruitment to band 4 posts ongoing • Budgeted work force meets BAPM staffing requirements based on Q1 activity. • Realignment of budget completed to reflect QIS posts required. **September 2023** • Daily staffing reviews embedded in practice. • Sit rep sent to both maternity and paediatrics. • Robust escalation process in place if units BAPM needs exceeds staffing numbers.	

Action Plan - CNST YR 6 – Safety action 5 1:1 care in labour

Stockport NHS Foundation Trust

Organisation:	Stockport NHS Foundation Trust
Lead Officer:	Sarah McManus/Jane Ingleby
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Address:	SHH

Version	Date
1	*04/01/2024*
2	*03/03/2024*
3	*06/05/2024*
4	*30/06/2024*
5	*31/07/2024*
6	*31/08/2024*
7	*30/09/2024*
8	*27/02/2025*

Ref	Standard	Key Themes + Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1	**Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?** d) All women in active labour receive one-to-one midwifery care. Target 100% **Achieved 2024** April – 99.4%	**Born Before Arrival** • Midwives to discuss signs of labour and ensure all contact numbers are made available. • Increase awareness of signs of labour at antenatal education session • Raise awareness of BBA's to midwifery team to ensure risk assessment completed on first contact.	Inpatient and Community midwifery matron	~~29/2/2024~~ ~~30/4/2024~~ ~~30/06/24~~ ~~31/08/24~~ ~~30/09/24~~	Requests made to add to all safety huddles and discussed at daily community hand overs. Information to be shared with all the staff regarding 1:1 care in labour and themes with a specific focus on BBA's Incident reporting to take place for BBA's and incident reviews undertaken in a timely manner. Deep dive in progress to be presented at	

1	Not complete / no progress reported/ timescales not met by more than 6 months/ no e
2	Actions partly or mostly achieved / timescales not met by 3- 6 months / some evidence
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

	May – 98.3% June – 98.9% July – 98.4% August – 99.2% September – 98.4% October – 96.8% November – 97.6% December 97.5% An action plan detailing how the maternity service intends to achieve 100% compliance with 1:1 care in active labour			**27/2/25**	September 2024 Safety SIG meeting identifying themes and trends. -Presented at October 2024 Safety SIG, views of birthing persons to be sought at presented at Feb 2025 Safety SIG	
		• Dedicated midwife for telephone triage	Deputy HOM/Triage Manager	**29/2/2024**	Appointed to 16 hour telephone triage midwife post start date 31st Jan 2024. Non – clinical midwife undertaking role alongside dedicated telephone triage role. Staffing budget review planned to make provisions for 7 day established post	
		Fully Dilated on admission • Same as above	Inpatient and Community midwifery matron	**29/2/2024**	Requests made to add to all safety huddles and discussed at daily community hand overs. Information to be shared with all the staff regarding 1:1 care in labour and themes with a specific focus on BBA's	
		Precipitate labour/staffing • Ongoing recruitment for B5/B6 midwives	All managers/ recruitment and retention midwife	**ongoing**	Rolling band 5/6 advert on TRAC Plan to recruit newly qualified midwives from April 2024.	

					Newly qualified midwives and B6 midwives recruited. Position in Dec 2024, Over recruited by 4.91 WTE in post.	
		• Review IOL pathway on delivery suite	Intrapartum Manager/Inpatient matron/	~~**31/03/24**~~ **31/07/24**	Review location of IOL's on delivery suite and IOL care pathway Location reviewed Feb 24. Unable to make changes at present due to triage estates work and planned implementation of enhanced recovery pathway. IOL care pathway review undertaken March 24. Current documentation being reviewed, task and finish group established.	

Action Plan Sign Off

Name: … …… **Date**: ……

Action Plan – Obstetricians training compliance MIS Year 6

Version	Date
1	*2/1/2025*

Organisation:	Stockport NHS Foundation Trust
Lead Officer:	Suzanne Whitehead for Sharon Hyde
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Status Key	
1	Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided
2	Actions partly or mostly achieved / timescales not met by 3- 6 months / some evidence outstanding
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

Ref	Standard not met	Key Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1	Safety Action – 8 Stockport NHS FT are below 90% compliance training rates for obstetric doctors for MDT Obstetric emergencies (PROMPT) and Saving Babies Lives.	All obstetric doctors made aware of training requirements	S Whitehead S Meats S Young	Upon induction (August - November 2024) start date dependent	Via ESR, induction week, advised via email from PBE Team and Obs and gynae rota coordinator. Completed	
		Study days booked	L Lee S Whitehead	As above	Completed within 3 months of start date	
		Email reminders for eLearning and study days to all obstetricians	S Whitehead PBE Team	Sent each month	Completed monthly from start date	
		Training report produced and shared each month, including CNST data	S Whitehead S McManus	Sent each month	Shared via email and at directorate meetings monthly	
		Quarterly reports for the LMNS May - August	S Whitehead R Alexander Patton	31/8/2024	Completed 31/8/24	

		Quarterly reports for the LMNS September - December	S Whitehead S Hyde	31/12/24	Completed at 3/1/25	
		Compliance rates escalated from PBE Lead to Deputy HOM&N and Lead Obstetrician	S Whitehead R Alexander Patton L Barnes	21/10/24	Completed 21/10/24	
	For rotational medical staff that commenced work on or after 1 July 2024 a lower compliance will be accepted. A commitment and action plan approved by Trust Board must be formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust.	MIS Year 6 submission sent to directorate using the clause highlighted in blue	S Whitehead	2/12/24	 MIS Year 6 Rotational doctors training plan.	
	Safety Action – 8 Stockport NHS FT to submit final report	Following 6-month period all obstetricians to be compliant with SA 8 (minimum 90%)	S Whitehead	31/1/25	Compliance as of 31/12/24 Fetal Monitoring 93% PROMPT 78% Saving Babies Lives 87%	

				8/1/25	Compliance updated 8/1/25 PROMPT 93%	

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Action Plan Sign Off

Name: … …… **Date**: ……

Action ID	Specific action to be implemented	Action Owner	Target date	RAG	Comments	Evidence
Deadline for reported to NHS Resolution by 1st February 2024						
Safety Action 1 Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?						
SA1 a	All eligible perinatal deaths from should be notified to MBRRACE-UK within seven working days. For deaths from 30 May 2023, MBRRACE-UK surveillance information should be completed within one calendar month of the death.	Amanda Killen/Rachel Owen	08/12/2023 - 30/11/2024		Notifications must be made, and surveillance forms completed using the MBRRACE-UK. The PMRT must be used to review the care and reports should be generated via the PMRT. A report has been received by the Trust Executive Board each quarter that includes details of the deaths reviewed, any themes identified and the consequent action plans. The report should evidence that the PMRT has been used to review eligible perinatal deaths and that the required standards a), b) and c) have been met. For standard b) for any parents who have not been informed about the review taking place, reasons for this should be documented within the PMRT review.	**Evidence to support SA1 a,b,c + d - All required evidence submitted within the qualifying time period** - PMRT quarterly report for reporting period January 2024 - March 2024 - PMRT quarterly report for reporting period April 2024 - June 2024 - PMRT quarterly report for reporting period July 2024 - Sept 2024 - Maternity highlight report January 2024 - Maternity highlight report May 2024 - Maternity highlight report July 2024
SA1 b	For 95% of all the deaths of babies in your Trust eligible for PMRT review, parents should have their perspectives of care and any questions they have sought from 30 May 2023 onwards.	Amanda Killen/Rachel Owen/Jaine Jennings	08/12/2023 - 30/11/2024			As above
SA1 c	For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from 30 May 2023. 95% of reviews should be started within two months of the death, and a minimum of 60% of multi-disciplinary reviews should be completed to the draft report stage within four months of the death and published within six months.	Amanda Killen/Rachel Owen/Jaine Jennings	08/12/2023 - 30/11/2024			As above
SA1 d	Quarterly reports should be submitted to the Trust Executive Board from 30 May 2023.	Amanda Killen/Rachel Owen/Jaine Jennings	08/12/2023 - 30/11/2024			**Evidence to support SA1 d** - Quality Committee work plan 2024/25 to demonstrate Bi Monthly reporting to board - Quality Committee agenda including Maternity presentations for May, July and November 2024
Safety Action 2 Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?						
SA2 1	Trust Boards to assure themselves that at least 10 out of 11 MSDS-only Clinical Quality Improvement Metrics (CQIMs) have passed the associated data quality criteria in the "Clinical Negligence Scheme for Trusts: Scorecard" in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2024. Final data for July 2024 will be published during October 2024.	Steph Bray/James Whalley/Marie Dooley	02/04/2024 - 30/11/2024		The "Clinical Negligence Scheme for Trusts: Scorecard" in the Maternity Services Monthly Statistics publication series can be used to evidence meeting all criteria.	**Evidence to support SA2 a, b, c, d + e.** **All required evidence submitted within the qualifying time period** - Email containing evidence of a pass for the CNST score card for July reporting period – PASS - Evidence also availible at Microsoft Power BI
SA2 2	July 2024 data contained valid ethnic category (Mother) for at least 90% of women booked in the month. Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001)	Steph Bray/James Whalley/Marie Dooley	02/04/2024 - 30/11/2024			Same as above
Safety Action 3 Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?						
SA3 a	Pathways of care into transitional care (TC) have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care.	Helen Large/Sarah McManus/Emma Griffin/Stacey Longworth/ Rachel Owen/Carrie Heal	02/04/2024 - 30/11/2024		Evidence for standard a) to include: Local policy/pathway of TC admission criteria based on BAPM framework for Transitional Care and meeting a minimum of at least one element of HRG XA04.	**Evidence to support SA 3 a,b - All required evidence submitted within the qualifying time period** - Transitional care guideline – Author Carrie Heal (Neonatal Consultant) Review date 2027 - TC launch update 2024 - Transitional Care audit for Q1 and Q2 - Maternity Safety Champions Agenda and minutes July 2024 and November 2024
SA3 b	Drawing on the insights from the data recording undertaken in the Year 4 scheme, which included babies between 34+0 and 36+6, Trusts should have or be working towards implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both late preterm and term babies. There should be a clear, agreed timescale for implementing this pathway.	Helen Large/Sarah McManus/Emma Griffin/Stacey Longworth/ Rachel Owen/Carrie Heal	02/04/2024 - 30/11/2024		Guideline for admission to TC to include babies 34+0 and above and data to evidence this is occurring OR An action plan signed off by the Trust Board for a move towards a transitional care pathway for babies from 34+0 with clear time scales for full implementation. Validation process Self-certification by the Trust	**Evidence to support SA 3 a,b - All required evidence submitted within the qualifying time period** - Transitional care guideline – Author Carrie Heal (Neonatal Consultant) Review date 2027 - TC launch update 2024 - Transitional Care audit for Q1 and Q2 - Maternity Safety Champions Agenda and minutes July 2024 and November 2024
Safety Action 4 Can you demonstrate an effective system of clinical workforce planning to the required standard?						

SA4 a 1) a,b,c	**Obstetric medical workforce** NHS Trusts/organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas: a. currently work in their unit on the tier 2 or 3 rota or b. have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP) or c. hold an Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums.	Kelly Curtis/Sonia Chachan	02/04/2024 - 30/11/2024		Trusts/organisations should audit their compliance via Medical Human Resources.	**SA4 a 1) a,b,c All required evidence submitted within the qualifying time period** - Audit O&G Locums 01/02/24-31/08/23 – criteria met action plan not required.
SA4 a2	**Obstetric medical workforce** Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance to the Trust Board, Trust Board level safety champions and LMNS meetings.	Kelly Curtis/Sonia Chachan	02/04/2024 - 30/11/2024		Trusts/organisations should use the monitoring/effectiveness tool contained within the guidance (p8) to audit their compliance.	Same as above
SA4 a3	**Obstetric medical workforce** Trusts/organisations shouldbe working towards implementation of the RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. **Whilw this will not be measured in Safety Action 4 this year, it remains important for services to develop action plans to address this guidance.**	Kelly Curtis/Sonia Chachan	02/04/2024 - 30/11/2024		Trusts/organisations should be working towards developing provide standard operating procedures to assure Boards that consultants/senior SAS doctors working as non-resident on-call out of hours are not undertaking clinical duties following busy night on-calls disrupting sleep, without adequate rest. This is to ensure patient safety as fatigue and tiredness following a busy night on-call can affect performance and decision-making. Evidence of compliance could also be demonstrated by obtaining feedback from consultants and SAS doctors about their ability to take appropriate compensatory rest in such situations.	**SA 4 a) Point 3** - Working Time Regulations Policy (Trust wide policy) - BMA compensatory rest guidance - Evidence of compensatory rest allocation
SA4 a4	**Obstetric medical workforce** Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.	Kelly Curtis/Sonia Chachan	02/04/2024 - 30/11/2024		Trusts' positions with the requirement should be shared with Trust Board, the Board-level safety champions as well as the LMNS	**SA 4 a) Point 4** - Labour Ward consultant duties and responsibilities policy - Consultant presence audit Feb 2024 – Aug 2024, Sept 2024
SA4 b	**Anaesthetic medical workforce** A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)	charlotte Ash	02/04/2024 - 30/11/2024		The rota should be used to evidence compliance with ACSA standard 1.7.2.1. This can be a representative minth of the rota	**SA4 b)** - Narrative to support Anaesthetic workforce - Anaesthetic rota submitted as evidence.
SA4 c	**Neonatal medical workforce** The neonatal unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards of medical staffing or the standards are not met, but there is an action plan with progress against any previously developed action plans. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).	Rachael Whittington	02/04/2024 - 30/11/2024		The Trust is required to formally record in Trust Board minutes whether it meets the relevant BAPM recommendations of the neonatal medical workforce. If the requirements are not met, Trust Board should agree an action plan and evidence progress against any action plan developed previously to address deficiencies. A copy of the action plan, outlining progress against each of the actions, should be submitted to the LMNS and Neonatal Operational Delivery Network (ODN).	**SA 4 c)** - NWNODN Workforce action plan - Quality Committee Maternity services highlight report July 2024
SA4 d	**Neonatal nursing workforce** The neonatal unit meets the BAPM neonatal nursing standards or The standardsare not met, but there is an action plan with progress against any previously developed action plans. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).	Rachael Whittington	02/04/2024 - 30/11/2024		The Trust is required to formally record to the Trust Board minutes compliance to BAPM Nurse staffing standards annually using the Neonatal Nursing Workforce Calculator (2020). For units that do not meet the standard, the Trust Board should agree an action plan and evidence progress against any action plan previously developed to address deficiencies. A copy of the action plan, outlining progress against each of the actions, should be submitted to the LMNS and Neonatal Operational Delivery Network (ODN).	**SA4 d)** Compliance met year 4
Safety Action 5 Can you demonstrate an effective system of midwifery workforce planning to the required standard?						

SA5 a	A systematic, evidence-based process to calculate midwifery staffing establishment is completed. If this process has not been completd within 3 years due to measures outside your Trust's control, evidence of communication with the BirtRate+ organisation (or equivalent) should demonstrate this.	S Hyde	02/04/2024 - 30/11/2024		The midwifery staffing report submitted will comprise evidence to support a, b, c and d progress or achievement. It should include: A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated. In line with midwifery staffing recommendations from Ockenden, Trust Boards must provide evidence (documented in Board minutes) of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations. Where Trusts are not compliant with a funded establishment based on BirthRate+ or equivalent calculations, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls. The plan to address the findings from the full audit or table-top exercise of BirthRate+ or equivalent undertaken, where deficits in staffing levels have been identified must be shared with the local commissioners. Details of planned versus actual midwifery staffing levels to include evidence of mitigation/escalation for managing a shortfall in staffing. o The midwife to birth ratio o The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives. Evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status and the provision of one-to-one care in active labour. Must include plan for mitigation/escalation to cover any shortfalls.	**SA5 a)** - Birth Rate + final report received March 2023
SA5 b	Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.	S Hyde	02/04/2024 - 30/11/2024			**SA5 b)** - Slide presented at quality committee demonstrating Midwifery staffing as part of the Maternity highlight report March 2024, May 2024 and July 2024 - Bi-Annual Midwifery staffing oversight report - QC Front sheet November 2024
SA5 c	The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having a roster planned supermumerary co-ordinator at the start of every shift) to ensure there is an oversight of all birth activity within the service. An escalation plan should be in place and must include the process for providing a substitute co-ordinator in situations where there in no co0ordinator available at the start of the shift.	R Alexander-Patton	02/04/2024 - 30/11/2024			**SA5 c)** - Slide presented at quality committee demonstrating Midwifery staffing. - Quality Committee agenda - Quality Committee front sheet identifying areas for discussion. - Manager of the day SOP - Manager of the Day escalation SOP - Manager of the day template – captures supernumerary status.
SA5 d	All women in active labour receive one-to-one midwifery care	R Alexander-Patton	02/04/2024 - 30/11/2024			**SA5 d)** - Slide presented at quality committee demonstrating Midwifery staffing. - Quality Committee agenda - Quality Committee front sheet identifying area's for discussion. - Maternity RCOG dashboard demonstrating 1 to 1 care status – Action plan to be submitted as part of declaration if not achieving 1 to 1 care in labour status.
SA5 e	Submit a midwifery staffing oversight report that covers staffing/safety issues to the Trust Board every 6 months(in line with NICE midwifery staffing guidance) during the maternity incentive scheme year six reporting period.	S Hyde	02/04/2024 - 30/11/2024			**SA5 e)** - Biannual staffing paper presented to board November 2024 and November 2024 Quality committee agenda.
Safety Action 6 Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version three?						

SA6	Provide assurance to the Trust Board and ICB that you are on track to achieve compliance with all six elements of SBLv3 through quarterly quality improvement discussions with the ICB	S Hyde/ R Alexander-Patton	02/04/2024 - 30/11/2024		Trusts should be able to demonstrate that at least two (and up to three) quarterly quality improvement discussions have been held between the ICB (as commissioner) and the Trust. These discussions should include the following: • Details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element. • Progress against locally agreed improvement aims. • Evidence of sustained improvement where high levels of reliability have already been achieved. • Regular review of local themes and trends with regard to potential harms in each of the six elements. • Sharing of examples and evidence of continuous learning by individual Trusts with their local ICB, neighbouring Trusts and NHS Futures where appropriate. The Three-Year Delivery Plan for Maternity and Neonatal Services set out that providers should fully implement Saving Babies Lives Version Three by March 2024. However, where full implementation is not in place, compliance can still be achieved if the ICB confirms it is assured that all best endeavours – and sufficient progress – have been made towards full implementation, in line with the locally agreed improvement trajectory.	**SA6 1)** - All evidence to support safety action 6 submitted to the LMNS and ICB. Compliance for CNST across all 6 elements of SBLv3 for CNST met. All evidence recorede on the GMEC SBL Assurances NHS Futures Platform. Quarterly meeting held April 2024, July 2024, October 2024 and January 2025 with the LMNS and ICB.
Safety Action 7 Listen to women, parents and families using maternity and neonatal services and coproduce services with users						
SA7 1	Trusts should work with their LMNS/ICB to ensure a funded, user-led Maternity and Neonatal Voices Partnership (MNVP) is in place which is in line with the Delivery Plan and MNVP Guidance (published November 2023) including supporting: a) Engagement and listening to families. b) Strategic influence and decision-making. c) Infrastructure.	S Hyde/ R Alexander-Patton	02/04/2024 - 30/11/2024		a) Evidence of MNVP engagement with local community groups and charities prioritising hearing from those experiencing the worst outcomes, as per the LMNS Equity & Equality plan. b) Terms of Reference for Trust safety and governance meetings, showing the MNVP Lead as a member, (Trusts should work towards the MNVP Lead being a quorate member), such as: • Safety champion meetings • Maternity business and governance • Neonatal business and governance • PMRT review meeting • Patient safety meeting • Guideline committee c) Evidence of MNVP infrastructure being in place from your LMNS/ICB, such as: • Job description for MNVP Lead • Contracts for service or grant agreements • Budget with allocated funds for IT, comms, engagement, training and administrative support • Local service user volunteer expenses policy including out of pocket expenses and childcare costs.	**SA7 1)** - MNVP vfc grant agreement - MNVP JD - Minutes and Agenda's Maternity and Perinatal Safety Champions - 15 Steps action plan
SA7 2	Ensuring an action plan is coproduced with the MNVP following annual CQC Maternity Survey data publication (due each January), including analysis of free text data, and progress monitored regularly by safety champions and LMNS Board.	S Hyde/ R Alexander-Patton	02/04/2024 - 30/11/2024		Evidence of review of annual CQC Maternity Survey data, such as documentation of actions arising from CQC survey and free text analysis, such as an action plan.xpenses and childcare costs.	**SA7 2)** - CQC survey Presentation. - CQC survey action plan - MVP feedback is a standing agenda item on the Maternity and Perinatal safety champions meeting.
Safety Action 8 Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?						
SA8	90% of attendance in each relevant staff group at: 1. Fetal monitoring training 2. Multi-professional maternity emergencies training 3. Neonatal Life Support Training See technical guidance for full details of relevant staff groups. ALL staff working in maternity should attend annual training. A 90% minimum compliance is required for MIS. It is important for units to continue to implement all six core modules of the Core Competency Framework, but this will not be measured in Safety Action 8.	S Whitehead/RAP/Kelly Curtis	01/12/2023 - 30/11/2024		See technical guidance	**SA8** - Copy of GMEC core competancy Framework v2 with embedded training plans submitted and approved - TNA update 30 November 2024 - Training comliance >90% in all diciplines in line with CNST requirements - Rotational medical staff action plan. -
Safety Action 9 Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?						

SA9 a	All Trust requirements of the PQSM must be fully embedded.	S Hyde/ R Alexander-Patton	02/04/2024 - 30/11/2024		Evidence for point a) and b) • Evidence that a non-executive director (NED) has been appointed and is working with the BSC to develop trusting relationships between staff, the frontline maternity, neonatal and obstetric safety champions, the perinatal leadership team 'Quad', and the Trust Board to understand, communicate and champion learning, challenges, and best practice. • Evidence that a review of maternity and neonatal quality and safety is undertaken by the Trust Board (or an appropriate Trust committee with delegated responsibility) using a minimum data set at every meeting. This should be presented by a member of the perinatal leadership team to provide supporting context. This must include a review of thematic learning informed by PSIRF, themes and progress with plans following cultural surveys or equivalent, training compliance, minimum staffing in maternity and neonatal units, and service user voice feedback. • Evidence of collaboration with the LMNS/ICB lead, showing evidence of shared learning and how Trust-level intelligence is being escalated to ensure early action and support for areas of concern or need, in line with the PQSM. • Evidence of ongoing engagement sessions with staff as per year 5 of the scheme. Progress with actioning named concerns from staff engagement sessions are visible to both maternity and neonatal staff and reflects action and progress made on identified concerns raised by staff and service users from no later than 1 July 2024. • Evidence that in addition to the regular Trust Board/sub-committee review of maternity and neonatal quality as described above, the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level Safety Champions at a	**SA9 a)** - Maternity Highlight report front cover sheet May, July and September 2024 - Maternity Highlight report May, September 2024 - QC minutes May,July and September 2024 - QC key issues report to Board April/May, June/July 2024, September 2024 - Quality Committee workplan 24/25
SA9 b	The expectation is that discussions regarding safety intelligence take place at the Trust Board (or at an appropriate sub-committee with delegated responsibility), as they are responsible and accountable for effective patient safety incident management and shared learning in their organisation. These discussions must include ongoing monitoring of services and trends over a longer time frame; concerns raised by staff and service users; progress and actions relating to a local improvement plan utilising the Patient Safety Incident Response Framework (PSIRF). With evidence of reporting/escalation to the LMNS/ICB/ Local & Regional Learning System meetings	S Hyde/ R Alexander-Patton	02/04/2024 - 30/11/2024			**SA9 b)** - Quality committee minutes – PSIRF discussed with themes and trends - Patient Safety Incidents reported to Quality Committee Q1, Q2 and Q3 - Public Board Minutes - Safety SIG notes - March, June, July and August 2024
SA9 c	All Trusts must have a visible Maternity and Neonatal Board Safety Champion (BSC) who is able to support the perinatal leadership team in their work to better understand and craft local cultures.	S Hyde/ R Alexander-Patton	02/04/2024 - 30/11/2024		Evidence that the Board Safety Champions are supporting their perinatal leadership team to better understand and craft local cultures, including identifying and escalating safety and quality concerns and offering relevant support where required. This will include: • Evidence in the Trust Board minutes that Board Safety Champion(s) are meeting with the Perinatal leadership team at a minimum of bi-monthly (a minimum of three in the reporting period) and that any support required of the Trust Board has been identified and is being implemented. • Evidence in the Trust Board (or an appropriate Trust committee with delegated responsibility) minutes that progress with the maternity and neonatal culture improvement plan is being monitored and any identified support being considered and implemented	**SA9 c)** - Maternity and Perinatal Safety Champions Meeting minutes •April 2024 •July 2024 •September 2024 Prinatal Culture and Leadership action plan
Safety Action 10 Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/CQC/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 30 May 2023 to 7 December 2023?						
SA10 a	Reporting of all qualifying cases to HSIB/CQC//MNSI from 8 December 2023 to 30 November 2024.	Marie Dooley	08/12/2023 - 30/11/2024		Trust Board sight of Trust legal services and maternity clinical governance records of qualifying MNSI/ EN incidents and numbers reported to MNSI and NHS Resolution. Trust Board sight of evidence that the families have received information on the role of MNSI and NHS Resolution's EN scheme. Trust Board sight of evidence of compliance with the statutory duty of candour	**SA10 a, b + c** All qualifying MNSI and EN are reported and shared through the serious incident review group and through the divisional governance reporting structure. The reports and outcomes are shared through quality committee.
SA10 b	Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024.	Marie Dooley	30/05/2023 - 07/12/2023			Same as above
SA10 c	For all qualifying cases which have occurred during the period 8 December 2023 to 30 November 2024, the Trust Board are assured that: i. the family have received information on the role of MNSI and NHS Resolution's EN scheme; and ii. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour. Minimum Evidence Requirement for Trust Boar	Marie Dooley	30/05/2023 - 07/12/2023			Same as above

NHS Resolution

Maternity incentive scheme - Year 6 Guidance

Trust Name	**Stockport NHS Foundation Trust**
Trust Code	**T572**

This document must be used to submit your trust self-certification for the year 6 Maternity Incentive Scheme safety actions.
A completed action plan must also be submitted for any safety actions which have not been met (tab C).

Please select your trust name from the drop-down menu above. The trust code will automatically be added below. Your trust name will populate each page. If the trust name box above is coloured pink please update it.

Tabs A - safety actions entry sheets (1 to 10) - Please select 'Yes', 'No' or 'N/A' to demonstrate compliance as detailed each element of the safety action. Please complete these entries starting at the top.
'N/A' (not applicable) is available only for set questions and may only be visible following a response to a previous question.
The information which is added on these pages, will automatically populate onto tabs B & D which is the board declaration form.

Tab B - safety action summary sheet - This will provide you with a detailed overview of the information entered so far on the board declaration form and will outline on how many Yes/No/N/A and unfilled assessments you have. Please review any pages that show there are responses that require checking, or are showing as not filled in.
This will feed into the board declaration sheet - tab D.

Tab C - action plan entry sheet – If you are declaring non-compliance with any safety actions, this sheet will enable your Trust to insert action plan details and bid for discretionary funding. If you are declaring full compliance, you do not need to complete this tab.
All action plans for non-compliant safety actions must be:
•Submitted on the action plan template in the Board declaration form.
•Specific to the safety action(s) not achieved by the Trust (these do not need to be added in numerical order).
•Details of each action should be SMART (specific, measurable, achievable, realistic and timely) and should include details of the funding requested (please enter 0 if no funding is required).
•Any new roles to be introduced as part of an action plan must include detail regarding banding and Whole Time Equivalent (WTE) with associated costs.
•Action plans must be sustainable - Funding is for one year only, so Trusts must demonstrate how future funding will be secured.
•Action plans should not be submitted for achieved safety actions.
If you require any support with this process, please contact **nhsr.mis@nhs.net**

Tab D - Board declaration form - This is where you can view your overall reported compliance with all of the maternity incentive scheme safety actions. This sheet will be protected and compliance fields cannot be altered manually.
If there are anomalies with the data entered, then comments will appear in the validations column (column I) this will support you in checking and verifying data before it is discussed with the Trust Board, ICB and before submission to NHS Resolution.

Upon completion of your submission please add electronic signatures into the allocated spaces within this page. Signatures of both the Trust's Chief Executive Officer (CEO) and Accountable Officer (AO) of the Integrated Care System (ICS) will be required in Tab D in order to confirm compliance as stated in the board declaration form with the safety actions and their sub-requirements. Both signatures will show that they are 'for and on behalf of' the trust name, rather than the ICS. The signatories will be signing to confirm that they are in agreement with the submission, the declaration form has been submitted to Trust Board and that there are no external or internal reports covering either 2023/24 financial year or 2024/25 that relate to the provision of maternity services that may subsequently provide conflicting information to your Trust's declaration. Any such reports should be brought to the MIS team's attention before 3 March 2025
Any queries regarding the maternity incentive scheme and or action plans should be directed to **nhsr.mis@nhs.net**
Technical guidance and frequently asked questions can be accessed in the year 6 MIS document:
MIS-Year-6-v1.1-20240716.pdf (resolution.nhs.uk)

The Board declaration form must be sent to NHS Resolution via **nhsr.mis@nhs.net** between 17 February 2025 and 3 March 2025 at 12 noon. An electronic acknowledgement of Trust submissions will be provided within 48 hours from 3 March 2025.
Submissions and any comments/corrections received after 12 noon on 3 March 2025 will not be considered.
This document will not be accepted if it is not completed in full, signed appropriately and dated.
Please do not send evidence to NHS Resolution unless requested to do so.

Version Name: MIS_SafetyAction_2025

Safety action No. 1

Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?

From 8 December 2023 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have all eligible perinatal deaths from 2 April 2024 onwards been notified to MBRRACE-UK within seven working days? (If no deaths, choose NA)	Yes
2	For at least 95% of all deaths of babies who died in your Trust from 8 December 2023, were parents' perspectives of care sought and were they given the opportunity to raise questions?	Yes
3	Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 2 April 2024 been started within two months of each death? This includes deaths after home births where care was provided by your Trust.	Yes
4	Were 60% of the reports published within 6 months of death?	Yes
5	Have you submitted quarterly reports to the Trust Executive Board on an ongoing basis? These must include details of all deaths from 8 December 2023 including reviews, any themes identified, and consequent action plans.	Yes
6	Were quarterly reports discussed with the Trust maternity safety and Board level safety champions?	Yes

Safety action No. 2

Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Was your Trust compliant with at least 10 out of 11 MSDS-only Clinical Quality Improvement Metrics (CQIMs) by passing the associated data quality criteria in the “Clinical Negligence Scheme for Trusts: Scorecard” in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2024?	Yes
2	Did July's 2024 data contain a valid ethnic category (Mother) for at least 90% of women booked in the month? Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001)	Yes

Safety action No. 3
Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Was the pathway(s) of care into transitional care which includes babies between 34+0 and 36+6 in alignment with the BAPM Transitional Care Framework for Practice jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies?	Yes
2	Or Is there a Transitional Care (TC) action plan signed off by Trust and LMNS Board for a move towards the TC pathway (as above) based on BAPM framework for babies from 34+0 with clear timescales for implementation and progress from MIS Year 5.	N/A
Drawing on insights from themes identified from any term admissions to the NNU, undertake at least one quality improvement initiative to decrease admissions and/or length of stay.		
3	By 6 months into MIS year 6, register the QI project with local Trust quality/service improvement team.	Yes
4	By the end of the reporting period, present an update to the LMNS and safety champions regarding development and any progress.	Yes

Safety action No. 4

Can you demonstrate an effective system of clinical workforce planning to the required standard?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
a) Obstetric medical workforce		
1	Has the Trust ensured that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas following an audit of 6 months activity: Locum currently works in their unit on the tier 2 or 3 rota OR They have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual review of Competency Progrssion (ARCP)? OR They hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums?	Yes
2	Has the Trust implemented the RCOG guidance on engagement of long-term locums and provided assurance that they have evidence of compliance	Yes
3	Has the Trust monitored their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/roles-responsibilities-consultant-report/ when a consultant is required to attend in person.	Yes
4	Were the episodes when attendance has not been possible reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.	N/A
Do you have evidence that the Trust position regarding question 3 & 4 has been shared:		
5	At Trust Board?	Yes
6	With Board level safety champions?	Yes
7	At LMNS meetings?	Yes
b) Anaesthetic medical workforce		
8	Is there evidence that the duty anaesthetist is immediately available for the obstetric unit 24 hours a day and they have clear lines of communication to the supervising anaesthetic consultant at all times? In order to declare compliance, where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1) - Representative month rota acceptable.	Yes
c) Neonatal medical workforce		
9	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of medical staffing? And is this formally recorded in Trust Board minutes?	No
10	If the requirements are not met, Trust Board should agree a workforce action plan and evidence progress against any workforce action plan developed previously to address deficiencies.	Yes
11	Was the above workforce action plan shared with the LMNS?	Yes
12	Was the above workforce action plan shared with the ODN?	Yes
d) Neonatal nursing workforce		
13	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of nursing staffing?	Yes
14	If the requirements are not met, Trust Board should agree a workforce action plan and evidence progress against any workforce action plan developed previously to address deficiencies.	N/A
15	Was the above workforce action plan shared with the LMNS?	N/A
16	Was the above workforce action plan shared with the ODN?	N/A

Safety action No. 5

Can you demonstrate an effective system of midwifery workforce planning to the required standard?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months (in line with NICE midwifery staffing guidance), during the maternity incentive scheme year six reporting period. It should also include an update on all of the points below.	Yes
2	Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed in the last three years? Evidence should include: A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated. If this process has not been completed due to measures outside the Trust's control, evidence of communication with the BirthRate+ organisation (or equivalent) should demonstrate this.	Yes
3	Can the Trust Board evidence midwifery staffing budget reflects establishment as calculated? Evidence should include: ● Meeting midwifery staffing recommendations from Ockenden and evidence of the funded establishment being compliant with outcomes of birthrate+ or equivalent calculations. ● Where Trusts are not compliant with a funded establishment based on the above, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls. ● Where deficits in staffing levels have been identified, the plan to address these findings must be shared with the local commissioners. ● Details of planned versus actual midwifery staffing levels to include evidence of mitigation/escalation for managing a shortfall. ● The midwife to birth ratio ● The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives.	Yes
4	Evidence from an acuity tool (may be locally developed), local audit, and/or local dashBoard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator on duty **at the start of every shift.** An escalation plan should be available and must include the process for providing a substitute co-ordinator in situations where there is no co-ordinator available at the start of a shift.	Yes
5	A workforce action plan should be produced detailing how the maternity service intends to achieve 100% supernumerary status for the labour ward coordinator which has been signed off by the Trust Board and includes a timeline for when this will be achieved. **Completion of the workforce action plan will NOT enable the Trust to declare compliance with this sub-requirement.**	N/A
6	Evidence from an acuity tool (may be locally developed), local audit, and/or local dashBoard figures demonstrating 100% compliance with the provision of one-to-one care in active labour	No
7	A workforce action plan detailing how the maternity service intends to achieve 100% compliance with 1:1 care in active labour has been signed off by the Trust Board and includes a timeline for when this will be achieved. **Completion of the workforce action plan will enable the Trust to declare compliance with this sub-requirement.**	Yes

Safety action No. 6

Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have you agreed with the ICB that Saving Babies' Lives Care Bundle, Version 3 is fully in place or will be in place, and can you evidence that the Trust Board have oversight of this assessment? (where full implementation is not in place, compliance can still be achieved if the ICB confirms it is assured that all best endeavours – and sufficient progress – have been made towards full implementation, in line with the locally agreed improvement trajectory.)	Yes
2	Have you continued the quarterly QI discussions between the Trust and the LMNS/ICB (as commissioner) from Year 5, and more specifically be able to demonstrate that at least two quarterly discussions have been held in Year 6 to track compliance with the care bundle? **These meetings must include agreement of a local improvement trajectory against these metrics for 24/25, and subsequently reviews of progress against the trajectory.**	Yes
3	Have these quarterly meetings included details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element.	Yes
4	Is there a regular review of local themes and trends with regard to potential harms in each of the six elements.	Yes
5	**Following these meetings, has the LMNS determined that sufficient progress have been made towards implementing SBLCBv3, in line with a locally agreed improvement trajectory?**	Yes
6	Is there evidence of sharing of examples and evidence of continuous learning by individual Trusts with their local ICB, neighbouring Trusts and NHS Futures where appropriate?	Yes

Safety action No. 7

Listen to women, parents and families using maternity and neonatal services and coproduce services with users

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Evidence of MNVP engagement with local community groups and charities prioritising hearing from those experiencing the worst outcomes, as per the LMNS Equity & Equality plan.	Yes
2	Terms of Reference for Trust safety and governance meetings, showing the MNVP Lead as a member (Trusts should work towards the MNVP Lead being a quorate member), **such as:** •Safety champion meetings •Maternity business and governance •Neonatal business and governance •PMRT review meeting •Patient safety meeting •Guideline committee	Yes
3	Evidence of MNVP infrastructure being in place from your LMNS/ICB, such as: •Job description for MNVP Lead •Contracts for service or grant agreements •Budget with allocated funds for IT, comms, engagement, training and administrative support •Local service user volunteer expenses policy including out of pocket expenses and childcare cost	Yes
4	**If evidence of funding support at expected level (as above) is not obtainable, there should be evidence that this has been formally raised via the Perinatal Quality Surveillance Model (PQSM) at Trust and LMNS level, and discussed at ICB Quality Committee as a safety concern due to the importance of hearing the voices of women and families, including the plan for how it will be addressed in response to that escalation is required.**	N/A
5	Show evidence of a review of annual CQC Maternity Survey data, such as the documentation of actions arising from CQC survey and, if available, free text analysis, such as an action plan.	Yes
6	Has progress on the coproduced action above been shared with Safety Champions?	Yes
7	Has progress on the coproduced action above been shared with the LMNS?	Yes

Safety action No. 8

Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
Can you demonstrate the following at the end of 12 consecutive months ending 30 November 2024?		
	Fetal monitoring and surveillance (in the antenatal and intrapartum period)	
1	90% of Obstetric consultants?	Yes
2	90% of all other obstetric doctors (commencing with the organisation prior to 1 July 2024) contributing to the obstetric rota (without the continuous presence of an additional resident tier obstetric doctor)	Yes
3	For rotational medical staff that commenced work in obstetrics on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	Yes
4	90% Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives). Maternity theatre midwives who also work outside of theatres?	Yes
	Maternity emergencies and multiprofessional training	
5	90% of obstetric consultants	Yes
6	90% of all other obstetric doctors (commencing with the organisation prior to 1 July 2024) including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows, foundation year doctors and GP trainees contributing to the obstetric rota	Yes
7	For rotational medical staff that commenced work in obstetrics on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	Yes
8	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres) and bank/agency midwives	Yes
9	90% of maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum).	Yes
10	90% of obstetric anaesthetic consultants and autonomously practising obstetric anaesthetic doctors	Yes
11	90% of all other obstetric anaesthetic doctors (commencing with the organisation prior to 1 July 2024) including anaesthetists in training, SAS and LED doctors who contribute to the obstetric anaesthetic on-call rota. This updated requirement is supported by the RCoA and OAA.	Yes
12	For rotational anaesthetic staff that commenced work in obstetrics on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	Yes
13	At least one emergency scenario is to be conducted in the clinical area, ensuring full attendance from the relevant wider professional team, including theatre staff and neonatal staff	Yes
	Neonatal basic life support (NBLS)	
14	90% of neonatal Consultants or Paediatric consultants covering neonatal units	Yes
15	90% of neonatal junior doctors (commencing with the organisation prior to 1 July 2024) who attend any births	Yes
16	For rotational medical staff that commenced work in neonatology on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	Yes
17	90% of Neonatal nurses (Band 5 and above)	Yes
18	90% of advanced Neonatal Nurse Practitioner (ANNP)	N/A
19	90% of midwives (including midwifery managers and matrons, community midwives, birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives)	Yes

Safety action No. 9

Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Are all Trust requirements of the Perinatal Quality Surveillance Model (PQSM) fully embedded?	Yes
2	Has a non-executive director (NED) has been appointed and is visibly working with the Board safety champion (BSC)?	Yes
3	Is a review of maternity and neonatal quality and safety undertaken by the Trust Board (or an appropriate trust committee with delegated responsibility) at every meeting using a minimum data set, and presented by a member of the perinatal leadership team to provide supporting context.	Yes
4	Does the regular review include a review of thematic learning informed by PSIRF, themes and progress with plans following cultural surveys or equivalent, training compliance, minimum staffing in maternity and neonatal units, and service user voice feedback.	Yes
5	Do you have evidence of collaboration with the local maternity and neonatal system (LMNS)/ICB lead, showing evidence of shared learning and how Trust-level intelligence is being escalated to ensure early action and support for areas of concern or need, in line with the PQSM.	Yes
6	Ongoing engagement sessions with staff as per year 5 of the scheme. Progress with actioning named concerns from staff engagement sessions are visible to both maternity and neonatal staff and reflects action and progress made on identified concerns raised by staff and service users from no later than 1 July 2024.	Yes
7	Is the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level Safety Champions at a Trust level (Board or directorate) meeting quarterly (at least twice in the MIS reporting period)?	Yes
8	Evidence in the Trust Board minutes that Board Safety Champion(s) are meeting with the Perinatal leadership team at a minimum of bi-monthly (a minimum of three in the reporting period) and that any support required of the Trust Board has been identified and is being implemented.	Yes
9	Evidence in the Trust Board (or an appropriate Trust committee with delegated responsibility) minutes that progress with the maternity and neonatal culture improvement plan is being monitored and any identified support being considered and implemented.	Yes

Safety action No. 10

Have you reported 100% of qualifying cases to the Maternity and Newborn Investigation (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have you reported of all qualifying cases to MNSI from 8 December 2023 to 30 November 2024.	Yes
2	Have you reported of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 until 30 November 2024.	Yes
3	Have all eligible families received information on the role of MNSI and NHS Resolution's EN scheme	Yes
4	Has there been compliance, for all eligible cases, with regulation 20 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014 in respect of the duty of candour?	Yes
5	Has Trust Board had sight of Trust legal services and maternity clinical governance records of qualifying MNSI/ EN incidents and numbers reported to MNSI and NHS Resolution.	Yes
6	Has Trust Board had sight of evidence that the families have received information on the role of MNSI and NHS Resolution's EN scheme?	Yes
7	Has Trust Board had sight of evidence of compliance with the statutory duty of candour?	Yes
8	Have you completed the field on the Claims reporting wizard (CMS), whether families have been informed of NHS Resolution's involvement, completion of this will also be monitored, and externally validated.	Yes

NHS Resolution

Section A : Maternity safety actions - Stockport NHS Foundation Trust

Action No.	Maternity safety action	Action met? (Y/N)	Met	Not Met	Info	Check Response	Not filled in
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	Yes	6	0	0	0	0
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Yes	2	0	0	0	0
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	Yes	3	0	0	0	0
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Yes	12	0	0	0	0
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes	6	0	0	0	0
6	Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	Yes	6	0	0	0	0
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users	Yes	6	0	0	0	0
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	Yes	19	0	0	0	0
9	Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?	Yes	9	0	0	0	0
10	Have you reported 100% of qualifying cases to the Maternity and Newborn Investigation (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?	Yes	8	0	0	0	0

NHS Resolution

Section B : Action plan details for Stockport NHS Foundation Trust

An action plan should be completed for each safety action that has not been met

Action plan 1

Safety action		**To be met by**	
Work to meet action	*Brief description of the work planned to meet the required progress.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	
Action plan owner	*Who is responsible for delivering the action plan?*		
Lead executive director	*Does the action plan have executive sponsorship?*		
Amount requested from the incentive fund, if required			
Reason for not meeting action	*Please explain why the trust did not meet this safety action*		
Rationale	*Please explain why this action plan will ensure the trust meets the safety action.*		
Benefits	*Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*		
Risk assessment	*What are the risks of not meeting the safety action?*		

	How?	Who?	When?
Monitoring			

Action plan 2

Safety action		**To be met by**	
Work to meet action	*Brief description of the work planned to meet the required progress.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	
Action plan owner	*Who is responsible for delivering the action plan?*		
Lead executive director	*Does the action plan have executive sponsorship?*		
Amount requested from the incentive fund, if required			
Reason for not meeting action	*Please explain why the trust did not meet this safety action*		
Rationale	*Please explain why this action plan will ensure the trust meets the safety action.*		
Benefits	*Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*		
Risk assessment	*What are the risks of not meeting the safety action?*		

	How?	**Who?**	**When?**
Monitoring			

Action plan 3

Safety action		**To be met by**	
Work to meet action	*Brief description of the work planned to meet the required progress.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	
Action plan owner	*Who is responsible for delivering the action plan?*		
Lead executive director	*Does the action plan have executive sponsorship?*		
Amount requested from the incentive fund, if required			
Reason for not meeting action	*Please explain why the trust did not meet this safety action*		
Rationale	*Please explain why this action plan will ensure the trust meets the safety action.*		
Benefits	*Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*		
Risk assessment	*What are the risks of not meeting the safety action?*		

	How?	**Who?**	**When?**
Monitoring			

Action plan 4

Safety action		**To be met by**	
Work to meet action	*Brief description of the work planned to meet the required progress.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	
Action plan owner	*Who is responsible for delivering the action plan?*		
Lead executive director	*Does the action plan have executive sponsorship?*		
Amount requested from the incentive fund, if required			
Reason for not meeting action	*Please explain why the trust did not meet this safety action*		
Rationale	*Please explain why this action plan will ensure the trust meets the safety action.*		
Benefits	*Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*		
Risk assessment	*What are the risks of not meeting the safety action?*		

	How?	**Who?**	**When?**
Monitoring			

Action plan 5

Safety action		**To be met by**	
Work to meet action	*Brief description of the work planned to meet the required progress.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	
Action plan owner	*Who is responsible for delivering the action plan?*		
Lead executive director	*Does the action plan have executive sponsorship?*		
Amount requested from the incentive fund, if required			
Reason for not meeting action	*Please explain why the trust did not meet this safety action*		
Rationale	*Please explain why this action plan will ensure the trust meets the safety action.*		
Benefits	*Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*		
Risk assessment	*What are the risks of not meeting the safety action?*		

	How?	**Who?**	**When?**
Monitoring			

Action plan 6

Safety action		**To be met by**	
Work to meet action	*Brief description of the work planned to meet the required progress.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	
Action plan owner	*Who is responsible for delivering the action plan?*		
Lead executive director	*Does the action plan have executive sponsorship?*		
Amount requested from the incentive fund, if required			
Reason for not meeting action	*Please explain why the trust did not meet this safety action*		
Rationale	*Please explain why this action plan will ensure the trust meets the safety action.*		
Benefits	*Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*		
Risk assessment	*What are the risks of not meeting the safety action?*		

	How?	**Who?**	**When?**
Monitoring			

Action plan 7

Safety action		**To be met by**	
Work to meet action	*Brief description of the work planned to meet the required progress.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	
Action plan owner	*Who is responsible for delivering the action plan?*		
Lead executive director	*Does the action plan have executive sponsorship?*		
Amount requested from the incentive fund, if required			
Reason for not meeting action	*Please explain why the trust did not meet this safety action*		
Rationale	*Please explain why this action plan will ensure the trust meets the safety action.*		
Benefits	*Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*		
Risk assessment	*What are the risks of not meeting the safety action?*		

	How?	**Who?**	**When?**
Monitoring			

Action plan 8

Safety action		**To be met by**	
Work to meet action	*Brief description of the work planned to meet the required progress.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	
Action plan owner	*Who is responsible for delivering the action plan?*		
Lead executive director	*Does the action plan have executive sponsorship?*		
Amount requested from the incentive fund, if required			
Reason for not meeting action	*Please explain why the trust did not meet this safety action*		
Rationale	*Please explain why this action plan will ensure the trust meets the safety action.*		
Benefits	*Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*		
Risk assessment	*What are the risks of not meeting the safety action?*		

	How?	**Who?**	**When?**
Monitoring			

Action plan 9

Safety action		**To be met by**	
Work to meet action	*Brief description of the work planned to meet the required progress.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	
Action plan owner	*Who is responsible for delivering the action plan?*		
Lead executive director	*Does the action plan have executive sponsorship?*		
Amount requested from the incentive fund, if required			
Reason for not meeting action	*Please explain why the trust did not meet this safety action*		
Rationale	*Please explain why this action plan will ensure the trust meets the safety action.*		
Benefits	*Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*		
Risk assessment	*What are the risks of not meeting the safety action?*		

	How?	**Who?**	**When?**
Monitoring			

Action plan 10

Safety action		**To be met by**	
Work to meet action	*Brief description of the work planned to meet the required progress.*		
Does this action plan have executive level sign off		**Action plan agreed by head of midwifery/clinical director?**	
Action plan owner	*Who is responsible for delivering the action plan?*		
Lead executive director	*Does the action plan have executive sponsorship?*		
Amount requested from the incentive fund, if required			
Reason for not meeting action	*Please explain why the trust did not meet this safety action*		
Rationale	*Please explain why this action plan will ensure the trust meets the safety action.*		
Benefits	*Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.*		
Risk assessment	*What are the risks of not meeting the safety action?*		

	How?	**Who?**	**When?**
Monitoring			

NHS Resolution

Maternity Incentive Scheme - Year 6 Board declaration form

Trust name	**Stockport NHS Foundation Trust**
Trust code	**T572**

All electronic signatures must also be uploaded. Documents which have not been signed will not be accepted.

	Safety actions	Action plan	Funds requested	Validations
Q1 NPMRT	Yes		-	
Q2 MSDS	Yes		-	
Q3 Transitional care	Yes		-	
Q4 Clinical workforce planning	Yes		-	
Q5 Midwifery workforce planning	Yes		-	
Q6 SBL care bundle	Yes		-	
Q7 Patient feedback	Yes		-	
Q8 In-house training	Yes		-	
Q9 Safety Champions	Yes		-	
Q10 EN scheme	Yes		-	
Total safety actions	**10**	**-**		
Total sum requested			**-**	

Sign-off process confrming that:

* The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets standards as set out in the safety actions and technical guidance document and that the self-certification is accurate.

* The content of this form has been discussed with the commissioner(s) of the trust's maternity services
* There are no reports covering either **this year (2024/25) or the previous financial year (2023/24)** that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration. Any such reports must be brought to the MIS team's attention.
* If declaring non-compliance, the Board and ICS agree that any discretionary funding will be used to deliver the action(s) referred to in Section B (Action plan entry sheet)
* We expect trust Boards to self-certify the trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of Board governance which will be escalated to the appropriate arm's length body/NHS System leader.

Electronic signature of Trust Chief Executive Officer (CEO):	
For and on behalf of the Board of	Stockport NHS Foundation Trust
Name:	
Position:	
Date:	

Curtis Sykes 14/02/2025 08:09:36

Electronic signature of Integrated Care Board Accountable Officer:	
In respect of the Trust:	Stockport NHS Foundation Trust
Name:	
Position:	
Date:	

Signatures added in PDF	

NHS Stockport NHS Foundation Trust

				Agenda No.	20
Meeting date	6 February 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Board Assurance Framework 2024/25 – Quarter 3				
Director Lead	Karen James, Chief Executive	**Author**	Rebecca McCarthy, Trust Secretary		

Paper For:	**Information**		**Assurance**		**Decision**	X
Recommendation:	The Board of Directors is asked to review and approve the Board Assurance Framework 2024/25 as at Q3, including action proposed to mitigate risks.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
X	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in

		Stockport
X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
X	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
X	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
X	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
X	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
X	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
X	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
X	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
X	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	PR 4.2
Financial impacts if agreed/not agreed	PR 6.1 & 6.2
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	PR 7.3

Executive Summary

The Trust maintains a Board Assurance Framework (BAF) as a key tool to manage and mitigate strategic risk to the achievement of the corporate objectives that have been agreed by the Board.

Principal risks within the BAF 2024/25 have been assigned to a relevant Board assurance committee for oversight, with review of risks having taken place during January 2025. Principal Risks 2.1, 3.1, 3.2, 3.3 and 5.1 are overseen by the Board of Directors due to the cross cutting nature of the risk and consideration of such matters via the Board of Directors.

The BAF as at end of Q3 2024/25 is provided at Appendix 1. This has been updated to reflect feedback from the Director risk leads and overseen and supported by the relevant Board Committees following review in January 2025. The principal risks assigned to Quality Committee (PR 1.1 and PR5.2) were not reviewed by the Quality Committee due to the meeting being stood down in January. All changes made to

the BAF risks since they were last presented to the Board in October 2024 are highlighted in blue font, or strikethrough text, for ease of reference.

There are no proposed changes to the risk scores proposed for Q3, with risk associated with the Trusts ageing estate remains the highest scoring risk on the BAF. Other significant principal risks (risk score 15+) relate to operational performance, specifically non-elective care; finance, including delivery of the annual financial plan and future financial sustainability; and quality of care.

Current principal risks are prioritised as:

No.	Principal Risk	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Target Score
PR7.2	There is a risk that the estate is not fit for purpose and does not meet national standards	20	25	25	**25**	8
PR7.4	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus	20	20	20	**20**	8
PR1.2	There is a risk that patient flow across the locality is not effective	16	16	16	**16**	8
PR6.1	There is a risk that the Trust does not deliver the annual financial plan	16	16	16	**16**	8
PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan	16	16	16	**16**	8
PR1.1	There is a risk that the Trust does not deliver high quality care to service users.	12	20	15	**15**	8
PR1.3	There is a risk that the Trust does not have capacity to deliver elective restoration.	16	16	12	**12**	8
PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing.	12	12	12	**12**	8
PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities.	NEW	12	12	**12**	8
PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised.	NEW	12	12	**12**	8
PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values	16	16	12	**12**	8
PR7.3	There is a risk that the Trust does not materially improve environmental sustainability.	12	12	12	**12**	8
PR7.1	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy.	9	12	12	**12**	6
PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve	9	9	9	**9**	6

	primary and secondary health outcomes.					
PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport.	9	9	9	**9**	6
PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served	9	9	9	**9**	6
PR5.1	There is a risk that the Trust does not implement high quality transformation programmes.	9	9	9	**9**	6
PR5.2	There is a risk that the Trust does not implement high quality research & development programmes.	6	6	6	**6**	6

In addition, the Trust's significant risks from the corporate risk register (as presented to Risk Management Committee in January 2025), are provided at Appendix 2 to ensure alignment between operational and principal risks. The significant risks relate to the following areas:

Risk Subtype	**No of relevant significant risks**	**Risks Identified**
Environment	6	2452 – Pathology estate not fit for purpose (15) 2247 – Electrical capacity (15) 2596 – Cooling in Beech House Data Centre (16) 2196 – Dangerous & obstructive car parking on SHH site (15) 2765 – Constraints in capital and revenue funding resulting in inability to maintain safe, fully functioning hospital site (20) 586 - There is a risk of deterioration of the hospital site due to a significant increase in Estate Backlog Maintenance (16)
Capacity and demand of services	3	2304 – Patient delays transferring from ambulance to ED (20) 2713 – Capacity and demand in ED leading to overcrowding (20) 2922 – Impact of noise in theatres on patient experience, safety and capacity (15)
Compliance with standards	2	2650 – Paediatric Audiology (20) 2940 – Risk of loss of community antenatal clinics in GP practices (16)
Infection Prevention and Control	1	288 – Provision of robust service for VAD insertion (15)
Staffing	1	2717 – Impact of noise in theatres on staff wellbeing (20)
IT systems	1	2908 – Loss of access to PAS (20)

Stockport NHS Foundation Trust

Board Assurance Framework

2024/25

Corporate Objectives 2024/25

1. Deliver personalised, safe and caring services.
2. Support the health and wellbeing needs of our community and colleagues.
3. Develop effective partnerships to address health and wellbeing inequalities.
4. Develop a diverse, talented and motivated workforce to meet future service and user needs.
5. Drive service improvement through high quality research, innovation and transformation.
6. Use our resources efficiently and effectively.
7. Develop our estate and digital Infrastructure to meet service and user needs.

1. Key to Board Assurance Framework

CONSEQUENCE MARKERS		LIKELIHOOD MARKERS		
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely	No effective control; or ≥1 in 5 chance within 12 months
4	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Directorates; Extended service closure	4	Somewhat Likely	Weak control; or ≥1 in 10 chance within 12 months
3	Moderate harm – medical treatment required up to 1 year; £100k – £1m loss; Temporary disruption to one or more Directorates; Service closure	3	Possible	Limited effective control; or ≥1 in 100 chance within 12 months
2	Minor harm – first aid treatment required up to 1 month; £50k - £100K loss; or Temporary service restriction	2	Unlikely	Good control; or ≥1 in 1000 chance within 12 months
1	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Extremely Unlikely	Very good control; or < 1 in 1000 chance (or less) within 12 months

Risk Matrix					
Impact	Likelihood				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

Gap Score Matrix (Difference between Target Score and Current Score)	
Gap score ≤0	Risk target achieved
Gap score 1 - 5	Tolerable
Gap score 6 - 9	Close monitoring
Gap score 10	Concern
Gap score > 10	Serious

2. Risk Appetite Framework

Risk Level ➡ **Key Elements** ⬇	**Avoid** Avoidance of risk is a key organisational objective.	**Minimal** Preference for very safe delivery options that have a low degree of inherent risk and may only have a limited reward potential.	**Cautious** Preference for safe delivery options that have a low degree of residual risk and may only have a limited reward potential.	**Open** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	**Seek** Eager to be innovative and to choose options which may offer higher levels of reward, despite greater inherent risk.	**Mature** Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust and highly embedded.
Financial / Value for Money How will we use our resources	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
Compliance / Regulatory How will we be perceived by our regulator	We have no appetite for decisions that may compromise compliance with statutory, regulatory of policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident, we would be able to challenge this successfully	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
Quality / Outcomes How will we deliver quality services	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
Reputation How will we be perceived by the public and our partners	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
People How will we be perceived by our workforce	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.
Innovation How will we transform services	We have no appetite for decisions to innovate, our aim is to maintain or protect, rather than to create or innovate. General avoidance of system / technology developments.	We will avoid innovations unless essential or commonplace elsewhere. Only essential systems / technology developments to protect current operations.	We tend to stick to the status quo, innovations generally in practice avoided unless really necessary. Systems / technology developments limited to improvements to protection of current operations.	We support innovation, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery.	We will pursue innovation – desire to 'break the mould' and challenge current working practices. New systems / technologies viewed as a key enabler of operational delivery.	Innovation is the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new systems / technologies as catalyst for operational delivery.
Appetite	**None**	**Low**	**Moderate**	**High**	**Significant**	

3. Heat Map & Gap Analysis

Risk Matrix					
Impact	**Likelihood**				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible					
2 - Minor					
3 - Moderate		**5.2**	**3.1, 4.2, 5.1**	**7.3**	
4 - Major			**1.3, 2.1, 3.2, 3.3, 4.1, 7.1**	**1.2, 6.1, 6.2**	**7.4**
5 - Catastrophic			**1.1**		**7.2**

Gap Score Matrix (Difference between Target Score and Current Score)		
Gap score ≤0	Risk target achieved	**5.2**
Gap score 1 - 5	Tolerable	**1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2, 5.1, 7.1**
Gap score 6 - 9	Close monitoring	**1.1, 1.2, 6.1, 6.2, 7.3**
Gap score 10	Concern	
Gap score > 10	Serious	**7.2, 7.4**

4. Board Assurance Framework 2024/25

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
Principal Risk Number: PR1.1				**Risk Appetite: Moderate**														
There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards.	Quality Committee	Quality Committee Subgroups established to direct policies and procedures relating to: Patient Safety, Clinical Effectiveness, Patient Experience, Health & Safety, Integrated Safeguarding Divisional Quality Boards established. SFT Quality Strategy 2021-2024 - Established subgroup of Patient Safety Group - Quality Safety & Improvement Group SFT Patient, Carer, Family & Friends Experience Strategy 2022-2025 SFT Mental Health Plan 2022-2025 CQC Action Plans in place for ED (2022) and Maternity (2024) Board approved Patient Safety Incident Response Plan, Aug 2023 PSIRF Policy (March 2023) Implementation commenced from April 2024 Established process for managing and learning from: - Incidents including ~~Serious~~ Patient Safety Incidents ~~and patient flow associated harms.~~ - Duty of Candour - Complaints - Legal Claims Mechanisms in place to gather patient experience: - Family & Friends - Carers Opinion - Patient Stories - Walkabout Wednesday - Senior Nurse Walkarounds - Feedback Friday Clinical Audit & NICE Guidelines - Established clinical audit programme including national and locally prioritised audit based on risk assessment. - Compliance Review Process – All NICE documents relevant to SFT portfolio - Established process for review of NICE Guidelines Learning from Deaths	~~Impact of employee relations & industrial action issues~~ Impact of continuing operational pressures Poor quality of estate including closure of Outpatients B and additional estate failures. ~~Ineffective system for control of clinic outcome i.e., patient discharge v's clinical follow up required.~~ Newly established, but not embedded, system for control of clinical outcomes using CLIO software.	**Level 1 - Management:** Divisional Quality Boards (Monthly) – Quality & Safety Integrated Performance Report Divisional Clinical Audit Meeting (Quarterly) **Level 2 – Corporate** Quality Committee: - Quality IPR - Key Issues Reports: o Patient Safety (~~Serious~~ Patient Safety Incidents & Duty of Candour ~~including review of harms from each industrial action~~) o Clinical Effectiveness (Clinical Audit, including Clinical Audit Forward Plan, & NICE Compliance) o Patient Experience o Health & Safety o Integrated Safeguarding - CQC Report including CQC Action Plan Update, CQC Preparation (Quarterly) - CQC Inspection – Maternity Services – ~~High Level Feedback (Report Pending)~~ - StARS Position Statement & Key Themes (Quarterly) - Patient Safety Report (Quarterly) (Incidents, PALS/Complaints, Inquests, Claims) - Quality Strategy Progress Report (Biannually) - Maternity Services Report - Incorporates all improvement/action plans including: CNST, Saving Babies Lives, Continuity of Carer, Ockenden Report, Maternity Safety Support Programme (MSSP) - LMNS Insight Report ~~NHSE/I NW~~ - Learning from Deaths Reports / Mortality Reviews (Quarterly) - Management of External Visits, Inspections & Accreditations Report Board of Directors: - IPR - Safe Care Report including nurse establishments/E-roster (Quarterly) and Annual Nursing Establishments Review - Guardian of Safe Working / Freedom to Speak Up Report to Board (Bi-annually) - Quality Strategy (Annual) Annual Quality Accounts	Indirect or subtle harm from operational pressures or poor quality of estate may be difficult to identify. Unknown degree of escalation from GP collective action in 2025	Patient Follow Up - Task and Finish Group to oversee determined action: Divisional focus on review of highest risk cohort. Risk stratification of patient list through AI validation (Report via Patient Safety Group) ~~Plan for development of refreshed Quality Strategy~~ Development session for Joint Quality Strategy (SFT and T&G) Revised Patient Experience Strategy	~~Q3~~ Q4 2024/25 ~~September 2024~~ February 2025 April 2025	5	3	15	12	20	15	15		4	2	8

4. Board Assurance Framework 2024/25

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
		- Mortality Review Policy - Learning from Deaths Review process - Medical Examiner Team - Freedom to Speak Up process established. ~~New~~ Governance system for end of life care established, including internal group reporting to Stockport End of Life Care forum. External Visits & Accreditations Register ~~Learning from Industrial Action Reviews established.~~ StARS – Ward and Community Assurance & accreditation process established. Also established for: Paediatrics, Maternity, Theatres, Community. Safe Staffing - Defined Nurse Establishments - Defined Medical Establishments - Healthcare Scientist Establishments - Medical Job Planning process in place - Medical Appraisal & Revalidation process in place including quality assessment Introduction of internal Professional Standards & Dispositions for ED escalation Maternity Improvement Plan in place and Maternity Strategy. Executive & Non-Executive Maternity Safety Champions in place, visits & meetings schedule. ~~Trust & GM Command & Control Process established - Before, During and After Strike Action.~~ GM oversight of GP collective action. Established Quality Impact Assessment in place for CIP – Sign off by Medical Director, Chief Nurse and Director of People & OD, Director of Operations QIA process part of all Business Cases – All Business Cases reviewed by Exec Team		**Level 3 - Independent** GM Clinical Quality & Effectiveness Group provide high level surveillance for harm. Friends & Family Test National Patient Experience Surveys: - Adult Inpatient Survey - National Cancer Survey - Emergency Department Survey MIAA Internal Audits 2022-23: - Risk Management (Substantial) - Clinical Audit (Substantial) - StARS (Substantial) MIAA Internal Audits 2023-24 - Medical Staffing (Substantial) - Quality Spot Checks (Limited) GMC Medical Trainees Survey LMNS & Region Visits (Latest October 2024) Emergency Department Keeping Patients Safe – Return to ICB. ED Visit from GM ICB (Dec 2024) & Report.											
Principal Risk Number: PR1.2								**Risk Appetite: Moderate**										
There is a risk that patient flow across the locality is not effective which may lead to patient harm, suboptimal user experience, and inability to achieve national access standards for urgent & emergency care	Finance & Performance Committee	Established models of emergency and urgent care in place in line with national standards. Rapid Ambulance Handover process in place. 'Programme of Flow' established. Reporting via Service Improvement Group Virtual Ward established.	Capacity constraints in domiciliary & bed-based care impacting on levels of patients with no criteria to reside (NCTR). High levels of delayed discharges. Significant increase in unfunded non-elective	**Level 1 – Management** Divisional Operations Boards (Monthly) – Performance Management Report ED Attendance Overall bed occupancy rate Patients No Criteria to Reside ED 4 Hour Target Performance Ambulance Handover times ED 12 hour waits Time to triage Daily Bed meetings (x 4)				4	4	16	16	16	16	16		4	2	8

4. Board Assurance Framework 2024/25

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
		Weekly ED Performance Meeting Chaired by Director of Operations Weekly – Locality Patient Flow meeting established. System wide Urgent & Emergency Care (UEC) Board in place (oversight of patient flow management plans). Locality Action Plan in place following recommendations from ECIST. Trust and system escalation process in place, aligned to a single OPEL system – Including divert of resource from elective activity to support flow. Bed Modelling – 18 Month Plan Workforce models in place – Reflect demand and flexible to adapt to surges. Learning from Deaths process includes: - Delayed admission - Delayed discharge Patient Flow Associated Harms – Review via Quality Committee. Robust phasing programme for building works as part of EUCC to ensure no loss of capacity. Best Practice Learning Visits - Chelsea & Westminster FT	demand due to levels of patients with NCTR. Lack of standardised 7-day services across medical & surgical specialties to support discharge of non-elective patients. Locality Plan relating to intermediate care capacity not agreed with Trust – Reduction in capacity for Pathway 1 and Pathway 2.	System dashboard of acute, intermediate and domiciliary care capacity **Level 2 – Corporate** Divisional Performance Review (Monthly) including targeted 'Deep Dives' Finance & Performance Committee - Operational Performance Report (Monthly) - Themes from Performance Review Urgent & Emergency Care GIRFT – Chaired by Medical Director ECIST & GIRFT Tier 1 Action Plan - Monitored weekly via 4 Hour Clinical Standard Improvement Group Integrated Performance Report – Board (Bimonthly) **Level 3 – Independent** Urgent & Emergency Care Delivery Board NHSE – Activity Returns NHS GM UEC Oversight Meeting – Including Trust & Locality and Provider Oversight Meeting GM ICS reporting aligned to Tier 1 – Urgent Care ECIST & GIRFT Tier 1 Deep Dive Report – Action Plan		NHSE Follow Up – Agree further support from ECIST to support 4 hour standard. ~~Further support. Offer to be reviewed.~~ Best Practice Learning Visits - ~~Chelsea & Westminster FT~~ & Bolton FT	~~October 2024~~ Q4 2024/25 ~~October 2024~~ Q4 2024/25								
Principal Risk Number: PR1.3								**Risk Appetite: Moderate**										
There is a risk that the Trust does not have capacity to deliver elective, diagnostic and cancer care, including the clearance of surgical backlog caused by the Covid-19 pandemic, which may lead to suboptimal patient safety, outcomes and experience and inability to achieve national access standards for elective care.	Finance & Performance Committee	Biweekly Trust Performance Meeting. Escalation process in place with Performance Team – 65+ week wait patients and any P2/cancer patients that are not dated. Cancer Quality Improvement Board established chaired by Lead Cancer Clinician GIRFT Programmes in place for all Surgical & Medical Specialties. Booking & Scheduling centralisation Board approved Expanding Elective Care Business Case – In year scheme 2024/25.	Workforce – Sickness Absence & Recruitment Impact of urgent care pressures on elective capacity Delivery of national access standards predicated on availability of GM mutual aid Significant increase in referrals for elective care, including from out of area. Cumulative impact of industrial action (Consultants & Juniors) having significant adverse	**Level 1 – Management** Divisional Operations Boards (Monthly) Trust Performance Meeting: - Elective demand - Activity v Plan (Waits) - % Patients on PIFU - Levels Advice & Guidance - Theatre Utilisation - Outpatient Utilisation - Endoscopy Utilisation Activity Management Group – Data review of elective activity **Level 2 – Corporate** Divisional Performance Review (Quarterly) including targeted 'Deep Dives' Finance & Performance Committee Operational Performance Report (Monthly) 52+ week waits 65+ week waits		Finalise recurrent investment to expand elective capacity – to achieve sustainability of elective access ~~GM and Regional Team discussion re Tiering status~~	~~Q3 2024/25~~ Q4 2024/25 ~~Q3 2024/25~~	4	3	12	16	16	12	12		4	2	8

4. Board Assurance Framework 2024/25

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
			impact on unbooked and cancelled appointments. Loss of Outpatients B Department	Overall RTT waiting list size (Including monitoring review of Expanding Elective Care Business Case) Cancer 2ww Cancer 62 day Diagnostic waits Quality Committee Patient Safety Report including review of harms (4 x year) Integrated Performance Report (Operational Performance) – Board (Bimonthly) **Level 3 – Independent** ~~SFT Tier 1 Elective Restoration Monitoring~~ NHSE – Activity Returns GM & National productivity ranking.													

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and colleagues																		
Principal Risk Number: PR2.1				**Risk Appetite: High**														
There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing, leading to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high quality care.	People Performance Committee	Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession Planning Approved Organisational Development Plan 2023-2025 Approved Health and Wellbeing Plan 2024. Approved People policies, procedures, guidelines and/or action cards in place (including. staff development; appraisal process; sickness and relationships at work policy) Vaccination programmes for both Influenza, Covid and MMR established. Comprehensive staff wellbeing programme established including staff psychology and wellbeing service and staff menopause service. Collaborative Occupational Health Service with T&G – including Staff Counselling Service & Physio Fast Track Service.G2 eOPAS IT system upgrade complete. Dying to Work Charter Big Conversation programme established. Process to improve response rate of 'reason for leaving' in place. Award & Recognition including Staff Awards (Oct 2022), MADE Awards, Long Service Awards Wellbeing Guardian supported by Schwartz Rounds Freedom to Speak Up Guardian / Guardian of Safe Working Divisional Staff Survey Action Plans in place. Confirmed approach to flexible working. Industrial Action Planning Group in place Regular deep dive review sickness absence led by Deputy Director of People & OD established.	Embedded approach to Wellbeing Conversations ~~Impact of employee relations & industrial action issues on morale and wellbeing~~ Impact of continuing operational & external/internal financial pressures	**Level 1 - Management:** People, Engagement & Leadership Group - People Plan – Workstream Reports - Health & Wellbeing Plan 2024 – Workstream Reports - Health and Wellbeing Steering Group Equality Diversity & Inclusion Steering Group - EDI Strategy Industrial Action Planning Group **Level 2 – Corporate** Performance Reviews – Workforce Metrics NHS People Plan Self-Assessment People Performance Committee - People Plan Update (bimonthly) - Workforce KPIs (bimonthly) - Freedom to Speak-up Report (Quarterly) - Freedom to Speak-up Guardian (Bi-annually) Integrated Performance Report (Workforce) - Board (Bimonthly) **Level 3 - Independent** CQC Well-led Mapping Report – Recognition of Staff Health & Wellbeing offer NHS National Staff Survey MIAA Staff Wellbeing Review, February 2024 – Substantial Assurance.		National Flexible Working Policy approved at ~~to be discussed at PDG and~~ JCNC. National Sexual Safety Policy approved to be ratified a JCNC. Evaluation of the awareness & training sessions for sexual harassment in the workplace & responding to first disclosure. Communication & implementation Sexual Safety Policy & anonymised online reporting tool. ~~Staff Survey 2024 roll out with Comms Plan~~	~~November 2024~~ January 2025 January 2025 March 2025 ~~Sept 2024~~	4	3	12	12	12	12	12		4	2	8

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and colleagues																		
Principal Risk Number: PR2.2				**Risk Appetite: Moderate**														
There is a risk that the Trust does not actively participate in and progress local collaborative programmes and neighbourhood working leading to suboptimal improvement in primary and secondary health and well-being outcomes.	Board of Directors	Board of Directors – Place Collaboration Reporting in place.	Unfunded growth in demand for community services Capacity & demand modelling for community services to support appropriate deployment of resources. Alignment of Community Services to PCNs – Potential change to PCN geographical footprints Planning Guidance 2025/26 not yet received and 10 Year Planning development – Implications for neighbourhood working.	**Level 1 – Management** Divisional Quality & Operations Boards (Monthly) Performance Management Report Adult's: Neighbourhood Leadership Group (Monthly) Children's: - Joint Public Health Oversight Group - SEND Joint Commissioning Group - CYP mental health & Well-being Partnership Board - Joint Safeguarding Board	Community Services Dashboard	Align Trust community services & workforce to PCNs	Ongoing	3	3	9	9	9	9	9		3	2	6
				Level 2 – Corporate Divisional Performance Review (Monthly) including targeted 'Deep Dives' Locality Provider Partnership (Monthly) Locality Board (Monthly)		~~Board of Directors – Place Collaboration Report~~ Review of Planning Guidance 2025/26 Review of 10 Year Plan	~~October 2024~~ January 2025 June 2025											
				Level 3 – Independent Children's – SEND Inspection Ofsted Report – 'Good' SALT – External multiagency review – Pathways & capacity and demand														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 3 - Develop effective partnerships to address health and wellbeing inequalities																		
Principal Risk Number: PR3.1					**Risk Appetite: Significant**													
There is a risk the Trust does not contribute to effective place-based partnership arrangements that support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board, leading to a delay in the delivery of models of care, which support improvements in health inequalities in the local population.	Board of Directors	Locality ICS arrangements developed and approved by partners. CEO and Chair members of Stockport Health & Wellbeing Board ONE Stockport Health and Care Board (Locality Board) operational. Membership includes CEO, Chief Finance Officer and Director of Strategy & Partnerships ONE Stockport One Future Plan and ONE Stockport Health and Care Plan. Stockport Provider Partnership chaired by SFT CEO Provider Partnership identified four key workstreams based on population health metrics. Operational Planning Guidance and Priorities for 2024/25 in Trust Operational Plan Public Health Registrar (0.4WTE) in post 1st Aug 24 Board of Directors – Place Collaboration Report & Health Inequalities Self-Assessment Report Neighbourhood profiles to be produced by Local Authority / GM BI.	Controls not yet established in full for the management of the ONE Stockport Health & Care Plan Provider Partnership workstreams are at different stages of development	**Level 1 – Management** Four workstreams meetings and workshops Locality Executive Meeting (Monthly) **Level 2 – Corporate** Executive Team / Finance & Performance Committee oversight of key strategic matters Trust Board Reports (6 monthly) and as required and CEO Report including key strategic developments - ICS - Stockport ONE Health & Care Plan Joint system meetings on ONE Stockport One Future plan Locality Provider Partnership (Monthly) Locality Board (Monthly) ICS Executive Meeting (Monthly) **Level 3 – Independent** Health & Wellbeing Board	Priorities and metrics for each of the four workstreams Robust neighbourhood data to enable Provider Partnership to measure improvement in population health outcomes ~~Completion of NHS providers Health Inequalities Self-Assessment Tool~~	Develop a plan for each workstream with identified improvement metrics ~~Neighbourhood profiles to be produced by Local Authority / GM BI~~ ~~Board of Directors – Place Collaboration Report & Health Inequalities Self-Assessment Report~~ Health Inequality Self-Assessment Action Plan and governance arrangements.	~~Q3~~ Q4 2024/25 ~~Q2 2024/25~~ ~~October 2024~~ Q4 2024/25	3	3	9	9	9	9	9		3	2	6
Principal Risk Number: PR3.2					**Risk Appetite: Significant**													
There is a risk that the Trust does not contribute to, and as part of the Greater Manchester Integrated Care System (GM ICS) collectively deliver on the collaborative working opportunities that exist within GM leading to limited-service resilience, unwarranted variation of services and inequality in health outcomes for the populations served.	Board of Directors	GM Trust Provider Collaborative GM (TPC) established. Chaired by SFT CEO Relevant SFT Directors part of GM TPC System Boards (Cancer, Elective, Urgent & Emergency Care, Diagnostics, Mental Health and Sustainable Services) GM TPC Director Groups established (Chief Data Officers, Chief Information Officers, Chief Nurses, Chief Operating Officers, Executive Medical Directors, HR Directors, Directors of Finance, Directors of Strategy) East Cheshire Programme Board and weekly operational meetings	No capital or revenue funding identified from commissioners/ICB GM Single Improvement Plan and Sustainability Plans to be developed	**Level 1 – Management** Weekly East Cheshire operational meetings **Level 2 – Corporate** Monthly TPC and Director Group meetings Workplans for each Director Group in place **Level 3 – Independent** Oversight and engagement with the ICB and NHSE		Refreshed ECT Case for Change based on Joint Clinical Strategy to be presented to Board. GM Single Improvement Plan & Sustainability Plan to be presented to Provider Boards including GM Acute Provider Collaboration	Q4 2024/25 ~~TBC~~ Q4 2024/25	4	3	12	New Risk	12	12	12		4	2	8
Principal Risk Number: PR3.3					**Risk Appetite: Significant**													
There is a risk that the Trust does not deliver on the collaborative working opportunities	Board of Directors	Clinical Service Partnership Group in place between both Trusts	Failure to gain key support from staff and agreement on the resulting service by	**Level 1 – Management** Clinical Service Partnerships group		Case for change for clinical services for radiology & gastroenterology	Ongoing	4	3	12	New Risk	12	12	12		4	2	8

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 3 - Develop effective partnerships to address health and wellbeing inequalities																		
that exist with Tameside and Glossop Integrated Care Trust (TGICT) leading to suboptimal pathways of care for the populations served and/or limited-service resilience across the footprint of both Trusts		Corporate services collaborative working in place. Joint Executive Director and Senior Manager roles in place, with single Joint Executive Team in place from January 2025.	service Case for Change. Currently no funding for the programme of work for 2024/25 financial year and use of existing capacity No current revenue or capital or recurrent funding identified to support future service changes in 2024/25.	**Level 2 – Corporate** Executive Team - Oversight of Key Issues Board of Directors SFT and T&G Collaboration Report **Level 3 – Independent** Awareness and engagement of the ICB and NHSE		Development of Joint Clinical Strategy, based on learning from case for change for radiology and gastroenterology and development of divisional plans.	Q1 2025/26											

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 4 - Develop a diverse, capable and motivated workforce to meet future service and user needs																		
Principal Risk Number: PR4.1				**Risk Appetite: High**														
There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit & retain the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience.	People Performance Committee	National Long Term Workforce Plan Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession planning E-rostering and Job Planning in place to support staff deployment. E-Rostering Workforce Group established. Medical Workforce Group established. Defined safe medical and nurse staffing levels for all wards and departments. Safe Staffing Standard Operating Procedure deployed. Temporary staffing and approval processes with defined authorisation levels Weekly Staffing Approval Group (SAG) Workforce Efficiency Group established. Bank & Agency Usage Deep Dive Undertaken. Mandatory Training Requirements set. Realignment of Role Essential Training Requirements Range of leadership and management development training sessions available with enhancements of leadership and development offer continuing as identified within OD Plan. Local/ Regional/National Education partnerships Alternative development pipelines in place – Degree Apprenticeships, Medical Support Workers, Cadet Programmes. Workforce Strategy & Divisional Workforce Plans Refreshed Appraisal Process in place	National workforce shortages particularly for some medical posts exist (e.g. Radiologists, Acute/Stroke Physicians) work continues to attract to these roles/consider alternatives Embedded system for identifying and managing talent not yet available Restrictions on staff capacity to attend and participate in mandatory/statutory training. Bank and agency staff costs above target. Escalation areas remaining open – staffing additional areas required.	**Level 1 - Management** People, Engagement & Leadership Group - People Plan – Workstream Reports Educational Governance Group - Exception reports for Mandatory & Role Essential Training, Attendance Equality, Diversity & Inclusion Steering Group - Staff Networks **Level 2 – Corporate** People Performance Committee – - Workforce Integrated Performance Report (Sickness Absence / Substantive Staff /Recruitment Pipeline / Appraisal, Turnover, Flexible Working Requests, Bank & Agency) - Safe Staffing Report (Quarterly) - Annual Nurse Establishments - Annual Medical Job Planning) - Annual Medical Revalidation Report Bank & Agency Usage – Review via Exec Team (Monthly) **Level 3 - Independent** NHS National Staff Survey GMC Survey & NETS Survey Health Education Visits Model Hospital and comparative benchmarking data Confirm and Challenge by NHSEI NW Regional Team		Communication of refreshed Trust Values NHS England Stat & Mand Programme implementation Group established collaboratively with T&G, to deliver the changes for both statutory & mandatory and role essential training programmes.	Q4 2024-25 June 2025	4	3	12	16	16	12	12		4	2	8
Principal Risk Number: PR4.2				**Risk Appetite: High**														
There is a risk that the Trust's workforce is not reflective of the communities served	People Performance Committee	Approved People Plan in line with national People Strategy objectives – Including Equality, Diversity & Inclusion, Talent Management & Succession planning	Career Development Programmes for staff with protected characteristics	Level 1 - Management WRES / WDES Steering Group - Oversight of WRES / WDES Annual Report and Action Plan		~~Establish cross-divisional WRES/WDES Group~~	~~October 2024~~	**3**	**3**	**9**	**9**	**9**	**9**	**9**		3	2	6

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 4 - Develop a diverse, capable and motivated workforce to meet future service and user needs																		
and staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) which may lead to a poorer patient experience.		Equality, Diversity & Inclusion Strategy & Implementation Plan Staff Networks (BAME / Disability / Carer/ LGBTQ+ and Neurodiversity) Completed review of staff networks and relaunched under agreed improvement arrangements. Cross-divisional WRES/WDES Group established. Senior medical leadership roles – Interview panel includes representation from staff with protected characteristics. Hate Crime Reduction Policy in place (Red/Yellow card) Dying to Work Charter Accessible Scheme Civility Saves Lives Programme - Phase 1 Launched. Peer Review of Disciplinary Cases with TGH.	Development of Staff Network Chairs and the Staff Networks	Equality, Diversity & Inclusion Steering Group - Oversight of the EDI Action Plan EDI metrics for applicants included in People Analytics dashboard Career Progression for All Task Group established – responsible for delivering key objectives within the EDI Action Plan.														
				Level 2 – Corporate Performance Review (Monthly) including targeted 'Deep Dives' People Performance Committee - EDI Report (Biannually) - WRES and WDES Report - Gender Pay Gap report to Board - Annual EDI Report	EDI metrics to be built into People Analytics Dashboard.	Inclusion of the wider EDI metrics in People Analytics dashboard to be scoped.	Q3 2024/25											
				Level 3 - Independent NHS National Staff Survey		~~Communication Plan to be developed for roll out of 2024 Staff Survey~~	~~September 2024~~											

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 5 – Drive service improvement through high quality research, innovation and transformation																		
Principal Risk Number: PR5.1						**Risk Appetite: Significant**												
There is a risk that the Trust does not implement high quality service improvement programmes, as identified through Trust and locality prioritisation, which may lead to suboptimal improvements in quality of care for patients and staff.	Board of Directors	Director of Transformation working across SFT and Tameside & Glossop (utilising experience and knowledge of system-wide transformation programmes across other localities) Trust transformation programmes identified through a formal process of prioritisation linked to corporate objectives (Aims, KPIs, Milestones) Standardised governance & assurance in place for Trust transformation programmes - Service Improvement Group (SIG) chaired by the Chief Executive. External resource in place to support Trust identified improvement programmes. Senior Responsible Officer, Clinical & Operational Lead in place for each Trust transformation programme Transformation Team supporting Stockport Provider Partnership (SPP). SPP identified key priority workstreams (Diabetes, Frailty, Cardiovascular & Alcohol Related Harm) for pathway redesign. PLACE/Locality Provider Partnership Board Report Continuous Improvement Strategy developed to build capability across the organisation.	Capacity of operational teams to implement change due to operational pressures.	**Level 1 – Management** Transformation - Programme Boards Provider Partnership Key Priority Areas – Programme Boards				3	3	9	9	9	9	9		3	2	6
				Level 2 – Corporate Service Improvement Group – Monthly Transformation Programme Report & Quarterly Deep Dive: Review KPIs/Milestones Stockport Provider Partnership (Monthly) - Priority Workstreams Review Board Report: Transformation Programme (Biannually)	Stockport Provider Partnership priority workstreams at various stages of implementation.	~~PLACE/Locality Provider Partnership Board Report~~	~~October 2024~~											
				Level 3 - Independent														
Principal Risk Number: PR5.2						**Risk Appetite: Significant**												
There is a risk that the Trust does not implement high quality research & development programmes which may lead to suboptimal service improvements. Curtis.Soile 14/02/2025 08:59:36	Quality Committee	SFT Research Team established. Joint Clinical Research, Development & Innovation Strategy 2022-2027 (SFT & T&G) & governance meetings in place to review work programme (as derived from strategy) Annual research programme in place. Review of the RD&I team structures across SFT, and T&G and joint governance structures commenced. Input of RD&I to development of Cancer Strategy	SFT does not have full control of RD&I governance at T&G. Structure of joint RD&I function for SFT and T&G to be agreed. ~~GM Clinical Research Network (CRN) merging to form a North West Research Delivery Network in 2024/25 with potential destabilising impact.~~	**Level 1 – Management** Clinical Effectiveness Group - Research & Innovation Progress Report - Annual Research & Innovation Report Joint SFT & T&G RD&I Governance Group	Data relating to health inequalities in development	Report through governance structure RD&I related to health inequalities	Q3 2025/26	3	2	6	6	6	6	6		3	2	6
				Level 2 – Corporate Quality Committee: - Clinical Effectiveness Group Key Issues & Assurance Report - Annual Research & Innovation Report		Full joint RD&I function (in line with Strategy)	Q3 2025/26											
				Level 3 - Independent DHSC KPIs for Research NIHR ~~GM~~ North West CRN KPIs for Research														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 5 – Drive service improvement through high quality research, innovation and transformation																		
		Review of RD&I financial provision by Finance Teams – 5 year financial stability projection.		Participant research experience survey (PRES)														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 – Use our resources efficiently and effectively																		
Principal Risk Number: PR6.1				**Risk Appetite: High**														
There is a risk that the Trust does not deliver the 2024/25 financial plan leading to increased regulatory intervention	Finance & Performance Committee	Annual financial plan 2024/25 submitted – Confirmed deficit as part of GM control total ~~Indicative~~ SFT Capital Plan 2024/25 submitted. GM approval for position, including additional capital requirement (£2.8m) Annual cash plan 2024/25 in place. ~~Subject to confirmation of cash support.~~ Board of Directors approval of all cash support applications. Opening Budgets 2024/25 in place based on submitted financial plan. Delivery of budget holder training and enhancements to financial reporting Established STEP Programme (CIP) and oversight of delivery including STEP deep dive per Division. SFI's & Scheme of Delegation in place including authorisation limits – Revised & Board approved. Workforce Efficiency Group – Oversight of temporary staffing spend. Divisional Performance Review process - including financial escalation actions based on control totals for divisions. SFT Finance Improvement Group established, chaired by Chief Executive Stockport System Finance Recovery Group established (Monthly) GM Productivity/Benchmarking data to support monitoring of service delivery, productivity & efficiency GM Provider Oversight Meetings established, chaired by GM ICB CEO, attended by NHS England (NHSE) and supported by NHSE Investigation & Intervention.	~~Lack of certainty regarding cash provision.~~ ~~Lack of clarity on mechanism for accessing cash support within GM~~ Implementation of recurrent CIP Plan Financial impact of further industrial action Financial impact of Outpatients B Lack of clarity on Elective Recovery Fund (ERF) – Trust not currently at activity levels compared to 2019/20 and achievement of independent sector target. Derbyshire ICB planning expectation on savings, resulting in reduction in income. ~~Finance workforce capacity to support regulatory submissions.~~ Stockport System finance deficit potentially impacting on SFT position e.g. reduction on spot purchase beds.	**Level 1 – Management** Division Operation Board - Finance Metrics Divisional CIP Meetings Finance Training Group – Training Materials Cash Action Group (Monthly) - Cash flow monitoring Financial Position Review Group (Monthly)	Visibility of ERF target			4	4	16	16	16	16	16		4	2	8
				Level 2 – Corporate CIP Oversight Group - Monthly chaired by Director of Operations. Division level reporting for all schemes and tracking of savings Financial Improvement Group (Monthly) Activity Management Group (Monthly) Staffing Approval Group (Weekly) Executive Team (Weekly) Finance & Performance Committee Finance Report (Monthly) CPMG – Capital Position Divisional Performance Review (Monthly) including Financial Position/CIP Integrated Performance Report (Finance) - Board (Bimonthly) Stockport System Financial Recovery Group (Monthly)		Ongoing actions from each GM Provider Oversight Meeting (POM) ~~Discussion with NHS England on CDEL for Outpatients B and The Meadows~~ ~~Discuss with GM ICB cash arrangements within GM~~	Monthly ~~Q3 2024/25~~ ~~Q3 2024/25~~									
				Level 3 - Independent **External** Internal Audit Reports - Key Financial Systems (Substantial) 2023/24 - HFMA Financial Sustainability Review - Confirmation of Self-Assessment. - Provenance of Data (High) **GM ICS** Monthly Provider Finance Return including detailed commentary on financial position and reconciliation of workforce, productivity/finance and performance data. Monthly Provider Oversight Meeting (Information Pack) **NHSE**													

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 – Use our resources efficiently and effectively																		
				NHSE - North West Region oversight and triangulation of finance, activity and workforce data including productivity metrics Monthly Finance Return – Detailed commentary on financial position and Oversight of GM ICS based on the GM NHS SOF Rating 3.													
Principal Risk Number: PR6.2								**Risk Appetite: High**										
There is a risk that the Trust does not develop and agree with partners a Trust (3 year recovery plan) and GM Sustainability Plan, optimising opportunities for financial recovery through system working, leading to lack of financial sustainability.	Finance & Performance Committee	GM ICS financial planning/position processes established including GM DoFs Planning Group Established Trust planning processes - Triangulates activity, workforce and cost. Internal review of drivers of financial deficit review including benchmarking data and levels of efficiency. Refresh of drivers of deficit and loss making services presented to FPRM (Jan 24) Locality financial planning/position processes in place including monthly meeting Local Authority Treasurer & Trust CFO. Stockport System Financial Recovery Group established – Chief Finance Officer, Director of Finance & Director of Operations. Prioritisation of investments linked to planning priorities. GM Productivity/Benchmarking data to support monitoring of service delivery, productivity & efficiency GM business case assessment process in place. GM Provider Oversight Meetings established, chaired by GM ICB CEO, attended by NHS England (NHSE) and supported by NHSE Investigation & Intervention.	Underlying financial deficit Lack of certainty regarding system funding beyond 2024/25 including reductions due to convergence factor. Requirement for increased % CIP (recurrent/non-recurrent) Elective Recovery Fund (ERF) remains unclear) – Trust not at activity levels compared to 2019/20 and achievement of independent sector target. Growth in demand not recognised. Stockport System finance deficit potentially impacting on SFT position e.g. reduction on spot purchase beds.	**Level 1 - Management**				4	4	16	16	16	16	16		4	2	8
				Level 2 – Corporate CIP Oversight Group - Monthly chaired by Director of Operations. Division level reporting for all schemes and tracking of savings Finance & Performance Committee - Finance Report (Monthly) Financial Improvement Group (Monthly) Stockport System Financial Recovery Group (Monthly)		Future Funding Flows Group (GM DoFs) – Review of alignment of work undertaken and contract funding. Stockport Locality review of contracts with particular focus on community services.	Ongoing Ongoing										
				Level 3 - Independent Provider Director of Finance GM Meeting **GM ICS** Monthly Provider Finance Return including detailed commentary on financial position and reconciliation of workforce, productivity/finance and performance data. GM Provider Oversight Meeting (Monthly) **NHSE** NHSE - North West Region oversight and triangulation of finance, activity and workforce data including productivity metrics Monthly Finance Return – Detailed commentary on financial position and Oversight of GM ICS based on the GM NHS SOF Rating 3	GM commissioned SFT drivers of deficit review to be completed	Review of SFT drivers of deficit review and development of required actions. Engagement with GM ICS re development of GM Sustainability Plan in line with Enforcement Undertakings.	~~Q3~~ Q4 2024/25 ~~Q3~~ Q4 2024/25										

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our estate & digital infrastructure to meet service and user needs																		
Principal Risk Number: PR7.1				**Risk Appetite: Significant**														
There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information.	Finance & Performance Committee	Digital Strategy 2021-2026 Capital plan in place for funding of Digital Strategy and receipt of capital funding for core elements of the Digital Strategy from 2023/24 Robust project management infrastructure in place. Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy Major incident plan in place. Change control processes in place. Process in place to respond to Care Cert notifications. Annual penetration tests in place. Anti-virus updates & spam and malware, all user email notifications. Network accounts checked after period of inactivity – Disabled if not used. Digital & Informatics Group established Terms of Reference & Work Plan approved by F&P Committee. Bimonthly reporting.	No capital plans for hardware replacement. Significantly reduced capital availability in 2024-25.	**Level 1 – Management** Digital & Informatics Group Digital Risk Register – Quarterly review via Risk Management Committee				4	3	12	9	12	12	12		4	2	8
				Level 2 – Corporate Finance & Performance Committee - Digital & Informatics Group established Bimonthly - Digital Strategy Progress Report - Capital Programmes Management Group – (Monthly): Including digital capital Board of Directors - Biannual Digital Strategy Progress Report		On-going actions from MIAA internal audit of Data Security and Protection Toolkit, and Medical Devices Management review from 2023/24	Q4 2024/25										
				Level 3 - Independent Business Continuity Confirm and Challenge NHSE ISO 27001 Information Security Management Certification – Achieved November 2023. DCB 1596 Secure Email Standard Accreditation – Achieved February 2024. MIAA Internal Audit Report June 2024 - Data Security and Protection (DSP) Toolkit Assessment 2023/24 - Achieved "Substantial Assurance" against the veracity of the self-assessment and "Moderate Assurance" against the 10 National Data Guardian Standards. Annual Data Security and Protection Toolkit 2023/24 self-assessment submission 30 June 2024 – Achieved "Standards Met".		Develop and implement action plan for Data Protection & Security Toolkit Assessment 2024/25.	Q4 2024/25										
Principal Risk Number: PR7.2				**Risk Appetite: Moderate**														
There is a risk that the estate is not fit for purpose and does not meet national/regulatory standards, partly due to increasing maintenance requirements, which may lead to: - Inefficient utilisation of the estate to support high quality of care. - Significant disruption to clinical activity. - Poor patient/staff experience.	Finance & Performance Committee	Approved Capital Programme including backlog maintenance Robust process in place for identification and stratification of estates related risks and backlog maintenance Six-Facet survey in place – 2024 Survey completed and reviewed by Board of Directors. Additional structural surveys completed for Category D and poor condition property assets by Structural Engineers, in line with Six Facet Survey 2024. Premises Assurance Model (PAM) Action Plan in place	2024 Six Facet survey highlights further deterioration of the estate, with a greater proportion of the estate now falling into the Significant Risk backlog maintenance grade. Inability to deliver required levels of estates maintenance due to lack of funding. Inability to deliver required upgrades due to access limitations	**Level 1 – Management** Capital Programme Management Group - Compliance with agreed delivery programme - Confirmation of spend against approved budget Health & Safety Joint Consultative Group - Compliance with regulatory standards Health & Safety Incidents				5	5	25	20	25	25	25		4	2	8
				Level 2 – Corporate Quality Committee - Health & Safety Group Key Issues Report Finance & Performance Committee - Capital Programme Management Group Key Issues Report - Estates Strategy Steering Group Key Issues Report		~~Board of Directors review of 2024 Six Facet Survey outcome.~~ Develop site development strategy delivery plan to reduce maintenance costs aligned to Project Hazel	~~September 2024~~ March 2025										

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our estate & digital infrastructure to meet service and user needs																		
- Increased requirement to undertake contingency works with increased revenue expenditure. - Increased health & safety incidents and litigation/claims. - Breach of NHS standards/statutory regulations/ resulting in statutory /regulatory intervention - Loss of Trust reputation.		Estates & Facilities Performance Dashboard (Compliance & Performance Metrics) Site Development Strategy in place. Joint working arrangements with SMBC established to develop community based solutions to support short to medium term development strategy. Project Board and Senior Responsible Officer identified for major capital developments	related to clinical activity pressures Delivery/Transition plan to address highest risk capital stock and decompression of site.	- Site Development Strategy Progress Report - Estates & Facilities Assurance Report Board of Directors - Site Development Strategy Progress Report **Level 3 - Independent** Estates Return Information Collection (ERIC) Model Hospital Data Set Estates & Facilities Compliance Review (MIAA 2020/21) – Substantial Assurance		Continue to make case for appropriate levels of targeted investment in the Trust real estate.	March 2025										
Principal Risk Number: PR7.3								**Risk Appetite: Moderate**										
There is a risk that the Trust does not ~~materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction.~~ deliver the Green Plan / Net zero targets and that the Trust fails to prepare for the impacts of climate change	Finance & Performance Committee	Approved Green Plan in place. Newly established Joint Green Group with T&G ~~Plan Committee established and~~ - Green Plan Work Plan in place monitored by the committee. Robust identification and stratification of sustainability-related risks. 6-facet survey completion and review of information Mechanisms in place to explore and develop sustainability approach across Stockport locality. Joint appointment of Sustainability Manager between Stockport and Tameside Engagement with GM regional Group	Inability to deliver required levels of environmental and sustainability improvements due to lack of funding and awareness / ownership across all departments Decarbonisation Plan Climate Change Adaptation Plan	**Level 1 – Management** Capital Programme Management Group - Compliance with agreed delivery programme - Confirmation of spend against approved budget ~~Green Plan Committee~~ Joint Green Plan Delivery Group - Monitoring of Green Plan delivery - Development of sustainability opportunities **Level 2 – Corporate** Annual Sustainability Report Finance & Performance Committee Estates Progress Report including Sustainability (Biannually) **Level 3 - Independent** Estates Return Information Collection (ERIC) ICB Contacting Requirement Annual Check		Decarbonisation Plan ~~Establish Joint Green Group for SFT & T&G~~ Develop new joint Green Plan SFT & T&G Development of a Climate Change Adaptation Plan	Q4 2024/25 ~~September 2025~~ ~~Q4 2024/25~~ Q1 2025/26 Q4 2025/26	3	4	12	12	12	12	12		3	2	6
Principal Risk Number: PR7.4								**Risk Appetite: Moderate**										
There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long-term impact on the Trust's capability to deliver modern and effective care.	Finance & Performance Committee	Strategic Regeneration Framework Prospectus completed. New Hospital Building Programme Expression of Interest submitted – Project Hazel Established governance structure to develop Outline Business Case Project Hazel Business Case ~~in~~ produced and approved by Board of Directors.	Insufficient financial resources to enable optimum levels of investment to deliver regeneration ambitions including Project Hazel. DHSC has confirmed that the Trust has been unsuccessful in securing necessary support from the New	**Level 1 - Management** **Level 2 – Corporate** Strategic Regeneration Framework Prospectus and Expression of Interest – Reviewed by Board **Level 3 - Independent**		Review of funding approach with partners	Ongoing	4	5	20	20	20	20	20		4	2	8

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our estate & digital infrastructure to meet service and user needs																		
		Site Development Strategy to support and inform immediate site development and maintenance aspirations New Hospital Project Board established, chaired by SFT Chief Executive. including representation from key external partners. Estates Strategy Steering Group (ESSG) established, reporting to Finance & Performance Committee. Joint working arrangements with SMBC established to explore strategic regeneration of the hospital campus.	Hospital Building Programme. New Hospital Building Outline Business Case															

Appendix 2 – Stockport NHS Foundation Trust Significant Risk Register (as at January 2025)

Risk ID	Business Group	Risk Title	Consequence	Likelihood	Rating	Target Rating	Change since last report
2908	Corporate - IT	There is a risk that the Trust could lose all access to the PAS system due to the age of the hardware	4	5	20	8	NEW
2940	Women and Children	There is a risk of GP's ceasing to support the delivery of Community Antenatal Clinics leading to patient harm	4	4	16	8	NEW
2765	Estates & Facilities	Constraints in capital and revenue funding resulting in an inability to maintain a safe, fully functioning hospital site.	4	5	20	4	↔
2717	Surgery	There is a risk of noise and vibration transfer to the theatres environment, caused by the emergency and urgent care campus construction work, resulting in a deterioration of wellbeing and relationships within and across teams who work and manage theatres.	4	5	20	4	↔
2596	Corporate – IT	There is a risk of total failure of the cooling in the Beech House Data Centre	4	4	16	8	↔
586	Estates & Facilities	There is a risk of deterioration of the hospital site due to a significant increase in Estate Backlog Maintenance	4	4	16	8	↔
2452	Clinical Support Services	The risk of the pathology estate not being fit for purpose or safe	3	5	15	3	↔
2247	Estates and Facilities	There is a risk that electrical capacity could prevent future electrical schemes and electrical purchases	3	5	15	3	↔
288	Corporate Nursing	There is a risk of there being an inability to provide a robust service for the insertion of VADs	3	5	15	6	↔
2196	Estates and Facilities	Dangerous & obstructive car parking occurring across the SHH Site	3	5	15	6	↔
2922	Surgery	There is a risk of noise and vibration transfer to the theatres 3-7, caused by the emergency and urgent care campus construction work, resulting in a deterioration of patient experience, patient safety and elective recovery position.	3	5	15	3	↔
2650	Surgery	Risk of harm to paediatric patients if the audiology service does not comply with best practice recommendations	4↑	5↑	20	3	↑
2304	Medicine & ED	There is a risk of harm if patients cannot be transferred from ambulances to	4	5↑	20	8	↑

		ED then there are delays in treatment					
2713	Medicine & ED	There is a risk of patient harm due to capacity not meeting demand resulting in overcrowding in ED	4	5↑	20	8	↑

NHS Stockport NHS Foundation Trust

Meeting date	6th February 2025	**Public**	X	**Agenda No.**	21.1
Meeting	Board of Directors				
Report Title	Independence of Non-Executive Directors				
Director Lead	Dr Marisa Logan-Ward, Interim Chair	**Author**	Rebecca McCarthy, Trust Secretary		

Paper For:	**Information**		**Assurance**		**Decision**	X
Recommendation:	The Board of Directors is asked to review the declarations and confirm that it considers the Interim Chair and Non-Executive Directors to be independent, with an appropriate statement to be included in the Trust's Annual Report 2024/25.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport

	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

The Code of Governance for NHS Provider Trusts (October 2022) requires that at least half of the Board of Directors, excluding the Chair, should comprise Non-Executive Directors determined by the Board to be independent, based on assessment of circumstances that are likely to impair, or could appear to impair, a non-executive director's independence. A statement regarding this must be included within the Trust's Annual Report.

As at 1 February 2025, six Non-Executive Directors, including the Interim Chair, have declared that they do not meet any of the criteria likely to impair, or could appear to impair their independence. One Non-Executive Director, Mr David Hopewell, has declared that he has served on the Board for more than six years from the date of first appointment. Mr David Hopewell has served two three-year terms and was re-appointed by the Council of Governors for a further one-year term, from 1 July 2024 to 30 June 2025. The reappointment was subject to robust review, noting that Mr Hopewell continued to effectively challenge and make a positive contribution to the Board of Directors, as evidenced via most recent appraisal.

In reaching a conclusion on Non-Executive Director independence, the Board should consider the

outcomes of the declaration process together with the content of the Register of Interests and observations on the independent nature of colleagues' performance. In acknowledgement of the above, it is recommended that the Board of Directors determine that all Non-Executive Directors are independent and support an appropriate statement in the Annual Report 2024/25.

1. Purpose

The purpose of this report is to facilitate a decision by the Board of Directors relating to the independence of Non-Executive Directors.

2. Background & Context

2.1 Section B 2.7 of the Code of Governance for NHS Provider Trusts (the Code) (October 2022) requires that at least half of the Board of Directors, excluding the Chair, should comprise Non-Executive Directors determined by the Board to be independent.

2.2 Section B 2.6 of the Code requires the Board of Directors to identify in the Annual Report each Non-Executive Director that it considers to be independent.

2.3 Circumstances that are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:

- has been an employee of the trust within the last two years
- has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust
- has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme
- has close family ties with any of the trust's advisers, directors or senior employees
- holds cross-directorships or has significant links with other directors through involvement with other companies or bodies
- has served on the trust board for more than six years from the date of their first appointment
- is an appointed representative of the trust's university medical or dental school.

2.4 Where any of these or other relevant circumstances apply, and the Board of Directors nonetheless considers that the non-executive director is independent, this must be clearly explained why within the Annual Report.

3. Independence of Non-Executive Directors

3.1 Declarations of independence, based on the criteria detailed, have been completed by the Interim Chair and each Non-Executive Director. **Appendix 1** provides information to enable the Board of Directors to determine the independence of individual Non-Executive Directors.

3.2 Six Non-Executive Directors, including the Interim Chair, have declared that they do not meet the criteria and therefore would consider themselves to be independent.

3.3 One Non-Executive Director, Mr David Hopewell, has declared that he has served on the Board for more than six years from the date of first appointment. Mr David Hopewell has served two three-year terms and was re-appointed by the Council of Governors for a further one-year term, from 1 July 2024 to 30 June 2025 (in accordance with guidelines set out in the NHSE Code of Governance). The reappointment was subject to robust review, noting that Mr Hopewell continued to effectively challenge and make a positive contribution to the Board of Directors, as evidenced via most recent appraisal.

3.4 In reaching a conclusion on Non-Executive Director independence, the Board should consider the outcomes of the declaration process together with the content of the Register of Interests and observations on the independent nature of colleagues' performance.

3.5 In acknowledgement of the above, it is recommended that the Board of Directors determine that all Non-Executive Directors are independent and support an appropriate statement in the Annual Report 2024/25.

NHS
Stockport
NHS Foundation Trust

Appendix 1: Declarations of Non-Executive Director Independence

Relationships or circumstances which may be relevant to the Board's determination of the independence of Non-Executive Directors *(Code of Governance for NHS Provider Trusts, October 2022)*	**SA**	**TB**	**BF**	**DH**	**MLW**	**MM**	**LS**
Has been an employee of the Trust within the last two years	N	N	N	N	N	N	N
Has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust	N	N	N	N	N	N	N
Has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme	N	N	N	N	N	N	N
Has close family ties with any of the Trust's advisers, directors of senior employees	N	N	N	N	N	N	N
Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies	N	N	N	N	N	N	N
Has served on the Board of the Trust for more than six years from the date of their first appointment	N	N	N	Y	N	N	N
Is an appointed representative of the Trust's university, medical or dental school	N	N	N	N	N	N	N

NHS Stockport NHS Foundation Trust

Meeting date	6th February 2025	**Public**	X	**Agenda No.**	21.2
Meeting	Board of Directors				
Report Title	Register of Directors' Interests				
Director Lead	Dr Marisa Logan-Ward, Interim Chair	**Author**	Rebecca McCarthy, Trust Secretary		

Paper For:	**Information**		**Assurance**		**Decision**	X
Recommendation:	The Board of Directors is asked to review and confirm the interests declared by the Board of Directors.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport

	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

The Trust is legally required to maintain a Register of Directors' Interests which should be available to the public. Interests to be declared include those relating to a) financial interests, b) non-financial professional interests, c) non-financial personal interests, d) indirect interests and e) organisational (loyalty) interests.

The Trust uses an online portal to record, and make publicly available, details of any actual or potential conflicts of interest, alongside gifts, hospitality, and sponsorship, for all staff, including the Board of Directors, throughout the year. The Register of Directors' Interests, as current, is provided at **Appendix 1**.

The Trust adopts a commonsense approach to the management of interests as outlined in the Conflicts of Interest Policy. Should action be warranted to mitigate potential or actual conflicts of interest, this would be proportionate and seek to preserve the spirit of collective decision-making wherever possible.

1. Purpose

The purpose of this report is to facilitate a decision by the Board of Directors relating to confirmation of the interests declared by the Board of Directors.

2. Background & Context

2.1 There is a legal requirement for the Trust to maintain a Register of Directors' Interests which should be available to the public. This requirement is incorporated in the Trust's Constitution.

2.2 In addition, the Foundation Trust Annual Reporting Manual requires that the Annual Report should disclose details of company directorships or other material interests in companies held by directors, where those companies or related parties are likely to do business with the NHS Foundation Trust. An alternative disclosure is to state how members of the public can gain access to the Register of Directors' Interests rather than listing all interests in the Annual Report. The Trust has adopted this latter form of disclosure.

2.3 Furthermore, the NHS Standard Contract General Conditions: GC27 Conflicts of Interest and Transparency on Gifts and Hospitality requires Trusts to maintain and publish on its website an up-to-date register containing details of all gifts, hospitality, and actual or potential conflicts of interest.

2.4 The Trust uses an online portal to record and publish details of any actual or potential conflicts of interest, alongside gifts, hospitality, and sponsorship, for all staff, including the Board of Directors, on a continual basis.

2.5 Interests are to be declared if they are material and relevant to the business of the Board relating to:

- *Financial interests* – Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
- *Non-financial professional interests* Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making.
- *Non-financial personal interests* - Where an individual may benefit personally in ways that are not directly linked to their professional career and do not give rise to a direct financial benefit, because of the decisions they are involved in decision making.
- *Indirect interests* - Where an individual has a close association with another individual who has a financial interest.
- *Organisational (Loyalty) interests* - Where an individual's role in another organisation could result in actual or perceived conflicts of interest.

2.6 The Trust adopts a commonsense approach to the management of interests as outlined in the Conflicts of Interest Policy. Should action be warranted to mitigate potential or actual conflicts of interest, this would be proportionate and seek to preserve the spirit of collective decision-making wherever possible.

3. Register of Interests 2024/25

3.1 Members of the Board of Directors are required to make an annual entry via the online portal, even if it is to confirm no change to previous declarations or confirm a nil declaration.

3.2 Any changes throughout the year should be declared by the Board member at the earliest convenience, thereby a contemporary Board-level Register of Interests is maintained.

3.3 The current Register of Directors' Interests is included for reference in **Appendix 1**. Board members are requested to review and confirm that the current content is accurate and up to date.

NHS Stockport NHS Foundation Trust

Appendix 1: Stockport NHS Foundation Trust - Register of Director's Interests

Name and Position	Declared Interests
Dr Marisa Logan-Ward Interim Chair	• Kingsbridge Health Ltd – Management Consultancy to NHS and independent organisations in relation to Pathology and scientific services. • Non-Executive Director for Health Services Safety Investigations Body (HSSIB).
Dr Samira Anane Non-Executive Director	• Company Secretary – Orthpro • Regional BMA Committee Representative: Stockport, Manchester, Salford, Trafford • Deputy Chair – BMA (British Medical Association) England GP Committee • Vice Chair – Manchester LMC (Local Medical Committee) • General Practitioner – GP Urban Village • Greater Manchester Training Hub Manchester Locality Co-Lead • PCN Clinical Director (Manchester City Centre and Ancoats)
Mr Anthony (Tony) Bell Non-Executive Director	• Non-Executive Director, Inclusion Homes • Non-Executive Director, Wythenshawe Community Housing Group • Vice-Chair – Cariocca Enterprises • Chair of Advisory Group – The Training Brokers • Non-Executive Director/Board Member and Chair of Audit and Risk Committee at Eccles based social housing association, ForHousing
Mrs Beatrice Fraenkel Non-Executive Director	• Trustee – Design in Mental Health • Remcol Ltd • Normal Properties Ltd • Sandown Property Holdings Ltd • Sandown Property Co. Liverpool Ltd • Member of the High Street Task Force • Design Code Pathfinders Programme Expert Panel Member • Panel Member for NW RIBA Design Review Panel 'Places Matter' • Board Director on the Board of Safehinge Primera
Mr David Hopewell Non-Executive Director	• Non-Executive Audit Committee member, Greater Manchester Integrated Care System
Mrs Mary Moore Non-Executive Director	• Non-Executive Director NHS Wrightington Wigan and Leigh
Dr Louise Sell Non-Executive Director Curtis Soile 14/02/2025 08:59:36	• GMC Adviser – Health Examination and Supervision • Consultant Psychiatrist, Pennine Care NHS FT • Chair, Speciality Advisory Committee, Addiction Faculty, Royal College Psychiatrists • Charitable Trustee, Early Break • Chair, Alcohol Clinical Guidelines Group, Public Health England • Responsible Officer Appraiser, NHS England • Trustee, Society for the Study of Addiction

Name and Position	Declared Interests
Mrs Karen James OBE Chief Executive	• Chief Executive, Tameside & Glossop Integrated Care Organisation – joint post with Stockport NHS Foundation Trust
Ms Amanda Bromley Director of People & OD	• Director of People & OD – Joint appointment held between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust • Employee Representative on Pension Board NHSBSA
Mr Paul Buckley Director of Strategy & Partnerships	• Director of Strategy & Partnerships – Joint appointment held between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust
Mrs Nicola Firth Chief Nurse	• Chief Nurse – Joint appointment held between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust
Mr John Graham Chief Finance Officer / Deputy Chief Executive	• Chair of the Multi School Academy Trust – Schools in Liverpool, Lydiate Learning Trust • Member, CIMA's NW Area • Member of CIMA's Council • Member of Management Committee of Las Calas, Lanzarote, Resort Solutions Limited • Chief Finance Officer – Joint appointment held between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust • Non-Executive Director – New Directions Sefton
Dr Andrew Loughney Medical Director	• Medico-Legal Advice
Mrs Jackie McShane Director of Operations	• Nil

NHS Stockport NHS Foundation Trust

Meeting date	6th February 2025	**Public**	X	**Agenda No.**	21.3
Meeting	Board of Directors				
Report Title	Fit & Proper Persons Test – Annual Assessment 2024/25				
Director Lead	Dr Marisa Logan-Ward, Interim Chair	**Author**	Rebecca McCarthy, Trust Secretary		

Paper For:	**Information**		**Assurance**		**Decision**	X
Recommendation:	The Board of Directors is asked to: • Endorse the Interim Chair's annual assessment of the Fit and Proper Person requirements for the Board of Directors.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport

	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

Since November 2014, Trusts have been required to ensure all director level appointments meet the Fit and Proper Persons Requirement, as set out under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In August 2023 NHS England (NHSE) issued a Fit & Proper Person Test (FPPT) Framework to support compliance with the regulatory requirements, introducing new checks and balances. Stockport NHS Foundation Trust (SFT) adopted the FPPT Framework during 2023/24, with the SFT Fit & Proper Person Policy refreshed and subsequently approved by the Board in February 2024.

In summary, Trusts must not appoint a person to an executive or non-executive director level post unless they meet the below criteria, and must have in place systems to ensure on-going review of compliance:

- Are of good character
- Have the necessary qualifications, competence, skills and experience
- Are able to perform the work they are employed for after reasonable adjustments
- Have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement when providing a service.

An annual assessment of compliance with the fit & proper person requirement has been undertaken in line with the SFT Fit & Proper Person Policy and the outcome reviewed by the Interim Chair and the Senior Independent Director for the Interim Chair.

Following review, the Interim Chair (and Senior Independent Director) has concluded all directors continue to be ‘fit and proper persons’ in accordance with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As is required by the FPPT Framework, this will be confirmed in the NHS England Annual Review 2024/25 submission.

1. Purpose

1.1 The purpose of this report is to:

- Confirm the systems and processes in place to ensure compliance with the Fit & Proper Persons Requirement for Directors, as set out under Regulation 5 of the Health and Social Care Act 2008 and the NHS England Fit & Proper Person Test Framework.
- Inform the Board of Directors of the outcome of the Interim Chair's annual review of compliance with the Fit and Proper Persons Test and seek endorsement of the outcome.

2. Background & Context

2.1 Since November 2014, Trusts have been required to ensure all director level appointments meet the Fit and Proper Persons Requirement, as set out under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which were integrated into the Care Quality Commission's registration, monitoring and inspection requirements.

2.2 In August 2023, NHS England issued a Fit & Proper Person Test (FPPT) Framework, developed in response to the recommendations made by Tom Kark KC in his 2019 Review of the FPPT. Legislation did not change; however, the new framework included additions to the checks and balances to ensure directors satisfy regulatory requirements.

2.3 The SFT Fit & Proper Person Policy was refreshed in line with the new framework and approved by the Board of Directors in February 2024.

2.4 In summary, Trusts must not appoint a person to an executive or non-executive director level post unless they meet the following criteria:

- Are of good character
- Have the necessary qualifications, competence, skills and experience
- Are able to perform the work they are employed for after reasonable adjustments
- Have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement when providing a service.

In addition, Trusts must have processes in place to ensure the on-going fitness of executive and non-executive directors.

2.5 It remains the responsibility of the Chair of the Trust to discharge the requirements placed on the Trust to ensure that all directors meet the fitness test and do not meet any of the 'unfit' criteria.

3. Outcome of annual Fit & Proper Person Assessment 2024/25

3.1 An annual assessment of compliance with the fit & proper person requirement was completed during January 2025. This included completion of all annual checks set out in the Board Fit & Proper Persons Checklist (Appendix 1).

3.2 Evidence of the above is held securely in individual electronic fit and proper persons files by the Trust Secretary.

3.3 Where Stockport NHS Foundation Trust is not the employing organisation for a director, Mrs Karen James, Chief Executive and Mrs Amanda Bromley, Director of People &

Organisational Development, a letter of confirmation has been received for each director from the Chair of Tameside & Glossop NHS Integrated Care NHS Foundation Trust (the employing organisation), confirming outcome of the annual assessment.

3.4 The Board Fit & Proper Person Checklist and Letters of Confirmation have been reviewed by the Interim Chair, alongside individual's Fit & Proper Person Self-Attestation.

3.5 Following review, the Chair has concluded all directors continue to be 'fit and proper persons' in accordance with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

3.6 In addition, the Senior Independent Director has reviewed evidence and the Board Fit & Proper Person Checklist and Self-Attestation for the Interim Chair and confirmed that the Interim Chair continues to be a 'fit and proper persons' in accordance with the Regulations.

3.7 As is required by the FPPT Framework, following endorsement by the Board of Directors, this will be confirmed in the NHS England Annual Review 2024/25 submission (Appendix 2).

NHS Stockport NHS Foundation Trust

Board Fit & Proper Person Checklist

Year:

The Board Fit & Proper Person Checklist will be completed on appointment and updated annually as part of the annual review of compliance (and as required). Where any issue arises from the checklist completion, the process for dealing with concerns will be followed.

Stockport NHS Foundation Trust		
First Name & Surname		
Job Title		
Date of Birth		
Start Date		
Job Description & Person Specification		
CV / Application Form		
Interview Details		
Contract		
	Complete No Concern / Concern	**Date Completed**
References x 2		
ID Checks		
Right to Work Check		
Qualifications / Professional Registration Check		
Occupational Health Clearance		
DBS (Type & Certificate Number)		
Signed Code of Conduct		

Below to be completed at appointment and annually		
	Complete No Concern / Concern	**Date Completed**
FPPR Self-Attestation		
Review against Web/Core Public Information Sources		
Professional Registration Check (if applicable)		
Undischarged Bankrupt or Sequestration Check		
Disqualified Director Check		
Charity Commissions Register of Removed Trustees Check		

Employment Tribunal Judgement Check		
Social Media Check		
Declarations of Interest		
Review of below to be completed at appointment (via Board Member Reference) and annually		
	Complete No Concern / Concern	**Date Completed**
Disciplinary Findings		
Grievance		
Whistleblowing		
Disciplinary/grievance/whistleblowing findings upheld, ongoing or discontinued investigations.		
Appraisal Information		
	Complete No Concern / Concern	**Date Completed**
Satisfactory appraisal including completion of Training & Development (Mandatory / Specific) demonstration of Trust values		
Appraiser (Name, Job Title)		

To be completed when Board Member leaves Trust		
	Confirmed No Concern / Concern	**Date Completed**
Board Member Reference		

For Chair to complete (or Senior Independent Director for the Chair)	
Signature of Chair / Senior Independent Director to confirm review:	
Date:	

NHS Stockport NHS Foundation Trust

Annual NHS Fit & Proper Person Test (FPPT) Submission Form

NAME OF ORGANISATION	NAME OF CHAIR	FIT AND PROPER PERSON TEST PERIOD / DATE OF CHAIR FINAL REVIEW:
Stockport NHS Foundation Trust	Dr Marisa Logan-Ward, Interim Chair	2024/25 / 28th January 2025

Part 1: FPPT outcome for Board members including starters and leavers in period

Role	Number Count	Confirmed as fit and proper?			Leavers only	
		Yes	No	How many Boad Members in the 'Yes' column have mitigations in place relating to identified breaches? *	Number of leavers	Number of Board Member References completed and retained
Chair/NED Board members	**7**	**7**		**0**	**0**	
Executive board members	**7**	**7**		**0**	**0**	
Partner members (ICBs)	**-**	**-**				
Total	**14**	**14**			**0**	

* See 3.8 'Breaches to core elements of the FPPT (Regulation 5)' in the Framework.

Have you used the Leadership Competency Framework as part of your FPPT assessments		**No** (Will be utilised in appraisals undertaken in 2024/25)

for individual board members?		

Part 2: FPPT Reviews / Inspections

Reviewer / Inspector	Date	Outcome	Outline of key actions required	Date actions completed
Internal Audit: Well Led Position (Including Fit & Proper Persons)	March 2024	Substantial Assurance	Enhance the Fit and Proper Person assessment results by ensuring conflicts of interest declarations are included in evidence portfolio; searches are conducted specifically on CQC web search for each director.	June 2024

NHS Stockport NHS Foundation Trust

Part 3: Declarations

Declaration for Stockport NHS Foundation Trust 2023/24					
For the Senior Independent Director to complete:					
FPPT for the Chair	Completed by (role)	Name	Date	Fit and proper? Yes/No	
	Senior Independent Director	Dr Louise Sell	29 January 2025	Yes	
For the Chair to complete:					
Have all board members been tested and concluded as being fit and proper?	Yes/No	If 'no', provide detail:			
	Yes				
Are any issues arising from the FPPT being managed for any board member who is considered fit and proper?	Yes/No	If 'yes', provide detail:			
	N/A				
As Chair of Stockport NHS Foundation Trust, I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.					
Chair signature:					
Date signed:					
For the Regional Director to complete:					
Name:					

Signature:	
Date:	

NHS
Stockport
NHS Foundation Trust

				Agenda No.	22
Meeting date	6 February 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Board of Directors: Chair Arrangements				
Director Lead	Dr Marisa Logan-Ward, Interim Chair	**Author**	Rebecca McCarthy, Trust Secretary		

Paper For:	**Information**		**Assurance**		**Decision**	X
Recommendation:	The Board of Directors is asked to confirm Dr Louise Sell, Non-Executive Director/Senior Independent Director, is appointed to preside over any Board of Directors meetings, should the current Interim Chair (Deputy Chair) not be able to do so.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes

	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

Prof. Tony Warne stood down as Chair of Stockport NHS Foundation Trust on 31st December 2023. Since this time, whilst arrangements for the appointment of a new Chair were being undertaken, Dr Marisa Logan-Ward, Deputy Chair, became the Interim Chair of the Trust in line with the Trust's Constitution. Another Non-Executive Director was not formally appointed to the position of Deputy Chair.

The Interim Chair has confirmed a period of absence during February 2025. Albeit there are no scheduled meetings of the Board of Directors during this planned period of absence, it is prudent to have in place arrangements should an extraordinary Board of Directors meeting, and/or matters requiring the powers of the Chair to be executed, be required.

The Trust's Constitution states that to be quorate the Board of Directors requires: *"At least six voting Directors including not less than two Executive Directors (one of whom must be the Chief Executive, or another Executive Director nominated by the Chief Executive), and not less than two Non-Executive Directors (one of whom must be the Chair or the Deputy Chair of the Board of Directors)."*

Furthermore, the Trust's Constitution states: *"Powers of Deputy Chair - Where the Chair of the Trust has died or has otherwise ceased to hold office or where he/she has been unable to perform his/her duties as Chair owing to illness, absence from England or any other cause, references to the Chair shall, so long as there is no Chair able to perform his/her duties, be taken to include references to the Deputy Chair or otherwise to the Non-Executive Director appointed by the Board of Directors to preside for the time being over its meetings."*

It is proposed Dr Louise Sell, Non-Executive Director/Senior Independent Director, is appointed by the Board of Directors to preside over any Board of Directors meeting should the current Interim Chair (Deputy Chair) not be present, thus ensuring Board of Directors meetings would be quorate and decisions can be taken if required.

NHS Stockport NHS Foundation Trust

				Agenda No.	23
Meeting date	6 February 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Board Committee Assurance – Alert, Advise & Assure Reports				
Director Lead	Committee Chairs	**Author**	Committee Chairs Soile Curtis, Deputy Company Secretary		

Paper For:	**Information**		**Assurance**	X	**Decision**	
Recommendation:	The Board of Directors is asked to: – Review the key issues and matters for escalation provided via the Board Committees					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

This paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
X	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in

		Stockport
X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
X	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
X	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
X	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
X	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
X	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
X	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
X	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
X	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

The Board of Directors has established the following Committees:

- People Performance
- Finance & Performance
- Quality
- Audit Committee

The Committees have no executive powers, other than those specifically delegated within their Terms of Reference, but they can make recommendations to the Board of Directors for approval. The Committees are to report to the Board of Directors by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.

A summary is provided for the Board of Directors of the key matters and decisions from the meetings of the Finance & Performance Committee, People Performance Committee held during January 2025, noting areas of alert, advice and assurance. Quality Committee was stood down in January 2025 due to operational pressures, with a report produced by the Chair of Quality Committee (and Chair Designate) based on review of papers that had been shared in advance of

the scheduled meeting.

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	People Performance Committee
Chair of Committee/Group	Beatrice Fraenkel, Non-Executive Director
Date of Meeting	9 January 2025
Quorate	Yes

The People Performance Committee draw the following key issues and matters to the Board of Directors' attention:

1.	**Agenda**	The Committee considered an agenda which included the following: • People Integrated Performance Report • Organisational Development Plan • Statutory & Mandatory Training Programme Update • Freedom to Speak Up • Employee Relations & Exclusions Activity • GMC Annual National Trainee Survey • Sexual Safety Charter Update • Safer Care (Staffing) Report • Annual Nursing & Midwifery Establishments • Board Assurance Framework & Aligned Significant Risks • Key issues Reports: - People, Engagement & Leadership Group - Equality, Diversity & Inclusion Group - Educational Governance Group
2.	**Alert**	No matters from this meeting to alert to the Board of Directors.
3.	**Advise**	The Committee will continue to seek assurance in the following areas: • Flu and Covid Vaccinations – The Committee heard that cough/cold/flu is 14.2% of our staff sickness absence. The total % of staff having direct patient care having had the vaccination is 30% flu and 6% Covid. The Committee sought further understanding on the population and staff vaccination uptake and what the difference in uptake of vaccination has in severity of illness and impact on demand to the hospital, particularly Emergency Department (ED). The Committee requested that appropriate communication be developed for next year. • Equality, Diversity & Inclusion (EDI) – Theme regarding racism highlighted as an area of concern through the Freedom to Speak Up Report. The Committee acknowledged mitigating actions progressed through the consolidated EDI action plan. • Productivity – understanding the transformational change required to service delivery and the right skill mix of staff to support delivery of care in the future. The Committee reviewed and approved the people related principal risks to be presented as part of the Board Assurance Framework 2024/25 to Board of

		Directors in February 2025.
4.	**Assure**	Positive assurance received around the following People metrics: • Performance against the 3.2% agency spend as a percentage of pay bill is below target at 2.3%. • Appraisal compliance increased from 88.96% in October to 89.50%. (Medical staff 94.5% / All other staff 89.32%) • Time to hire, which measures the time between vacancy authorisation to start date booked, decreased in November to 62.07 days from 81.38 in October, and is below our target of 70 days. • Agency expenditure as a percentage of the total pay bill remained at 2.3%, which is below the target of 3.2%. There has been an overall reduction in bank and agency shifts compared to October. • Role essential compliance at 93.14%, which is above target • Turnover (adjusted) has slightly decreased in November to 11.69%, from 11.7% in October and remains within our tolerance targets (11.15% - 12.1%). Positive assurance regarding the growth of the Freedom to Speak Up initiative and associated learning. Positive assurance regarding recruitment, with the Committee acknowledging the significant work ongoing in this area. The Committee acknowledged the passion and commitment of our staff and thanked the teams for their continued support during significant operational pressures. The Committee highlighted the importance of ensuring that all staff are supported in the right way.
5.	**Referral of Matters/Action to Board/Committee**	Quality Committee to review the impact of the low uptake of Flu and Covid vaccines on staff members absenteeism and consequent impact on patient care. Board to have an understanding of public health metrics around vaccine uptake and impact on levels of community health leading to increased demands for beds in our hospital. Board to have oversight of all implications for our staff, our services and population, with a view to understanding how we might improve the situation going forward. The Board may wish to determine the role the Trust wishes to play in health improvements and public health, and set our own ambitions accordingly.
6.	**Report compiled by:**	**Beatrice Fraenkel, Non-Executive Director**
7.	**Minutes available from:**	**Soile Curtis, Deputy Company Secretary**

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Finance & Performance Committee
Chair of Committee/Group	Tony Bell, Non-Executive Director
Date of Meeting	16 January 2025
Quorate	Yes

The Finance & Performance Committee draw the following key issues and matters to the Board of Directors' attention:

1.	**Agenda**	The Committee considered an agenda which included the following: • Finance Report – Month 9 • Mersey Internal Audit Agency – Cost Improvement Plan Report • Pharmacy Shop Board Report • Procurement Programme & Progress Report • Operational Performance Report – Month 9 • Evaluation Metrics to Support Post-Implementation Appraisal of MR Scanning Service Transfer Business Case • Stepping Hill Site Development Strategy – Progress Report • Green Plan Contracting Requirements and Reporting • Digital Strategy Progress Report • Board Assurance Framework & Aligned Significant Risks • Key issues Reports: - Capital Programme Management Group - Digital & Informatics Group - Estates Strategy Steering Group
2.	**Alert**	No matters from this meeting to alert to the Board of Directors.
3.	**Advise**	The Committee received the Finance Report for Month 9 and noted: • Overall, the Trust position at month 9 is a deficit of £3.2m which is £1.8m adverse to plan. At this point the forecast for year-end is a deficit of £2.5m, which is in line with the annual plan for 2024/25 following the receipt of system funding from GM. The adverse variance to date relates to Elective Recovery Fund (ERF) under-performance, pay award pressure and enhanced care, offset by over-achievement of Stockport Trust Efficiency Programme (STEP) and grip and control actions. • The STEP Plan for 2024/25 is £24.6m (£12.3m recurrent). STEP of £20.3m (82%) has been actioned against this in-year target and year to date STEP is £0.1m favourable to plan, however only £6.1m (49%) of the recurrent target has been delivered. Focus continues on recurrent delivery. • The Trust has maintained sufficient cash to operate during December. • The Capital forecast for 2024/25 is £40.5m, which is £3.5m adverse to compliant plan. The Committee received a Pharmacy Shop Board Report, noting the Pharmacy Shop's financial performance for 2024/25 and potential developments going forward. The Committee received the Operational Performance Report for Month 9,

		acknowledging the continued operational pressures and action being taken to improve performance. The Committee heard that the Trust continued to perform below the national target against some of the core operating standards, whilst improvement was being sustained particularly around elective and cancer care. Performance against the ED trajectory has shown a further improvement but is behind trajectory and benchmarks poorly against GM. The Committee reviewed and approved the finance and performance related principal risks to be presented as part of the Board Assurance Framework 2024/25 to Board of Directors in February 2025.
4.	**Assure**	The Committee received a Cost Improvement Programme (CIP) Internal Audit Report and noted substantial assurance provided on the Trust's CIP process. It was noted that 2 medium and 4 low recommendations had been agreed, which formed part of an action plan. The Committee received a report on Green Plan Contracting Requirements and Reporting and was assured that all associated recommendations were being progressed.
5.	**Referral of Matters/Action to Board/Committee**	The Risk Management Committee to review the approach to gaps in risks, in terms of where we are, where we want to be and risk appetite, for articulation in future Board Assurance Framework reports.
6.	**Report compiled by:**	**Tony Bell, Non-Executive Director**
7.	**Minutes available from:**	**Soile Curtis, Deputy Company Secretary**

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Quality Committee
Chair of Committee/Group	Mary Moore, Non-Executive Director
Date of Meeting	28 January 2024 (Meeting stood down)
Quorate	N/A

The Quality Committee meeting on 28th January 2025 was stood down due to the Trust being in OPEL 4 escalation. The AAA Report is based on the consideration of papers by the Chair of Quality Committee and Chair Designate (Non-Executive Director). It is noted that the Chair of Quality Committee and Non-Executive Director met with the Divisional Director of Midwifery & Nursing to discuss any queries regarding the CNST Board Declaration.

The Quality Committee draw the following key issues and matters to the Board of Directors' attention:

1.	**Agenda**	This Committee was cancelled due to on site pressure at OPEL 4, 2 members of the Committee convened to review the below ahead of the Board sign off for CNST Submission: • Maternity Services Highlight Report • PMRT Q2 2024/25 Report • Ockenden and Kirkup Return • CNST Year 6 Submission The Chair of Quality Committee and Chair Designate (Non-Executive Director) considered papers on the agenda which included the following: • StARS Quarterly Report • Learning from Deaths Report • Outcome of Stroke-Related Mortality Deep Dive • Winter Resilience Report • GM ICB Visit Report: Safety in Emergency Department • Board Assurance Framework – Principal Risk This report is the output of that review not withstanding each agenda item may be reviewed by Board or a subsequent Quality Committee.
2.	**Alert**	Board Assurance Framework PR1.1 and Significant Quality Risks: *There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards*. The continued pressure and escalation of care areas features in a number of papers with a current risk of 15, consideration to be given to increasing score and reviewing mitigations at the next Quality Committee. A new significant risk has been added. *Risk Description:* *There is a risk of GP's ceasing to support the delivery of Community Antenatal Clinics leading to patient harm.* Midwifery delivered vaccinations in GP practices have had to be paused. Fewer pregnant patients may be vaccinated against flu, RSV and Pertussis leading to risk of harm/illness.

		Loss of community antenatal space due to some GP's serving notice to SFT which will lead to risk to the safe monitoring of pregnant patients and their babies.
3.	**Advise**	CNST Submission - There were no specific concerns or queries raised with respect to the paper, noting ongoing update has been provided to Quality Committee throughout the year and full set of papers will be considered on Trust Board Agenda ahead of sign off and submission. There are many emerging and increasing Maternity and Neonatal areas of interest for consideration at Quality Committee and Board. Work is ongoing to ensure the Committee remains focused. In reviewing Winter Resilience Report it was noted that it requires an update to that presented to Finance & Performance Committee in November 2024, to better reflect the impact of actions taken over recent months in light of increasing pressures on capacity and flow. The Learning from Deaths Quarterly Report, reports that some patients have to wait for a long time in the Emergency Department for a bed on the wards, following a decision to admit. There can be delays in specialties taking responsibility for those patients, leading to delays in transfer and clinical decision making.
4.	**Assure**	Learning from Deaths Quarterly Report A high level of LFD activity continues with around 38% of all in-hospital deaths receiving a review with effective processes in place. There were no Deaths graded as 1 (evidence of serious failings in care) Stroke Mortality Outlier Response On 11th March 2024, Professor Martin James from the Sentinel Stroke National Audit Programme (SSNAP) identified the Trust as an outlier based on data from April 2021 to March 2023. Patient Safety Group oversaw a deep dive into the relevant functions of the stroke service. A more recent review of the national SSNAP score shows that the Trust is amongst the best performing organisations in the country, with an overarching score of 90%. The Get It Right First Time (GIRFT) review as part of the deep dive identified a significant Consultant workforce shortfall providing Direct Clinical Care. An action plan is in place to resolve this. Greater Manchester Integrated Care Board Visit Report: Safety in Emergency Department No significant areas of concern were identified relating to quality of care and patient safety on the day of the visit. The report alerted the Trust of the separate documentation systems for ED and Pennine Care staff (Mental Health Provision) – this is a known risk. The StARS Quarterly Report provided positive assurance that the process is embedded and shows improvement across all areas, with the exception of

		Emergency Department and Clinical Decision Unit which are subject to increased focus.
5.	**Referral of Matters/Action to Board/Committee**	None at this time noting Maternity CNST report is on the Board agenda.
6.	**Report compiled by:**	Mary Moore (Quality Committee Chair / Non-Executive Director) Louise Sell (Quality Committee Chair Designate / Non-Executive Director)
7.	**Minutes available from:**	N/A

NHS Stockport NHS Foundation Trust

Board of Directors
2024/25 Annual Work Plan

Report	Presenter	Format	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Standing Items														
Welcome and Apologies	Chair	Oral	✓		✓		✓		✓		✓		✓	
Patient / Staff Story	Chief Nurse	Film	✓		✓		✓		✓		✓		✓	
Declarations of Interest	All	Oral	✓		✓		✓		✓		✓		✓	
Minutes of the Previous Meeting	Chair	Paper	✓		✓		✓		✓		✓		✓	
Matters Arising	Chair	Paper	✓		✓		✓		✓		✓		✓	
Action Tracker	Chair	Paper	✓		✓		✓		✓		✓		✓	
Chairs Report	Chair	Paper	✓		✓		✓		✓		✓		✓	
Chief Executive Report	Chief Executive	Paper	✓		✓		✓		✓		✓		✓	
Board Committee Key Issues Reports - People Performance - Finance & Performance - Quality Committee - Audit Committee	Chairs of Committee	Paper	✓		✓		✓		✓		✓		✓	
Trust Planning														
Operational Plan (Draft / Final) • Activity • Workforce • Finance including Capital • Self Certification	Director of Strategy & Partnerships	Paper	✓				✓						✓	✓
Opening Budgets Approval	Chief Finance Officer	Paper	✓ (2025)				✓							
Annual Corporate Objectives & Outcome Measures (Approval and Mid-Year Review)	Director of Strategy & Partnerships	Paper	✓		✓						✓			
Strategy														
SFT Strategy Refresh	Director of Strategy & Partnerships	Paper												✓
GM Provider Collaboration	Director of Strategy & Partnerships	Paper	✓ (2025)						✓					
SFT & T&G Collaboration	Director of Strategy & Partnerships	Paper					✓						✓	

Report	Presenter	Format	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
People														
NHS Staff Survey	Director of People & OD	Paper	✓											
Workforce Equality, Diversity & Inclusion Strategy Progress Report *(Including WRES, WDES, Equality Monitoring, Gender Pay Gap)*	Director of People & OD	Paper			✓									
Freedom to Speak Up Report	Freedom to Speak Up	Paper	✓		✓				✓				✓	
Well Being Guardian Report	Well Being Guardian	Verbal					✓						✓	
Guardian of Safe Working Annual Report	Guardian of Safe Working / Medical Director	Paper									✓			
Medical Appraisal & Revalidation Report	Medical Director	Paper							✓					
Staff Exclusions	Director of People & OD	Paper	✓		✓		✓		✓		✓		✓	
People & Organisational Development Plan Progress Report	Director of People & OD	Paper					✓						✓	
Safer Care Report	Chief Nurse / Medical Director	Paper	✓		✓		✓		✓		✓		✓	
Annual Nursing & Midwifery Establishments	Chief Nurse	Paper											✓	
Quality														
Annual Quality Strategy Progress Report	Chief Nurse	Paper			✓									
Annual Research, Innovation & Development Strategy Progress Report	Medical Director	Paper					✓							
Annual Safeguarding Report	Chief Nurse	Paper					✓							
Annual Health & Safety Report	Chief Nurse	Paper			✓									
Infection Prevention Control Report	Chief Nurse	Paper							✓					
Annual CNST Declaration/Submission	Chief Nurse	Paper											✓	
Annual Learning from Deaths	Medical Director	Paper					✓							
Annual EPRR Report - Core Standards and Statement of Compliance	Chief Finance Officer	Paper									✓			
Annual Transformation / Continuous Improvement Strategy Report	Director of Transformation	Paper			✓									
Place - Locality Provider Partnership	Director of Strategy & Partnerships	Paper	✓ (2025)						✓					

Report	Presenter	Format	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Finance & Performance														
Integrated Performance Report	All	Paper	✓		✓		✓		✓		✓		✓	
Finance Report including Cost Improvement Programme and Capital	Chief Finance Officer	Paper	✓		✓		✓		✓		✓		✓	
Green Plan Annual Report	Director of Estates & Facilities	Paper			✓									
Site Development Strategy – Progress Report	Director of Estates & Facilities	Paper					(Deferred)	✓					✓	
Digital Strategy Progress Report	Director of Informatics	Paper					✓						✓	
Business Case / Contract Award Approval *(As Required)*	Executive Director Lead	Paper	-		-		-		-		-		-	
Governance														
Board Assurance Framework & Significant Risk Register	Chief Executive	Paper	✓				✓		✓				✓	
Risk Management Strategy & Policy	Chief Nurse	Paper					✓							
Annual Self-Certification (CoS7)	Trust Secretary	Paper			✓									
Code of Governance Annual Assessment	Trust Secretary	Paper	✓											
Going Concern	Chief Finance Officer	Paper			✓									
Standards of Business Conduct: - Fit and Proper Persons - Register of Directors' Interests - Non-Executive Director Independence	Trust Secretary	Paper											✓	
Register of Sealed Documents	Trust Secretary	Paper	✓											
Standing Financial Instructions & Scheme of Reservation & Delegation	Chief Finance Officer	Paper	✓											
Annual Report & Accounts (Additional Meeting)														
Quality Accounts	Chief Nurse	Paper			✓									
Annual Report including Annual Governance Statement	Trust Secretary	Paper			✓									
Annual Accounts	Chief Finance Officer	Paper			✓									
Charitable Funds Annual Report & Accounts *(Corporate Trustee Meeting)*	Chief Finance Officer	Paper									✓			
Any Other Business	Chair	Oral	✓		✓		✓		✓		✓		✓	
Board Work Plan and Attendance record	Chair	Paper	✓		✓		✓		✓		✓		✓	

Report	Presenter	Format	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Date and Time of Next Meeting	Chair	Oral	✓		✓		✓		✓		✓		✓	

The Board Annual Work Plan sets out the scheduled reports to be presented to the Board of Directors throughout the year. Additional matters and items will be included as required, in recognition of key strategic developments and response to matters identified by the Board of Directors.

NHS Stockport NHS Foundation Trust

Board of Directors
2024/25 Annual Attendance

Member	Name	4 Apr 24	25 Apr 24	May 24	6 Jun 24	26 Jun 24	1 Aug 24	5 Sept 24	3 Oct 24	7 Nov 24	5 Dec 24	Jan 25	Feb 25	Mar 25
Interim Chair	Marisa Logan-Ward	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			
Chief Executive	Karen James	Y	Y	Y	Y	Y	A	Y	A	Y	Y			
Chief Finance Officer/Deputy Chief Executive	John Graham	A	Y	Y	Y	Y	Y	Y	Y	Y	Y			
Medical Director	Andrew Loughney	Y	Y	Y	Y	Y	A	Y	Y	Y	Y			
Chief Nurse	Nic Firth	A	Y	A	A	A	Y	Y	Y	A	Y			
Director of Operations	Jackie McShane	Y	Y	Y	Y	A	Y	Y	Y	Y	Y			
Director of People & OD	Amanda Bromley	Y	Y	Y	Y	Y	Y	Y	A	Y	Y			
Director of Strategy & Partnerships*	Paul Buckley	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			
Director of Communications & Corporate Affairs*	Caroline Parnell	Y												
Senior Independent Director/Non-Executive Director	Louise Sell	Y	Y	Y	Y	Y	Y	Y	A	Y	Y			
Non-Executive Director	Samira Anane	Y	Y	A	Y	Y	Y	Y	Y	Y	Y			
Non-Executive Director	Tony Bell	Y	Y	Y	A	Y	Y	Y	Y	A	Y			
Non-Executive Director	Beatrice Fraenkel	Y	Y	A	Y	A	Y	Y	A	Y	A			
Non-Executive Director	David Hopewell	Y	Y	Y	Y	Y	Y	Y	Y	A	A			
Non-Executive Director	Mary Moore	A	Y	Y	Y	Y	Y	Y	Y	Y	Y			
*Non-Voting														
Was Meeting Quorate (Y/N)		**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**			
Key														
Y	= Present													
A	= Apologies													
A(D)	= Attended as Deputy													