NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

5 NOVEMBER 2020

Making a difference every day.

Board of Directors Meeting
Thursday, 5 November 2020

Held at 9.30am via Webex

(This meeting is recorded on Webex)

AGENDA

Time			Enc	Presenting
0930	**1.**	Apologies for absence		
	2.	Declaration of Interests	*Verbal*	
0930	**3.**	Opening Remarks by the Chair	*Verbal*	**A Belton**
0935	**4.**	Patient Story	✓	**B Tabernacle**
0950	**5.**	Minutes of Previous Meeting – 8 October 2020	✓	**A Belton**
0955	**6.**	Action Log	✓	**A Belton**
1000	**7.**	Chair's Report	*Verbal*	**A Belton**
1005	**8.**	Chief Executive's Report	*Verbal*	**L Robson**
	9.	**STRATEGIC ISSUES**		
1015	9.1	Update on Trust Strategy	✓	**S Bennett**
	10.	**QUALITY AND SAFETY**		
1025	10.1	Performance Report	✓	**S Bennett**
1100		***Comfort Break***		
1105	10.2	Covid • Covid update • Nosocomial Outbreak Update	 ✓ ✓	 **C Wasson** **B Tabernacle**
1120	10.3	IPC Annual Report	✓	**B Tabernacle**
1130	10.4	Winter Plan	✓	**S Toal**
1145	10.5	PWC Discharge to Assess work	✓	**S Toal**
1155	10.6	Outputs, impact and value for money of PWC work	✓	**S Toal / J Graham**
1205	10.7	CQC Update	✓	**P Moore**
1215	10.8	Stockport Improvement Board • ED Improvement Programme	 ✓	 **S Toal**
1230	10.9	Significant Risk Report	✓	**P Moore**
1240	10.10	Gastro Update	✓	**S Toal / G Burrows**

1255	10.11	Reports from Assurance Committees • Quality Committee • Finance & Performance Committee • People Performance Committee	 ✓ ✓ ✓	**Committee Chairs**
	11.	**PEOPLE ISSUES**		
1300	11.1	Freedom to Speak Up Guardian Report	✓	**P Gordon**
1310	11.2	Nurse Staffing and Rostering	✓	**B Tabernacle / H Brearley**
1320	11.3	Health and Wellbeing (Presentation)	✓	**H Brearley**
	12.	**CONSENT AGENDA**		
1330	12.1	Workforce Flu Vaccination Update	✓	
	12.2	Appointment of Senior Independent Director	✓	
	12.3	Mortality Dashboard	✓	
	13.	**DATE, TIME & VENUE OF NEXT MEETING**		
	13.1	Thursday, 3 December 2020, 9.30am, via Webex		
	13.2	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".*		

Patient Story Brief – Mr Leake's Story

Mr Leake made a formal complaint in regards to how he was receiving his information from the organisation. He was receiving letters through the post, which he was unable to read. We worked with him to develop the "*Communication & Information needs passport*".

At the time of Mr Leake's complaint the organisation wasn't fully compliant with the national accessible information standards. A task and finish group of multi-disciplinary colleagues worked together to ensure that the processes for the recording of individual needs is now embedded across the organisation. The passport was launched in August with a support package of education rolled out across the Trust for the staff.

Seven minute briefing

Accessible Information Standard

1 **AIS** - The Accessible Information Standard (AIS) is a mandatory requirement as set out in section 250 of the Health and Social Care Act. The AIS aims to ensure that people who have a disability or sensory loss receive information they can access and understand, for example large print, braille or via email. It may be professional communication support for example from a British Sign Language interpreter.

2 **VALUES** - A person centred approach to an individual's care is vital to ensure good patient experience. Taking the time to listen to our patients and their families and respecting individuality will enable us to provide the best care to patients, families and the people we serve.

3 **ASK** – Ask patient's if they have any information or communication needs, and find out how to best meet their needs. Offer patients with a communication need a personal communication passport.

4 **RECORD** - A patient's communication need and/or if they use a personal communication passport in Patient Centre. Highlight or flag in the persons notes so it is clear they have information or communication needs and how best to meet those needs.

5 **SHARE** - The patient should bring their personal communication passport with them on each attendance. Communication needs recorded for the patient are visible on their record, and should be checked on each attendance to the Hospital.

6 **ENSURE** – That patients receive information that they can access and understand, and receive communication support should they need it.

7 **Put the person at the heart of all you do**

STOCKPORT NHS FOUNDATION TRUST

Minutes of a public meeting of the Board of Directors held remotely at 9.30am, on Thursday, 8 October 2020

Present:

Mr A Belton	Chair
Mrs C Anderson	Non-Executive Director
Mrs C Barber-Brown	Non-Executive Director
Mr S Bennett	Director of Strategy, Partnerships and Transformation
Dr G Burrows	Medical Director
Mr J Graham	Director of Finance
Mr D Hopewell	Non-Executive Director
Dr M Logan-Ward	Non-Executive Director
Mrs M Moore	Non-Executive Director
Mr P Moore	Director of Governance and Risk Assurance *
Mr G Moores	Director of Workforce & OD
Mrs C Parnell	Director of Communications & Corporate Affairs *
Mrs L Robson	Chief Executive
Mr M Sugden	Non-Executive Director
Ms S Toal	Chief Operating Officer
Dr C Wasson	Executive Medical Director

** indicates a non-voting member*

In attendance:

Dr D Crabtree	Consultant Anaesthetist
Mrs S Curtis	Deputy Company Secretary
Ms N Featherstone	Assistant Director of Infection Prevention & Control
Ms A Hussain	Equality, Diversity and Inclusion Manager
Mrs H Howard	Deputy Chief Nurse

Observing:

Mr A Loughney	Incoming Medical Director

214/20 Apologies for Absence

Apologies for absence were received from Ms B Tabernacle and Dr L Sell.

215/20 Declaration of Interests

There were no interests declared.

216/20 Opening Remarks by the Chair

Mr Belton welcomed all Board members and observers to the meeting and made particular reference to Mrs Moore who was attending her first Board meeting and Mrs Howard who was deputising for Ms Tabernacle. He also welcomed Dr Loughney,

incoming Medical Director, who was observing the meeting. Dr Loughney introduced himself and thanked Dr Wasson for the helpful handover conversations to date.

Mr Belton made reference to the challenges facing the Trust, and the NHS as a whole, as a consequence of the significant rise in Covid cases, seasonal flu challenges, winter pressures, combined with the strict Infection Prevention & Control (IPC) guidelines and opening of schools. He noted the unprecedented context and the significant challenges for colleagues and sought assurance on behalf of the Board that everything was being done to ensure safe care for patients.

217/20 Patient Story

This item was deferred to the next meeting due to the absence of Ms Tabernacle.

218/20 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 3 September 2020 were agreed as a true and accurate record of proceedings.

219/20 Action Log

The action log was reviewed and annotated accordingly.

220/20 Chair's Report

Mr Belton presented a report providing his reflections on recent activities in relation to the year to date, public support, Board development, governance, and external news.

He made specific reference to the Board development section of the report and noted the appointment of Mrs Moore and Dr Sell as Non-Executive Directors with effect from 1 October 2020. He also advised that Mrs Firth would be joining the Trust as substantive Chief Nurse on 1 November 2020 and Dr Loughney as Medical Director shortly after.

Mr Moores advised the Board that the next Board development session scheduled for 16 October 2020 would focus on the people agenda.

221/20 CEO Update

Mrs Robson provided a verbal update about the Trust's improvement journey and resilience challenges over the next six months. She highlighted a number of ongoing improvement programmes and the Trust's focus to continue on the improvement journey.

She made specific reference to the improvements achieved by the Emergency Department (ED), which had been acknowledged by the Care Quality Commission (CQC) during their unannounced inspection in August 2020. The Board heard that the CQC had now shared their written report about the visit with the Trust, highlighting the significant improvements made, and confirming that the Trust was fully compliant with all of their requirements. Mrs Robson noted that the Trust was not challenging any aspects of the report, which was expected to be published soon.

Mrs Robson thanked the ED team for the excellent achievement, and extended her thanks to the Executive and corporate teams and the rest of the organisation for supporting the improvements.

Mrs Robson also highlighted other improvement programmes relating to IPC, maternity, safe staffing, flow, and 'Making Data Count'.

With regard to resilience, Mrs Robson referred to the themes around Covid, restoration of services, and winter. She briefed the Board on work in all of these areas, both at Trust and system-level, and highlighted the significant associated risks and challenges.

The Board of Directors:

- Noted the verbal update

Dr D Crabtree joined the meeting.

222/20 Sustainable Healthcare – Our Green Recovery

Mr Bennett introduced the item and welcomed Dr Crabtree to the meeting. He thanked Dr Crabtree and Ms Stewart for preparing the report on 'Our Green Recovery' and noted that the innovative proposal was an exciting one for the Trust, with potential that the methodology could also be used in other areas of the Trust's improvement journey.

Dr Crabtree presented the report providing a proposal for embedding environmental sustainability at the heart of the Trust strategy and delivery. He briefed the Board on the content of the report and noted that 'Our Green Recovery' set out a compelling proposition to develop an innovative crowdsourcing community underpinned by robust QI methodology. He commented that the concept of the proposal was about everyone having a voice and being empowered to make a difference. He highlighted links between the proposal and the Trust Strategy, and provided an overview of the concept of crowdsourcing.

Mr Hopewell noted that the proposal provided an exciting opportunity to test out the concept on sustainability.

Mrs Anderson commented that she was honoured to be the Board sponsor for this piece of work, and that she felt it to be the right approach, putting sustainability in a much broader context. She commended Dr Crabtree for the work and for highlighting the proposal in the context of the Trust's strategic plan.

Mr Belton thanked Dr Crabtree for his presentation and noted support from Board colleagues in this area.

Mr Moores supported the proposal and highlighted its link to the Trust's values. He also noted a link to the Trust's workforce plan, and that the programme should assist with recruiting younger and environmentally conscious members of staff.

Mr Sugden also supported the proposal and requested regular progress updates to the Board. He queried the Trust's carbon reporting requirements and whether work was ongoing to ensure delivery and compliance in this area.

Mrs Moore welcomed the report and offered her support to the crowdsourcing proposal. She commented that the initiative should be everybody's business, but queried if any additional resource would be required.

Dr Logan-Ward offered her support to the proposal and queried where Stockport was positioned regarding its state of readiness with regard to the sustainability agenda, compared to nationally. Dr Crabtree commented that the Trust was about five years behind in comparison to some other trusts, and Dr Logan-Ward highlighted the need to bear this in mind in terms of the level of focus, resource and support required.

Mrs Barber-Brown supported the proposal and noted the need to recognise the resource requirements and to ensure the programme was taken forward in a sustainable way. This comment was endorsed by Mrs Anderson. Dr Crabtree acknowledged the comments and advised that he had engaged with NHS Horizons and confirmed that there would be associated time commitments.

Mr Bennett referred the Board to s4 of the report and highlighted the different cycles of the programme, noting that an outline business case detailing specific resource requirements would be developed during the first cycle.

Mrs Robson welcomed the proposal and the recommendations and advised the Board that she had already positioned the proposal with the leader of SMBC, with a view for joint working in this area.

Mr Bennett highlighted the development of the system-wide One Stockport programme, and noted the timely opportunity to ensure a link between the Green Recovery proposal and the system plans.

In response to a comment from Mr Moores, who suggested progressing with recycling as a practical "quick win", it was agreed that any suggestions should come from staff, rather than implementing a "top down" approach to any elements of the programme. It was agreed, however, that recycling was an important topic and clarity should be sought about current recycling arrangements, with the outcome communicated to staff.

The Board of Directors responded to the recommendations detailed in s5.1 of the report as follows. The Board:

a) Considered the proposals contained in the report,
b) Agreed that Mr Bennett would take forward the recommendation for declaring a climate emergency with the system,
c) Approved the development of Our Green Recovery, a crowdsourcing community managed through the Trust Transformation Board,
d) Recognised and supported a future allocation of resources to support Our Green Recovery,
e) Identified Mrs Anderson and Mr Bennett as Board level sponsors for the programme.

The Board of Directors:

- Received and noted the report,
- Endorsed the recommendations detailed in s5.1 of the report, noting that Mr Bennett would take recommendation b) forward with the system.

Dr Crabtree left the meeting.

223/20 Covid Update

Dr Wasson presented a report providing an update on the current Covid-19 position, risks and challenges. He briefed the Board on the content of the report and highlighted the rising infection rate, particularly in the North West, and noted that the competing priorities of responding to the increased waiting time of patients requiring clinical review, investigations or interventions would need to be balanced against the risks associated with a surge in non-elective demand through Covid.

Dr Wasson presented slides detailing the most up to date Covid information in Stockport with regard to new case trends, age trends and new positive cases per 100,000. He highlighted the increasing Covid cases and noted a different age profile compared to the first surge, with high incidences of infection now prevalent amongst younger people. With regard to the numbers of positive cases, the Board heard that Stockport was approximately a week or so behind other areas in Greater Manchester in terms of the trajectory, with a constant increase of positive cases.

Dr Wasson referred the Board to s4.2 and s4.3 of the report and briefed the Board on projections with regard to acute ward and ICU demand. The Board heard that the Trust was planning its response to Covid around the following key priorities / pillars, and Dr Wasson provided a detailed overview of the Trust's approach in each of these areas:

- Flexibility, adaptability and teamwork,
- Communication, engagement, escalation and cascade,
- Length of stay and shared decision making
- No more outbreaks,
- Do not give Covid to your colleagues,
- It is not just Covid that kills, elective work counts,
- Clinical leadership,
- Hope.

Mr Hopewell thanked Dr Wasson for the clear presentation and referred to the pillar relating to staff behaviour. He queried what proactive actions the Trust was taking in light of the concerns highlighted by the CQC at East Kent with regard to non-adherence to IPC guidelines.

Mrs Howard noted that the support received from the NHSE/I intensive support programme had enabled the Trust to be ahead of the game regarding IPC standards, to the extent that NHSE/I were planning to phase down the intensive support offered to the Trust. Mrs Robson added that the Trust would be sharing resultant learning with the NHSE/I team and the rest of the country, particularly regarding challenges around Nightingale wards.

Mrs Parnell commented that the Trust was holding staff to account for the adherence to IPC guidance and that this continued to be a key message communicated to staff.

Dr Loughney highlighted the importance of leadership in this area, and commented that the challenge was to balance grip and control with positivity and hope. He provided an overview of the challenges experienced in Liverpool, with significantly high numbers of Covid cases and noted the importance of the visibility and proactivity of leaders.

In response to a question from Mr Belton, Mrs Parnell advised that communication relating to Covid continued to be co-ordinated across the GM and the North West due to the command and control situation.

Mr Moores highlighted a major risk relating to the availability of staffing due to increasing sickness levels, isolation and childcare issues. He also noted staff wellbeing as a key area of focus for the Trust, particularly recognising staff fatigue. In response to a suggestion from Mr Moores, it was agreed that a report on staff health and wellbeing would be presented to the November Board meeting.

Mr Graham highlighted the importance of the continued reinforcement of the message around adherence to IPC guidelines. Mrs Robson acknowledged the comment and advised that the Trust was taking every available opportunity to reinforce the message and Mr Moores made reference to changes made to the Trust's estate to enable social distancing measures.

In response to a question from Mrs Barber-Brown regarding governance arrangements over the new few months, Mr Moore noted the need for governance to enable internal control, but that there might be circumstances during times of extreme surge where it would be necessary to take a considered view about stepping down some of the current arrangements, subject to dynamic risk assessments. Mrs Parnell advised that the revised governance arrangements during the first surge of Covid had been taken in line with national guidance.

In response to a question from Mr Belton about Board assurance around Covid issues, risks and mitigations, Mrs Robson advised that the meetings of the clinical, workforce and financial governance advisory groups continued, and were a key part of Covid governance. Dr Wasson highlighted the challenge of risk and prioritising Covid response against business as usual, including attendance at meetings. He said that the Board needed to consider what was critical in order to maintain oversight on safety, and noted that the three governance advisory groups kept a clear log regarding decisions and evidence.

In response to a suggestion from Mrs Robson, it was agreed that Mr Moore would present a single view on how the governance arrangements linked together, in the context of both Covid and non-Covid risks.

The Board of Directors:

- Received and noted the report,
- Agreed to receive a report on staff health and wellbeing at the November Board meeting,

- Agreed to receive a single view on how the governance arrangements linked together at the November meeting.

Mr Graham left the meeting.

224/20 Performance Report

Mr Bennett introduced the report and advised that the edited interim Integrated Performance Report (IPR) was structured around the domains of Quality, Operations, Workforce and Finance, and included a Trust level summary to provide headlines for each of the domains. He also introduced prototype Quality and Workforce reports, structured around SPC charts, and thanked colleagues in performance and business intelligence teams for their work on the reformatting of the IPR. The Board heard that the process was ahead of schedule and a fully reformatted IPR was due to be presented to the November Board meeting.

Mr Bennett asked if Board members were content with the proposed approach, where indicators with detailed narrative would only be included in the report by exception. He added that this approach had been highlighted as good practice by the Making Data Count team.

There followed a detailed discussion and it was consequently agreed that all of the indicators would be included in the IPR for now, and a review of the approach would be undertaken once the Board had greater confidence in the new approach.

Mrs Robson commented that further work was required to enhance triangulation in Board Committees, and Mr Hopewell highlighted that it was important for the IPR to be flexible to respond to changes in circumstances.

Mr Bennett invited Executive Directors to present the areas of the report they were responsible for.

<u>Quality</u>

Dr Wasson highlighted long waiting patients as one of the biggest risks for the Trust. He briefed the Board on clinical reviews of patients and NHSE/I recommendations in this area and the Board heard that the Trust was keeping a very close eye on those patients to mitigate any risk of harm.

He advised that there had not been any 12-hour trolley waits in August 2020, and while this was positive, the position was fragile due to challenges regarding flow.

With regard to sepsis, Dr Wasson noted that the metric had been paused during Covid in line with national guidance but had recommenced again recently. He briefed the Board on the revised sepsis screening tool and procedures, which were having a positive impact on the sepsis agenda.

Dr Wasson reported with regret that a never event had occurred in September, relating to a wrong procedure undertaken in the outpatients department. He advised that a root cause analysis was being undertaken and the Board would be updated further once more information was available.

With regard to falls with harm, Mrs Howard advised the Board that no themes or links had been identified between the falls detailed in the report, and she briefed the Board on the work of the falls collaborative.

Mrs Howard was disappointed to report an incidence of MRSA bacteraemia but noted the significant improvement work undertaken around IPC. She advised that the root cause analysis had highlighted learning that had been shared across the organisation.

In response to a question from Dr Logan-Ward, there followed a discussion regarding the data being presented to the Board and to the Stockport Improvement Board (SIB), given that currently SIB received more recent data due to the timings of the meetings. Further to a suggestion from Mr Bennett, it was consequently agreed to move the SIB back a month to enable the data to be considered by the Trust Board first.

Operations

Ms Toal noted a general theme throughout today's Board discussions regarding the balancing of business as usual and transforming services in the context of the second wave of Covid, the need to restore services from the first wave of Covid, and directives to restore 80% of the Trust's day case work and 90% of outpatient work, while dealing with the significant pressures due to the second wave of Covid and winter. She highlighted the Trust's aims to deliver safe, effective care while being mindful of staffing shortfalls and wellbeing, as well as the financial envelope and run rate.

Ms Toal highlighted the Trust's focus on 52-week waits. She commented that pre-Covid there had only been a small number of these patients, but that this cohort would increase to over 5,000 if no mitigations were put in place. She highlighted ENT, oral surgery, gastroenterology and urology as areas of concern and briefed the Board on plans in place to minimise waits.

Ms Toal highlighted endoscopy capacity as a key operational challenge, which continued to impact on the Trust's delivery of cancer services, including the Referral to Treatment (RTT) and diagnostic standards. She briefed the Board on mitigating actions, but noted that the size of the issue was beyond those actions and the Board heard that the issue, as well as winter schemes, would be further considered at the private meeting in the context of resilience.

Ms Toal reported three 12-hour trolley breaches in September 2020, noting that the Trust was now back to pre-Covid levels with regard to ED attends. She highlighted a key focus on flow with partners, including the need to embed changes from the PWC work. She briefed the Board on new mandated guidance from the Department of Health and Social Care relating to discharges, which included some strict criteria, and commented that pathways one and two had to be in place in a robust way to enable the implementation of the mandated guidance.

With regard to cancer, the Board heard that significant progress had been made in expediting patients through their pathway and the Trust was on trajectory to reduce the number of patients with a pathway length of 104+ days to pre-Covid levels by November 2020. It was expected that the Trust would recover its performance against the 62-day standard to pre-Covid levels by the end of March 2021, bearing in mind

that all of this came with a caveat of Covid, winter pressures and the financial envelope.

Workforce

Mr Moores presented the new style workforce report and reported performance of 94.3% with regard to the substantive staff in post indicator. He referred to the detail behind the indicator and briefed the Board on nurse vacancies and recruitment.

The Board heard that the Trust's workforce turnover position was 13.8%, which was ahead of target, but Mr Moores commented that this had to be considered in the context of a general reduction in turnover due to Covid.

The Board heard that the Trust was ahead of its target regarding statutory and mandatory training, with performance at 92.6% against a target of 90%.

Mr Moores reported a significant reduction in sickness absence, but noted that the position was expected to deteriorate again in September 2020. He noted that staff availability during winter and the second Covid surge was a major risk for the Trust.

Mr Moores briefed the Board on a number of staff health and wellbeing initiatives, and advised that a report would be presented to the November Board meeting. He noted, however, that staff fatigue was a considerable risk, even with all of the programmes and mitigating actions in this area.

With regard to staff flu vaccinations, the Board heard that the Trust's target was higher than last year, and to date the Trust was ahead of last year's performance. He advised that the Trust was urging staff to have the flu vaccine earlier this year, given the need for a four week window between receiving flu and Covid vaccines.

Mr Moores advised that medical appraisal rates remained below target as a result of the decision to pause appraisals during Covid. Dr Burrows advised the Board that an agreement had been made regionally that trusts were not required to catch up with medical appraisals and that revalidation had been paused for the rest of the year. She noted, however, that the Trust had chosen to offer all medical staff a supportive appraisal, and while this was not mandatory, the Trust recognised the major impact of Covid on medical staff.

Mr Moores reported high agency costs as a result of staffing challenges and briefed the Board on work to grow the Trust's medical bank. He also highlighted work around the implementation of new roles, and advised that detailed discussions regarding grip and control were held at the Workforce Advisory Group. With regard to nursing, the Board heard of partnership work with NHSP as well as work around e-rostering. Mr Moores advised that an e-rostering project close down report would be presented to the People Performance Committee and the Board in November 2020.

Mr Hopewell referred to the mandatory training information, and commented that the Board wished to be sighted on the number of frontline staff who were non-compliant with mandatory training, rather than data about the process. Mr Moores acknowledged the comment and advised that the People Performance Committee

were due to consider revised workforce indicators, which should enhance Board assurance in this area.

Mrs Anderson queried how the Trust would measure the outcomes of the health and wellbeing initiatives, to ensure they were having the desired effect. Mr Moores commented that the outcomes would be partly measured by the staff survey, a health and wellbeing survey, and absence levels would also be an indicator.

In response to a follow up question from Mrs Anderson, Mr Moores agreed to consider how softer intelligence and qualitative data could be sought in this area and any outcomes would be included in the Board paper to be presented to the November meeting. Mrs Howard commented that the senior nurse walkabouts were a useful method for gathering valuable softer intelligence in this area.

Mr Bennett noted that the CQC were likely to pick up any gaps in statutory and mandatory training performance during their next inspection. In response to a suggestion from Mrs Barber-Brown, the Non-Executive Directors agreed to have an offline conversation to consider Board assurance reporting in this area, without replicating the information that was already presented to the People Performance Committee.

Mr Graham re-joined the meeting.

Finance

Mr Graham advised that based on the financial regime for the first half of the year, the Trust had reported financial balance, reported through a Covid debtor, and for August this had equated to the Trust's Covid spend.

With regard to cash, Mr Graham noted that under the current regime providers were paid a month in advance, but he highlighted the likelihood that cash would become an issue for the Trust going forward. The Board heard that the financial regime for the rest of the year would present a challenge and Mr Graham advised that these issues would be discussed in detail in the Private Board meeting.

The Board of Directors:

- Received and noted the content of the report and the verbal updates provided by Executive Directors,
- Agreed that all of the indicators would be included in the IPR and a review of the approach would be undertaken once the greater confidence in the new approach had been obtained,
- Supported the recommendation to move the Stockport Improvement Board back a month to enable the data to be considered by the Trust Board first.

225/20 CQC Improvement Action Plan

Mr Moore presented an update on progress against the Improvement Plan developed in response to the most recent CQC inspection report and provided positive assurance in relation to the delivery of the plan. He briefed the Board on the content of the report and the Board noted the following status of the actions:

- 19 (7%) Blue actions (Blue – completed and fully embedded)
- 243 (91%) actions on track (Green – satisfactory progress)
- 5 (2%) actions at risk (Amber – concern regarding delivery)
- 0 (0%) actions at risk (Red – breached target date).

Mr Moore commented that the Trust was broadly in line with the planned trajectory, and that clear evidence of traction was encouraging. He provided an overview of potentially problematic actions due for completion at the end of December 2020 relating to staffing and flow issues. The Board heard that actions were being implemented, but there was a risk that the completion of those actions might not deliver the desired benefits.

The Board of Directors:

- Received and noted the content of the report and noted that progress was on track for a second month in a row.

Ms Toal left the meeting.

226/20 Stockport Improvement board – ED Improvement Programme

Dr Burrows presented a report providing assurance of progress with the Phase 2 Emergency Department (ED) Improvement Plan, with a focus on embedding the improvements and cultural work. She briefed the Board on the content of the report and the Board heard that the majority of the schemes were on track, with four problematic amber-rated areas relating to estates and models of care. Dr Burrows briefed the Board regarding the challenges that were being progressed, highlighting the need to for a more robust frailty service in the hospital.

Dr Burrows referred the Board to s12 of the report and highlighted the key risks and mitigations. She stressed the need to recognise the resilience of the workforce and highlighted the importance of improved flow and discharge processes to enable sustainable improvements.

In response to a question from Mr Belton who queried the accountability of system partners in this area, Mrs Robson advised that this would be discussed at the next Stockport Improvement Board to ensure the system recognised the wider ownership of the issue.

In response to comments from Mrs Anderson and Mr Sugden, it was agreed that a report on the outputs, impact and value for money of the PWC work around flow would be presented to the Board of Directors.

The Board of Directors:

- Received and noted the report,
- Agreed to receive a report on the outputs, impact and value for money of the PWC work.

227/20 Significant Risk Report

Mr Moore presented a report providing an update on the review of the risk register, significant risk exposures and potential future risks. He briefed the Board on the content of the report and highlighted the importance of the Board having clarity of current and future risks, and the need to explore the control framework to enable the management of the risks to a level deemed acceptable by the Board.

Mr Moore referred the Board to s2.3 of the report, highlighting an analysis of the aggregate effect of risks and the potential impact on quality of care and strategic ambitions. He noted that all of the risks detailed in that section were present and above the Board's risk tolerance, and could be the focus of future Board deep dives.

Mr Moore provided an overview of the scrutiny of the significant risks by the Risk Management Committee, as detailed in s4.1 of the report, and made particular reference to a risk relating to compliance with a fire regulatory reform order. He then referred the Board to s5 of the report and noted that the strategic risk analysis should help the Board frame its conversations at Board and Committee meetings.

In response to questions from Mr Belton and Dr Logan-Ward regarding the Board Assurance Framework (BAF) and progress with the revised governance arrangements, Mrs Parnell highlighted pressures on her team and advised that additional resource had been agreed to progress the BAF and assist with the implementation of the revised governance arrangements. Mr Moore noted progress made to date with regard to the changes to the Trust's governance and risk management processes, and acknowledged that the additional resource would help the Trust move forward with further aspects of the proposals, including the implementation of the Trust Management Board.

Mrs Anderson referred to the risks detailed in s2.3 of the report that were above the Board's risk tolerance and queried if there was a need for the Board to have an in depth discussion about its risk appetite, particularly given the competing risks due to Covid. Mr Moore acknowledged the comment and noted that this would be discussed as part of a forthcoming Board development session.

Mrs Barber-Brown highlighted additional risks relating to the identification of gaps in governance and the risk of food shortages. Mr Moore noted that the latter had been captured as part of the supply chain failure risk but agreed to give further consideration to how these risks could be better incorporated in the risk register.

In response to a question from Mr Sugden, Mr Moore confirmed that risks relating to Brexit were being picked up under a number of different themes.

The Board of Directors:

- Received and noted the report.

228/20 Ethical Issues

Dr Wasson presented a report seeking Board approval to a structured approach to escalating difficult clinical ethical decisions, including a 'fifth tier' ethics panel. He noted that the Board had approved the arrangements as an interim solution in response to Covid, but it was now proposed to make the arrangements permanent.

Mr Belton noted that the fifth tier arrangements had been evoked once so far, and queried if the approach had been successful.

Dr Wasson commented that the ethical panel had initially been proposed as an interim solution during Covid. He said that it was important to recognise that ethical decision making was core to medical practice, but that the intention was to escalate difficult medical dilemmas to the ethics panel. The Board heard that the particular dilemma that had been taken to the ethics panel was around what PPE should be used in cardiac arrest on wards, as conflicting advice had been received from Public Health England (PHE) and the Resuscitation Council. Dr Wasson noted that this had provided an opportunity to test the fifth tier process, and the panel had consequently agreed to implement the PHE guidance.

In response to a question from Mr Belton, Dr Loughney provided an overview of his experience of ethical panels and commended them as a useful tool for acting as a conscience for the organisation.

Mrs Barber-Brown offered her support to the proposal and queried if the idea for an ethics panel could be used wider, for example in the context of the sustainability agenda. There followed a discussion and while it was recognised that the current proposal related specifically to clinical dilemmas, it was agreed that the idea for a broader ethics panel would be explored separately. Dr Loughney offered his support in this area, noting the importance of robust terms of reference.

In response to a question from Mr Graham, Dr Wasson confirmed that the two Non-Executive Directors (NEDs) on the ethics panel could be any NEDs, and not limited to the ones with a clinical background. Mr Graham highlighted the importance of non-clinical input to the panel.

In response to a question from Mr Belton, Mrs Parnell noted that terms of reference for assurance committees were usually reviewed on an annual basis, and Mr Belton suggested that this should also be the case for the ethics panel.

The Board of Directors:

- Received and noted the report,
- Approved the structured approach to escalating difficult clinical ethical decisions, including the establishment of a tier five ethics panel,
- Agreed that further consideration should be given to the broader use of the ethics panel.

229/20 Maternity Service Overview and Improvement Programme

Mrs Howard presented a report providing an overview of the maternity service, highlighting key work streams for inclusion in the overarching Maternity Improvement Programme, including the involvement in the national Maternity Safety Support Programme and supporting the service to develop a clinical strategy. The report also included an update on progress against the CQC actions.

Mrs Howard noted that the Board was asked to support the proposal, receive updates regarding the Maternity Service Improvement Programme and note the direction of travel with the intensive support being received from the national team.

Mr Graham commented that the report made reference to Payment By Results (PBR), which was not the current financial regime. He said that focus should be given to the service need and how that could be best resourced. Mrs Howard acknowledged the comment and agreed that the improvement plan would need to be amended accordingly.

Dr Logan-Ward and Mrs Anderson queried when the maternity staffing business case would be signed off. Mr Graham advised that this was subject to the signing off of the final rotas and Mr Bennett commented that it was important to understand that the Trust was not anticipating this to be a major financial risk. Mr Graham and Mrs Howard noted that they anticipated that the maternity staffing business case, including the sign off of the final rotas, would be resolved by the next Board meeting.

Mr Sugden highlighted that the Maternity Improvement Plan was due to be ready by March 2021, which would miss the planning window for the 2021/22 financial year. He queried whether this meant that the plan could therefore not be implemented until the following year.

Mr Graham advised that further clarity about the overall financials would be considered in the Private Board meeting, but that he was cognisant that the Maternity Improvement Plan needed to be included in the overall financial ask for the rest of the year.

The Board of Directors:

- Noted the content of the report,
- Supported the arrangements set out for development and future reporting of the Maternity Improvement Programme,
- Noted that the maternity staffing business case was due to be resolved by November 2020.

Ms Featherstone joined the meeting.

230/20 Infection Prevention and Control Board Assurance Framework

Mrs Howard presented a report providing an update on the work being undertaken to address issues and gaps in relation to the Trust's infection prevention and control (IPC). She advised that the report included an update on the overarching action plan developed as a result of intensive support received from NHSE/I. The Board heard that the report also included an IPC Board Assurance Framework (BAF), highlighting IPC issues, including in relation to MRSA and Clostridium Difficile.

Ms Featherstone briefed the Board on the content of the report and highlighted three cases of MRSA bacteraemia since April 2020. The Board heard that two of the cases had been assigned to the Trust and one to the CCG. It was noted, however, that a root cause analysis had identified significant learning opportunities for the Trust from all three cases. Ms Featherstone advised that the Trust had not recommenced universal

screening in line with national guidance and highlighted improvements in this area from a care and management point of view.

With regard to Clostridium Difficile, Ms Featherstone briefed the Board on work around antibiotic stewardship and highlighted associated work and improvements in this area, particularly as a result of the appointment of Dr Farris as IPC lead. She also briefed the Board on the work of the IPC panel, which was a useful forum for sharing learning.

Mrs Howard noted the significant improvements made regarding IPC, and noted that the improvements had also been recognised by the CQC. She thanked the IPC team for their work and for raising the IPC profile across the Trust.

Mr Belton thanked the IPC team for their hard work and queried how regularly the Board would receive the IPC BAF, and how it synchronised with the scrutiny of the Committees and the CQC.

Mrs Howard advised that the frequency of the IPC Committee meetings had been increased from bi-monthly to monthly, and noted that the CQC had received the IPC BAF and had consequently asked for some additional assurance, but had not confirmed whether they would undertake a further visit.

Mr Moore noted that the Board should have this on their radar until they were completely assured regarding every element of the IPC BAF, but suggested that this could be done through the Quality Committee. Dr Logan-Ward noted that the Quality Committee were receiving positive assurance regarding the IPC improvement journey and confirmed that she was happy for the IPC updates to be reported through the Committee.

Mrs Moore referred to the earlier Covid update item where reference had been made to the spread of infections, including patient to staff, staff to staff and staff to patients. She queried how this triangulated with the improvement programme and the fact that prevention of infection went beyond Covid.

Mrs Howard commented that the raising of the IPC team's profile across the Trust had enabled traction and a shift in culture. Mr Bennett advised that the Trust Improvement Programme clearly articulated that 50% of the improvement measures were not related to Covid. Dr Loughney noted that IPC measures taken to address Covid would also help with the prevention of other infections, including MRSA and Clostridium Difficile.

In response to a further question from Mrs Moore, Mrs Howard advised that the format of the IPC BAF had been mandated by the CQC, but agreed to consider if it would be possible to produce a more succinct version of the document to provide the Board with the necessary assurance.

Dr Wasson referred to a recent meeting with the Trust's Clinical Directors and noted that IPC had been highlighted as a key area of success. He congratulated Ms Featherstone, the IPC team and Dr Farris for their significant efforts in this area.

In response to a question from Mr Moores, Mrs Howard advised that a proposal was being progressed to increase the capacity of the IPC team, to enable the provision of the necessary IPC support.

Mr Belton highlighted the role of the Stockport Improvement Board and sought assurance regarding IPC standards across the system.

Ms Featherstone advised that the Trust worked closely with the Health Protection Team at Stockport, including attendance at weekly meetings of the Health Protection Board. She briefed the Board on the work of the Health Protection Board and noted that the communications teams also worked closely to ensure the alignment of messages.

In response to a question from Mr Belton, Mrs Robson confirmed that the positive assurances regarding IPC would be reported to the Stockport Improvement Board, and acknowledged the importance of system consistency in this area.

The Board of Directors:

- Received and noted the report and the Infection Prevention and Control Board Assurance Framework.
- Agreed that future IPC updates would be reported through the Quality Committee.

Ms Featherstone left the meeting.

231/20 Review of Current SLA and MOU Arrangements

The Board received and noted a report providing an overview of Service Line Agreements and Memorandums of Understanding in place with other providers and strategic partners.

The Board of Directors:

- Receive and noted the report,
- Supported the recommendations detailed in s5.1 and s5.2 of the report.

232/20 Reports from Assurance Committees

Mr Belton invited the Chairs of the Assurance Committees to raise any issues or risks not already addressed in the meeting.

<u>Quality Committee</u>

Dr Logan-Ward drew the Board's attention to the 'Assurance' section of the report and advised that the Committee had received negative assurance regarding the ED safety report, particularly around indicators relating to patient safety checks and compliance with mental health requirements. She advised that the Committee had taken some assurance from the Patient Safety and Quality Group report that the issues were not a reflection of poor standards of care, but highlighted the need to support the ED department with the production of the relevant data to provide the necessary assurance.

The Board heard that the Committee had received inconclusive assurance regarding ward accreditation, as the programme had been suspended during Covid and an adapted version was yet to be implemented. Mrs Robson reminded the Board that this linked in with the Fundamentals of Care work that was being actively pursued, and the expectation was that the full report would be presented to the next Quality Committee meeting and the November Board.

Dr Logan-Ward was pleased to note the recommencement of sepsis reporting, and advised the Board that the Committee's Terms of Reference were included for Board approval under the consent agenda.

Finance & Performance Committee

Mr Sugden noted that all the key issues and risks had either been addressed or would be considered later in the meeting.

People Performance Committee

Mrs Barber-Brown advised the Board that the Committee was working on a new set of indicators to enable a more granular view of people issues, and around establishing a link with the Risk Committee.

Audit Committee

Mr Hopewell highlighted productive discussions on turning the Committee's terms of reference and the new membership into practice.

The Board of Directors:

- Received and noted the reports from Assurance Committees.

Ms A Hussain joined the meeting.

233/20 Respect Campaign

Mr Moores presented a report providing an update on actions in response to concerns raised by staff members regarding racial abuse, and assurance that the actions were being implemented efficiently.

Ms Hussain briefed the Board on the content of the report and provided an overview of the work of the task and finish group and progress against the actions as detailed in s3.2 and s3.3 of the report. She briefed the Board on work regarding the associated posters and noted that bespoke training was also underway. The Board heard that the respect campaign would be launched during the week commencing 12 October 2020, linking in with the Freedom to Speak Up Guardian and health and wellbeing.

Mr Belton thanked Ms Hussain for the report and for all her work around the Equality, Diversity and Inclusion agenda.

The Board of Directors:

- Received and noted the report.

234/20 Consent Agenda

The Board of Directors took the following actions with the Consent Agenda items:

- **HEE Self-Assessment Report**

  The Board approved the submission of the HEE Self-Assessment Report (SAR).

  In response to a question from Mr Sugden, Dr Wasson advised that the Trust was required to present the SAR submission to the Board of Directors for assurance. He acknowledged Mr Sugden's concerns that the report had not been through the usual governance process as it had not been presented to the People Performance Committee first.

  Mrs Parnell commented that this was an example of the consequences of the revised governance arrangements due to Covid as the People Performance Committee had been stood down for a while, and as a result the usual governance process had not been followed.

- **Accountable Officer Controlled Drugs Report 2019/20**

  The Board received and noted the Controlled Drugs Annual Report.

- **WDES Action Plan 2020**

  The Board approved the WDES Action Plan 2020.

- **Quality Committee Terms of Reference**

  The Board approved the Quality Committee Terms of Reference.

- **Annual Report of the Audit Committee**

  The Board received and noted the annual report of the Audit Committee.

235/20 Date, time and venue of next meeting

The next meeting of the Board of Directors would be held on Thursday, 5 November 2020, commencing at 9.30am.

236/20 Review of Meeting Effectiveness

Board members reflected on the meeting effectiveness and Dr Loughney commended the level of challenge and that enough time had been allowed for debate. He also welcomed the varied content on the agenda, particularly given the ongoing pressures.

Mrs Moore said that she had enjoyed the meeting and could see all the good pieces of work coming along across the organisation, as well as some clear priority areas.

Mrs Barber-Brown commented that she had found the hybrid format of the meeting difficult, as it was hard to hear the colleagues joining the meeting from the Oak House Committee Room.

237/20 Resolution

The Board resolved 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".

Signed:_____Date:_____

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Meeting	Minute reference	Subject	Action	Bring Forward	RO
27/02/20	49/20	Chief Executive's Report	Mr Sugden made reference to the mental health issue and queried whether there was a risk of similar issues in other areas where the Trust was dependent on other partners for the delivery of services. Mrs Robson highlighted mental health issues as a significant area of concern, but noted that the Trust needed to review the SLAs with other providers to establish any issues, including any adverse impact on patient flow. **Update 4 Jun 2020 –** Mr Graham agreed to pick this action up and present a report to the July meeting. **Update 9 Jul 2020 –** Mr Graham briefed the Board on GM-wide work in this area and agreed to present the outcome to the September Board meeting. **Update 3 Sep 2020 –** Mr Graham briefed the Board on progress regarding this action and advised that a report would be presented to the October Board meeting. **Update 8 Oct 2020 –** On agenda. Action closed.	October 2020	J Graham
09/07/20	147/20	Operational Performance Summary and Cancer Management Update	In response to a question from Mr Belton, Mrs Robson suggested that it would be helpful to bring a discussion paper to the Board on the ethical issues. **Update 3 Sep 2020 –** Dr Burrows advised that a report would be presented to the October Board meeting. **Update 8 Oct 2020 –** On agenda. Action closed.	October 2020	G Burrows

Meeting	Minute reference	Subject	Action	Bring Forward	RO
09/07/20	151/20	International Nurse Recruitment	Mr Moores confirmed that a recovery workforce plan would be presented to the Board in August 2020, and the wider nurse recruitment business case would follow from that work, and would be presented to the Board in October 2020. **Update 3 Sep 2020 –** Mr Moores confirmed that the full nurse recruitment business case would be presented to the Board in October 2020, and Ms Tabernacle briefed the Board on nurse recruitment forward look. **Update 8 Oct 2020 –** Deferred to November 2020 meeting to allow review of staff utilisation by Ruth May's team to be completed to inform the business case. **Update 5 Nov 2020 –** Deferred to January 2021 to allow staff utilisation work to be completed.	January 2021	B Tabernacle-Pennington
6/08/20	157/20	Zero tolerance campaign	Progress updates to future meetings. **Update 3 Sep 2020 –** Mr Moores advised that the first update would be presented to the Board in October 2020. **Update 8 Oct 2020 –** On agenda. Action closed.	October 2020	G Moores
6/08/20	167/20	Risk Report	Board to review risk appetite. **Update 3 Sep 2020 –** Mr Moore advised that he was trying to find a suitable date on the Board development calendar for the risk appetite review. **Update 8 Oct 2020 –** A suitable date was in the process of being identified.	November 2020	P Moore

Meeting	Minute reference	Subject	Action	Bring Forward	RO
03/09/20	188/20	Review of Action Log	Mrs Robson referred to the Board's concerns about Ward A1 and the lack of assurance that the actions put in place were not having the desired effect. It was agreed that the Board would receive an update at the October Board. *(on private agenda)* **Update 8 Oct 2020 –** On the private board agenda. Action closed.	October 2020	S Toal / G Burrows
03/09/20	190/20	Covid Update	Mr Bennett advised that the Single Improvement Plan would be presented to the Board on a bi-monthly basis, with effect from the October Board meeting. *(on private agenda)* **Update 8 Oct 2020 –** On the private board agenda. Action closed.	October 2020	S Bennett
03/09/20	197/20	Risk Report	Mr Moore agreed to arrange a regular series of risk deep dives for the Board, with the risk owners invited to present mitigations. **Update 8 Oct 2020 –** The Board heard that the plan was to commence the series of risk deep dives from December.	December 2020	P Moore
08/10/20	223/20	Covid update	Mr Moores agreed to present a report on staff health and wellbeing at the November Board meeting.	November 2020	G Moores
08/10/20	223/20	Covid update	It was agreed that Mr Moore would present a single view on how the governance arrangements linked together, in the context of both Covid and non-Covid risks.	To be agreed	P Moore

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			Update 5 Nov 2020 – To be discussed at a future Board development session as part of the reflection on the first wave of the pandemic.		
08/10/20	226/20	ED Improvement Programme	It was agreed that a report on the outputs, impact and value for money of the PWC work around flow would be presented to the Board of Directors.	November 2020	S Toal
08/10/20	232/20	Quality Committee Report	It was expected that the full report on the Fundamentals of Care work would be presented to the next Quality Committee meeting and the November Board. **Update 5 Nov 2020** – The work was presented to the Quality Committee and will be on the agenda for the December Board meeting.	December 2020	B Tabernacle

On agenda
Not due
Overdue
Closed

NHS
Stockport
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	5th November 2020
Subject:	Trust Strategy – launch, engagement and next steps		
Report of:	Director of Strategy, Partnerships and Transformation	**Prepared by:**	Head of Planning

REPORT FOR INFORMATION

Corporate objective ref:	**Summary of Report** This report provides an update for the Board of Directors on progress in relation to the launch of the new Trust Strategy, the delivery of over 20 engagement sessions across the Trust and on immediate next steps in the development of supporting strategies. The report includes detailed comments and feedback provided from staff which should help shape the Trust's approach to future work on the supporting and enabling strategies.
Board Assurance Framework ref: -----	
CQC Registration Standards ref: -----	
Equality Impact Assessment: ☐ Completed ☐ Not required	

Attachments:

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Committee ☐ Finance & Performance Committee ☐ People Performance Committee ☐ Charitable Funds Committee ☐ Exec Management Group ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1 BACKGROUND

Trust Board agreed a new Trust Strategy in July 2020, which was then professionally designed, and launched via a WebEx event with the Chief Executive and Director of Strategy, Partnerships and Transformation on 12th August.

A series of engagement sessions led by the Strategy & Planning Team with staff across the Trust took place in August, September and October. Feedback from these sessions is included in this report (*direct quotes are italicised*) and should be taken on board when developing further supporting strategies.

2 ENGAGEMENT SESSIONS

The Strategy was launched in August with a commitment to roll-out across the Trust through a series of engagement sessions with staff. There have been two types of sessions held:

- six 'open' sessions where any member of Trust staff was invited to participate,
- 17 sessions held with individual teams following a request from a manager.

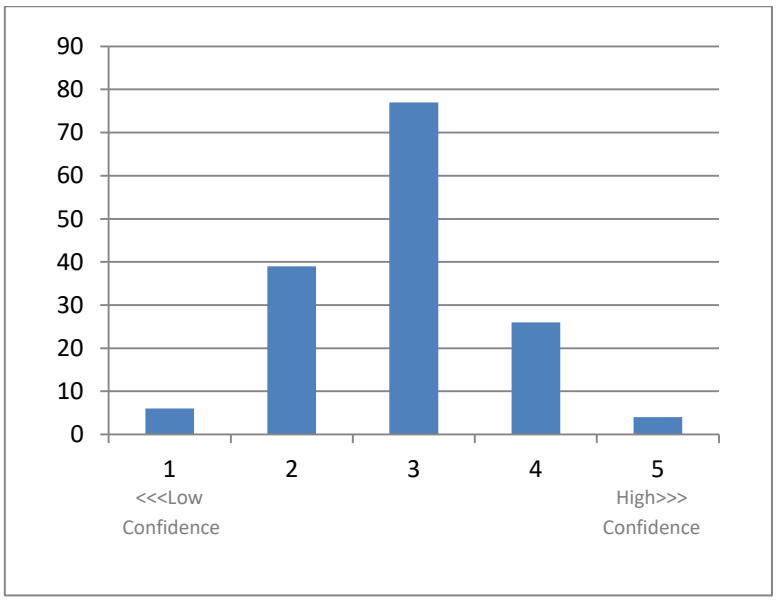
Almost 250 staff have taken part in these sessions, including front line and back office staff, a range of junior and senior staff and both hospital based and community teams.

Most of the sessions have been held virtually over WebEx, although three physical face-to-face sessions were held (with appropriate social distancing).

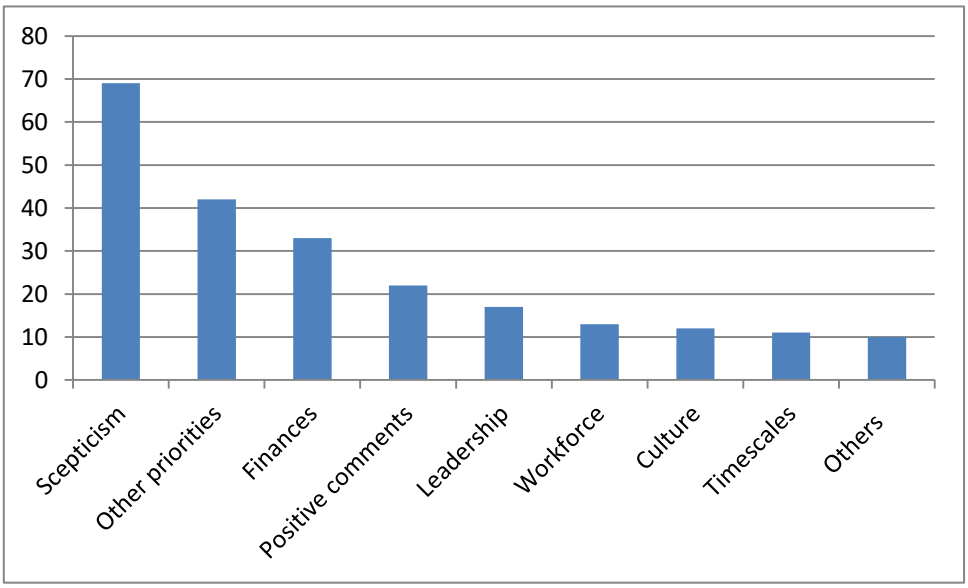
The sessions involved a brief slide show from members of the team Strategy & Planning team, followed by an online interactive session using Slido. The Slido element asked for views on the new Strategic Objectives, new Trust Mission and overall confidence in the successful implementation of the Strategy. Slido allowed staff to use mobile phones, computers or other device to provide anonymous feedback which was automatically collected and instantly shared on screen – this anonymity has allowed staff to provide frank feedback, and the instant element allowed others to respond. Feedback on the use of Slido has been very positive, and should be encouraged for use in other Trust engagement exercises.

3 ANALYSIS

3.1 **Main headline:** At the end of each session, participants were asked to rank their confidence, on a scale of 1-5 (1=low, 5=high), in the new strategy's aim to achieve our Mission to 'Make a Difference Every Day' this year. The average score was 2.88



3.2 When asked for the reasons behind the score, a number of key themes emerge:



These themes are explored in detail in the sections below.

3.2a Around 30% of all responses show some degree of **scepticism**:

- *The trust isn't great at delivering what they say or write.*
- *Lack of confidence. Strategies are rolled out and never achieved.*
- *Sounds good, but will it deliver as the Trust has failed on this before...*
- *The strategy does cover positive things, but I'm always dubious about how well we can actually deliver real change in this organisation.*
- *Strategies have come and gone and honestly don't feel any have achieved what was planned / hoped for.*
- *Heard it all before, nothing really is delivered, we just keep re-hashing the same stuff. We don't move forward. A lot of talking but no results.*
- *History doesn't allow me to score any higher. However, hopefully time will prove me wrong.*
- *I feel our track record of implementing change and strategy has been poor. However I hope the current executive are better able to drive the strategy.*

- *The strategy feels like it intends to be good, the values behind it are good but it has to deliver rather than being a " piece of paper " and it feels like we have been there before.*

3.2b A fifth of all responses mentioned **other priorities** that could occupy Trust focus, with many citing Covid in particular:

- *A year is relatively a short time to make a massive impact. Also with winter coming soon and a possible Covid second wave, implementation of strategy will be impacted.*
- *Strategy looks well planned; implementing it during this pandemic might prove difficult.*
- *Too difficult to outline any sort of long term strategy due to COVID. We don't know what tomorrow will be like.*

Dealing with Business as Usual is seen as challenging enough, without the extra work behind achieving strategic ambitions:

- *Think there are real challenges dealing with the day to day without looking at the way forward.*
- *Things are so difficult absolutely everywhere at the moment from the bottom to the very top. It's just hard to be too optimistic.*
- *So busy with BAU we don't have the time or staff to develop and make improvements we would like.*

3.2c Some participants made comments about **finances**:

- *The Trust potentially will not have the correct funding for this to happen, especially when they are still currently trying to come out of a deficit financial wise.*
- *There's no cash! Culture is hard to change. I like the idea though!*
- *I think there needs to be significant investment to achieve this. Without that I suspect things will remain the same.*
- *The difference between having a good strategy and the ability of the trust to deliver it = Funding.*

3.2d Some participants raised concerns about **leadership**:

- *I don't have faith that leadership in the Trust will enable and progress this Trust strategy - it's just words on a page.*
- *Not enough visual higher Trust leadership demonstrating accountability for targets implementation and charge in practice..*
- *Visible leadership is totally lacking. Disconnect between the " coal face" staff have not recovered from first round of Covid.*
- *We are currently not listened to ... emails and calls not answered, no support and any ideas to improve care, experience and wellbeing are not supported. Difficult for departments not to lose the will in this situation.*
- *I believe the strategy says the right things but we need the behaviours of the executives to positive and role model the requirements.*
- *Hopefully the new exec staff coming into the trust will being able to drive the strategy forward.*

3.2e **Workforce** concerns were raised by some:

- *We need more staff to deliver good quality and safe care. We need to make it a positive place to work to attract staff.*
- *Staffing levels aren't good, we are feeling jaded and like a number not a name.*
- *We can only make a difference if we have good staffing levels, positive morale on the wards retention of staff to provide our patients the best possible care.*
- *Retention is an issue as staff morale is low due to several infilled shifts.*
- *I think that there a bold and ambitious strategic plans that have been made and I feel these will go a*

long way to create positive change and improvement. However, I feel that where there is a draw-back is in staff development. I expected to see more strategies geared toward staff dev, motivation and compensation.

3.2f Others have mentioned **Culture**

- *I need to build confidence in the ability of the organisation to actually deliver change. Issues are entrenched.*
- *Culture. Feels currently very different.*
- *Need to change the hierarchical style management and layers before things can change.*
- *Culture and leadership is a real challenge in this organisation.*
- *Great at talking but there needs to be a culture change which I don't feel is appreciated and fully understood in order to achieve the mission / values.*
- *Need to change the hierarchical style management and layers before things can change.*
- *Because the culture needs changing.. the strategy sounds great and aspirational but I am not confident that we have the team to lead it.*
- *Unfortunately a culture resistance to change and trying new ways of working, lack of collaboration driven by lack of senior leadership to "have a go".*

3.2g Some acknowledged that the question asked about the **timescales** of achieving the mission 'this year' accepting that this is a 5 year strategy:

- *12 months is not long enough - strategies take time to develop and be implemented. In 5 years' time can see many changes.*
- *We need to allow time to complete the strategy and embed the actions... often too much change too fast, and financial or other impacts mean the trust do not have time to complete the strategy plans*

3.2h Trust staff also provided many **positive responses**. Examples include:

- *I scored highly as I am reassured that it is a plan with clear goals, regular reviews and that if done properly it will inform all department plans and actions.*
- *I think that the strategy is very positive, will meet the needs of the patients and support the staff, I just hope that we can all deliver given pressures daily.*
- *There has been an improvement in the services over the past year with a management team that appears to be engaging and wanting to improve this is encouraging but work still needs to be done.*
- *The needs of the patients and support the staff, I just hope that we can all deliver given pressures daily.*
- *I believe the strategy says the right things but we need the behaviours of the executives to positive and role model the requirements.*
- *The new Strategy looks exciting and more dynamic especially through these difficult times. How will this time be different to the changes that have previously been made but not sustained? I think it's a case of seeing the changes, hearing about the new direction.*

3.3 Participants were asked for their views on what the new Mission statement, **"To Make a Difference Every Day"** meant to them and their teams. We received over 240 comments from a wide range of staff, these can be broadly split into comments which focussed on:

3.3a Patients:

- *Dealing with every enquiry and contact as if is very important and with the aim of helping people look after themselves.*
- *We want to improve care so we would be happy if our families are being cared for in this trust.*

- *Ensuring best possible patient outcomes.*

3.3b Back office support to front line services:

- *Unblocking issues for clinical colleagues.*
- *Ensure processes are slick to enable the best patient experience.*
- *Providing meaningful and useful analysis to operational teams who can then give the best patient care / service.*
- *Good working relationship with other departments to ensure we provide our service to the best of our ability.*
- *To achieve a step forward for a programme or initiative, helping someone else achieve with their job or in helping a patient.*

3.3c Team work, and 'going the extra mile':

- *Giving 100% each and every day. Don't go home thinking you could have done better, know you did everything possible.*
- *Doing an exceptional job even on ordinary days.*
- *Teamwork and not working in silos - a "can do" approach.*
- *Going the extra mile, where possible, to create positive experiences whether is between our teams or in providing service to our patients.*
- *Going above and beyond for patients, listening to them, listening to staff and continually using service improvement to ensure patient care is the best.*

3.3d Recognising effort and achievements:

- *Feedback is important here.*
- *Receiving positive feedback from patient and staff makes us feel.*
- *Valuing the staff making them feel important.*
- *Celebrating good practice and appreciation.*
- *Going the extra mile, and receiving recognition.*
- *Showing how we contribute, even when not in a clinical role.*

3.4 Participants were asked about each of the 5 Strategic Objectives and to answer the question "What does this mean for me and my team?"

This is intended to reveal what is important to our staff, and will help the Trust to embed the Strategy by directly talking to staff interests.

3.4a **(Strategic Objective 1) "A great place to work":**

- Generally positive responses. Common words used include: Trust, Respect, Valued, Recognised, Encouraged, Supported, Honesty, Collaboration, Team work, Innovation.
- People want to see SFT as a place where people want to work, are even proud to work, where we attract and retain the best people. Opportunities to progress and develop were also important, as is the environment staff work in, and the resources we have available.

Key quotes included:

- *A place where you are supported, listened to, make great working relationships, be able to feedback, provide new ideas, be respected, be happy.*
- *It means a compassionate culture, a supportive culture, a learning culture, an affirming rather than blaming culture. It means effective VISIBLE leadership.*
- *Mutual respect and a good culture. Less empty promises. Equal share of commitment from Exec team in*

all areas of improvement for the hospital rather than just the things CQC look for etc. More changes being made before incidents occur rather than afterwards as a lesson learned.

- *Staff feeling valued & trusted by the leadership. Being kind towards my colleagues. Opportunity to develop personally & professionally blaming cultures has to stop.*

3.4b **(Strategic Objective 2) "Always learning, continually improving":**

- Again, generally positive responses. Common words and phrases used include: Support for our consultants, not being afraid to try new things, support for QI projects, reflecting on what goes well and what doesn't (trends as well as individual incidents), listening to and acting on patient and carer feedback.
- There were multiple references to cultural issues; a fear of criticism, the need to support and encourage learning - there was a suggestion of recognising learning through the Make a Difference Award scheme.
- There is interest in personal development and progression, as well as a commitment for the Trust to be a 'research active' trust. Although there were repeated comments about staff not having the time to learn and develop.

Key quotes included:

- *We can only improve if we evolve and learn from what went well and not so well.*
- *We need to move on from the mind-set that this is how things have always been done or that's how it is in Stockport. Celebrate innovation wherever it comes from.*
- *Continue with the development / delivery of teaching programmes which ensure learning around incidents to help improve patient safety.*

3.4c **(Strategic Objective 3) "Helping people live their best lives":**

- More generally positive feedback: Timely and responsive care, giving patients options, supporting independence, improving waiting times, joined up services, recognising different backgrounds and needs.
- Some constructive feedback "what does "best lives" look like?
- One comment offers a really good overview: "To deliver better outcomes for our patients. To work closely with our partners for integrated care pathways. To wrap our services around the need of the patient".

Key quotes included:

- *Enabling patients to get home sooner, and get well quicker, and have better outcomes.*
- *Working to prevent patients having to come into hospital, and when they do get them home quicker.*
- *Embed a 'safety first' culture, safety is no accident.*
- *Provide staff with the digital tools to be able to do their job quickly and efficiently.*

3.4d **(Strategic Objective 4) "Investing for the future, using our resources well":**

- Lots of interest in 'investment', in research, in health and wellbeing, in IT, in the physical environment.
- Investment in staff of all grades was a recurring theme - recognising that our staff are our biggest and most expensive resource and it is crucial to invest in supporting and keeping staff in the Trust in order to maintain the expertise that we develop in order to support our patients.
- Recognition that forward planning is important in making the right decisions, not wasting money on short term fixes, that succession planning is crucial, that new roles are needed (such as more Advanced Practitioners or hybrid roles) maximising the assets we already have as a trust. Support for greater joined up decision making - clinicians, managers and corporate teams working together.

Key quotes included:

- *I feel that the long term strategies are replaced by short term firefighting. We need some real direction in the long term planning of services.*

- *Working with Commissioners .... not just about increasing activity to generate more income.... understanding whole system economy.*
- *Making the right choice for services- investing in resources for services that will meet the needs of future taking into consideration wider Greater Manchester / East Cheshire potential*
- *Services cannot always continue to do more with less and achieve desired outcomes for patients and staff.*

3.4e **(Strategic Objective 5) "Working with others for our patients and communities":**

- This is a popular objective, with lots of support for joined up working and joined up services with other NHS bodies (such as commissioners and other providers, including community and mental health providers) as well as local authority, care providers and the voluntary sector.
- Feedback recognised that strong working relationships require mutual trust, respect and understanding.
- Some comments about recognising that patients are also partners in their own care, and that it is important for us the listen to and understand their experience.
- There were also comments that show that many staff see 'others' as 'other Business Groups' or 'other services' within the Trust itself, and a number mentioned silo working. This is clearly an area to work on internally; joined up working across Business Groups and teams to focus the management of our patients whose care spans multiple specialists. Others mentioned a need to improve the relationships between clinical, managerial and exec teams – "an exec team that are in touch with the clinical front line".

Key quotes included:

- *Recognising that across the health and social care economy the patient is at the heart of what we do and we are not in a battle with each other. We need to work together and it's not helpful when sometimes things are seen as a competition.*
- *Having a good understanding of the wider healthcare system / and partnerships so we can ensure that the day to day work we undertake benefits the healthcare system and ultimately patients.*
- *This means the hospital looking outside itself...valuing and including those providers outside of our walls... Especially care homes. This would improve patient flow in a heartbeat... actually doing it... not just lip service.*

4 NEXT STEPS – SUPPORTING STRATEGIES

The new Trust Strategy made specific commitments to developing a series of supporting strategies. An assessment has been made which focusses on:

- Existing strategies that need to be refreshed or renewed in direct response to commitments made in the Trust Strategy.
- Areas where the Trust needs to produce a new strategy document.

Work is already underway to develop a number of these key enabling and supporting strategies:

- A new **Quality Improvement Approach** has recently been approved by the Executive Team and is being prepared for launching.
- A **Digital Strategy** is currently in draft form, aiming for approval in December.
- An **Estates Strategy** is on course for completion by March 2021 (first draft in December).
- The Trust's **People Strategy** will need to be refreshed to reflect the new Mission and Strategic Objectives – aiming for this to be completed by March 2021.
- The Trust is committed to developing an over-arching **Clinical Services Strategy**, to be led by the new Medical Director.
- A new **Fundamental Care Standards Framework** and refreshed **Nursing, Midwifery and Allied Health**

Professional Strategy will be led by the new Director of Nursing.

The Strategy & Planning Team is working closely with colleagues across the Trust to ensure the key enabling and supporting strategies adequately reflect the Trust Strategy, new mission and new strategic objectives.

5. RECOMMENDATIONS

5.1 The Board are asked to note this report.

- It is important that the Trust takes note of the feedback included in this report when taking forward further work on Trust strategies and related plans and activities.

NHS Stockport NHS Foundation Trust

Integrated Performance Report

Reporting Period September 2020

Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Introduction to this report

Following a collaborative session with the Trust Board and NHS England & NHS Improvement on 17 July 2020, the Trust Board confirmed the move to using SPC charts for monitoring performance and reporting detailed information for the Integrated Performance Report (IPR). A new design layout was developed and metrics for the Workforce section were first presented at Trust Board on 03 Sep 2020. This report now includes additional metrics for Quality, Operations, and Finance sections, and the report will be expanded/updated by iteration.

Dashboards will utilise SPC icons to indicate improvements or concern:

Performance variation

Grey indicates common cause, which shows no significant change in the data values

Orange indicates special cause of concerning nature or higher pressure due to higher or lower data values

Blue indicates special cause of improving nature or lower pressure due to higher or lower data values

Target assurance

Grey indicates that variation is inconsistently passing and falling short of the target

Orange indicates that variation is consistently falling short of the target

Blue indicates that variation is consistently passing the target

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Trust Highlight Report

Quality

* The Trust continues to see an increase of the number of patients waiting beyond 52 weeks for treatment. Long waiting patients are still subject to clinical reviews to assess the risk of harm as a result of the long wait, and the Trust is also engaging with the national ask to clinically prioritise patients into categories P1 – P6.
* There were three 12-hour trolley waits reported in September, and the Board must note there will be an increase reported in October due to the significant operational pressures experienced by the Trust throughout the month. The Trust continues to seek to address the issues with patient flow, which were a direct contributor to the number of 12-hour breaches, in conjunction with system partners. However, as noted in the recent CQC inspection, patient safety within the Emergency Department has improved significantly, and the ED Improvement plan continues to be monitored at Executive level.
* There was one Never Event reported in September relating to a patient receiving the incorrect procedure. A serious incident investigation is underway.
* Good progress with implementation of the new sepsis process across the trust, with doctors being 'fast bleeped' to red flag sepsis. Late withdrawal of our sepsis practitioner just before their start date will be overcome with an internal secondment. The provisional figures for September are: 53% for timely identification and 92% for timely treatment of sepsis.

Operations

* The concurrent onset of winter and the second wave of covid-19 are significant concerns operationally, due to the effects on patient flow, four hour A&E performance and the elective programme of work. Of note, the Trust has not experienced the same decrease in demand through A&E that it had in the first wave, which is an added pressure to consider.
* The Trust are working to preserve as much elective and cancer work as possible, by utilising independent sector capacity and engaging with Greater Manchester colleagues with the development of green sites. A key piece of work for the Trust going forwards will be to ensure commissioning of further independent sector capacity following the end of the national contract.
* With regards to patient flow, the Trust is working to secure further covid-19 positive capacity within facilities such as Bramhall Manor, and is working with system partners on initiatives to ensure flow across the system throughout winter and wave two.
* Another key pressure in terms of recovery of elective performance (cancer, RTT and diagnostics) remains Endoscopy, which still has a considerable backlog. Introduction of swabbing for gastroscopy patients will enable the Trust to increase throughput of patients through its lists. Positively, Radiology and Audiology have seen decreases in the numbers of patients waiting longer than 6 weeks, and are forecasting continued reductions.
* The Trust has hit the trajectory set by Greater Manchester Cancer, on reducing the number of patients waiting beyond 104 days on the cancer waiting list to pre-covid levels, for September and is on track to achieve this for October. Performance against the 62 day standard remains a challenge; however the Trust has agreed a trajectory with the CCG to be at pre-covid levels of performance by March 2021.

Workforce

* Sickness levels remain stable after the COVID related spike, increased sickness associated with the second wave has not presented.

* Appraisal rates for medical and non-medical staff have been significantly impacted due to the pause during the pandemic, recovery plans were in place but current staffing challenges may pose a risk to this improvement.

* Bank and agency costs are at significantly high levels, focussed work is underway to increase controls in this area.

* Staff in post exceeds the target overall however, there remain staff groups where focussed work to increase staff in post levels is currently taking place.

*Turnover levels have improved consistently and now in reach of the target.

*Mandatory training recovery plans have been successfully implemented.

Finance

* The Trust has submitted a forecast for October 2020 to March 2021 to Greater Manchester (GM) and NHS Improvement/ England (NHSI/E) that is in excess of the control total position. There is further risk from efficiency requirements, activity sanctions and expenditure assumptions built into the forecast position. Therefore, excluding the impact of a further wave of Covid-19, the Trust cannot perform worse than the submitted position.

* The Trust has delivered a break even financial position to date in the financial year, as required nationally by NHS Improvement/ NHS England (NHSI/E).

* The Trust has maintained sufficient cash to operate despite the current increased run rate of expenditure.

*The Trust Executive team have agreed a prioritised list of expenditure items included in the forecast October 2020 to March 2021 in order to effectively deliver patient safety and quality care. This includes winter schemes, discharge to assess (D2A), and items on the Care Quality Commission (CQC) action plan. Spend against these various elements will be monitored on a monthly basis.

NHS Stockport NHS Foundation Trust

Quality

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

* The Trust continues to see an increase of the number of patients waiting beyond 52 weeks for treatment. Long waiting patients are still subject to clinical reviews to assess the risk of harm as a result of the long wait, and the Trust is also engaging with the national ask to clinically prioritise patients into categories P1 – P6.
* There were three 12-hour trolley waits reported in September, and the Board must note there will be an increase reported in October due to the significant operational pressures experienced by the Trust throughout the month. The Trust continues to seek to address the issues with patient flow, which were a direct contributor to the number of 12-hour breaches, in conjunction with system partners. However, as noted in the recent CQC inspection, patient safety within the Emergency Department has improved significantly, and the ED Improvement plan continues to be monitored at Executive level.
* C.Diff rates, although at a 7month low, remain at an elevated level.
* There was one Never Event reported in September relating to a patient receiving the incorrect procedure. A serious incident investigation is underway.

Major Actions Commissioned / Work Underway:

*The National intensive support team for maternity is supporting a review of our practice a part of a national improvement initiative.
* Increased antibiotic vigilance and stewardship is being encouraged to support reduction in C.diff rates, along with virtual ward rounds.

Positive Assurances to Provide:

* Good progress with implementation of the new sepsis process across the trust, with doctors being 'fast bleeped' to red flag sepsis. Late withdrawal of our sepsis practitioner just before their start date will be overcome with an internal secondment. The provisional figures for September are: 53% for timely identification and 92% for timely treatment of sepsis.

Decisions Made:

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

Metric	Latest Performance			Target	
A&E: 12hr Trolley Wait	Sep-20		3	?	<= 0
VTE Risk Assessment	Sep-20		97.9%	P	>= 95%
Sepsis: Timely recognition	Sep-20		52.9%	?	>= 50%
Sepsis: Antibiotic administration	Sep-20		92.3%	?	>= 50%
Mortality: HSMR	Jul-20		1.03	F	<= 1
Mortality: SHMI	Apr-20	H	0.99	P	<= 1
Never Event: Incidence	Sep-20	H	1	P	<= 0
Serious Incidents: STEIS Reportable	Sep-20		9		
C.Diff Infection Rate	Aug-20	H	25.09		
C.Diff Infection Count	Aug-20		12 (cumulative)	P	<= 21 (cumulative)
MRSA Infection Rate	Aug-20	H	1.12		
MRSA Infection Count	Aug-20		0		
MSSA Infection Rate	Aug-20		7.25		
E.Coli Infection Rate	Aug-20		21.74		

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard continued…

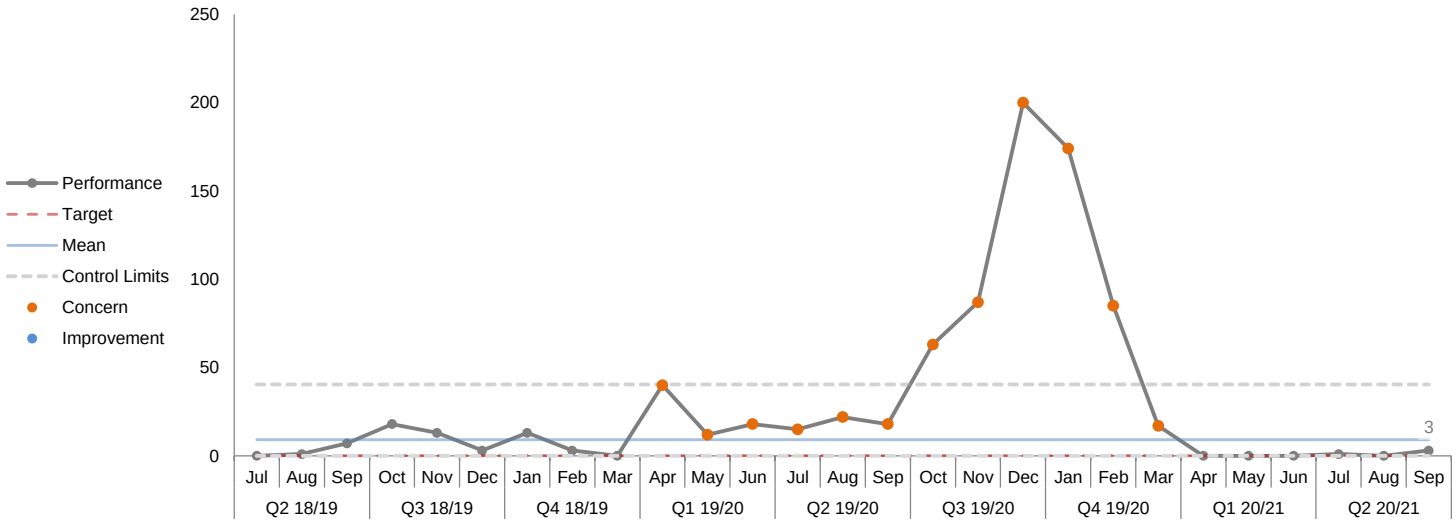
Metric	Latest Performance			Target	
E.Coli Infection Count	Aug-20		4		
Falls: Total Incidence of Inpatient Falls	Sep-20		443 (cumulative)	P	<= 550 (cumulative)
Falls: Causing Moderate Harm and Above	Sep-20		15 (cumulative)	?	<= 13 (cumulative)
Pressure Ulcers: Hospital, Category 2	Aug-20		37 (cumulative)	P	<= 85 (cumulative)
Safety Thermometer: Hospital	Mar-20		95.7%	P	>= 95%
Safety Thermometer: Community	Mar-20		97.1%	P	>= 95%
Emergency C-Section Rate	Sep-20		22.8%	F	<= 15.4%
Friends & Family Test: Response Rate	Aug-20	L	17.9%		
Friends & Family Test: Inpatient	Aug-20	H	97%		
Friends & Family Test: A&E	Aug-20		87%		
Friends & Family Test: Maternity	Aug-20	H	100%		
Complaints Rate	Sep-20	H	0.6%		
Complaints: Timely response	Sep-20	H	78.3%	?	>= 95%
Referral to Treatment: 52 Week Breaches	Sep-20	H	1307	F	<= 0

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**A&E: 12hr Trolley Wait** Total number of patients whose decision to admit from A&E was over 12 hours from their actual admission.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	3

Data shows common cause variation, suggesting no significant change in performance.

Assurance

Target
<= 0

Throughout the reporting period, performance against the target level has been inconsistent

What the chart tells us	The chart shows that from April 2019 there were a high number of 12-hour trolley waits. December 2019 to March 2020 show a significant decrease in performance levels, with numbers much higher than normal. April to May 2020 shows a return to normal levels with us achieving the target number, but we have exceeded the target number in July 2020, and then again in September.

Narrative

Issues:

The impact of winter and flu, coupled with the second wave of covid-19 and the resultant impact on bed capacity, will be a significant risk to the 12 hour position in ED over the coming months.

Patient flow constraints are a significant barrier to preventing 12 hour waits within ED, especially when one considers the increased infection prevention measures required due to the covid-19 pandemic. Furthermore, flow within the hospital will be further compromised by the restrictions placed on some wards.

The Board should note there is an anticipated increase in the number of 12 hour waits for October, given the significant operational pressures which have occurred throughout the month.

Actions & Mitigations:

The patient flow actions - highlighted within the length of stay metrics and MOAT metrics - are key to improving the 12 hour breach position.

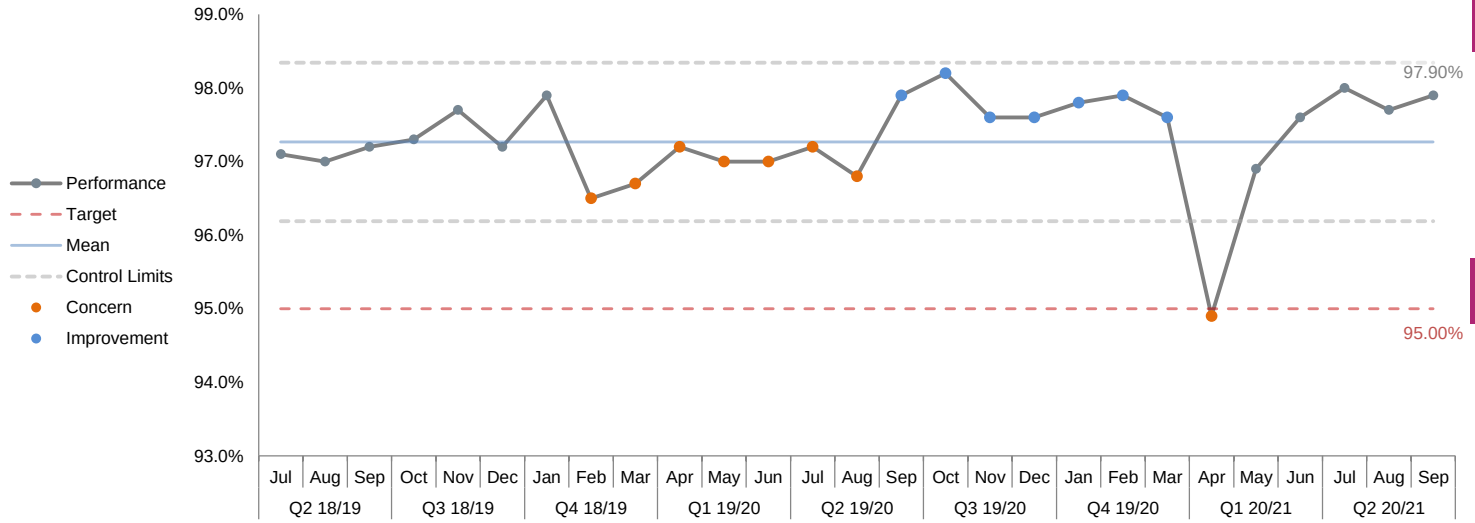
The focus within the Emergency Department is to avoid all breaches where possible, following escalation processes at all times. If a patient is likely to or has breached, the ED Improvement Plan sets out plans to offer a greater assurance on safety of this cohort of patients, with a focus on keeping patients safe whilst in the department. It includes items such as safer staffing and quality metrics. Compliance with this plan is closely monitored at Executive level.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**VTE Risk Assessment** The percentage of eligible admitted patients who have been given a VTE risk assessment.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	97.9%

Data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
>= 95%

Apart from a drop in performance during April 2020, performance is consistently above the target level.

What the chart tells us	The chart shows that between September 2019 and March 2020 there is a run of high performance above the average. April 2020 saw a significant drop in performance for just that month, with a return to normal performance levels from May to September 2020. Apart from the drop in April, performance is consistently above the target level, suggesting we have a robust process in place.

Narrative

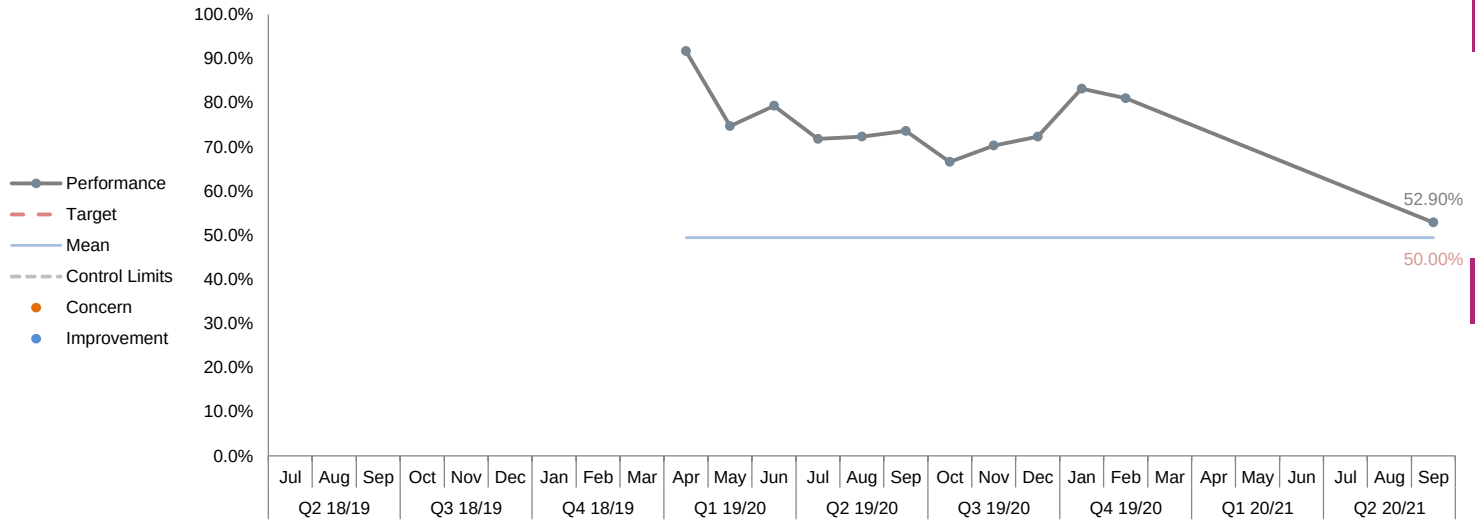
Issues:	Actions & Mitigations:

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sepsis: Timely recognition** The number of patients who are screened for sepsis, as a percentage of those eligible patients audited. Performance for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	52.9%

Insufficient data points.

Assurance

Target
>= 50%

Insufficient data points.

What the chart tells us	Data for this metric has not been collected since February 2020. Data collection has started again in September and is being measured against a trajectory target of 50%. More data is required before we can determine appropriate control limits and identify special cause and common cause variations.

Narrative

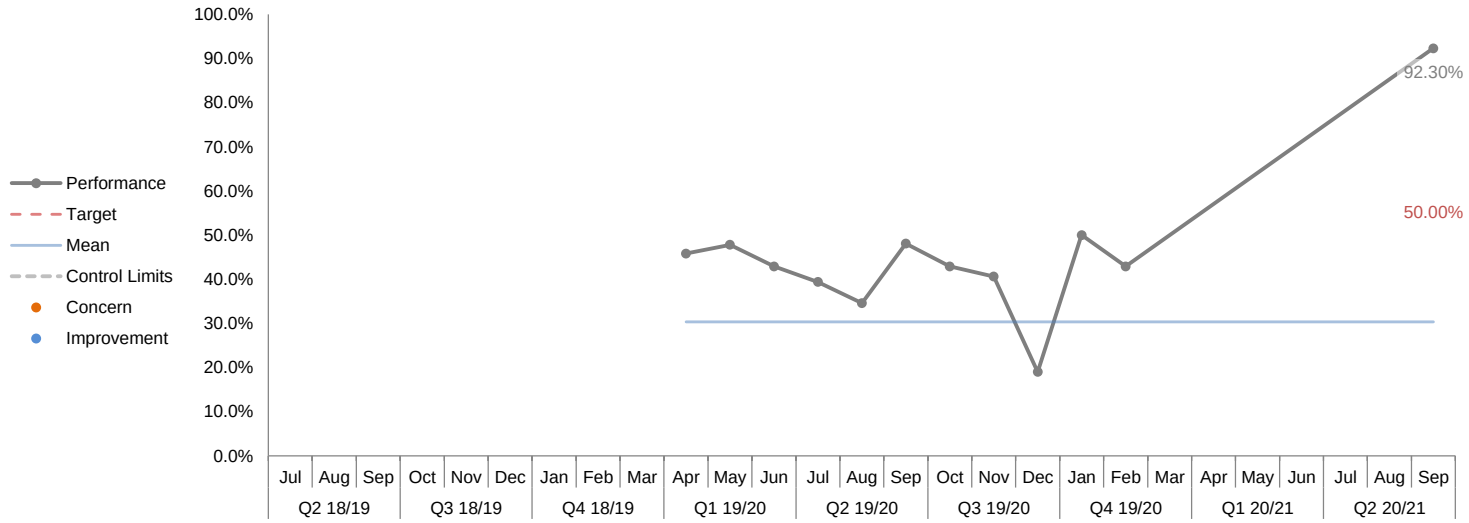
Issues:	**Actions & Mitigations:**
	Continue to embed new screening tool and improve compliance with timely identification of sepsis.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sepsis: Antibiotic administration** The number of patients who received IV antibiotics within agreed standards for sepsis patients, as a percentage of those eligible patients audited and found to have sepsis. Performance for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	92.3%

Insufficient data points.

Assurance

Target
>= 50%

Insufficient data points.

What the chart tells us	Data for this metric has not been collected since February 2020. Data collection has started again in September and is being measured against a trajectory target of 50%. More data is required before we can determine appropriate control limits and identify special cause and common cause variations.

Narrative

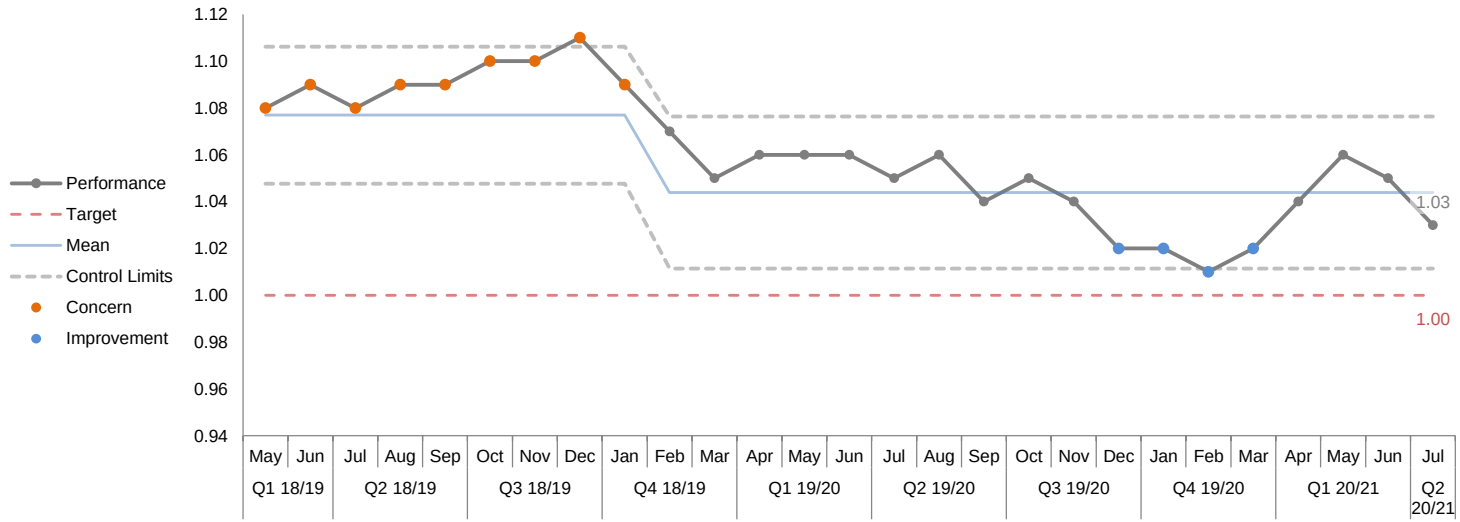
Issues:	Actions & Mitigations:
	Continue to promote the timely recognition of sepsis and importance of antibiotic administration. 2 new sepsis practitioners have been appointed to support the sepsis programme.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Mortality: HSMR** This is the ratio between the actual number of patients who either die while in hospital compared to the number of patients that would be expected to die based on whether patients are receiving palliative care, and socio-economic deprivation.

Performance of this measure over time



Variance

Latest Month	Actual
Jul-20	1.03

Data currently shows common cause variation, suggesting no significant change in performance.

Assurance

Target
<= 1

Performance is consistently above the target level.

What the chart tells us	May 2018 to January 2019 see a significantly higher mortality rate than normal, though the data suggests a change in process from February 2019 has seen mortality rates at lower levels running through to November 2019. December 2019 to March 2020 see a potentially improving trend with values below the average, though mortality rates return to expected levels from April to September 2020.

Narrative

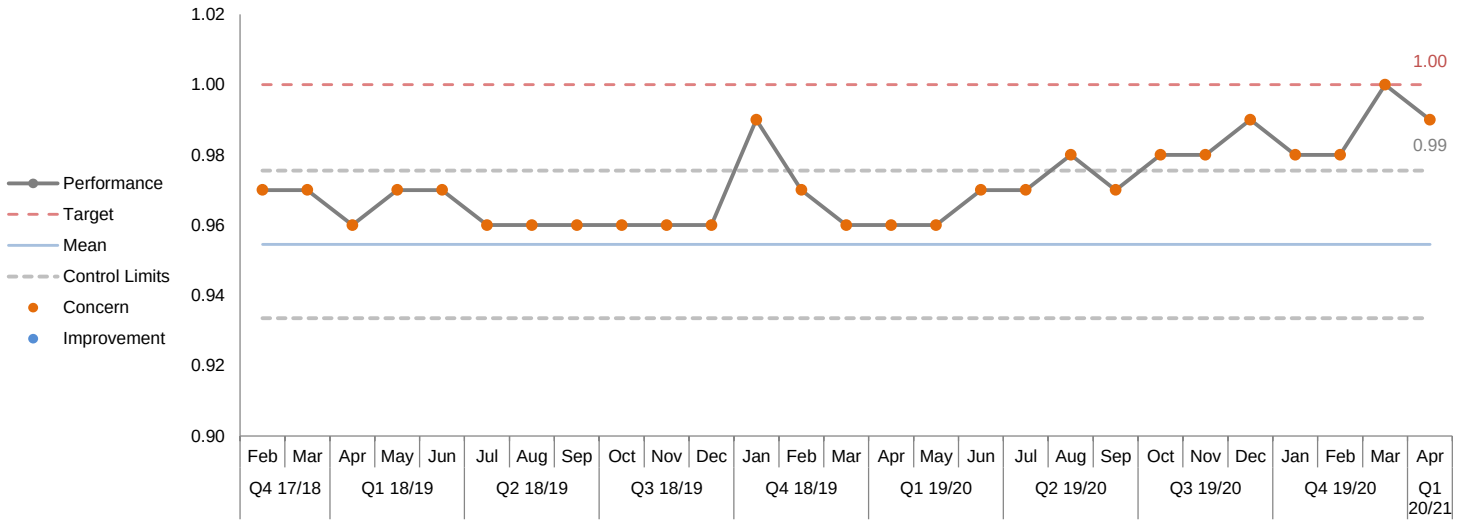
Issues:	Actions & Mitigations:
	All diagnostic codes which are flagged are under investigation

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Mortality: SHMI** This is the ratio between the actual number of patients who either die while in hospital or within 30 days of discharge compared to the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated.

Performance of this measure over time



Variance

Latest Month	Actual
Apr-20	0.99

Data shows special cause variation showing a run of values above the average across the reporting period.

Assurance

Target
<= 1

Performance is consistently below the target amount.

What the chart tells us	The chart shows that SHMI mortality rates are consistently below the target level throughout the reporting period, however, from June 2019 to September 2020 there is increasing trend above the average mortality rate, indicating a potential concern. Although performance is still below the target amount, the trend suggests that performance my start to go above the target amount in future months.

Narrative

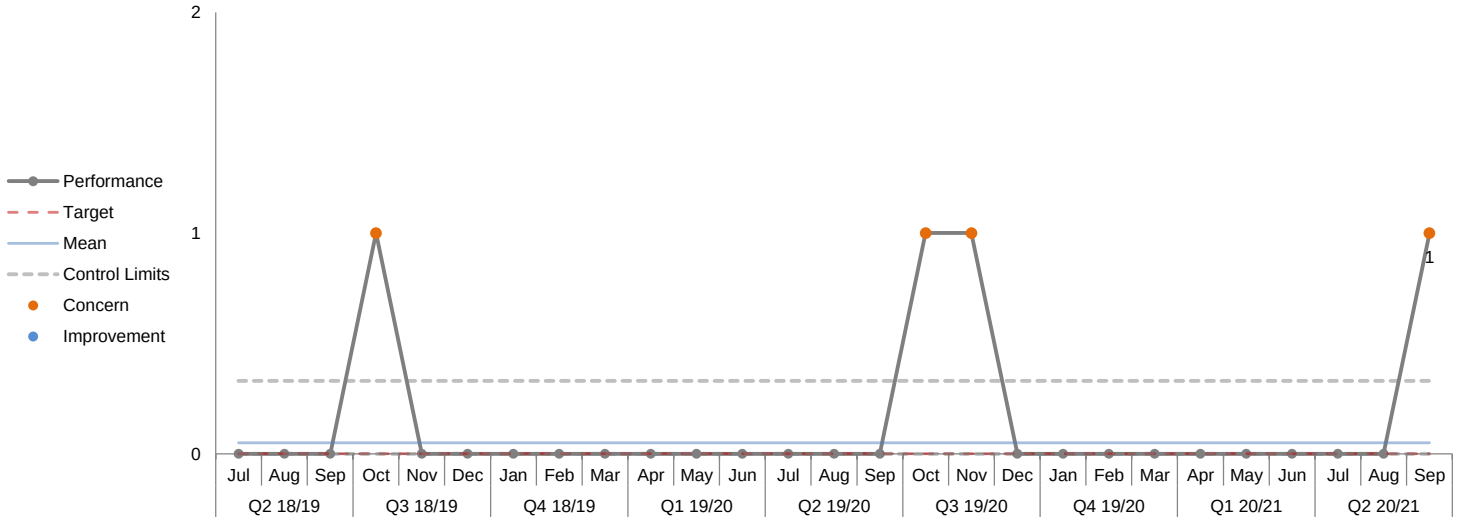
Issues:	Actions & Mitigations:
	The Trust has experienced less deaths than expected, within 30 days of discharge.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Never Event: Incidence** Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	1

The data shows special cause variation, with a value outside the normal control limits.

Assurance

Target
<= 0

Normally, this target is consistently achieved through the reporting period.

What the chart tells us

The chart currently shows that we consistently performance well against the target for this metric. October and November 2019 show never event occurrences, and the latest data for September 2020 shows the same.

Narrative

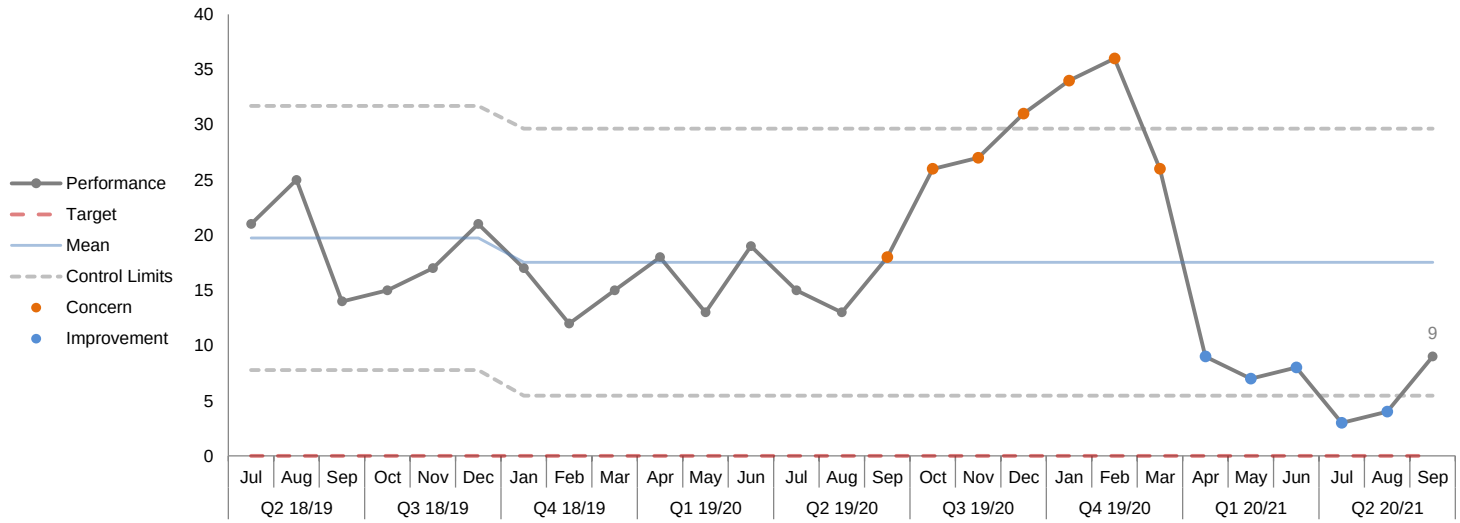
Issues:	Actions & Mitigations:
A never event was declared in September. A patient received the incorrect procedure.	A Serious Incident investigation is underway.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Serious Incidents: STEIS Reportable** The total number of STEIS reportable incidents.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	9

The data shows common cause variation, indicating no significant change in performance.

Assurance

Target

There is no target set for this metric.

What the chart tells us

The chart shows that from September 2019 there is a higher than average run of serious incidents reported each month, with a significantly higher amount reported in February 2020. Numbers of reportable serious incidents have dropped between April and August 2020 with a below average number reported each month. September sees a return to normal performance levels.

Narrative

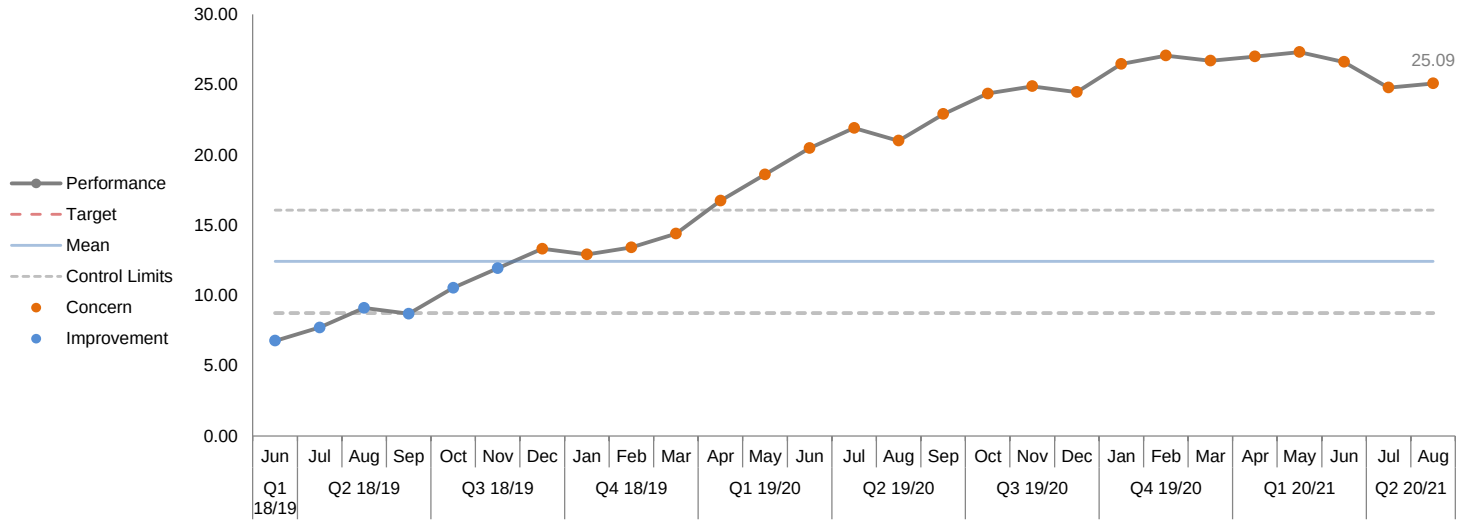
Issues:	Actions & Mitigations:
3 incidents related to a delay in cancer diagnosis 1 incident relating to a baby Born Before Arrival (BBA) where the baby required resuscitation 1 incident relating to recording and follow up of a pregnant woman with significant symptoms 1 incident related to a patient receiving incorrect clinical care. 1 incident related to a patient receiving the incorrect procedure. 1 incident related to patients being left outside the Emergency Department. 1 incident related to a patient being 'lost to follow up' and their disease progressing.	Serious Incident investigations are underway.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**C.Diff Infection Rate** Average number of C.Diff infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable C.Diff infections compared to the rolling 12 month average number of bed days per 100,000.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	25.09

Data shows special cause variation, with an increasing trend of values outside the normal control limits since April 2019.

Assurance

Target

There is currently no target for this metric.

What the chart tells us

The chart shows that from December 2018 there has been an increased trend in the C.Diff infection rate. This trend has continued to a high of 27 in February, April and May 2020.

Narrative

Issues:

Actions & Mitigations:

The trust remains concerned about our Clostridium Difficile numbers.

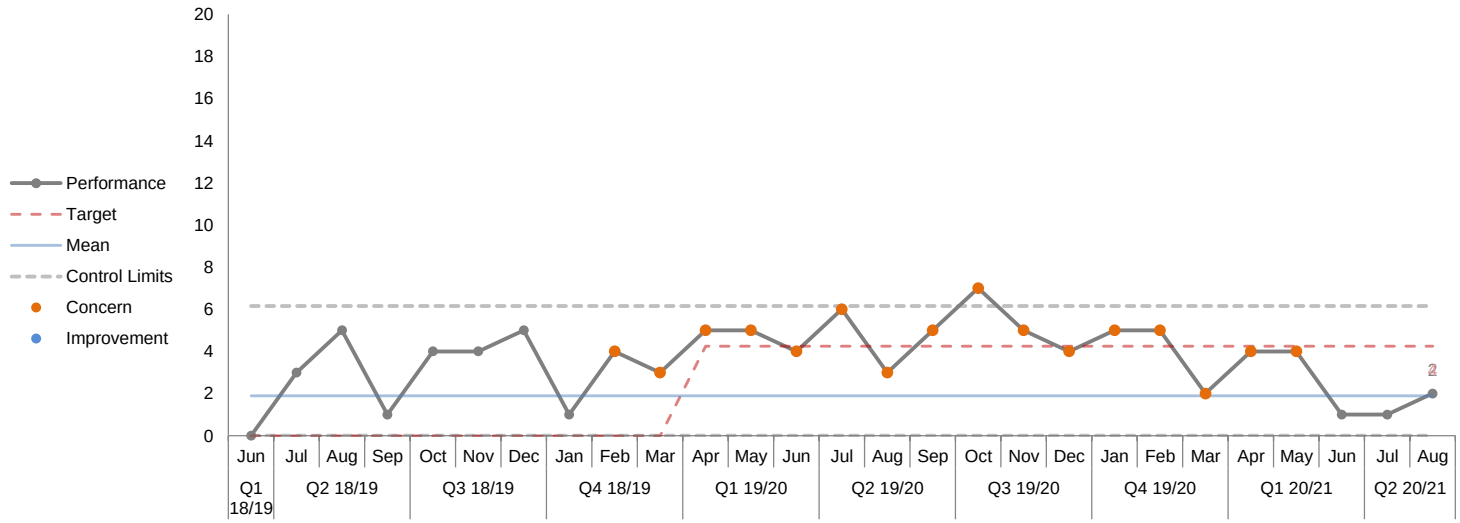
Antibiotic stewardship remains our focus

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**C.Diff Infection Count** Total number of C.Diff infections.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	12

Data shows common cause variation, suggesting no significant change in performance.

Assurance

Target
<= 21

Since April 2020, performance has consistently remained below the target amount.

What the chart tells us

The charts shows that infection numbers vary between 1 and 6 a month. There is an extended period where we see the number infections above the average amount between February 2019 and May 2020, but June to August 2020 see a return to normal levels.

Narrative

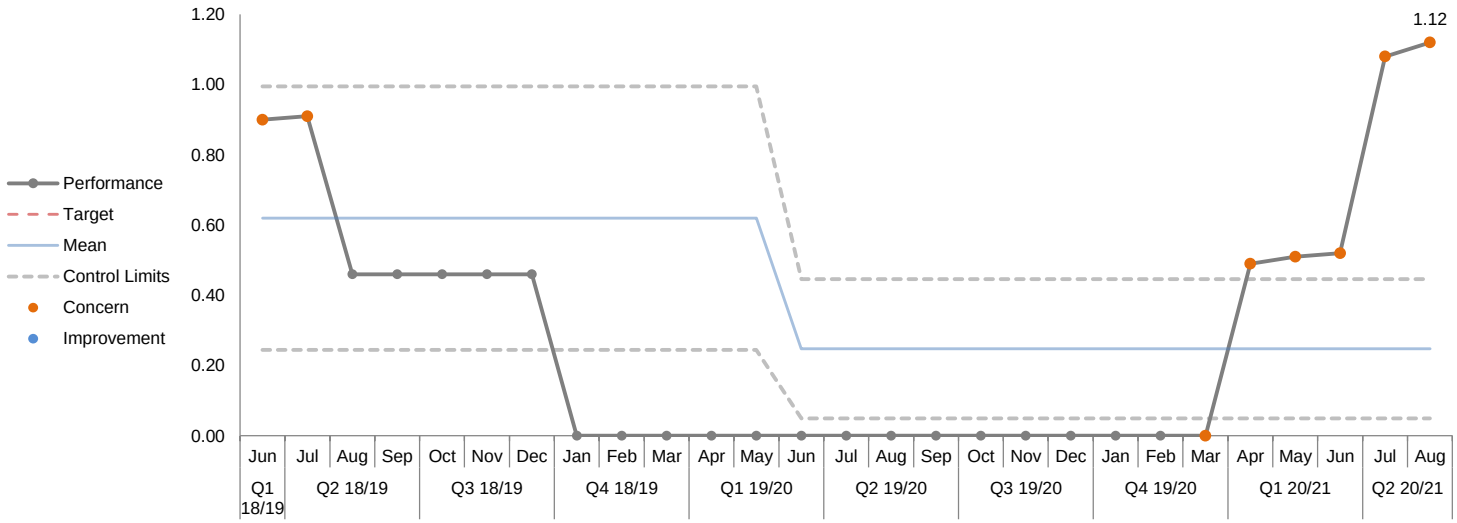
Issues:	Actions & Mitigations:
	During August there were 2 cases of Clostridium difficile Both cases have been investigated and presented to HCAI panel

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**MRSA Infection Rate** Average number of MRSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MRSA infections compared to the rolling 12 month average number of bed days per 100,000.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	1.12

Data shows special cause variation, with values outside the normal control limits.

Assurance

Target

There is no target set for this metric.

What the chart tells us	The chart shows no occurrences of MRSA between January 2019 and March 2020. April to June 2020 show an increase in the infection rate above expected levels, and July and August 2020 see a further increase indicating a potential concern.

Narrative

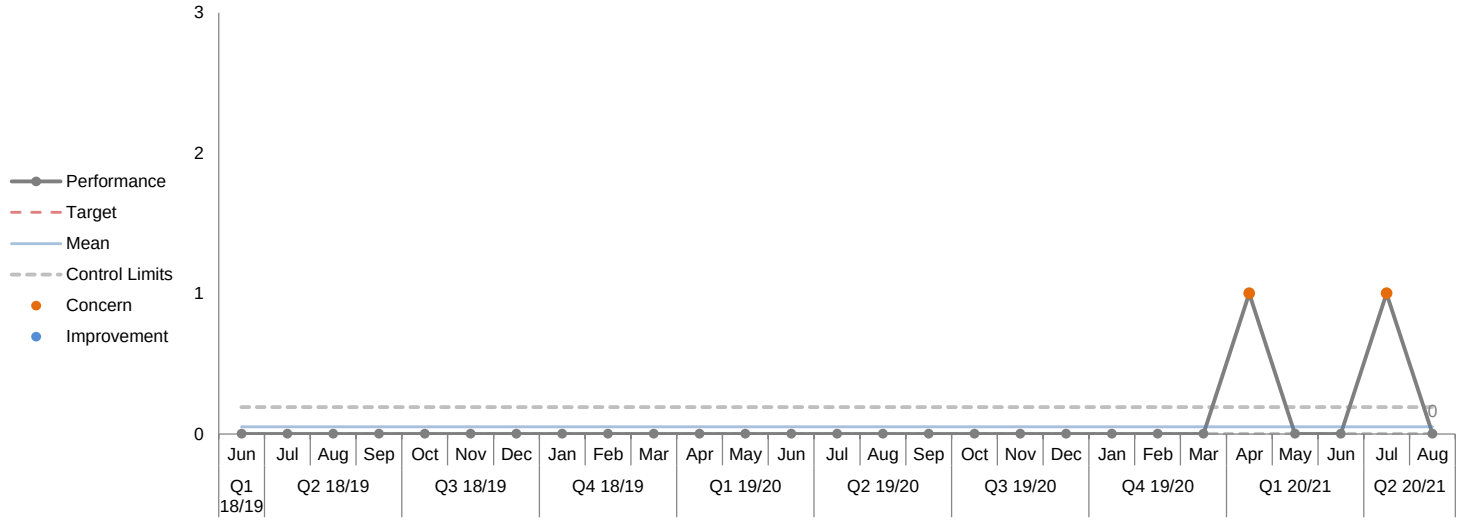
Issues:	Actions & Mitigations:
	In August there were zero cases of MRSA The target is monitored through the infection prevention & control group which has been changed to monthly

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**MRSA Infection Count** Total number of MRSA infections.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	0

Data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

There is currently no target set for this metric.

What the chart tells us	The data shows no infections for the majority of the reporting period. April and July 2020 show that 1 new infection has been reported each month, but data does not appear to suggest a new trend.

Narrative

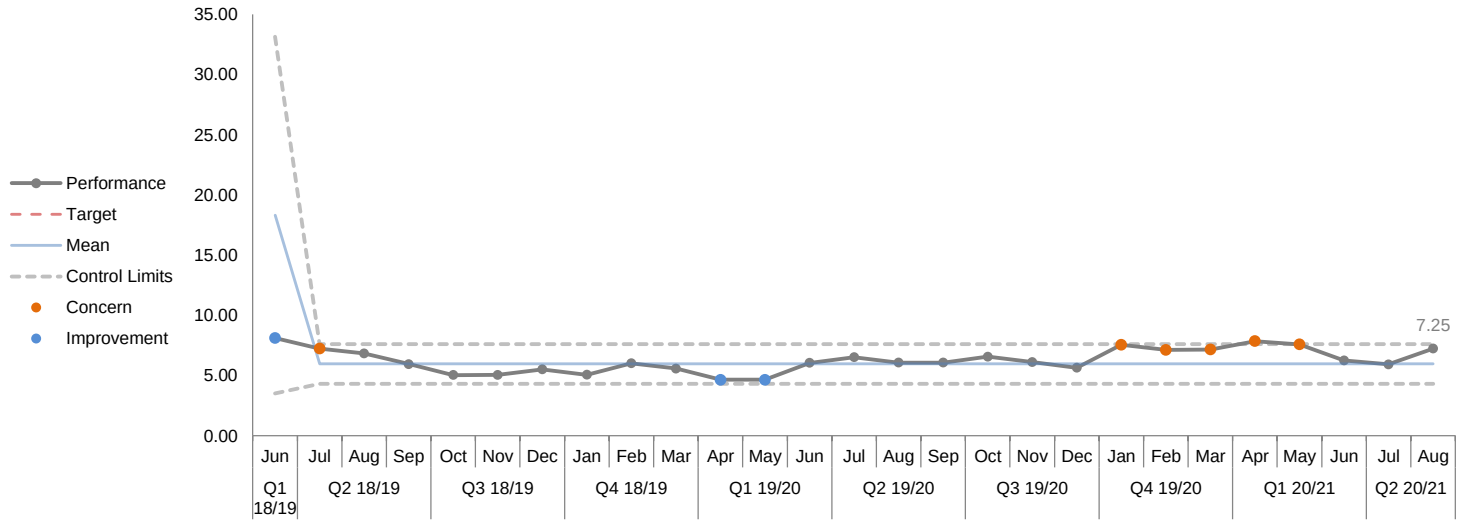
Issues:	Actions & Mitigations:

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**MSSA Infection Rate** Average number of MSSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MSSA infections compared to the rolling 12 month average number of bed days per 100,000.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	7.25

Data currently shows common cause variation, suggesting no significant changes to performance.

Assurance

Target

There is currently no target set for this metric.

What the chart tells us

Data shows that MSSA infection rates remain consistent through to December 2019. January to May 2020 show a higher than average infection rate reported, with the infection rate returning to expected levels between June and August 2020.

Narrative

Issues:

Actions & Mitigations:

This is monitored through the Infection prevention & control group

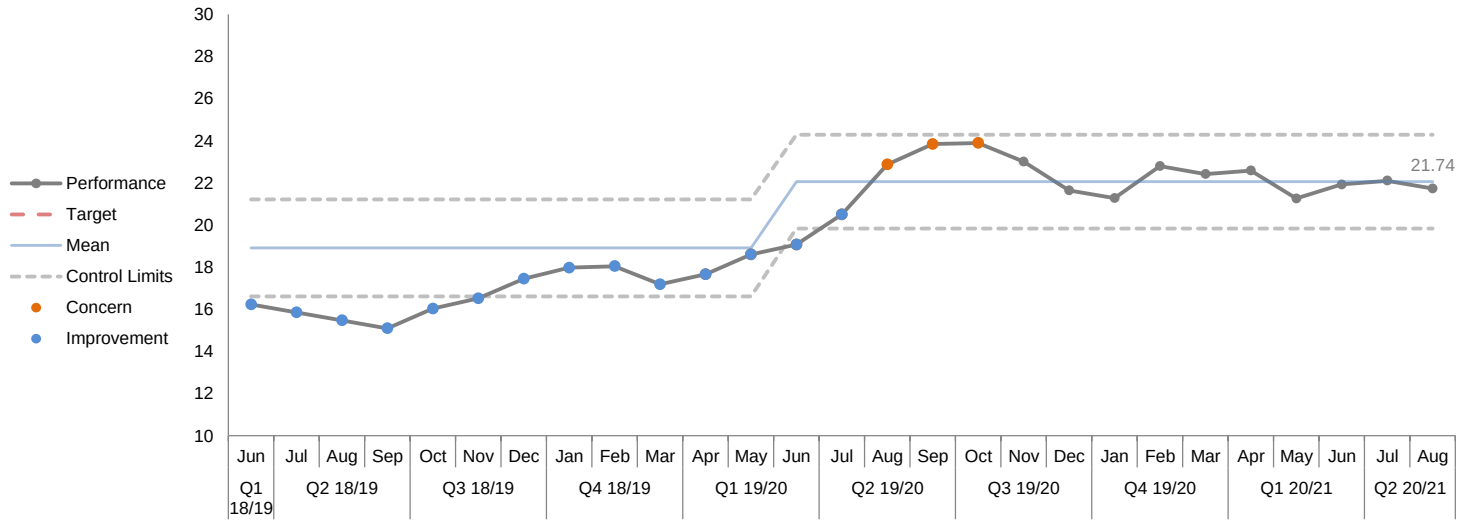
The development of a pro-forma to undertake concise investigations remains under development, due to IP&C teams pressures during the pandemic it has been delayed.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**E.Coli Infection Rate** Average number of E.Coli infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable E.Coli infections compared to the rolling 12 month average number of bed days per 100,000.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	21.74

Data shows common cause variation, suggesting no significant change in performance.

Assurance

Target

There is no target set for this metric.

What the chart tells us

The chart shows an increasing trend in E.Coli infection rate from October 2018 through to October 2019. Infection rates stabilise from that point through to August 2020, with no significant change in the infection across that period.

Narrative

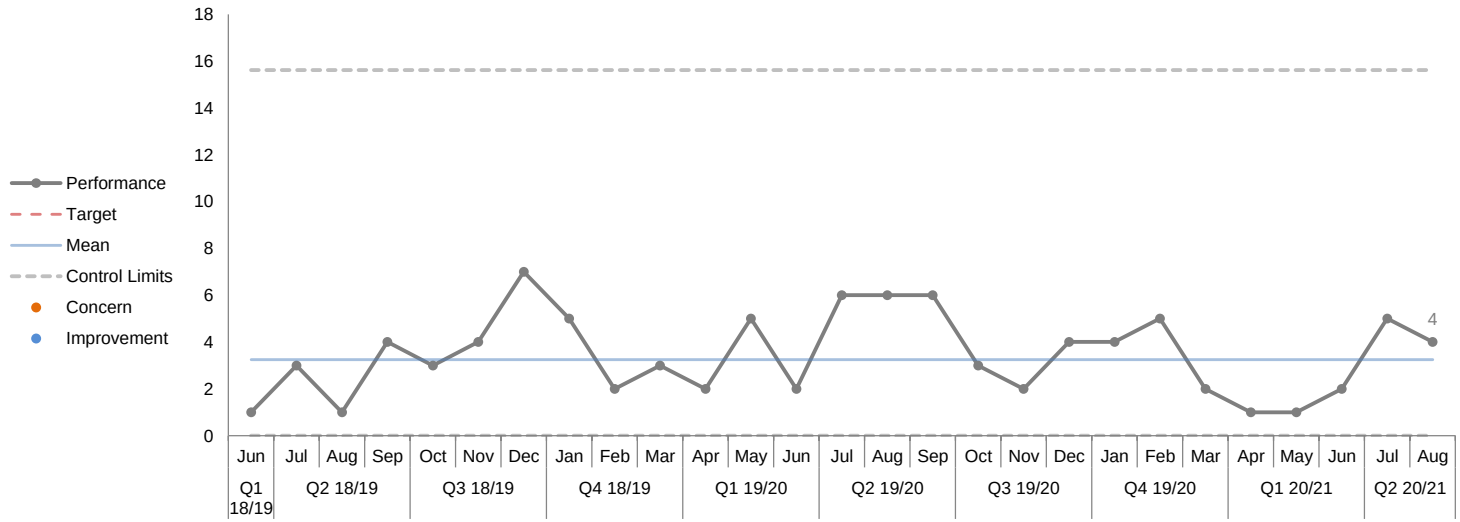
Issues:	Actions & Mitigations:
	Nationally the aim continues to reduce healthcare associated gram-negative blood stream infections.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**E.Coli Infection Count** Total number of E.Coli infections.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	4

The data shows common cause variation, suggesting no significant change in performance.

Assurance

Target

There is no target set for this metric.

What the chart tells us

The chart shows normal variation across the reporting period. There is no significant increase or decrease in the number of infections each month.

Narrative

Issues:

Actions & Mitigations:

This is monitored through the Infection prevention & control group

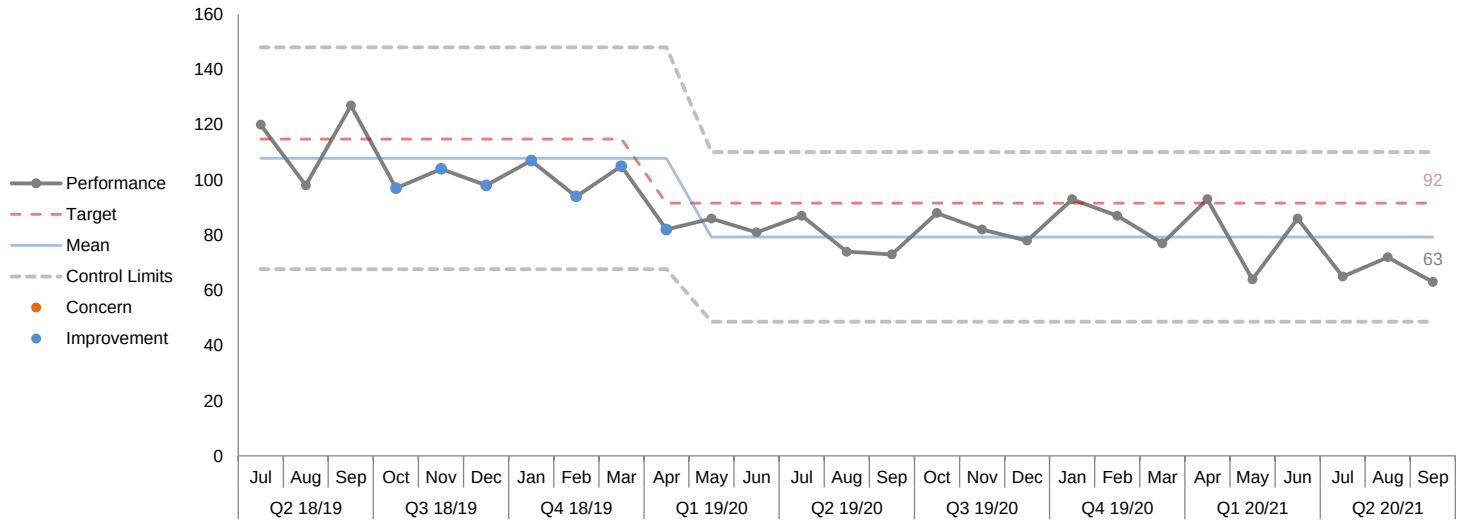
The development of a pro-forma to undertake concise investigations remains under development, due to IP&C teams pressures during the pandemic it has been delayed.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Falls: Total Incidence of Inpatient Falls** Total number of Inpatient falls

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	443

The data shows common cause variation, suggesting no significant change to performance.

Assurance

Target
<= 550

The number of falls is consistently below the target amount.

What the chart tells us

The chart shows an improvement in performance running from October 2018 to April 2019. Since May 2019 we have seen significant changes in the number of falls incidents each month.

Narrative

Issues:

Actions & Mitigations:

There have been a total of 63 inpatient falls in September 2020.

This is a decline on last month's position of 72 and the position as of September 2019 (73)

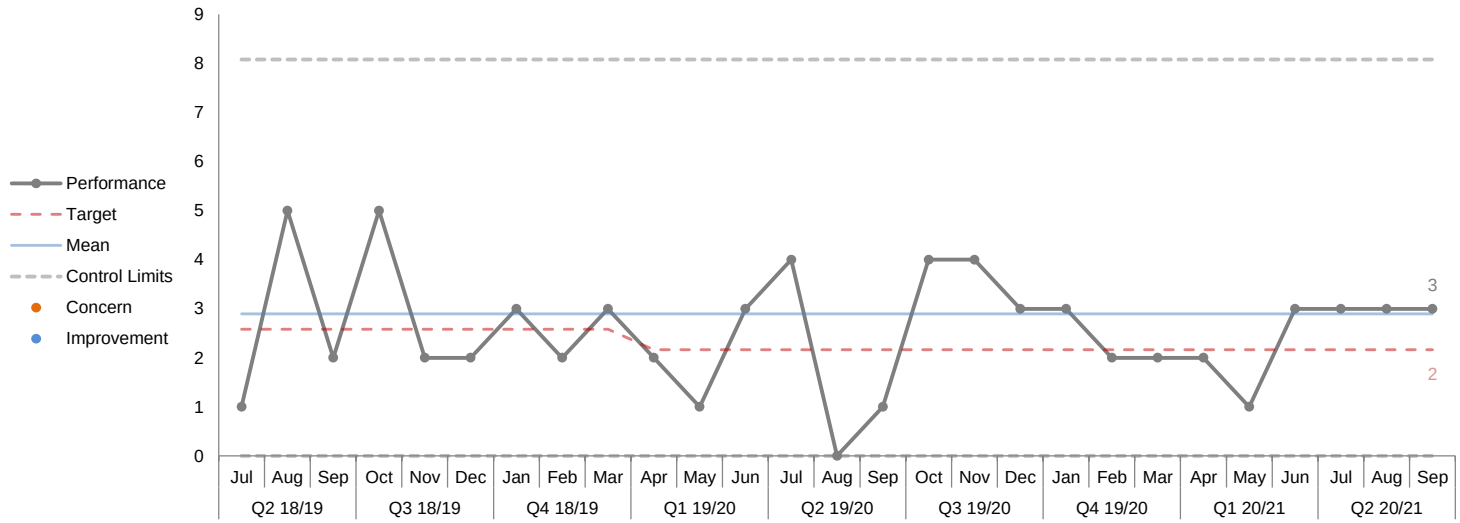
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Falls: Causing Moderate Harm and Above** Total number of falls causing moderate harm and above.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	15

Data shows common cause variation, suggesting no significant change in performance.

Assurance

Target
<= 13

Performance is inconsistent against the target, suggesting it will sometimes exceed and sometimes be within the target amount.

What the chart tells us

The chart shows no significant change in the number of falls causing moderate harm and above across the whole reporting period. Performance is measured against a cumulative total for the year. Current total is 15 against a stepped target of 13 for the year so far.

Narrative

Issues:

Actions & Mitigations:

In September 2020 there were 3 falls with moderate harm or above.

1 patient cared for on AMU sustained an inter-trochanteric femur fracture in the radiology department.

1 patient cared for at The Devonshire Centre sustained fractures to left neck of femur, left radius and ulna and left head of humerus.

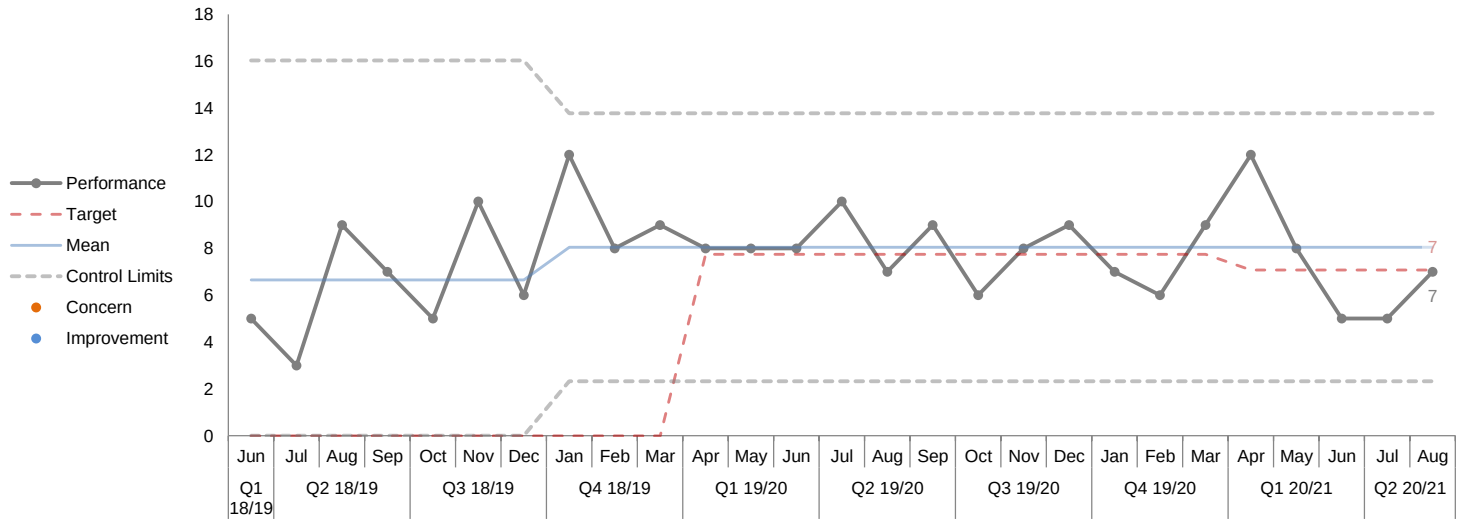
1 patient cared for on Ward E2 sustained a fracture to clavicle.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Pressure Ulcers: Hospital, Category 2** Total number of category 2 pressure ulcers in a hospital setting.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	37

Data currently shows common cause variation, indicating no significant changes in performance.

Assurance

Target
<= 85

Performance is consistently lower than the target amount.

What the chart tells us

The chart is showing no significant changes in the number of grade 2 pressure ulcer across the reporting period. Performance is measured against an annual target. The current total is 37, against a stepped target of 85.

Narrative

Issues:

Actions & Mitigations:

There continues to be a reduction in the overall numbers of pressure ulcers (PU) reported within the acute hospital trust from what was reported in April at the height of the Covid pandemic, and we are currently back on track to meet our 10% reduction target. This recovery mirrors the notable reduction in PU seen in critical care.

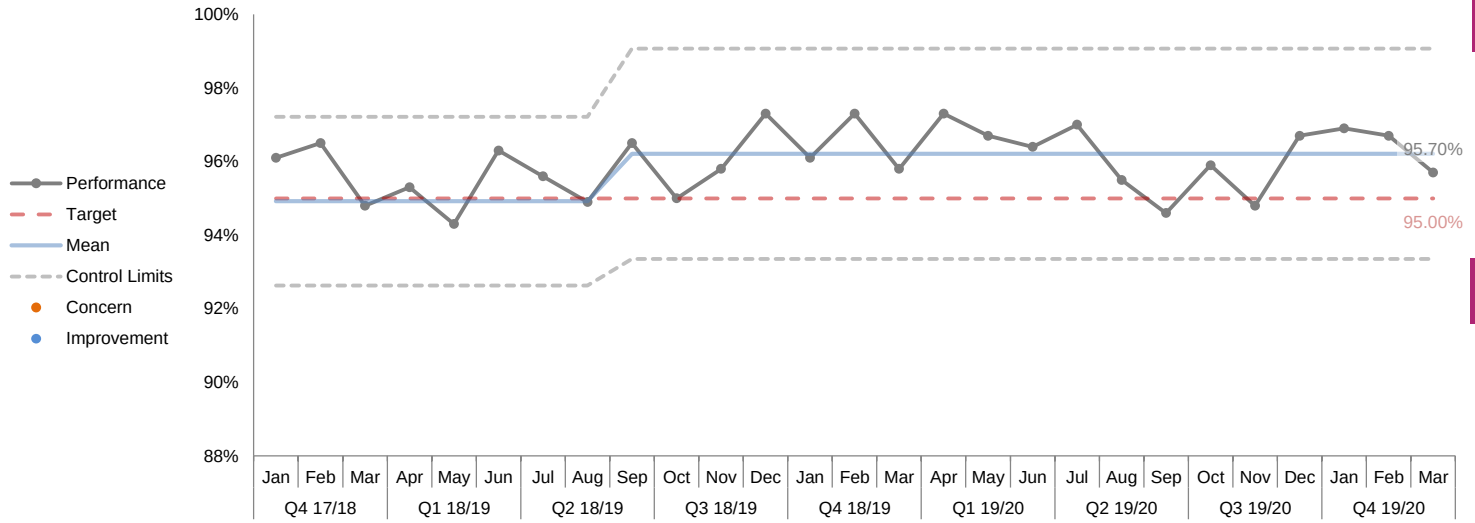
Action plans for improvement are ongoing and includes;
-The roll out of daily skin inspection stickers for all patients identified as being at risk within inpatient areas.
-Pressure ulcer prevention training programme, including tissue viability link meetings have recommenced.
-The medical device task and finish group has been re-established.
-Targeted interventions for those areas identified with a higher incidence of new pressure ulcer damage.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Safety Thermometer: Hospital** The percentage of patients receiving harm-free care, calculated using a point prevelance sample based on falls, pressure ulcers, UTIs and VTE assessments.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-20	95.7%

Data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
>= 95%

Performance consistently exceeds the target.

What the chart tells us	The chart shows that there has been no significant changes in performance against safety thermometer across the reporting period. Although in September and November 2019 we missed the target, we have otherwise consistently achieved the 95% mark. Data collection around this indicator was paused in March 2020 due to the pandemic and as yet has not restarted.

Narrative

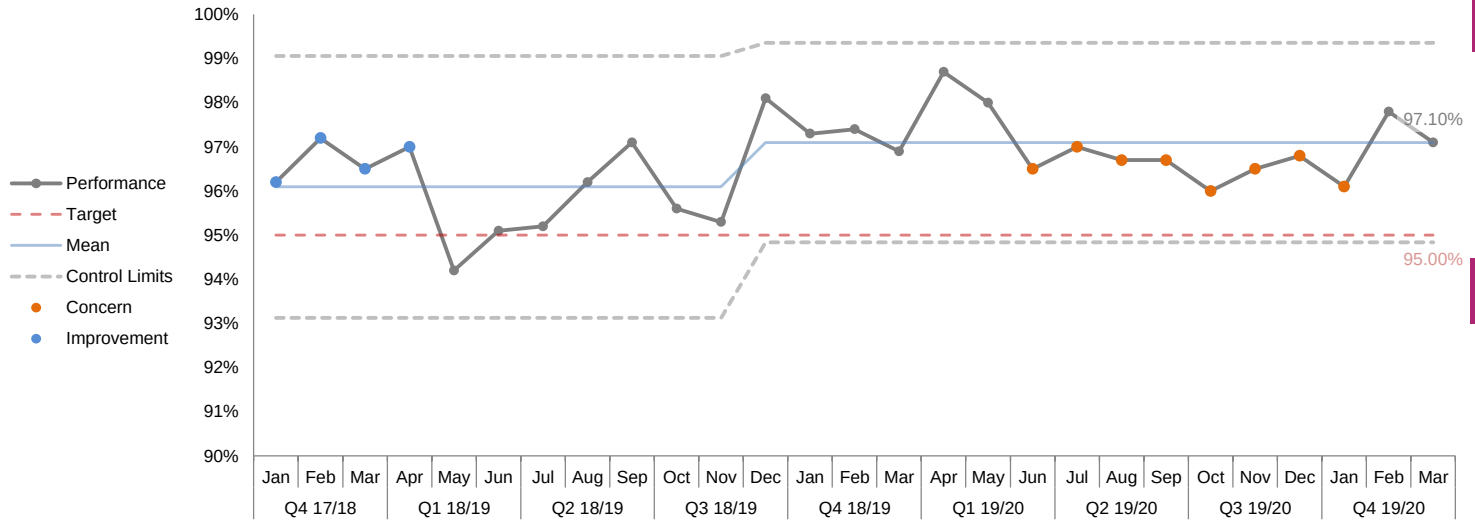
Issues:	Actions & Mitigations:
	From March 2020 Safety Thermometer is no longer in the National reporting suite. We are currently looking to ensure that all of the indicators associated with Safety Thermometer are collected as part of our IPR information.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Safety Thermometer: Community** The percentage of patients receiving harm-free care, calculated using a point prevelance sample based on falls, pressure ulcers, UTIs and VTE assessments.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-20	97.1%

Data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
>= 95%

Performance consistently exceeds the target amount.

What the chart tells us	The chart shows that this metric has consistently achieved the target since June 2018. December 2018 shows a change that suggests a consistently higher level of performance. Although this does seem to drop below the new average between June 2019 and January 2020, a return to normal performance levels is seen in February and March 2020. Data collection around this indicator was paused in March 2020 due to the pandemic and as yet has not restarted.

Narrative

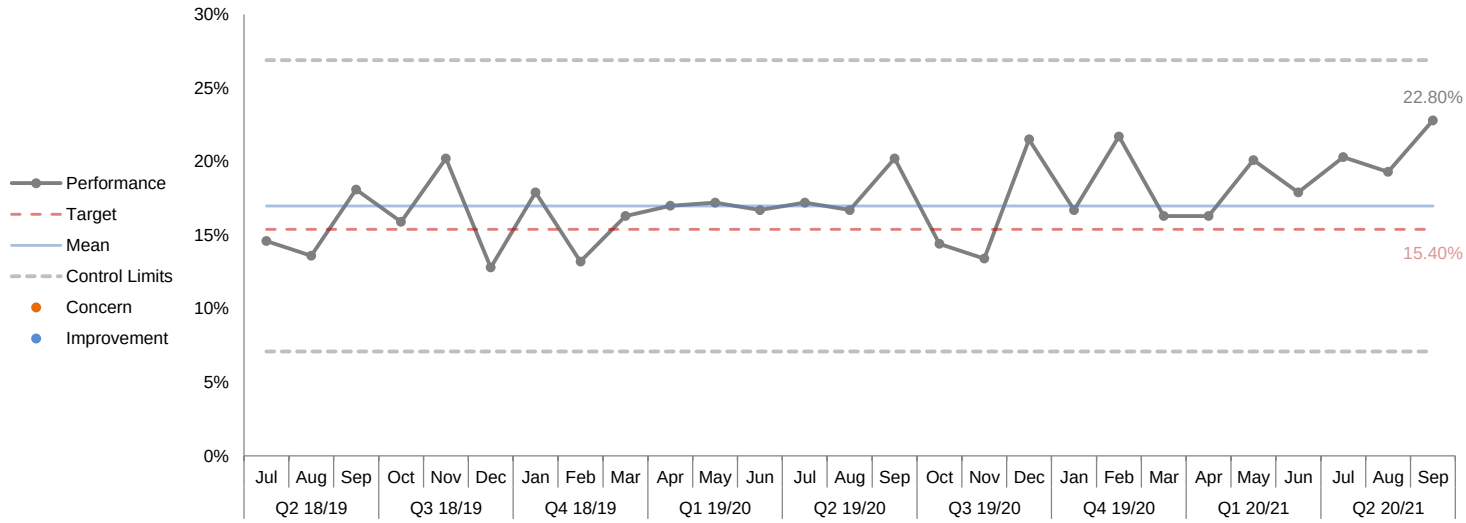
Issues:	Actions & Mitigations:

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Emergency C-Section Rate** The number of patients having an emergency c-section, as a percentage of all patients having registerable births.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	22.8%

Data shows common cause variation, suggesting no significant changes in performance across the reporting period.

Assurance

Target

<= 15.4%

The target have consistently exceeded the target since December 2019.

What the chart tells us	The chart shows no significant changes in performance across the whole reporting period. The target is achieved inconsistently, and performance has exceed target levels since December 2019. The chart suggests that without a review of processes relating to this metric, the target will not be achieved consistently.

Narrative

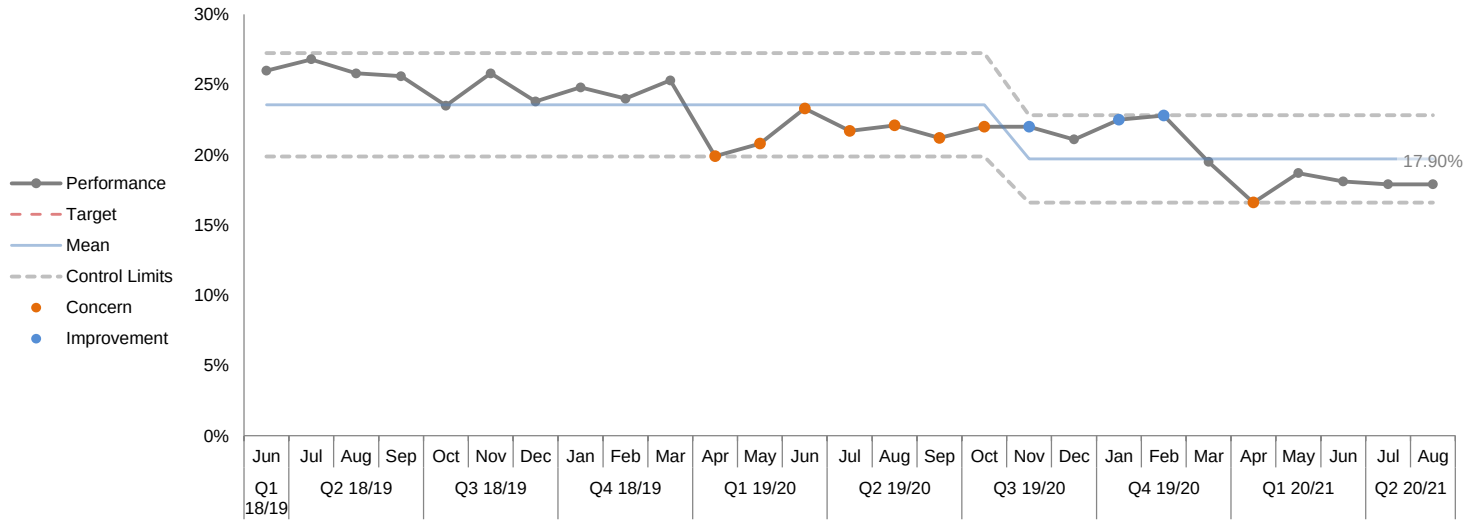
Issues:	Actions & Mitigations:
	The emergency caesarean section rate is monitored within the business group. The emergency caesarean section rate needs to be taken into account alongside the increased complexities of women giving birth, compared to a few years ago, these women have a higher risk of emergency caesarean section and therefore as the percentage of these women increase, so will our Caesarean section rate. As a result of this the business group will be reporting caesarean section overall, rather than elective and emergency rates (These rates will continue to be documented but for information only)

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Friends & Family Test: Response Rate** The percentage of eligible patients completing an FFT survey.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	17.9%

Data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

There is currently no target set for this metric.

What the chart tells us	The chart shows from April 2019 there was a significant decrease in the number of patients completing the survey. A new average level is established from November 2019 and there has been no significant changes in performance since May 2020.

Narrative

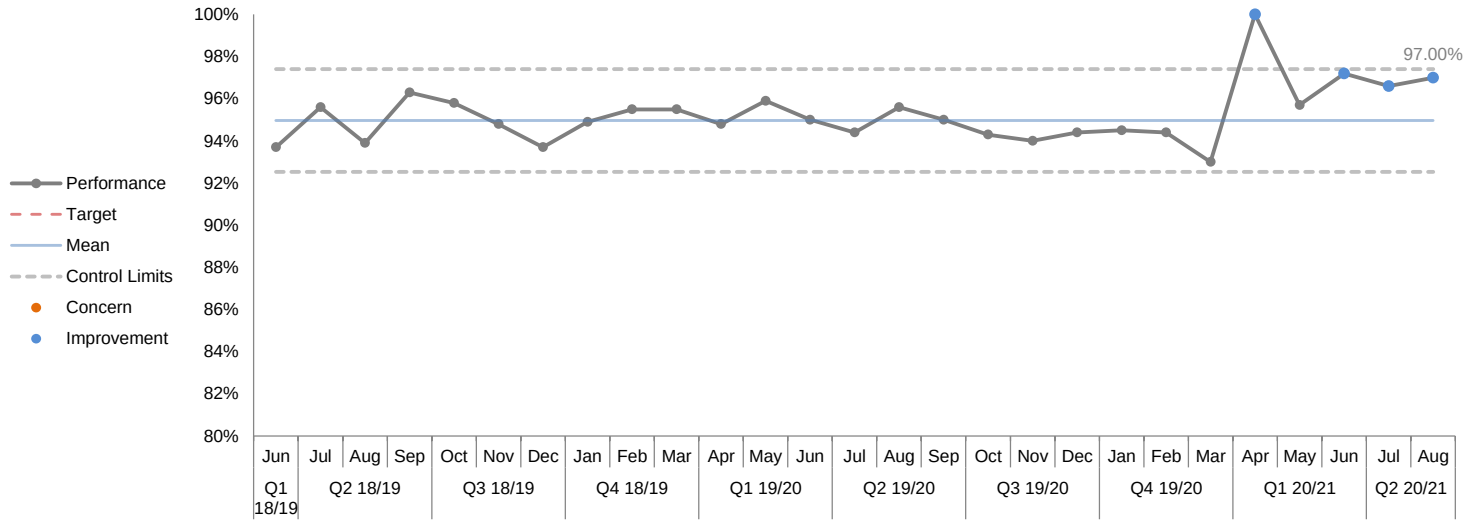
Issues:	Actions & Mitigations:
	Currently, local data only is collected by SMS and voicemail (No national return due to COVID-19).

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Friends & Family Test: Inpatient** The percentage of surveyed inpatients who are extremely likely or likely to recommend the Trust for care.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	97%

Data shows special cause, with a run of values above the average suggesting a potential improvement in performance.

Assurance

Target

There is currently no target set for this metric.

What the chart tells us	The chart shows that across much of the reporting period there is no significant change in responses. June to August 2020 show a marked increase in the number of positive responses.

Narrative

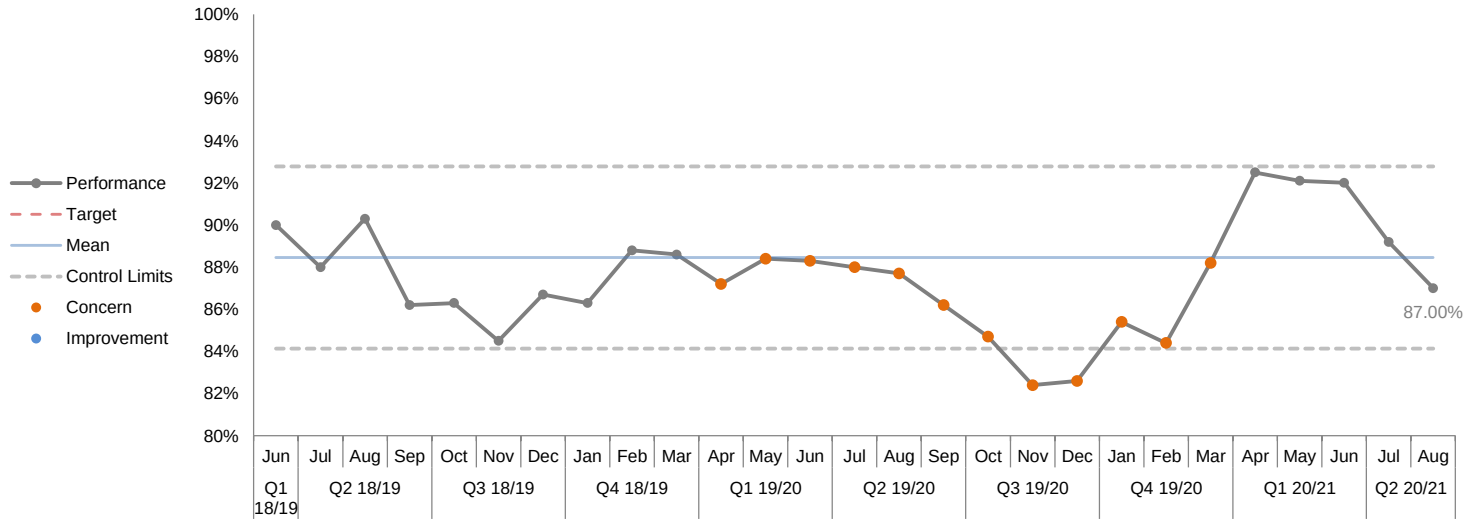
Issues:	Actions & Mitigations:
	Currently, local data is collected by SMS and voicemail (No national return due to COVID-19). The responses for August show 97.% of patients were extremely likely or likely to recommend the trust

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Friends & Family Test: A&E** The percentage of surveyed A&E patients who are extremely likely or likely to recommend the Trust for care.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	87%

Data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

There is current no target set for this metric.

What the chart tells us

The chart shows a period of lower than average positive responses between April 2019 and March 2019. Positive response rate returns to normal levels between May and August 2020.

Narrative

Issues:

Actions & Mitigations:

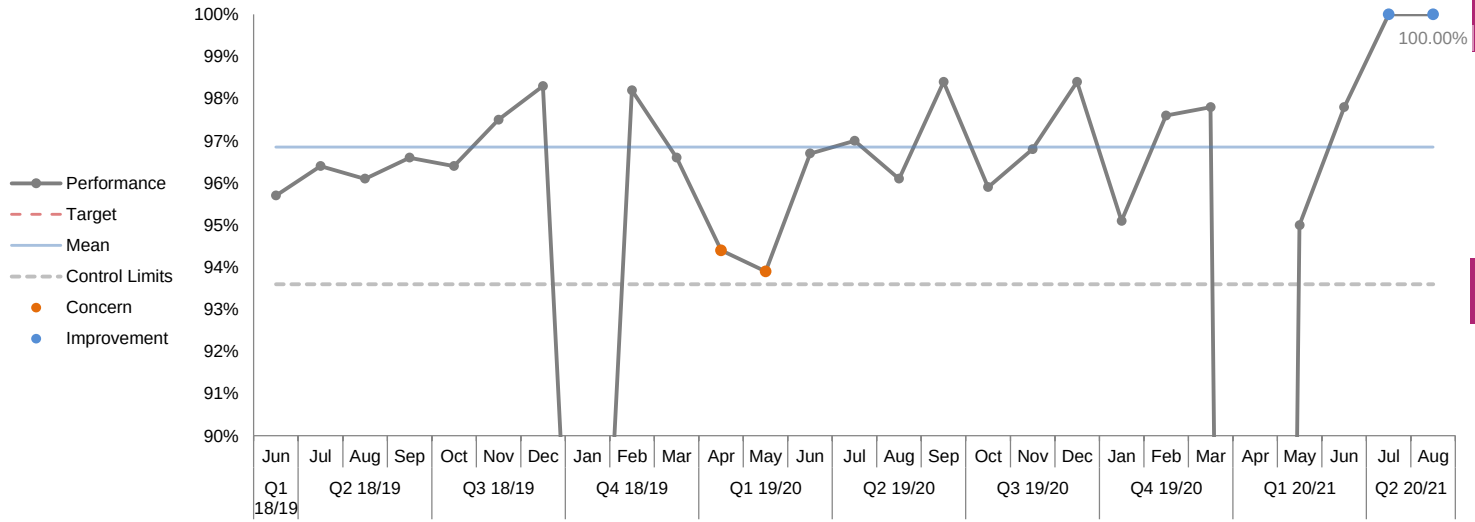
Of the responses for August 2020, 87% of patients were extremely likely or likely to recommend the trust, which is a showing a sustained improvement.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Friends & Family Test: Maternity** The percentage of surveyed maternity patients who are extremely likely or likely to recommend the Trust for care.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	100%

Data shows special cause variation, with values above the normal limits of variation.

Assurance

Target

There is currently no target set for this metric.

What the chart tells us	The chart shows that across much of the reporting period, positive response rates remain consistent, aside from a dip in April and May 2019. July and August 2020 have seen a marked improvement with positive response rates at 100% each month.

Narrative

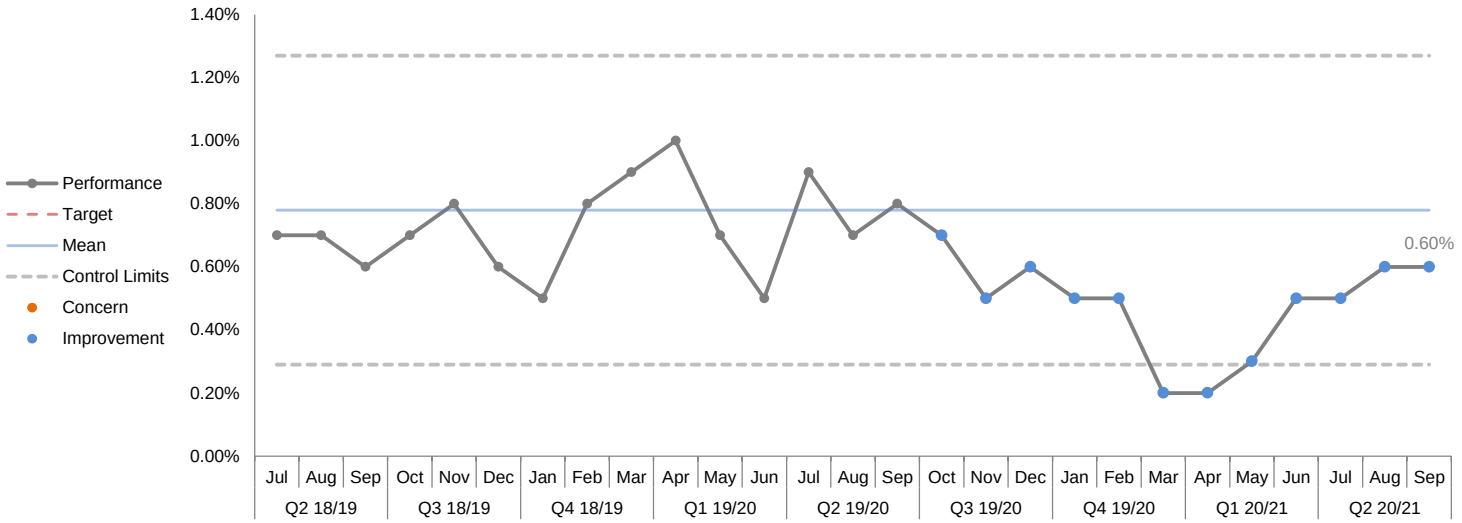
Issues:	Actions & Mitigations:
	The responses for August 2020, show of which 100% of patients were extremely likely or likely to recommend the trust. Due to the reduction in data collection because of Covid-19 it is difficult make comparisons to previous months.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Complaints Rate** The total number of formal written complaints received compared with the whole time equivalent staff.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	0.6%

Data shows special cause variation, with a run of values below the average between October 2019 and September 2020.

Assurance

Target

There is currently no target set for this metric.

What the chart tells us

The chart shows that from October 2019 the Trust has seen a lower than average rate of complaints, reaching a low in March and April 2020. Although the chart shows that rates have increased through to September 2020, they still remain below the average rate.

Narrative

Issues:

Actions & Mitigations:

Following the lift on the national pause on the formal complaints process, the Trust is now seeing a small increase in the number of formal complaints being received.

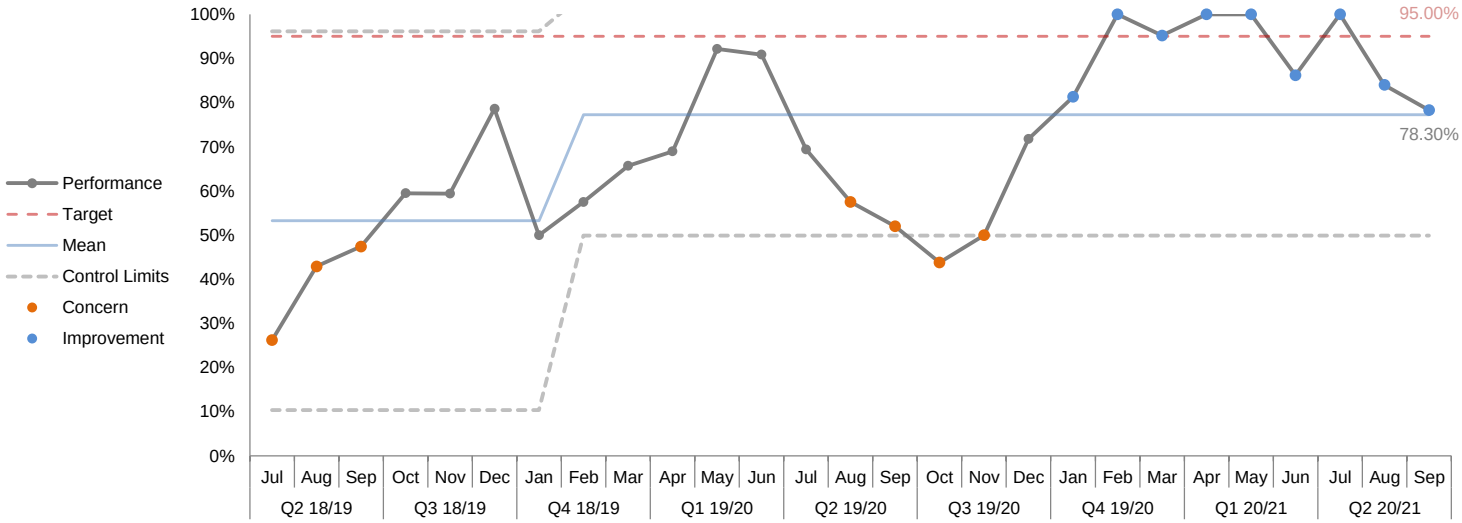
However, the PALS & Complaints Team continue to focus on resolving concerns informally where appropriate with the hope of keeping the formal complaints low.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Complaints: Timely response** The total number of formal complaints responded to within agreed timescales, as a percentage of all complaints responded to.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	78.3%

Data shows special cause variation, indicated by a run of values above the average suggesting a potential improvement in performance.

Assurance

Target
>= 95%

Performance against target is inconsistent, sometimes achieving and sometimes falling short of the target amount.

What the chart tells us

The chart shows that between July 2018 and April 2019 we saw a marked improvement in performance for this metric. A decreasing trend is then shown to October 2019 where 44% of complaints were responded to within agreed timescales. From December 2019 the chart shows a significant improvement in performance, with us achieving the target of 95% between February and May 2020. Although we are currently achieving the target inconsistently, performance remains above the average.

Narrative

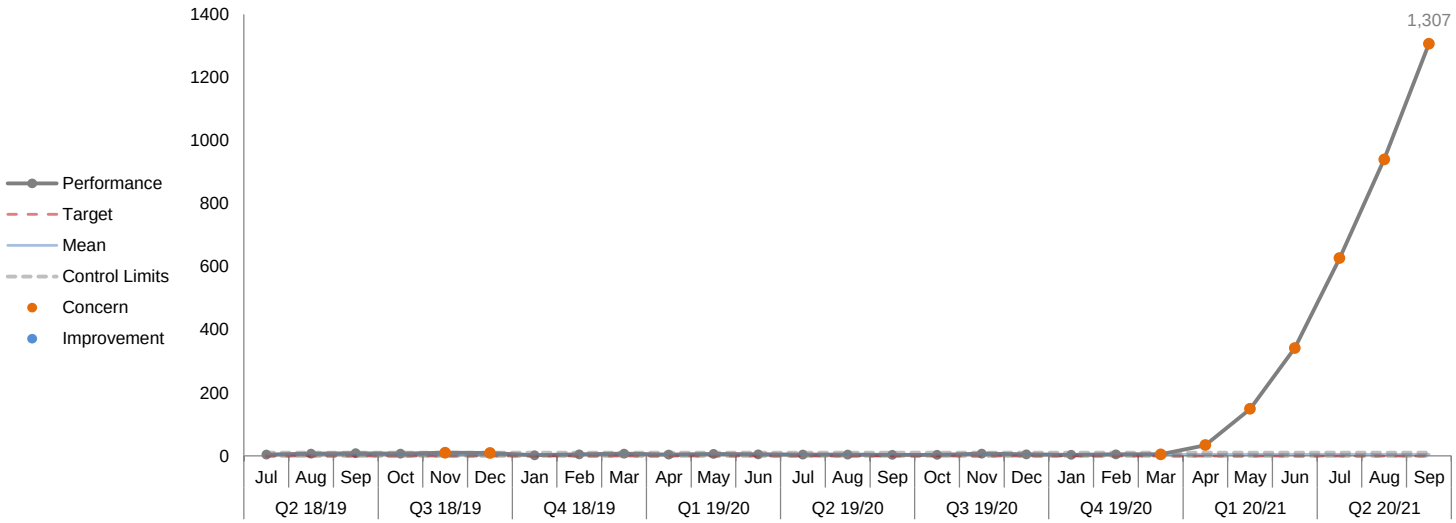
Issues:	Actions & Mitigations:
	The PALS & Complaints team continue to liaise with the business groups and the executive team with the aim of improving the Trust complaints response rate. Complainants are kept informed of any delays that occur resulting in the Trust not being to respond in the agreed timeframe

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Referral to Treatment: 52 Week Breaches** The total number of patients whose pathway is still open and their clock period is greater than 52 weeks at month end.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	1307

Data shows special cause variation, with a run of values indicating a significantly worsening position.

Assurance

Target
<= 0

Performance consistently exceed the target amount.

What the chart tells us	Between July 2018 and March 2020 there is very little significant change in performance, with performance consistently reported between 2 and 10 per month. April 2020 saw a significant increase in the number of reported breaches, with each month reporting a significantly worsening position.

Narrative

Issues:

The 52 week position has been adversely affected by the delays as a result of the covid-19 pandemic response, especially in terms of the cessation of the majority of elective activity in the early months, and the subsequent backlog which was built.

The majority of 52 week breaches are in the following specialties: ENT, Oral Surgery, General Surgery, Urology and Gastroenterology.

Gastroenterology and General Surgery are particularly adversely affected by the ongoing issues within Endoscopy; ENT and Oral Surgery are particularly affected by paediatric inpatient backlogs and the reduction in face-to-face outpatient capacity. Urology long waits are predominantly due to theatre capacity onsite, and the prioritisation of Urology lists to focus on cancer patients.

The Trust's end of March position in the phase 3 plan projects the Trust to have 5188 patients over 52 weeks, which positions it as an outlier across Greater Manchester. For September and October, the Trust was above the original projection.

An added pressure to this position is the impact of winter and the second wave of covid-19, and the potential impact this has on elective capacity.

Actions & Mitigations:

Specialities have developed plans which reduce the number of 52+ week breaches expected at the end of March. The requirements of these are being analysed and will be sent through the various channels within the Trust for approval once finalised.

The work ongoing to review the paediatric operating model, and to work up plans to accommodate overnight stay for paediatric electives, will positively benefit Oral Surgery and ENT positions.

There is ongoing work to clinically prioritise and validate the waiting list, and patients who are long waits are clinically reviewed to assess for the risk of harm due to the long wait; the outcome of this is documented on the Trust's ePTL. The Trust is engaging with the national ask from NHSE/I to prioritise the patients into categories P1 - P6.

NHS Stockport NHS Foundation Trust

Operations

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

The onset of winter and wave two of covid-19 is a concern from both an elective and non-elective point of view, in terms of preserving as much elective (and cancer) work as possible and from a patient flow standpoint. Wave two of covid-19 is also causing a pressure in terms of zoning of the hospital and the effect of this on patient flow. Currently, the Trust is ahead of projections for the number of covid-19 positive cases within the hospital.
The effect of patient flow on A&E performance is considerable, and will remain challenged in light of winter and covid-19 wave two, especially when considering the Trust has not experienced the reduction in patients presenting at ED as in the first wave.

There is continued scrutiny from NHS England and Improvement on the Trust's long waiting elective patients, specifically those over 78 and 104 weeks. The challenge to accommodate these long waiting patients who require inpatient care will magnify in the context of winter and wave 2 of covid-19.

Endoscopy remains a key pressure with regards to improving the Trust's diagnostic, cancer and RTT positions.

The Trust needs to work to secure independet sector capacity post the end of the national contract in order to preserve as much elective capacity as possible.

Major Actions Commissioned / Work Underway:

The Trust has undertaken plans to create covid-19 positive capacity for patients at Bramhall Manor. At the time of writing this is an ongoing piece of work, but once complete will contribute positively on patient flow of covid-19 positive patients through the acute hospital.

The Trust is participating in a system-wide review of the D2A operating model.

As per the requirement set out by NHS England and Improvement, the Trust is undertaking work to ensure all patients on an inpatient waiting list are clinically reviewed and prioritised, in line with the national categories (P1 through to P6).

The Trust is participating in the validation programme being led by the North of England Commissioning Support team, which focuses on patients on an incomplete RTT pathway.

Positive Assurances to Provide:

The Trust has met the trajectory set by Greater Manchester Cancer for September and October, to bring the patients waiting beyond day 104 on a cancer pathway back in line with pre-covid levels. Therefore, the Trust is on track to achieve this by the end of November.

There has been a reduction in the number of patients waiting more than 6 weeks for diagnostic tests within Radiology and Audiology, which will positively affect the Trust's diagnostic position. The continued reduction of the backlogs within these areas is currently assured.

The Trust has received the CQC report following their recent inspection of the Emergency Department, which noted the improvements made, especially highlighting the cultural changes in a short space of time, and the improvements to patient safety.

There are encouraging signs around D2A operating model ownership by the system

With regards to patient flow, the implementation of the Stockport Improvers' programme, patient flow fellows and champions; and criteria to reside has been implemented.

The Trust's excellent utilisation of independent sector capacity has been noted by Greater Manchester colleagues.

Decisions Made:

The Trust has made a decision around creating fucapacity for covid-19 positive patients at Bramhall Manor. This will positively impact on patient flow of this cohort of patients.

As a system, a decision has been made for the D2A model to go to 45 day rapid implementation, which will go live in December 2020 following the work commissioned earlier in the year.

Final decisions around which winter schemes will be supported have been made and communicated.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

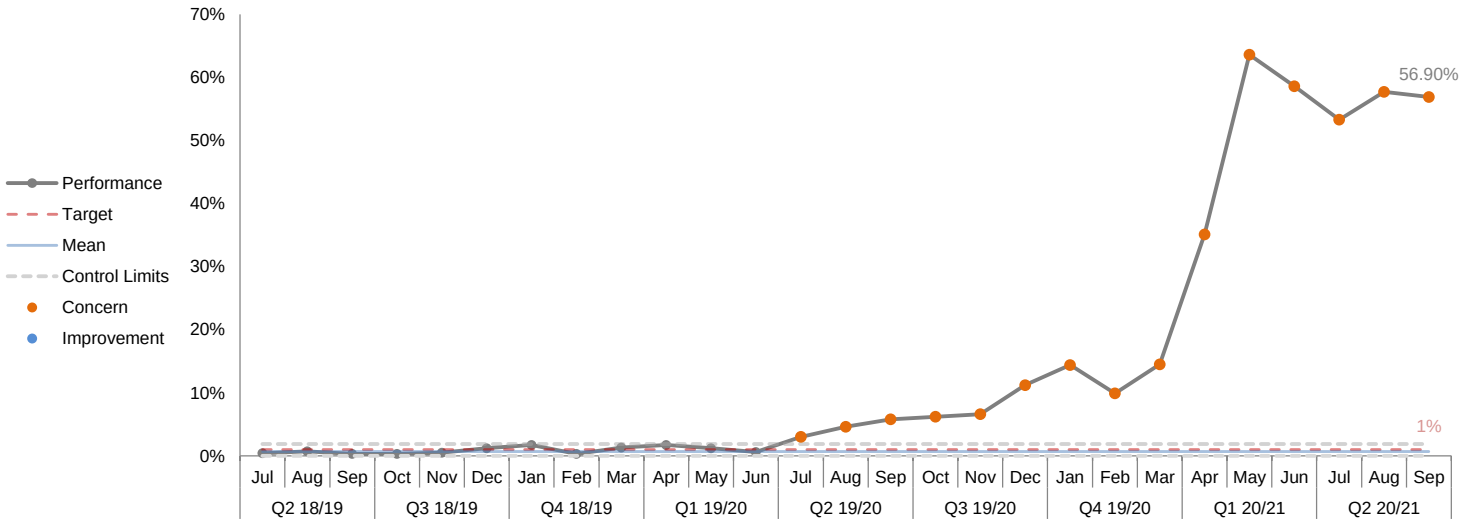
Metric	Latest Performance		Target	
Diagnostics: 6 Week Standard	Sep-20	56.9%	F	<= 1%
Cancer: 62 Day Standard	Sep-20	45.3%	F	>= 85%
Cancer: 14 day standard	Sep-20	89.6%	?	>= 93%
Cancer: 31 Day 1st Treatment	Sep-20	91.3%	F	>= 96%
Cancer: 104 Day Breaches	Aug-20	8	F	<= 0
Referral to Treatment: Incomplete Pathways	Sep-20	53.2%	F	>= 92%
Referral to Treatment: Incomplete Waiting List Size	Sep-20	29104	F	<= 24637
Length of Stay: Non-Elective (UoR)	Sep-20	9.87	F	<= 9
Length of Stay: Elective (UoR)	Sep-20	2.07	P	<= 2.6
Long Length of Stay 7 Days	Sep-20	43.6%	F	<= 32%
Long Length of Stay 21 Days	Sep-20	12.5%	F	<= 11%
Medical Optimised Awaiting Transfer (MOAT)	Sep-20	79	F	<= 40
A&E: 4hr Standard	Sep-20	71%	F	>= 95%

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Diagnostics: 6 Week Standard** The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	56.9%

Special cause variation is shown as a run of values high above the control limits, indicating a potentially concerning trend.

Assurance

Target
<= 1%

The data consistently exceeds the target, suggesting it will not be achievable without a review of processes related to this metric.

What the chart tells us

The chart shows that we have inconsistently achieved the diagnostics from July 2018 to June 2019. From July 2019 we can see the start of an increasing trend of patients waiting more than 6 weeks for diagnostics on a regular basis. This increase jumped again in April and May 2020 and has stayed consistently high to the current month.

Narrative

Issues:

Since the covid-19 pandemic hit in March 2020 and the subsequent cessation of non-urgent elective work, all modalities have seen an increase in the number of patients waiting beyond 6 weeks for diagnostic tests.

Prior to the covid-19 pandemic, the main driver behind the Trust's failing position was the number of overdue planned patients in Endoscopy. Whilst a recovery plan was put in place to address this, it was superseded by covid-19 and so the resultant backlog is further increased.

All diagnostic services have now restarted, however, this is often at reduced capacity compared with pre-covid, due to the additional infection prevention measures and the need for social distancing in waiting areas, which are necessary to ensure the patients' safety when attending for tests.

Comparing the Trust against its peers for the diagnostic position, using the most recently available data for August 2020, the Trust is 298 out of 338 nationally, 21st of 22 Trusts in the North West, and 7th of the 7 Trusts in Greater Manchester. No other Trust in Greater Manchester is achieving the target however.

Actions & Mitigations:

Each service area has their own action plan in place to support recovery. In summary, this involves some of the following highlights:
- Cardiology have had financial approval for waiting list initiatives in order to provide additional capacity for echocardiograms, which will be focused on the backlog - this is due to commence from October 2020
- Endoscopy have introduced swabbing for gastroscopy patients, which has resulted in the ability to increase the number of patients per list from 4 to 8, which has gone live in late October. The service is also continuing to utilise insourcing, and will explore the possibility of extending this further through the various Trust channels.
- The DEXA service restarted in September, for which plans are in train to address the backlog
- For ultrasound, the Trust continues to utilise capacity at Diagnostic Healthcare
- The 3rd CT scanner is to come online by December 2020 and the Trust continues to utilise the mobile unit

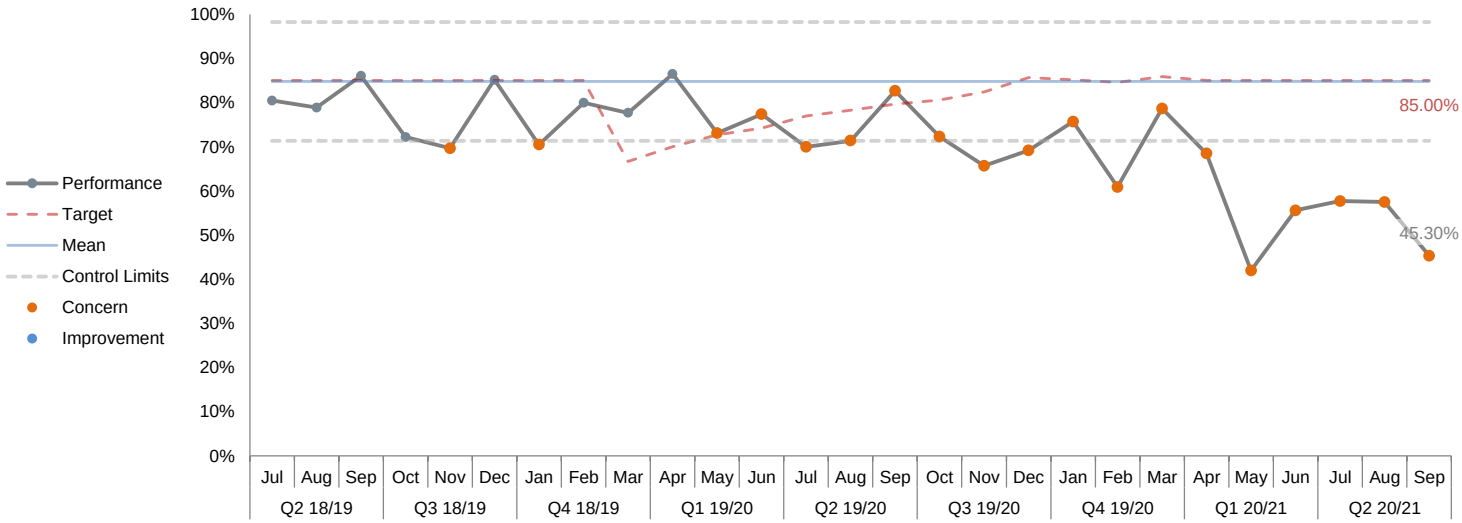
Requests for diagnostic tests are continually vetted and assessed for urgency, to ensure the most urgent patients are prioritised.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Cancer: 62 Day Standard** The percentage of patients on a cancer pathway that have received their first treatment within 62 days of GP referral. Screening referrals are not reported as not statistically viable due to low number received

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	45.3%

Special cause shows a run of values outside/below the control limits, indicating a potential concern.

Assurance

Target
>= 85%

The data shows that we have consistently fallen short of the target for the majority of the reporting period.

What the chart tells us	The data shows that we have fallen short of the 85% target for 62-day Cancer since July 2018, only achieving the target on 3 occasions. Since May 2019 there is an almost continuous downward trend in performance, with the lowest points in May 2020 and September 2020.

Narrative

Issues:

Pre-covid, the Trust's cancer position was challenged by delays in diagnostics both internally and externally to the Trust. These issues have remained, and were then compounded by the cancellation of elective work as part of the Trust's response; as services have restarted, the Trust has worked through the backlog of patients, most of whom had already breached their target date, which is one of the reasons why the position has continued to deteriorate.

In order for the Trust to achieve the target, it is imperative that Urology, as the Trust's largest cancer specialty, consistently achieves the standard; as a service, Urology has not achieved the standard since March 2020.

As a result of covid-19, and as the Trust moves into winter, diagnostic capacity and inpatient capacity remains a challenge across all specialities, especially as the Trust has not yet restored its full elective operating capacity.

Comparing the Trust against its peers using the most recently available data (Aug-20), the Trust is 142nd of 147 nationally, 19th of 19 Trusts in the North West and 7th of 7 Trusts in Greater Manchester. Two Trusts within Greater Manchester did achieve the target in August.

Actions & Mitigations:

The Trust is continuing to focus on its long waiting patients, through the medium of targeted meetings being in place, chaired by the Chief Operating Officer and interim Improvement Director; and forensic focus on these patients within the cancer PTL meetings, to progress any identified next steps as quickly as possible.

By way of trajectory, the Trust has agreed with the CCG to be achieving pre-covid levels of performance by March 2021.

Diagnostic recovery is key to the improvement of the cancer position, and so the actions highlighted above will contribute positively to the cancer position. Within specialties, some of the specialist diagnostics also require focus, such as in Urology, whereby there is a programme of work in place to increase the number of consultants able to perform local anaesthetic template biopsies, which will positively effect the capacity available. Consultants are due to complete their training in November 2020.

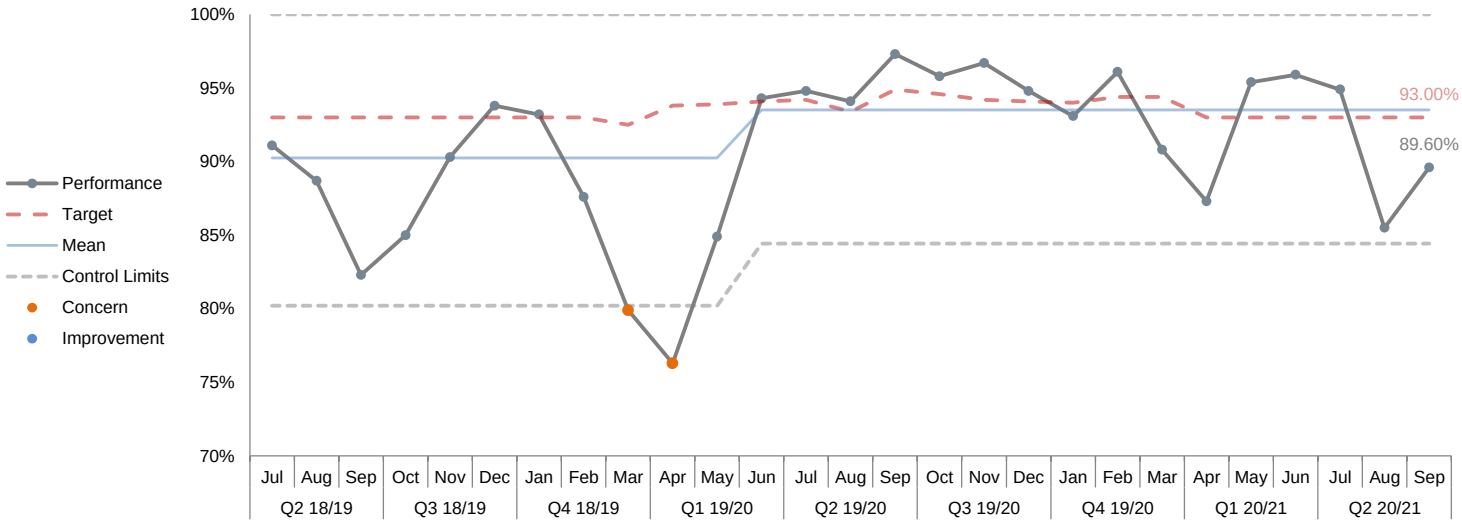
Services are also continuing to enhance and improve their faster pathways, to support diagnosing patients by day 28, and further tumour sites are coming on board, such as Gynaecology.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Cancer: 14 day standard** The percentage of patients on a cancer pathway that have attended their first outpatient appointment within 14 days of their GP referral. This indicator excludes Breast Symptomatic referrals.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	89.6%

The data shows common cause variation, indicating no significant changes in performance.

Assurance

Target

>= 93%

The target line is between the control limits, meaning that achievement of the target will be inconsistent.

What the chart tells us

The chart shows that performance against the 14-day metric is inconsistent. A drop in performance is shown in March and April 2019, and then a run of performance achieving the target through to December 2019. Since then we have seen variable performance, sometimes hitting the target and sometimes not, suggesting that we don't have a stable system in place for achieving this on regular basis.

Narrative

Issues:

The current cause of failure against the two week wait target is as a result of the delays in Endoscopy, especially for patients on the Upper GI suspected cancer pathway, as these patients go straight-to-test and so their Endoscopy is their first seen event.

This has also had an effect on Colorectal pathways, but to a lesser extent due to the reconfiguration of the patient pathway within Colorectal to ensure patients are assessed within 2 weeks.

Until such a time the Endoscopy team have recovered the gastroscopy position, the two week wait position will continue to be compromised.

It must be noted all other specialties achieved the two week wait standard in September.

Actions & Mitigations:

The recovery of the two week wait position is intrinsically linked to Endoscopy recovery.

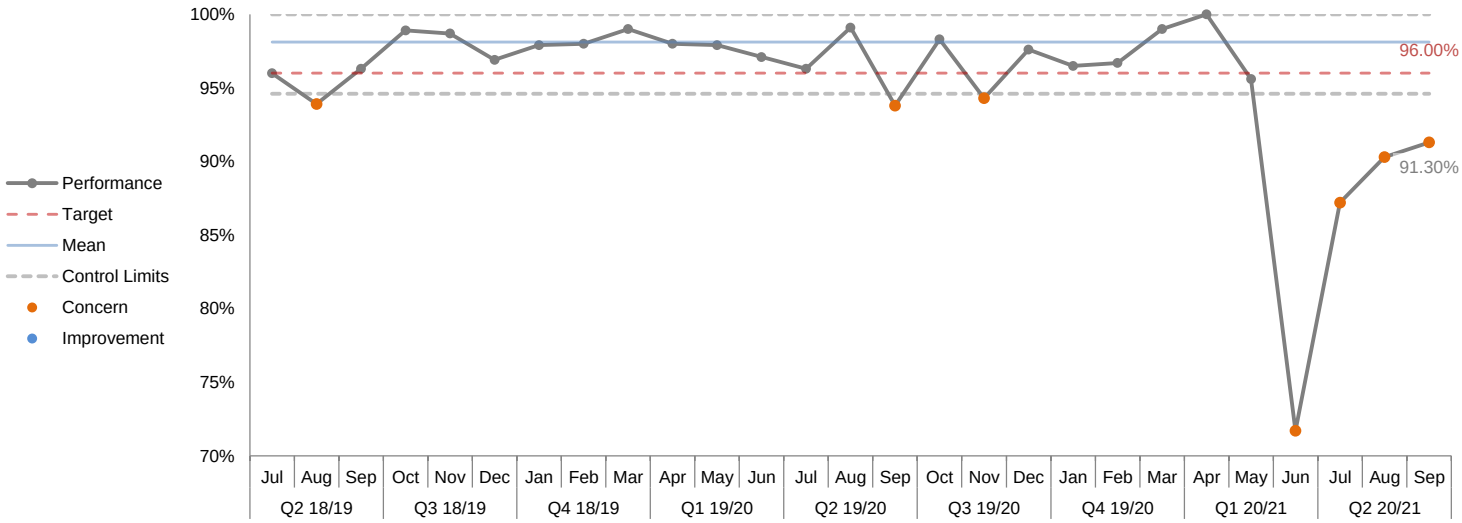
Once the Endoscopy service is recovered to such a point whereby they can book gastroscopy patients within 2 weeks, the Trust will see the benefit in the two week wait position - the introduction of swabbing and therefore the increased throughput on gastroscopy lists from 4 to 8 will support this.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Cancer: 31 Day 1st Treatment** The percentage of patients on a cancer pathway that have received their first treatment within 31 days of their diagnosis.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	91.3%

Special cause variation shows a series of data points outside the control limits, suggesting potential cause for concern.

Assurance

Target
>= 96%

The target is not currently achieved consistently. Data suggests that a review of current processes is needed to achieve consistently.

What the chart tells us

For much of the reporting period, performance has achieved target. Performance started to drop in September and November 2019, but returned to normal levels after that point. In June 2020 you can see a big drop in performance, and although this appears to be recovering between July and September 2020 we are still below the target level.

Narrative

Issues:

This has been significantly challenged as a result of the covid-19 pandemic and the delays to providing elective care. Patients have been affected by delays internally to the Trust and at external partners. Whilst still not achieving the target currently, improvement has been noted since June.

Actions & Mitigations:

The Trust is continuing to focus on expediting treatment of all cancer patients, and continuing to work to the best-timed pathways where these are established.

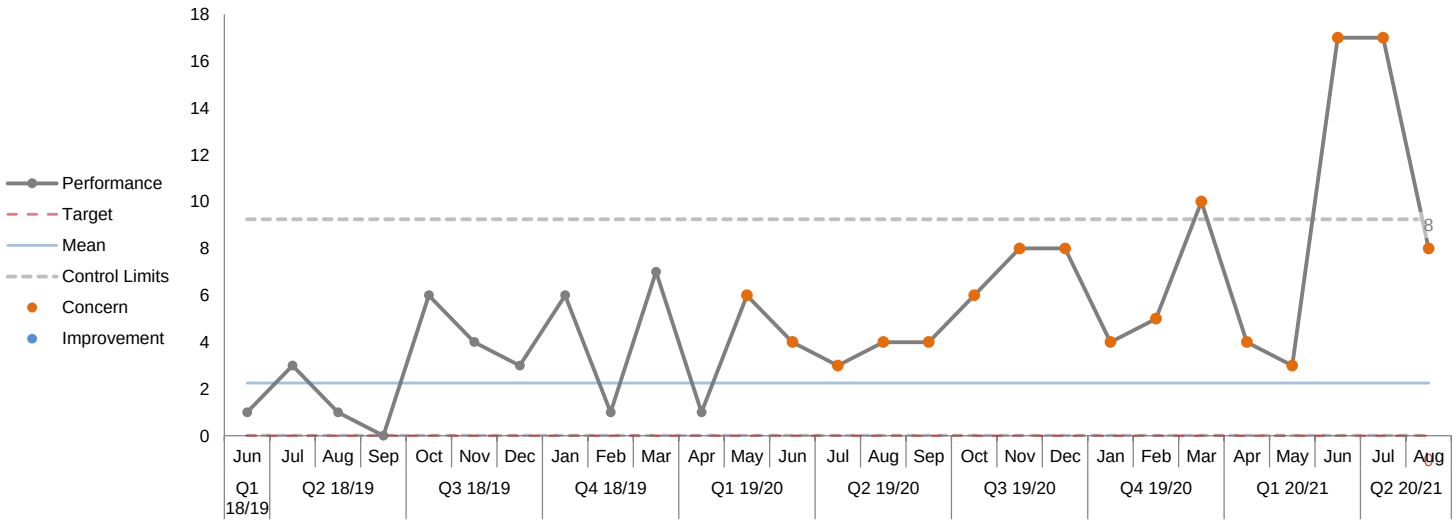
During the second wave of covid-19, there are plans in place to preserve cancer treatment as far as possible, and the Trust will continue to prioritise patients based on clinical urgency, and seek opportunity to treat patients at green sites across Greater Manchester should the need arise.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Cancer: 104 Day Breaches** The number of patients that have pathway length of 104 days or more at the point of treatment.

Performance of this measure over time



Variance

Latest Month	Actual
Aug-20	8

The data shows special cause variation, with a run of values above the average indicating potential concern.

Assurance

Target
<= 0

Performance consistently exceeds the target value.

What the chart tells us

The chart shows normal variation up to April 2019. Since May 2019 the number of 104-day breaches has been higher than average, significantly increasing in March 2020 and again in June and July 2020. August sees a marked improvement on the previous month, though still higher than the average number.

Narrative

Issues:

During the response to wave 1 of covid-19, the Trust cancelled a significant amount of elective work, and deferred patients on the cancer PTL who were deemed safe to delay following clinical review -be this for diagnostic tests or cancer treatment. As a result of this, a significant number of patients were over day 104 on the cancer PTL, and significant numbers received cancer treatment beyond day 104 - this is especially noticeable in June and July 2020.

Prior to the covid-19 pandemic, the majority of 104 day breaches were incurred in Urology - more specifically prostate patients - as a result of delays in diagnosis and treatment of these patients on the Urology pathway. As a treating centre for Urological cancer, the Trust also receives patients from other Trusts who are long waits, which has been especially noticeable during the pandemic.

A key challenge through winter and the second wave of covid-19 will be preserving as much diagnostic and elective capacity as possible, to ensure cancer patients receive the treatment they need in a timely manner.

However, it must be noted that the Trust has met its trajectory set by GM Cancer on reducing the number of long waiting patients for September, and is on track to far exceed it by the end of October. This means the Trust is set to reduce the number of 104+ day patients to pre-covid levels by the end of November.

Actions & Mitigations:

There is a continued focus on reducing the long waiting cancer patients in a variety of forums, such as at the Start of the Week meeting and at the fortnightly oversight meetings, chaired by the Chief Operating Officer and interim Improvement Director. This focuses on patients who are at day 73 or above, with a view that no patient should exceed a 104 day wait whilst on a cancer pathway.

Long waiting patients are a continued focus of the cancer PTL meetings, and ensuring patients have next steps booked or actioned is a key ask from Cancer Services to the Business Groups in each meeting.

Patients are continually clinically prioritised on the basis of their clinical risk, by the consultant teams, and any patient waiting longer than 104 days on a cancer pathway is added to the Datix system.

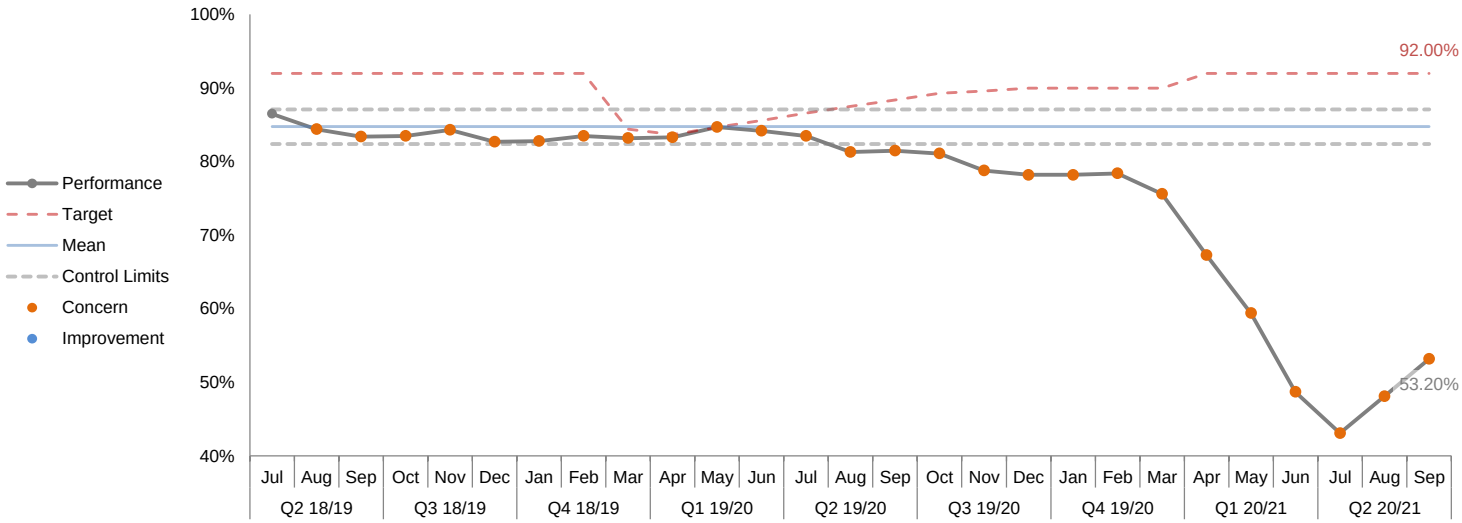
The Trust continues to utilise independent sector capacity where it can.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Referral to Treatment: Incomplete Pathways** The percentage of patients on an open pathway, whose clock period is less than 18 weeks.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	53.2%

The data shows special cause variation, with run of values far below the normal control limits.

Assurance

Target
>= 92%

Performance consistently falls short of the target.

What the chart tells us

The chart shows that between August 2018 and July 2019 there is a run of performance below the average, but fairly stable between 82% and 84% across the period. From August 2019 performance takes another drop to 81% and continues to deteriorate to 75% in March 2020. April sees the start of a more significant deterioration in performance, reaching a low of 43.1% in July 2020.

Narrative

Issues:

The effect of the cessation of a large majority of elective work in response to covid-19 is seen most acutely in the Trust's performance against the 18 week standard. Whilst the Trust was challenged in its performance pre-covid, it has seen significant deterioration since the pandemic, with the pre-existing challenges remaining.

Both the admitted and non-admitted backlogs have significantly increased across all specialities, and the delays in diagnostics are negatively contributing to the Trust's RTT performance. Particularly challenged specialties are ENT, Gastroenterology, General Surgery, Urology, Oral Surgery and Orthodontics. This is for a variety of reasons, such as:
- Vastly reduced capacity in ENT outpatients due to the nature of the face-to-face appointments
- The significant backlog within Endoscopy affecting non-urgent routine patients within Gastro and General Surgery
- The intricacies and difficulties facing recommencement of the full paediatric elective operating offer, which have adversely affected both Oral Surgery and ENT

Comparing the Trust against its peers for 18 week performance, using the most recently available national data from Aug-20, the Trust is 136th of 175 Trusts nationally, 14th of 18 Trusts in the North West and 6th of the 7 Trusts in Greater Manchester(GM). None of the GM Trusts are achieving the 92%.

Actions & Mitigations:

The Trust is continuing to utilise alternatives to face-to-face appointments for non-admitted patients, where clinically appropriate and useful, through utilising Attend Anywhere and telephone appointments.

The Trust is engaging with the NHSE/I-led programme of work to review the inpatient waiting list, which may identify areas of opportunity.

The Trust is continuing to utilise independent sector capacity where possible, for diagnostics and for daycase work. Furthermore, the Trust is actively participating in the co-production of green sites across Greater Manchester.

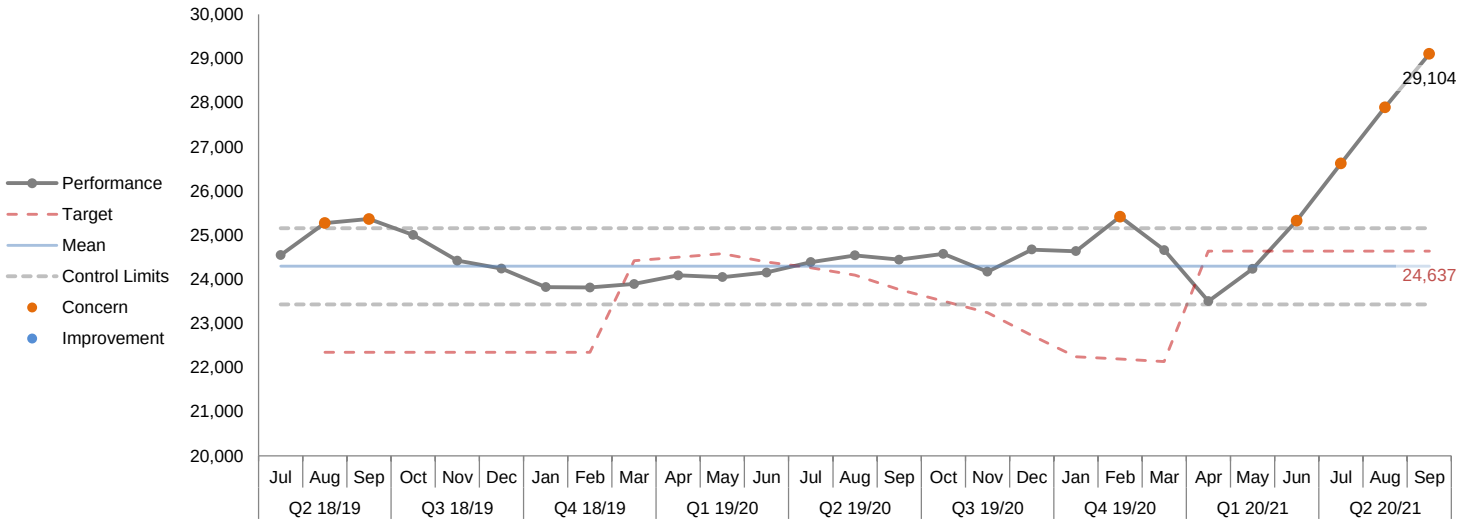
Patients approaching 50+ weeks' wait are subject to clinical harm reviews, as per the internal Trust process.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Referral to Treatment: Incomplete Waiting List Size** The total number of patients on an open pathway. Please note: This indicator is measured against January 2020 level as per NHSI/E Planning Guidance

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	29104

Data shows special cause variation, with value significantly higher than the control limits.

Assurance

Target
<= 24637

Performance consistently exceeds the target amount.

What the chart tells us

The chart shows that trajectory targets have been set in an attempt to reduce waiting list size, but there has been no significant changes in waiting list size between October 2018 and May 2020, other than a spike in waiting list size in February 2020. April shows the start of an increasing trend in list size, which is significantly larger in June and continues to increase in size month on month through to September.

Narrative

Issues:

The waiting list has increased as a result of the covid-19 pandemic and the cessation of the majority of elective work earlier in the year as part of the Trust's response.

At a specialty level, this is driven predominantly by ENT, Gastroenterology, Ophthalmology and General Surgery.

The continued increase is as a result of a reduction of activity compared with pre-covid levels, as well as a recovery of GP referrals to pre-covid levels.

Actions & Mitigations:

The Trust is continuing to utilise alternatives to face-to-face appointments for non-admitted patients, where clinically appropriate and useful, through utilising Attend Anywhere and telephone appointments.

The Trust is engaging with the NHSE/I-led programme of work to review the inpatient waiting list, which may identify areas of opportunity.

The Trust is continuing to utilise independent sector capacity where possible, for diagnostics and for daycase work.

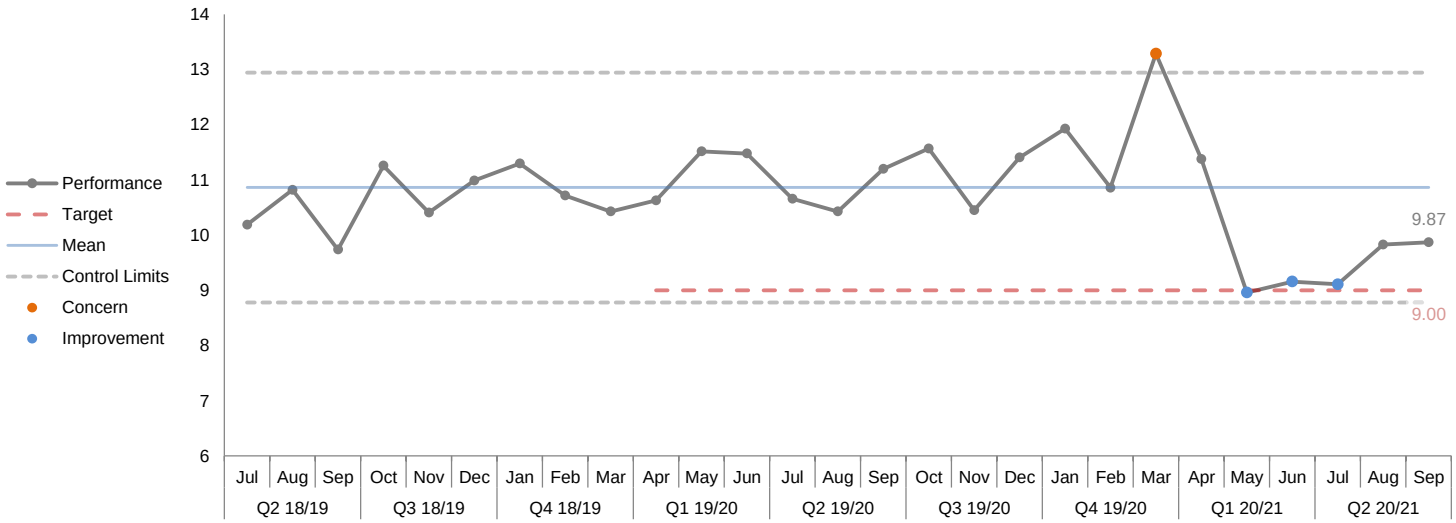
Validation remains a focus and the Trust is engaging with NECS' validation programme by utilising targeted validation lists internally and disseminating these to the Business Groups on a weekly basis.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Length of Stay: Non-Elective (UoR)** The average length of a patient spell, from admission to discharge. Calculated using non-elective admissions only. Excludes Obstetrics/Maternity. Excludes admissions of 0 and 1 days length of stay. Reported by month of discharge.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	9.87

Data shows common cause variation, suggesting no significant change in performance.

Assurance

Target
<= 9

Performance consistently exceeds the target.

What the chart tells us	The chart shows no significant change in the average non-elective length of stay across most of the reporting period. March 2020 shows a spike above 13 days, which significantly improves through to July 2020. August and September show a return to normal levels of length of stay.

Narrative

Issues:

The current issues affecting non-elective length of stay are ward closures as a result of covid-19 measures following outbreaks across the Trust, and the closure of Bramhall Manor during the late summer months.

There have also been pressures related to the inability of the Trust to discharge patients to community beds if the patients were covid-19 positive or on outbreak wards.

Length of stay directly correlates to the increase of medically optimised patients, especially in light of the outbreaks and restrictions on discharges to community-based beds.

Actions & Mitigations:

The Trust is participating in system-wide exploration of creating covid-19 positive capacity in the community. As part of this, the Trust has put in place plans to create covid-19 positive capacity at Bramhall Manor.

Furthermore, there is system-wide exploration of the possibility to create additional pathway 1 D2A capacity, which will facilitate earlier discharge of patients from hospital to their home environment as well as improving patient flow across the organisation. This links to the new service within the community, with additional healthcare support workers and therapy staff to support people in their own homes.

There is ongoing focus within the Trust on the cultural change required to facilitate improved flow, as well as the creation of patient flow fellows and champions as part of the Stockport Improvers' programme.

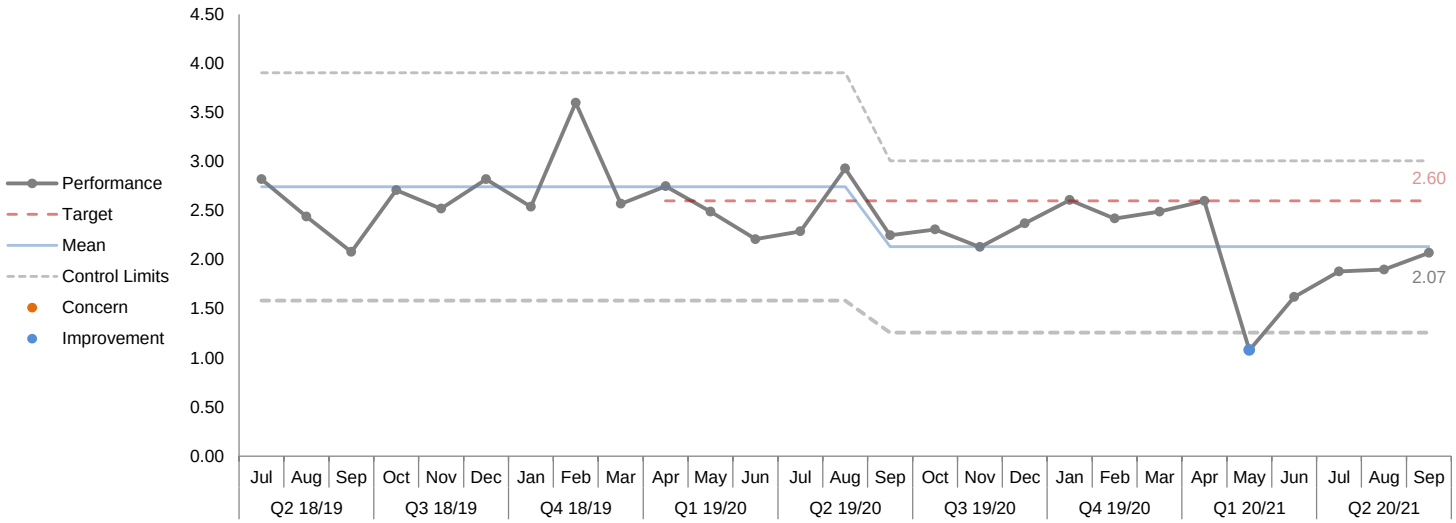
The Reducing Days Away from Home programme of work continues.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Length of Stay: Elective (UoR)** The average length of a patient spell, from admission to discharge. Calculated using elective admissions only. Excludes day case admissions with length of stay of 0 days. Excludes Obstetrics/Maternity. Reported by month of discharge.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	2.07

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
<= 2.6

Performance consistently achieves the target.

What the chart tells us	The chart indicates that in September 2019 a change process lead to reduced length of stay for elective patients. Other than a dip in overall length of stay in May 2020, most likely due to the reduction in elective activity, there are no other significant changes in elective length of stay across the reporting period.

Narrative

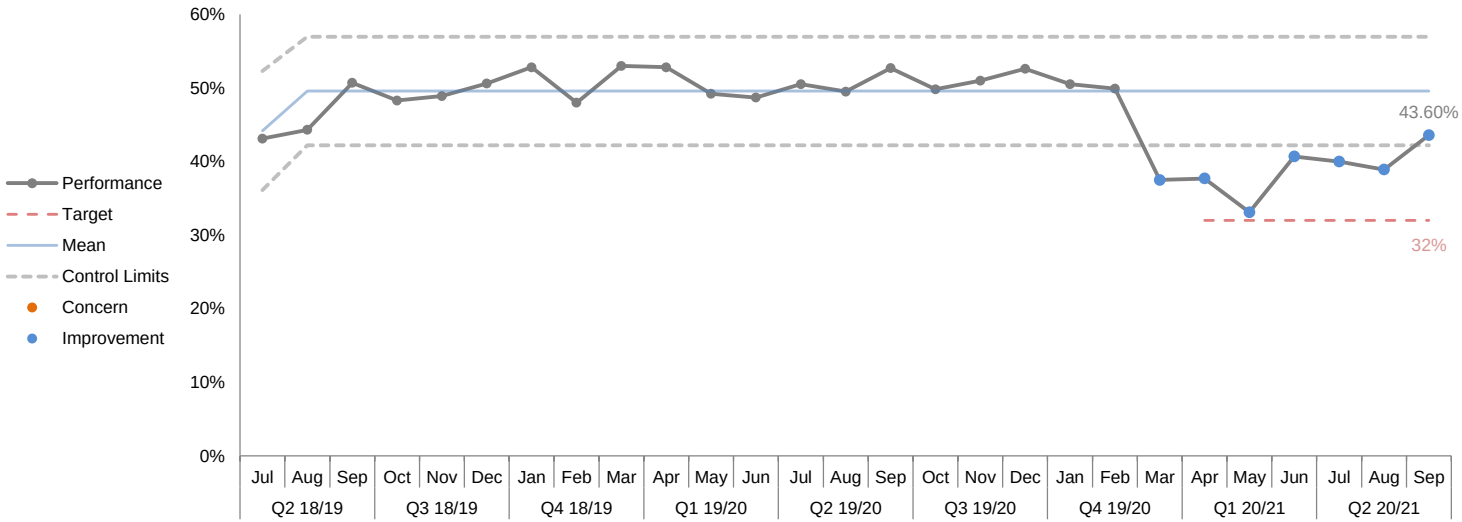
Issues:	Actions & Mitigations:
No issues.	None required.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Long Length of Stay 7 Days** Patients that have had a length of stay of 7 days or more, as a percentage of all open general & acute beds. Calculated using snapshot data from the last Monday of the reporting month.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	43.6%

The data shows special cause variation, indicated by a run of value below the average.

Assurance

Target
<= 32%

Performance consistently exceeds the target.

What the chart tells us

The chart shows that up until February 2020, there were no significant changes in the percentage of long length of stay patients. March to August 2020 does appear to show a period of improvement, where the percentage is lower than normal, albeit still above the target amount. The target does lie outside of the normal limits of variation, which suggests that it will not be consistently achievable without a review of processes relating to this metric.

Narrative

Issues:

The current issues affecting non-elective length of stay are ward closures as a result of covid-19 measures following outbreaks across the Trust, and the closure of Bramhall Manor during the late summer months.

There have also been pressures related to the inability of the Trust to discharge patients to community beds if the patients were covid-19 positive or on outbreak wards.

Length of stay directly correlates to the increase of medically optimised patients, especially in light of the outbreaks and restrictions on discharges to community-based beds.

Actions & Mitigations:

The Trust is participating in system-wide exploration of creating covid-19 positive capacity in the community. As part of this, the Trust has put in place plans to create covid-19 positive capacity at Bramhall Manor.

Furthermore, there is system-wide exploration of the possibility to create additional pathway 1 D2A capacity, which will facilitate earlier discharge of patients from hospital to their home environment as well as improving patient flow across the organisation. This links to the new service within the community, with additional healthcare support workers and therapy staff to support people in their own homes.

There is ongoing focus within the Trust on the cultural change required to facilitate improved flow, as well as the creation of patient flow fellows and champions as part of the Stockport Improvers' programme.

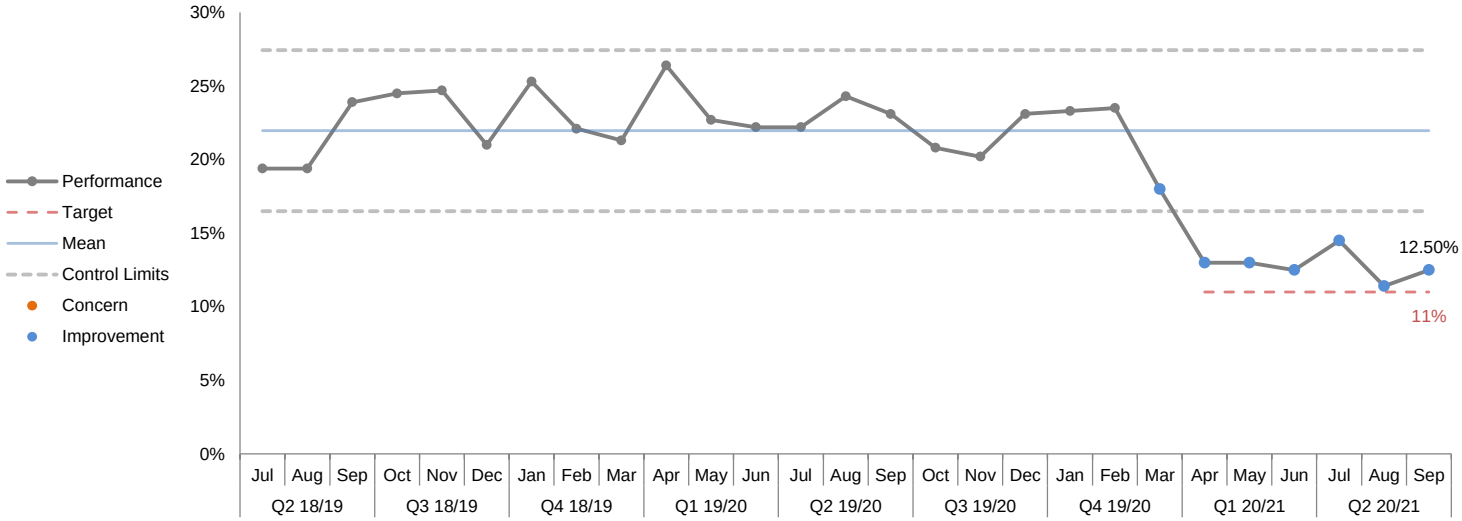
The Reducing Days Away from Home programme of work continues.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Long Length of Stay 21 Days** Patients that have had a length of stay of 21 days or more, as a percentage of all open general & acute beds. Calculated using snapshot data from the last Monday of the reporting month.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	12.5%

Data shows special cause variation, indicating be a run of values below the control limits.

Assurance

Target
<= 11%

Performance consistently exceeds the target amount.

What the chart tells us

The chart shows that up until February 2020, there were no significant changes in the percentage of long length of stay patients. March to August 2020 does appear to show a period of improvement, where the percentage is lower than normal, albeit still above the target amount. The target does lie outside of the normal limits of variation, which suggests that it will not be consistently achievable without a review of processes relating to this metric.

Narrative

Issues:

The current issues affecting non-elective length of stay are ward closures as a result of covid-19 measures following outbreaks across the Trust, and the closure of Bramhall Manor during the late summer months.

There have also been pressures related to the inability of the Trust to discharge patients to community beds if the patients were covid-19 positive or on outbreak wards.

Length of stay directly correlates to the increase of medically optimised patients, especially in light of the outbreaks and restrictions on discharges to community-based beds.

Actions & Mitigations:

The Trust is participating in system-wide exploration of creating covid-19 positive capacity in the community. As part of this, the Trust has put in place plans to create covid-19 positive capacity at Bramhall Manor.

Furthermore, there is system-wide exploration of the possibility to create additional pathway 1 D2A capacity, which will facilitate earlier discharge of patients from hospital to their home environment as well as improving patient flow across the organisation. This links to the new service within the community, with additional healthcare support workers and therapy staff to support people in their own homes.

There is ongoing focus within the Trust on the cultural change required to facilitate improved flow, as well as the creation of patient flow fellows and champions as part of the Stockport Improvers' programme.

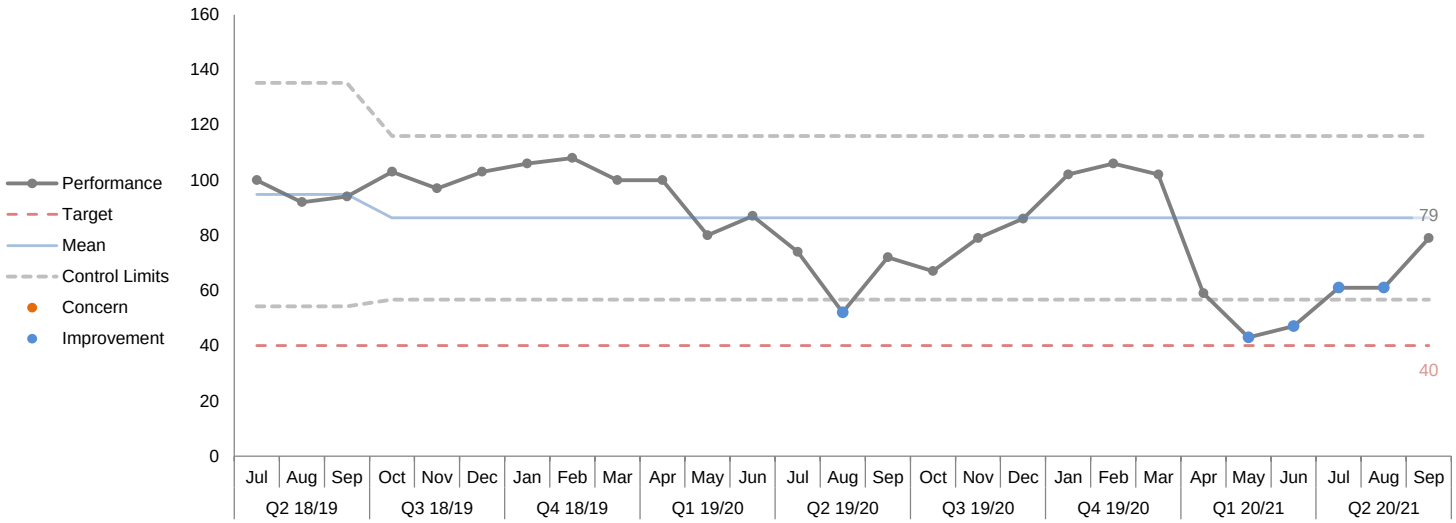
The Reducing Days Away from Home programme of work continues.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Medical Optimised Awaiting Transfer (MOAT)** Total number of patients each day who have been medically optimised. This is an average number calculated using daily snapshot data. 'Medical optimisation' is the point at which care and assessment can safely be continued in a non-acute setting.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	79

Data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
<= 40

Performance consistent exceeds the target.

What the chart tells us

The chart shows that for the majority of the reporting period there are no significant changes in performance. April to August 2020 does appear to show a period of performance below the average but September shows a return to expected performance levels.

Narrative

Issues:

The key contributory issue relating to MOAT patient numbers, is that any patient who has stayed on a restricted ward or who is covid-19 positive, will not be accepted by care homes or Bramhall Manor. Given the Trust is now dealing with wave two of covid-19, this will become stark especially as coupled with winter.

The current level of MOAT patients then has an impact on flow of patients through ED.

Actions & Mitigations:

The Trust is participating in system-wide exploration of creating covid-19 positive capacity in the community. As part of this, the Trust has put in place plans to create covid-19 positive capacity at Bramhall Manor.
Furthermore, there is system-wide exploration of the possibility to create additional pathway 1 D2A capacity, which will facilitate earlier discharge of patients from hospital to their home environment as well as improving patient flow across the organisation. This links to the new service within the community, with additional healthcare support workers and therapy staff to support people in their own homes.

A four-week piece of work has been commissioned by the system to develop specification of need and solutions to commissioning to meet the new discharge guidance and better enable discharge to assess.

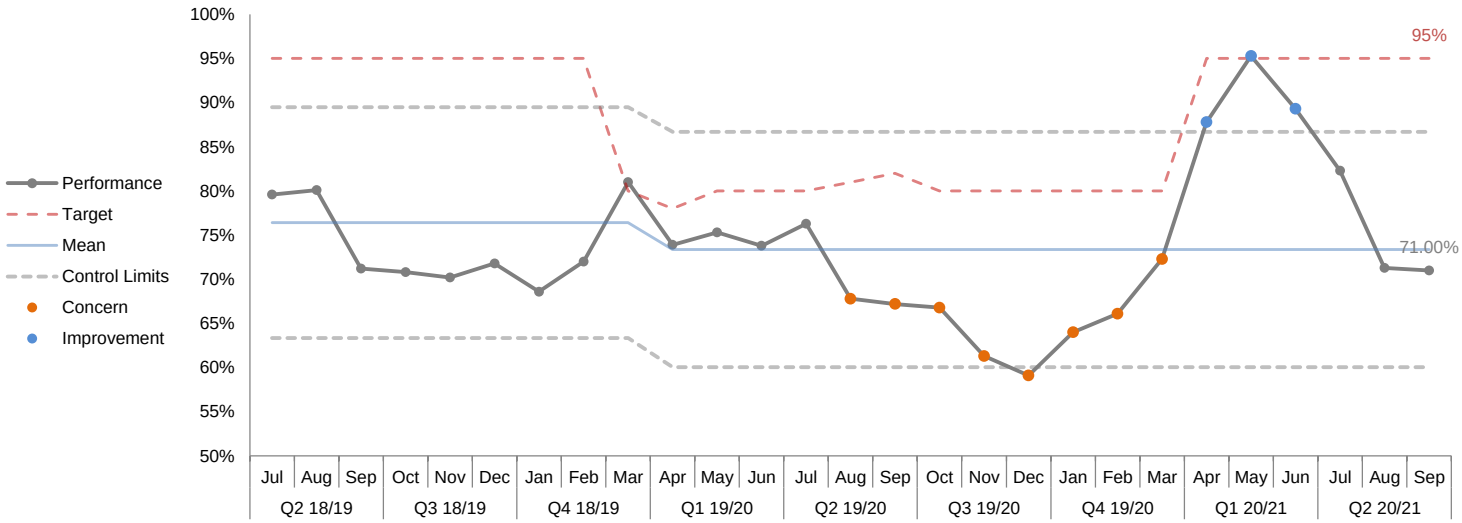
This work has been completed and the system has approved a rapid implementation of the new operating model by early December 2020.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**A&E: 4hr Standard** The percentage of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	71%

Data is showing a return to common cause variation, suggesting no significant changes to performance.

Assurance

	Target
F	>= 95%

Performance consistently falls short of the target.

What the chart tells us

The chart shows no significant variation in performance against the 4hour standard between July-18 and July-19. August-19 shows the start of a period of below-average performance, reaching a low of 59.1% in December-19. Performance recovers in the months up to March-20. April data suggests a significant improvement in performance, with us achieving the 95% target in May. Performance returns to expected levels between July and September 2020. Overall the chart suggests that the 95% target is unlikely to be achievable without a review of processes related to this metric.

Narrative

Issues:

The 4 hour performance in A&E is intrinsically linked to the above metrics around patient flow, length of stay and medically optimised patients. Without significant improvement in flow across the organisation, four hour performance will continue to be a risk for the Trust.

As the Trust continues to deal with wave 2 of covid-19, a particular challenge in comparison to wave one is the increased bed occupancy and the sustained demand from patients attending at ED - i.e. in wave two, there has been no concurrent decrease in demand at the front door.

Comparing the Trust's Type 1 A&E performance to other Type 1 Trusts, for September data, the Trust is 100th of 114 nationally, 18th of 19 Trusts in North West and 7th of 7 Trusts in Greater Manchester.

However, on a positive note, the recent CQC inspection report recognised the improvements in patient safety made and cultural improvements within the department

Actions & Mitigations:

Actions relating to patient flow and length of stay are key in order to create flow through the hospital and wider system. There are a number of schemes that have been put through for consideration for the winter plan that are out with the current run rate.

The Board is being asked to sign off at risk the recruitment of staff to open the escalation wards and D2A pathways.

There are a number of other schemes to ensure enhanced 7-day and out of hours cover that will build in further resilience during winter. A number of these schemes have now been financially approved.

The move to Yellow ED has commenced as from 19th October 2020. There is an ED Improvement Plan in place, which has a focus on maintaining patient safety; compliance with quality and safer staffing metrics; and new models of care. This is closely monitored and scrutinised at Executive level.

The UTC-lite is to go live at the end of October 2020.

NHS Stockport NHS Foundation Trust

Workforce

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

Sickness levels remain stable after the COVID related spike, increased sickness associated with the second wave has not presented.

Appraisal rates for medical and non-medical staff have been significantly impacted due to the pause during the pandemic, recovery plans were in place but current staffing challenges may pose a risk to this improvement.

Bank and agency costs are at significantly high levels, focussed work is underway to increase controls in this area.

Major Actions Commissioned / Work Underway:

Positive Assurances to Provide:

Staff in post exceeds the target overall however, there remain staff groups where focussed work to increase staff in post levels is currently taking place.

Turnover levels have improved consistently and now in reach of the target.

Mandatory training recovery plans have been successfully implemented.

Decisions Made:

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

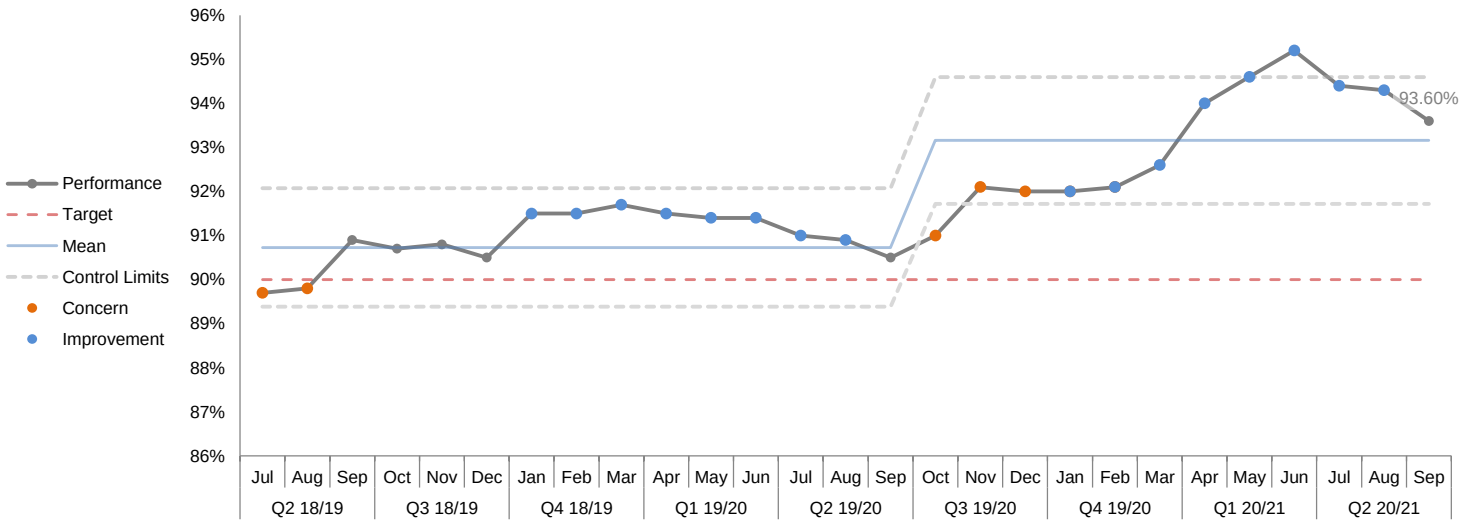
Metric	Latest Performance			Target	
Substantive Staff-in-Post	Sep-20		93.6%	P	>= 90%
Sickness Absence: Monthly Rate (UoR)	Sep-20		4.2%	F	<= 4%
Sickness Absence: Rolling 12-Month Rate (UoR)	Sep-20	H	5%	F	<= 4%
Workforce Turnover (UoR)	Sep-20	L	12.61%	F	<= 12.6%
Staff Friends & Family Test: Recommend for Work	Sep-20		51.2%		
Staff Friends & Family Test: Recommend for Care	Sep-20		64.8%		
Appraisal Rate: Medical	Sep-20	L	59.5%	F	>= 95%
Appraisal Rate: Non-medical	Sep-20	L	74.5%	F	>= 95%
Statutory & Mandatory Training	Sep-20	H	93.7%	P	>= 90%
Bank & Agency Costs	Sep-20	H	16.1%	F	<= 5%
Agency Shifts Above Capped Rates	Sep-20	H	1533	F	<= 0
Agency Spend: Distance From Ceiling (UoR)	Sep-20	H	51.9%	F	<= 3%

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Substantive Staff-in-Post** Total whole-time-equivalent (wte) staff-in-post, as a percentage of the current establishment.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	93.6%

The data shows common cause variation, suggesting no significant change in performance.

Assurance

Target

>= 90%

The target is consistently achieved and is below the control limits, which suggests there are stable processes in place regarding this metric.

What the chart tells us

The chart shows a steady improvement in performance across the reporting period. October 2019 shows a significant shift in performance levels and an increasing trend that peaks in June 2020 with a performance above the normal levels of variation. Performance continues to be above average through to September 2020.

Narrative

Issues:

The Trust staff in post figure for September 2020 is 93.56% of the current establishment. Actual FTE staff in post decreased by 31.09 FTE. There has been a reduction of 58.28 FTE in Additional Clinical Services staff, however, Nursing & Midwifery staff have increased by 30.11 FTE.

Actions & Mitigations:

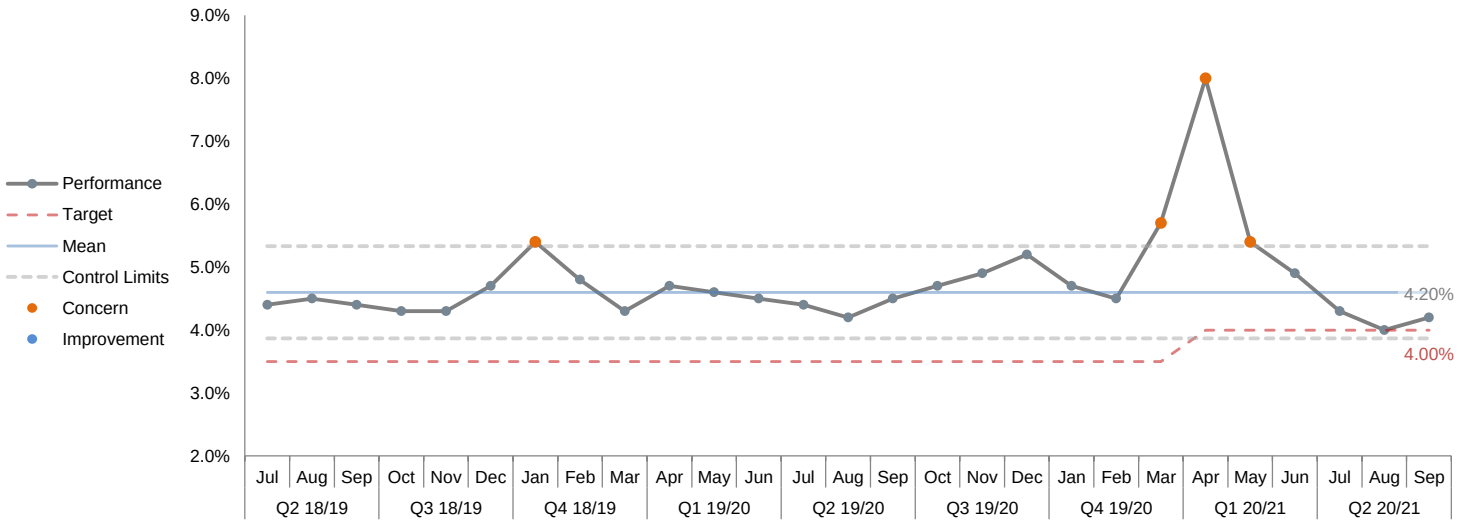
International recruitment for registered nurses – currently working with NHSP for 80 nurses and 18 global learners.
International recruitment for hard to fill medical posts via the collaboration with WWL and Edgehill university.
Recruitment of aspirant nurses and midwives. – now appointed as newly qualified professionals. The workforce plan is currently being reviewed for more medium term solutions.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sickness Absence: Monthly Rate (UoR)** The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	4.2%

Data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

<= 4%

Performance consistently exceeds the target amount, and is unlikely to achieve consistently without a review of processes related to this metric.

What the chart tells us

Data shows that on average sickness levels have been maintained with no significant variation throughout until February 2020. March to May 2020 see a spike in sickness absence levels, but from June 2020 onwards sickness absence returns to normal levels.

Narrative

Issues:

The in-month sickness absence figure for September 2020 is 4.15%; an increase of 0.17% compared to the previous month's figure of 3.98% (adjusted for late input). There has been a slight reduction in COVID-related sickness from 0.39% to 0.35%.

Actions & Mitigations:

The cost of sickness absence in September 2020 is £506K; an increase of 6K from the figure of £500K in the previous month.

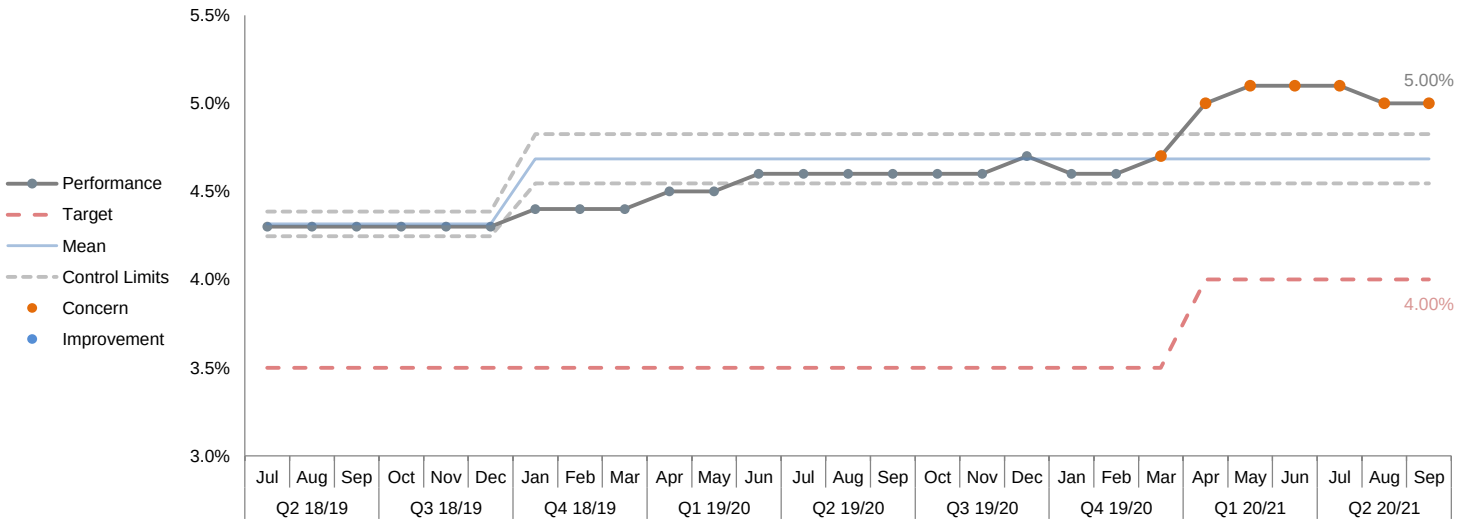
All the clinical Business Groups have seen an increase in sickness absence with the exception of Surgery GI and Critical Care which is showing a significant decrease from 3.89% to 3.00% in month.
Non-covid related absences continue to be managed in line with the Trust policy.
Regular promotion of staff Health and wellbeing support initiatives through Facebook and the staff communications. This supports staff to remain well and in work.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sickness Absence: Rolling 12-Month Rate (UoR)** The total number of staff on sickness absence, as a percentage of all staff-in-post whole time equivalent. Calculated as a 12-month rolling average.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	5%

Data shows special cause variation with a trend of values outside the control limits, indicating a potential concern.

Assurance

Target
<= 4%

Performance consistently exceeds the target amount.

What the chart tells us

Data shows that performance has been on an increasing trend across the reporting period. From March 2020 we see a spike in sickness absence above the normal levels which has continued through to September 2020. The chart suggests that as the target is below the control limits that it is unlikely that we will achieve it consistently without a review of current processes around sickness absence.

Narrative

Issues:

The 12-month rolling sickness percentage for the period October 2019 – September 2020 is 5.00%.

Actions & Mitigations:

The cost of sickness absence in September 2020 is £506K; an increase of 6K from the figure of £500K in the previous month.

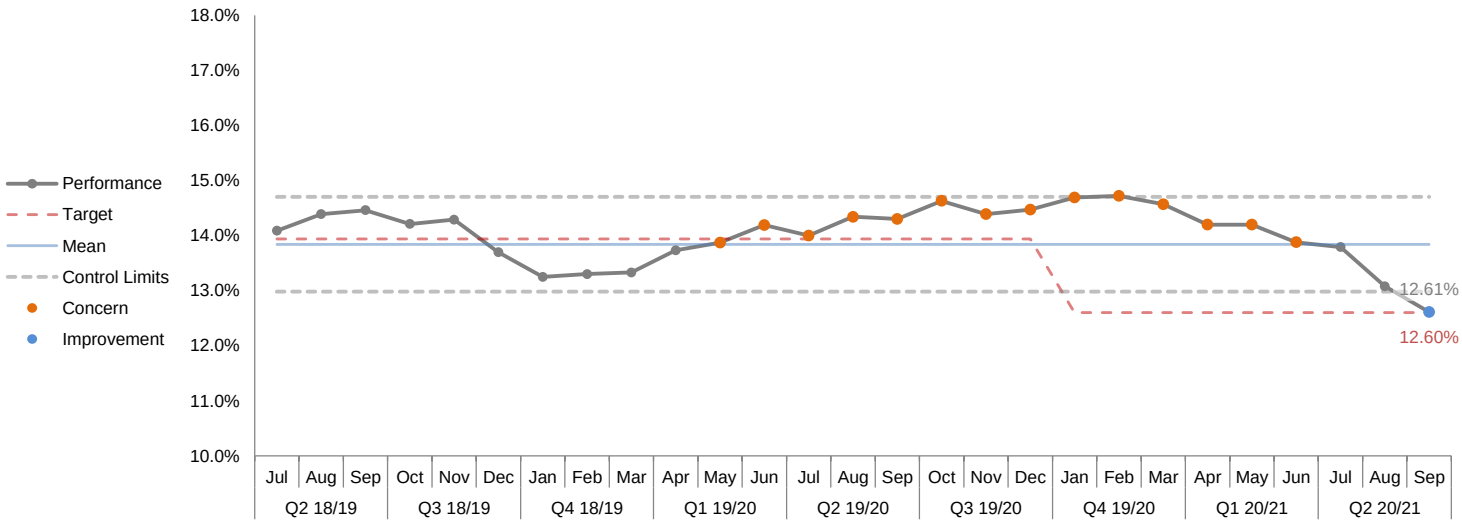
All the clinical Business Groups have seen an increase in sickness absence with the exception of Surgery GI and Critical Care which is showing a significant decrease from 3.89% to 3.00% in month.
Non-covid related absences continue to be managed in line with the Trust policy.
Regular promotion of staff Health and wellbeing support initiatives through Facebook and the staff communications. This supports staff to remain well and in work.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Workforce Turnover (UoR)** The percentage of employees leaving the Trust and being replaced by new employees.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	12.61%

Data shows special cause variation, with a value below the control limits, indicating a potential improvement in performance.

Assurance

Target
<= 12.6%

Performance consistently exceeds the target value.

What the chart tells us

The charts shows that between May 2019 and February 2020 there is a run of values above the average, indicating a level of worsening performance. March 2020 onwards shows performance on an improving trend, with September 2020 showing the lowest percentage of workforce turnover across the whole reporting period, just above the target amount. However, the target is outside the normal limits of variation, which suggests that achieving the target consistently is unlikely without a change of process.

Narrative

Issues:

The rolling 12-month unadjusted permanent headcount turnover figure is 12.61% (adjusted is 11.43%), which is a 0.47% decrease from last month. The top known leaving reasons are: Voluntary Resignation – Work life Balance (14.78%), Voluntary Resignation – Relocation (11.78%) & Retirement Age (11.42%)

Actions & Mitigations:

The reduction in turnover has been contributed to with focused work on retention and the impact of NHS staff working through the pandemic.

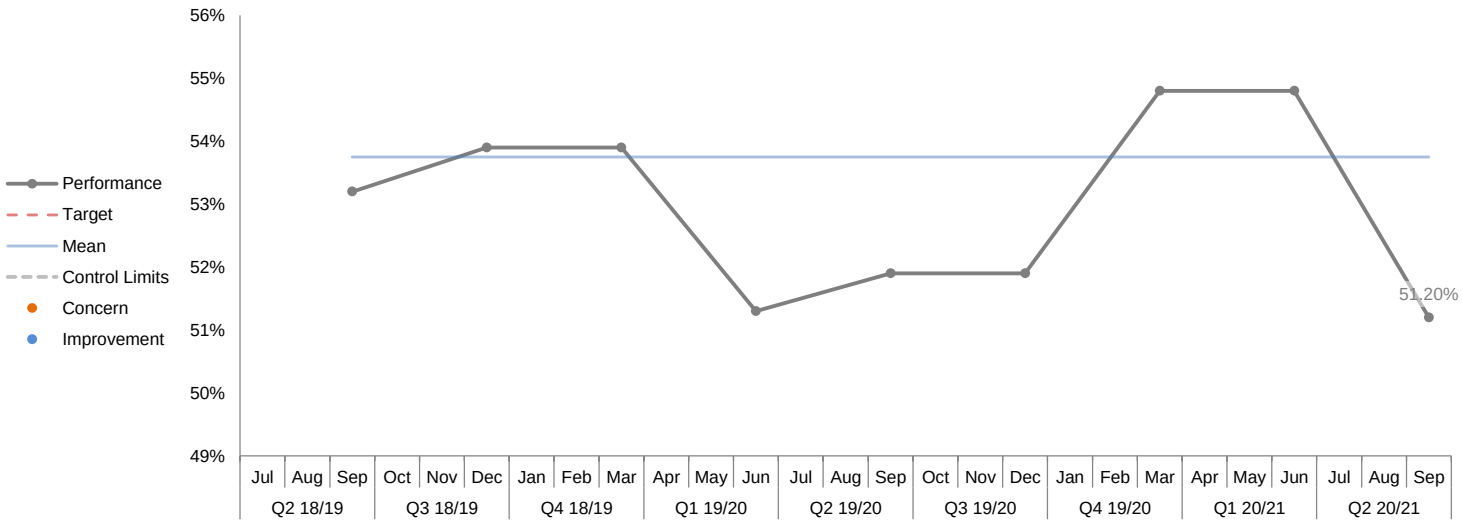
Turnover amongst registered nurses has been an area of concern for the trust and it is pleasing to note that this has reduced from 14.07% to 13.13%.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Staff Friends & Family Test: Recommend for Work** The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust as a place of work.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	51.2%

There are insufficient data points to determine special or common cause variation.

Assurance

Target

There is no target set for this metric.

What the chart tells us	The chart suggests that this quarterly metric fluctuates between 51% and 55%. There are current insufficient data points to be able to identify proper control limits or special cause variations.

Narrative

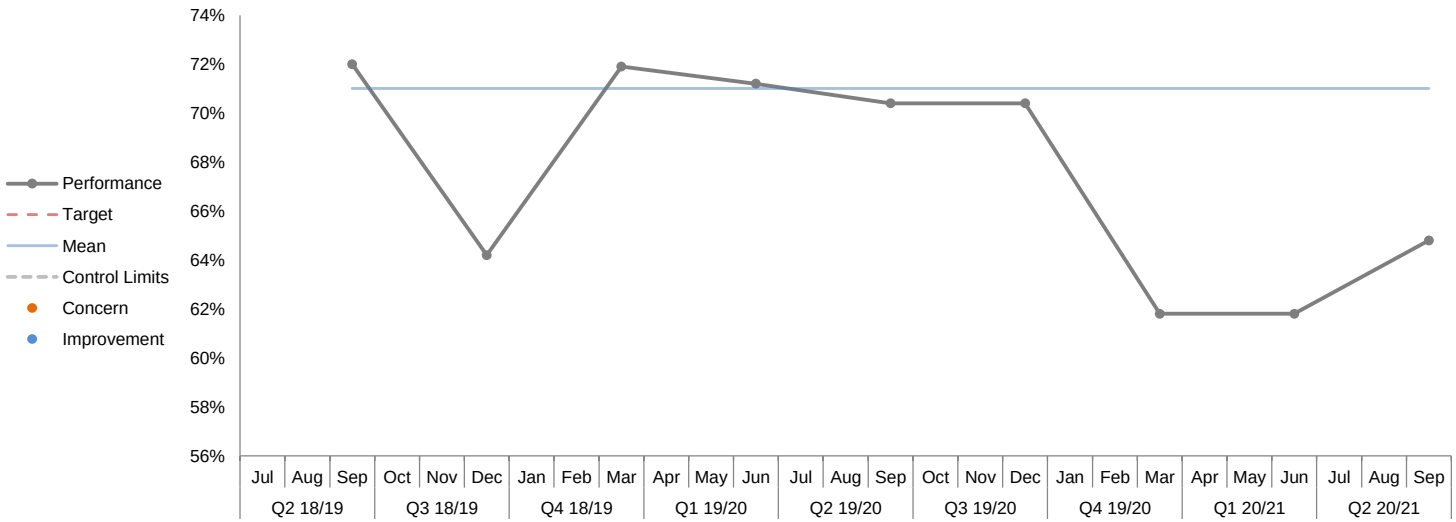
Issues:	Actions & Mitigations:
The most current data we possess for staff recommending Stockport FT as a place to work comes from the 2019 Staff Survey and stands at 54.9% up 0.4% from the previous year's survey.	During the Covid19 pandemic there has been a suspension of data collection. The Trust however has continued with staff engagement through focus groups, pulse check/check ins and through survey monkey questionnaires. The OD team is supporting individual business groups to engage with staff and review their latest data in order to action plan and make improvements within their areas. An FFT was launched on 10th September 2019.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Staff Friends & Family Test: Recommend for Care** The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust for care.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	64.8%

There are insufficient data points to determine special or common cause variation.

Assurance

Target

There is no target set for this metric.

What the chart tells us

The chart suggests that this quarterly metric fluctuates between 62% and 72%. There are current insufficient data points to be able to identify proper control limits or special cause variations.

Narrative

Issues:

The most current data we possess for staff recommending Stockport FT as a place for care comes from the 2019 Staff Survey and stands at 61.8%. Whilst this percentage has decreased since September the data was collated at the end of 2019 during the NHS Staff Survey.

Actions & Mitigations:

The Covid19 Pandemic has suspended data collection for Staff Friends and Family and therefore there is no current Friends and Family data.

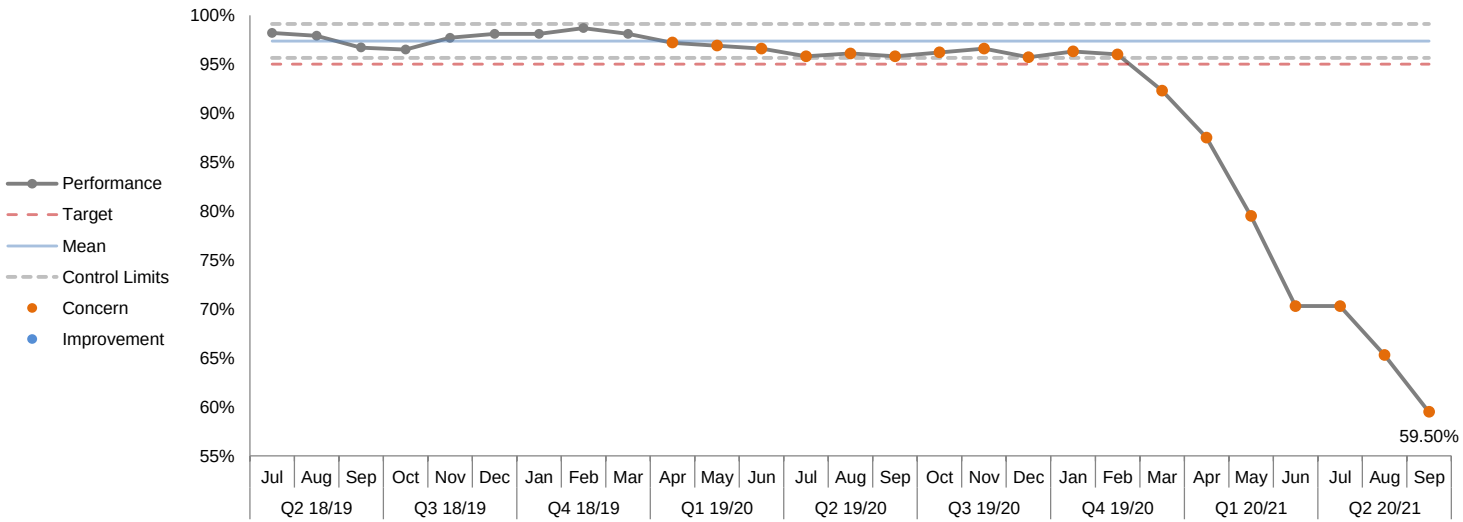
We have continued to support staff to engage and improve their personal and professional development through leadership programmes, staff engagement, focus groups, and team development which will impact on and improve patient care.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Appraisal Rate: Medical** The percentage of medical staff that have been appraised within the last 15 months.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	59.5%

Data shows special cause variation, with a run of values below the normal control limits.

Assurance

Target
>= 95%

Since March 2020, performance has consistently fallen short of the target.

What the chart tells us

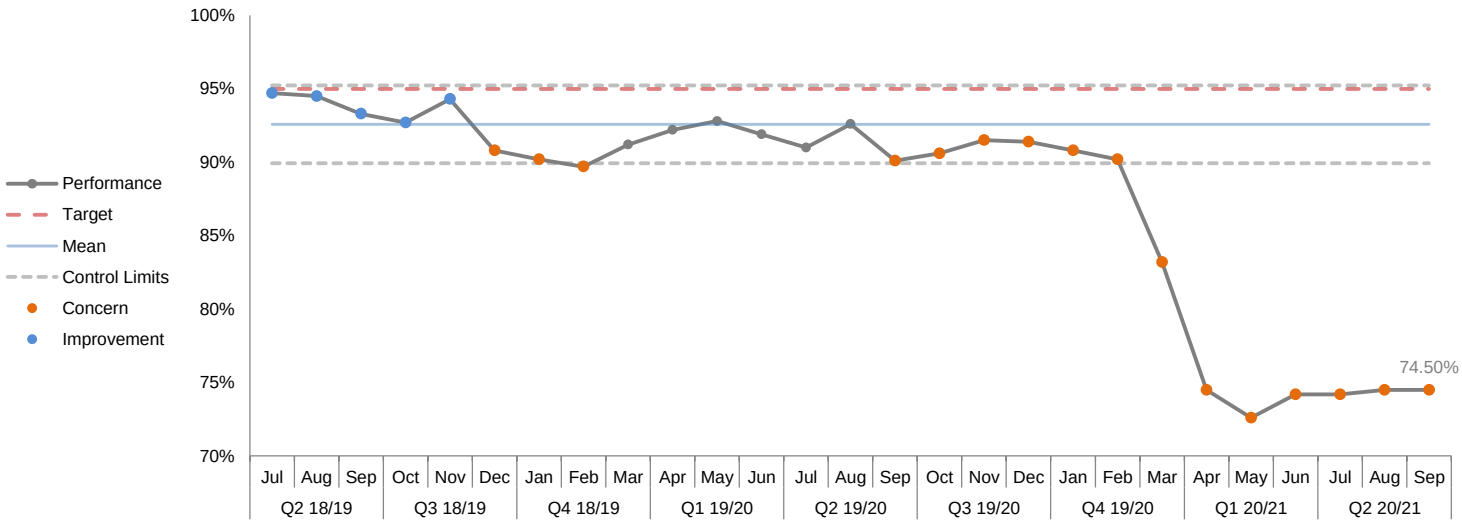
The chart shows normal variation in performance between July 2018 and March 2019. April 2019 to February 2020 shows a steadily declining trend in performance, with a further more significant drop in performance from March 2020 onwards. Performance continues to drop through to September 2020.

Narrative

Issues:	Actions & Mitigations:
The medical appraisal rate has decreased by 3.29% to 56.21% in September, this is below the Trust target of 95%. This reflects the pause of medical revalidation during the pandemic	Medical appraisals have restarted. The compliance figures will be reduced due to the 6 month pause in activity, however, any lower than expected levels of compliance will be managed within the usual performance frameworks.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Appraisal Rate: Non-medical** The percentage of non-medical staff that have been appraised within the last 15 months.
Performance of this measure over time	
What the chart tells us	The charts shows performance varies between 90% and 95% until August 2019. September 2019 to February 2020 show a run of values below the average, indicating a potentially concerning decline in performance. March 2020 then saw a further more significant drop in performance and performance has been maintained between 74% and 75% through to September 2020.

Variance

Latest Month	Actual
Sep-20	74.5%

Data shows special cause variation with a run of values below the control limits.

Assurance

Target
>= 95%

Performance consistently falls short of the target throughout the reporting period.

Narrative

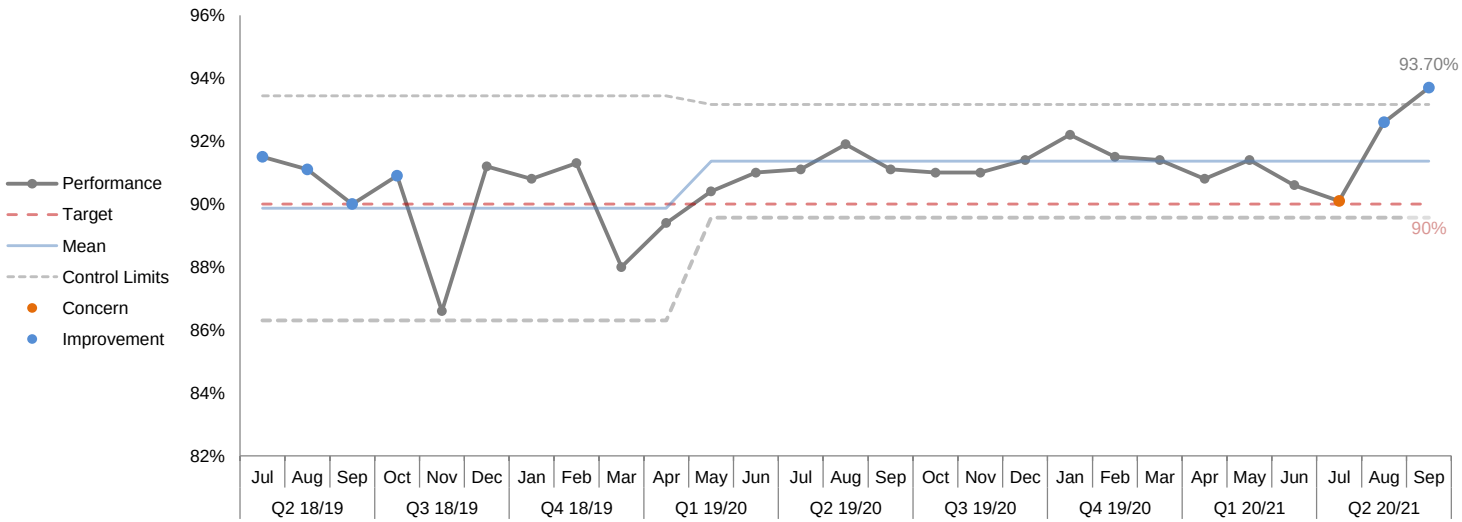
Issues:	Actions & Mitigations:
The Trust's Appraisal rate remains at 74.5%. All Business Groups are below the Trust target of 95% of completed appraisals.	In order to support Business Groups to raise their performance appraisal compliance rate, the OD team continue to deliver Performance Appraisal training within the leadership programme and bespoke sessions. We are aiming to improve the quality of appraisals by delivering Preparing for Your Performance Appraisal sessions for all appraisees. The OD Team are offering targeted support to Business Groups by developing proposed schedules for appraisals to be completed.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Statutory & Mandatory Training** The percentage of statutory & mandatory training modules showing as compliant.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	93.7%

Data shows special cause variation with values above the normal control limits, suggesting potential improvement in performance.

Assurance

Target
>= 90%

Since May 2019, performance consistently achieves the target level.

What the chart tells us	The chart that from May 2019 onwards a more stable process around Statutory and Mandatory training has been established, and variation in performance ranges between 91% and 92% through to June 2020. July 2020 saw a dip in performance to just above the target level, but performance appears to have improved in August, with September achieving a significantly improved level of performance.

Narrative

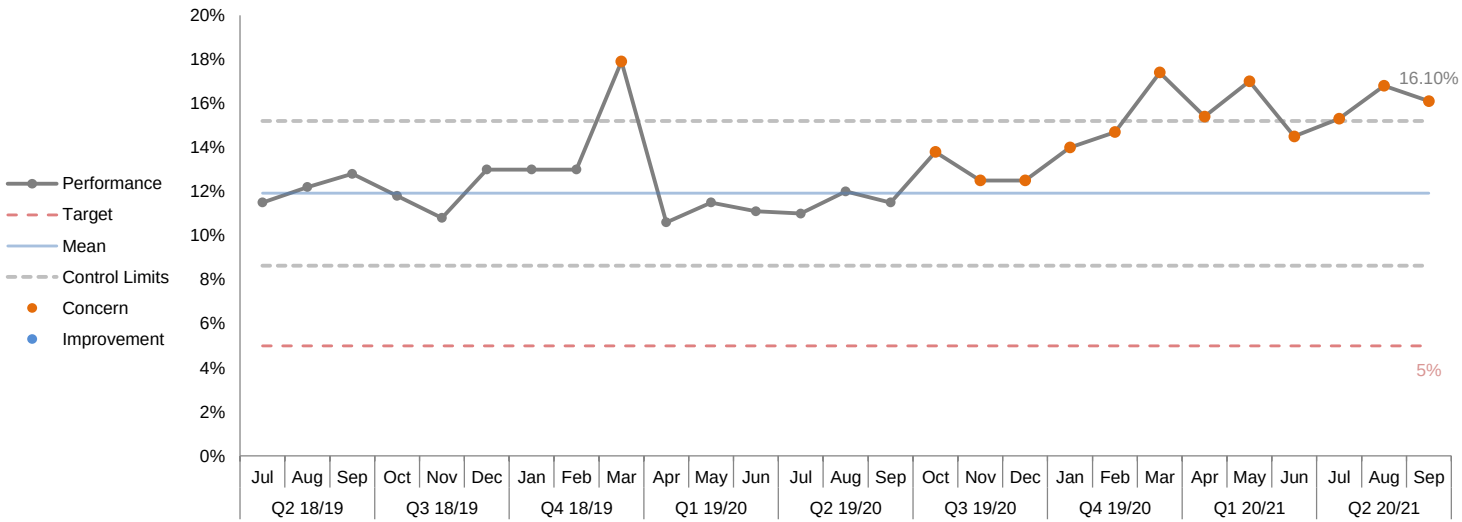
Issues:	Actions & Mitigations:
Compliance for Mandatory Training remains stable. Mandatory training is accessible via e-learning on myESR and so it is easily accessible for staff from work and personal devices.	Medicine & Clinical Support Business Group are working with HR and L&D colleagues to drive up Mandatory Training compliance using a systematic performance – related approach. Compliance across the business group has increased to 94.93% as a result of this focused effort and best practice will be shared with colleagues in other areas to drive up compliance elsewhere. Information Governance is a particular area of focus

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Bank & Agency Costs** The total bank & agency cost as percentage of the total pay costs

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	16.1%

The data shows special cause variation since October 2019, with the latest values above the limits of normal variation.

Assurance

Target
<= 5%

Performance consistently exceeds the target value across the reporting period.

What the chart tells us

The chart shows that from July 2018 to September 2019, normal performance varies between 10% and 13%. In October 2019 a trend of higher than average bank & agency costs runs right through to June 2020, with July to September 2020 showing significantly higher costs than normal. The target of 5% is below the control limits, which suggests that it is unlikely to be achievable without a review of current processes.

Narrative

Issues:

The total bank and agency spend in September was £3.5M, which represents 16.07% of the total pay bill within the month. The business group with the highest bank & agency spend in July was Surgery GI &CC (£1M).

Actions & Mitigations:

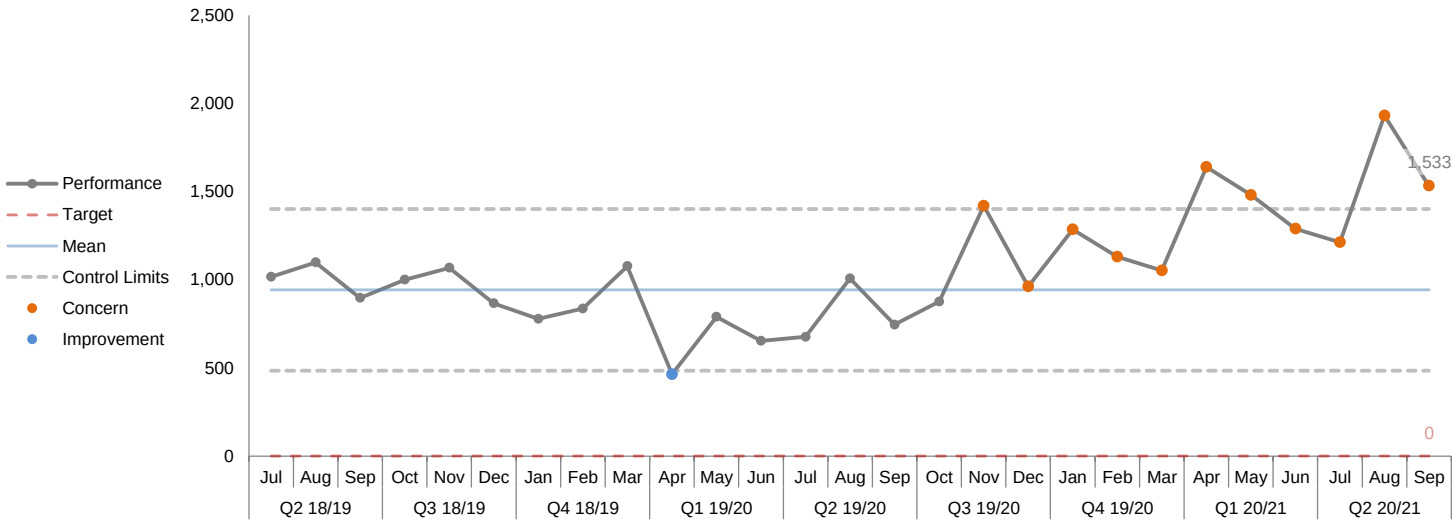
Active recruitment to clinical vacancies
Collaborative work with NHSP to enhance controls in relation to nursing agency spend. This includes further use of the golden key, the review of agency tiers and improvements in the booking process to enable greater visibility of temporary staffing.
Executive approval processes in place.
Full review of medical agency requests with medical director, dep DoF and BG directors.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Agency Shifts Above Capped Rates** Number of agency shifts above above the provider spend cap.

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	1533

The data shows special cause variation since October 2019, with the latest values above the limits of normal variation.

Assurance

Target
<= 0

Performance consistently exceeds the target value across the reporting period.

What the chart tells us

The chart shows that from July 2018 to October 2019, normal performance varies between 500 to 1000 shifts. From November 2019 a trend of higher than average agency shifts July 2020, with August to September 2020 showing significantly higher costs than normal. The target of 0 shifts above the capped rates is below the control limits, which suggests that it is unlikely to be achievable without a review of current processes.

Narrative

Issues:

There were a total of 1,533 agency shifts paid above the NHSI cap rate during the 4 week period from 31st August 2020 to 27th September 2020. This equates to an average of 383.25 shifts per week, which is a decrease of 3.15 shifts per week compared to August's figures and an increase compared to the 186.5 shifts per week in September 2019. The highest number of agency breaches were in M&CS, Surgery and ED with a weekly average of 127, 114.75 and 74.5 shifts respectively, including medical and AHP shifts. Within this period there were 128 cap breaches relating to non-framework agencies - Raven (33) and Thornberry (95).

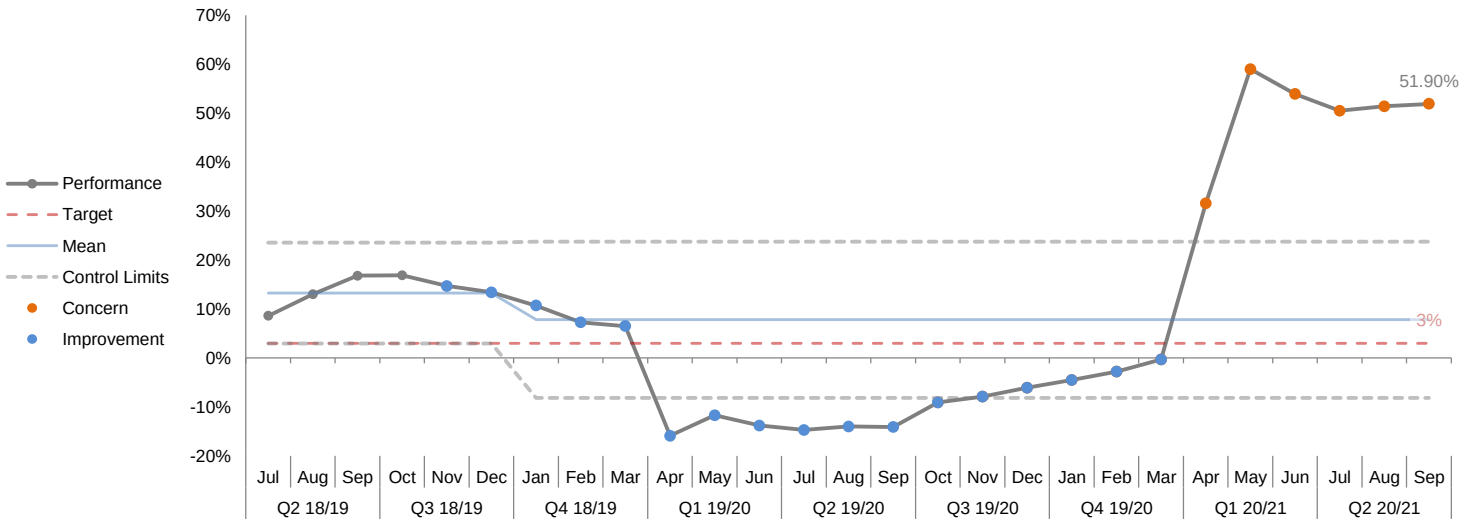
Actions & Mitigations:

The highest number of agency breaches were in M&CS, Surgery and ED with a weekly average of 127, 114.75 and 74.5 shifts respectively, including medical and AHP shifts. Within this period there were 128 cap breaches relating to non-framework agencies - Raven (33) and Thornberry (95).

Active recruitment to clinical vacancies
Collaborative work with NHSP to enhance controls in relation to nursing agency spend. This includes further use of the golden key, the review of agency tiers and improvements in the booking process to enable greater visibility of temporary staffing.
Executive approval processes in place.
Full review of medical agency requests with medical director, dep DoF and BG directors.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Agency Spend: Distance From Ceiling (UoR)** The percentage variance between Trusts expenditure on agency and external locums across all staff groups and the cap set by NHSi.
Performance of this measure over time	
What the chart tells us	The chart shows that throughout 2019/20 we managed to maintain agency expenditure below the capped levels set by NHSi. April 2020 saw a sharp increase in expenditure against the cap, with a run of expenditure between 50% and 60% over the cap between May and September 2020.
Narrative	**Issues:** / **Actions & Mitigations:**

Variance

Latest Month	Actual
Sep-20	51.9%

Data shows special cause variation, with a run of values above the normal control limits.

Assurance

Target
<= 3%

Since April 2020, performance consistently exceeds the target amount.

Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

The Trust has submitted a forecast for October 2020 to March 2021 to Greater Manchester (GM) and NHS Improvement/ England (NHSI/E) that is in excess of the control total position. There is further risk from efficiency requirements, activity sanctions and expenditure assumptions built into the forecast position. Therefore, excluding the impact of a further wave of Covid-19, the Trust cannot perform worse than the submitted position.

The finance risk on the Trust Risk Register has been updated accordingly to a score of 20.

Major Actions Commissioned / Work Underway:

The Trust Executive team have agreed a prioritised list of expenditure items included in the forecast October 2020 to March 2021 in order to effectively deliver patient safety and quality care. This includes winter schemes, discharge to assess (D2A), and items on the Care Quality Commission (CQC) action plan. Spend against these various elements will be monitored on a monthly basis.

Planning has started for 2021/22 financial year although no national guidance has yet been issued.

Positive Assurances to Provide:

The Trust has delivered a break even financial position to date in the financial year, as required nationally by NHS Improvement/ NHS England (NHSI/E).

The Trust has maintained sufficient cash to operate despite the current increased run rate of expenditure.

Decisions Made:

The Trust has submitted a forecast to Greater Manchester (GM) and NHS Improvement/ England (NHSI/E) for the second half of the financial year that is in excess of the control total position. Within this is the prioritisation of schemes for winter as agreed by the Executive Team.

The Financial Governance Advisory Group (FGAG) continues to meet each week to assess decisions on Covid spend.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

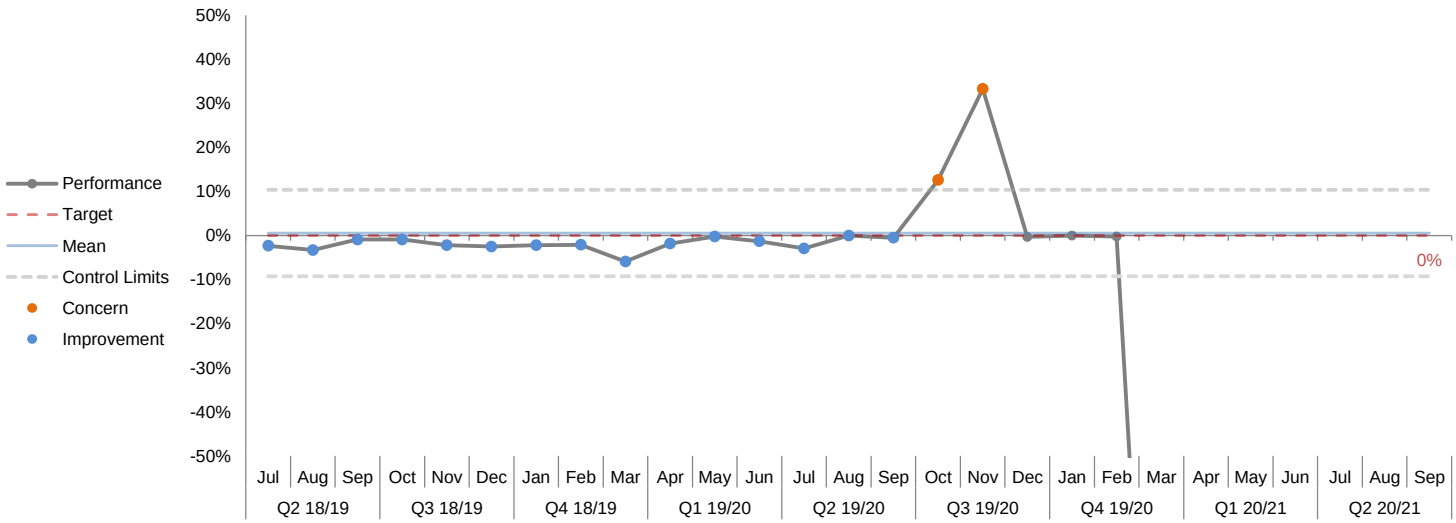
Metric	Latest Performance			Target	
Financial Controls: I&E Position	Mar-20		-172.7%		<= 0%
Cash	Mar-20		-42.6%		<= 0%
CIP Cumulative Achievement	Mar-20		-5.0%		>= 0%
Capital Expenditure	Mar-20		-26.5%		<= 10%
Financial Use of Resources	Mar-20		3		<= 3

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Financial Controls: I&E Position** The actual financial position, displayed as a percentage variance from the planned financial position. Negative values indicate a financial position above the planned amount.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-20	-172.7%

The data shows special cause outside of the control limits, indicating an improved position for the month.

Assurance

Target
<= 0%

The target is consistently achieved through most of the reporting period, suggesting a stable process in place.

What the chart tells us	The chart shows that across most of the reporting period, the target is achieved and the actual financial position is above the planned position. October and November 2019 do show the position changed and we dropped below the planned position, but the financial position returned to plan in December 2019. Data for March 2020 does suggest a vastly improved financial position. No data has been provided for the 2020/21 financial year so far.

Narrative

Issues:

Key points to note within this breakeven position are:
- The Trust's block and top-up income to date is £148.5m. The Trust has also accounted for £17.7m from non-NHS sources (including SMBC), Health Education England (HEE), Research & Innovation (R&I), and Pharmacy Trading Units. Income is £23.7m higher than the Trust's draft plan for 2020/21.
- The Trust shortfall of income v expenditure has been accrued as a Covid-19 debtor totalling a further £10.4m for six months. September is the first month where the Covid-19 debtor required to achieve breakeven is in excess of the in-month gross Covid-19 costs.
- Total pay costs are £21.8m in September, including £0.4m of national pay award arrears for medical staff backdate to April. Excluding this, pay costs are £2.1m higher than September 2019. Temporary staff costs in September 2020 are 16.8% of total staff costs; this is almost 5% more than September 2019.
- Non-pay costs to date are £1.2m less than in the Trust's draft plan. As departments across the Trust enter the recovery phase non-pay costs have started to increase to pre-Covid-19 levels.
- The Trust Cost Improvement Programme (CIP) target for April to September 2020 was £6.0m, against which no CIP has been transacted.
- The underlying £43m deficit for the Trust has deteriorated and the forecast costs for October to March are in excess of this level.

Actions & Mitigations:

The Trust has delivered a break even financial position to date in the financial year, as required nationally by NHS Improvement/ NHS England (NHSI/E). However expenditure, and therefore income, is higher than planned.

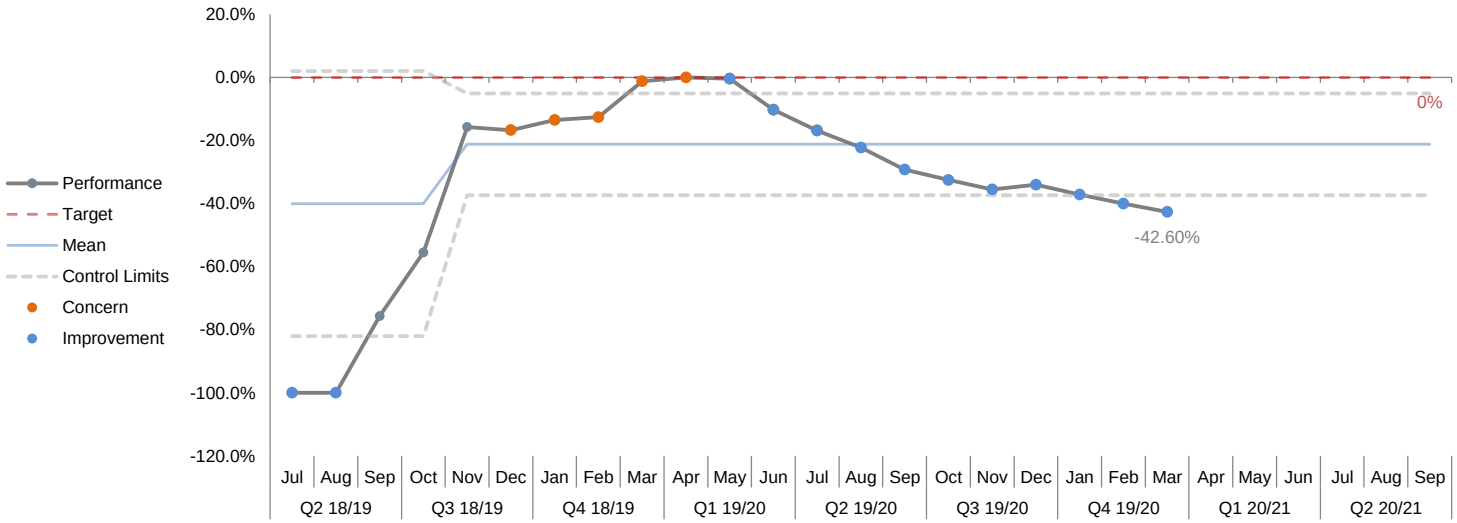
The national financial landscape from October onwards is challenging for the Greater Manchester (GM) system, and the Stockport position within that has been shifting over the past few weeks in line with differing system and Trust level expectations. Validation work within the system is on-going and this coupled with a potential further wave of Covid-19 are creating a huge amount of uncertainty for financial planning.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Cash** The amount of actual borrowing-to-date, displayed as a percentage variance from the planned borrowing amount. Negative values indicate borrowing less than the planned amount.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-20	-42.6%

Special cause is shown in the data, indicating a run of values below the average suggesting an improved position.

Assurance

Target
<= 0%

The target is consistently achieved, indicating a stable process is in place.

What the chart tells us

The data shows that throughout 2019/20 the Trusts cash borrowing position has remained below the planned borrowing amount. No data has been provided for the 2020/21 financial year so far.

Narrative

Issues:

Cash in the bank on 30th September 2020 was £53.5m, which is £3.9m more than last month.

Although the Trust has maintained sufficient cash balances under the interim regime, the current run rate of expenditure is higher than in previous years. The reduction in block payments and halting of retrospective top-ups will be challenging for the Trust to manage, particularly as the expenditure run-rate is forecast to increase as activity increases and capital schemes mobilise.

Actions & Mitigations:

The new cash regime for revenue financing support will take the form of PDC where there is no set repayment schedule, but there is a dividend payable at the current dividend rate. The NHS Contracts and Payment guidance issued on the 18th September states that this will not leave trusts with a cash requirement but, if indeed it does, there is a supplementary revenue support process for accessing this revenue financing that is similar to previous regime - requiring cash flow forecasts 4 to 6 weeks prior to the drawdown of cash.

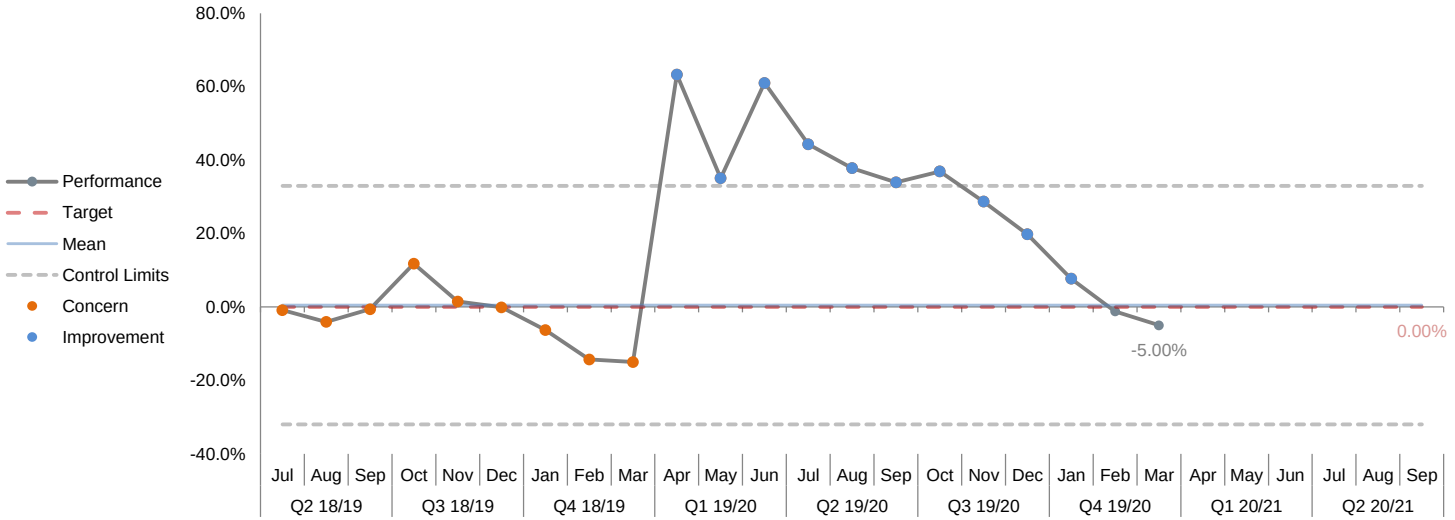
National guidance has yet to be released on how the payments of block income in advance will be treated at the financial year end in terms of ensuring that Trusts have sufficient cash to meet their 20/21 obligations.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**CIP Cumulative Achievement** The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement. Positive values indicate a CIP achievement above the planned amount.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-20	-5.0%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
>= 0%

The target is inconsistently achieved throughout the reporting period.

What the chart tells us

The data shows that we delivered much more CIP than planned early in 2019/20 financial year, and the cumulative position moved back toward the planned amount until January 2020. February and March 2020 show that CIP achievement fell below the planned amount, falling short of the target for this indicator. No data has been provided since March 2020.

Narrative

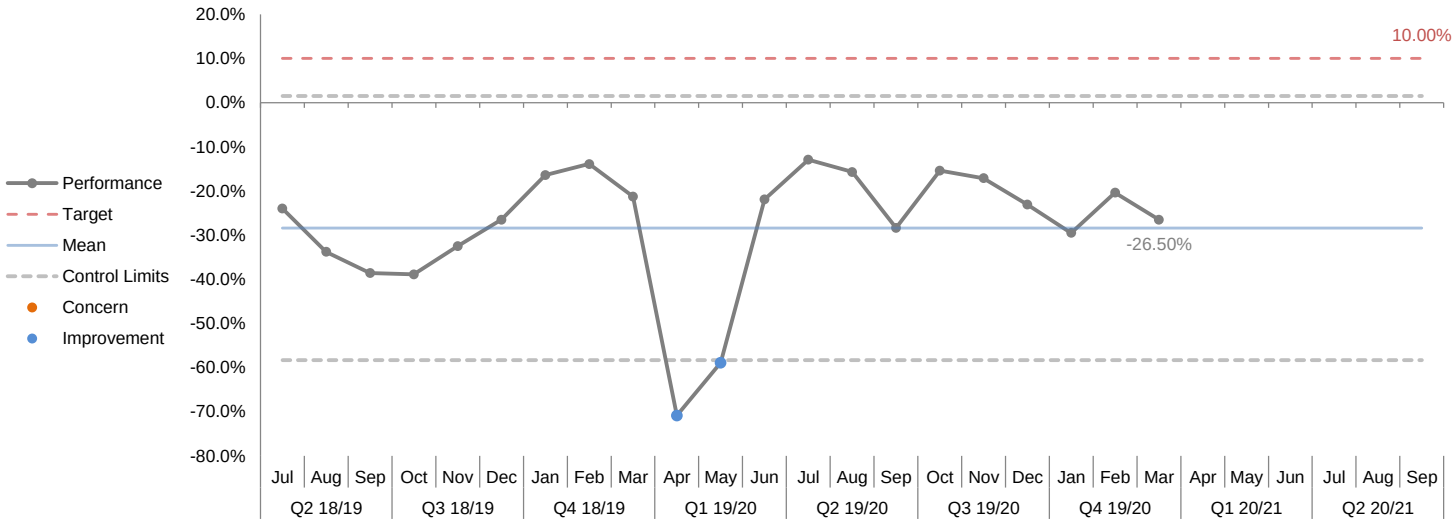
Issues:	Actions & Mitigations:
The Trust Cost Improvement Programme (CIP) target for April to September 2020 was £6.0m, against which no CIP has been transacted.	

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**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. Negative values indicate a expenditure lower than the planned amount. Capital expenditure includes such things as buildings and equipment.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-20	-26.5%

The data shows common cause variation, suggestion no significant change in performance.

Assurance

Target
<= 10%

The target is above the control limits, suggesting that it is highly likely to remain consistently achievable.

What the chart tells us

The data shows that capital expenditure was significantly lower than the planned expenditure in April and May 2019. For the rest of the 2019/20 we consistently maintained expenditure below the planned amount. No data has been provided since March 2020.

Narrative

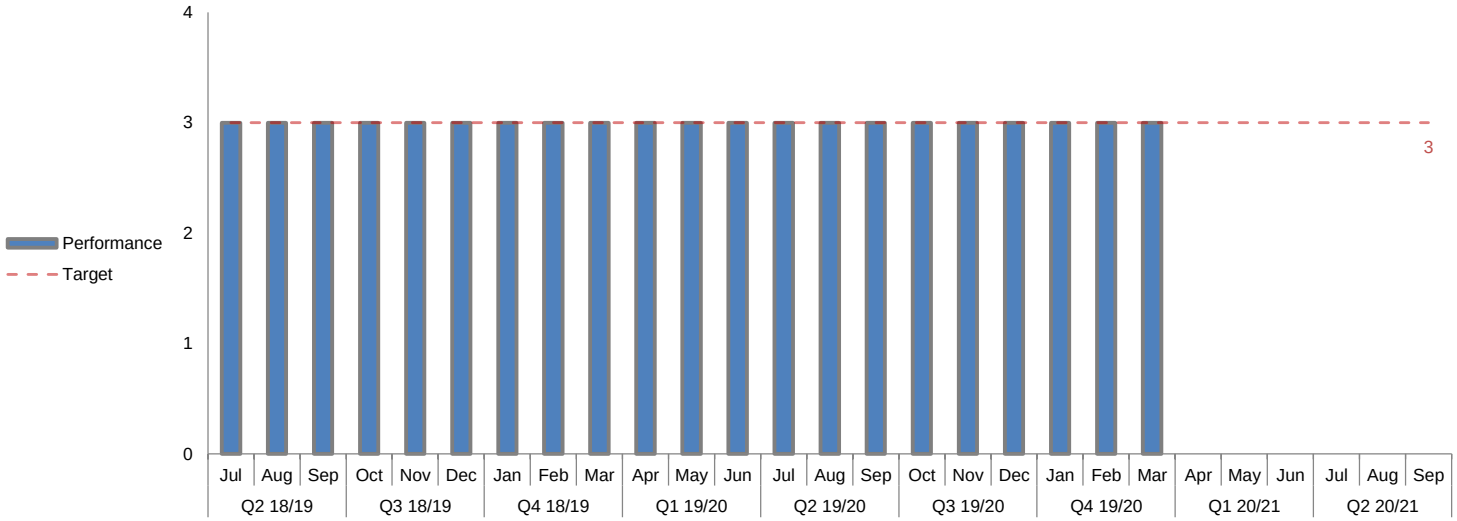
Issues:	Actions & Mitigations:
	Capital costs of £4.7m have been incurred to 30th September 2020. The Trust's capital programme for 2020/21 is £22.0m (including the release of Healthier Together Funding), and the normal process of managing internal schemes continues via Capital Programme Management Group (CPMG). In addition, the Trust has made further capital bids via the GM Hospital cell for 2020/21.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Financial Use of Resources** A calculated score based on capital service capacity, liquidity, income & expenditure margin, distance from financial plan, and agency spend.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-20	3

There is no variation throughout the reporting period.

Assurance

Target
<= 3

The target is consistently achieved throughout the reporting period.

What the chart tells us

Data has been consistent throughout the reporting period.

Narrative

Issues:	Actions & Mitigations:
The regulatory oversight framework is being reviewed in line with the overall reporting and administrative burden on the NHS, and as a result this metric has not been collated nationally for April to September 2020.	

Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	5 November 2020
Subject:	Covid update		
Report of:	Medical Director	**Prepared by:**	Medical Director

REPORT FOR INFORMATION

Corporate objective ref:	C4, C8, C10
Board Assurance Framework ref:	S3
CQC Registration Standards ref:	8, 9 17
Equality Impact Assessment:	☐ Completed ☒ Not required

Summary of Report

This is our third monthly update on the impact of covid upon Stockport NHSFT.

This report seeks to summarise the current position, identify the immediate operational risks in order to assure the board, and to facilitate discussion of our priorities.

The board of directors is recommended to note the complexity, risks and demands placed upon us, to take assurance from the detail provided, and to consider what further measures, actions or information is required to optimise our response

Attachments:

This subject has previously been reported to:

☒ Board of Directors	☐ People Performance Committee
☐ Council of Governors	☐ Charitable Funds Committee
☐ Audit Committee	☐ Nominations Committee
☒ Executive Team	☐ Remuneration Committee
☒ Quality Committee	☐ Joint Negotiating Council
☐ Finance & Performance Committee	☐ other

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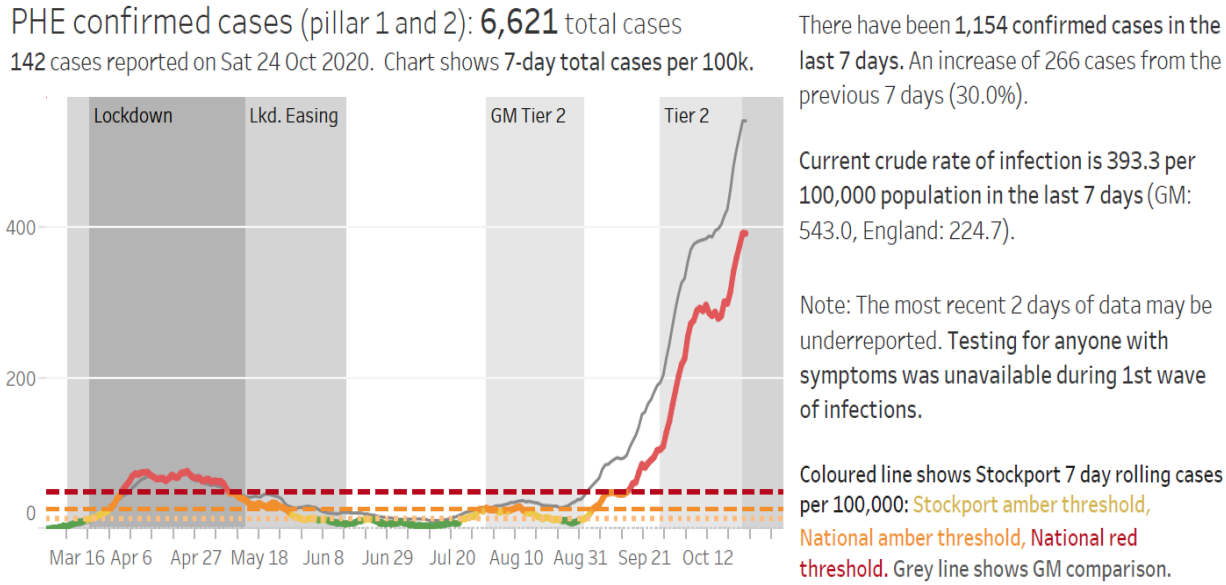
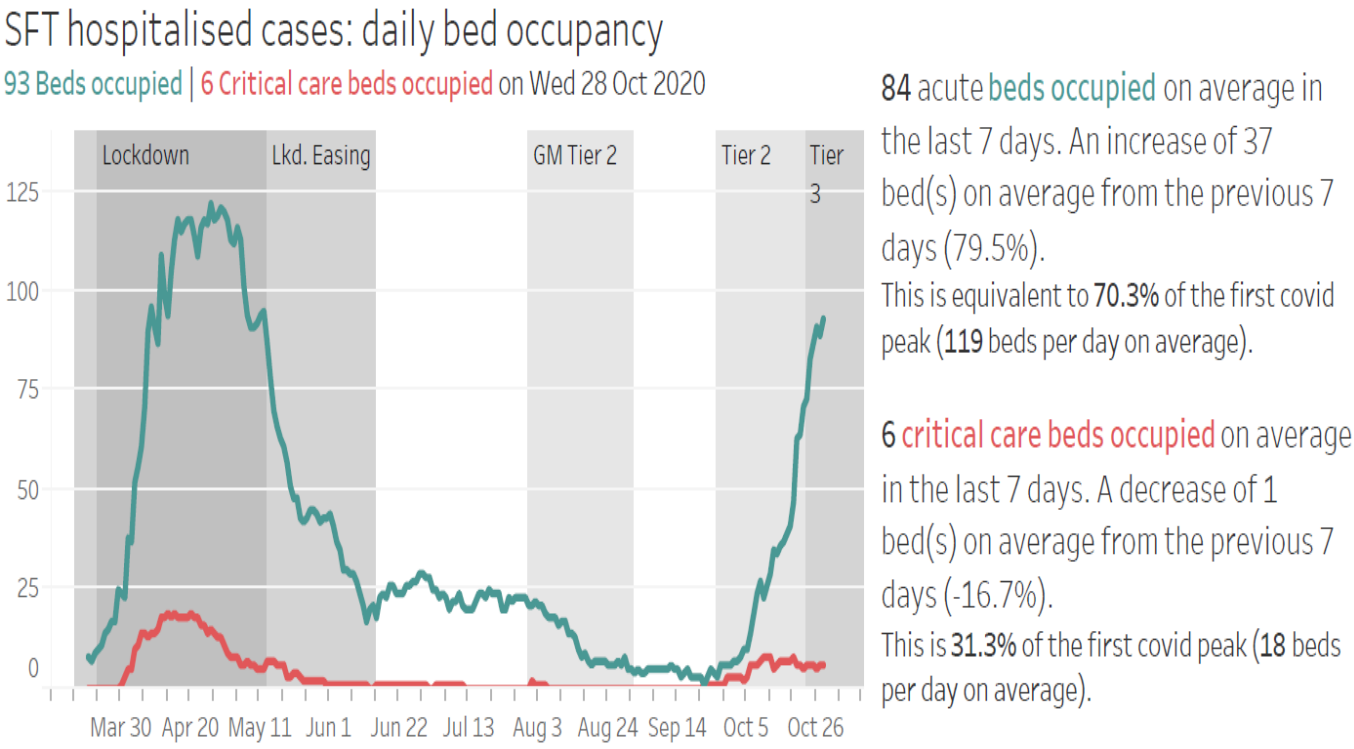
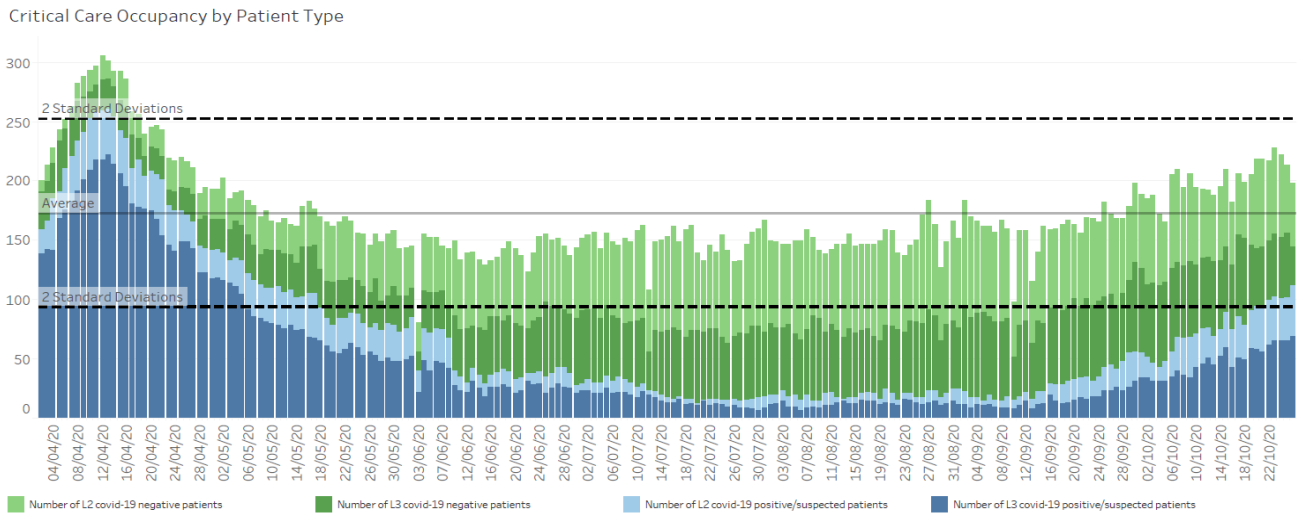
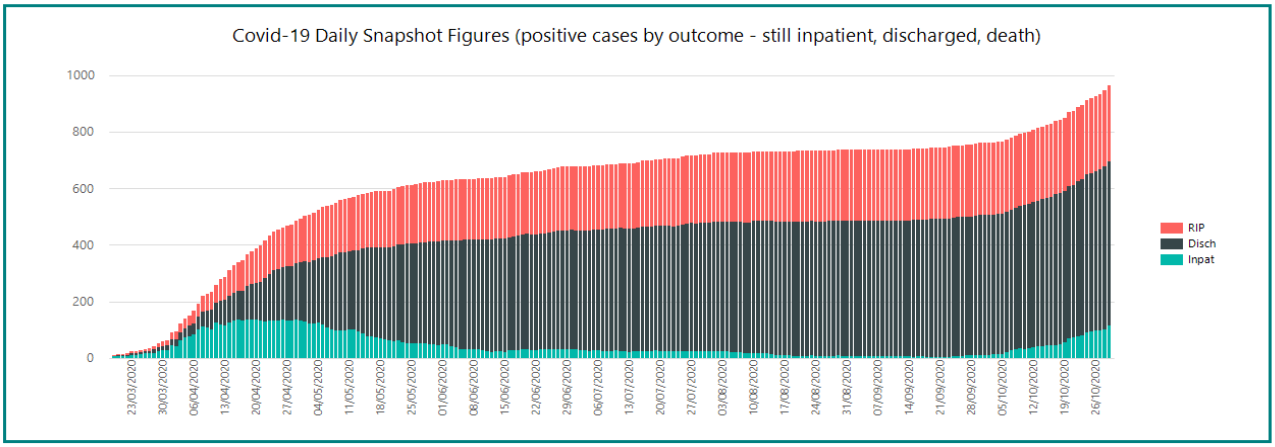
1.0	**INTRODUCTION**
	This is our fourth monthly covid update for the board of directors. This report seeks to summarise the current position, identify the immediate operational risks in order to assure the board, and to facilitate discussion of our priorities.
2.0	**CURRENT POSITION**
2.1	 The community prevalence of covid has risen from 85 / 100,000 in last months report, five fold, to 400/100,000 this month. Prevalence is increasing at 30% per week and the curve shows no sign of flattening at this stage.
2.2	 The number of patients in hospital beds has rapidly increased, from 11 last month, to 110 this month, a ten fold increase. We currently have five of our wards functioning as covid positive wards.

2.3	**ICU capacity** In wave 1, our maximum ICU demand was for 22 beds, 19 of which were patients with covid. Currently we have 8 patients with covid on our ICU, and four 'non covid' patients. The rising demand for covid ICU across the region is shown here. A number of ICUs are now operating well into their 'surge capacity'. Our ICU is at full capacity, but likely to require further escalation over the next week. Surge options have been worked, through but do require seconding non critical care staff in to support this demand.  current achievements in clearing through the endoscopy backlog will unearth 180 colorectal cancers requiring major surgery (across GM) – and such surgical capacity cannot easily be deferred. The perceived risks of undertaking surgery during a covid pandemic have reduced, as process for self isolation, screening and experience of managing surgical patients in this context has grown. Where capacity can be maintained, and staffing identified, it is likely that surgery will continue. • To aim to continue elective activity on all acute sites until up to 35% of acute beds are utilised for covid patients. • To maintain three 'green sites' in GM, that do not have an emergency department and can be used to facilitate surgery for all trusts. • To maximise the use of the private sector resource to maintain urgent surgery. Taken in the context of our bed utilisation, and opportunities for additional capacity, the challenge of maintaining our elective program until 35% of acute beds are utilised for covid patients is a significant challenge**.**
3.0	**OUTCOMES** In wave1, of the patients who were admitted, one died and two survived to hospital discharge. Currently our outcomes are better in wave 2, with five patients discharged for every death. The 50% reduction in mortality may represent a lower threashold for admitting to hospital, a reduced fatality rate of severe disease, better treatments, or simply that it is still early, and that those deaths will come as our frailer patients fail to recover.

Daily Reported Covid-19 Figures	Page 1 of 4	Last Updated: 29-Oct-20 08:27:00

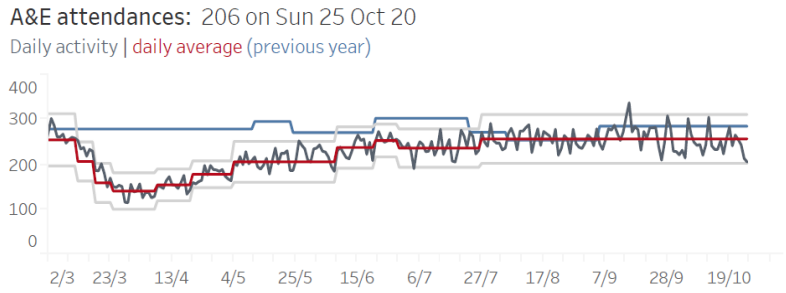


Updated	Inpatients	Discharged	RIP	Total
16/Oct/2020	44	527	258	**829**
17/Oct/2020	46	533	259	**838**
18/Oct/2020	48	534	260	**842**
19/Oct/2020	55	534	260	**849**
20/Oct/2020	69	539	262	**870**
21/Oct/2020	71	542	262	**875**
22/Oct/2020	77	547	262	**886**
23/Oct/2020	80	553	262	**895**
24/Oct/2020	90	558	264	**912**
25/Oct/2020	94	560	266	**920**
26/Oct/2020	98	561	267	**926**
27/Oct/2020	97	569	268	**934**
28/Oct/2020	102	575	269	**946**
29/Oct/2020	113	581	269	**963**

4.0 **NON COVID ACTIVITY**

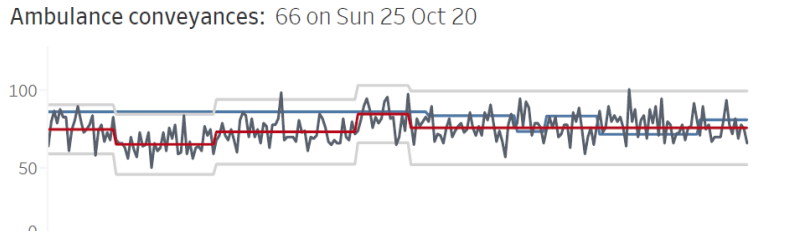
In wave 1, we saw a dramatic dip in non covid, non elective presentations to hospital. This 'dip' reflected patients no longer seeking help with their medical problems, probably due to the perceived risks associated with hospital admission and a public perception that 'hospitals were busy'.

Wave 2 has not demonstrated the same patter of reduced presentations, but we are seeing some impact.



Average daily A&E attendances have **remained similar at 257 per day in the last 7 days.**

Current average activity is 29 (-10%) less per day compared to the same period last year.



Average daily ambulance conveyances have **remained similar at 76 per day in the last 7 days.**

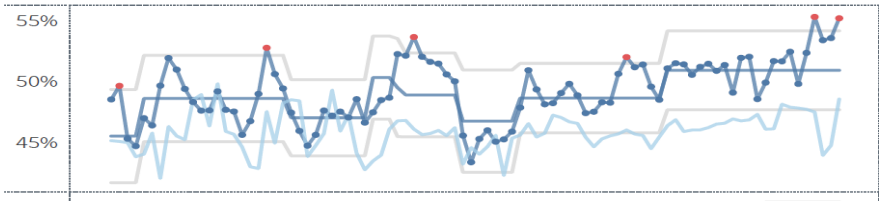
Current average activity is 5 (-6%) less per day compared to

Allowing for our 'extra' admissions through covid, our overall attends and ambulance conveyances still remain slightly down on last year. This may reflect a changing public approach to the second wave.

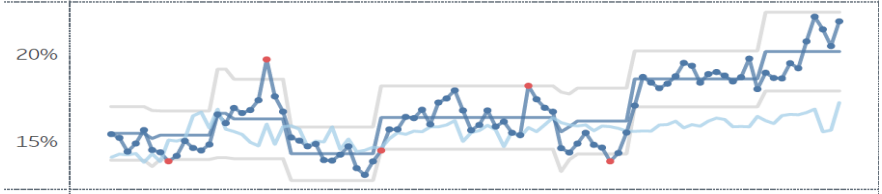
5.0 **LENGTH OF STAY**

Wave 1 was characterised by the sudden 'emptying' of the hospital, with a dramatic reduction in length of stay. This has not been the case this time around, indeed we are seeing length of stay rise. In part this may reflect an increasing reluctance to accept 'covid positive' patients back to their usual place of residence.

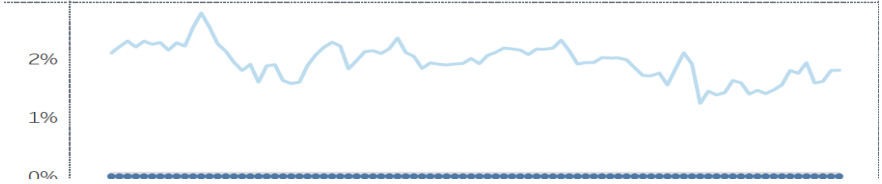
G&A bed occupancy has remained similar at 87% in the last 7 days.
Current bed occupancy is 8% points less compared to the same period last year.



The % of patients 7 day stranded has remained similar at 51% in the last 7 days.
Current % of patients stranded is 3% points less compared to the same period last year.



The % of patients 21 day stranded has remained similar at 20% in the last 7 days.
Current % of patients stranded is 2% points less compared to the same period last year.



In Stepping Hill we have approaching 100 medically optimised patients awaiting discharge. This makes us a significant outlier relative to our peer hospitals. We continue to work with our social care and CCG partners to try to reduce the discharge delays once a patient is medically fit. Currently the average delay is five days.

There is a national agenda, to open designated covid positive care homes, to assist with the discharge of this group of patients. We are working with Bramhall Manor to develop a facility there, but national challenges over care home indemnity are currently limiting progress in this plan.

6.0 **PROJECTIONS AND MODELLING**

Future trajectory of covid prevalence and hospital admissions will depend upon public behaviour, facilitation of hospital discharges, admission avoidance, and national 'rules' around social mixing (lockdown). It is not possible to predict this with any certainty. Mathematical modelling of trajectory has been undertaking, which serves to assist us with planning our resource deployment. The expecations are expressed as a best case, medium case (exponential) and worst case scenario.

Acute beds

Stockport	Worst-case	Exponential-case	Best-case
26/10/2020	63.05(74.18)	51(60)	46.5(54.71)
02/11/2020	81.05(95.35)	67.5(79.41)	50(58.82)
09/11/2020	106.05(124.76)	89(104.71)	52(61.18)
16/11/2020	143(168.24)	123(144.71)	53(62.35)
23/11/2020	193.1(227.18)	173.5(204.12)	54(63.53)
30/11/2020	275.15(323.71)	246(289.41)	56(65.88)

ICU beds

Stockport	Worst-case	Exponential-case	Best-case
26/10/2020	12(14.12)	6(7.06)	6.5(7.65)
02/11/2020	14(16.47)	9(10.59)	8(9.41)
09/11/2020	16.05(18.88)	10(11.76)	8(9.41)
16/11/2020	19.05(22.41)	12(14.12)	8(9.41)
23/11/2020	21(24.71)	14(16.47)	9(10.59)
30/11/2020	24.05(28.29)	18(21.18)	9(10.59)

We are currently well ahead of the worst case scenario for acute beds, but between the exponential and best case for ICU.

The modelling and predictions in wave 1 were overly pessimistic, however they serve to illustrate the scale of challenge that may be faced.

7.0

CONCLUSION

We face a collective challenge likely to exceed the first covid wave. Patient safety and staff well being will be dependent upon our collective leadership response.

RECOMMENDATION

The board of directors is recommended to note the complexity risks and demands placed upon us, to take assurance from the detail provided, and to consider what further measures, actions or information is required to optimise our response.

Stockport
NHS Foundation Trust

Report to:	Trust Board	**Date:**	5th November 2020
Subject:	COVID19 Nosocomial outbreak update		
Report of:	Interim Chief Nurse	**Prepared by:**	Interim Chief Nurse

REPORT FOR INFORMATION

Corporate objective ref:	SO2
Board Assurance Framework ref:	SO2
CQC Registration Standards ref:	R9, R10
Equality Impact Assessment:	☐ Completed ☒ Not required

Summary of Report

This report provides an update on the outbreak situation currently being managed by the organisations across a number of clinical areas.
It provides an overview of the current situation. An update on actions being taken and outlines the recommendations for moving forward to reduce and manage outbreak situations going forward.

Key areas covered:

- Outbreak areas
- Social Distancing
- Roles and responsibilities
- Improvement areas

Recommendations:

- Implementation of ABC and improvement driver diagram
- Continued awareness of IPC practice
- Continued monitoring of the days between achieving the 100 day aim
- Continued collaborative working across the Business groups, Executive team and IPC.

Attachments:

This subject has previously been reported to:

(Right click on check boxes – select 'properties/default values /check)

☐ Board of Directors	☐ People Performance Committee
☐ Council of Governors	☐ Charitable Funds Committee
☐ Audit Committee	☐ Exec Management Group
☐ Executive Team	☐ Remuneration Committee
☒ Quality Committee	☐ Joint Negotiating Council
☐ Finance & Performance Committee	☐ Other

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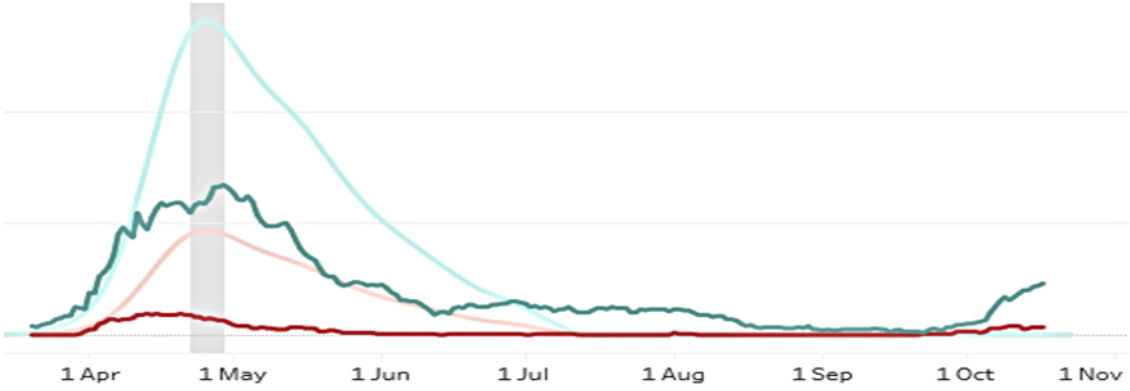
1.	Introduction
1.1	A nosocomial infection is defined as a disease that originated in hospital. Ongoing and consistent implementation of the national infection prevention and control guidance, including in staff areas, is paramount in reducing healthcare associated infections. This guidance includes all staff adhering to social distancing (2 metres) wherever possible in non-clinical areas. Close contact between staff over prolonged periods should be minimised; for example, by avoiding congregating at central work stations, restricting the number of staff on ward rounds, conducting handover sessions in a setting where there is space for social distancing, moving to 'virtual' multi-disciplinary team meetings, and considering staggering staff breaks to limit the density of healthcare workers in specific areas. Social distancing measures, where possible, are a critical part of maintaining IPC in clinical and non-clinical areas. However, where it isn't always possible to maintain social distancing, public health advice is that wearing a face covering is an appropriate precautionary measure. As announced by the Secretary of State for Health and Social Care, from the 15 June, the recommendation will be that all staff in hospital wears a surgical face mask when not in PPE or in a part of the facility that is COVID-secure in line with the workplace definition set by the government. The guidance will also apply to other NHS healthcare settings, including primary care. To support this, we have continued to use additional available NHS testing capacity to routinely and in August undertake mass testing of our frontline staff. We continue to work with the Local health systems to agree the use of available capacity. In July 2020 we experienced our first outbreak which was managed in line with the existing Public Health England guidance on defining and managing communicable disease outbreaks. As the COVID19 second wave has hit and the number of staff and patients testing positive has risen, the organisation has experienced a second outbreak across a number of wards and departments. We cannot know with certainty how the second surge will unfold. The implementation of tier 3 restrictions will play their part in controlling community spread in GM. These measures are less draconian than the full lockdown which was used to bring the first surge under control (the schools are still in this time, and more 'work' will continue), but they will serve to alter behaviours and bring spread under greater control. Implementation is on Friday 23d October 2020, and we can expect 3 weeks before we feel the benefit in terms of falling COVID19 admissions. While it comes with no guarantee, this was the pattern followed in the first surge, as shown below.



Even if we do not see the falling numbers, the critical (and most difficult time) for us are periods of sudden change. We are currently in the 'steep part' of the escalation in numbers. As in the first surge, our challenge is in establishing the covid19 wards, the HACA, the additional ICU capacity, redirecting our staffing resources in the face of high levels of sickness / absence. These changes impact upon our staff and present the times of greatest stress.

2. Background

2.1 Following the initiation of the first outbreak in July 2020 and number of strengthened IPC interventions were put in place to support improved practice and ownership across the Business Groups of the implementation.

The first outbreak was investigated through a Serious Incident Review and has been presented through the relevant governance routes and also the learning form this shared across the organizational Business Groups.

Strengthened IPC practice and adherence to IPC policy was one of the main learning points from this review, and following this we have seen consistent improvements in adherence to practice. Where we have seen continued non adherence this has been dealt with through the necessary disciplinary channels.

The Trust also engaged with the IPC National Improvement Support teams, who have been supporting the Trust since July with their improvement journey through the development and implementation of the improvement action plan.

In the period between July 2020 and October 2020 we have undertaken a number of improvements and investments to strengthen our IPC processes and practices. During this period we have also seen an increase in our cases of COVID19 alongside challenges with increased AED attendances.

The zoning of our hospital has also been developed and agreed in this timeframe, however this has proved challenging due to a number of factors:

- Estate, implementation of 2meter (measured from the bedside chair to side of the next bed) distancing between bed spaces
- Staffing constraints and positive COVID19/ test and trace requirements and staff needing to self-isolate.
- Lack of side room capacity and single sex areas.
- Maintenance of the elective performance

3.	**Current Situation**
3.1	***Outbreaks.*** As of the 25th October 2020 we have a total of 6 wards reported as outbreaks: Ward A3 Involving 11(Positive) Patients and 13 (Positive) staff Ward M4 Involving 10 (Positive) Patients and 8 (Positive) Staff Ward A10 Involving 5 (Positive) Patients and 4 (Positive) Staff. Ward B4 Involving 7 (Positive) Patients and 5 (Positive) Staff. Ward C4 Involving 2 (Positive) Patients and 0 (Positive) Staff. Bluebell Involving 3 (Positive) Patients and 0 (Positive) Staff. All of these areas are closed to admissions/ transfers and staff moves; therefore the impact on the flow of our patients in and out of the organisation has been severely impacted by these outbreaks. On the 19th October we held an emergency outbreak meeting to ensure that all areas of support and intervention were re-examined and refreshed to ensure our staff had clarity on the interventions being undertaken to minimalize nosocomial transfer. An SBAR was developed following this meeting to ensure the outbreak meetings had a focus on the agreed actions. The outbreak meetings were increased to twice daily and by Friday 23rd October all actions had been implemented. The outbreak meeting have continued on a daily basis monitor outcomes and sustainability, and will continue until the outbreaks are closed in line with the PHE guidance regarding outbreak management. All of the ward outbreaks have undertaken a rapid review and have been presented through the Serious Incident Review Group and will be investigated through our serious incident processes to ensure we have identified and implemented all improvements required. ***Social Distancing 2 Meter Implementation.*** One of the major challenges for Stockport FT is the ability to social distance our wards and departments, without reducing our current bed stock. This is mainly due to the age of the majority of our estate. Health Technical Memoranda (HTM) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. They are applicable to new and existing sites, and are for use at various stages during the inception, design, construction, refurbishment and maintenance of a building. The usual practice for older buildings which are unable to meet the requirements set out in the health building notes is that we apply derogation to the particular element and we record within the plans, currently we have a number of derogations in place across our estate. The ideal solution to this would be a capital planning application for the construction of a new hospital, in order to comply fully with all of the HTM requirements. This is something the Board may want to consider in their ongoing strategy for the organisational improvement and sustainability. In June 2020 a piece of work was undertaken to understand the impact of the implementation of the 2 meter distancing between our patients in our ward areas to outline the impact and options available to us for implementation. This was completed collaboratively with Estates and the operational and corporate teams.

Each ward areas were individually assessed in relation to the 2metre spacing and a plan of each area incorporating the 2metre spacing was completed. A summary of this is provided below:

Ward	Existing Bed Numbers	Proposed Bed Numbers - 2m space
A1	32	11
A3	24	15
A10	28	16
A11	28	16
B2	17	13
B3	18	10
B4	16	9
B5	15	9
B6	23	14
C3	14	12
C4	16	10
C6	23	17
D1	24	15
D2	25	16
D4	16	16
D5	22	16
D6	32	20
D7	28	16
D8	21	15
Intensive Care Unit/HDU	22	22
AMU	58	40
E1	32	14
E2	37	16
E3	35	17
M2	28	13
M4	27	16
M5	18	7
Total	679	411

As you can see the reduction in our total bed stock was considerable, and this information was fully considered by the Clinical Advisory Group, who escalated the decision to the executive team meeting on the 16th June 2020. The decision was made that at this time we were unable to comply with the 2metre distancing due to the impact on flow across the ward areas, and further mitigation was required.

This isn't just an issue for Stockport FT as many organisations have old estate and have found similar challenges with the implementation of social distancing their bed stock. Our actions are based on the learning from other organisations with similar challenges.

On reviewing this in October 2020 the position remains unchanged. Plastic curtains have been purchased and are in place in our green areas and are being rolled out across the hospital. We are also piloting ward partitions to see if these would be a useful addition to support patient separation, however it is important that these are piloted to ensure they don't impact on the ability to provide care for our patients.

Our diagnostic areas have successfully implemented social distancing in their waiting areas through advice and support of the IPC team. Across the Trust pathways in and out of the organisation have been highlighted for staff to reduce the footfall through certain areas of risk. We have also significantly increased the ability to have virtual consultations with our patients.

Paediatrics has successfully implemented social distancing in their ward and department areas and continues to monitor daily the impact of this on their flow through their services.

When we have the opportunity to do so and where capacity allows patients are spaced to accommodate social distancing, however this has been a major challenge when bed occupancy rates have been extremely high.

The Chief Nurse and Director of Finance have also walked around and looked at some of the challenges across our wards in relation to side room provision and agreed to work with estates to increase our side room capacity through redesign of some of our ward area.

Currently the reduction in our bed availability will severely impact on our ability to manage our patients admitted for care within the organisation. The options outlined will provide some assurance that we are mitigating the risk of patient to patient transfer of COVID19. However this should be constantly reassessed, and when able the socially distancing of bed spaces should be undertaken and we will continue to learn from others and look at alternative solutions to this issue.

Visiting

Greater Manchester has developed guidance for organisations in relation to the re implementation of visiting across the hospitals. However to date no one has successfully implemented this due to the increased number of positive patients and the number of outbreaks which have been reported across the system.

However, a task and finish group has been established to continue to look at this and how it can be achieved. We can never underestimate the impact that visiting by family and carers has on the recovery of our patients and how this enhances the communication between the hospital and the patient and their family/ Carers.

A review of what we currently have in place to support this and a full review of the proposed guidance will be undertaken to ensure we have explored all possibilities to enable this going forward.

Roles and Responsibilities

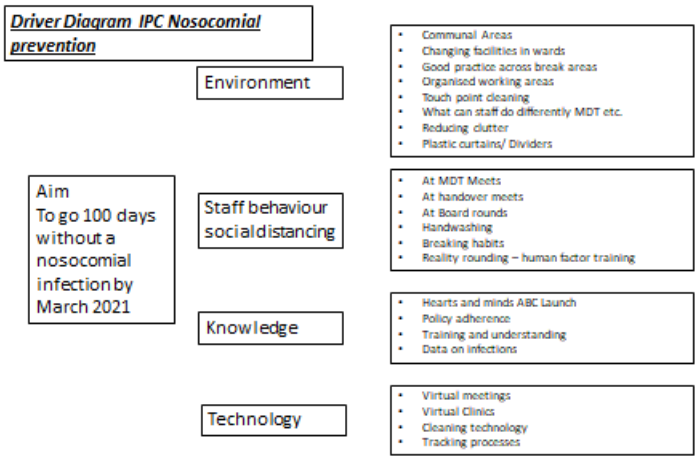
The organisation has developed a number of processes and policies to support the management of COVID patients in our clinical areas, it is fundamental that these are adhered to. This enables the organisation to ensure they are able to manage the risk associated with COVID patients within the hospital and support their management.

Through the recent outbreak it has become apparent that some of these processes are not always followed all of the time. We have reiterated this with our staff across all disciplines. The importance of our clinical communication huddles has never been more important so this has been reasserted with our staff.

We have also worked with the Clinical Site Team to also promote better communication and support for our ward areas and the movement and transfer of our patients from department to department to ensure miscommunication and misplacement does not occur.

We will need to continue to reiterate this message across of the organisational teams to that deviation from our agreed processes doesn't happen.

4	**Moving Forward**
4.1	We are continuing at present to work with the national IPC team, and to date they have been very pleased with the improvements which the Trust has engaged with and completed and continue to support us with this work. However, continued emphasis and reiteration of IPC practice will continue to be a high priority. The week commencing the 19TH October 2020 was national IPC awareness week. Alongside all of the improvement work undertaken to support the outbreak situation, the IPC team continued to meet with teams and undertake awareness building sessions across our services. In the following weeks we will be looking at launching our 100 day challenge. This will be an aim for the organisation to go 100 days without a nosocomial infection. We will continually monitor the days between infections and champion individual areas that are achieving this – but work with the business groups to ensure this is achieved as an organisational aim. To support this, we will also be launching the 'IPC think ABC' communications, to support the behaviour change we require across our staff to challenge poor IPC practice. A = AMBITOUS Be an advocate and a role model if Infection and Prevention Practice. Support and empower each other to ensure harm free care for all of our patients, families and carers. Challenge us and others to prevent hospital acquired infections through adherence to policy and procedures. B = BRAVE Advocate for patients and challenge poor IPC practice and attitudes. Ensure you are adhering to HANDS, FACE, and SPACE. Ensure a clean environment at all times including the space you work in. C = COMPASSIONATE. Ensure the holistic and physical needs of those with an infection are met, maintaining safety and dignity at all times. Protect our patients as well as each other by ensuring we receive the yearly flu vaccination. Ensure the training, educational and holistic well-being of our staff caring for patients with infections are met. This will be supported by the implementation of the following driver diagram to support the improvement initiatives identified to date.

	
5.	**Recommendations**
5.1	That the information regarding the current outbreaks and their management is accepted by the Board. That the following recommendations are accepted by the Board for implementation. • Implementation of ABC and improvement driver diagram • Continued awareness of IPC practice • Continued monitoring of the days between achieving the 100 day aim • Continued collaborative working across the Business groups, Executive team and IPC.

Report to:	Board of Directors	**Date:**	5 November 2020
Subject:	Infection Prevention & Control Annual Report		
Report of:	Chief Nurse & DIPC	**Prepared by:**	N Featherstone, Matron for the IP service

REPORT FOR APPROVAL

Corporate objective ref:	2a, 2b	The annual infection prevention & control report summaries results of the previous year. Of particular note: The report is provided for approval.
Board Assurance Framework ref:	S02	
CQC Registration Standards ref:	17	
Equality Impact Assessment:	☐ Completed **X** Not required	

Attachments:

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ FSI Committee ☐ Workforce & OD Committee ☐ BaSF Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council

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NHS
Stockport
NHS Foundation Trust

INFECTION PREVENTION & CONTROL SERVICE ANNUAL REPORT

April 2019- March 2020

Contents

Foreword

I am delighted to introduce Stockport NHS Foundation Trust's (SNHSFT) Annual Infection Prevention and Control Service Report for the period 2019-20.

The report demonstrates that the Trust is committed to providing a high quality infection prevention and control service in order to reduce the risk of infection to service users/patients, staff and visitors.

In a diverse and multifaceted organisation, our Infection Prevention and Control practitioners work together to provide strong leadership to not only ensure business groups comply with the requirements of the Health and Social Care Act 2008 (updated 2010 and 2015) but to also ensure we can demonstrate learning across the whole Trust through training, education and responding to incident reporting.

This report follows the format the Health and Social Care Act 2008 (updated 2010 and 2015) demonstrating progress with the requirements associated with the criteria of the act.

Finally, the report outlines the key objectives for 2020-21.

Introduction

This report outlines the Infection Prevention & Control Service Team activities over the past 12 months. The Trust is committed to the prevention of the spread of infection, improving sepsis outcomes and management of vascular access devices. The Trust recognises it is essential that all staff in all departments and at all levels of management support a high standard of Infection Prevention practice, understand early recognition of sepsis and maintain vascular access devices throughout the Trust.

Key Achievements 2019-20

The following is a summary of the key achievements over the last twelve months:

- There were no trust apportioned MRSA Bacteraemia cases reported against a national ceiling of zero.
- There were no wards affected with outbreaks associated with confirmed influenza across the trust.
- HSDU & EDU were successful in passing their BSI accreditation
- There were no Device Related Bacteraemia cases associated with catheters.
- The overall uptake of the influenza vaccine amongst frontline staff was 80.3%, which exceeds the national figure of 70.3%.

Compliance with the Health and Social Care Act

Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users pose to them.

a. Organisational accountability for Infection Prevention and Control (IP&C)

Roles and Responsibilities

IP&C is the responsibility of everyone in the organisation. Key roles and arrangements are detailed below:

Chief Executive

The Chief executive has overall responsibility for ensuring that there are effective management and monitoring arrangements provided for IP&C to meet all statutory requirements.

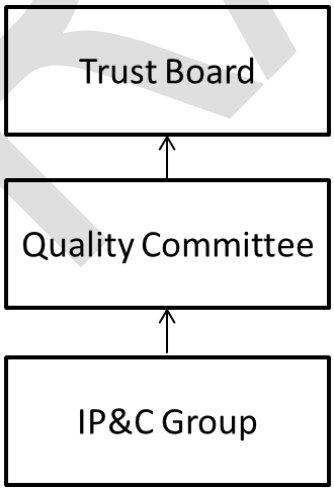
Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) role is responsibility of the Chief Nurse. The DIPC is responsible for ensuring that systems and processes are in place in response to external and internal requirements to minimise risk to staff, service users and visitors and ensure compliance with the code. The DIPC is the chair of the Infection Prevention and Control group

Infection Prevention and Control Group

The Infection Prevention and Control (IP&C) group is a mandatory requirement. It is the key forum for providing assurance that the Trust has in place structures and arrangements to meet all statutory requirements for IP&C.

The chart below demonstrates the IP&C reporting arrangements:



Infection Prevention and Control Service

During 2019-20, the Infection Prevention & Control Service Team covered Stepping Hill Hospital and other Specialist centres, as well as Community Health Service across Stockport.

To meet the requirements of the Health and Social Care Act 2008: Code of Practice for the prevention of healthcare-associated infections (updated 2010 and 2015), related guidance in addition to other requirements such as the core standards of the Care Quality Commission (CQC). The Infection Prevention & Control Service Team for Stockport NHS Foundation Trust in the period of 2019-20 which has 778 beds and over 5,000 staff consisted of:

DIPC	
Matron IP Service	1.0 WTE
Infection Prevention Service Operational lead	1.0 WTE
Infection Prevention Service Nurses	3.80 WTE
IPC practitioner	1.0 WTE
IP Team Secretary	0.82 WTE
2 Consultant Microbiologists	2.0 WTE
IP Information Analyst	0.40 WTE
Antibiotic Pharmacist	0.80 WTE (consisting of 2 PT staff)

All of the above is supported by a CPA accredited Microbiology Laboratory.

Infection Prevention and Control Doctor/Microbiology Consultant

This role is essential for compliance with criterion 1 of the Health and Social Care Act. During 2019-20 a new Consultant Microbiologist commenced at the Trust and took on the role of the IP&C doctor.

Prevention of Infection Practitioners (PIPs)

These roles support the function of the IP&C team and are an important and effective means of disseminating information and good practice guidance. PIPs act as visible role models and local IP&C leaders and advocate high standards of IP&C.

They provide a link between their colleagues and the IP&C team in order to facilitate good practice and improve standards within their team.

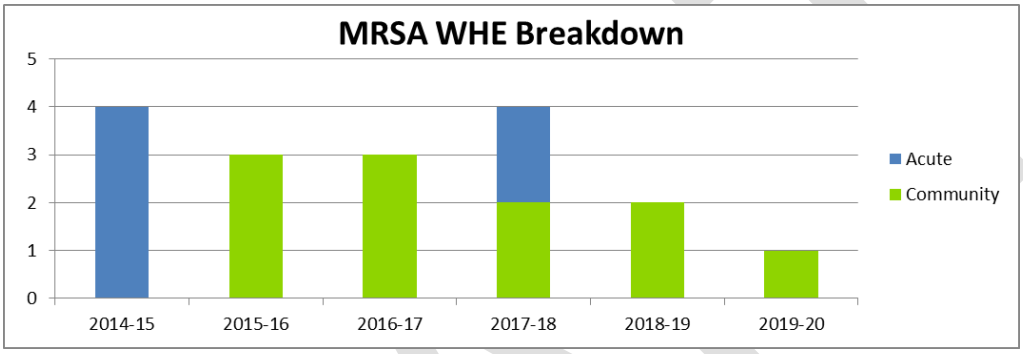
b. Monitoring the Prevention and Control of Infection

Surveillance of Alert Organisms & Mandatory Reporting

In accordance with Department of Health guidelines, Infection Prevention & Control Teams carry out mandatory reporting of MRSA, MSSA, E.coli bacteraemia, Pseudomonas aeruginosa, Klebsiella pneumoniae and clostridium difficile.

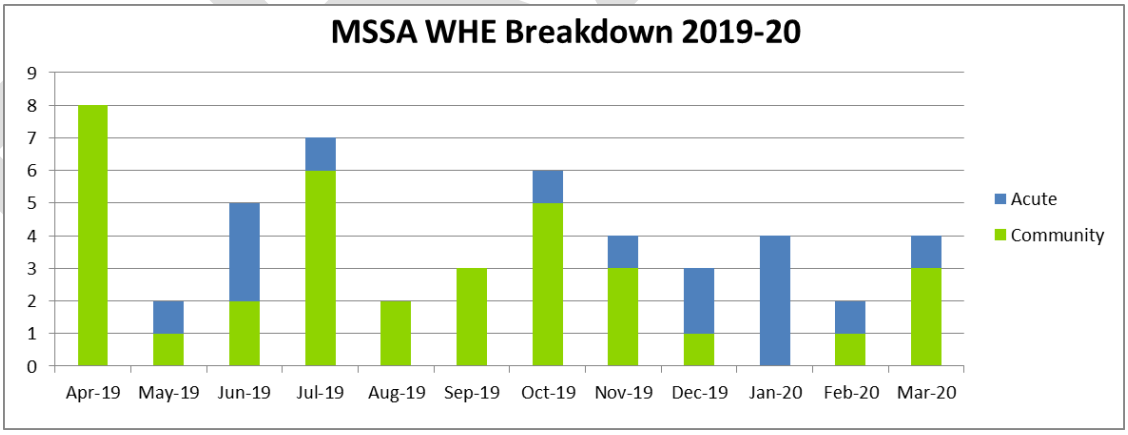
MRSA Bacteraemia

The national ceiling for MRSA bacteraemia cases continues to be zero avoidable cases and the attributed cases for Stockport NHS Foundation Trust (SNHSFT) was 0 for 2019/20.



Methicillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia

During the period April 2019- March 2020 there were 15 hospital attributed cases, 3 cases more than the previous year.



The average age of the patients developing an MSSA bacteraemia during this year was 64 years old. The average acquisition day was 10 ranging from 2 to 36 days which has increased from the previous year.

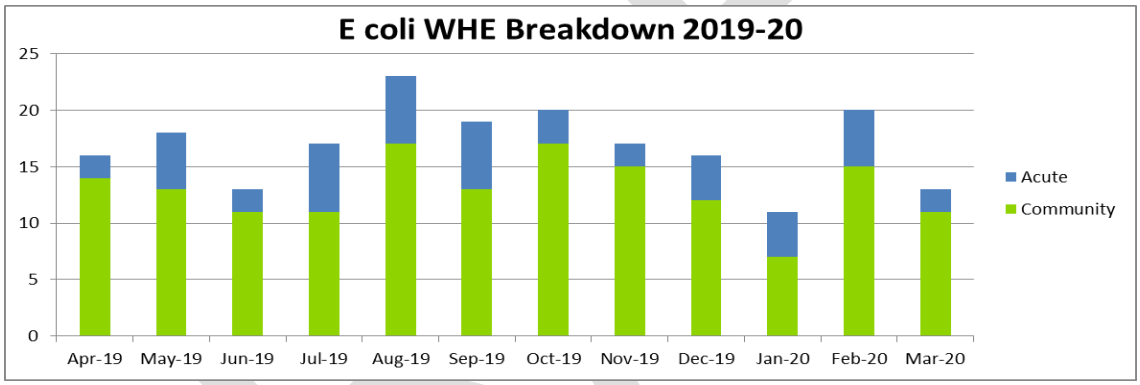
During 2019-20 a quarterly threshold tolerance for the trust was agreed, the total threshold was 12 cases allowing 3 per quarter. Unfortunately this threshold was exceeded by 3 cases for the year.

Action: - To understand themes to enable actions to be taken.

Escherichia coli (E.coli) Bacteraemia

E.coli data collection continued with the predominant cases being community acquired. During the period April 2019- March 2020 there were 47 hospital attributed cases.

The average age of the patients developing an E.coli bacteraemia was 78 years old. The average acquisition day was 19, however this ranged from 2 to 185 days.

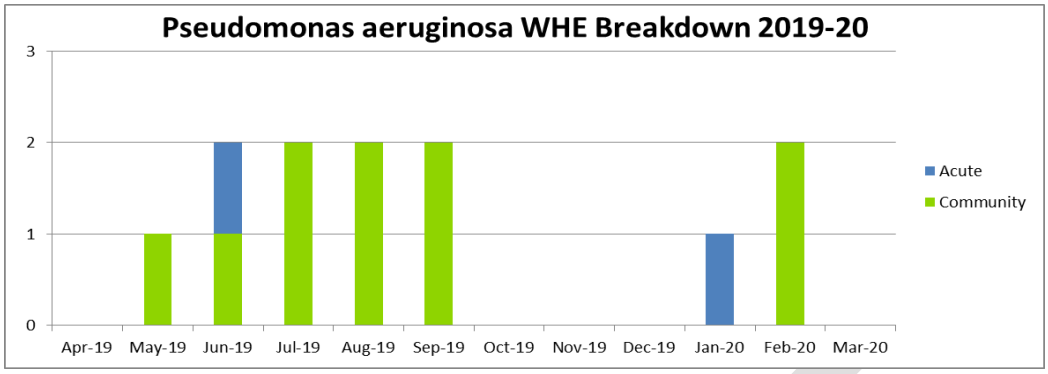


During 2019-20 a quarterly threshold tolerance for the trust was agreed, the total threshold for the year was 36 cases allowing 9 per quarter. Unfortunately this threshold was exceeded by 11 cases.

Action: - To understand themes to enable actions to be taken.

Pseudomonas aeruginosa

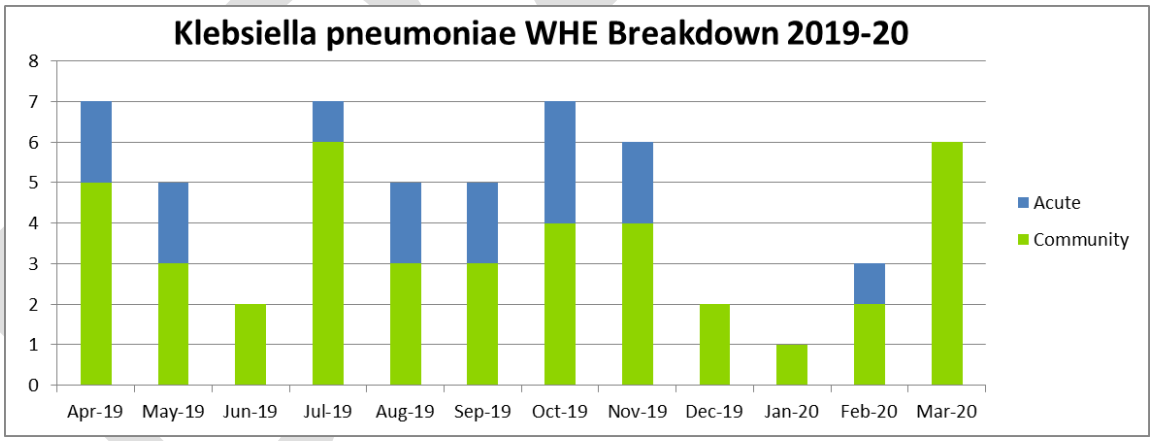
During the period April 2019-March 2020 there were 2 hospital attributed cases a reduction of 2. The average age of the patients developing Pseudomonas aeruginosa was 76 years old and the average acquisition day was 4.5, a range of 4 and 5 days. Reducing the acquisition day by 84.5% from the previous year is a huge success.



Action: - To sustain or reduce the acquisition day.

Klebsiella pneumoniae

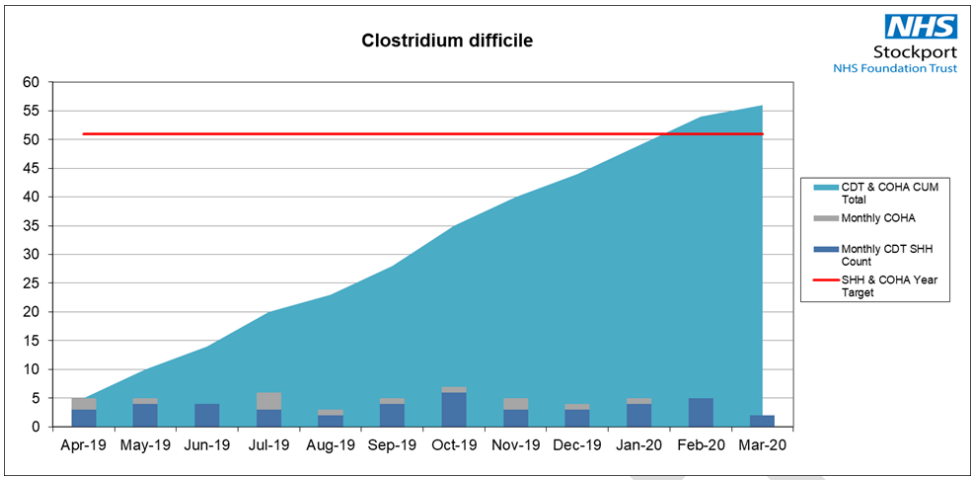
During the period April 2019- March 2020 there were 15 hospital attributed cases a rise of 4. The average age of the patients developing Klebsiella pneumoniae was 81 years old and the average acquisition day was 14 ranging from 0 to 39 days which has significantly increased from the previous year. During 2019-20 the acquisition day disappointingly increased by 40%.



Action: - To reduce the acquisition day.

Clostridium difficile

The Trust threshold for 2019-2020 was a nationally set threshold of 51 hospital acquired and Community Onset Hospital Acquired (COHA) clostridium difficile cases which the trust exceeded, as a total of 56 cases were recorded.



All Trust attributed cases undergo an investigation and are presented to a Healthcare Acquired Infection panel (HCAI) to determine any lapses in care and associated action plans are developed. The panel is chaired by the DIPC alongside the IP&C doctor and IP&C matron.

The top 3 learning points for this year are noted below.

Top 3 most commonly occurring learning points
Antibiotics prescribed inappropriately
Inappropriate use of antibiotics
Course length of antibiotics

There have been 2 'cluster' cases during the year where a total of 7 specimens were sent for ribotyping to ascertain whether there was evidence of cross infection. In all cases, there did not appear to be any evidence showing cross infection.

Action: - To reduce the number of clostridium difficile cases.

Carbapenemase Producing Enterobacteriaceae (CPE)

Early identification of patients colonised or infected with CPE is key to control. Screening of any patients with risk factors for CPE carriage on admission is recommended in national Guidance. Risk factors include:-

- Hospitalisation in a hospital abroad in the last 12 months.

- Hospitalisation in a UK hospital which has problems with spread of CPE.
- Previously known to have been infected, colonised or had contact with CPE.

During 2019-20, of the patients screened using the above criteria, 25 were identified as being colonised with CPE. Of these, 10 patients had an admission to SNHSFT in the previous year and 7 patients were identified as previously colonised.

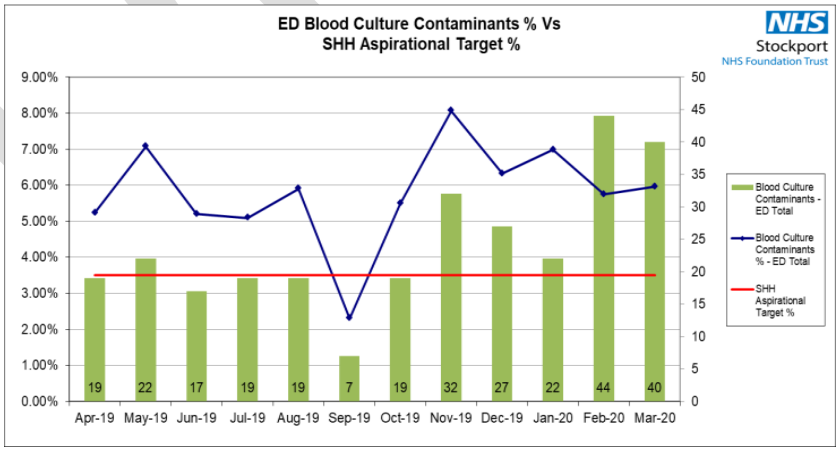
During 2019-20 there were 8 occasions when known positive patients were not promptly isolated resulting in a total of 26 patients being classed as contacts and requiring screening on future admissions to the Trust.
During 2019-20 we had 6 new CPE positive patients which generated a further 28 contacts. We were also advised of 4 positive CPE results from other Trusts resulting in 6 contacts. A total of 60 patients are now classed as contacts requiring screening on future admissions to the Trust which is disappointing.

There is currently no national threshold for CPE or mandatory surveillance; the Trust reviewed its CPE screening in line with the updated CPE guidance toolkit.

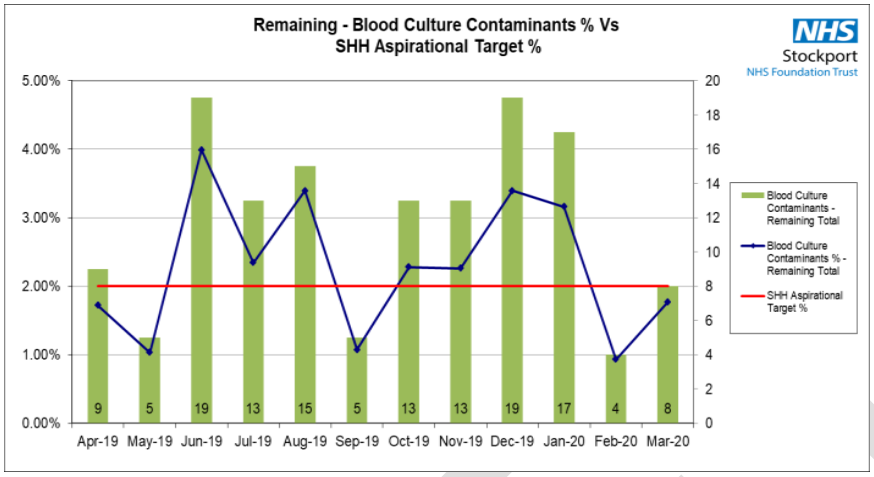
Action: - To review CPE screening.

Blood Culture Contaminants

The average rate of blood culture contaminants for the Trust as a whole was 3.68% which is an increase of 18% from the previous year.



The average rate of blood culture contaminants for patients within the emergency department was 5.78% against our Trust aspirational target of 3%.



The average rate of blood culture contaminants for patients across the Trust (Excluding ED) is 2.28% against the Trust aspirational target of 2%.

On review of the contaminants it was found that a number of agency nurses were taking the blood cultures and this was stopped immediately.

Action: - Each business group to reduce contaminant rates.

Mandatory Orthopaedic Surgical Site Surveillance Infection (SSSI)

The mandatory requirement of Public Health England (PHE) is to survey one orthopaedic procedure for a period of 3 months. This year our surveillance targeted hips during the period of April to June 2019 and knee replacements during the period of January to March 2020.

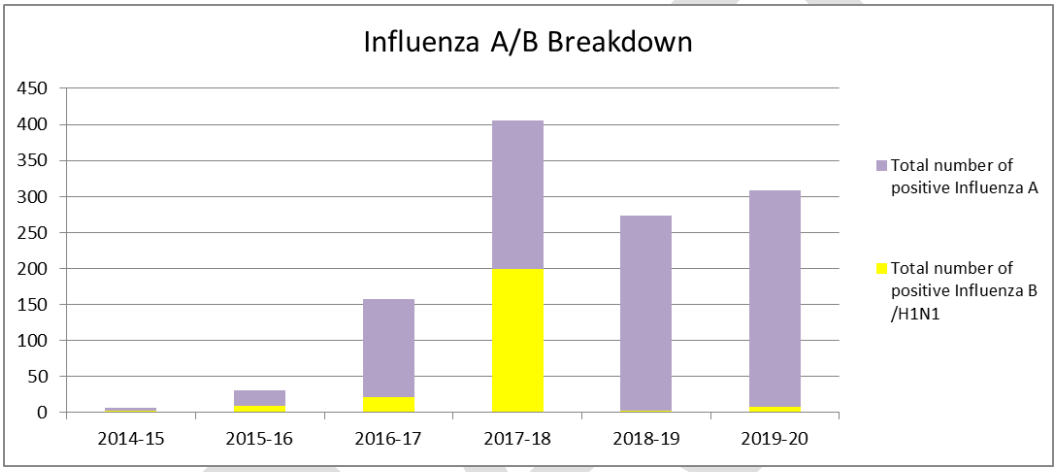
Report Quarter	***No of Operations***	**No of Surgical Site Infections**	**% Infection Rate**
April- June 2019	90	2	2.2%
January- March 2020	85	0	0%

Outbreak reports

Influenza

During 2019/20, there was an increase in confirmed cases of the influenza virus compared with the previous year; of these cases the majority being confirmed positive cases of Influenza A.

This year saw no wards affected with outbreaks associated with confirmed influenza across the Trust.



COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The first cluster was noted in China in December 2019 and by January 2020 there were three countries outside of China also affected. The first European case was reported in France on 24th January 2020 and then the World health Organisation (WHO) declared an outbreak. On the 11th March 2020 the WHO declared the COVID-19 outbreak a pandemic.

As the situation was evolving rapidly, PHE guidance in regards to infection prevention and control was also rapidly changing which presented a number of issues to the IP&C team.

Action: - To educate and prepare staff.

Measles

Measles is a highly contagious virus and spreads very easily. Since 2016, there has been a rise in cases of measles in the UK and a decline in the uptake of the MMR vaccine.

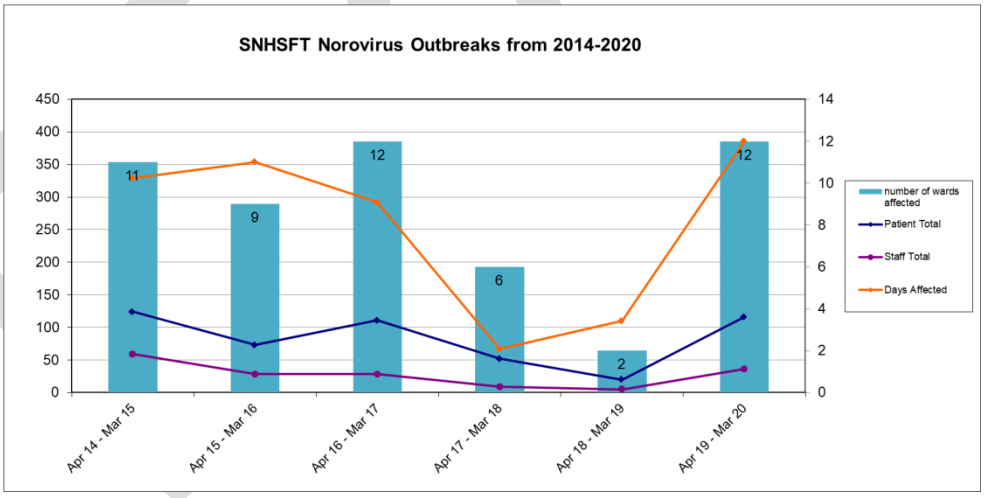
During December through to February the Trust was involved in 3 outbreaks of measles involving 12 patients. The Trust worked closely with PHE to ascertain all patients who attended our Emergency Department. Staff and patients that came into contact with the patients were identified and contacted as a precaution by letter.

Invasive Group A Streptococcal Disease (IGAS)

The Trust had 3 potential outbreaks of IGAS involving Dermatology, Maternity and in the community. Following a full investigation alongside PHE no common link was found in all 3 investigations to suggest any spread within the Trust.

Norovirus

2019-20 saw 12 wards affected during 4 outbreaks associated with diarrhoea and vomiting across the Trust which is an 83% increase from the previous year.



The DIPC led outbreak meetings daily until the outbreak ceased to ensure ownership and IP&C practices were followed.

Action: - To reduce the number of wards affected with Norovirus.

Criterion 2: Provide and maintain a clean environment in managed premises that facilitates the prevention and control of infections.

Estates

During an especially challenging period, Estates teams have continued working closely with all Trust departments both clinical and operational to improve the patient, staff and visitor environment. The main focus has been on flooring, technical services, decoration and poor lighting within patient and general areas (internal and external) which will continue throughout 2020-21.

All Capital projects continue to involve key stakeholders which IP is one, from design stage to completion. Any estates work that includes changes to working practices is discussed with the infection prevention team.

Decontamination Services

Endoscopy Decontamination Services (EDS)

Both the Hospital Sterilisation and Decontamination Unit (HSDU) and Endoscopy Decontamination Unit (EDU) were successful in passing their accreditation by the British Standards Institute receiving zero non-conformances providing the Trust with assurance for quality and safety for our patients.

The Endoscopy department also received their Joint Advisory Group (JAG) accreditation with a green status.

The unit successfully concluded a large scale capital project involving the relocation and creation of a new Endoscopy decontamination facility.

During 2020-21 HSDU will commence a capital replacement project to renew all washer disinfectors in the department and will provide assurances around adhering to the ever growing standards and achieving the best possible cleaning efficacy results.

The decontamination departments are committed to continuous improvement and are implementing a more data driven and quantifiable capture of residual protein testing enabling continuous quality improvement. This will be achieved by a new incubator (Sychem Mini pro) which will provide exact amounts of protein residue left on instrumentation, after the cleaning process and pre sterilisation stage. The department hopes to achieve a full year's data by august 2021.

EBME

EBME continue to work closely with IP&C and the Decontamination Services Department raising awareness and reporting any non-conformity issues in relation to the decontamination of medical equipment. Changes in any working practices are agreed with IP&C as well as any other modifications required due to changes in products.

A new equipment Library has been completed and once equipping and commissioning finishes in late 2020, convenient, speedy services to clinical Colleagues will be available.

Cleaning Services

During 2019/20 the Trust in house cleaning team continued to ensure our patients were cared for in an environment that was clean and safe.

During 2019/20 the overall cleanliness standards in all risk categories have improved. The table below illustrates the monthly average overall scores for 2019 /20 and performance in each risk rating category for each month.

Domestics:-

Averages	Apr 2019	May 2019	Jun 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
Very High Risk (98%)	98.58	98.45	98.64	98.73	98.59	98.44	98.42	98.20	98.39	98.48	98.58	98.48
High Risk (95%)	97.96	98.50	97.85	98.40	98.38	98.13	97.77	98.18	98.63	98.39	98.42	97.03
Significant Risk (85%)	93.59	94.82	93.95	96.59	94.95	97.02	94.58	94.55	97.67	94.52	97.21	97.68

Low Risk (80%)	91.02	94.08	91.85	96.41	97.59	-	94.80	-	-	95.83	80.51	-
Total Audits Completed	78	78	62	70	80	64	74	61	69	70	69	53

Nurses:-

Averages	**Apr 2019**	**May 2019**	**Jun 2019**	**July 2019**	**Aug 2019**	**Sept 2019**	**Oct 2019**	**Nov 2019**	**Dec 2019**	**Jan 2020**	**Feb 2020**	**Mar 2020**
Very High Risk (98%)	97.67	99.42	95.60	96.79	98.26	98.73	96.82	99.43	99.65	99.88	99.89	99.54
High Risk (95%)	96.66	97.30	97.15	98.31	97.30	97.92	98.24	97.96	99.57	98.35	96.83	100
Significant Risk (85%)	100	99.48	99.33	100	100	100	100	100	100	100	100	100
Low Risk (80%)												

A total of 828 audits have been carried out during April 2019 to March 2020. The new cleaning standards are being published on 10th September 2020 and the Cleaning monitoring tool is being upgraded in line with the new standards.

***PLACE* (Patient Led Assessment of the Care Environment)**

As a Trust there are three sites for which we are required to undertake formal PLACE inspections on an annual basis; Stepping Hill Hospital; The Devonshire Centre and The Meadows, Bluebell Ward.

Inspections at The Devonshire and The Meadows were undertaken on one day per site by a team of 2 staff assessors and 2 patient assessors.

The assessment at Stepping Hill was undertaken over 2 days during 2 weeks. It consisted of 8 teams of 2 staff assessors and 2 patient assessors, which included patient representatives, governors and volunteers inspecting various locations across the site.

In total the teams inspected 10 wards, 9 outpatient departments, the emergency department (including paediatric ED) as well as communal and external areas. Each area was assessed against set criteria laid out in the PLACE assessment forms covering the following domains:

- Cleanliness
- Condition, appearance and maintenance
- Dementia
- Disability
- Privacy, dignity and well being
- Food (taste, temperature and texture)
- Ward food (meal service at ward level)
- Organisational food (buying standards, menu choices etc)

Comparison data for the previous year for all our sites can be shown in the tables below and continues to show an improvement in most areas. The two main domains where improvement has fallen below our expectation are privacy, dignity and wellbeing as well as disability.

Devonshire (Cherry Tree)	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2018	97.51%	96.77%	94.31%	100%	95.45%	88.04%	63.58%	84.19%
2019	98.99%	97.32%	94.81%	100%	86.05%	92.16%	84.38%	80.39%
National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%

The Meadows	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2018	98.78%	79.66%	81.38%	76.54%	66.67%	93.41%	71.72%	85.62%
2019	100%	86.83%	90.74%	81.94%	87.80%	96.15%	94.85%	88.39
National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%

SHH	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2018	97.52%	87.51%	94.21%	85.77%	83.58%	92.72%	64.46%	97.87%
2019	97.32%	88.25%	89.26%	88.04%	81.14%	97.54%	64.52%	66.34%

National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%

In comparison with the national average for all sites there was a variety of under and over achievement in different areas. An action plan has been developed and compliance monitored through the PLACE meeting. Due to ongoing operational issues around COVID-19 it is unlikely that a PLACE inspection will be undertaken during 2020-21.

Action: - To undertake a small internal PLACE inspection.

Criterion 3: Ensure appropriate Antimicrobial use to optimise patient outcome and to reduce the risk of adverse events and antimicrobial resistance.

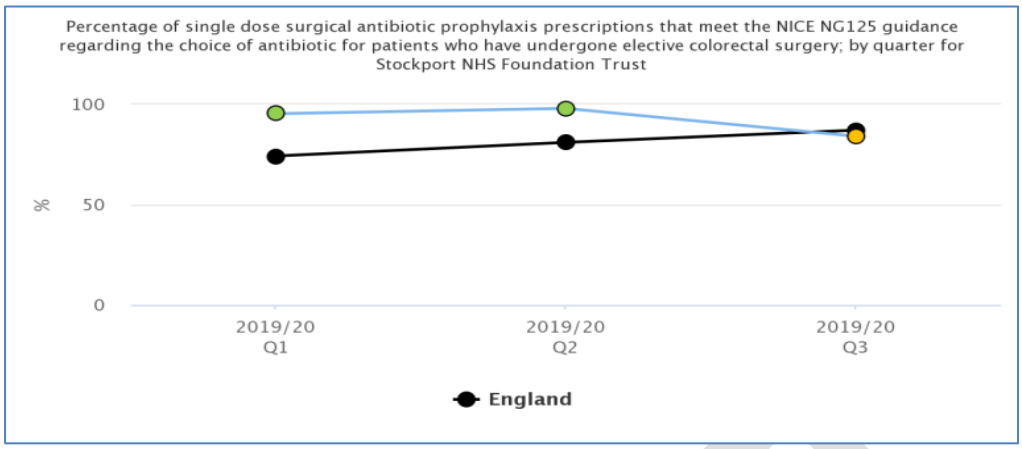
Antibiotic Stewardship

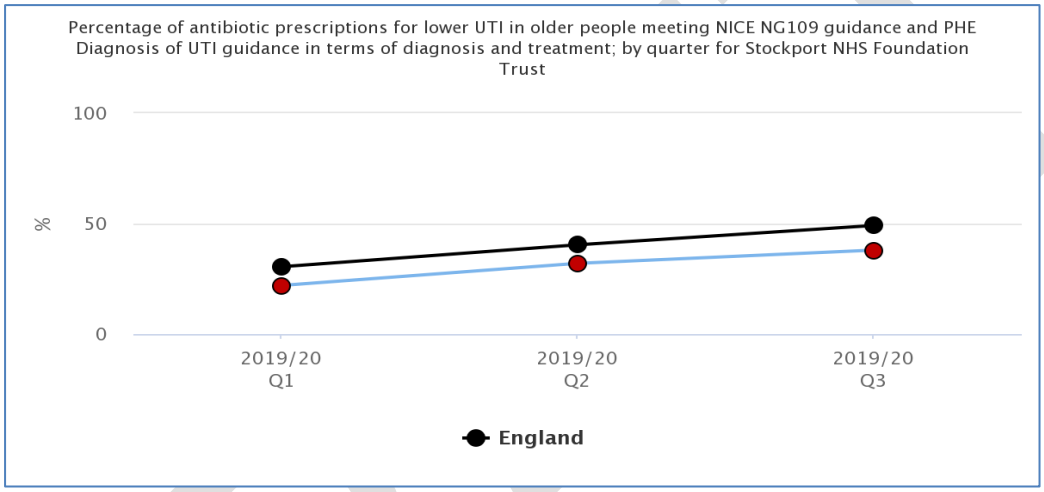
Despite a challenging end to the year from an infection point of view, improvements have been made throughout 2019-2020. In Early 2020, we successfully recruited another antibiotic pharmacist, expanding the capacity for education and antibiotic reviews. During 2020-21 we aim to see the benefits this extra role will have in regards to antibiotic stewardship.

During 2019-20 there were two CQUIN targets in relation to appropriate antibiotic prophylaxis in elective colorectal surgery and appropriate diagnosis and treatment of UTIs in patients over 65 years old.

We are doing well against the colorectal target. While Q3 figures were down slightly, small numbers of patients meant fails have a larger impact on the wider results. We anticipate that Q4 figures would be back at previous levels, ensuring we have confidence in the protection we are providing our patients during elective procedures.

For the UTI target, we are still finding it challenging. It is encouraging that we are tracking national improvement, albeit slightly below. This was to be a CQUIN for 2020-21, with all ages of adult patients included - the improvement work and education will continue, having an increased impact on improved patient care and decreased exposure to antibiotics. The CQUIN has been suspended for until April 2021 due to COVID-19.





During 2019-20 a target was set for decreasing antibiotic usage by 1%. After steady year-on-year increases, 2019-20 saw the trust plateau by just below 1%.

Additional staff has given an ability to create and populate an antibiotic usage dashboard and improve antibiotic stewardship engagement.

Action: - To commence virtual antibiotic stewardship rounds during the pandemic

Criterion 4: provide suitable and accurate information on Infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.

A variety of methods are used to communicate the IP&C message to service users, staff and other providers. The IP&C team are able to signpost enquirers to validated websites via

Trust communication publications to ensure that the most relevant information is used for giving information.

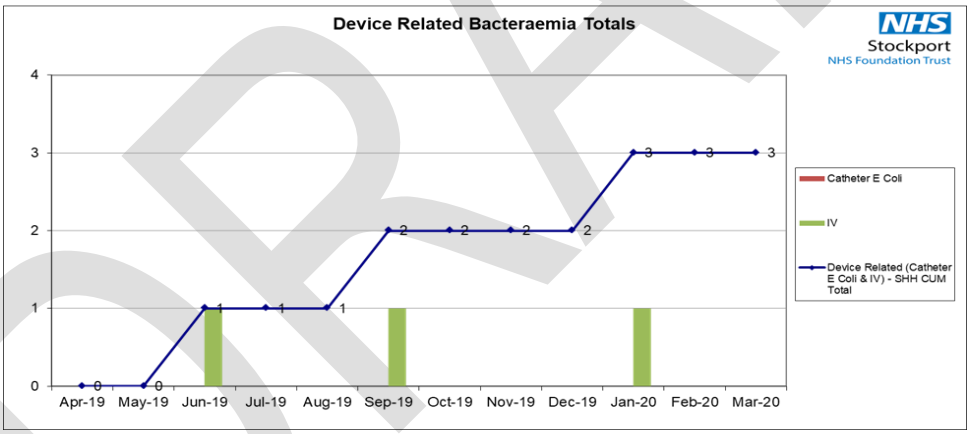
The IP&C annual report and other relevant documents are available on the Trust website.

IP&C notice boards are prominent is all areas and updated regularly to promote key messages.

Criterion 5: Ensure that people who have or developed an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing infection to other people

Device Related Bacteraemia (DRB)

A DRB is a blood stream infection which has been caused by the insertion of a device. This device is usually a vascular access device or catheter.



During 2019-20 the Trust had 3 DRB's all associated with vascular access devices. All cases were investigated and presented to the HCAI panel.

Action: - To reduce the number of DRB's associated with vascular access devices.

Criterion 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

Part of the recognised role of the Infection prevention & control team is training and education. This takes the form of face to face sessions on practical updates alongside the facilitation of statutory and mandatory infection prevention E-learning.

The Trust training compliance for IP&C at the end of 2019-20 was 95.45%. The IP&C team support frontline staff in delivering a proactive service which includes taking training to the wards, departments and community delivering toolbox sessions. During 2019-20 109 toolbox training sessions were undertaken by the IP&C team across all business groups and community.

Our sepsis week was held on the 9th September 2019 and during this week there were a number of activities across the Trust and community. There was excellent engagement from all areas and staff made pledges on our pledge tree to infection prevention.

During December the IP&C team took to twitter with our own Elf-Care-Assistant. Each day a different message was portrayed showing what was not good practice. The team were overwhelmed with positive responses, discussion and re-tweets.

Criterion 7: Provide or secure adequate isolation facilities

Isolation facilities remain a challenge across the organisation.

Action: - To review isolation facilities.

Criterion 8: Secure adequate access to laboratory support as appropriate

The IP&C team work closely with the laboratory team. There is 24 hour microbiology advice available.

Criterion 9: Have and adhere to policies designated for the individual's care and provider organisation that will help to prevent and control infections.

Policies and procedures are essential to ensure all staff has access to evidence-based information, aimed at ensuring high standards of Infection Prevention. The Health and Social Care Act (updated 2010 and 2015) sets out requirements for specific policies and procedures to be in place.

During 2019-2020 policies, SOP's and guidelines have been revised on an ongoing and scheduled process to reflect national guidance. The Infection prevention & control service team has also commented and contributed to a number of other Trust policies either being developed or reviewed.

All Infection prevention policies, SOP's, guidelines and related documents have been uploaded on the infection prevention & control microsite and the Trust intranet.

Audit Activity

Aseptic Non Touch Technique (ANTT)

ANTT is a central component in safeguarding our patients who undergo procedures which breech their skins natural defence system, including the insertion of, removal of, and or manipulation of indwelling devices from avoidable Health care acquired infections.

During 2019-20 the focus remained on achieving full ANTT compliance for all the medical and nursing staff within SNHSFT. A new SQL database has been created to accurately record ANTT compliance and other competencies.

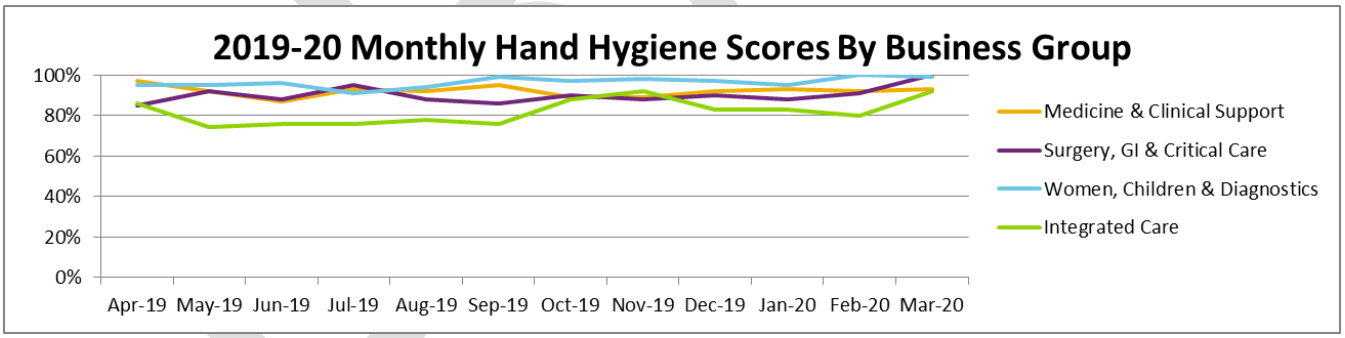
Historically, pre-arranged set days in the education centre were arranged for each business group's key assessors to attend for their annual ANTT assessment update. Towards the end of 2019-20 due to increased ward pressures resulting in cancelations, the team began attending clinical areas to provide assessments.

Action: - To ensure a robust ANTT compliance recording system.

Hand Hygiene audits

During this year monthly auditing of hand hygiene practice continues to be undertaken by the matrons in inpatient settings using an observational audit tool based on the '5 moments of hand hygiene'. These results are reported to a number of groups with an expectation of month on month improvement.

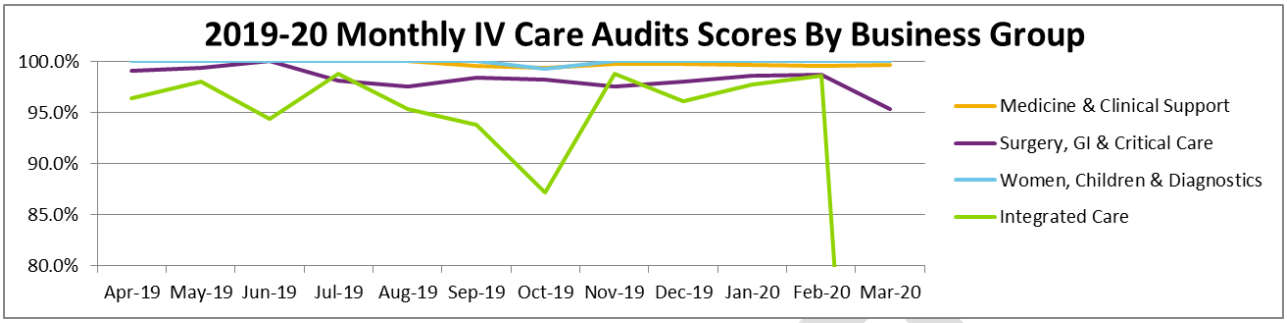
Based on information gathered from audits undertaken the average hand hygiene score for 2019-20 was 91%



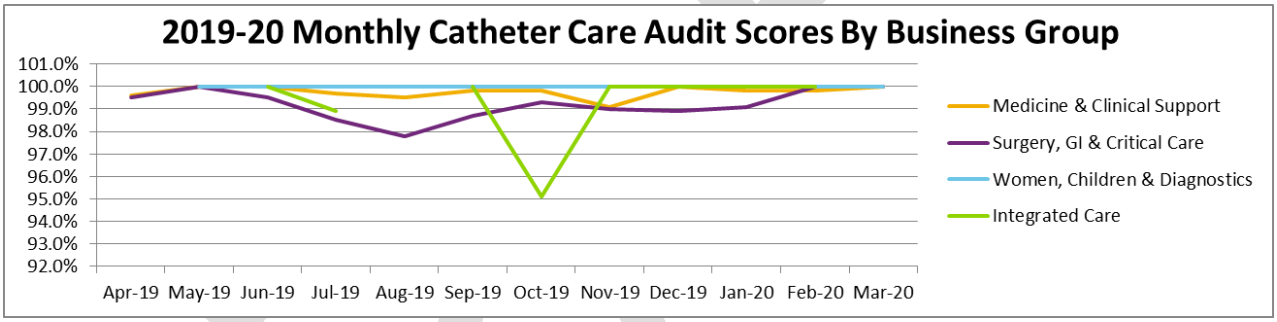
High Impact Intervention (HII) Audits

HII's are based on the care bundle model and published by the Department of Health as part of the saving lives: reducing infection, delivering clean and safe care programme. The HII's are specifically aimed at reducing the risks of acquiring a HCAI.

During 2019-20 the average for intravenous care based on information gathered from audits undertaken was 95%



During 2019-20 the average for catheter care based on information gathered from audits undertaken was 99%.



Action: - To add Catheter and IV care audit questions within the quality metrics.

Quality Metrics

Quality Metrics were formed to encompass standards of care that cross professional boundaries. The quality metrics are for inpatients and covers 14 key areas, including infection prevention and catheter care.

Action: - To review questions and incorporate IV care.

IP Spot Audits

During 2019-20 IP&C team undertook 3 spot audits on hand hygiene, PPE and commodes. Results can be seen in the table below:

MCS	Commode %	PPE %	HH %
BG Total	66%	89%	98%

SGICC	Commode %	PPE %	HH %
BG Total	54%	92%	89%

IC	Commode %	PPE %	HH %
BG Total	76%	91%	

WCD	Commode %	PPE %	HH %
BG Total	71%	94%	94%

Trust	Commode %	PPE %	HH %
Total	65%	91%	95%

Sharps Audit

In October 2019 across the acute Trust a sharps audit was undertaken by the Trusts supplier of sharps containers. During the audit they raise sharps awareness, review practice and advise on compliance to current legislation.

The company focused on 6 main areas of compliance as shown below in the table.

	Incorrectly assembled	**Items above fill line**	**On floor or unsuitable height**	**Unlabelled whilst in use**	**Had significant inappropriate contents**	**Temporary closure not in use when left unattended or during movement**
Percentage achieved 2018-19	2.02%	0.78%	0.00%	10.28%	11.99%	3.12%
Percentage achieved 2019-20	0.54%	0.00%	0.00%	6.46%	2.15%	2.51%
Direction	↓	↓	→	↓	↓	↓

The number of areas audited has increased from the previous year resulting in an overall percentage compliance of 98.84% which is an increase of 7.22% on the previous year.

The results showed that non-compliance in all 6 areas has improved or stayed the same.

Action: - To work with the supplier to maintain good compliance.

Criterion 10: Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infections associated with the provision of health and social care.

Trust employees come into contact with a number of infectious agents which may theoretically be passed from patients/service users i.e. Hepatitis B, Tuberculosis, measles and Mumps.

New employees attend Occupational Health for an immunity check; a vaccination programme is then commenced as necessary.

The Occupational Health team provide support and advice to Trust employees and managers on specific additional measures that might be required following an incident where exposure to an infected individual, pathogen or contaminated instrument occurs.

Flu Vaccination

National data collection of staff uptake for the seasonal flu vaccine during the 2019-20 flu seasons for SNHSFT was 80.3% for frontline staff (an increase from the previous year 79.3%). This uptake is above the national average of 74.3%. We achieved the CQUIN target set at 80% for 2019-20. There is no CQUIN target set for 2020/21. The target of 90% for Frontline Healthcare workers was removed due to COVID-19; however we will continue to in our challenge to ensure maximum uptake in view of COVID-19.

The uptake of flu vaccine by the whole of the Trust staff (front line and supporting staff) was 77% (last year we achieved 76%). Nationally, the uptake varied from Trusts reporting only 44.8% up to Trusts reporting 94.8%.

We aim to continually increase the uptake of flu vaccine by staff and to get the message across about the importance of staff having an annual flu vaccination so by protecting themselves they are protecting patients. This year we continued to collect information regarding why the vaccination is declined. UK studies have shown that the seasonal influenza vaccination lowers the risk of influenza infection in young adults and, when healthcare workers are vaccinated, lowers rates of influenza-like illness, hospitalisation, and mortality in vulnerable patients in long-term healthcare settings are observed. We will therefore continue working with colleagues for 2020-21 to eliminate the myths and increase uptake.

The challenge for the forthcoming flu season 2020-21 is to ensure maximum uptake despite no CQUIN target.

Innoculation Injuries

The recording of innoculation injuries is undertaken with Occupational Health (OH) software and the numbers for the whole year were reported to the Infection Prevention & Control Group. All injuries are reported via the incident reporting system, Datix.

The number of inoculation injuries to staff (including bites, scratches and splashes) was 174 which is the lowest figure for five years.

Sharps related incidents remain one of the commonest types of injury to staff, with between 7 and 16 incidents per month. As in previous years, the majority of the incidents involved trained and untrained nurses. We continue to encourage the prompt reporting of sharp incidents in order to ensure that they are managed appropriately, with additional aim of further prevention.

The safety blood collection sets being used widely across the Trust, have seen a decrease in these incidents from 36 to 14 during 2019-20. We also continue to see a number of domestic and portering staff being injured showing the need for reiteration on the safe disposal of sharps.

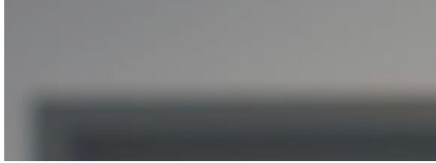
Needle stick awareness day was held 11th September 2019 with excellent support from various companies.

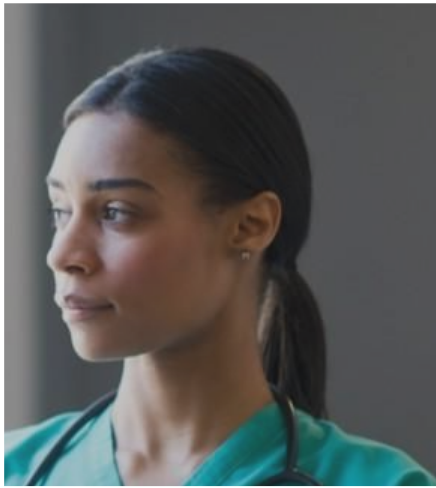
Key Objectives for 2020-21

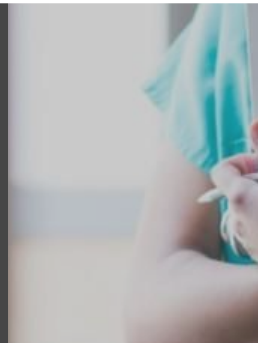
- To reduce the number of clostridium difficile cases.
- To increase engagement regarding antibiotic stewardship
- To review the IP&C team structure.
- To define roles and responsibilities for matrons and business groups around IP&C.

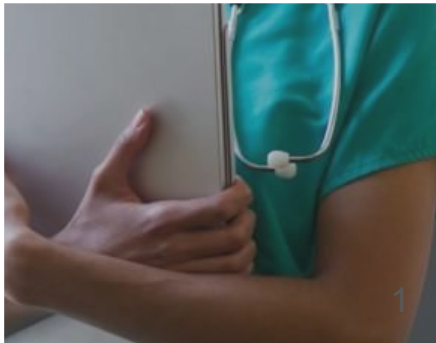
Stockport Public Board

November 2020









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Why this work is required

NHS Stockport NHS Foundation Trust

The Discharge to Assess (D2A) model in Stockport was implemented at pace in response to COVID-19 and subsequent National Guidance/Policy. The model implemented has been effective at initiating D2A as the primary model of discharge in Stockport, however under increasing pressure the model is significantly challenged. In order for the Discharge and D2A Operating Model to be effective, the following aspects were considered.

Leadership

As system partners work closer together, leaders, at all levels, need to be involved in owning the focus on working together.

Commissioning Approach

The Discharge and D2A model was not fully commissioned, with little oversight of resources attributed. A system-wide understanding of the resource and agreement on commissioning decisions are needed to enable transformation.

Technology, Data and Intelligence

To enable the Discharge and D2A model to respond effectively to changes in demand, all system partners must contribute to and leverage available data and intelligence.

Operating Model

The redesign of the operating model for Discharge and D2A is integral to overcoming historic challenges and barriers. This involves everything from governance to processes, from ways of working to communications.

Culture and Workforce

The impact of COVID-19 is expected to continue. A commitment to supporting the system workforce, whilst developing a culture of togetherness, empowerment, and continuous improvement is needed.

The aims of this work

The fundamental redesign of Discharge and D2A in Stockport seeks to address the following challenges, with the overall aim of improving and bettering the way Stockport undertakes Discharge and D2A, aligning with policy, reducing handoffs, and improving outcomes for our people and our staff.

Pathway allocation may not have always followed Home First principle

Upskilling will ensure teams have the right skills and capabilities to correctly identify pathway alignment, based on knowledge of the system and services available in the community.

We have delays in response times

Appropriate services and providers will be contacted and actioned within target timeframes and have clear accountabilities for delivering timely outcomes.

We regularly undertake D2A and long-term assessments quickly, however delays come in the provision of the long-term support

D2A Assessors can be pulled in multiple directions to both deliver assessments and interim care, leading to delays and gaps

People on Pathway 1 require immediate support on return home

People on pathway 1 will receive the right level of assessment before discharge so essential support can be put in place before a full assessment is carried out

We are under-utilising pathway 1

Sufficient resources and skills are needed to ensure staff feel comfortable allocating people to this pathway with the knowledge they will receive the right care in the right time frame

Pressure on flow is often released to where there is deemed *safe* capacity - Pathway 2.

We have people receiving short-term care for the long-term (up to 6 weeks)

Regularly reviews will ensure people are in a safe place following discharge and drive good outcomes

NHS Policy offers 6-week financial support but this may not provide the best outcomes for that person

Discharge is the Acute's responsibility but good outcomes are everyone's responsibility

Cross-organisation forums for will allow for joint decision making outside of the Acute setting, working together to provide great outcomes on those cases that require MDT input.

Successes so far

NHS Stockport NHS Foundation Trust

Overall the Stockport system partners have been working together over the last several weeks to drive the redesign of the Discharge and D2A Operating Model in a untied and collaborative way that feels different to ever before.

Commissioning Arrangements

- ★ Determined the current commissioning landscape of resources and services for Discharge and D2A pathways
- ★ Aligned currently commissioned services to the functions of the new operating model
- ★ Based on this work and accompanying data analysis undertaken, identified the resource gaps related to both capacity and capability in delivering the future model

Operating Model

- ★ Mapped out patient journeys and processes along each pathway
- ★ Co Developed the future operating model for Discharge and D2A, including 5 new functions which deliver the best possible outcomes for patients and the Stockport population:

Acute Discharge and DAP	D2A Coordination and Review Hub	Interim Care Provision and Review	Long-term Assessment	Provision of Long-term Care Solution

- ★ Identified the voluntary arrangements required to enable the new operating model
- ★ Agreed appropriate governance requirements and escalation protocols with system partners

Data Analysis and Dashboards

- ★ Assimilated cross-organisation data to give a picture of current performance at Stockport against National guidance:
  - Pathway allocation
  - Average Length of Stay
  - Outcomes achieved
- ★ Designed an executive dashboard to provide a static weekly overview of system performance and trends by pathway
- ★ Designed an Operational dashboard to provide a daily updated view of KPIs from across the system to highlight issue areas where daily actions are required

What's Next?

The challenge for the Stockport system now is to translate this into rapid implementation over the next 4-5 weeks. The transition needs to be carefully managed, switching from old to new ways of working in a series of controlled sprints, repurposing existing resources and learning by doing to inform the longer term arrangements and commissioning requirements.
The outputs of each workstream formulated to deliver this during the next phase of work are outlined below.

1

Voluntary Arrangements Implementation

Purpose: To facilitate the implementation of the voluntary arrangements of the Discharge and D2A Coordination and Review Hub, supported by establishing system-wide implementation governance

2

Progressing System Infrastructure Model Requirements

Purpose: To move forward the structural requirements to sustainably implement the full operating model

3

Recommissioning Discharge and D2A

Purpose: To confirm and mobilise recommissioning and reallocation of resources to support the new model

4

Developing Data Maturity

Purpose: To coordinate the collection, management and utilisation of data between partners to enable the new model

Report to:	Trust Board	**Date:**	5 November 2020
Subject:	PWC Operational Consultancy Support		
Report of:	Director of Finance	**Prepared by:**	Associate Director of Finance

REPORT FOR APPROVAL

Corporate objective ref:	C3a, C3b, C7c
Board Assurance Framework ref:	S03
CQC Registration Standards ref:	CQC Well Led KLOE 6
Equality Impact Assessment:	☐ Completed ☒ Not required

Summary of Report

This report provides an update in relation to the PWC Operational Consultancy Support work undertaken at the Trust during 2020/21, and seeks approval to process payments totalling £712,082 + VAT

Attachments: Annex A – Summary of Outputs

This subject has previously been reported to:

☐ Board of Directors	☐ People Performance Committee
☐ Council of Governors	☐ Charitable Funds Committee
☐ Audit Committee	☐ Exec Management Group
☒ Executive Team	☐ Remuneration Committee
☐ Quality Committee	☐ Joint Negotiating Council
☒ Finance & Performance Committee	☐ Other

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1. INTRODUCTION

1.1 This report provides an update in relation to the PWC Operational Consultancy Support work undertaken at the Trust during 2020/21, and seeks approval to process payments totalling £712,082 + VAT.

2. BACKGROUND

2.1 The Trust engaged PriceWaterhouseCoopers LLP (PWC) during 2020/21 to provide Operational Consultancy Support to the organisation relating to patient flow.

2.2 An update provided to the October 2020 Finance & Performance Committee is included in Annex A.

3. CURRENT SITUATION

3.1 With work now being brought to conclusion, the Trust has received invoices for all phases of the works totalling £712,082 + VAT, having made payments to-date for Phases 1 & 2, as outlined below.

3.2

PwC Operational Consultancy Support	**£ Ex VAT**	**£ VAT**	**£ Total**
COVID-19 Compliant Demand & Capacity Modelling	49,850	9,970	59,820
COVID 19 System Discharge Paper with Operating Procedure Review	15,000	3,000	18,000
Consultancy Support relating to COVID-19 Phase 1	149,232	29,846	179,078
Consultancy Support relating to COVID-19 Phase 2	223,000	44,600	267,600
Consultancy Support relating to COVID-19 Phase 3	275,000	55,000	330,000
TOTAL	**712,082**	**142,416**	**854,498**

3.3 The Trust has engaged VAT Liaison to perform a review of the works under the terms of the engagement to ascertain the level of VAT recovery the Trust will be eligible to reclaim.

4. CONCLUSION & RECOMMENDATION

4.1 It is recommended that the Board:

- Notes the update provided in this paper
- Approves payment of fees totalling £712,082 + VAT, noting the level of VAT recovery for the engagement will be ascertained with the support of VAT Liaison.

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Patient Flow Support

October 2020

There have been fundamental improvements made...

NHS Stockport NHS Foundation Trust

Over the last few months the operational support work has made fundamental differences to the ways of working at Stepping Hill. Despite not being a full cultural change piece of work, and amidst the challenges of COVID, the work has given us a marked step change around patient flow, utilising digital tools, empowering staff and providing increased grip to the organisation.

Managing the Site Digitally

Patient Flow mgmt has transformed from telephony to digital, this provides a snapshot view to understand site pressures and patient locations within 20 seconds

A Focus on Performance

Single-source-of-truth dashboards are now in place and discussed daily at Ward, Business Group and Site level, driving key focusses to improve flow performance

Breaking Down Barriers & Silos

The way we solve problems has changed, from fire fighting to cross-Business Group collaboration proactively mitigating against core issues including Discharge Lounge Usage and Criteria-Led Discharge

A Move to the Proactive

The discharge process is becoming less sequential, patients have a route out of the hospital upon admission and Advantis Task has been built to partly-automate and entirely reinvigorate the complex discharge process

Groundbreaking Data Modelling

Cutting-edge Bed Modelling and ED Predictor Models have been built to compliment regional work and deliver a more accurate Winter Plan

A System Relationship

Steps have been made to closer working with the council to align priorities, agree ways of working and become more collaborative with regard to discharge of patients

AdvantisSite

69.0% Performance 140 Attended 22 admitted 37 Expected Admissions	OPEL 2	Discharge Lounge 2	Currently Available Beds				Confirmed Discharges		Query Discharges			Other				
73 Best Case by 15:00 32 Worst Case by 15:00	33 (12/0) AMU	8 (7/0) ED	FEMALE	MALE	MIXED	SIDE	AM	PM	AM	PM	TMRW	SR Flex	MOAT	CoVid?	CoVid+	Complex
62 Beds Currently Available	Waiting for beds	Waiting for beds	13	18	26	5	0	3	6	30	6	21	72	69	62	152
Integrated Care	0	0	6	0	5	1	0	1	0	6	3	1	2	14	17	4
AMU [19/10 04:00]			2			1					2M 1F			12		2
D4 [19/10 14:24]					2			1M		4M			2		10	1
HACA [19/10 07:45]					3					1M					6	1
SCU [19/10 08:30]			4							1M		1		2	1	
Medical	0	7	4	14	6	0	0	1	4	5	0	16	41	29	13	98
A10 [19/10 14:00]			3	1						1M 2F 1S		1	5	2		14
A3 [19/10 07:29]					6								4			11
B2																
B4 [19/10 14:03]								1F	1F			2	5	1		10
B5 [18/10 23:54]				8									1	5		3
C3 [19/10 12:57]										1M		2	1	1		5
C4 [19/10 13:31]												2	4	5		9
C6 [19/10 12:09]				3					1M			3	8		13	8
E1 [19/10 05:35]									1F				6	1		23
E2 [19/10 12:58]				1					1M			4	1	9		5
E3 [19/10 13:04]			1	1								2	6	5		10
Surgical	0	1	3	4	15	4	0	1	2	19	2	4	13	24	32	26
A1 [19/10 12:18]			1	1						1M		1	4		31	12
B3 [19/10 07:49]			1						1S		1F		1	1		2
B6																
D1 [19/10 13:38]			-3	-1	7	1				3M 6F 2S		1		11		
D2 [19/10 11:24]			-1		4				1M	1M		1	1	8		1
D6 [19/10 07:46]			2	2	4	3							2	1		11
JW [19/10 10:57]			2							1F	1F	1			1	
M4 [19/10 12:43]			1	2				1M		1M 3F 1S			5	3		
Community	0	0	0	0	0	0	0	0	0	0	1	0	16	2	0	24
BW [19/10 12:48]											1F		16	2		24
Bramhall [19/10 07:24]	1 Going Today	0 Going Tmrw				5	0	0	0	0	0					
Marbury [19/10 07:21]	0 Going Today	0 Going Tmrw				1	0	0	0	0	0					

Site Daily Performance Review

Last Updated: 19-Oct-20 15:27:32

NHS Stockport NHS Foundation Trust

Today's OPEL Status	2	Patients in ED	111	Current 4hr Performance	44.0%	Breaches Today	32
		Open Specialty Referrals in ED	32	Average Wait in ED (hh:mm)	3:52	Breaches Headroom	0

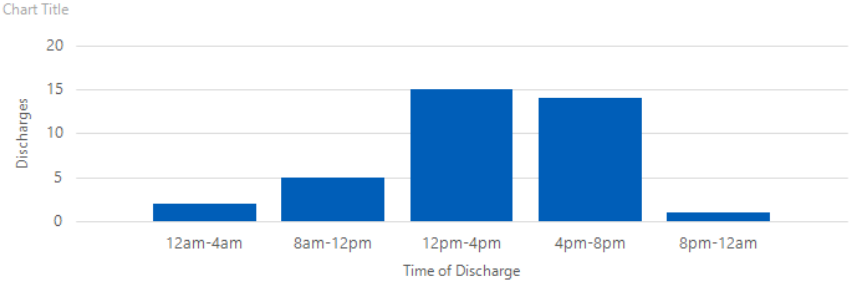
What happened yesterday?

How many patients did we discharge?

We predicted:	21
We achieved:	37
We typically achieve:	58

Golden Patients?

Time of Discharge



Discharge Lounge Usage

0.0%	left via the Discharge Lounge...
...vs the recent typical rate of:	13.1%

What do we expect today?

Beds and Discharges

71	Available beds	21	Discharges so far today
0	Definite am	6	Query am
4	Definite pm	34	Query pm

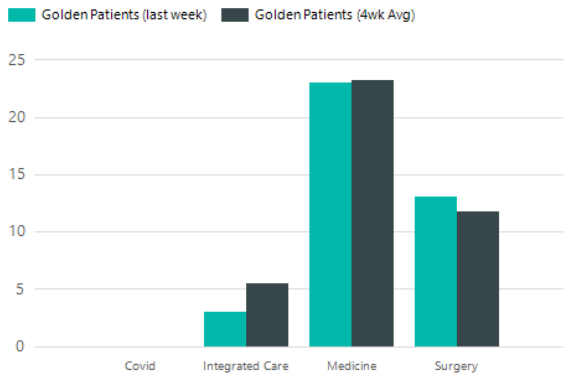
Our focus for today:

Site Weekly Performance Review

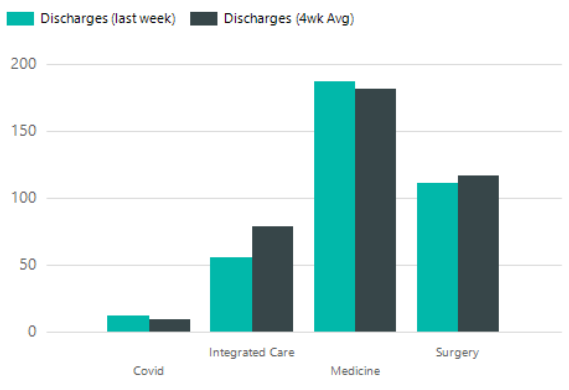
Last Updated: 18-Oct-20

NHS Stockport NHS Foundation Trust

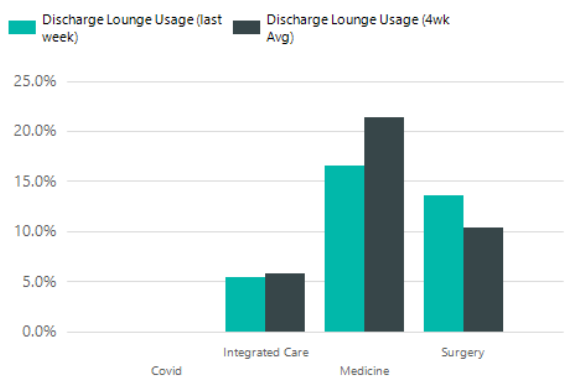
Golden Patients



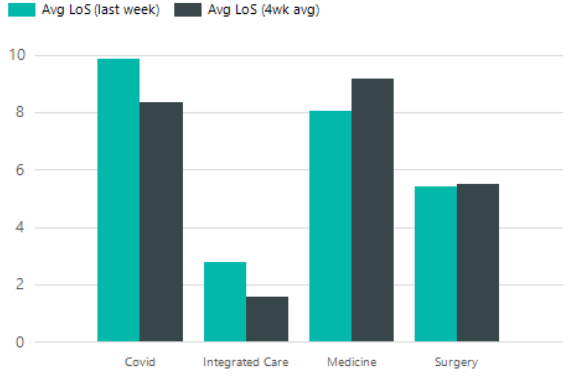
Discharges



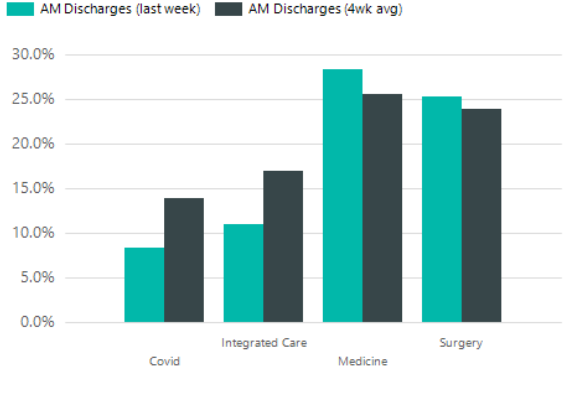
Discharge Lounge Usage



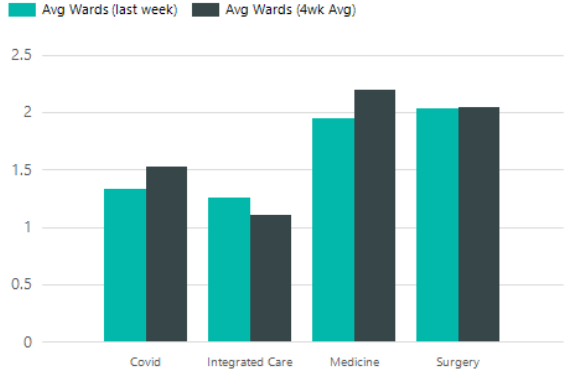
Average LoS for Discharged Patients



AM Discharge Rate



Avg Number of Wards per Discharged Patient



Ward A10 Daily Performance Review

Last Updated: 19-Oct-20 15:30:34

NHS Stockport NHS Foundation Trust

Today's OPEL Status	2	Patients in ED	113	Current 4hr Performance	66.0%	Breaches Today	32
		Open Specialty Referrals in ED	32	Average Wait in ED (hh:mm)	3:52	Breaches Headroom	0

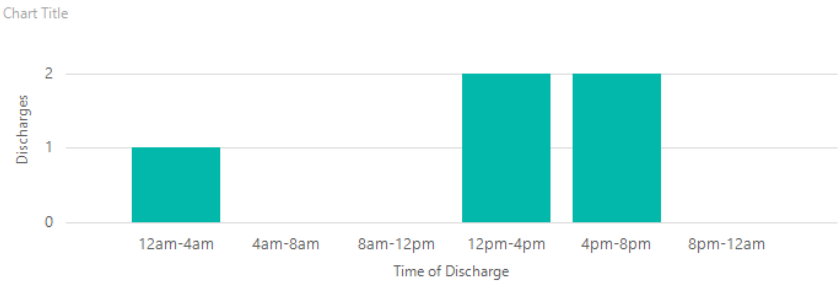
What happened yesterday?

How Good Was Our Discharge Planning?

We predicted:	1
We achieved:	5
We typically achieve:	3

Golden Patient?

Time of Discharge



Discharge Lounge Usage

0.0%	left via the Discharge Lounge...
...vs the recent typical rate of:	4.9%

What do we expect today?

4	Available beds	0	Definite am	0	Query am
1	Discharges so far today	0	Definite pm	4	Query pm

The Trust's priorities:

Our focus for today:

..alongside some cultural benefits..

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Staff are recognising the step change of the organisation when it comes to patient flow.

"This work has brought the hospital together, which has really helped us collectively being able to discharge our patients"

Cathy Lloyd, Head of ITT

"No more shuffling around with bits of paper and ringing around the wards to see where we are up to, we have a digital solution that can really save staff time and facilitate the very best care"

Colin Wasson, Chief Medical Director

"Advantis Site empowers us to drive the flow better, as we can focus our efforts on which patients to prioritise"

Heather Constable, AMU Clinical Director

"People aren't having to come up to me with a clipboard anymore, they already know the information now"

Trish O'Sullivan, E2 Ward Manager

"We now have a lasting legacy in a full team of 50 trained improvers to continue the good work around flow and discharge practises"

Sue Toal, Chief Operating Officer

"This work was exceptional at an analytical level"

Gary Owens, Interim Improvement Director

"Over the last two weeks our live picture has been at 100% allowing the rest of the hospital to understand the state AMU is in, and quickly assess what the plan needs to be for the rest of the day"

Beth Smith, AMU Band 6

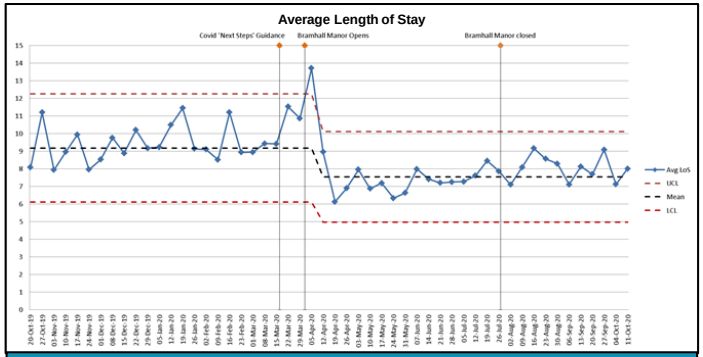
"We have reinvented ourselves, become more efficient and adapted to this new way of discharging"

Cathy Lloyd, Head of ITT

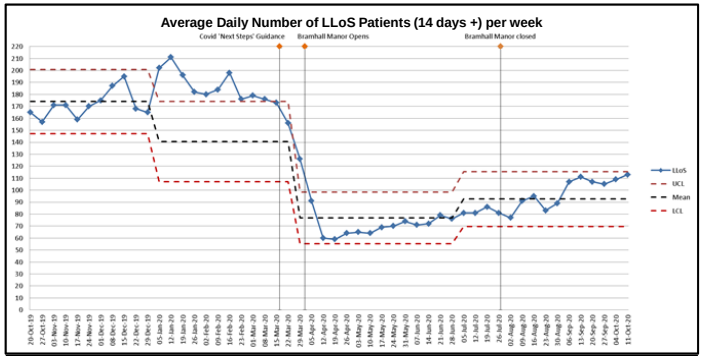
..and some metric improvement..

Despite not being able to roll out the full piece of work to coach staff and change behaviours on wards we have seen some movement with some metrics. However this is not consistent across all KPI's. Had there been a full coaching programme as initially planned we would have expected metrics to shift more notably. It is worth noting that due to COVID, baselining this data is challenging.

Patients aren't staying in hospital as long...

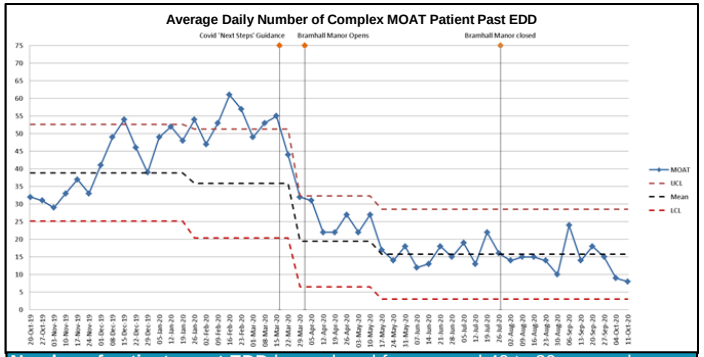


Average Length of Stay has reduced from just over 9 days to around 7.5



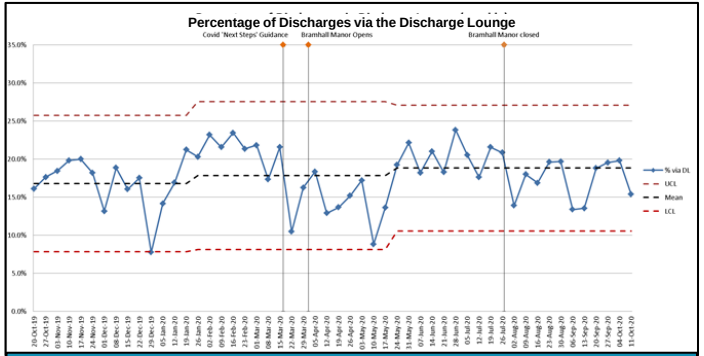
Number of Long Stay Patients have reduced from around 175 to 90

..we are planning much more effectively with less MOAT patients...



Number of patients past EDD has reduced from around 40 to 20 per week (complex), and around 9 to 2 per week (non-complex)

..and better utilising our discharge facilities



Discharge Lounge Usage has increased from 16% to 19%

..but, improving flow never stops

Operational Challenges
Technology Challenges
Project Challenges
BI Challenges

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The job is certainly not done in this area, although there is improvement there continues to be challenges

Updating of Advantis on an evening and at weekends can be inconsistent...

Board Rounds can be inconsistent by area

There has been no all-encompassing change programme

There is still key working groups to run to drive improvements alongside the council...

Wards need further feedback loops to embed understanding of complex pathways...

Informatics resource is limited, leading to delays of development...

Handover processes can be slicker and done digitally...

More metrics can be improved such as time of discharge and number of patient moves

Problems have been mitigated against, but not solved...

The data modelling only covers ED and inpatients, there is currently inconsistencies with outpatients, theatres and diagnostics...

Centralised Project Management support is limited...

There are still challenges dealing with ED Demand

No investment has been made to focus on cultural change...

Advantis Task is not embedded...

Our Stockport Improvers team will take this work from here...

You now have a Stockport Improvers Patient Flow team in place who have been trained up and coached on how to continue to progress the improvements done to date. (Diagram is Medicine Example).

The Focus on the Future

Our Stockport Improver Network

We have identified and agreed how to further drive these improvements:

We have identified and trained up around 50 *Improvers* to drive patient flow initiatives in the future, consisting of Fellows (key drivers of improvement with time carved out to focus on initiatives) and Champions (those who champion the initiatives in their day-to-day role. This includes recruiting the role of *Trust-Wide Patient Flow Lead* and fits in the wider governance of the Transformation Board. This represents the start of really embodying improvement within your operation.

Improvers will be responsible for continually improving the core elements of the work done to date, including:

- Driving a Digital Site Picture
- Supporting WBR's
- Driving Problem Solving Sessions
- Supporting Proactive Discharge
- Utilising Performance Dashboards
- Monitoring Improvements & Delivering Sustainability Plans

Operational Assessments and Improver Plans

In addition to comprehensive training sessions on tools, techniques and soft skills we have set up regular governance for the Improvers. We have also provided individual BG coaching sessions and handed over key tools for use in the future.

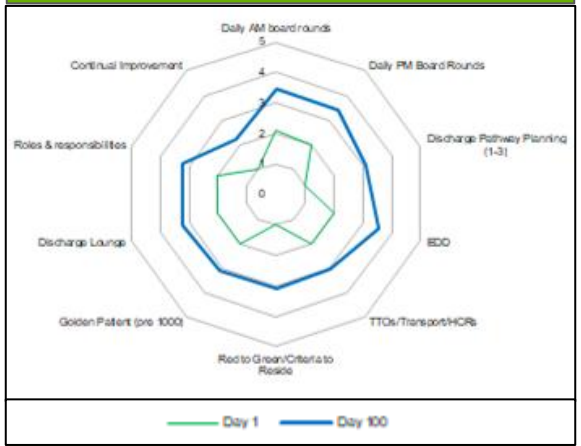
Two key sustainability tools include:

Operational Assessment (Right)
This uses objective criteria to give a view of operational effectiveness, we completed this at the start and end of our work. This should be used every 6 months to quantify effective improvement across patient flow and determine focus areas.

Improver Plans
These have been produced for each business group which provides an action plan for the following 6 months in order to get to the next level of improvement.

Both of the above should run in 6 monthly cycles to continually strive for further improvement.

An Operational Assessment Improvement of 1.6 to 3.0

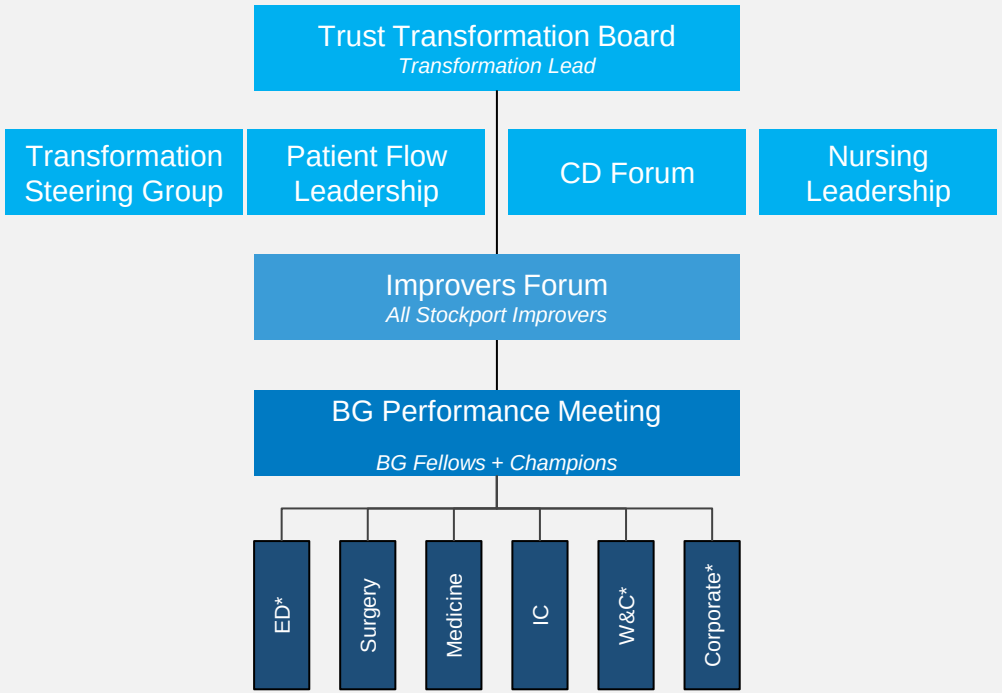


Over the past 6 months the teams have collectively achieved an operational improvement of 1.5, rising from 1.6 to 3.0.This is largely driven by digital working.

Core focusses in the next 6 month Improver plans include Advantis Task, Patient Empowerment and further embedding Pathway knowledge..

..backed by Governance

Structure



Rhythm

Monthly

Trust Transformation Board
Accountable to the Trust Board for strategic delivery of the transformation agenda, as well as realisation of associated benefits.

Differing

Leadership Accountability
Regular tactical programme alignment committees responsible for driving the work, there will be a standing agenda item at each of these sessions for an update on the Improvers. This includes external delivery partners via the Transformation Steering Group.

Bi-Weekly

Improvers Forum | 14:30 - 15:00 on Monday
Collaboration forum to share progress and align on priorities for week ahead:

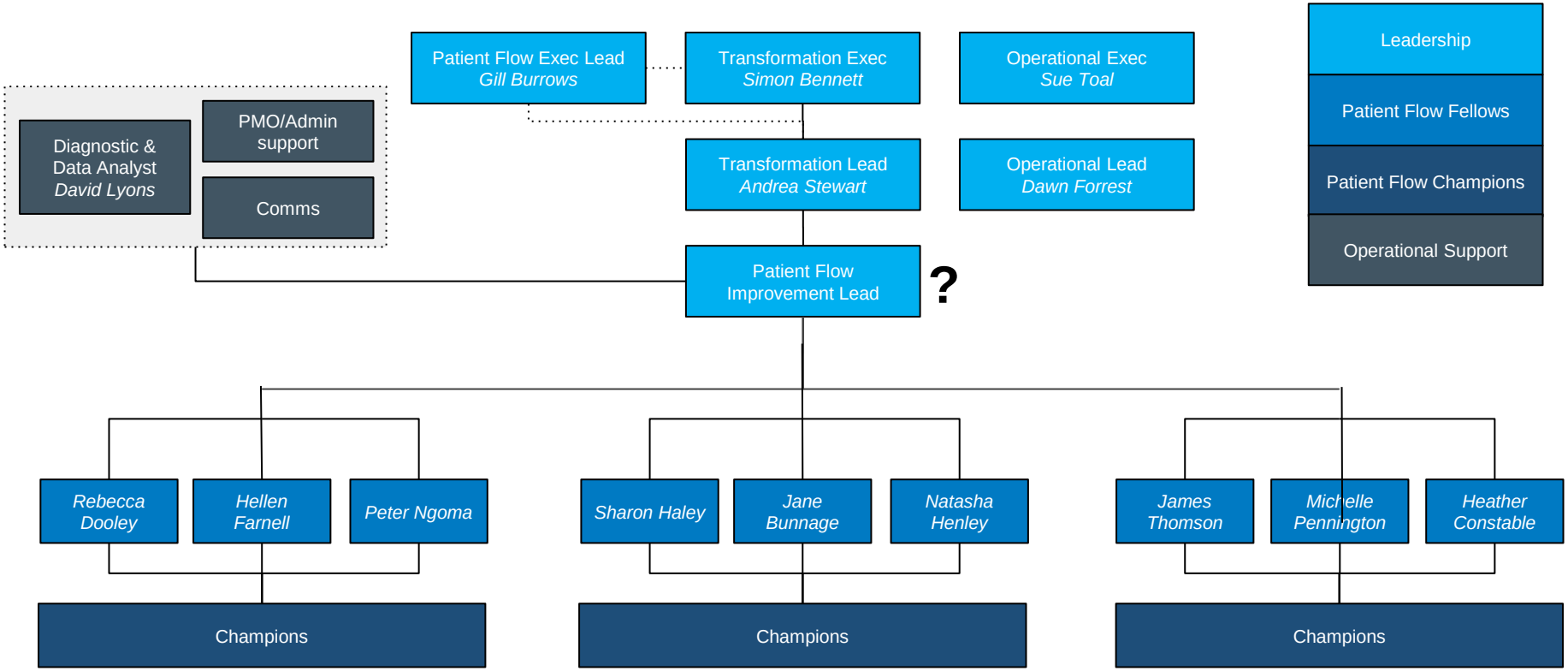
- Key Communications
- Progress, learning and successes
- Problems/Issues
- Actions

Weekly

BG Transformation
Weekly check-in to share continuous improvement priorities with BG leadership and agree actions/owners.

*PwC have only established this rhythm in the in-scope areas - Medicine, Surgery and IC - but the structure will expand to fit them.

...and Key Improver Roles



This organagram is not exhaustive, it seeks to provide a high-level overview of the proposed transformation governance

...leveraging our culture is critical for further improvement

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*Our work has focussed on more tactical areas of support, yet we have used best practice to understand and work with **your** critical behaviours. We identified four critical behaviours that have drawn upon to take SFT forwards. We will need to continue to leverage and track these critical behaviours as they are key to delivering sustainable change.*

Some of Your Successes

- Business Groups are working closer together, solving problems, sharing best practice and being part of SFT together.
- Staff have the confidence to make decisions quickly and drive improvement, with a sense of ownership over the improvement.
- Staff begin to understand the direction of the Trust, recognising the priorities and feeling a part of the change.
- Methodologies, practices, and Improver Networks are in place to allow staff to test and implement new ideas. Feedback is acted on quickly and changes are implemented.

01 Collaboration

02 Staff Empowerment

03 Visible and Supportive Leadership

04 Continuous Improvement

To Maintain Momentum

- Continue to operate as one team, learning from each other and undertaking the journey of change together, for the benefits of both staff and patients.
- Recognition, rewards and encouragement from teams and senior leadership to further empower staff to own change at SFT.
- Continued support and trust from senior leadership will bring SFT together to a One Team, Board to Ward mindset.
- The garnered pace of change must continue. This requires responding quickly to feedback, recognising and rewarding new ideas to further promote a culture of continuous improvement.

All decisions, behaviours, and initiatives at SFT are Patient Centred - putting the patient journey at the heart of everything we do

Risks and opportunities to scaling the improvement

There are key challenges that should be managed in order to maintain momentum with continued improvement

Sustaining Transformation in the Operation

There is a key risk that without oversight, the agreed focus on improvement for fellows could be lost. It is paramount this is maintained and the Patient Flow Improvement Lead is recruited to govern this..

Shift to digital

Advantis digital site management is now functional but a long term sustainable solution is required as part of a Digital Strategy and ambition to be part of a leading digitally managed system:

- Improved UX to drive adoption
- Sustainable management & development

Organisational Optimisation

The Site tends to be run via a Business Group-first mentality which negatively impacts cohesive site management, can create silos and cause leadership to be commonly looking down reactively

Reactive business intelligence

Capacity gaps within the BI team meaning BI often struggles to maintain pace with the operation.

Changing a culture

Ward teams are willing and capable of change but this does require both resource and governance. Focus areas should include:

ED Performance

ED continues to face core challenges and bottlenecks leading to breaches due to pathway capacity, cultural challenges and limited demand control

Project Management & Governance

All improvement projects need to be centrally managed to ensure that progress against plans is visible and accountable. Exec leads for projects need PMO to support to ensure their input is able to drive progress.

Appendix

Immediate Operational Support - *Core Work*

NHS Stockport NHS Foundation Trust

Why do we need this?

Flow is everyone's challenge. To become truly effective we need to work consistently across all areas, collaborating using shared data to make rapid decisions and drive discharges. COVID has brought the best out of our workforce, rising to the challenge and proving we can work together to perform. We now have 3 weeks left and our core focus is moving towards sustaining this work.

What will it give us?….

Part 1: Managing flow through Advantis, *not calls*
Releasing capacity by managing flow through Advantis Ward to enable site-wide decision-making and minimise the need to chase for information.

Part 2: Getting Discharge Right
Helping teams take ownership of their discharges, using the correct pathway for the patient.

Part 3: Embedding a Performance Mindset
Building and embedding new reporting dashboards to enable performance conversations, celebrating success and understanding how to improve at leadership level and on the ground

Part 4: Unblocking Barriers to Change
Empowering teams to identify problems, generate solutions and implement them. Examples include Roles & Responsibilities, Weekend Discharge Planning, Discharge Lounge Use & Criteria Led Discharge

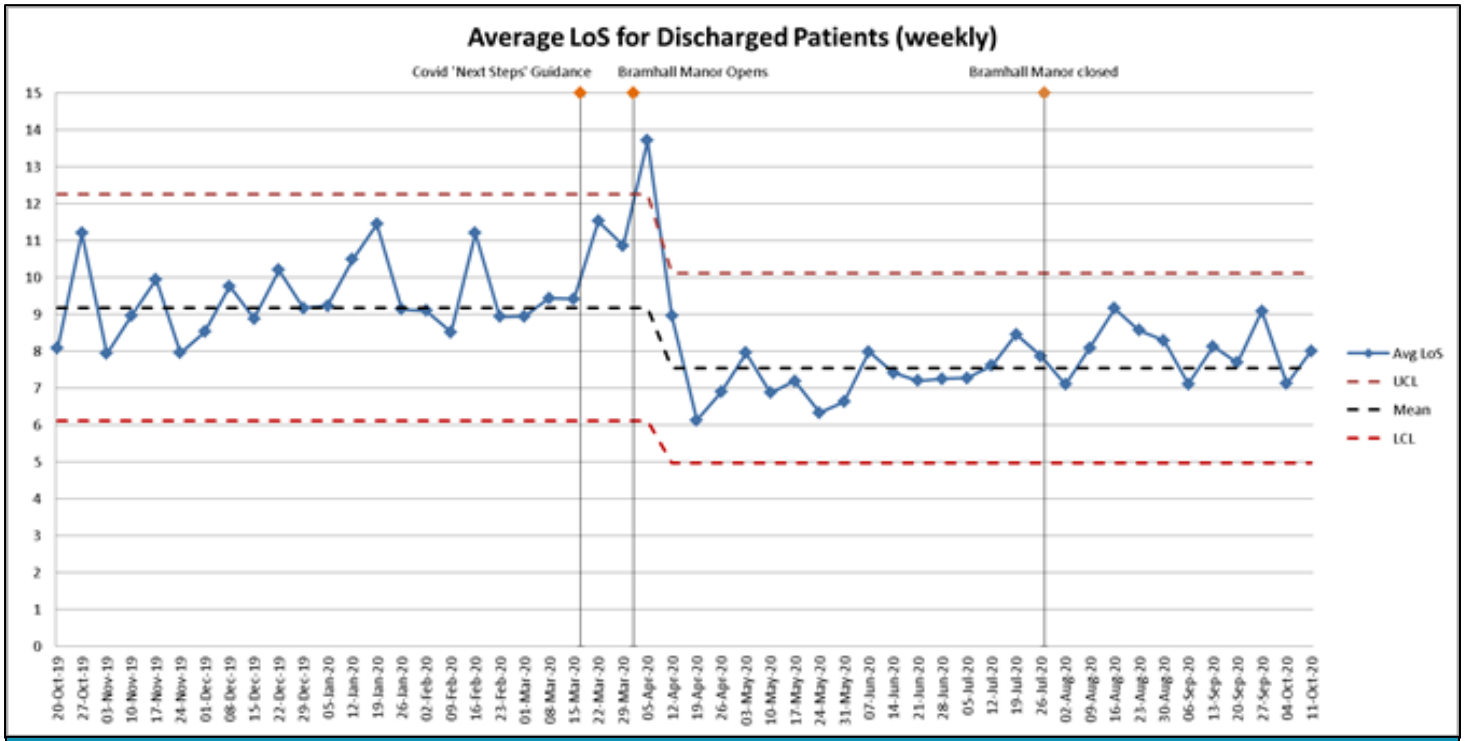
Part 5: Collaborative Council Relationships
Series of cross-organisation workshops to aligned priorities, agree ways of working and become more collaborative with regard to discharge of patients.

Part 6: Stronger Data
Effective Bed Modelling and ED Predictor Models, built to compliment regional work and deliver a more accurate Winter Plan.

Part 7: New Work Allocation Platform to Support Discharge
The designing, building and embedding of new functionality to enable immediate allocation, visibility and accessibility of actions between core teams involved with discharges of Pathways 1-3

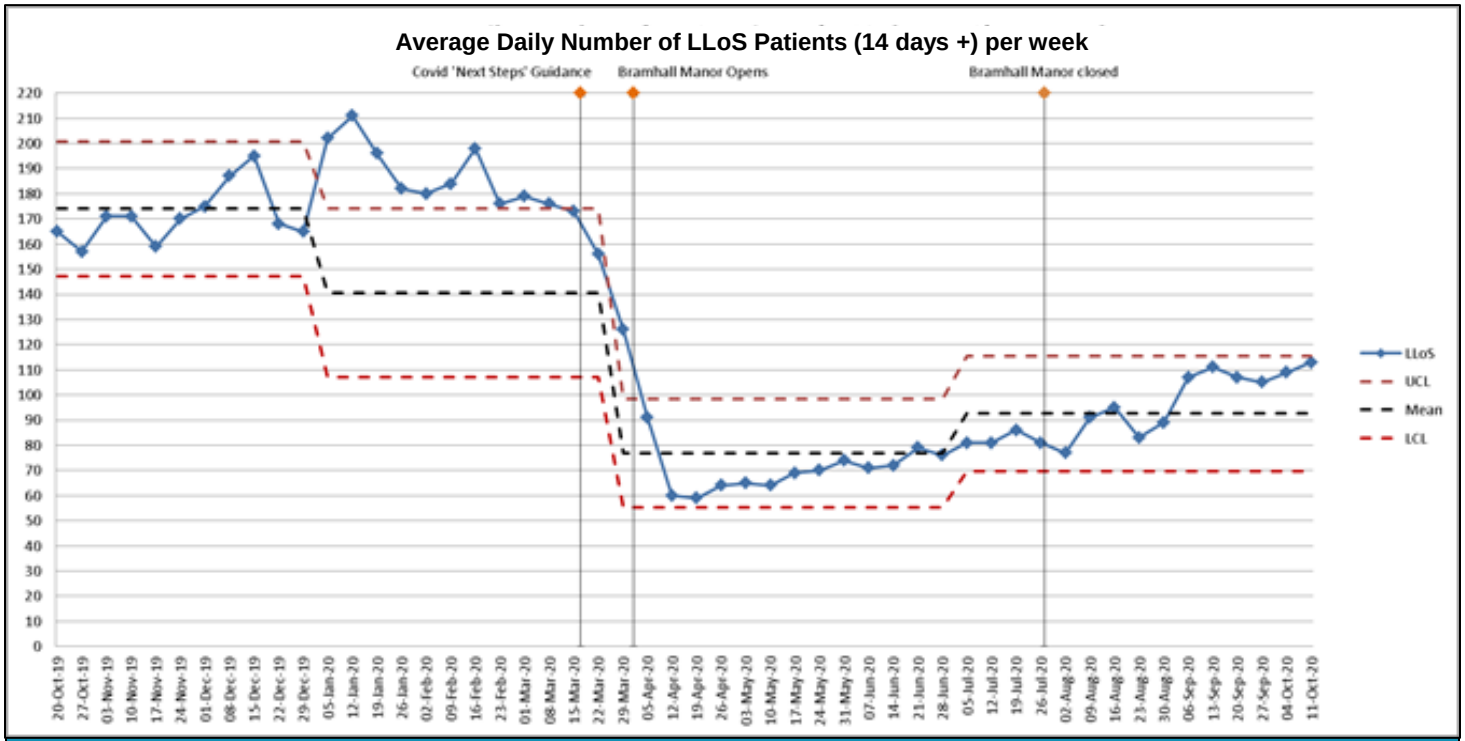
Part 8: Updated Operational Response Standards
Taking best practices to update core operational standards to feed into the Winter Plan, This includes Escalations, OPEL Triggers, Demand & Capacity and Operational Governance

Data Point - Length of Stay



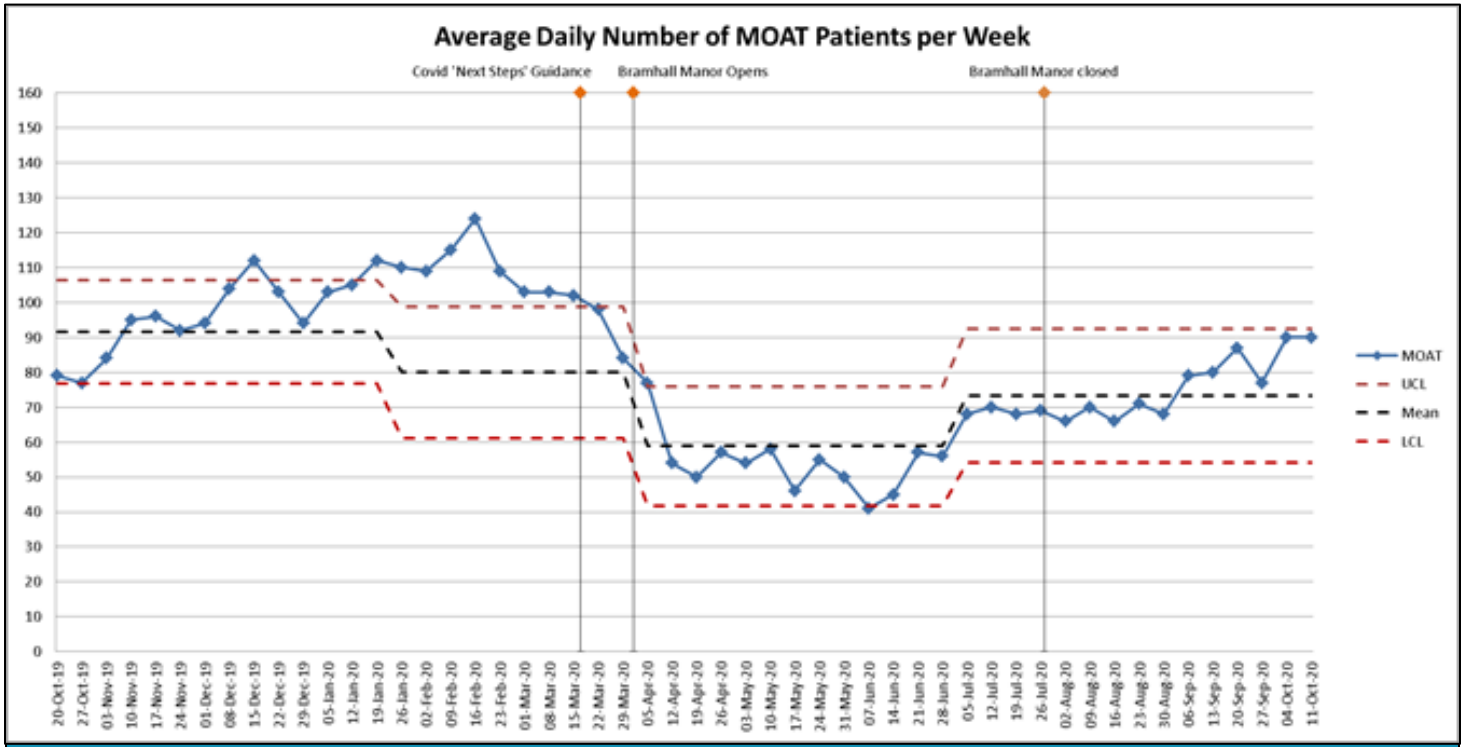
This measure includes deaths. There is a spike in the average discharged LoS immediately following the opening of Bramhall Manor – this is commensurate with the prioritisation of largely non-medical long stayers as candidates for discharge to Bramhall Manor and can be seen as a favourable effect. With that one exception, levels have been within expected limits across the entirety of the last year.

Data Point - Long Stayers



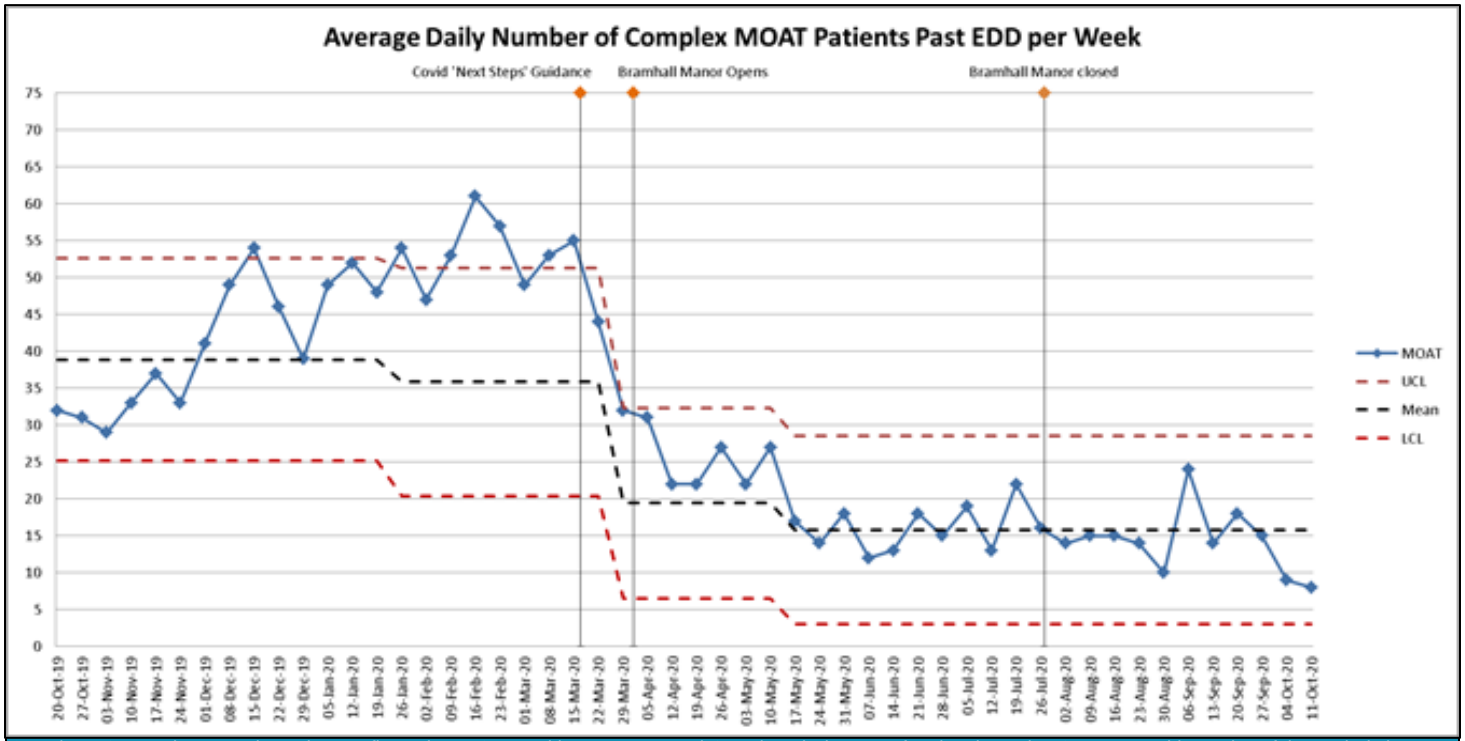
Average daily levels of current inpatients with a LoS of 14 days or more rose from the start of July, and is potentially about to rise further. This is still significantly lower than the levels seen pre-Covid.

Data Point - MOAT Patients



The average pre-Covid had fluctuated at around 90 MOAT patients per day (sometimes a little higher, sometimes a little lower). The sudden drop off to an average of around 60 a day (with an average daily amount almost as low as 40 at the lowest point) is a stark contrast. Over recent weeks, numbers have stayed very close to an average of 69 a day.

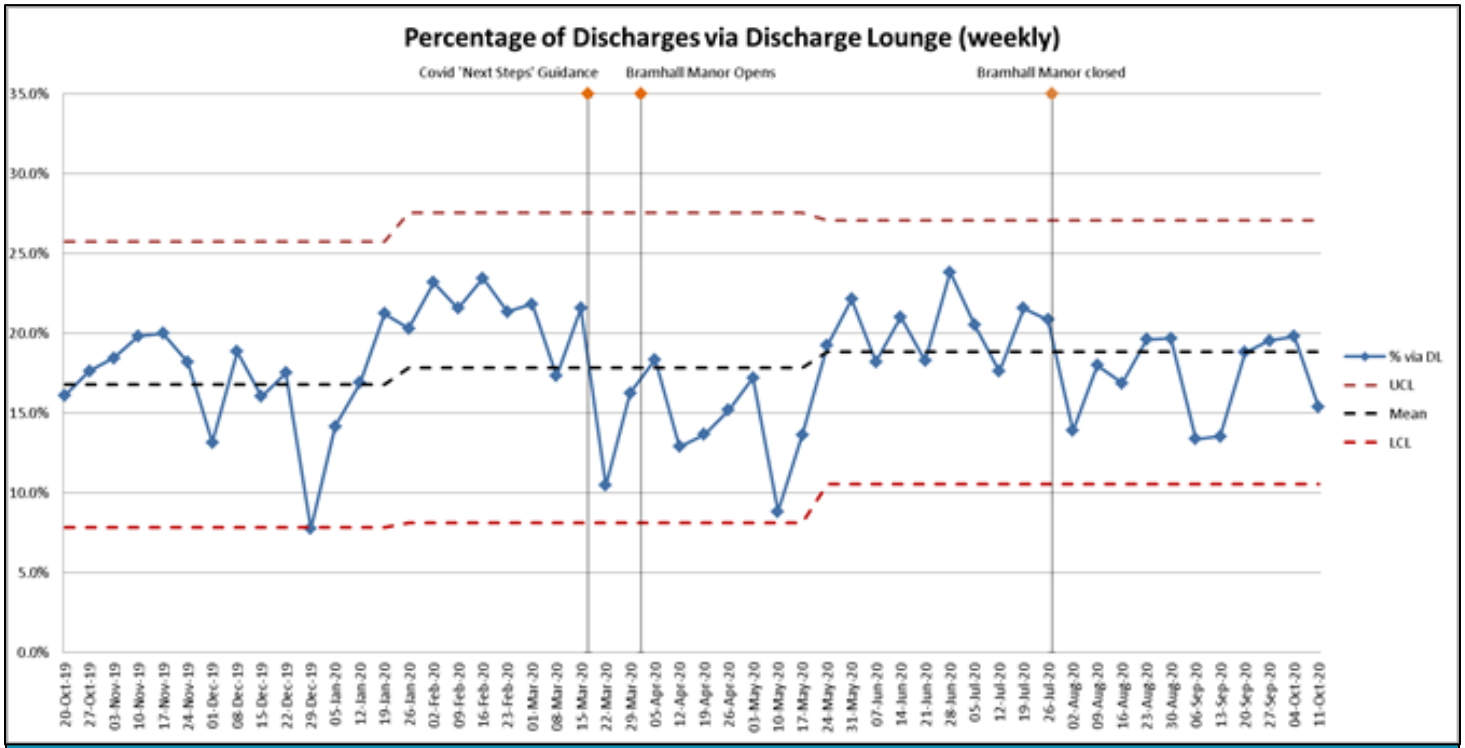
Data Point - Patients Past their EDD



Complex MOAT patients are those that are flagged as MOAT and have an accepted Complex Discharge Referral at that point. On request, this version of the analysis has limited the cohort further to those past EDD.

The pattern is similar to that of MOATs overall, levels hit their current range in May and have not altered significantly since (avoiding the rise seen in overall MOAT numbers). As MOAT numbers overall rose from the start of July (and potentially may be rising further), and MOAT patients past EDD have not, it would suggest that the change is in the recording/updating of EDDs. The trends for non-complex patients show a similar story.

Data Point - Discharge Lounge Usage



This measure excludes deaths. The percentage of discharges leaving the Trust via the Discharge Lounge ticked up slightly in the two months prior to the start of the pandemic. The number then stayed at that level through to the end of May where it ticked up slightly once more. It has stayed at that level since.