NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

3 DECEMBER 2020

Making a difference every day.

NHS Stockport NHS Foundation Trust

Board of Directors Meeting
Thursday, 3 December 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.**	Staff Story		**G Burrows**
0950	**5.**	Minutes of Previous Meeting – 5 November 2020	✓	**A Belton**
0955	**6.**	Action Log	✓	**A Belton**
1000	**7.**	Chair's Report	✓	**A Belton**
1005	**8.**	Chief Executive's Report	✓	**K James**
	9.	**STRATEGIC ISSUES**		
1015	9.1	Maternity Improvement Plan and Strategy for the future of the service	✓	**N Firth / Women, Children & Diagnostics BG**
	10.	**QUALITY AND SAFETY**		
1030	10.1	Performance Report	✓	**S Bennett**
1110		***Comfort Break***		
1120	10.2	Covid • Covid update	✓	**C Wasson**
1135	10.3	Single Improvement Programme	✓	**S Bennett**
1150	10.4	CQC Update	✓	**P Moore**
1200	10.5	Stockport Improvement Board • ED Improvement Programme	✓	**S Toal / ED team**
1215	10.6	Quality Account	✓	**N Firth**
1225	10.7	Significant Risk Report	✓	**P Moore**
	11.	**ASSURANCE**		
1235	11.1	Reports from Assurance Committees		**Committee Chairs**
		• Quality Committee	✓	
		• Finance & Performance Committee	✓	
		• People Performance Committee	✓	
		• Audit Committee	✓	

12. CONSENT AGENDA

12.1 Nil items.

13. DATE, TIME & VENUE OF NEXT MEETING

13.1 Thursday, 7 January 2021, 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".

STOCKPORT NHS FOUNDATION TRUST

Minutes of a public meeting of the Board of Directors held remotely at 9.30am, on Thursday, 5 November 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
Mrs M Moore	Non-Executive Director
Mr P Moore	Director of Governance and Risk Assurance *
Mrs C Parnell	Director of Communications & Corporate Affairs *
Mrs L Robson	Chief Executive
Mr M Sugden	Non-Executive Director
Ms B Tabernacle	Interim Chief Nurse
Dr L Sell	Non-Executive Director
Ms S Toal	Chief Operating Officer
Dr C Wasson	Executive Medical Director

** indicates a non-voting member*

In attendance:

Ms H Brearley	HR Advisor
Mrs S Curtis	Deputy Company Secretary
Mrs C Griffiths	Intensive Support Director NHSE/I
Mr P Gordon	Freedom to Speak Up Guardian
Ms J Martin	Head of Learning & OD

253/20 Apologies for Absence

Apologies for absence were received from Mrs Firth, Dr Logan-Ward and Mr Moores. It was noted that Dr Sell would be joining the meeting later.

254/20 Declaration of Interests

There were no interests declared.

255/20 Opening Remarks by the Chair

Mr Belton welcomed all Board members and observers to the meeting and made particular reference to Ms Brearley who was attending in Mr Moores' absence.

Mr Belton highlighted the challenges facing the Trust and the NHS as a whole as a consequence of Covid, noting that NHS had now moved to Level 4 alert status, the highest level of emergency alert. He commented that the Board's focus throughout

the meeting should be about seeking assurances about the provision of safe, quality care to patients during these unprecedented times.

256/20 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 8 October 2020 were agreed as a true and accurate record of proceedings.

257/20 Action Log

The action log was reviewed and annotated accordingly.

258/20 Patient Story

Mr Belton reminded the Board that the purpose of patient stories was to bring the patient's voice to the meeting, providing real and personal examples of issues within the Trust's quality and safety agendas.

Ms Tabernacle presented Mr Leake's story and due to technical difficulties, it was agreed that the associated patient story video would be circulated to Board members after the meeting. She advised the Board that Mr Leake who was a blind gentleman, had made a formal complaint about the way in which he received information from the Trust, as the Trust had been posting letters to Mr Leake, which he had been unable to read. The Board heard that the Trust had consequently worked with Mr Leake to develop a communication and information needs passport.

Ms Tabernacle said that at the time of Mr Leake's complaint, the Trust had not been fully compliant with the national accessible information standard and a multi-disciplinary task and finish group had worked together to ensure the processes for the recording of individual needs were now embedded across the organisation. The Board heard that the passport had been launched in August 2020, with a support package of education rolled out to Trust staff.

Mr Belton thanked Ms Tabernacle for presenting the patient story and sought assurance that the changes had been embedded across the Trust. Ms Tabernacle advised that the accessible information standard was a statutory requirement and confirmed that its implementation was well embedded across the Trust. She briefed the Board on work in this area, noting that the patient experience team had involved patients in testing the processes to ensure they were working well. She highlighted challenges during Covid, and noted the need to ensure that reasonable adjustments continued to be made for patients.

In response to a question from Mrs Anderson, who raised a concern about the lack of pace regarding the introduction of dementia friendly clocks, Ms Tabernacle advised that some of the work around PLACE assessments had been paused during the pandemic but that she had initiated mini PLACE assessments, with a key involvement of matrons. She hoped that these assessments and the revised process would ensure improved traction with actions highlighted by the PLACE Committee, including regarding the dementia friendly clocks.

Mrs Barber-Brown commented that the Quality Committee had discussed different reporting arrangements for safeguarding, which would also include dementia work,

and noted that progress regarding the dementia friendly clocks would therefore be tracked through the Committee.

In response to a question from Mrs Barber-Brown, Ms Tabernacle briefed the Board on the purpose of the passports and agreed that further consideration should be given to establishing broader passports for vulnerabilities as a whole, rather than having multiple passports with different focus areas. The Board heard that Ms Tabernacle would ask Mrs Howard to take this action forward with the patient experience team and provide an update to the Quality Committee.

Mr Belton made reference to the impact of the pandemic on patient experience, including around restrictions to visiting. He queried how the patient stories could evolve as a consequence to ensure particular relevance during these unusual times. Ms Tabernacle suggested that the stories should focus on the particular challenges that were impacting patients, including visiting restrictions and not having the usual support from relatives and carers during hospital admissions. She said that in the event that Covid became a longstanding issue, the Trust needed to consider how the support from relatives and carers could be reintroduced in a safe manner.

Dr Burrows briefed the Board on a powerful essay written by one of the Trust's medical students regarding virtual visiting, highlighting the importance of friends and family in the patient recovery process. She noted that virtual visiting was a useful tool during the times when visiting was restricted.

The Board of Directors:

- Received and noted the patient story,
- Agreed that further consideration should be given to establishing broader passports for vulnerabilities as a whole, with progress to be tracked through the Quality Committee,
- Agreed that future patient stories should have a focus on the challenges caused by the pandemic, to ensure relevance in the different context of the current times.

259/20 Chair's Report

Given the fast moving developments, Mr Belton provided a verbal update to the Board instead of presenting the usual written Chair's report.

He noted that this would be Mrs Robson's last Board meeting before she commenced her new role as Chief Executive Lead for Provider Collaboration across the North West, North East and Yorkshire. He paid tribute to Mrs Robson, thanked her for all her hard work during her time as Chief Executive of the Trust and wished her the very best in her new role. The Board heard that Ms Karen James would be joining the Trust as Interim Chief Executive on 9 November 2020, on secondment from Tameside and Glossop Integrated Care NHS Foundation Trust.

Mr Belton noted that this would also be the last Board meeting for Ms Tabernacle, Dr Wasson and Dr Burrows and he thanked them all for all their work and significant contributions during their time as Interim Chief Nurse and Medical Directors respectively.

Mr Belton made reference to system-wide working and noted that the recent Board to Board meeting held with the Stockport CCG had been a positive step forward in this area.

Mr Belton noted that in order to facilitate openness and transparency, majority of the business would be considered in the Public Board meeting, with only two commercially sensitive items included on the Private Board agenda.

The Board of Directors:

- Noted the verbal update.

260/20 Chief Executive's Report

Mrs Robson noted that her last Board meeting happened to coincide with the 35-year anniversary since she joined the NHS, and commented that her new role as Chief Executive lead for provider collaboration had to proceed at pace. She reflected on the benefits of the GM hospital cell, which had matured at a rapid rate, and which had led to much more mutual support and aid being exchanged during the pandemic compared to elsewhere in the country. She noted that one of the key things for her in her new role was to establish how other systems could come together in a similar manner and take associated learning at pace.

She thanked both Trust and system colleagues for their kind comments and good wishes since she had made the announcement about her new role. She noted that while the Trust still had a way to go on its improvement journey, it was important to recognise the great success stories and developments made to date, as reflected in recent Board meetings.

Mrs Robson highlighted the formal CQC response following their August visit as an example of improvement, and noted that the report was included under the consent agenda for information. She said that the report reflected a huge team effort in ED, as well as improvement work right across the Trust, and reflected the implementation of a different improvement model, underpinned by quality improvement, PMO and OD approach.

Mrs Robson shared some observations that had been made by a patient who had written to the Trust following their recent admission to ED during a particular busy and challenging period. The patient had noted the patience and compassion of all members of staff, and that they had felt very well cared for and safe.

Mrs Robson said that she was delighted that Ms James was joining the Trust, bringing with her significant experience around improvement work. She advised that Ms James would take on the accounting officer role at the Trust, while also retaining oversight in Tameside, and noted that handover meetings were continuing at pace.

Mrs Robson wished everyone the very best for the future, and looked forward to seeing the Trust going from strength to strength for the benefit of the people in Stockport and the High Peak.

Mr Belton thanked Mrs Robson on behalf of the Board and looked forward to the Trust benefiting from her new role regarding provider collaboration, and Mr Bennett thanked Mrs Robson for giving him the opportunity to work alongside her.

Mr Graham made reference to ED and the CQC report and highlighted the importance of staff engagement and culture in the improvement programme. He referred to the link with other improvement work happening across the Trust and noted the need to acknowledge that cultural change would take time to embed. He said that it was pleasing to see that the CQC had recognised the Trust's progress with the improvement journey.

Mrs Barber-Brown thanked Mrs Robson and wished her the very best for the future. She said that it was good to hear about the patient story Mrs Robson had quoted from, and how different that story was compared to one that the Board heard this time last year. She suggested that it would be helpful for the Board to keep hearing those live observations to enable a better understanding of the patient experience.

The Board of Directors:

- Received and noted the verbal report,
- Recorded its appreciation to Mrs Robson for all her work and wished her the very best for the future.

261/20 Update on Trust Strategy

Mr Belton noted that the report included some rich quotes from staff, which were indicative of the challenges around culture that Mr Graham had referred to earlier. He commented that strategy had been on the Board's agenda for a long time and it would be helpful to understand the pace with which it could move forward.

Mr Bennett presented a report providing an update on progress with the launch of the new Trust strategy, the delivery of over 20 engagement sessions across the Trust and immediate next steps regarding the development of supporting strategies. He said that the report also included some rich feedback from staff, which should help shape the Trust's approach to work on the supporting and enabling strategies.

He briefed the Board on the content of the report and highlighted both positive and negative themes arising from the staff feedback. He noted that the eighth pillar of the Trust's improvement programme relating to culture was a key enabler to the successful delivery of the strategy. He said that it would be very difficult to sustain the changes without addressing the leadership and culture challenges at pace.

Mr Bennett briefed the Board on positive progress made with a number of the supporting strategies, but noted that additional focus was required regarding the delivery of the people strategy.

In conclusion, Mr Bennett reiterated the rich learning included in the report and requested that Board members supported efforts in this area.

Mrs Barber-Brown noted that the People Performance Committee had seen various strands of the people strategy, but noted that the transformational element was still

outstanding. She echoed Mr Bennett's comment about the issues around the people strategy implementation.

Ms Brearley advised the Board that the Trust had secured additional support from Attain to help move forward in this area, noting that the Trust's workforce team had worked with Attain previously around the workforce strategy.

Mr Sugden thanked Mr Bennett for the candid assessment of risk and raised a concern about the level of scepticism highlighted by staff regarding the delivery of the strategy, given past failures around strategy implementation. He said that he was keen to increase the pace but highlighted the risk to delivery due to Covid and winter challenges.

Dr Wasson echoed Mr Bennett's comments regarding the challenges around the implementation of the cultural piece across the organisation. He noted, however, that there was also an opportunity in times of strife and how the culture was cascaded across the Trust over the next two to three months was very important, in terms of listening, support, good escalation and sense of team work.

Mr Bennett agreed with Dr Wasson's comment noted that visible leadership, culture and values were vital for the performance of the Trust during these unprecedented pressures. In response to Mr Sugden's comment, Mr Bennett briefed the Board on progress made across the eight pillars of the improvement programme, but reiterated the need to progress the culture and leadership piece at pace to enable the necessary traction.

Mr Graham added that system-wide support was also important as the Trust would be unable to implement the strategy in isolation. Mr Bennett agreed that system support was particularly important around the issues relating to beds and staffing and he briefed the Board on joint work with the CCG to develop both the Trust improvement programme and the quality improvement programme into system programmes.

Mr Belton summarised the discussion and highlighted the importance of progressing the underpinning strategies, cultural challenges, visibility of leadership, system-wide work, and the importance of progress monitoring.

Mr Bennett noted that the Board needed to keep a real focus on the pillar relating to leadership and culture and highlighted the importance of progress and pace of delivery in this area.

The Board of Directors:

- Received and noted the report,
- Agreed that the eighth pillar of the Trust's improvement programme relating to culture and leadership was a key enabler to the successful delivery of the strategy.

262/20 Integrated Performance Report

Mr Bennett presented a new style Integrated Performance Report (IPR) structured around SPC charts and the domains of Quality, Operations, Workforce and Finance, and included a Trust level summary to provide headlines for each of the domains. Mr

Belton thanked Mr Bennett and the team for the pace at which the report had been redesigned, noting a significant improvement to the structuring of the report. Mr Bennett thanked the team for their hard work in achieving the complete reformatting of the IPR ahead of schedule.

Mr Bennett briefed the Board on the content of the report and said that further work was still required, particularly to ensure a consistent narrative across the four domains. He highlighted that NHSE/I was supporting the Trust in delivering training to staff regarding the production of the narrative to ensure consistency.

Quality

Dr Wasson reported that three 12-hour trolley waits had occurred in September, but the position had deteriorated further due to the significant challenges around flow and consequently there had been 32 12-hour trolley waits reported in October 2020.

Dr Wasson highlighted sepsis as an area of focus for the Trust, and advised that two sepsis practitioners were commencing in post this month. He noted that the new sepsis process was working well and the Board heard that the associated data should be available for the next IPR.

With regard to mortality indicators, the Board heard that the Trust compared well with its peers in this area but that work continued to improve the position even further. Dr Wasson advised that the mortality dashboard had been included for information under the consent agenda.

Dr Wasson advised that a formal investigation was underway regarding the never event occurred in the outpatients department in September, and confirmed that the patient had not suffered any lasting harm as a consequence of the incident.

Ms Tabernacle advised the Board that the Trust was one of the top performers across the system around Clostridium Difficile performance, and highlighted the IPC improvement work as a key contributory factor.

Ms Tabernacle reported a downward trend regarding falls, but highlighted falls with harm as a hot spot area. She briefed the Board on mitigating actions, and made particular reference to work in the Bluebell unit to take learning from the falls collaborative.

Dr Burrows provided assurance regarding the delivery of the VTE risk assessment metric, noting that this was a considerable achievement during the ongoing challenges with Covid.

Mrs Anderson raised a concern about the emergency c-section rate and queried if the metric required review given the increased number of mothers who were more likely to require emergency c-sections. Ms Tabernacle agreed with Mrs Anderson's comment and briefed the Board on ongoing work regarding the maternity dashboard and the associated metrics, noting that the Trust was receiving support from NHSE/I in this area.

Mr Bennett queried if the emergency c-section rate was the most significant metric from the maternity dashboard, given that it was currently the only metric from the dashboard to be included in the IPR. Ms Tabernacle acknowledged the question and agreed that further review was required to ensure there was an appropriate balance of maternity indicators in the IPR.

In response to a question from Mrs Moore, Dr Wasson briefed the Board on the never event investigation process and advised that the Board would receive the outcome of the conclusions once the formal report had been completed. Mr Moore said that the report was still awaited but that he would try to expedite the conclusions.

Mrs Moore highlighted issues around flow and the adverse effect on A&E waiting times, and asked if the Non-Executive Directors could do anything to help unblock the delayed discharges with the system.

Ms Tabernacle suggested that Mrs Moore could provide the Trust with some advice and support on how it could engage better with commissioners, given her experience with commissioning.

Mrs Robson advised that the Trust was working hard to highlight the sense of urgency with partners to ensure the issue was genuinely shared across the system. She noted that the recent Board to Board meeting with the CCG had been a start of that process, but that the issue would remain a challenge until the risk was fairly shared across the system.

Dr Wasson highlighted the Trust's ability to discharge Covid positive patients into the community as one of the biggest challenges for the Trust, which he was very keen to be resolved.

Mr Sugden highlighted the significant number of medically optimised awaiting transfer (MOAT) patients as an area of concern, and noted the need to be clear with partners about their role in alleviating the unacceptable pressures the Trust was currently facing. Mrs Moore queried how the Trust was managing the MOAT patients to ensure they did not become medically un-optimised and that the long waits did not lead to harm for the patients.

Dr Burrows advised that the Trust had been very clear about its expectations with the system, but to date this has not produced the desired outcome. She advised that the Trust monitored the MOAT patients on a daily basis and briefed the Board on work in managing this cohort of patients to reduce the risk of harm.

Ms Toal provided further clarity about work in this area and the Board heard that of the 80 MOAT patients currently in the hospital, only 13 were not restricted in any way. Ms Toal reiterated Dr Wasson's earlier comment about the need to resolve the issue around community capacity to enable the discharge of Covid positive patients and those patients discharged from other restricted wards. Mr Graham commented that the Trust also faced similar issues with discharging patients to areas outside of Stockport.

Mrs Robson briefed the Board on actions taken by the Trust to reach a system solution regarding the community capacity to enable the discharge of Covid positive patients, noting that the issue had been escalated to national leaders.

In response to a question from Mr Belton, Ms Toal confirmed that she was the Executive lead regarding the MOAT issue. In response to a suggestion from Mr Bennett, Mr Belton agreed to formally raise the Board's concerns about the MOAT issues with the Chair of the Stockport CCG, including issues around staffing the Stockport Nightingale facility and allowing Covid positive patients to be discharged there.

Ms Toal highlighted the importance of having substantive arrangements in place for an executive lead for the system around Discharge to Assess (D2A), and raised concerns about the interim arrangements in place.

Operational

Ms Toal highlighted the impact of Covid and winter pressures on the organisation, particularly around patient flow and consequently on the ED four hour target, and briefed the Board on the ongoing work to preserve as much cancer and elective work as possible. She noted that the elective programme would be severely impacted due to the second wave of Covid, and stressed the importance of continuing to secure independent capacity to assist in this area, noting the need to resolve the associated staffing issues.

Ms Toal briefed the Board on issues around the Trust's attempts to commission Bramhall Manor for Covid positive patients, noting that the insurers were unable to underwrite the plans. The Board also heard that the Trust was participating in a system-wide review of the D2A model.

Ms Toal was pleased to report that the Trust had achieved the GM trajectory for patients waiting more than 104 days for cancer treatment, and was ahead of trajectory regarding the backlog.

Ms Toal advised the Board that final decisions had been made about the winter schemes that the Trust would support, which were being enacted by the business groups.

In response to a suggestion from Mrs Barber-Brown, Mr Bennett agreed that consideration would be given to the inclusion of trajectories in the IPR, including for metrics such as diagnostics and agency spend.

Finance

Mr Graham reported that the Trust was still working in a hybrid financial regime, with a requirement to deliver a break even position for the first half of the financial year. The Board heard that the Trust had submitted a financial plan for the remainder of the year, which was above the control total position.

Mr Graham advised that the Trust had maintained a sufficient cash position to operate despite the current increased run rate of expenditure.

The Board heard that all trusts were required to deliver 1.1% of efficiencies during the latter half of the financial year, which the Trust needed to take into account as part of its forecast plans for the remainder of the year.

In response to a question from Mr Belton, Mr Graham advised that there had not been any formal communication yet to clarify whether the financial regime would be adjusted for the second half of the financial year in light of the second wave of Covid.

Workforce

Ms Brearley noted that issues relating to staffing would be considered as part of the staffing report later on the agenda.

She advised that the Trust compared favourably with its peers regarding staff absence levels, which in the current circumstances was commendable and a reflection of staff loyalty.

The Board heard about positive work across the Trust to get back on target regarding mandatory training, which was important from a safety and quality perspective.

Ms Brearley highlighted agency costs as a key concern, with expenditure levels at significantly high levels due to the pandemic, and briefed the Board on mitigating actions to reduce reliance on agency staff.

She also highlighted medical and non-medical appraisal levels as an area of concern, and advised that the Trust was planning on introducing "light touch" appraisals for staff, to ensure support without putting additional pressure on staff. Dr Burrows advised that supportive appraisals had been introduced for medical staff.

The Board of Directors:

- Received and noted the report,
- Agreed that Mr Belton would formally raise the Board's concerns about the MOAT issues with the Chair of the Stockport CCG,
- Agreed that consideration would be given to the inclusion of trajectories in the IPR for a number of the metrics.

263/20 Covid Update

Dr Wasson presented a report providing an update on the current Covid position, risks and challenges. He briefed the Board on the content of the report and provided an overview of the community prevalence as detailed in s2.1 of report, which was increasing at an approximate rate of 30% per week. He then referred the Board to s2.2 of the report and provided an overview of the bed occupancy rate, which was currently 15% above the position at the peak of the first wave. The Board heard that the Trust was opening its seventh Covid ward and Dr Wasson highlighted the significant associated challenges.

Dr Wasson said that patients continued to attend the hospital with non-Covid presentations, which had not been the case during the first wave. The Board heard that while this was a positive development from a patient safety perspective as it

ensured those patients requiring care and treatment received it, it also had an impact on the operational performance.

Dr Wasson referred the Board to s6 of the report and briefed the Board on projections with regard to acute ward and ICU demand. He also advised that some of the Trust's surgical wards had temporarily been changed to green medical wards, and highlighted the adverse consequent impact on elective surgery. He also highlighted the challenges associated with the implementation of the strict IPC requirements, noting that patient safety remained the primary focus for the Trust.

In response to a question from Mr Belton regarding the message to the public, Dr Wasson said that people should seek help elsewhere for minor ailments that did not require emergency care, but those with a genuine emergency should continue to come to the hospital.

Mrs Moore asked how the Trust ensured patient safety following the need for some staff to change their skill set due to being redeployed as part of the ward moves. Ms Tabernacle briefed the Board on processes and support in place for staff, noting that this was a key focus for the Trust. Dr Wasson noted that the Board should recognise the associated risk, and that it was important to support staff during these times of extremis. He highlighted the need for an oversight function to maintain patient safety and communications.

In response to a question from Mrs Barber-Brown who queried how the Trust ensured that the necessary standard operating procedures (SOPs) were understood by staff during ward moves, Dr Wasson said that the key element was about mentorship and ensuring that the important SOPs were highlighted and signposted accordingly.

In response to a question from Mrs Barber-Brown, Dr Wasson acknowledged that there would be an adverse impact on the quality of life for patients who were experiencing extended waits for surgery and he briefed the Board on ongoing work to increase theatre capacity, including partnership work with the independent sector. Mrs Robson also briefed the Board on work with other GM trusts regarding the designation of green sites to enable mutual aid across the wider patch.

In response to a comment from Mr Belton, there followed a discussion about the need to identify Covid related themes that the Board should have on their radar. In conclusion, Mr Moore agreed to give further consideration to a Covid risk register and report back to the next Board meeting.

The Board of Directors:

- Received and noted the report,
- Agreed to receive an update about a Covid risk register at the December Board meeting.

264/20 Nosocomial Outbreak Update

Ms Tabernacle presented a report providing an update on nosocomial infections and associated challenges and the work of the IPC team. She briefed the Board on the content of the report and noted that, until recently, the Trust had been supported by

the Infection Prevention & Control (IPC) National Improvement Support team. The Board heard that the intensive support had been stepped down following the significant improvements and progress made against the IPC improvement action plan.

Ms Tabernacle referred the Board to s3 of the report and made particular reference to the challenges around the implementation of two-metre bed spacing, noting the significant reductions to bed numbers if the rule was implemented. She highlighted mitigating actions in place to try and address the IPC challenges, including the piloting of partitions and plastic curtains around beds, and stressed the importance of staff awareness of their roles and responsibilities to ensure consistent adherence to IPC guidelines.

In response to a comment from Mrs Moore, Ms Tabernacle confirmed that the requirement to adhere to IPC guidelines was constantly being reiterated to staff, and that staff was being held to account for non-compliance through informal and formal disciplinary processes.

Mrs Robson made reference to the two-metre guidance and reminded the Board that the Trust had done a lot of work in this area during the first wave of the pandemic, noting that the consequence of full compliance would have meant a 39% reduction of the Trust's bed base. She advised that a further assessment had been undertaken during the second wave, and the issues had been highlighted to Ruth May during her recent visit to the Trust. Mr Graham added that the Trust had done a risk assessment in this area.

Mrs Anderson noted that one of the potential solutions referred to in the report was about building a new hospital and she queried how that was being considered as part of the Estates strategy. Mr Graham briefed the Board on preparatory work in this area, including tentative discussions with system partners.

In response to a question from Mrs Anderson, Ms Tabernacle agreed that data and consequences around staff not adhering to IPC guidelines would be included in future reports.

Mrs Anderson queried the general level of cleaning in the hospital and raised a particular concern about the cleaning of commodes. Mr Graham noted that this was a key focus for the Trust and advised that the Trust had purchased fogging machines, brought in private contractors as and when necessary and invested in additional cleaning staff.

Ms Tabernacle briefed the Board on work with matrons to ensure they were clear about their responsibilities around cleaning and the implementation of the matrons' charter from an IPC perspective, noting that matrons and ward managers were key in leading this work.

Mrs Barber-Brown asked for further information to be provided to the Non-Executive Directors about maceration of commodes and whether this was something the Trust should be doing. Ms Tabernacle agreed to respond to Non-Executive Directors regarding this issue outside of the meeting.

The Board of Directors:

- Received and noted the report,
- Agreed that Ms Tabernacle would provide further information about maceration of commodes to Non-Executive Directors,
- Endorsed the recommendations detailed in s5.1 of the report.

265/20 Infection Prevention & Control (IPC) Annual Report

Ms Tabernacle presented the IPC Annual Report 2019/20. In response to a question from Mr Belton, she advised that as well as the actions detailed in the report, the Trust had a more recent IPC improvement plan, which included smart objectives and actions that were being implemented.

In response to a question from Mr Belton regarding the monitoring of the objectives, Mrs Moore requested that the number of action plans and the IPC Board Assurance Framework be condensed into something smarter for monitoring by the Quality Committee. Ms Tabernacle acknowledged the request and agreed that it was important to have smart action plans in place to enable effective monitoring of the plans for the following year.

Mr Hopewell raised a general point about annual reports, noting that they tended to include retrospective rather than forward looking information. He acknowledged the requirement to report on the previous year, but given that so much work went on to the preparation of the annual reports, it was important to ensure they provided the Board with the necessary information.

The Board of Directors:

- Received and noted the IPC Annual Report.

Dr Sell joined the meeting and Dr Wasson left the meeting.

266/20 Winter Plan

Ms Toal delivered a presentation on the winter plan and the prioritisation of schemes within a defined financial envelope. She noted that the winter plan had yet to be signed off and given the lack of funding and resolution, the Board had made a decision to commence a number of the winter schemes at risk, including the escalation beds. The presentation covered the following subject headings:

- The headline challenge for winter,
- 6 and 7 January 2020 – a reminder of how tough winter can be in Stockport,
- Winter 2020 modelling demand – Demand challenge (IP),
- Current state – Projected inpatient demand and capacity gap – Winter 2020/21,
- Stockport system schemes to bridge the bed capacity gap in low Covid,
- SFT wide schemes to support reduced ED attendances (draft system plan),
- At SFT we have made progress to build up our resilience this year,
- Major schemes going into winter,
- SFT proposed key winter schemes,
- SFT Winter Plan – Our proposed high level schemes:
  - Priority 1 – Bridge the inpatient capacity gap,

  - Priority 2 – Alternatives to A&E
  - Priority 3 – SDEC
  - Priority 4 – Acute flow
  - Priority 5 – Discharge
- SFT agreed winter schemes,
- Agreed schemes to support winter preparedness,
- Winter scheme detail,
- Winter scheme detail – D2A,
- Key assumptions and risks,
- Covid Wave 2 – Impact on winter planning,
- Covid the waves,
- Covid Wave 1 vs. Covid Wave 2 – the difference this time,
- Revision to the inpatient capacity position,
- The current Covid capacity and demand position,
- Impact on winter planning.

The Board heard that the Trust was attempting to bridge a gap of about 89 beds, and all but urgent elective work had been paused as a consequence, which had released about 50 surgical beds. Ms Toal reported that this still left a gap of approx. 39 beds, which would inevitably lead to A&E boarding. She summarised the presentation and noted that the winter plan had been superseded by the Covid pandemic and the effect of Wave 2.

In response to a question from Mr Belton, Ms Toal clarified that the figures detailed in the presentation did not include the impact of any mutual aid.

In response to a question from Mr Hopewell, Ms Toal briefed the Board on work with system partners around mutual aid and green sites, highlighting the associated staffing issues.

In response to a question from Mr Belton who queried how a more realistic plan could be developed with partners, Ms Toal advised that she would be meeting with the Director of Adult Social Care to discuss out of hospital care for Covid positive patients, noting that this issue had to be resolved at pace.

Mr Sugden acknowledged the adverse impact of Covid on this year's winter planning, but stressed the importance of having the system winter plan signed off earlier next year. Ms Toal agreed with the comment and noted that the system partners had come round to the idea of the discharge operating model too late in this year's planning process.

Mr Bennett commended the agility of the Trust's staff particularly over the past two weeks, with staff getting behind the necessary actions to enable the ward moves. He noted that a similar degree of agility was required from the system at pace.

Mrs Barber-Brown reflected on the recent Board to Board meeting with the CCG and queried whether the Trust's inability to sign off the winter plan was reflecting badly on the Trust with the regulators and had an adverse effect on partner relations.

Mrs Robson commented that the winter plan had been the key focus at the most recent Stockport Improvement Board (SIB) meeting and the issue was that the winter plan was not fit for purpose, and had been superseded by the pressures caused by the

pandemic. She noted that the focus of the next SIB would be a robust response of the follow up contingency.

Mrs Anderson commented that the CCG had taken the lead for the development of the winter plan and queried if it would be prudent for the Trust to lead on this going forward, given that the risk tended to land with the Trust.

Mrs Robson said that it was important that system partners took ownership of winter planning, and noted that the Trust's capacity was stretched too thinly to be able to lead on this.

Ms Toal noted that the Trust had led on winter planning in the past without success, and it had consequently been decided that the CCG should lead on the plan this year. She noted, however, that the Trust had ended up funding the big schemes regardless to enable resilience.

Mrs Robson stressed the importance of partnership working and noted that this was one of the priority areas for discussion with Ms James as part of the handover. Mr Graham endorsed the comment but also noted the need to recognise the limiting factors, including around staffing.

In response to a question from Mr Belton, Ms Toal said that it was important to ensure that the only patients at the hospital were those with criteria to reside, and a system-wide response was required to compensate for the gap in the winter schemes.

The Board of Directors:

- Received and noted the presentation,
- Stressed the importance of a system-wide response to winter planning and the gap in the associated schemes.

267/20 PWC Discharge to Assess Work

Ms Toal delivered a presentation on the Discharge to Assess (D2A) work undertaken by PWC. She reminded the Board that the D2A model in Stockport had not been a commissioned service, but had been implemented at pace in response to Covid Wave 1 and subsequent national guidance.

She advised that the aim of the PWC work was to fundamentally redesign the discharge and D2A in Stockport with system partners, with a focus on a "home first" principle.

The Board heard that the successes to date included the agreement of a commissioned operating model and data analysis and dashboards.

Ms Toal briefed the Board on the work around the voluntary arrangements implementation, to test out the model to enable the commissioning and full implementation of the operating model in four to five weeks' time.

She raised concerns about the interim arrangements for a system level Executive lead for discharge, and in response to a question from Mrs Anderson, provided an overview

of the current arrangements, and stressed the need for developments to be made at pace in this area.

In response to a question from Mr Hopewell regarding additional resources required for the model, Ms Toal noted that the plan had been that a lot of the reallocation of resources would be from system partners rather than the Trust. She did think, however, that additional resources would be required, and further consideration was required in this area.

Mr Graham confirmed that resources for D2A were included in the Trust's financial forecast for the remainder of the financial year, and Ms Toal advised that if the model was to continue, this would equate to approximately £3.5m.

Ms Toal noted that it was important for the Board to keep sighted on the issue and push for a resolution by year-end. Mr Belton agreed to discuss this further with the Chair of the Stockport CCG, including resolving the leadership issue to ensure timely implementation of the D2A model.

The Board of Directors:

- Received and noted the presentation,
- Agreed that Mr Belton would discuss the D2A issue further with the Chair of the Stockport CCG.

268/20 Outputs, impact and value for money of PWC work

Mr Graham presented a report providing an update on the operational consultancy support work undertaken by PWC regarding patient flow during 2020/21, and sought Board approval to process associated payments totalling £712,082 + VAT.

Mr Graham highlighted the resultant benefits from the PWC work and briefed the Board on discussions held at the Executive Team and Finance & Performance Committee meetings about the need to embed and measure the improvements.

Ms Toal delivered a presentation detailing the outputs of the PWC work and highlighted the importance of maintaining the momentum and embedding the outcomes as part of business as usual.

In response to a question from Mr Belton regarding the value for money aspect, Mr Graham advised that PWC were on a national framework and noted that he was content that the work had been delivered with associated benefits. He highlighted the risks due to Covid and other priorities, and echoed Ms Toal's comment about the need to maintain momentum in this area.

Mrs Anderson highlighted the need to press on and prioritise the cultural change piece at pace, and noted that she and Mrs Barber-Brown would pick this up through the People Performance Committee.

Mr Bennett commented that he had been impressed with the PWC work, noting that they had left the Trust with great building blocks to take forward.

In response to a question from Mr Belton about what assurance the Board would be getting that the progress was being maintained, Ms Toal confirmed that updates would be provided to the People Performance Committee and Quality Committee in this area.

The Board of Directors:

- Received and noted the report,
- Approved the payment of fees totalling £712,082 + VAT, noting the level of VAT recovery for the engagement would be ascertained with the support of VAT Liaison,
- Noted that progress updates would be provided to the People Performance Committee and Quality Committee.

Mr P Gordon joined the meeting.

269/20 Freedom to Speak Up Report

Mr Gordon presented a report providing an update on the Trust's progress in the development of a Freedom to Speak Up (FTSU) agenda, and providing assurance on the approach and activities of the FTSU Guardian.

He briefed the Board on the content of the report and drew the Board's attention to his observations relating to the culture and behaviours within the organisation. He made specific reference to s4, s6, s7 and s8 of the report, relating to Board responsibilities and NGO recommendations, FTSU Guardian casework, themes and trends, soft intelligence on culture, and notable theme on culture, leadership and outcomes respectively.

Mr Gordon wished Mrs Robson well in her new role and also advised that this would be his last FTSU report before leaving the Trust. Mrs Barber-Brown thanked Mr Gordon for all his hard work and noted that the FTSU actions would continue to be monitored by the People Performance Committee.

In response to a question from Dr Sell, Mr Gordon said that he felt that the current arrangements of the FTSU Guardian working two days a week at the Trust were sufficient to carry out the duties of the role.

Mr Belton thanked Mr Gordon for his work as FTSU Guardian and wished him the very best for the future. He highlighted the challenge of creating a culture where staff felt valued and listened to, and that the Board had to be assured that all avenues were available for speaking up.

Ms Tabernacle noted the link between the FTSU and cultural work, the expectation around the Board's understanding of the FTSU processes and how it linked in with the Trust strategy.

The Board of Directors:

- Received and noted the report.

Mr Gordon left the meeting.

270/20 CQC Improvement Action Plan

Mr Moore presented the CQC Action Plan Update and Exception Report and provided a progress update in relation to the delivery plan. He briefed the Board on the content of the report and the Board noted the following status of the actions:

- 50 (19%) Blue actions (Blue – completed and fully embedded; an increase of 12% on the September reported position),
- 206 (77%) actions on track (Green – satisfactory progress; a decrease of 16% on the September reported position),
- 8 (3%) problematic actions (Amber – concern regarding delivery; an increase of 1% on the September reported position),
- 3 (1%) overdue actions (Red – breached target date; an increase of 1% on the September reported position).

Mr Moore briefed the Board on work around the overdue actions, relating to the delivery of the Fundamental Care Standards, Board Assurance Framework (BAF), and the initiation of work to address the paediatric ligature compliance.

With regard to the BAF, Mrs Parnell highlighted capacity issues to support the new governance structure. She advised that Ms Julie Dawes had recently commenced at the Trust to offer support in this area, with a key focus on the development of the BAF and the implementation of the Trust Management Board.

In response to a question from Mr Belton, Mr Moore acknowledged the risk to further slippage due to the ongoing pressures facing the Trust, particularly around the actions relating to patient flow.

The Board of Directors:

- Received and noted the content of the report, acknowledged the continuous progress made and that areas of concern were being addressed.

271/20 Stockport Improvement board – ED Improvement Programme

Ms Toal 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 highlighted the positive feedback received from the CQC.

Mr Moore referred the Board to Appendix 1 of the report, detailing the Trust's submission to the CQC around the Urgent and Emergency Care Patient First Questions. He advised that the submission was part of the CQC's approach to continuous inspection and confirmed that the Trust had not received any challenging questions from the CQC following the submission.

The Board of Directors:

- Received and noted the report.

272/20 Significant Risk Report

Mr Moore presented a report providing an update on the aggregate account of current significant risk exposures and potential future risks and the proceedings of the most recent meeting of the Risk Management Committee. He briefed the Board on the content of the report and made particular reference to s4.3 of the report regarding the aggregate profile of the current significant risks.

Mr Moore referred the Board to s5.1 of the report, providing an overview of the key decisions and actions agreed by the Risk Management Committee, and highlighted in particular a concern about a significant financial risk, which had also been discussed at the Finance and Performance Committee.

Mrs Anderson echoed Mr Moores' comments and noted that the Risk Management Committee enabled a more systematic way of considering risks across the Trust.

In response to a question from Dr Sell, Mrs Anderson provided further clarity about the Risk Management Committee's concern with regard to the the lack of maintenance of workforce related risk records and consequent actions to update them. Mrs Barber-Brown commented that she had been sighted on the draft workforce risk register, which looked positive and would be considered at the next meeting of the People Performance Committee.

Mr Moore highlighted the need for a forward looking focus to enable preparation for future risks.

The Board of Directors:

- Received and noted the report.

273/20 Gastroenterology Improvement Plan Update

Dr Burrows reported that following the identification of potential clinical care issues on Ward A1 earlier this year, the Trust had commissioned Mersey Internal Audit Agency (MIAA) to undertake an independent review. She advised that an action plan had been developed following the publication of the MIAA report, and she presented a report providing a progress update against the improvement plan.

The Board received positive assurance regarding progress against Phase 1 of the improvement plan and noted further actions identified as part of Phase 2 of the improvement journey, which focused on the embedding and sustainability of the transformational actions and improvements.

In response to questions from Mr Belton and Mrs Anderson, Ms Tabernacle briefed the Board on a new and supportive ward accreditation model to support the delivery of fundamental care standards across the organisation, and advised that the Board would receive progress updates in this area.

Mr Graham stressed the need for a consistent approach of the lessons learned and highlighted a link to the wider engagement and culture work across the Trust. He said that it was positive that the Trust was now getting assurance rather than reassurance in this area.

Dr Burrows briefed the Board on the work around the improvement plan with a focus on genuine outcomes, which was important to be able to evidence the difference the improvements had made to patients.

In response to a comment from Mr Belton, it was agreed that the Quality Committee would continue to monitor progress against the improvement plan and the Board would receive a report at the conclusion of the six-month programme in April 2021.

The Board of Directors:

- Received and noted the report,
- Agreed that the Quality Committee would continue to monitor progress against the improvement plan and the Board would receive a report at the conclusion of the programme in April 2021.

274/20 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.

Quality Committee

Mrs Moore noted that all the key issues and risks had been addressed in the meeting.

Finance & Performance Committee

Mr Sugden advised that the Committee would receive a report on the actual spend on the prioritised winter schemes to ensure the Trust was keeping within the agreed expenditure levels and receiving the necessary outcomes.

He highlighted the Committee's concern about planning for 2021/22, and advised that the Committee had asked the Executive Team to consider its approach to budgeting, taking into account capability, capacity and timescales.

People Performance Committee

Mrs Barber-Brown referred the Board to the Assurance section of the report and provided an overview of Committee discussions with regard to the Stroke ward, staff survey, e-rostering and the Dying to Work Charter.

Mr Bennett referred to the e-rostering project and noted that while the project had concluded, focused work was required to obtain strategic tactical benefits in this area.

The Board of Directors:

- Received and noted the reports from Assurance Committees.

275/20 Nurse Staffing and Rostering

Ms Tabernacle presented a report outlining assurances and risks associated with safe nurse staffing and ongoing actions to mitigate the risks associated with patient safety and quality. She briefed the Board on the content of the report and the Board heard that the underlying nurse staffing position had improved with reduced level of vacancies and an improvement in turnover.

Ms Tabernacle noted that nurse staffing remained challenging during the Covid pandemic and she briefed the Board on actions in this area. She advised that a review was in progress to provide assurance that safe nurse staffing was a priority for the Trust in order to maintain patient quality and safety, and the Board heard that a safe staffing report would be presented to the Board in January 2021.

Ms Tabernacle briefed the Board on progress with the implementation of the e-rostering programme, noting that a full programme of work was dedicated to the improvement in e-rostering across clinical and non-clinical teams.

Ms Tabernacle provided an overview of ongoing actions to reduce agency usage, including work with NHS Professionals. She referred the Board to s3 of the report and detailed next steps to support the continued improvement around nurse staffing.

Mrs Moore queried the delay from when an unconditional job offer was made to when the person commenced in post. Ms Brearley noted the adverse impact of Covid on international recruitment, given the travel restrictions and the quarantine period. She said that she was unaware of any other hold ups in this area but would confirm the position with the workforce team. Ms Tabernacle suggested that it would be useful to include detail about the length of the recruitment process in the Integrated Performance Report.

In response to a question from Mrs Moore, Ms Tabernacle highlighted historical issues regarding e-rostering and briefed the Board regarding work in this area, stressing the importance of embedding the improvements across the organisation.

In response to a question from Mr Belton about staffing the Stockport Nightingale unit and the impact of mutual aid on the Trust's staffing position, Ms Tabernacle commented that there was a system ask around staffing the Stockport Nightingale unit. She said that while the Trust's staffing position had improved, there were still day to day staffing challenges. Ms Tabernacle highlighted the importance of having a clear escalation process in place to ensure safe staffing and she briefed the Board on work in this area.

Ms Brearley commended the Trust's staff on their response to the significant pressures during the pandemic and their agility during these difficult times, particularly around ward moves. She said that it was important to maintain focus on medium and long term pipelines, and suggested that the Board might wish to reconsider the Band 4 to Band 5 programme, which had been considered last year.

Ms Tabernacle noted that the Safe Staffing report to be presented to the January Board meeting would include information about the future pipeline, as well as details about the funded apprenticeship programme.

The Board of Directors:

- Received and noted the report,
- Noted the next steps and the assurance provided regarding an improved position.

Ms Martin joined the meeting.

276/20 Health and Wellbeing Update

Mr Belton welcomed this item in recognition of the adverse impact of Covid and the ongoing pressures on Trust staff. Ms Brearley introduced the item and welcomed Ms Martin to give a presentation to the Board.

Ms Martin delivered a presentation and noted that it was also important to focus on the health and wellbeing on Board members. The presentation covered the following subject headings:

- Background,
- Staff wellbeing support,
- Our Covid response,
- Together Festival,
- What were the big wins,
- Biggest challenges,
- How do we know?,
- Our focus.

Mr Belton thanked Ms Martin for the presentation and acknowledged the considerable amount of health and wellbeing initiatives. In response to a question from Mr Belton, Ms Martin and Ms Tabernacle briefed the Board on actions in place to ensure staff was allocated the necessary annual leave during these difficult times. Ms Martin also highlighted ongoing work to provide health and wellbeing support to staff who lived alone.

In response to a question from Mrs Barber-Brown, Ms Martin advised that the People Performance Committee would receive regular updates regarding staff health and wellbeing and she welcomed Board members to get involved with some of the virtual wellbeing sessions.

Ms Brearley made reference to the feedback from staff on what they had appreciated during Wave 1, including feeling valued and having increased autonomy and delegated decision making. She noted that this feedback should be included in the wider culture programme to establish how some of those areas could be taken forward.

The Board of Directors:

- Received and noted the presentation.

Ms Martin left the meeting.

277/20 Consent Agenda

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

- **Workforce Flu Vaccination Update**

  The Board received and noted the report. Mrs Barber-Brown referred to section A1 of the self-assessment included as an appendix to the report and asked that the Trust's response be amended to state that the flu vaccination update report was presented to the Board in November 2020, and not in October as stated in the report.

- **Appointment of Senior Independent Director**

  The Board approved and recommended to the Council of Governors the appointment of Mrs Anderson as Senior Independent Director, and noted the update on Non-Executive Directors' responsibilities and Committee membership.

  Mr Belton commented that a correction regarding Committee composition had been highlighted to Mrs Parnell and an updated report would be circulated to the Board.

- **Mortality Dashboard**

  The Board received and noted the Mortality Dashboard, and heard that the report had also been considered by the Quality Committee.

- **CQC Report**

  The Board formally received the CQC Report following their inspection of the Urgent and Emergency Services in August 2020.

278/20 Date, time and venue of next meeting

The next meeting of the Board of Directors would be held on Thursday, 3 December 2020, commencing at 9.30am via Webex.

279/20 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
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 –** Ms Tabernacle briefed the Board on progress with international nurse recruitment and noted that the Board would receive a further update as part of a Safe Staffing Report to be presented to the Board in January 2021. The Board heard that an update regarding the establishment reviews was deferred to January 2021 to allow staff utilisation work to be completed.	January 2021	~~B Tabernacle-Pennington~~ N Firth
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.	January 2021	P Moore

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			Update 8 Oct 2020 – A suitable date was in the process of being identified. **Update 5 Nov 2020 –** The Board heard that a suitable date was being identified for when both Mrs Firth and Dr Loughney had commenced in post. It was anticipated that the action would be concluded in January 2021.		
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. **Update 5 Nov 2020 –** Mr Moore advised that two deep dives had been initiated regarding access standards and staffing.	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. **Update 5 Nov 2020 –** On agenda. Action complete.	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. **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.	To be agreed	P Moore

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			Mr Moore advised that the Trust was presently taking a pragmatic approach to the pandemic, with most governance arrangements remaining operational to enable the Board to function.		
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. **Update 5 Nov 2020 –** On agenda. Action complete.	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 January Board meeting.	January 2021	~~B Tabernacle~~ N Firth
05/11/20	262/20	Integrated Performance Report	It was agreed that Mr Belton would formally raise the Board's concerns about the MOAT and D2A issues with the Chair of the Stockport CCG.	November 2020	A Belton
05/11/20	264/20	Covid update	The Board noted the need to identify Covid related themes for monitoring and Mr Moore agreed to give further consideration to a Covid risk register and report back to the next Board meeting.	December 2020	P Moore
05/11/20	273/20	Gastro Update	It was agreed that Board would receive a report at the conclusion of the programme in April 2021.	April 2021	S Toal

Meeting	Minute reference	Subject	Action	Bring Forward	RO

On agenda
Not due
Overdue
Closed

Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	3 December 2020
Subject:	Chair's Report		
Report of:	Chair	**Prepared by:**	Mrs C Parnell

REPORT FOR APPROVAL

Corporate objective ref:	N/A
Board Assurance Framework ref:	N/A
CQC Registration Standards ref:	17
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report

This report advises the Board of Directors of the Chair's reflections on recent activities in relation to:

- Board changes
- Insight programme
- Partnership working
- Council of Governors

Attachments:

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

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1. PURPOSE OF THE REPORT

The purpose of this report is to advise the Board of Directors of the Chair's reflections on recent activities in relation to:

2. BOARD CHANGES

The last few months have seen a number of changes to the make-up of the Board and such churn can often be seen as de-stabilising for any organisation. However, the recent transitions have been managed extremely well and they bode well for further planned change.

Since the last meeting we have said goodbye to Louise Robson, who left the role of Chief Executive and she is settling well in her new position as Chief Executive Lead for Provider Collaboratives across the North of England. I am grateful to Karen James, OBE, for stepping in to the role of Interim Chief Executive, and I am delighted to see her continue to focus on the key priorities that as a Board we have worked on over the last year in the development of the Trust Strategy.

We have said goodbye to Beverley Tabernacle-Pennington as Interim Chief Nurse and welcomed Nic Firth to the permanent role, and I know she will be focused on ensuring we provide the best possible care for the people who need our services, as well as developing our valuable nursing and therapies workforce.

The Board is grateful to Dr Colin Wasson and Dr Gill Burrows for agreeing to continue in their role as Medical Director until the end of December while Andrew Laughney prepares to take up the MD responsibilities from the beginning of January 2020.

Today is our Chief Operating Officer Sue Toal's last Board meeting with us for a while as she will shortly be moving to Tameside and Glossop Intergrated Care NHS Foundation Trust and Jackie McShane, Director of Operations at Tameside, will be joining us at Stockport. This secondment swap will build on the partnership working between provider organisations that has served us so well during the pandemic, and also support the sharing of best practice between both organisations as we all face the challenge of Covid-19, winter pressures, and striving the recover the services suspended as a result of the pandemic.

Simon Bennett, who joined us on a secondment from NHS England/NHS Improvement to take on the role of Director of Strategy, Partnerships and Transformation, will be returning to NHSE/I in January 2020.

As well as changes to the Executive Director Team, we have also seen changes to the Non-Executive Director cohort with the recent appointment of Dr Louise Sell and Mary Moore. They have settled into their new roles really well and we are already benefiting from their clinical expertise and experience. There will be further changes to our Non-Executive Director team as Malcolm Sugden, Deputy Chair, comes to the end of his maximum nine years in office at the end of March 2020 and the Council of Governors' Nominations Committee have begun the process to find his replacement.

I wanted to take this opportunity to thank everyone for their flexibility in supporting the changes that have taken place at a time when the Trust and the wider health and care system has been under unprecedented and seemingly unceasing pressure.

On behalf of the Board I would also like to record our thanks for the significant contribution everyone who has left, or is leaving us shortly, has made to Stockport NHS Foundation Trust. We are truly grateful for all that you have done.

3. INSIGHT PROGRAMME

In our recent appointments to the Board, particularly in relation to Non-Executive Directors, we have actively sought to widen the diversity of the make-up of the Board. This is something I am particularly keen we continue to do and therefore I was delighted that Stockport NHS Foundation Trust has agreed to be part of the Insight Programme in the North West.

The programme aims to encourage and support people from diverse backgrounds to become Non-Executive Directors by offering six month placements in NHS organisations where they work alongside existing Non-Executive Directors to learn more about the role. We are currently in the process of identifying the first of two aspirant Non-Executive Directors who will work with us over the next year.

4. PARTNERSHIP WORKING

Strong partnership working has always been important to the delivery of effective health and care services, but during the pandemic the need for such partnerships has been strengthened and in recent months we have seen real benefits from working more closely with other NHS Trusts in Greater Manchester and East Cheshire, as well as with our colleagues in health and social care.

Throughout the pandemic I have continued to meet regularly with my Chair colleagues not only in Stockport but across GM and the North West, and recently I was very pleased to attend what I hope will become the first of regular Board to Board meetings with our colleagues at Stockport CCG to help develop a shared understand of the challenges that face the communities we support.

It is clear from the many partnership discussions that I have been involved in over recent months that there is very real concern about the impact the pandemic is having on widening inequalities in our communities. In the coming months I know this is a subject we will be focusing more closely on as we work together to recover services and move back to a more normal way of life following the roll out of a Covid-19 vaccine that now looks so hopefully on the horizon.

5. COUNCIL OF GOVERNORS

The Council of Governors has recently seen a number of changes, with some long standing governors reaching the end of their maximum tenure in post and new governors being elected.

Amongst those leaving the Council was Eve Brown, who had also served as lead governor for the last 18 months. I would like to take this opportunity to thank Eve and her former fellow governors for the contribution they have made to the Trust over a number of years.

The Council undertook a process to find a new lead governor and Roy Greenwood, who represents Tame Valley and Werneth, was appointed to the role at the last governors meeting.

The next meeting of the Council of Governors will be at 3pm on 10 December 2020.

6. RECOMMENDATIONS

The Board of Directors is recommended to note the content of this report.

NHS Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	3 December 2020
Subject:	Chief Executive's Report		
Report of:	Chief Executive	**Prepared by:**	Mrs C Parnell

REPORT FOR NOTING

Corporate objective ref:	N/A
Board Assurance Framework ref:	N/A
CQC Registration Standards ref:	8
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report

The purpose of this report is to advise the Board of Directors of national and local strategic and operational developments

8

Attachments:

This subject has previously been reported to:

- ☐ Board of Directors
- ☐ Council of Governors
- ☐ Audit Committee
- ☐ Executive Team
- ☐ Exec Management Group
- ☐ Quality Committee
- ☐ F&P Committee
- ☐ PP Committee
- ☐ Charitable Funds Committee
- ☐ Nominations Committee
- ☐ Remuneration Committee
- ☐ Joint Negotiating Council
- ☐ Other

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1. PURPOSE OF THE REPORT

The purpose of this report is to advise the Board of Directors of strategic and operational developments.

2. A WARM WELCOME

This is my first report to the Board having been with the organisation less the month, and I wanted to use this opportunity to thank everyone for the warm welcome I have received. Stockport NHS Foundation Trust is known for its friendliness and that has certainly been evident in the short time that I have been with the organisation.

I am starting to get to grips with understanding the challenges – some long standing – that face the organisation, and I am confident that there is a lot we can do in delivering our improvement programme that will make a positive difference.

However, some of the most deep seated issues need a whole system approach so I am devoting a significant amount of my time to working with partners in the local health and social care system. It was good to attend my first Stockport System Improvement Board recently to see the progress being made against some of those key challenges, as well as the work that we all still need to do together.

Addressing some of our performance issues has to be a key area of focus for the organisation in the coming months, not just maintaining a consistent performance against the four hour A&E standard to ensure patients get rapid urgent care when they need it, but also in trying to release capacity to deal with the backlog of elective work that is building up as a result of the pandemic. This is a real challenge as we continue to deal with the demands Covid-19 places on our staff and services, but it is important to our patients, many of whom have waited a long time for treatment, that we do everything we can restart our elective programmes in line with our plans for the remainder of the financial year.

There is a huge amout of rapid change going on across the NHS locally, regionally and nationally – some driven by the demands of the pandemic – and I will use this and my future reports to the Board to share some of those changes.

3. NATIONAL NEWS

3.1 Care Quality Commission

The Care Quality Commission (CQC) has announced temporary inspection arrangements in response to the challenges and limitations caused by Covid-19. These changes came into effect from 6 October 2020 and will mean that the CQC is more focused on key inspections, based on data and contact from members of the public, and using remote technology to reflect that “in person” inspections raises infection control issues at the moment. The CQC have also indicated that they are not intending to resume a programme of scheduled inspections at this time.

The CQC has also published an engagement draft of a revised strategy for the future for feedback prior to statutory consultation. It sets out a number of key area the regulator intends to focus on in the future including:

- system level provision rather than individual organisations,
- a focus on inequalities in health care in different areas and between different groups,
- using regulation to drive change response to people's desires rather than what providers choose to put in place,
- having accurate and up-to-date information on quality of care in services and local areas at all times, including moving away from the periodic inspection model;
- promoting a strong safety culture with transparency and openness when things go wrong to enable and drive real learning, the overall vision being zero harm;
- playing a much more active role in improving services.

We will respond to the engagement draft and we expect to take part in the formal consultation process in due course.

4. REGIONAL NEWS

4.1 North West Black, Asian and Minority Ethnic Strategic Assembly

In response to the disproportionate impact of Covid-19 on our Black, Asian and Minority Ethnic colleagues and communities and to the Black Lives Matter movement, the North West NHS has taken the decision to establish a strategic advisory committee.

The committee comprises over 70 NHS leaders from BAME backgrounds and aims to bring together and harness the collective will of our system, to make a significant and sustained change to what really matters to our North West BAME communities and colleagues.

The advisory committee, also referred to as the Assembly, is chaired jointly by Evelyn Asante-Mensah, chair of Pennine Care NHS Foundation Trust, and Bill McCarthy, regional director for NHS England-Improvement. It has set out its vision, which is to achieve a significant and sustained change within the NHS, based on what really matters to our black, Asian and minority ethnic colleagues and communities, tackling inequalities and taking positive action on racism.

The Assembly has identified a work programme, focussing on:

- minimising the risks posed by Covid-19 to our black, Asian and minority ethnic colleagues;
- addressing underlying racism within our structures, which prevents our Black, Asian and Minority Ethnic colleagues from fulfilling their potential;
- tackling the inequalities of access, which mean that our Black, Asian and Minority ethnic communities have poorer health and health outcomes.

The Assembly has published its vision, mission and strategic objectives and we will be developing our response to this, as well as responding to a call for information about the work we are already doing support our BAME colleagues.

5. TRUST NEWS

5.1 Safest place for emergency abdominal surgery

The latest annual report from the National Emergency Laparotomy Audit shows that the Trust is in the top four NHS organisations in the country for survival rates for emergency laparotomies, and Stepping Hill was also the best general hospital in the country, with one quarter of the expected number of deaths during the period December 2018 – November 2019.

The outcome follows a period of sustained improvement work over the last three years in partnership with GM Health and Social Care Partnership.

5.2 Daily Mail donation

The Trust has taken delivery of a Kingfisher machine to help prepare Covid-19 samples for testing thanks to the generosity of Daily Mail readers.

The news paper donated £54,000 to buy the machine that has automating a previously manual process. The machine generates 96 samples an hour, saving the microbiology team four hours of hands on laboratory time and speeding up the time it takes to process Covid-19 tests.

5.3 NHS Staff Survey

The annual NHS staff survey has now closed and 47.5 % of staff have shared their views on what it is like to work at the Trust. Last year we saw the biggest increase in the country of NHS staff taking part in the survey.

We expect to receive the outcomes of the survey, along with a comparison of our results against other similar organisations, in Spring 2020. We will use this important staff feedback to continue to develop our support for colleagues.

5.4 Flu vaccination

We are continuing to encourage staff to take up the annual opportunity to have a flu vaccination, and so far 73% of all staff have been immunised, compared to 61% for the same period last year. Also 74% of frontline staff have been immunised compared to 62% last year.

It is even more important this year that staff have the vaccination as we are also preparing to roll out Covid-19 immunisation once vaccines have completed all the clearance and licensing processes. Currently we are advised that there should be a three week window between staff receiving the flu vaccine and being immunised against Covid-19 so it is crucial that we complete our staff flu vaccination programme as early as possible this year.

As well as planning to offer Covid-19 vaccinations to our staff, and particularly those working in clinical areas, the Trust has also been designated as a vaccine hub to supply other organisations in South Manchester and the surrounding areas. There is a huge amount of work going on to prepare for the roll out of the vaccine but at the moment we do not have a date for when that will begin.

6. RECOMMENDATION

The Board of Directors is recommended to receive this report.

NHS Stockport NHS Foundation Trust

Report to:	Trust Board	**Date**:	3rd December 2020
Subject:	Maternity Improvement Plan		
Report of:	Director of Women, Children and Diagnostics	**Prepared by:**	Maternity Improvement Group

REPORT FOR APPROVAL

Corporate objective ref:	N/A
Board Assurance Framework ref:	N/A
CQC Registration Standards ref:	N/A
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report

Identify key facts, risks and implications associated with the report content.

This report highlights work on progress on the Maternity Improvement Plan.

The Trust Board are asked to note progress highlighted in the highlight report shown in Annex A.

9.1

Attachments:	Annex A – Maternity Improvement Highlight Report –3rd December 2020

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Committee ☐ F&P Committee	☐ PP Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. INTRODUCTION

1.1 There are several factors that have contributed to the Trusts Maternity Improvement plan including; the 2019 CQC report and involvement in the national Maternity Safety Support Programme (MSSP). The aim of the maternity improvement plan is to provide assurance of the work being completed within the service.

2. BACKGROUND

2.1 A maternity improvement group has been established and an improvement plan created. This group will meet on a fortnightly basis. A highlight report will be presented to the Executive Team every 3rd meeting of the month and Trust Board each month.

3. CURRENT SITUATION

3.1 Current progress can be seen in Annex A.

4. CONCLUSION

4.1 Current progress is seen in Annex A. The next report will come to Trust Board in January 2021.

5. RECOMMENDATIONS

5.1 The Trust Board are asked to note progress highlighted in the highlight report shown in Annex A.

NHS
Stockport
NHS Foundation Trust

Maternity Improvement Plan

Highlight Report
Trust Board–3rd December 2020

Making a difference every day

Maternity Improvement Plan

Stockport NHS Foundation Trust

Context and Drivers:

- Priorities from CQC Inspection and Action Plan – 4 'Must Do' and 5 'Should Do' actions for maternity services
- Change in rating from good to requires improvement
- Involvement in national Maternity Safety Support Programme (MSSP)
- Developing a service line strategy linked to new Trust Strategy with 5 year strategic objectives
- Work stream within the Safety theme of the Trust Improvement Programme
- Need a strong focus on our culture and to embed our values and behaviours

The Aim:

The aim of the maternity improvement plan is to provide assurance of the work being completed within the service to meet actions under the following:

- CQC 'must' and 'should' do actions.
- National Maternity Programmes
- Continuity of carer
- Maternity Safety Support Programme

There are a total of 19 actions within the plan

Progress Data

NHS Stockport NHS Foundation Trust

Status	Classification	Description
B	Blue "Complete"	Completed: Improvement / action delivered and evidence provided
G	Green "On track"	Improvement on trajectory either: a) On track – not yet completed b) On track – not yet started
A	Amber "Problematic"	Delivery remains feasible issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
R	Red "Delayed"	Off track / trajectory – milestone / timescales breached. Recovery plan required.

CURRENT PROGRESS

Action	Status >>	B	G	A	R
CQC must and should do actions		0	12	0	2
National Maternity Programmes		0	2	0	0
Continuity of Carers		0	2	0	0
MSSP		0	1	0	0
TOTAL:		**0**	**17**	**0**	**2**

* All green 'on track' targets are a) on track – not yet completed

Outcomes

NHS Stockport NHS Foundation Trust

Action	Outcome	Measure	Evidence
The trust must ensure that there are enough trained and competent staff to provide safe care to women and babies and that there is always a supernumerary labour ward co-ordinator at all times.	Midwifery staffing business case to resubmitted to Executive Team and Trust Board and approved. Birth rate plus staffing is now in place. Budgets have been agreed with Finance and operational funds have been exchanged. Action should turn blue once evidence has been reviewed and approved **Action on Track**	Evidence of midwifery staffing BC to ET/Board Additional staffing funding agreed	Evidence of midwifery staffing BC to ET/Board
Completion of Maternity Safety Support Programme self assessment to identify gaps in service	Meetings currently being set up to go through the self assessment **Action on Track**	Completion of self assessment	Self assessment

- There are several actions identified to turn blue once evidence has been reviewed and approved. This will be updated in the next highlight report.

Programme Risks

NHS Stockport NHS Foundation Trust

The following programme risks have been identified with mitigations described below:

RISKS	MITIGATION
Capacity of senior team to support implementation of the improvement plan	Support from Strategy and Planning and Transformation team in place, however this does not mitigate actions that need clinical/business group input
Temporary closure of East Cheshire maternity services and implementation of the improvement plan will put additional pressure on the senior team and maternity service	Support from Strategy and Planning and Transformation team in place, however this does not mitigate actions that need clinical/business group input
The CQC recommends that the Trust has a documented vision and strategy for maternity services by 31/03/2021. This is no longer in line with Trust wide plans for clinical service strategies.	The Strategy and Planning team will work with the business group on a bespoke strategy prior to a Trust wide common approach to clinical service strategies
Two actions which are red 'delayed' are due to cancellation of performance meetings. Dashboards are in place and have been to previous performance meetings.	CQC action plan comments state on 13/11/20 – *'We are content that a maternity dashboard exists and in used for evaluation of quality and performance within maternity services. to that extent this action has been completed because the dashboard is examined in details as part of performance review process. However consequential to second wave of covid and a need to focus ops teams on direct patient care activates the formal BG performance reviews meetings were stood down in October and Nov 2020. therefore we cannot conclude this action as were not able to give assurance through the BG performance review process.*

SRO update

Stockport NHS Foundation Trust

Key areas to highlight:

- The SRO for this programme will be the Chief Nurse
- SRO meetings will be scheduled monthly prior to each ET highlight report
- The Maternity Improvement Plan will be presented at ET on the 3rd week of each month
- The report will then be submitted to Trust Board monthly

Integrated Performance Report

Reporting Period October 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

Flow was considerably challenged over the month of October, as reflected in an increase in 12 hour waits and 4 hour ED performance. The complexity of flow in the context of covid swabbing, and zoning by infection risk is further complicated by ward restrictions following outbreaks. We have been operating at close to full capacity throughout this period.

Stroke specialist ward admissions are impacted by ward closures and covid zoning of non elective admissions. The stroke team are closely monitoring those patients managed outside of their specialist wards.

Critical care has expanded into (a different) theatre recovery – facilitating four critical care units – two covid units, one non covid unit, and one elective HDU in the restricted surgical zone. Total capacity of up to 30 beds.

Recognition that delivery of critical care capacity will require dilution of experienced critical care nurses, with those less familiar with this environment. This is in line with the published regional and national position.

Close management of ward closures and restrictions following covid outbreaks has been challenging, with a need to restrict patient ward moves, balanced against the risks of a congested emergency department.

Operations

Significant challenges remain around the response to covid-19 wave two, with the impact on both the non-elective and elective work within the Trust.

Non-electively, ongoing pressure with regards to patient flow as a result of covid-19 restrictions is continuing to adversely affect the Trust's performance agains the four hour standard. In addition, the numbers of people attending the Emergency Department has not seen the same reduction during the second national lockdown. Length of stay plays a major part in our flow challenge, with the discharge of patients who have had covid becoming increasingly difficult due to considerable reluctance to accept these patients into residential care. In spite of a national directive, the Stockport system has struggled to identify a residential or care home who can be designated for the care of patients recovering from a covid infection.

Despite the impact of wave 2, the Trust has successfully managed to maintain its Outpatient, diagnostic and some of its elective activity.

Endoscopy remains a key area of concern, with regards to the compliance with the two week wait standard for suspected cancer patients, and the provision of diagnostic capacity for non-urgent, non-cancer patients. This in turn affects the 62-day cancer, referral to treatment and diagnostic standards at Trust level, as well as extending waits for patients.

Workforce

Lateral flow staff testing programme commenced on 20th November

COVID vaccination programme is in the planning stage, commencing early December

Sickness absence rates are elevated by COVID second wave, though noted that this increase is not significant.

Continued reduction in turnover levels seen, including the nursing rate.

Flu vaccination programme making good progress, 10% above this time last year

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 notified control total position. There is further risk from efficiency requirements 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.

As yet unquantifiable is the impact of the second Covid-19 wave. There has been no guidance as to what impact this would have on the financial regime for Trusts, and whether there would be any further Covid-19 funding available.

Quality

Integrated Performance Report

Highlight Report

Matters of Concern or Key Risks to Escalate:

Flow was considerably challenged over the month of October, as reflected in an increase in 12 hour waits and 4 hour ED performance. The complexity of flow in the context of covid swabbing, and zoning by infection risk is further complicated by ward restrictions following outbreaks. We have been operating at close to full capacity throughout this period.

Stroke specialist ward admissions are impacted by ward closures and covid zoning of non elective admissions. The stroke team are closely monitoring those patients managed outside of their specialist wards.

Major Actions Commissioned / Work Underway:

Development of a virtual ward to permit up to 15 patients with covid infection to be monitored at home, with regular check ups on line from clinical staff.

In August we had less than 8 patients with covid in the hospital, we now have 160. Over a two month period we have provisioned many wards to meet this demend, and currently have 8 covid wards, with planning for our 9th.

Positive Assurances to Provide:

HSMR improved this month, with a reversal of the rising trend, with both this and SHMI approximating the national average. Deep dive reviews of diagnostic groups with excess mortality continue.

Cdiff infections remain low this month, assisting with the falling rate per 100,000 bed days.

Two new sepsis practitioners are now in post – they will be focusing upon ward education and feedback of cases where delivery of antibiotics within the required time is not achieved.

Decisions Made:

Critical care has expanded into (a different) theatre recovery – facilitating four critical care units – two covid units, one non covid unit, and one elective HDU in the restricted surgical zone. Total capacity of up to 30 beds.

Recognition that delivery of critical care capacity will require dilution of experienced critical care nurses, with those less familiar with this environment. This is in line with the published regional and national position.

Close management of ward closures and restrictions following covid outbreaks has been challenging, with a need to restrict patient ward moves, balanced against the risks of a congested emergency department.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

Metric	Latest Performance			Target	
A&E: 12hr Trolley Wait	Oct-20		32	F	<= 0
VTE Risk Assessment	Sep-20		97.9%	P	>= 95%
Sepsis: Timely recognition	Oct-20		62.3%	?	>= 50%
Sepsis: Antibiotic administration	Oct-20		67.9%	?	>= 50%
Mortality: HSMR	Aug-20		1.02	F	<= 1
Mortality: SHMI	May-20	L	0.99	P	<= 1
Never Event: Incidence	Oct-20		0	?	<= 0
Serious Incidents: STEIS Reportable	Oct-20	L	9		
C.Diff Infection Rate	Sep-20	L	22.83		
C.Diff Infection Count	Sep-20		13 (cumulative)	P	<= 25 (cumulative)
MRSA Infection Rate	Sep-20	H	1.11		
MRSA Infection Count	Sep-20		0		
MSSA Infection Rate	Sep-20		7.24		
E.Coli Infection Rate	Sep-20		20.6		

Quality | Operations | Workforce | Finance

10.1

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard continued…

Metric	Latest Performance		Target	
E.Coli Infection Count	Sep-20	4		
Falls: Total Incidence of Inpatient Falls	Oct-20	503 (cumulative)	P	<= 518 (cumulative)
Falls: Causing Moderate Harm and Above	Oct-20	16 (cumulative)	?	<= 15 (cumulative)
Pressure Ulcers: Hospital, Category 2	Sep-20	44 (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	Oct-20	21.2%	F	<= 15.4%
Friends & Family Test: Response Rate	Sep-20	18.3%		
Friends & Family Test: Inpatient	Sep-20	95.7%		
Friends & Family Test: A&E	Sep-20	86.7%		
Friends & Family Test: Maternity	Sep-20	100%		
Complaints Rate	Oct-20	0.5%		
Complaints: Timely response	Oct-20	92.1%	?	>= 95%
Referral to Treatment: 52 Week Breaches	Oct-20	1748	F	<= 0

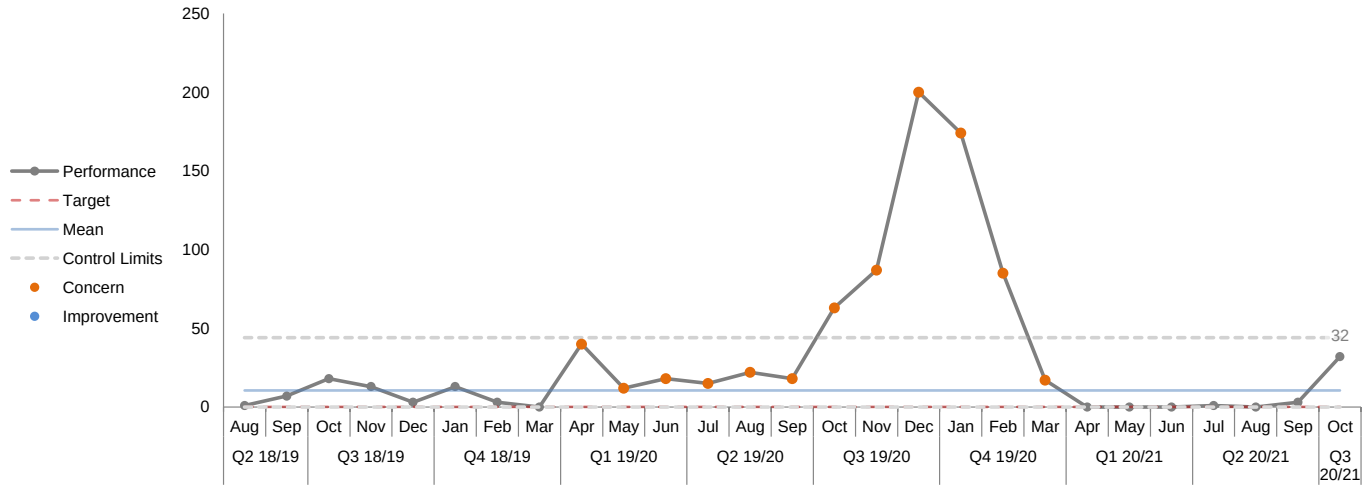
Quality | Operations | Workforce | Finance

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
Oct-20	32

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

Assurance

Target

<= 0

Aside from a small number of months in the reporting period, performance consistently exceeds the target amount.

What the chart tells us

The chart shows that between April 2019 and March 2020 there is a significant increasing trend in the number of 12-hour trolley waits. The chart shows that in April, May, June and August 2020 we managed to achieve the target of 0 trolley waits, we are still not consistently achieving on a regular basis.

Narrative

Issues:

The 32 twelve hour trolley waits this month is a fair reflection upon a period of challenged flow in the organisation. Non elective patients need to be 'streamed' into known covid, high risk of covid, low risk of covid, known non covid wards. The rapid change in demand from August to October required a transition from less than half of one ward for covid, up to the maximum of 9 covid wards six weeks later.

As the prevalence of covid increased, the development of outbreaks on our 'non covid' wards presented additional challenges, with up to four wards being put into isolation. The organisation was severely capacity limited through September and October, as is reflected in some long ED waits on our most difficult days.

Performance has improved as we have seen the number of patients with covid begin to reduce and the falling prevalence reflected in a reduction in ward outbreaks.

Actions & Mitigations:

Actions described to address long length of stay and to reduce the number of medically optimised patients awaiting transfer will directly impact on the 12-hour position.

Use of our 'gold command' structure to closely manage ward allocations to ensure good alignment between demand and capacity has been critical.

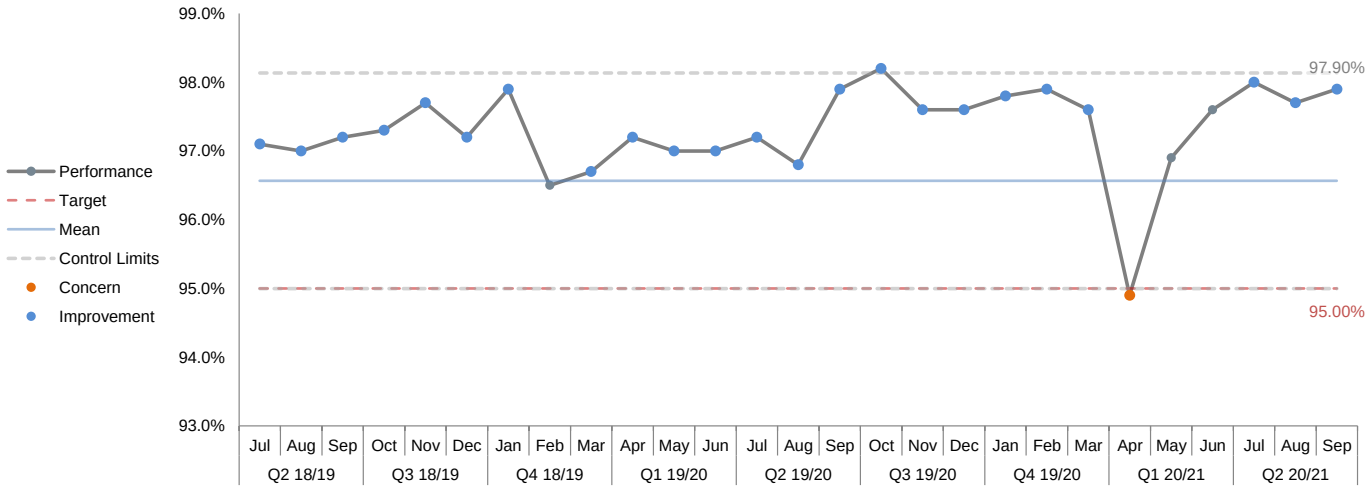
Within the Emergency Department, the focus continues to be on breach avoidance by ensuring all staff are following the relevant escalation processes at all times. At times of prolonged ED stay, there are mitigations in place, set out in the ED Improvement Plan, to ensure continued patient safety whilst patients are in the care of the department. The compliance with this plan is 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

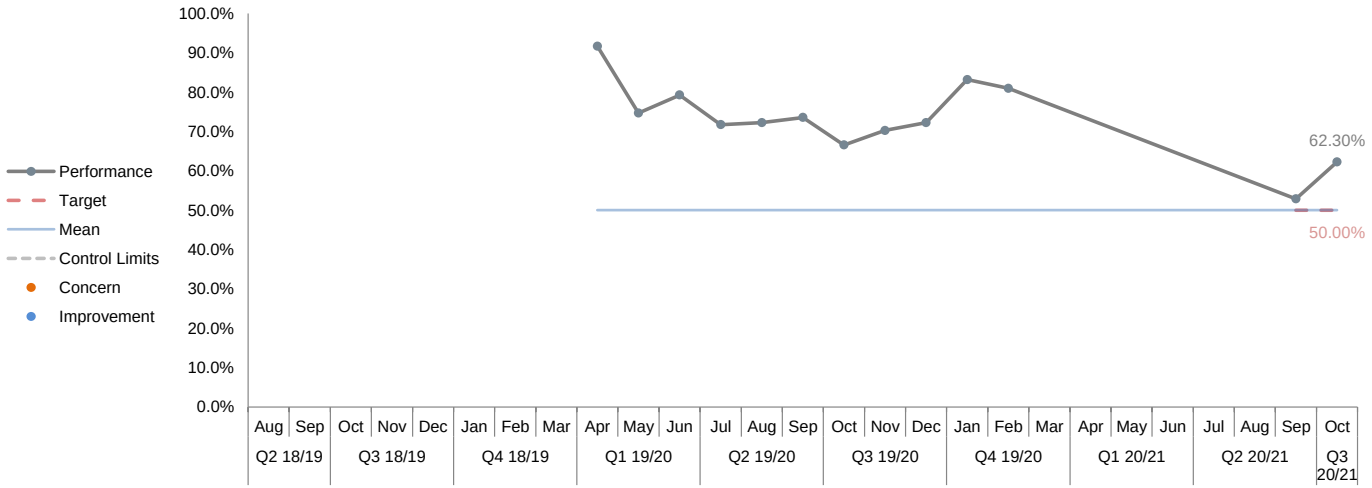
Issues:	Actions & Mitigations:

Quality | Operations | Workforce | Finance

10.1

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	
What the chart tells us	Since data collection recommenced, performance has exceeded the target amount. It this stage, there is not enough data to determine how sustainable this may be.

Variance

Latest Month	Actual
Oct-20	62.3%

There are too few data points to accurately determine control limits and special cause variation.

Assurance

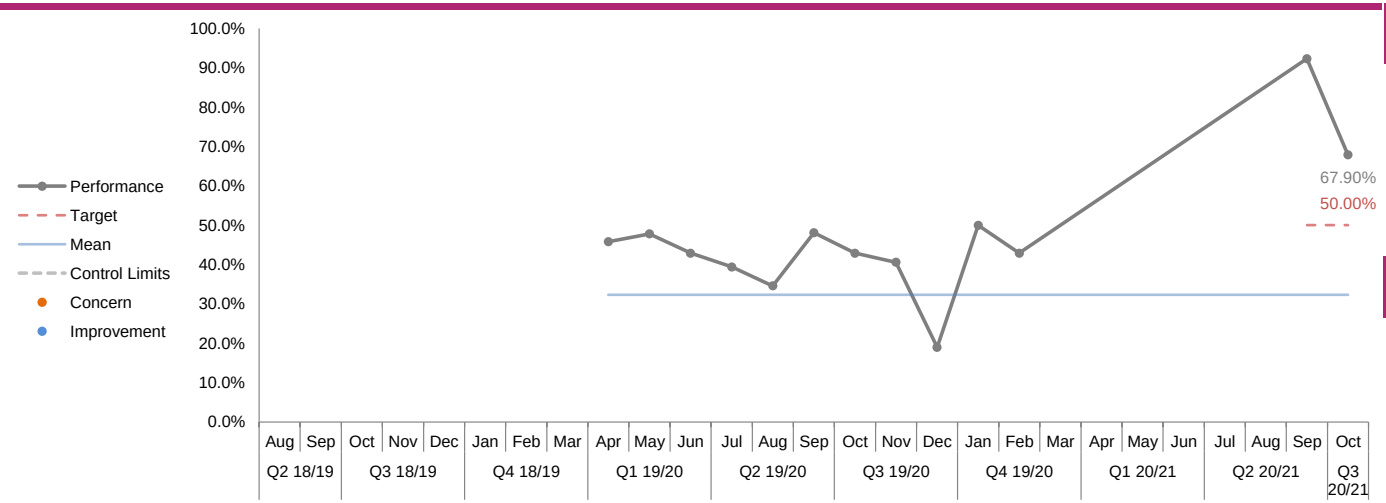
Target
>= 50%

There are too few data points to determine whether target is consistently achieved.

Narrative	Issues:	Actions & Mitigations:
	Metric within the agreed trajectory of performance but still requiring progress to meet the required performance target for December.Sepsis identification for audit purposes is where there is evidence that the nursing screening tool is completed or documented clinical judgement exercised for patients triggering NEWS 5 or more. Documented evidence of nursing assessment with sepsis screening tool needs to be significantly improved and this will have a positive impact on antibiotic compliance standards.	The data has been shared with the Chief / Deputy Chief Nurse and has been fed back through the BG ANDs to nursing staff. Red flag sepsis datix review fields are being finalized for implementation in December. BG specific action plan submission will be reviewed by the sepsis group. Ward level awareness rising with ward visits and reiteration by the two new sepsis nurses is now underway, with a focus upon driving the standards, educating the staff, and challenging poor performance. We anticipate their impact to be considerable. All CQC sepsis action plans are progressing well and on track with all actions rag rated as either blue (completed) or green (good progress). The patient track integration of nursing sepsis tool has suffered a delay in completion until the end of February.

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	
What the chart tells us	Since data collection recommenced, performance has exceeded the target amount. It this stage, there is not enough data to determine how sustainable this may be.
Narrative	**Issues:** October data collection completed and are within the agreed trajectory of performance but still requiring progress to meet the required performance target for December. The actions are as with those under sepsis: timely recognition **Actions & Mitigations:** BG / ward level compliance data requirements are being worked through by Business Intelligence team for feedback to individual BGs to develop their action plan. Wards can now access their compliance data through CIS.

Variance

Latest Month	Actual
Oct-20	67.9%

There are too few data points to accurately determine control limits and special cause variation.

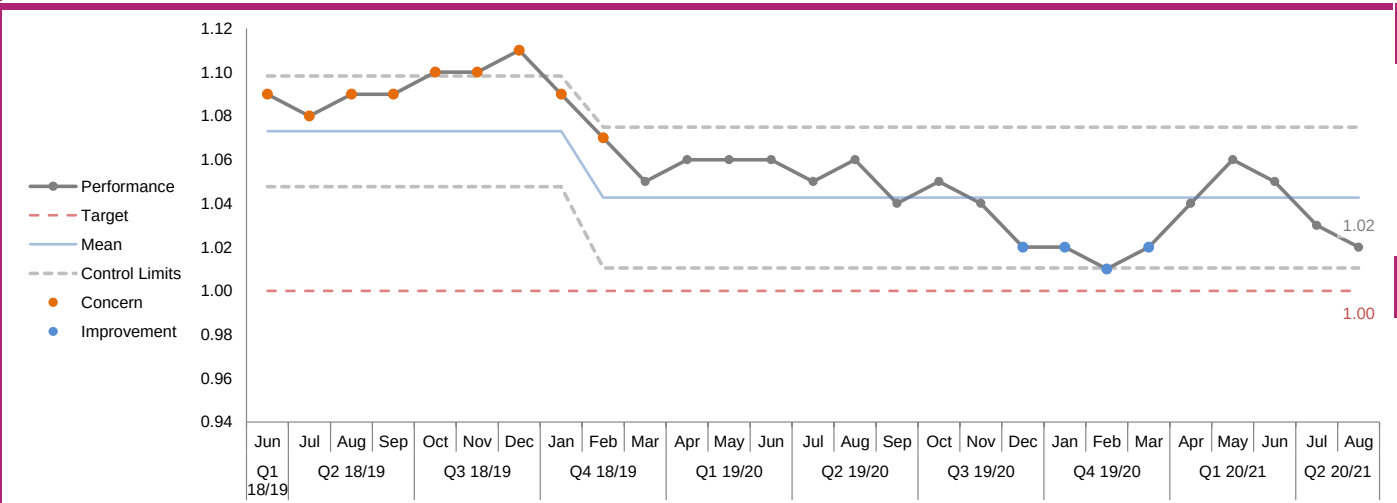
Assurance

Target
>= 50%

There are too few data points to determine whether target is consistently achieved.

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	
What the chart tells us	The chart shows that from February 2019 the Trust has seen a new lower mortality rate. Between December 2019 and March 2020 you can see a run of improvement indicated by mortality rates below the average, though this returns to expected levels between April and August 2020.
Narrative	**Issues:** An improving trajectory. HSMR in line with national 'average'. Low palliative care coding rates, and north west peer organisation rates (higher) make this a good achievement. Further focus on this topic included in the mortality dashboard. **Actions & Mitigations:**

Variance

Latest Month	Actual
Aug-20	1.02

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

Assurance

Target
<= 1

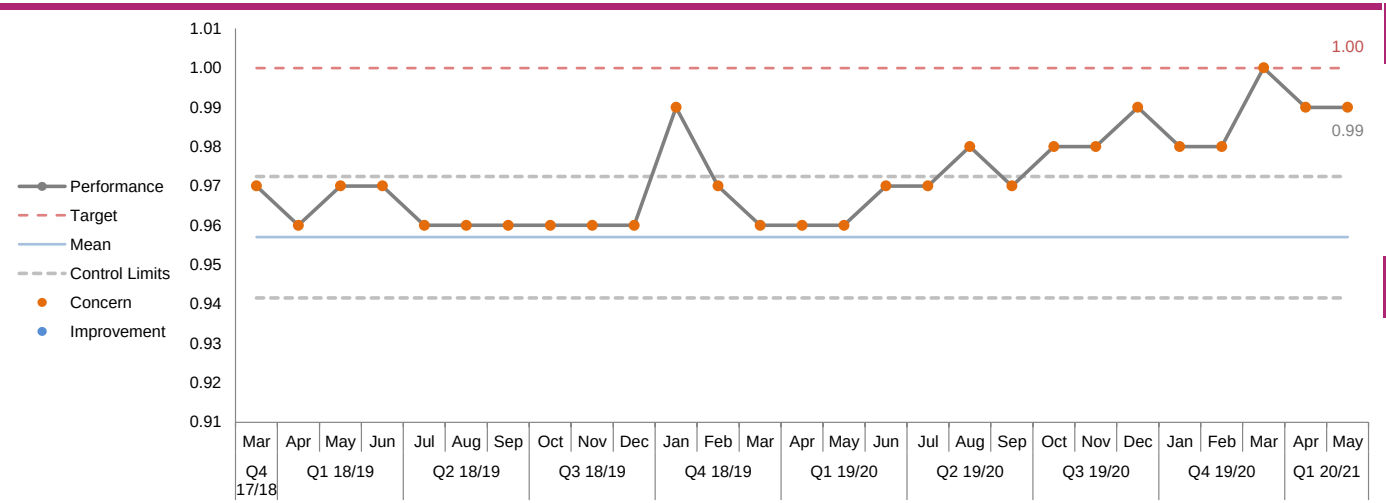
Performance consistently exceeds the target amount.

Quality | Operations | Workforce | Finance

10.1

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	
What the chart tells us	The chart shows that in June 2019 there is a deterioration in performance and a new higher mortality rate is established. This continues at the higher rate through to May 2020 with no significant changes in mortality rate throughout this period.
Narrative	**Issues:** Remains in line with the national average, and better than most local peer organisations. **Actions & Mitigations:**

Variance

Latest Month	Actual
May-20	0.99

The data shows special cause variation, indicated by a run of values above the average.

Assurance

Target
<= 1

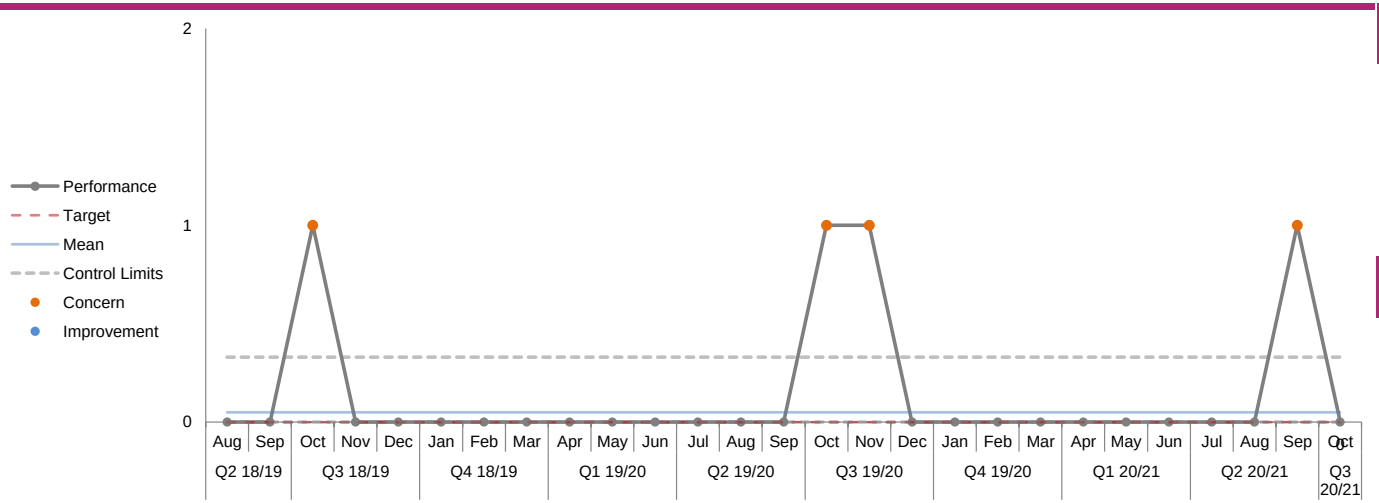
Performance consistently achieves the target.

Quality | Operations | Workforce | Finance

10.1

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	
What the chart tells us	The chart shows that between November 2018 and September 2019 there is a period of significant improvement where there were no occurrences of never events. October and November 2019 do show reported never events, but then another extended period between December 2019 and August 2020 show no further occurrences of never events.
Narrative	**Issues:** There have been no never events recorded this month **Actions & Mitigations:**

Variance

Latest Month	Actual
Oct-20	0

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

Assurance

Target
<= 0

Although target is achieved for the majority of the reporting period, there have been 4 occasions where values exceed the target amount.

Quality | Operations | Workforce | Finance

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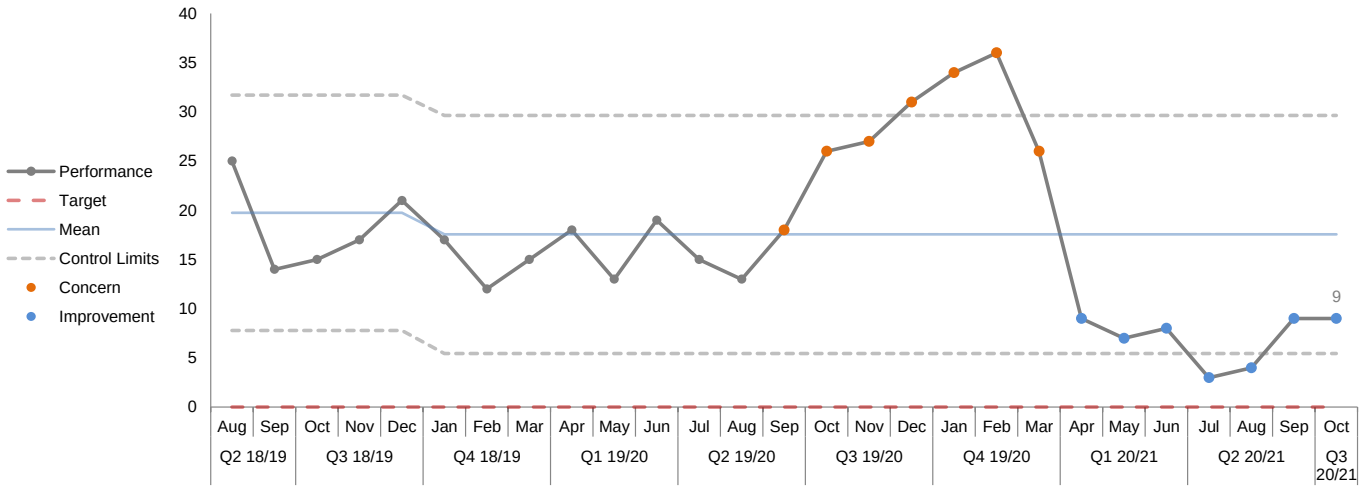
Integrated Performance Report

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
Oct-20	9

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

Assurance

Target

There is no target for this metric.

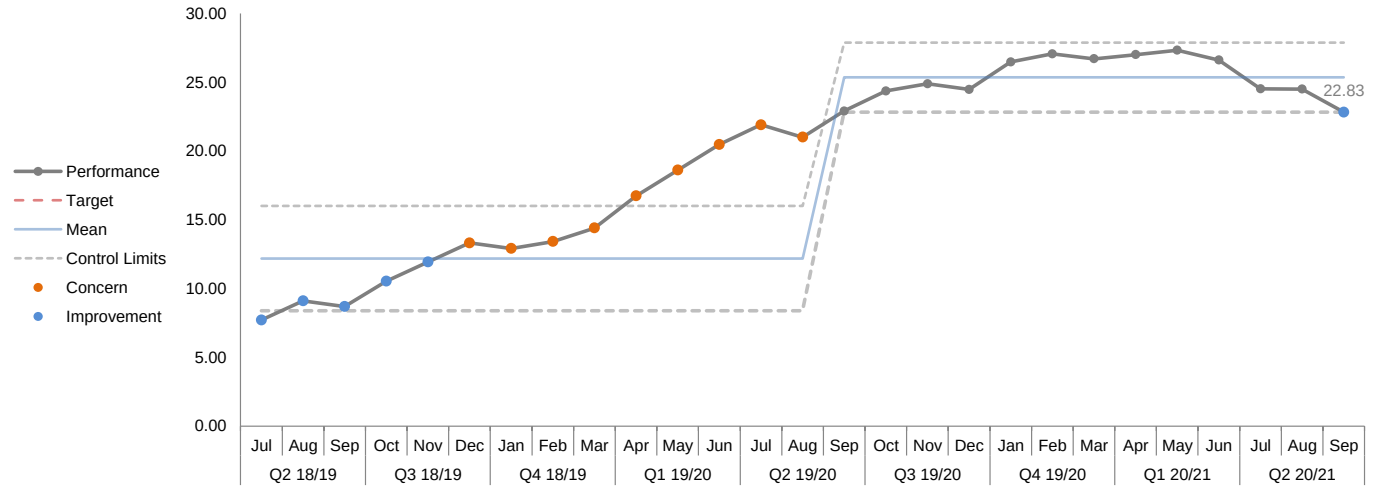
What the chart tells us	The charts shows that between September 2019 and March 2020 there is a period where the number of STEIS reportable incidents is significantly higher. However, this appears to change from April 2020 onwards as there is a significant reduction in the number of incidents. This lower level of STEIS reportable incidents continues through to October.

Narrative

Issues:	Actions & Mitigations:
There were 9 incidents reported to STEIS this month. 2 incidents related to plaster casts causing significant pressure damage. 2 incidents related to unexpected deaths 1 incident related to alleged inappropriate behaviour towards a patient by staff 1 incident related to a failure to follow up where patient had a tonsillar cancer 2 incidents related to discharges of patients from the Emergency department 1 incident related to an infection outbreak	The investigation process has commenced.

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	
What the chart tells us	The chart shows that between July 2018 and August 2019, infection rates have been unstable and on an increasing trend. Infection rates appear to stabilise from September 2019 with much of the difference in performance through to May 2020 due to random variation, with no significant changes. June does appear to show the beginning of a downward trend in infection rates, although it is too soon to say if this is sustainable, or due to random variation in performance. September data does show a significantly lower infection rate than normal.
Narrative	**Issues:** The downward trend from June could potentially be associated with COVID-19 admissions **Actions & Mitigations:** Increased use of PPE and increased cleaning of ward areas due to COVID-19 outbreaks

Variance

Latest Month		Actual
Sep-20		22.83

The data shows special cause variation, with a value at the edge of the control limits, suggesting a potential improvement.

Assurance

Target

There is no target set for this metric.

Quality | Operations | Workforce | Finance

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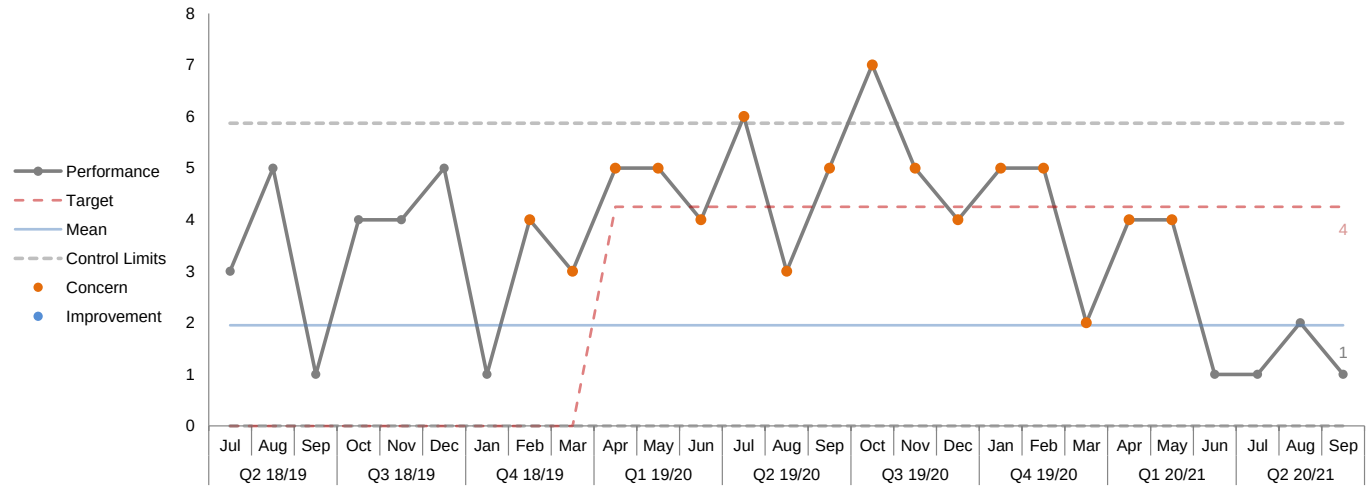
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**C.Diff Infection Count** Total number of C.Diff infections.
Performance of this measure over time	
What the chart tells us	The chart shows that from February 2019 to May 2020 the Trust has seen an unusually high number of C.Diff infections, with a run of values above the average. Since June 2020 these infection rates have returned to normal lower levels.

Variance

Latest Month	Actual
Sep-20	13

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

Assurance

Target
<= 25

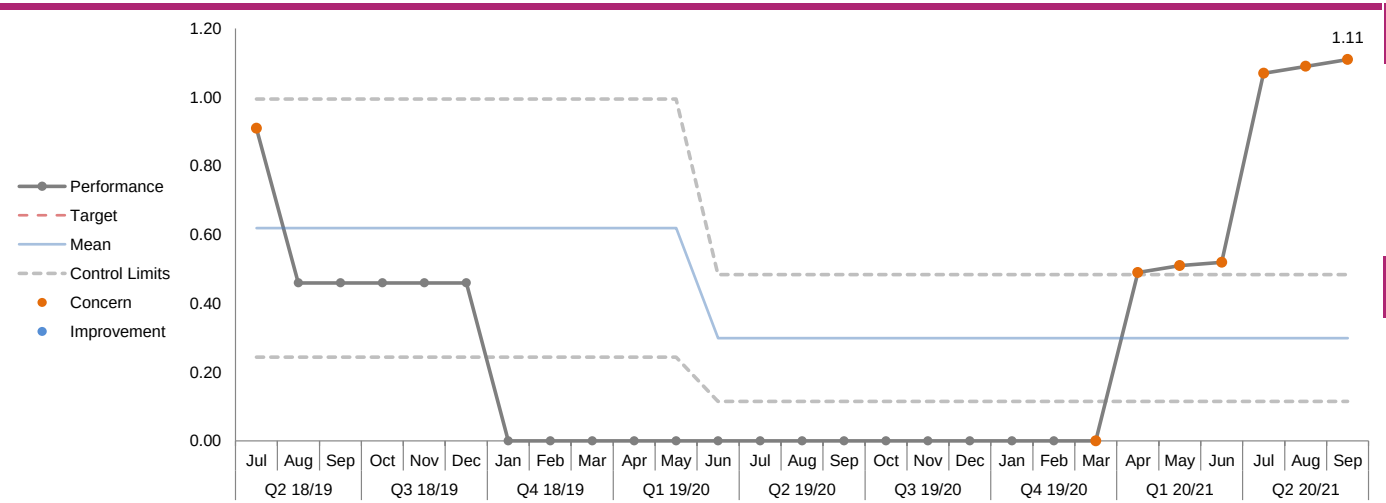
The number of infections has remained consistently below the target amount since April 2020.

Narrative

Issues:	Actions & Mitigations:
The downward trend from June could potentially be associated with COVID-19 admissions	Increased use of PPE and increased cleaning of ward areas due to COVID-19 outbreaks

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	
What the chart tells us	The chart shows that from January 2019 to March 2020 the Trust maintained a 0 infection rate for MRSA. April and July show a change as the infection rate increases at these two points.
Narrative	**Issues:** No further cases since July 2020 **Actions & Mitigations:** No actions to consider

Variance

Latest Month	Actual
Sep-20	1.11

The data shows special cause variation, indicated by values outside than the upper control limits.

Assurance

Target

There is no target for this metric.

Quality | Operations | Workforce | Finance

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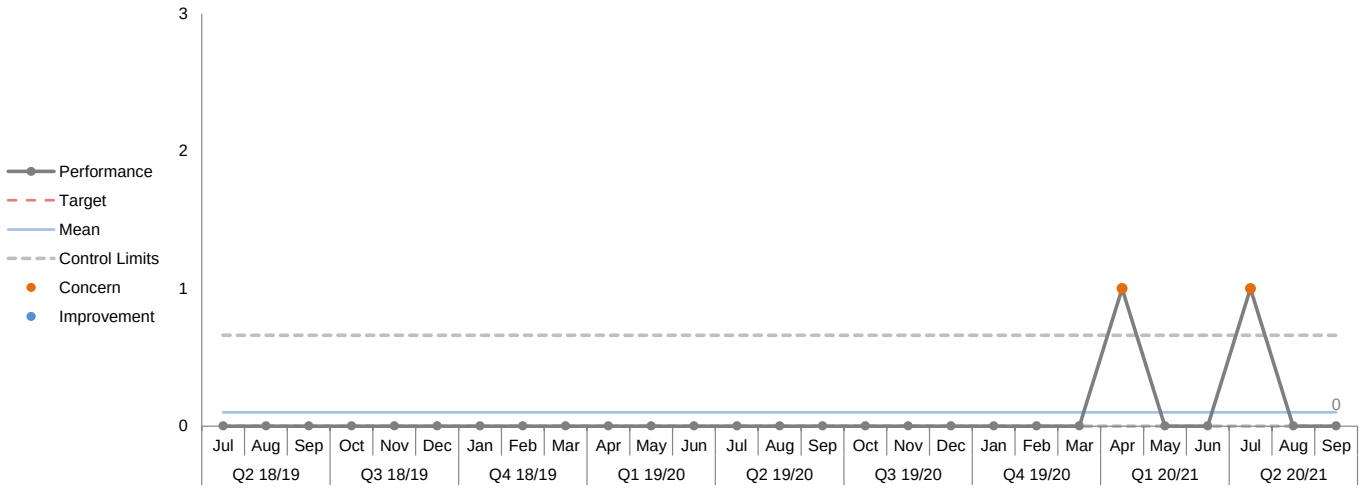
Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Sep-20	0

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

Assurance

Target

There is no target for this metric.

What the chart tells us	The chart shows that over much of the reporting period there are 0 MRSA infections. April and July 2020 show a change, with 1 infection reported in each of these months. August and September report 0 infections.

Narrative

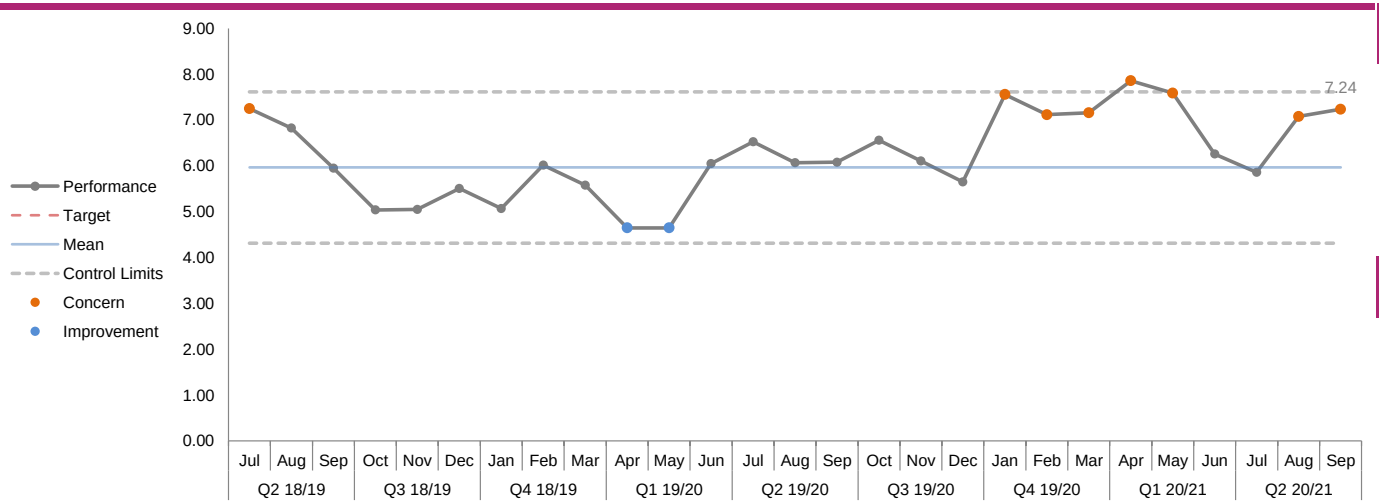
Issues:	Actions & Mitigations:
No further cases since July 2020	No actions to consider

Quality | Operations | Workforce | Finance

10.1

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	
What the chart tells us	The chart shows that for much of the reporting period performance has been normal variation month to month, with an unusually lower rate of MSSA infection seen in April and May 2019. January 2020 seems to show a run of values at the edge of the control limits, indicating a potentially new higher rate of MSSA infection, and although this did return to normal levels in June and July 2020, August and September have seen a return to a higher rate of infection.
Narrative	**Issues:** Investigations not undertaken for MSSA infections to determine themes and trends **Actions & Mitigations:** Developing an RCA document to enable investigations to commence

Variance

Latest Month	Actual
Sep-20	7.24

The data shows special cause variation, show by a value toward edge of the upper control limit, suggesting potential concern.

Assurance

Target

There is no target for this metric.

Quality | Operations | Workforce | Finance

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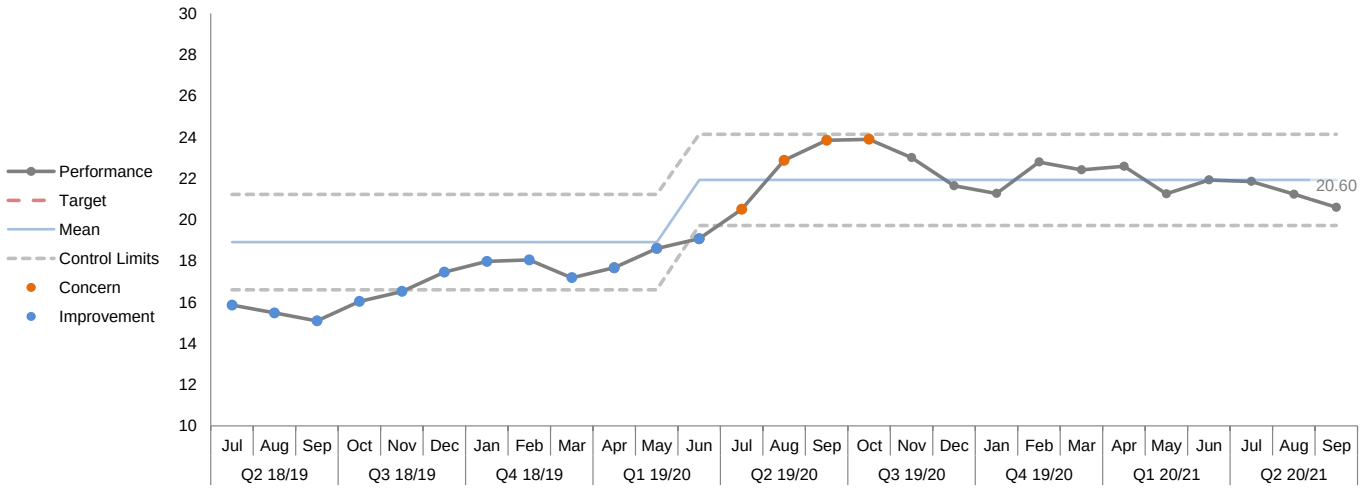
Integrated Performance Report

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
Sep-20	20.6

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

Assurance

Target

There is no target for this metric.

What the chart tells us	The chart shows that there has been a steadily increasing E.Coli infection rate up until October 2019. The infection rate appears to stabilise, albeit at a new higher level and there has been no significant change in infection rates since that point.

Narrative

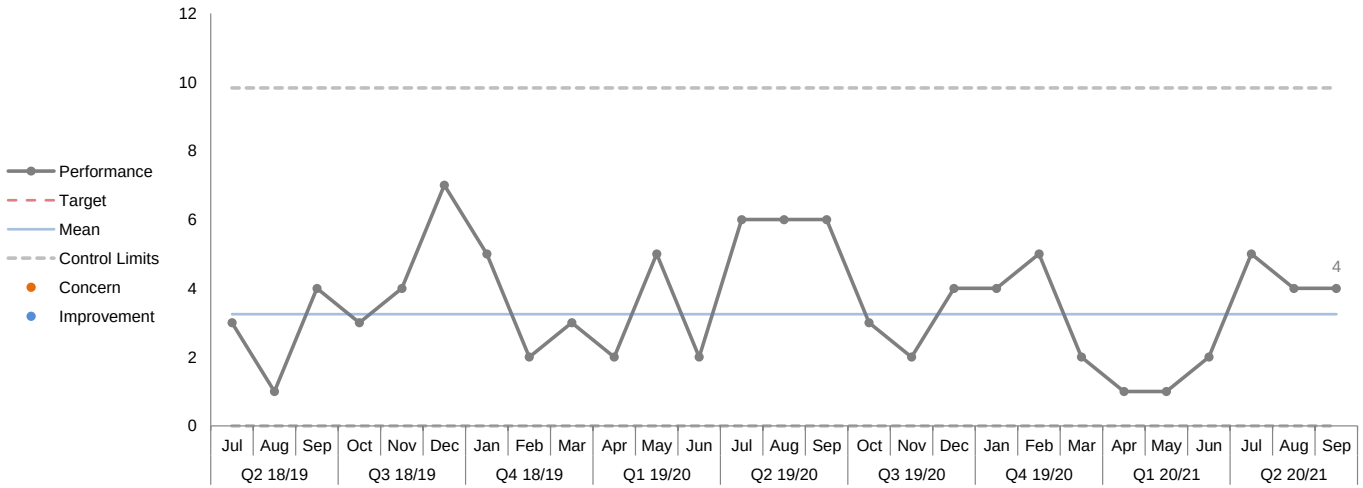
Issues:	Actions & Mitigations:
Investigations not undertaken for MSSA infections to determine themes and trends	Developing an RCA document to enable investigations to commence

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
Sep-20	4

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

Assurance

Target

The is no target for this metric.

What the chart tells us	The chart shows that across the whole reporting period, there has been no significant changes in the number of E.Coli infections across the Trust.

Narrative

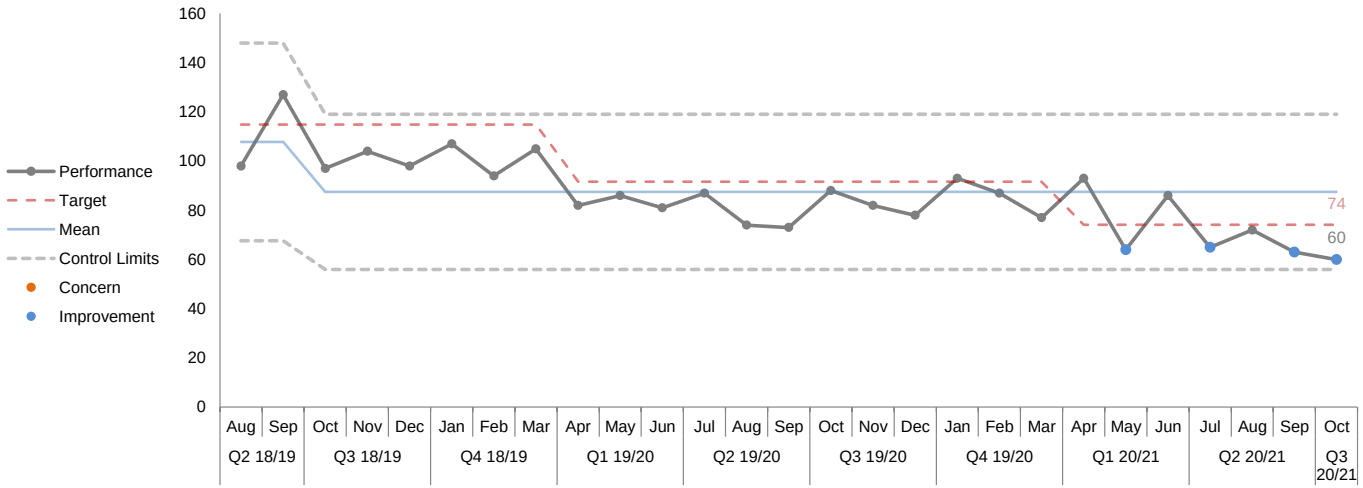
Issues:	Actions & Mitigations:
Investigations not undertaken for MSSA infections to determine themes and trends	Developing an RCA document to enable investigations to commence

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Falls: Total Incidence of Inpatient Falls** Total number of Inpatient falls - excludes any patient falls in emergency department

Performance of this measure over time



Variance

Latest Month	Actual
Oct-20	503

The data shows special cause variation, indicating a value at the outer edge of the lower control limit.

Assurance

Target

<= 518

So far there have been 503 falls reported, against a cumulative target of 518 for the 6-month period.

What the chart tells us

The chart shows that across much of the reporting period there have been no significant changes in the number of falls reported each month. However, in May 2020 you can see an unusually low number reported, and again in July, September and October. More data is required in order to determine whether this is a new low rate of falls is sustainable. Performance for this metric is measured against an cumulative target for the year.

Narrative

Issues:

The overall number of inpatient falls are on track based on the monthly results. Again, this should be acknowledged as a significant achievement considering the challenges relating to number of ward moves (including some made late in the evening), ward closures/openings and changes to functionality due to Covid-19 pandemic. A reduction in compliance to intentional rounding has also been seen during this period which is a concern.

There are challenges in progressing the falls prevention work due to decreased resources within the Quality Team. .

Actions & Mitigations:

The revised Bay Nursing SOP has been implemented in Medicine and Clinical Support BG and will be rolled out across all areas, each BG responsible for their own implementation plan.

Inconsistent recording of Lying and Standing BP continues to be a theme of the investigations heard at harm free care panel. Ongoing compliance of monitoring of L & S BP is captured via Quality Metrics and should form part of the Falls Action Plan for each BG.

The falls action plans are currently reviewed at Quality Governance Board within each BG, going forward these will be submitted to Deputy Chief Nurse/Harm Free Care Panel for review and monitoring.

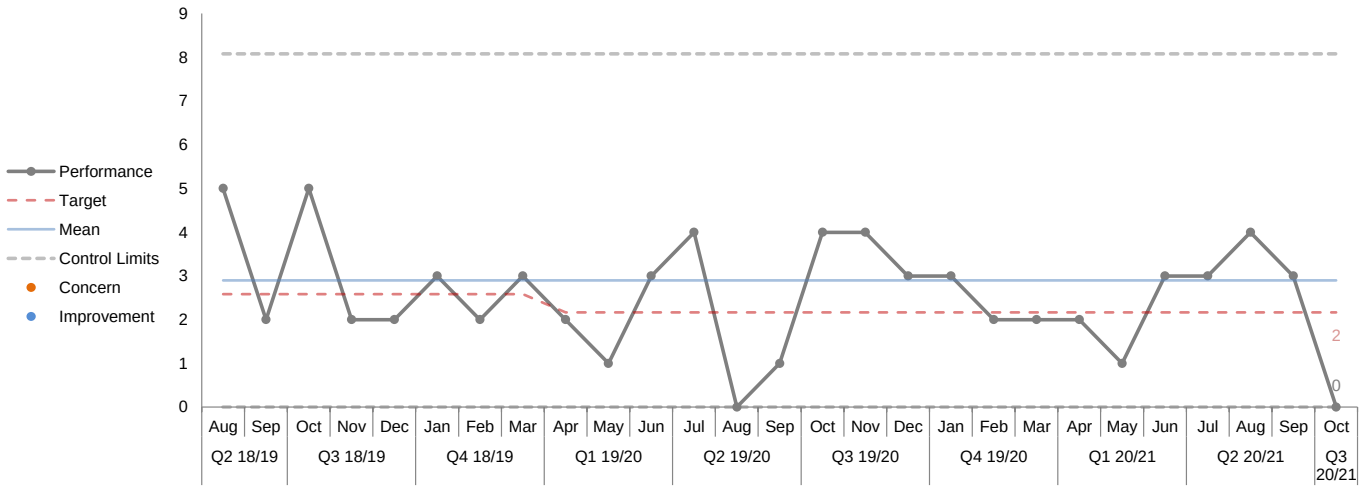
Nursing and Therapy Teams are working collaboratively to support the work around falls prevention and review of the falls policy, which is overdue remains a priority focus for the group.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Falls: Causing Moderate Harm and Above** Total number of falls causing moderate harm and above. Excludes any patient falls in emergency department

Performance of this measure over time



Variance

Latest Month	Actual
Oct-20	16

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

Assurance

Target
<= 15

So far there have been 16 falls reported, against a cumulative target of 15 for the 6-month period.

What the chart tells us

The charts show no significant changes in the number of falls causing moderate and above harm across the reporting period. Performance for this metric is measured against an cumulative target for the year.

Narrative

Issues:

In October 2020, there were no reported inpatient falls with moderate or above harm for the first time since August 2019.

This should be acknowledged as a significant achievement considering the challenges relating to number of ward moves (including some made late in the evening), ward closures/openings and changes to functionality due to Covid-19 pandemic.

*Data amended for Aug 2020 to show an additional fall with moderate or above harm not previously included due to delayed escalation within the Business Group.

Actions & Mitigations:

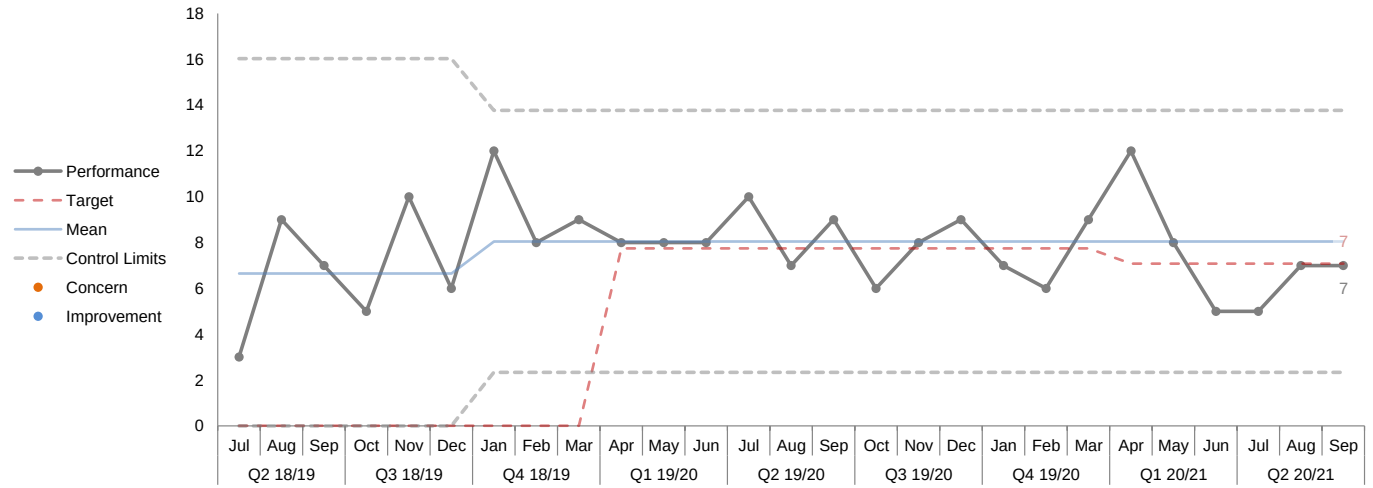
The revised Bay Nursing SOP has been implemented in Medicine and Clinical Support BG and will be rolled out across all areas, each BG responsible for their own implementation plan.

Inconsistent recording of Lying and Standing BP continues to be a theme of the investigations heard at harm free care panel. Ongoing compliance of monitoring of L & S BP is captured via Quality Metrics and should form part of the Falls Action Plan for each BG.

The falls action plans are currently reviewed at Quality Governance Board within each BG, going forward these will be submitted to Deputy Chief Nurse/Harm Free Care Panel for monitoring.

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	
What the chart tells us	The data shows that across the whole reporting period there have been no significant changes in the number of category 2 pressure ulcers month to month. Performance for this metric is measured against a cumulative total for the year.

Variance

Latest Month	Actual
Sep-20	44

The data show common cause variation, suggestion no significant changes in performance.

Assurance

Target
<= 85

So far there have been 44 pressure ulcers, against a cumulative target of 85 for the 6-month period.

Narrative

Issues:

The Trust set a target to reduce the overall number of Hospital acquired pressure ulcers by 10% over the forthcoming 12 months. This month (September data) we have had 7 category 2 pressure ulcers (PU) reported.
Up until this month we were back on track to achieve the PU target reduction, however with the onset of the second wave of Covid and associated staffing pressures, once again we have seen an increase in numbers of new pressure ulcer damage that is being reported. This is not reflected in the numbers reported on the dashboard, as figures do not include the numbers of medical device related PU or PU categorised as DTI or unstageable before they evolve to a category 3 and 4.
Staffing pressures and the clinical acuity is impacting on poor training and operational meeting attendance and the ability to implement action plans and quality initiatives

Actions & Mitigations:

33% of wards are now using daily skin inspection stickers for all patients identified as being at risk of pressure damage but do not require be on a repositioning regime.

On the 19th of November it is Worldwide Stop the Pressure day and the Tissue Viability team will visit the remaining wards to provide goodie bags and a supply of skin inspection stickers

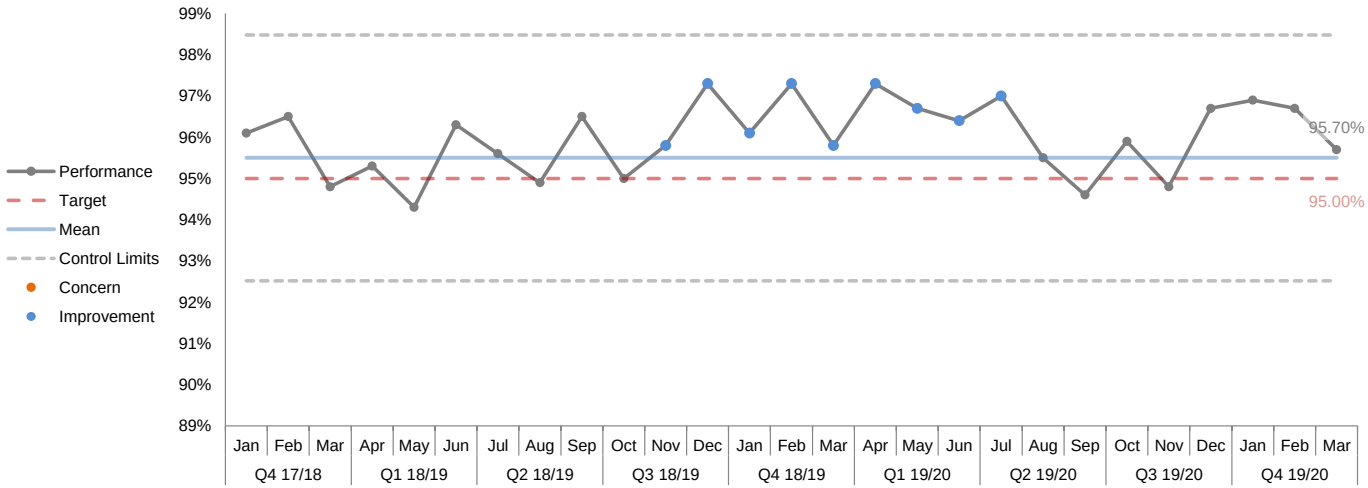
The medical device task and finish group has been re-established

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.

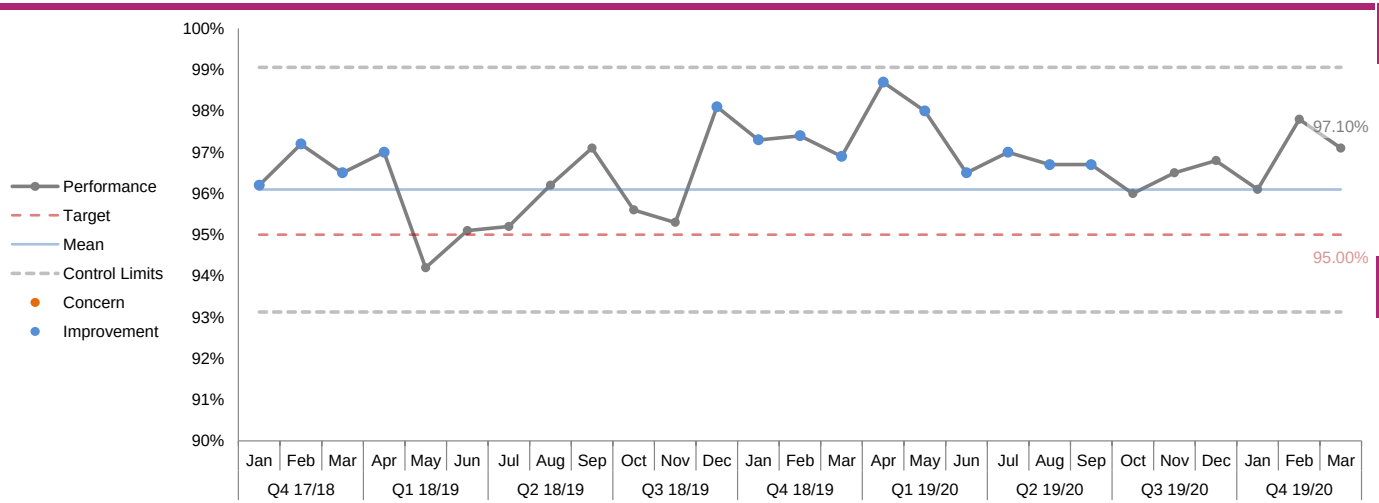
What the chart tells us	The chart shows that there has been no significant changes in performance against safety thermometer across the reporting period. Although in September and November 2019 we missed the target, we have otherwise consistently achieved the 95% mark. Data collection around this indicator 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	
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:**

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.

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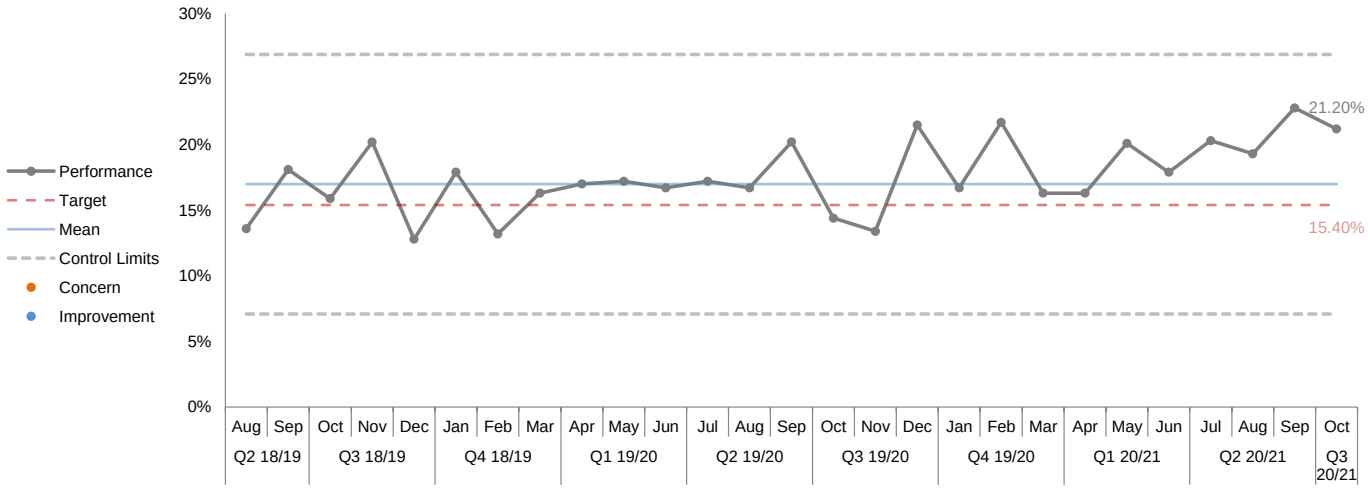
Integrated Performance Report

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
Oct-20	21.2%

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

Assurance

Target
<= 15.4%

The performance consistently exceed the target amount.

What the chart tells us	The data shows that across the reporting period there have been no significant changes in performance. Although over the last 6 months you can see a run of values above the average, it is too soon to say whether this is a trend, or down to random variation.

Narrative

Issues:	Actions & Mitigations:

Quality | Operations | Workforce | Finance

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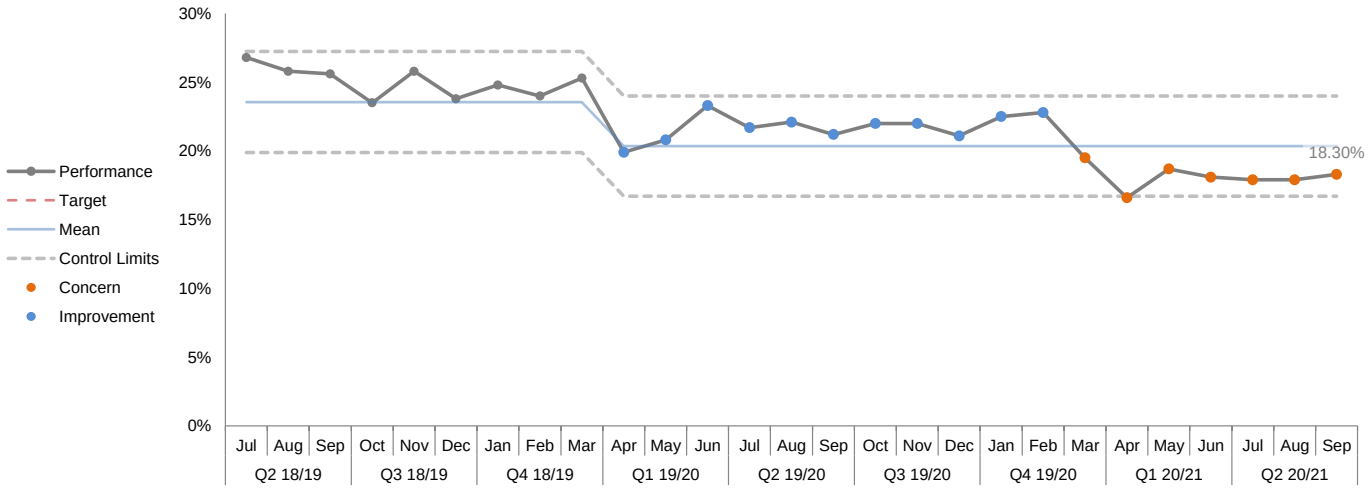
Integrated Performance Report

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	
What the chart tells us	The charts shows that from April 2019 we see a new lower response rate that runs through to February 2020. March 2020 sees a new dip in response rates that continues through to September with a run of values below the average response rate.

Variance

Latest Month	Actual
Sep-20	18.3%

Data shows special cause variation, indicated by a run of values below the average.

Assurance

Target

There is no target for this metric.

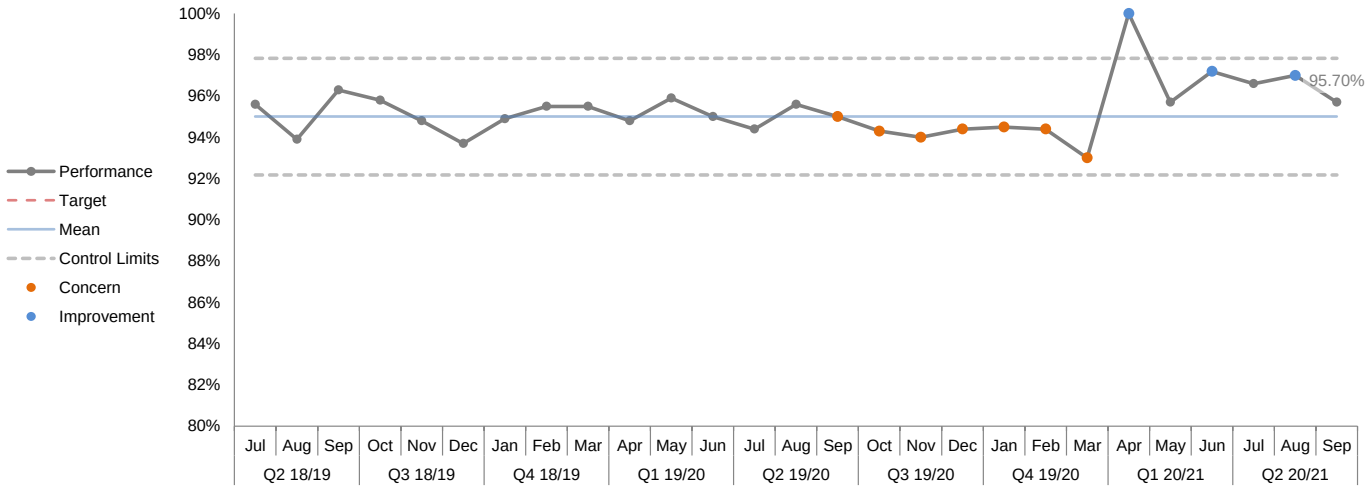
Narrative	Issues:	Actions & Mitigations:
	Currently, local data is collected by SMS and voicemail (No national return due to COVID-19). National returns will recommence from December 2020.	Quality and Patient Experience Team have worked with Healthcare Communications to develop resources and poster campaign to support the national new question format for FFT . An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. Raising awareness campaign of the new FFT questions and response formats will take place throughout November and December.

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
Sep-20	95.7%

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

Assurance

Target

There is no target for this metric.

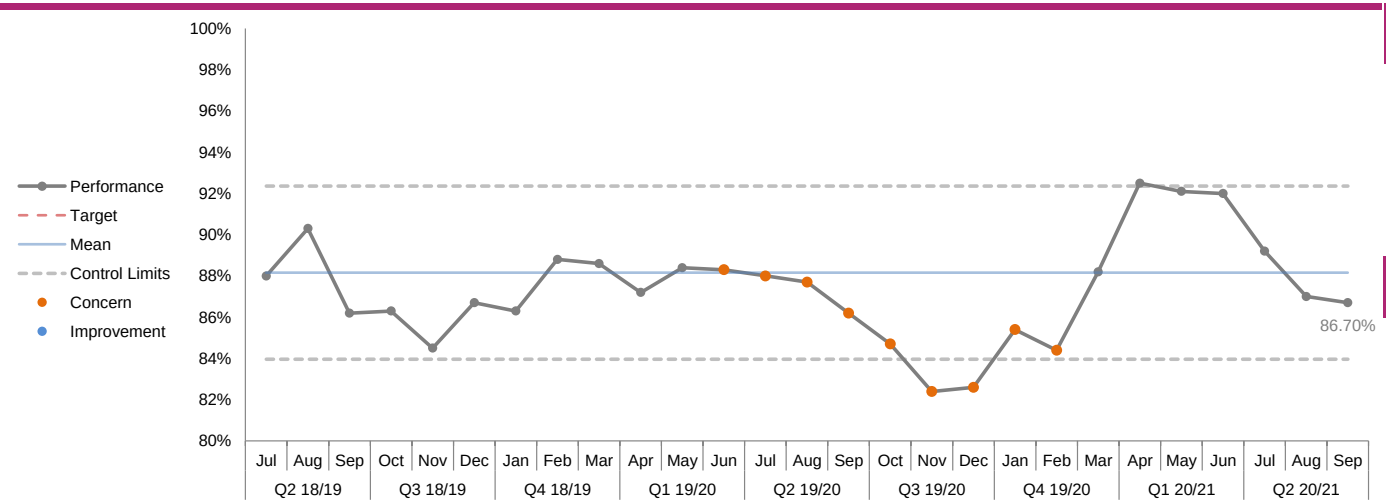
What the chart tells us	The chart shows that between September 2019 and March 2020 there is a run of lower than average performance, but this picks up in April as performance returns to expected levels, and even shows higher than usual response rates in April, June, and August.

Narrative

Issues:	Actions & Mitigations:
Local data is currently collected by SMS and voicemail National data collection is suspended until December 2020	Quality and Patient Experience Team have worked with Healthcare Communications to develop resources and poster campaign to support the national new question format for FFT . An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. Raising awareness campaign of the new FFT questions and response formats will take place throughout November and December.

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	
What the chart tells us	The chart shows that between June 2019 and February 2020 there is a run of lower than average performance, but this picks up from March as performance returns to expected levels. April to June show unusually high performance against the metric, though responses return to expected levels again through July to September.

Variance

Latest Month	Actual
Sep-20	86.7%

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

Assurance

Target

There is no target for this metric.

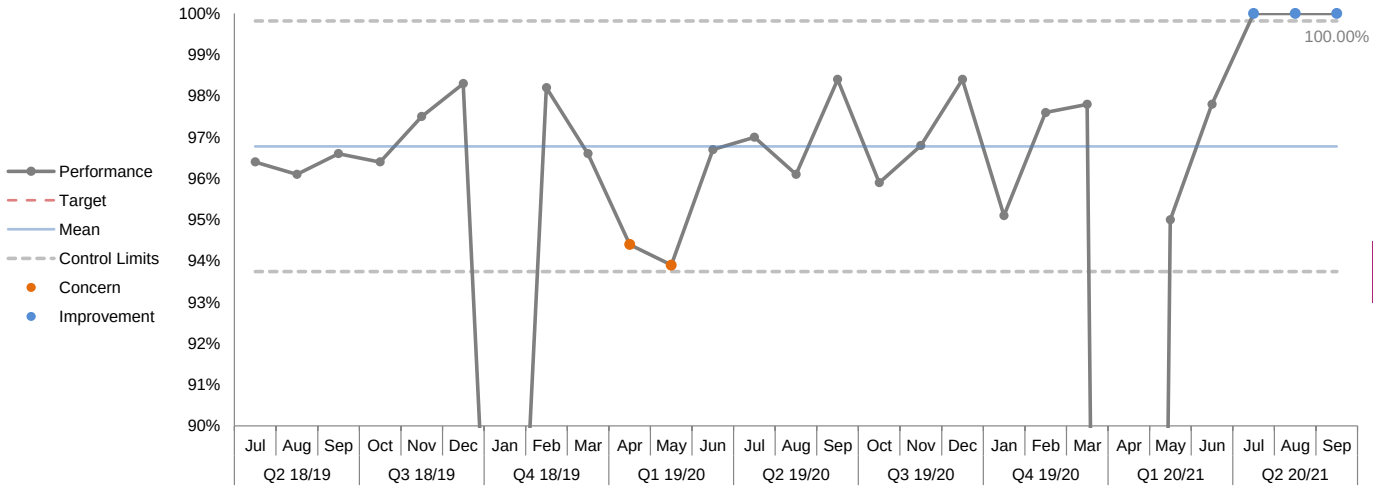
Narrative	Issues:	Actions & Mitigations:
	Local data is currently collected by SMS and voicemail National data collection is suspended until December 2020	Quality and Patient Experience Team have worked with Healthcare Communications to develop resources and poster campaign to support the national new question format for FFT . An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. Raising awareness campaign of the new FFT questions and response formats will take place throughout November and December.

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
Sep-20	100%

Data shows special cause, indicated by a value above the control limits.

Assurance

Target

There is no target for this metric.

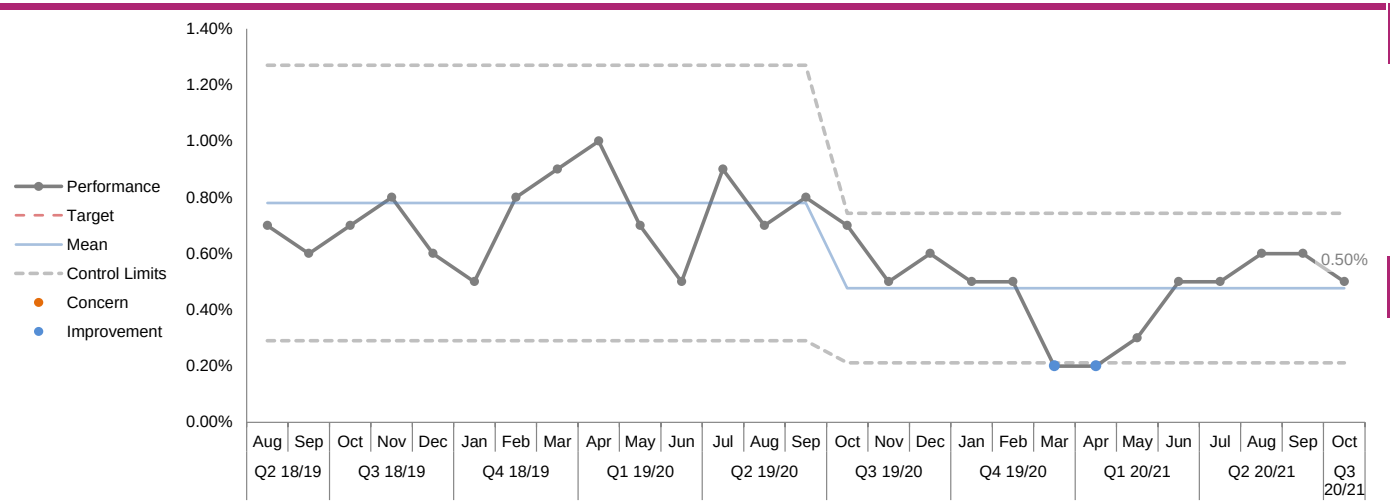
What the chart tells us	The chart shows that through much of the reporting period, performance varies between 95% and 98%. July to September has seen a run of unusually high performance where 100% of survey responses are positive.

Narrative

Issues:	Actions & Mitigations:
Currently local data is collected by SMS and voicemail There are no national returns until December 2020	Quality and Patient Experience Team have worked with Healthcare Communications to develop resources and poster campaign to support the national new question format for FFT . An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. Raising awareness campaign of the new FFT questions and response formats will take place throughout November and December.

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	
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:** 27 formal complaints were received in October 2020: Integrated Care = 6, Medicine = 8, Surgery = 4, WCDS = 6 and ED = 3 **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.

Variance

Latest Month	Actual
Oct-20	0.5%

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

Assurance

Target

There is currently no target set for this metric.

Quality | Operations | Workforce | Finance

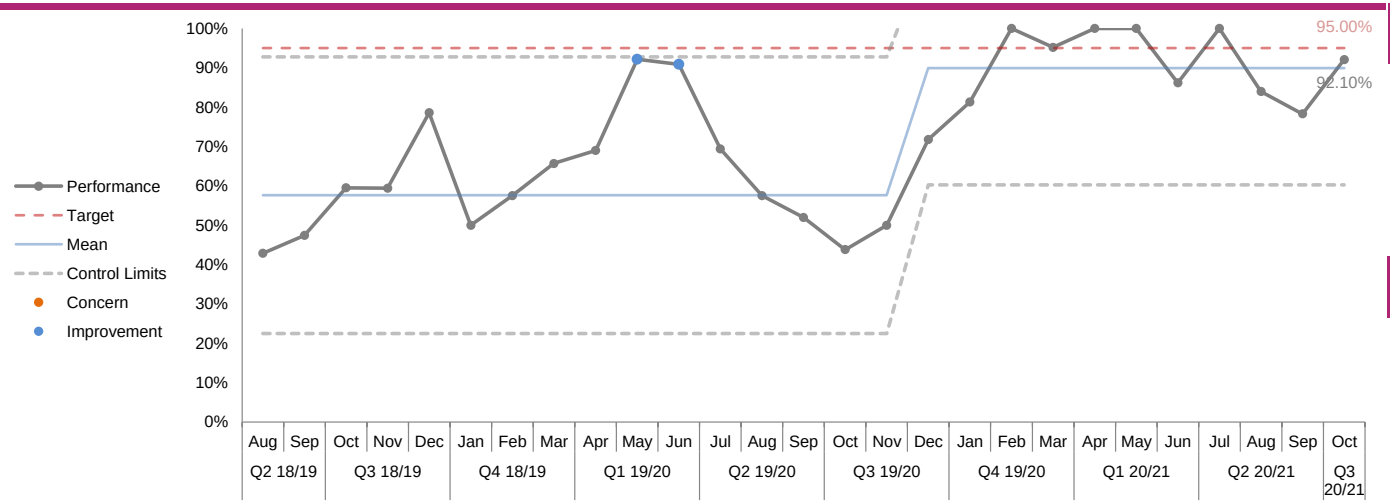
10.1

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
Oct-20	92.1%

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

Assurance

Target

>= 95%

Performance is inconsistent against the target.

What the chart tells us

The chart shows that from December 2019 there is a change in performance and we are regularly achieving a much higher level of performance. Since that point, we have achieved 100% in 4 months of 2020 so far, although we are still not consistently achieving the target. Variation in performance between each month is indicated as common cause variation, which suggest there are no further significant changes in levels of performance.

Narrative

Issues:

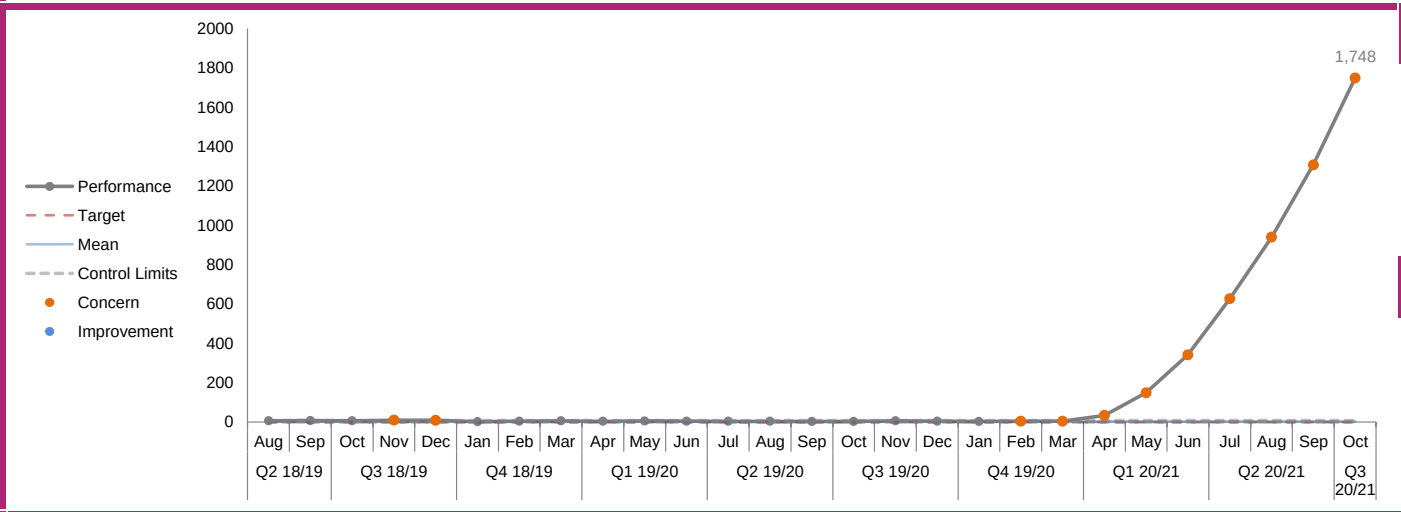
Of the 38 closed in October 2020, 35 were responded to on time resulting in a 92.1% response rate. The business group response rate is as follows: integrated care: 100%, medicine: 77.8%, surgery: 88.9%, WCDS: 100% and ED 100%

Actions & Mitigations:

The response rate now consistently closer to the national target of 95% due to working closely with the executive team and the business groups. This work will continue until the standard can be routinely reached.

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	
What the chart tells us	The chart shows that the number of 52 week breaches was maintained within expected levels until January 2020. From that point a trend of worsening performance can be seen and appears to be increasing exponentially.

Variance

Latest Month	Actual
Oct-20	1748

The data shows special cause, with values far outside the control limits.

Assurance

Target
<= 0

Performance consistently exceeds the target amount.

Narrative	Issues:	Actions & Mitigations:
	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 has built up. With reduced available capacity, sustained demand and ensuring the most urgent patients are prioritised, recovery of this standard will remain a significant challenge for the foreseeable future. A continued, significant focus is on patients over 78 weeks. The majority of 52 week breaches are in the following specialties: ENT, Oral Surgery, General Surgery, Urology and Gastroenterology. Ongoing issues within Endoscopy and restoration of the available capacity for non-urgent, non-cancer cases continue to be a significant pressure affecting Gastroenterology and General Surgery. ENT and Oral Surgery are particularly affected by paediatric inpatient backlogs, and have built up backlogs in outpatients due to the reduction in face-to-face capacity, especially due to the nature of diagnostic requirements within these specialties. Urology long waits are predominantly due to theatre capacity onsite, and the prioritisation of Urology lists to focus on cancer patients. As the Trust continues to respond to wave two of covid-19, there is a sustained detrimental impact on the Trust's ability to restore elective activity to pre-covid levels. As the majority of patients who are waiting longer than 52 weeks are awaiting surgical intervention, this will have a continued effect on the 52 week position; especially when the Trust must consider the clinical urgency of patients, and prioritise cancer and urgent patients. The Trust's end of March position in the phase 3 plan projects the Trust to have 5188 patients over 52 weeks. At present, the Trust is above the submitted projections.	Throughout wave two, the Trust is preserving as much outpatient activity as possible, through utilisation of the technological solutions available, such as Attend Anywhere and telephone appointments. Where clinically indicated, patients are given face-to-face appointments, with every consideration made for patient and staff safety. The inpatient waiting list is continuing to be clinically prioritised, utilising the P1 - P6 categories as determined nationally. This piece of work is due to be completed by the end of November 2020. To complement the categorisation of P1 - P6, there is also the indication of whether the patients can be operated on in the independent sector. The Trust continues to ensure patients approaching 52 weeks are clinically reviewed, to assess them for the risk of harm as a result of the extended wait for treatment.

Operations

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

Significant challenges remain around the response to covid-19 wave two, with the impact on both the non-elective and elective work within the Trust.

Non-electively, ongoing pressure with regards to patient flow as a result of covid-19 restrictions is continuing to adversely affect the Trust's performance agains the four hour standard. In addition, the numbers of people attending the Emergency Department has not seen the same reduction during the second national lockdown. Length of stay plays a major part in our flow challenge, with the discharge of patients who have had covid becoming increasingly difficult due to considerable reluctance to accept these patients into residential care. In spite of a national directive, the Stockport system has struggled to identify a residential or care home who can be designated for the care of patients recovering from a covid infection.

Despite having been on track with the elective recovery plan, the Trust has not been able to maintain this improvement during covid-19 wave 2. Current mitigation of some of this risk lies with utilising independent sector space, however, the national contract ends at the end of December 2020. Therefore, independent sector capacity for Q4 is not guaranteed at the current level of provision, and will require negotiation. The Trust is still awaiting national guidance on this front.

This has a direct effect on the Trust's ability to recover 62-day cancer performance, and to address long waiting routine, non-urgent patients

Endoscopy remains a key area of concern, with regards to the compliance with the two week wait standard for suspected cancer patients, and the provision of diagnostic capacity for non-urgent, non-cancer patients. This in turn affects the 62-day cancer, referral to treatment and diagnostic standards at Trust level, as well as extending waits for patients.

Major Actions Commissioned / Work Underway:

The Trust is actively participating in the nationally mandated clinical prioritisation of the waiting list, utilising the P1-P6 codes. This is on track to be completed by the national deadline, and will be utilised to allocate theatre capacity and lists, both on- and off-site, once complete.

A deep dive into the Endoscopy service, encompassing a review of processes and identifying areas of opportunity, has been commissioned by the Chief Operating Officer, and will be completed in early December. This will address the compliance with two week wait and the diagnostic standard.

The Trust is still participating in the national validation programme, which looks at the Trust's referral to treatment PTL and offers reports on areas to review.

PWC have been commissioned to further support with the Improving Flow work.

UTC-lite /NHS111 model to book appointments into the Emergency Department will go live December 1st

Positive Assurances to Provide:

As reported last month, there has been a reduction in the backlogs of patients awaiting diagnostic tests in Radiology and Audiology. This has continued this month, and is reflected in the slight improvement seen in the Trust performance.

Covid-19 positive capacity has opened at both Bramhall Manor and Bluebell ward, which is intended to help support the Trust's medically optimised patients and will encourage flow through the acute site.

The Trust achieved the 31-day to first treatment standard in October, for the first time since April 2020 which reflects the positive improvement in the cancer key metrics.

Despite the impact of wave 2, the Trust has successfully managed to maintain its Outpatient, diagnostic and some of its elective activity.

Decisions Made:

Development of two wards within our theatre footprint, which can facilitate cancer surgery in spite of giving up all 'ultra green' elective wards to non elective medical admissions.

Internal funding has been approved to allow the Trust's teams to provide out of hours cover at the BMI Alexandra, to facilitate operating on patients who require overnight stays offsite, which will positively impact patients awaiting cancer surgery.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

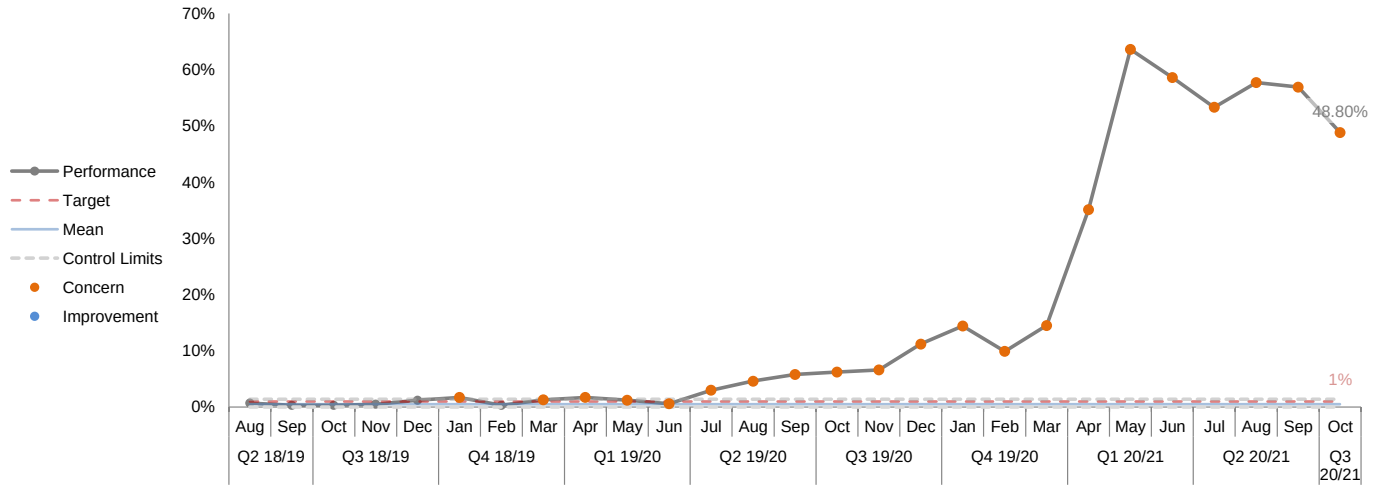
Metric	Latest Performance		Target	
Diagnostics: 6 Week Standard	Oct-20	48.8%	F	<= 1%
Cancer: 62 Day Standard	Oct-20	47.2%	F	>= 85%
Cancer: 14 day standard	Oct-20	84%	?	>= 93%
Cancer: 31 Day 1st Treatment	Oct-20	97.1%	F	>= 96%
Cancer: 104 Day Breaches	Sep-20	6	F	<= 0
Referral to Treatment: Incomplete Pathways	Oct-20	57%	F	>= 92%
Referral to Treatment: Incomplete Waiting List Size	Oct-20	29888	F	<= 24637
Length of Stay: Non-Elective (UoR)	Oct-20	9.77	F	<= 9
Length of Stay: Elective (UoR)	Oct-20	2.04	P	<= 2.6
Long Length of Stay 7 Days	Oct-20	47.5%	F	<= 32%
Long Length of Stay 21 Days	Oct-20	18.8%	F	<= 11%
Medical Optimised Awaiting Transfer (MOAT)	Oct-20	79	F	<= 40
A&E: 4hr Standard	Oct-20	65.6%	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
Oct-20	48.8%

The data shows special cause variation, indicated by a value outside the upper control limits.

Assurance

Target
<= 1%

Performance has consistently exceeded the target since July 2019.

What the chart tells us

The charts shows that since July 2019 there was a steady deterioration in performance through to November. Performance significantly worsened again in March 2020 to a high of 63.6% of diagnostics breaching the 6 week target. Performance appears to have stabilised, although more data is required in order to determine whether performance will continue to improve .

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. Significant recovery in the majority of modalities is anticipated to be seen by year end, with the exception of Endoscopy.

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. A particular pressure currently is within Endoscopy, and the recovery of this service.

According to the most recent national data (September 2020), the Trust is 306th of 332 Trusts nationally, 18th of 19 Trusts in the North West and 6th of 7 Trusts in Greater Manchester.

Actions & Mitigations:

Individual service areas have their own action plans to recover. Highlights are as follows:
- Cardiology have now commenced waiting list initiatives to provide additional capacity for echocardiograms, in order to reduce the backlog
- Endoscopy introduced covid-19 swabs for their patients in October 2020, which has increased the number of gastroscopy patients per list from 4 to 8. Furthermore, the Trust has extended the insourcing contract with Alliance, to March 2021. To further understand the issues facing Endoscopy recovery, and to identify any areas of opportunity, a full analysis of the service has been commissioned by the Chief Operating Officer, with a view to determining when the two week wait position will recover for suspected cancer patients, and by extension, when the Trust can expect to see an improvement in the numbers of patients waiting. This piece of work is due to be fully completed by early December 2020.
- Radiology continue to utilise outsourcing for services such as ultrasound, for clinically appropriate patients
- The 3rd CT scanner is due online by December 2020, and the Trust will continue to utilise its mobile unit.

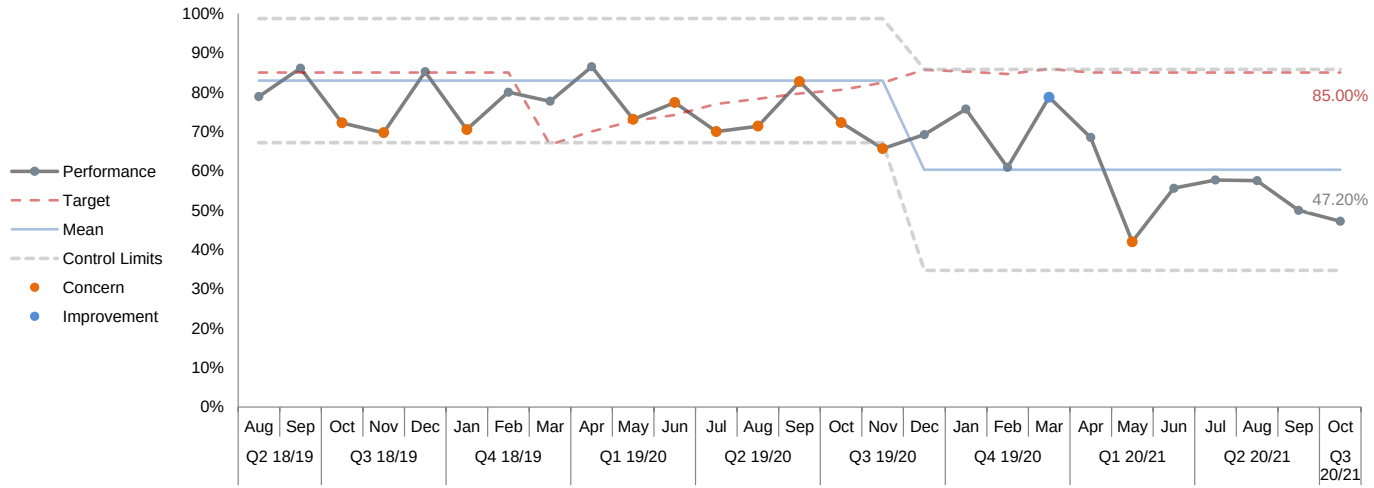
Acknowledging the length of wait for tests in some services, all diagnostic tests are vetted and prioritised based on the clinical information available at the point of referral.

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
Oct-20	47.2%

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

Assurance

Target
>= 85%

Performance consistently falls short of the target value.

What the chart tells us

The chart shows that performance began to deteriorate in May 2019. December 2019 sees performance becoming more variable, indicated by the new wider control limits in the chart.

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. Given the current issues around elective capacity within the Trust, and the requirement to ensure the most clinically urgent patients are prioritised based on their priority code, this will have a detrimental impact on Urology performance, as a number of their procedures are coded as P3.

As a result of covid-19 wave one, and now the challenges posed by winter and covid-19 wave two, diagnostic and inpatient capacity alike will remain a significant challenge to achieving the cancer standard.

According to the most recent national data (September 2020), the Trust is 141st of 145 Trusts nationally, 19th of 19 Trusts in the North West and 7th of 7 Trusts in Greater Manchester for 62 day performance.

Actions & Mitigations:

Long waiting patients on the cancer PTL remain a focus, and service leads attend targeted meetings, chaired by the Chief Operating Officer and interim Improvement Director, to ensure progression of these patients and to work to solve any issues presented.

Diagnostic recovery is key to recovering the cancer position. During the second wave of covid-19, diagnostic services are not reducing activity. Patients on cancer pathways awaiting diagnostics within these services are escalated and expedited where appropriate. A significant pinch point for cancer pathways continues to be Endoscopy; to further understand the issues facing Endoscopy recovery, and to identify any areas of opportunity, a full analysis of the service has been commissioned by the Chief Operating Officer, with a view to determining when the two week wait position will recover for suspected cancer patients. This piece of work is due to be fully completed by early December 2020.

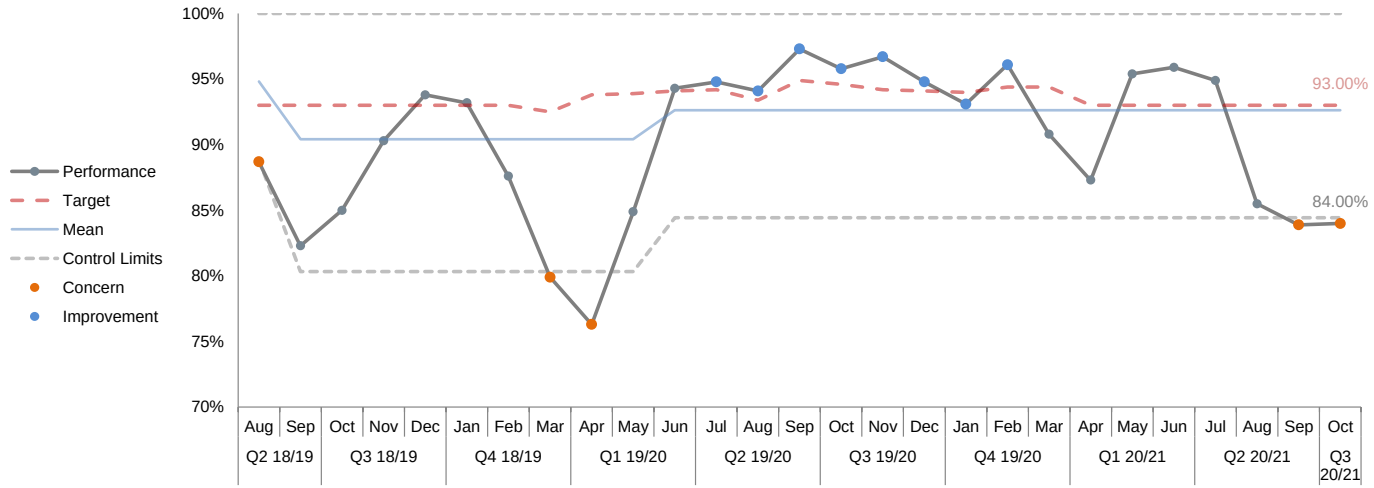
As a result of the reduced elective capacity onsite, the Trust is actively exploring extending the available provision at the independent sector, to facilitate cancer surgery requiring overnight stays and HDU on a green site. Patients are continuing to be clinically prioritised per the national guidance.

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
Oct-20	84%

The data shows special cause variation, indicated by a value at the lower edge of the control limits.

Assurance

Target

>= 93%

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

What the chart tells us	The chart shows that between July 2019 and February 2020 there is run of what appears to be an improved level of performance with values above the average. August and September 2020 do show significantly reduced levels of performance.

Narrative

Issues:

As discussed last month, 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 are consistently achieving the two week wait standard.

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.

Furthermore, Alliance lists have been secured to increase Endoscopy capacity until March 2021.

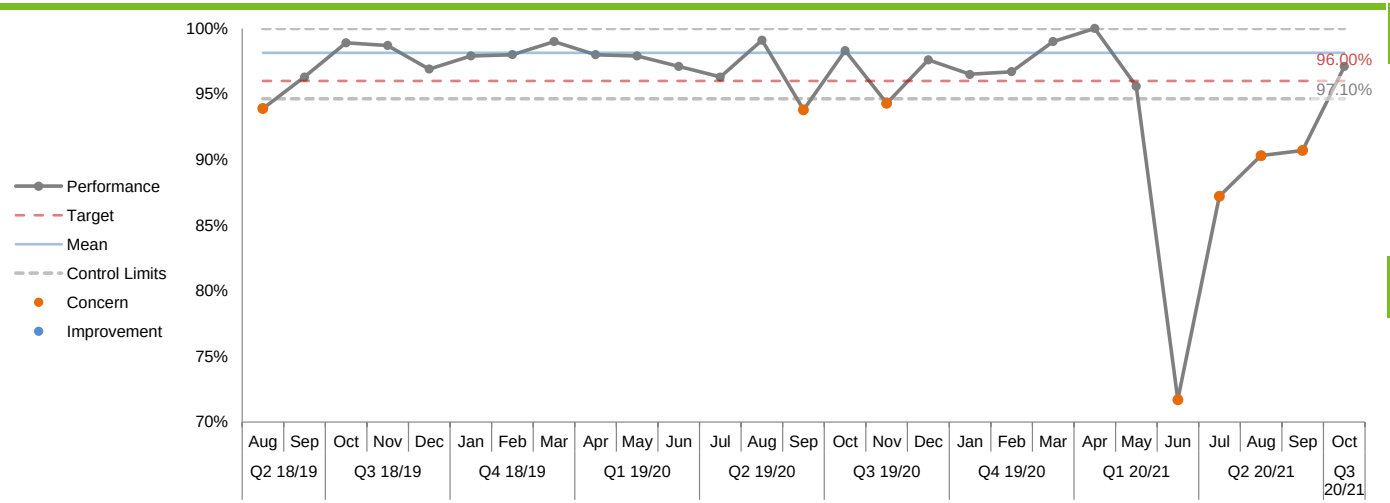
To further understand the issues facing Endoscopy recovery, and to identify any areas of opportunity, a full analysis of the service has been commissioned by the Chief Operating Officer, with a view to determining when the two week wait position will recover for suspected cancer patients, and by extension, when the Trust can expect to see an improvement in the numbers of patients waiting. This piece of work is due to be fully completed by early December 2020.

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
Oct-20	97.1%

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

Assurance

Target

>= 96%

Performance against the target is inconsistent, although performance for October 2020 has achieved the target amount.

What the chart tells us

The chart shows June to September 2020 there is significant deterioration of performance, however, October 2020 does show a return to expected performance levels.

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.

With the second wave, there may be a delay in some clinically less urgent cancer patients receiving treatment as a result of decreased elective capacity.

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.

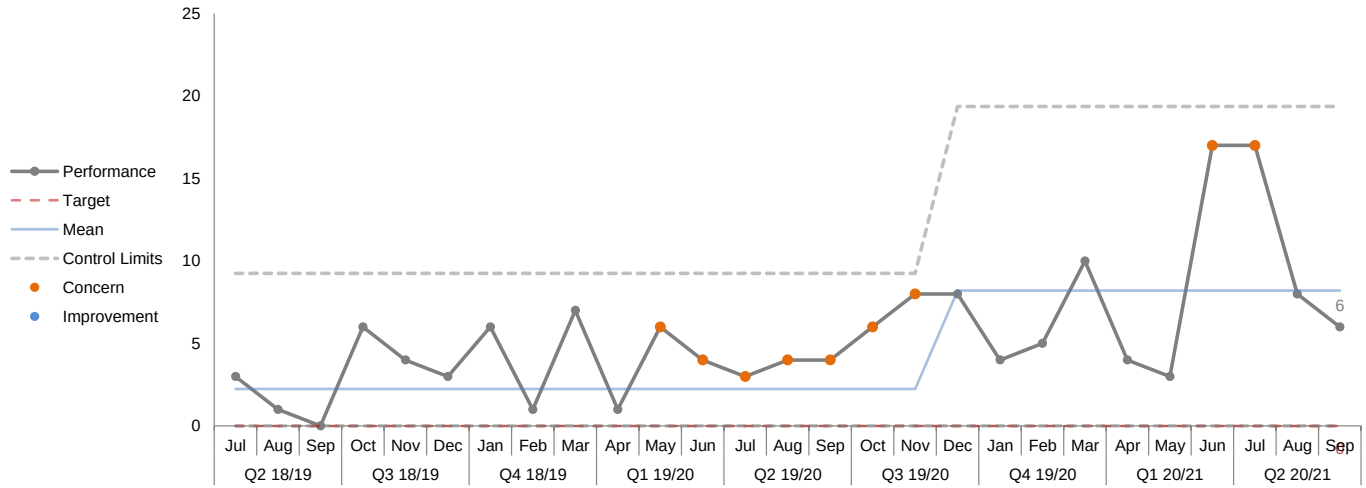
During the second wave of covid-19, there are plans in place to preserve cancer treatment as far as possible, and the Trust will continue to prioritise patients based on clinical urgency, and seek opportunity to treat patients at green sites across Greater Manchester should the need arise.

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
Sep-20	6

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

Assurance

Target
<= 0

Performance consistently exceeds the target amount.

What the chart tells us	The chart shows a run of deteriorating performance between May 2019 and November 2019. The number of breaches stabilises at a new higher level from December onwards. June and July do see another significant increase in the number of breaches, but this returns to normal in October 2020

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 is maintaining inpatient work to facilitate treatment for long waiting patients, which is currently reduced compared to over the summer months and pre-covid.
As a result of this, there is a risk that the Trust will not meet the trajectory set by Greater Manchester Cancer, to reduce the number of 104+ day patients to pre-covid levels by November. The Trust did meet this in September and October.

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.

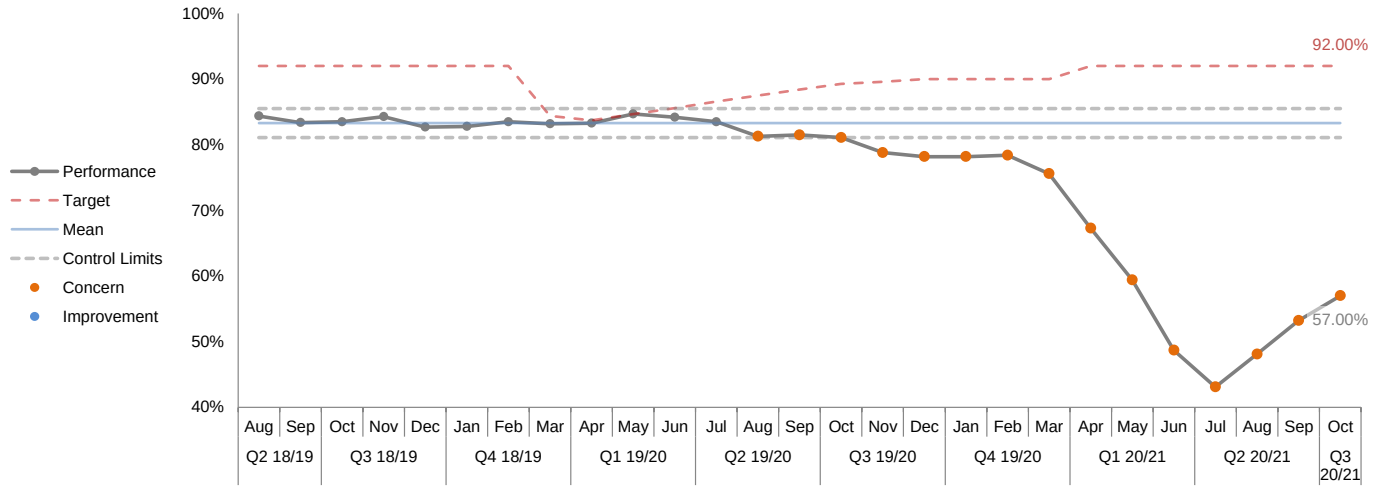
The Trust continues to utilise independent sector capacity where it can.

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
Oct-20	57%

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, though data appears to show performance beginning to recover but more data is required in order to determine if this is sustainable.

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. With reduced available capacity, sustained demand and ensuring the most urgent patients are prioritised, recovery of this standard will remain a significant challenge for the foreseeable future.

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:
- Reduction in face-to-face appointment capacity in specialties where this is imperative to progress patients, such as ENT and Oral Surgery
- Significant challenge in terms of elective operating for both diagnostic and treatment procedures, as a result of reduced theatre capacity and the challenges in restoring the available capacity to pre-covid levels, which has been compounded by the second wave of covid-19. This is of particular note within paediatric backlogs, in ENT, Oral Surgery and Paediatric Surgery
- The effect of the continued issues within Endoscopy on Gastroenterology and General Surgery

According to the most recent national data (September 2020), the Trusts is 144th of 163 Trusts nationally, 16th of 18 Trusts in the North West and 6th of 7 Trusts in Greater Manchester for 18 week performance.

Actions & Mitigations:

There is a continued utilisation of alternatives to face-to-face appointments where clinically appropriate for patient care, through Attend Anywhere and telephone appointments.

The Trust's programme to prioritise the inpatient waiting list into P1 - P6 has commenced and is due to be completed by the end of November 2020, which will inform the clinical urgency of patients and help direct the resource available.

The Chief Operating Officer has commissioned a piece of work to fully explore Endoscopy and the capacity and demand issues within the service, to assess when they will be in a position to become compliant with the two week wait standard, and then subsequently from this, be in a position to reduce the routine backlog.

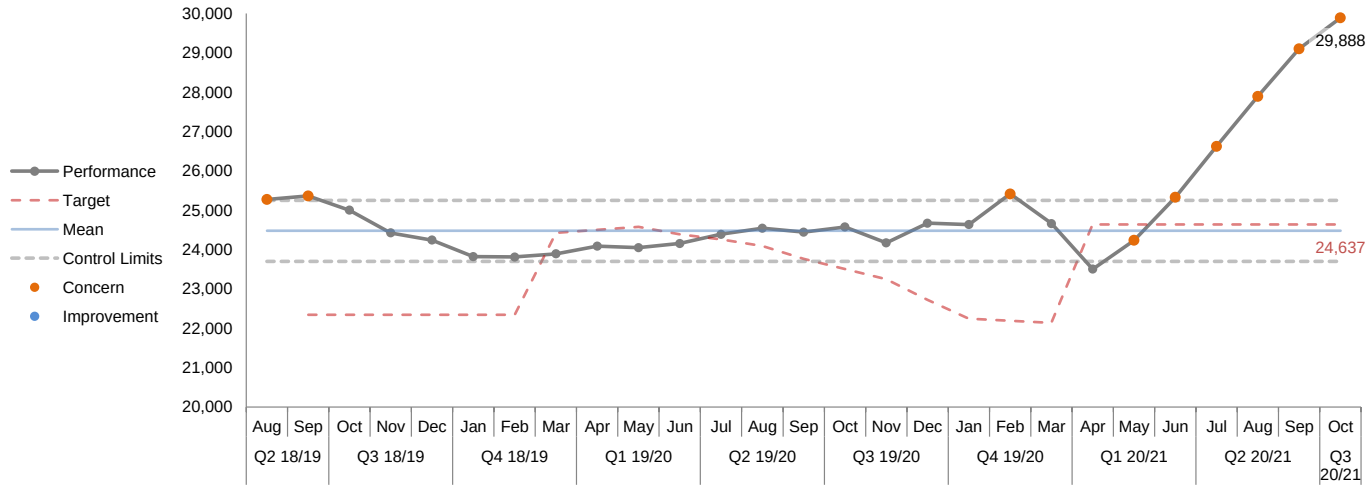
Patients approaching 50+ weeks are subject to a clinical review to assess the risk of harm, and this will continue to be the case in specialities where there are significant waits to be seen.

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
Oct-20	29888

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 October.

Narrative

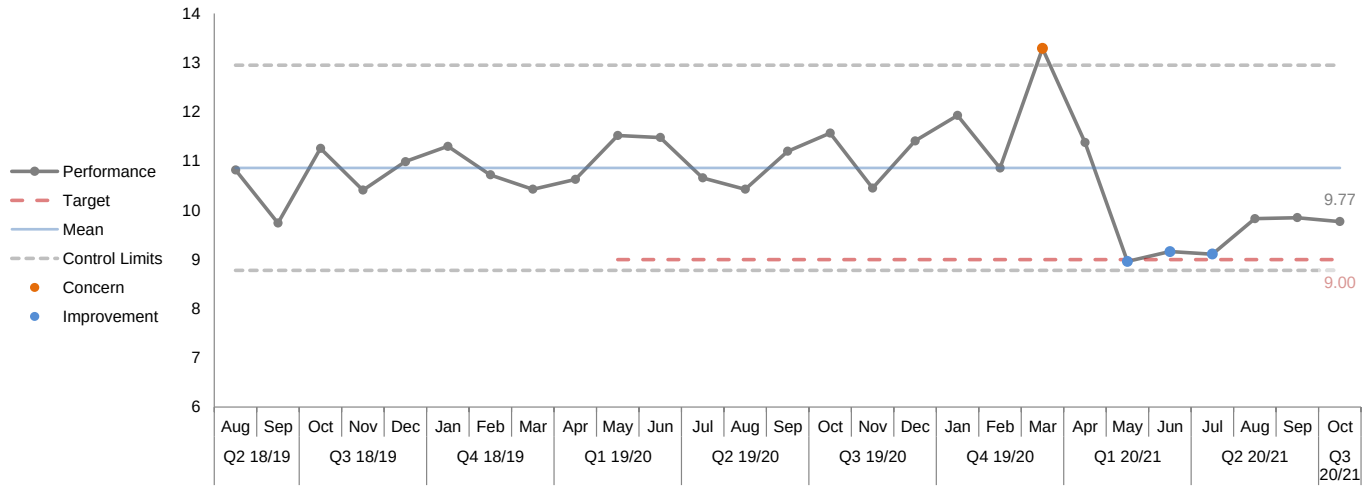
Issues:	Actions & Mitigations:
The waiting list has increased as a result of the covid-19 pandemic and the cessation of the majority of elective work earlier in the year as part of the Trust's response. At a specialty level, this is driven predominantly by ENT, Gastroenterology, Ophthalmology and General 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.	There is a continued utilisation of alternatives to face-to-face appointments where clinically appropriate for patient care, through Attend Anywhere and telephone appointments. 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
Oct-20	9.77

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 October 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 and Bluebell ward. Bramhall Manor opened in late November and Bluebell will open during the weekend of 20/11/2020, and so an improved position will be noted in December 2020.

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.

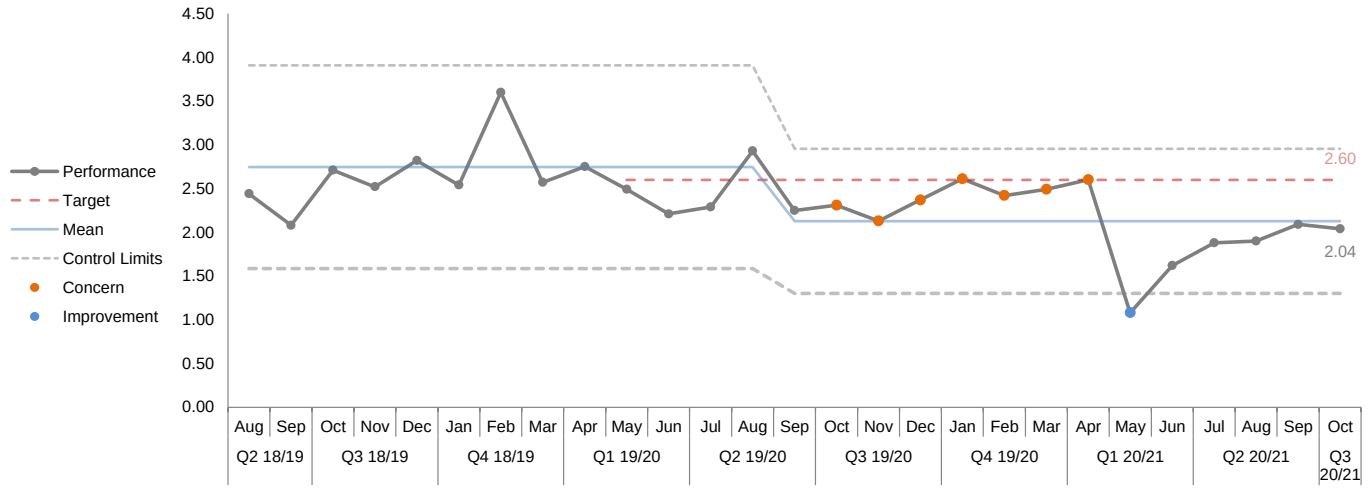
There is ongoing focus within the Trust on the cultural change required to facilitate improved flow, as well as the creation of patient flow fellows and champions as part of the Stockport Improvers' programme. The Reducing Days Away from Home programme of work continues.

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
Oct-20	2.04

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

Quality | Operations | Workforce | Finance

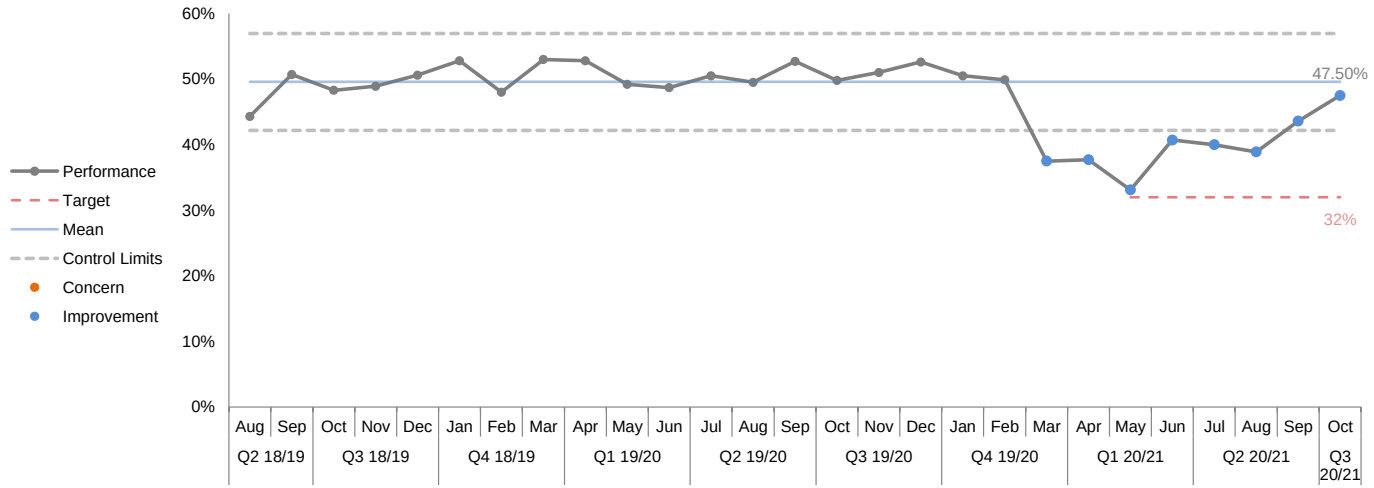
10.1

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
Oct-20	47.5%

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

Assurance

Target

<= 32%

Performance consistently exceeds the target amount.

What the chart tells us	The chart shows that from March 2020 there is a new lower level of performance, indicating an improved position. This improvement appears to continue through to September, and although it has raised again in October, performance is still below the average.

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 and Bluebell ward. Bramhall Manor opened in late November and Bluebell will open during the weekend of 20/11/2020, and so an improved position will be noted in December 2020.

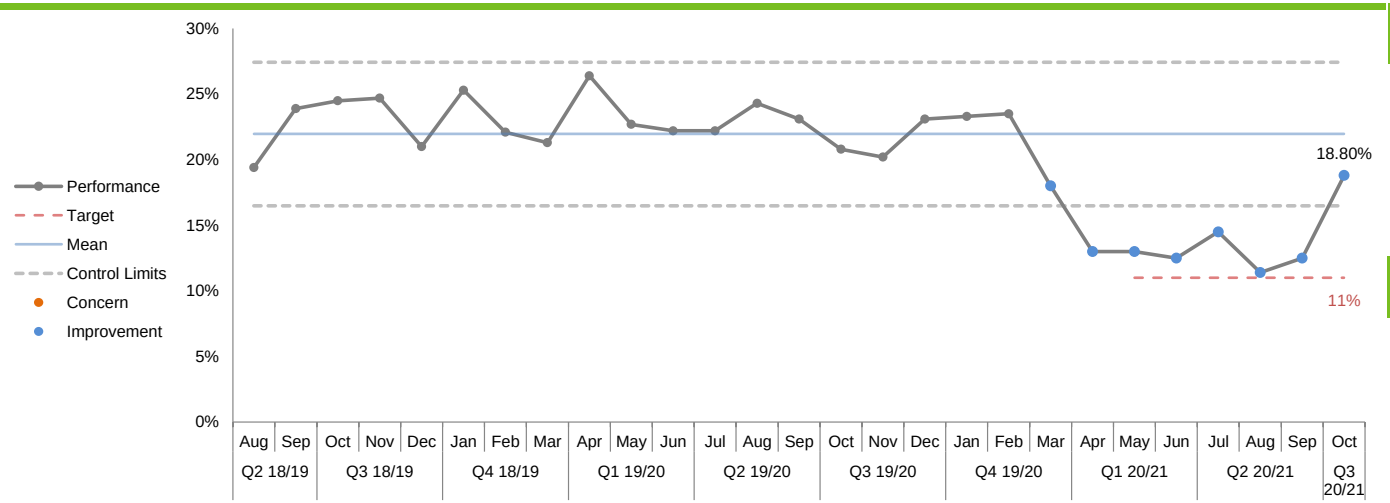
Furthermore, there is system-wide exploration of the possibility to create additional pathway 1 D2A capacity, which will facilitate earlier discharge of patients from hospital to their home environment as well as improving patient flow across the organisation. This links to the new service within the 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	
What the chart tells us	The chart shows that from March 2020 there is a new lower level of performance, indicating an improved position. This improvement appears to continue through to September, and although it has raised again in October, performance is still below the average.

Variance

Latest Month	Actual
Oct-20	18.8%

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

Assurance

Target
<= 11%

Performance consistently exceeds the target amount.

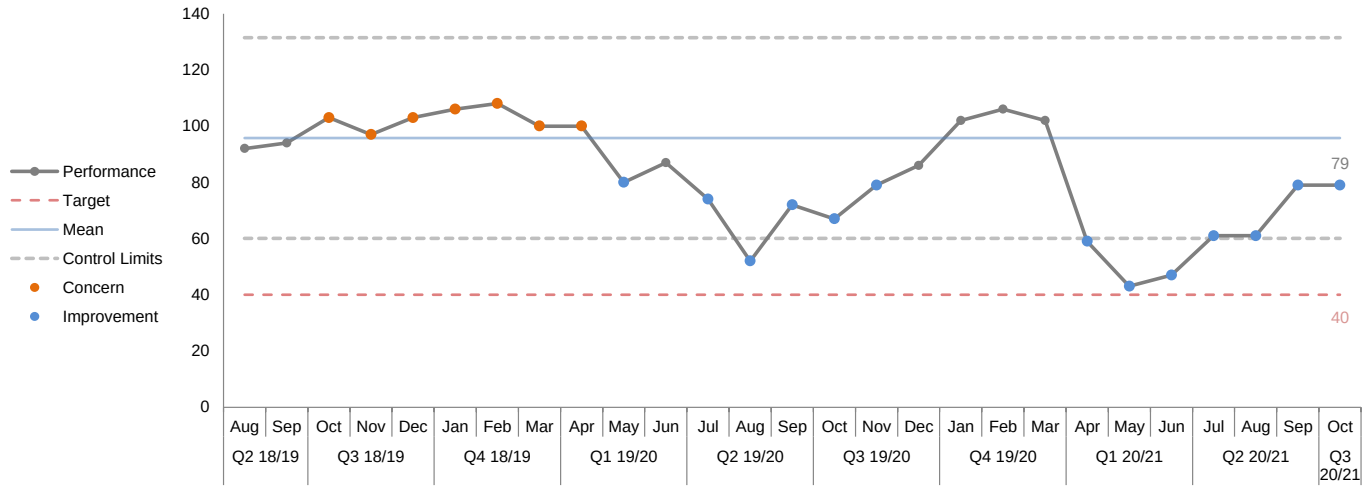
Narrative	Issues:	Actions & Mitigations:
	The current issues affecting non-elective length of stay are ward closures as a result of covid-19 measures following outbreaks across the Trust, and the closure of Bramhall Manor during the late summer months. There have also been pressures related to the inability 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.	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 and Bluebell ward. Bramhall Manor opened in late November and Bluebell will open during the weekend of 20/11/2020, and so an improved position will be noted in December 2020. 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
Oct-20	79

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

Assurance

Target
<= 40

Performance consistently exceeds the target amount.

What the chart tells us

The chart shows that from May 2019 there is a new lower level of MOAT patients which continues through to December 2019. January to March 2020 see an unusually high number of MOAT patients reported, though this drops to below average levels between April and August. September and October see a return to normal/average levels of MOAT patients.

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 and Bluebell ward.

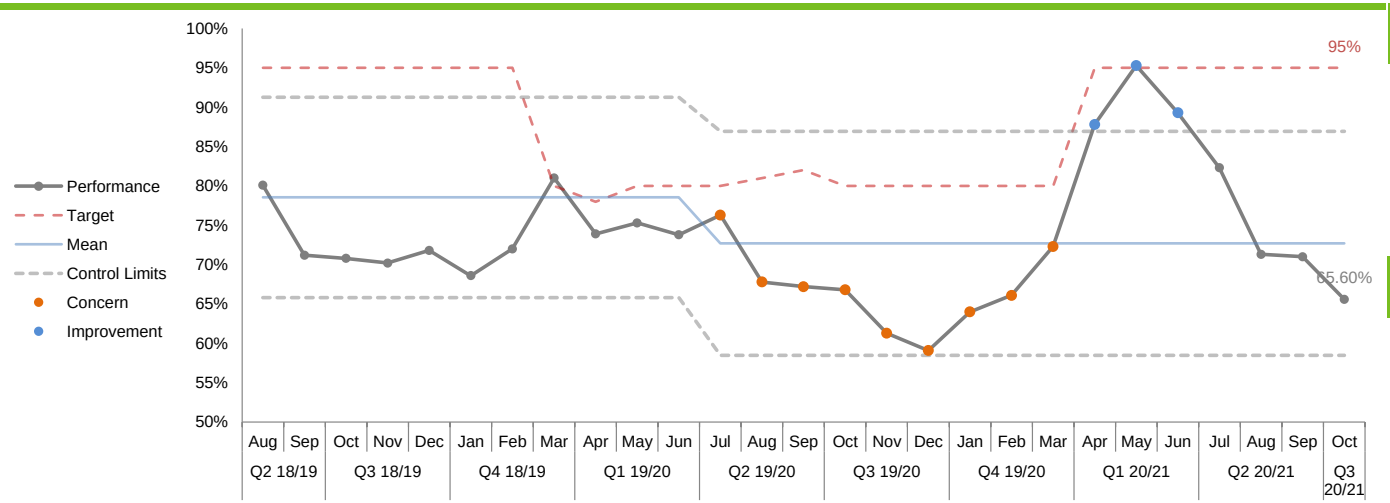
Furthermore, there is system-wide exploration of the possibility to create additional pathway 1 D2A capacity, which will facilitate earlier discharge of patients from hospital to their home environment as well as improving patient flow across the organisation. This links to the new service within the 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	
What the chart tells us	The chart shows that between August 2019 and March 2020 A&E 4 hour has a run of below average performance. Performance is significantly higher between April and June 2020, but returns to expected levels of performance from July onwards. Although performance does appear to show the start of a deteriorating trend, it is too soon to say whether this is due to random variation in performance of whether this is a cause for concern.

Variance

Latest Month	Actual
Oct-20	65.6%

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

Assurance

Target
>= 95%

Performance consistently falls short of the target value.

Narrative	Issues:	Actions & Mitigations:
	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 and wider system, four hour performance will continue to be a risk for the Trust. Of particular note is that the Trust has not experienced the same decrease in demand as was seen in the first wave of covid-19; attendances to the Emergency Department have restored during the summer and are now following the same pattern as seen last winter. The Trust was however praised in the recent CQC inspection with regards to the improvements seen within the Emergency Department, including in regards to the culture change seen in a short space of time. According to the most recent national data (October 2020), the Trust was 102nd of 113 Trusts nationally, 16th of 19 Trusts in the North West and 6th of 7 Trusts in Greater Manchester for Type 1 A&E performance.	Actions relating to patient flow and length of stay are key in order to create flow through the hospital and wider system. A key focus within the Emergency Department is to avoid 4-hour breaches; in the event this is not possible, the focus remains on treating or admitting patients as soon as possible, as well as ensuring the patients' continued safety whilst in the care of the department. The move to yellow ED commenced as of 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 went live in a renewed format in November 2020.

Workforce

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

• Sickness absence rates elevated by COVID second wave, though noted that increase is not significant.

Major Actions Commissioned / Work Underway:

• Lateral flow staff testing programme commenced on 20th November
• COVID vaccination programme in planning stage, commencing early December

Positive Assurances to Provide:

• Continued improved staff in post position, with further improvement from the international and virtual recruitment campaigns
• Continued reduction in turnover levels, including the nursing rate.
• Flu vaccination progress, 10% above this time last year

Decisions Made:

• Agreed to use an alternative nursing agency which is better value for money with quality workers available to fill our vacant ward shifts

Integrated Performance Report

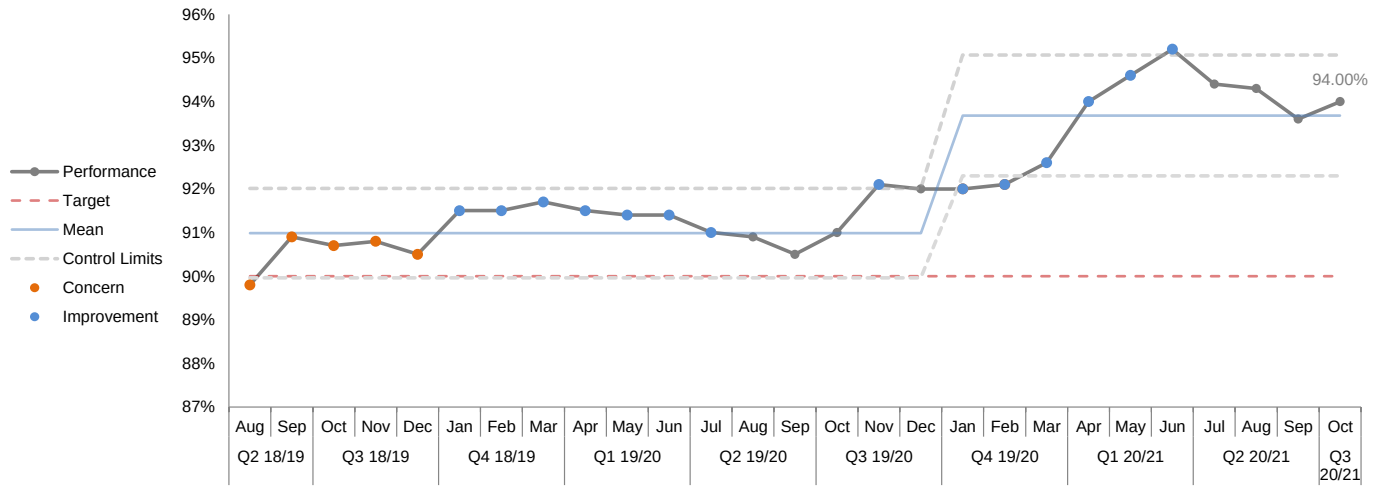
NHS Stockport NHS Foundation Trust

Summary Dashboard

Metric	Latest Performance		Target	
Substantive Staff-in-Post	Oct-20	94%	P	>= 90%
Sickness Absence: Monthly Rate (UoR)	Oct-20	4.9%	F	<= 4.2%
Sickness Absence: Rolling 12-Month Rate (UoR)	Oct-20	5%	F	<= 4.2%
Workforce Turnover (UoR)	Oct-20	12.2%	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	Oct-20	56.2%	F	>= 95%
Appraisal Rate: Non-medical	Oct-20	75.9%	F	>= 95%
Statutory & Mandatory Training	Oct-20	93%	P	>= 90%
Bank & Agency Costs	Oct-20	16.4%	F	<= 5%
Agency Shifts Above Capped Rates	Oct-20	1403	F	<= 0
Agency Spend: Distance From Ceiling (UoR)	Oct-20	53.5%	F	<= 3%
Flu Vaccination Uptake	Oct-20	67%		>= 80%

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	
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 October 2020.
Narrative	**Issues:** The Trust staff in post figure for October 2020 is 93.74% of the current establishment. Actual FTE staff in post increased by 19.20 FTE. There has been a reduction of 15.63 FTE in Additional Clinical Services staff, however, Nursing & Midwifery staff have increased by 9.74 FTE.
	Actions & Mitigations: International recruitment pipeline for registered nurses is progressing as planned. 54 offers have been made via the NHSP route. An extremely successful virtual recruitment event took place on 14/11/20 and with ongoing interviews, confirmation of offers made will be available shortly.

Variance

Latest Month	Actual
Oct-20	94%

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

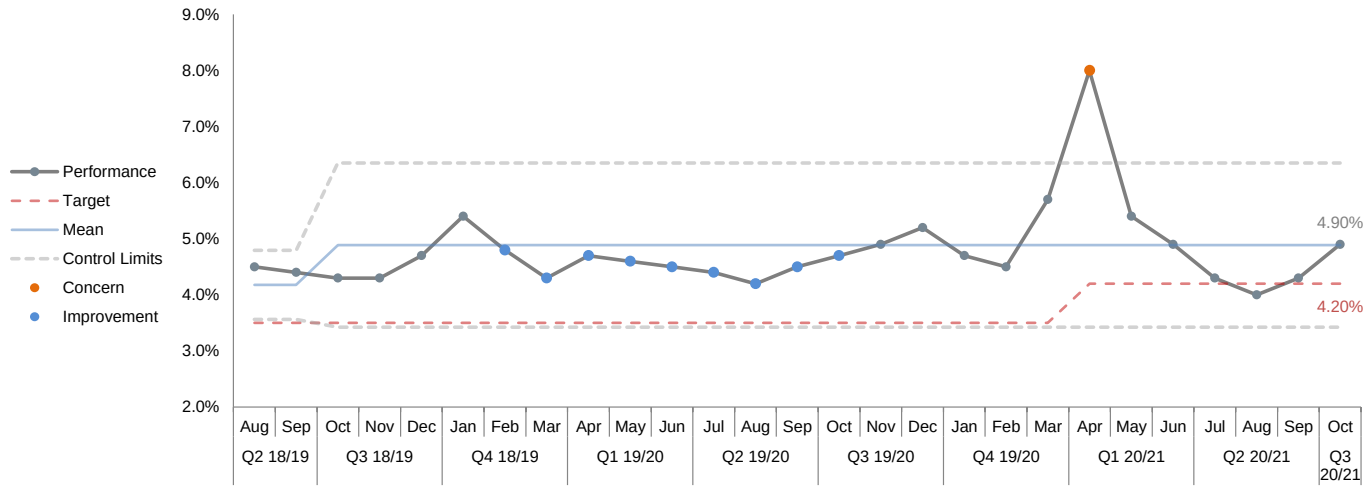
Assurance

Target
>= 90%

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

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	
What the chart tells us	Data shows that on average sickness levels have been maintained with no significant variation throughout until February 2020. April 2020 sees a spike in sickness absence levels, but from May onwards sickness absence returns to normal levels.

Variance

Latest Month	Actual
Oct-20	4.9%

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

Assurance

Target
<= 4.2%

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

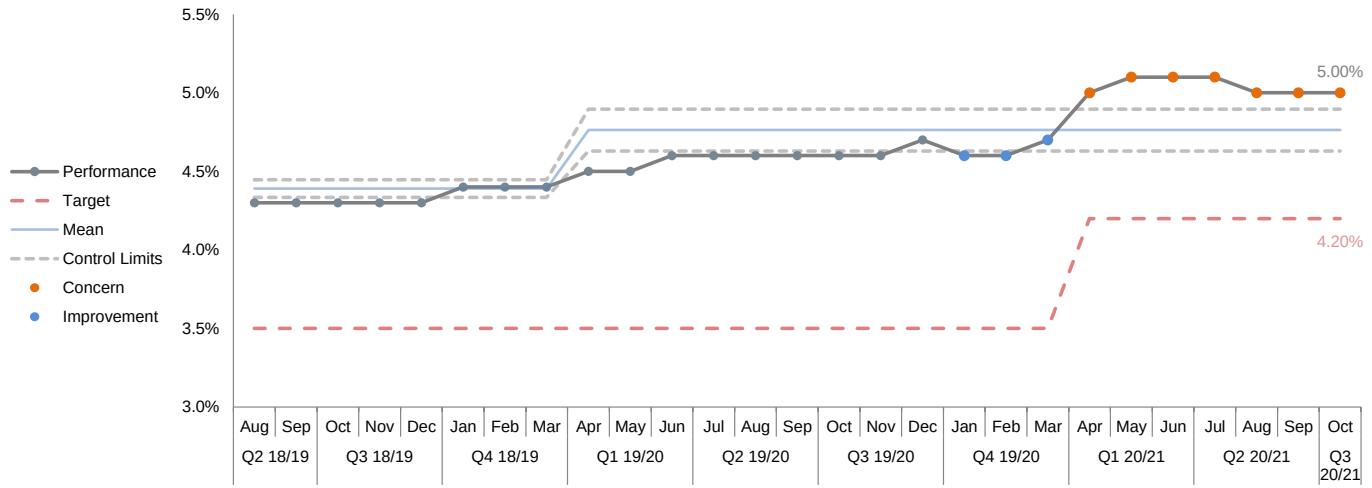
Narrative	Issues:	Actions & Mitigations:
	The in-month sickness absence figure for October 2020 is 4.89%; an increase of 0.39% compared to the previous month's figure of 4.30% (adjusted for late input). There has been a slight increase in COVID-related sickness from 0.39% to 0.58%. The cost of sickness absence in October 2020 is £647K; an increase of 120K from the figure of £527K in the previous month. Sickness overall has increased in October 2020, including an increase in Covid related absence. Looking at the trend data (on people analytics) sickness in October 2020 is only 0.11% higher than October 2019 when there was no Covid related sickness recorded. Therefore considering the 0.58% covid sickness included in October 2020, the Trust sickness would have been lower. The trend data also shows a spike in sickness in April 2020 of 7.46% predominately due to the first Covid outbreak and lockdown. This has steadily declined since, until the second wave in September where we are seeing a much smaller month on month increase.	The Staffing Hub continue to support the Trust's test and trace process by managing covid positive staff members significant contacts and taking the appropriate action with line managers. Staff are frequently reminded of their responsibilities in respect of appropriate PPE, hand washing and social distancing. However disappointingly there have been a number of ward outbreaks impacting on staff absence, bed capacity and ward moves. All business groups continue to manage staff's absence in accordance with the Trust policy and discussions are held at KIT meetings regarding available support to staff to who are struggling with their resilience and working with lower staff numbers due to shielding and absence. Staff have been encouraged to take their annual leave where service provisions allow, to ensure that they are taking breaks from work and focus on their health and wellbeing. The OD team are further supporting the Trust in terms of supporting staffs health & wellbeing. All of the usual actions relating to the supporting attendance policy continue.

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
Oct-20	5%

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

Assurance

Target
<= 4.2%

Performance consistently exceeds the target amount.

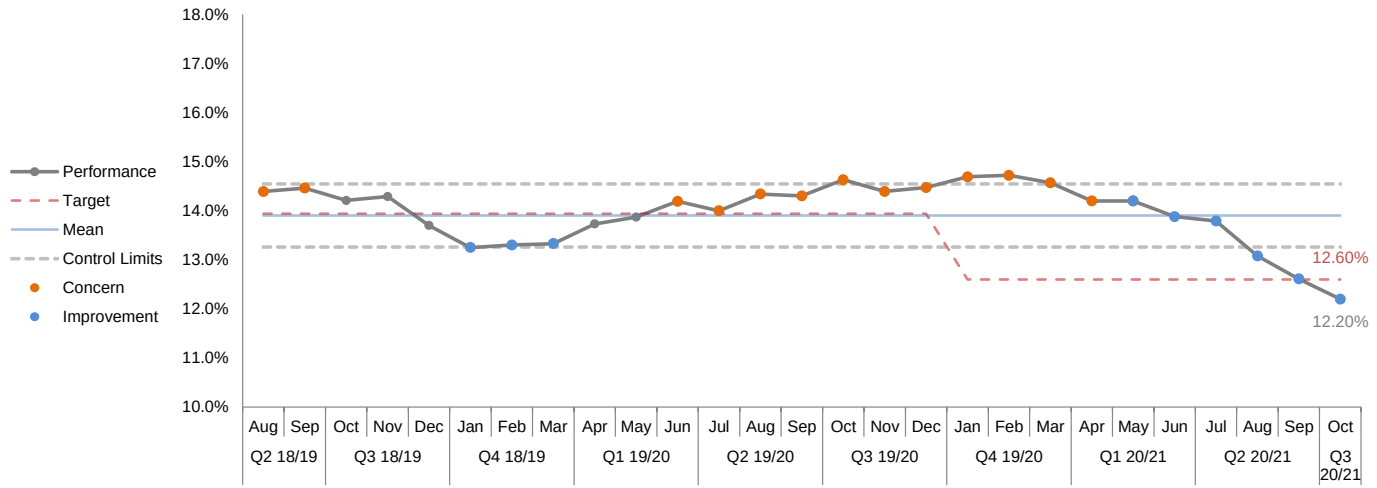
What the chart tells us	Data shows that performance has been on an increasing trend across the reporting period. From April 2020 we see a spike in sickness absence above the normal levels which has continued through to October 2020. The chart suggests that as the target is below the control limits that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

Narrative

Issues:	Actions & Mitigations:
The 12-month rolling sickness percentage for the period November 2019 – October 2020 is 5.02%.	As above

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	
What the chart tells us	The charts shows that between June 2019 and May 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 October 2020 showing the lowest percentage of workforce turnover across the whole reporting period, below the target amount for the first time since May 2019.

Variance

Latest Month	Actual
Oct-20	12.2%

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

Assurance

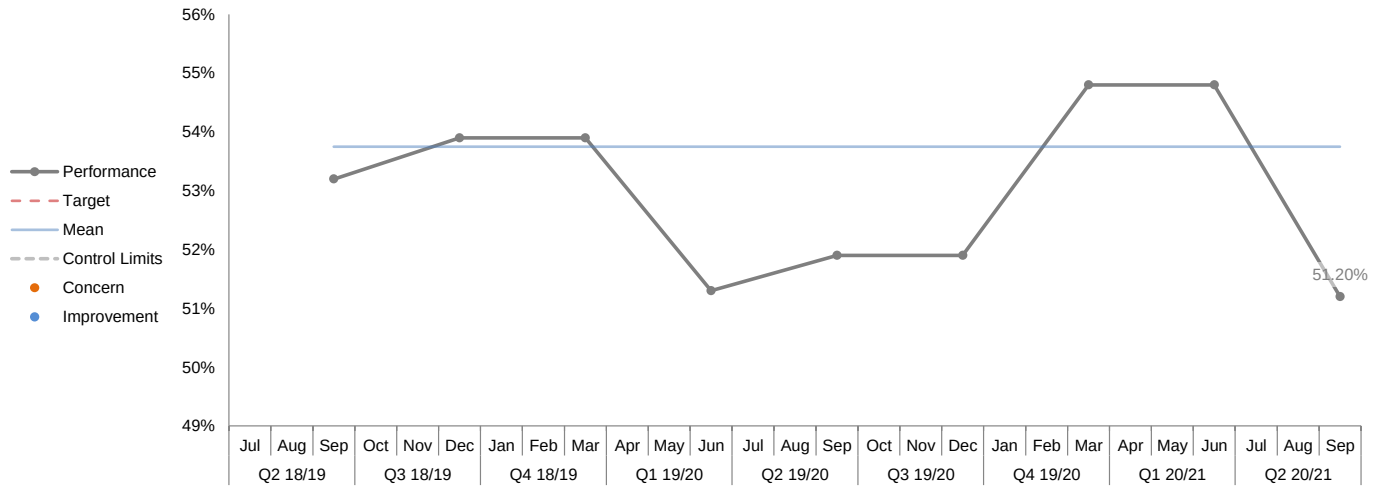
Target
<= 12.6%

Performance has consistently exceeded the target value, though the latest months performance has achieved.

Narrative	Issues:	Actions & Mitigations:
	The rolling 12-month unadjusted permanent headcount turnover figure is 12.19% (adjusted is 11.07%), which is a 0.42% decrease from last month. The top known leaving reasons are: Voluntary Resignation – Work life Balance (14.37%), Voluntary Resignation – Relocation (12.18%) & Retirement Age (11.45%). Registered nursing turnover has reduced by 0.75% to a 12 month rate of 12.37%. All other clinical staff groups have also reduced except for Additional Clinical Services (increased by 0.51%) but their 12 month turnover rate is below target at 14.25%.	The reduction in turnover has been contributed to with focused work on retention and the impact of NHS staff working through the pandemic. Increased support for staff relating to health & wellbeing and ensuring safer staffing levels is essential to maintain this level of improvement.

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	
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:** 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. **Actions & Mitigations:** 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.

Variance

Latest Month	Actual
Sep-20	51.2%

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

Assurance

Target

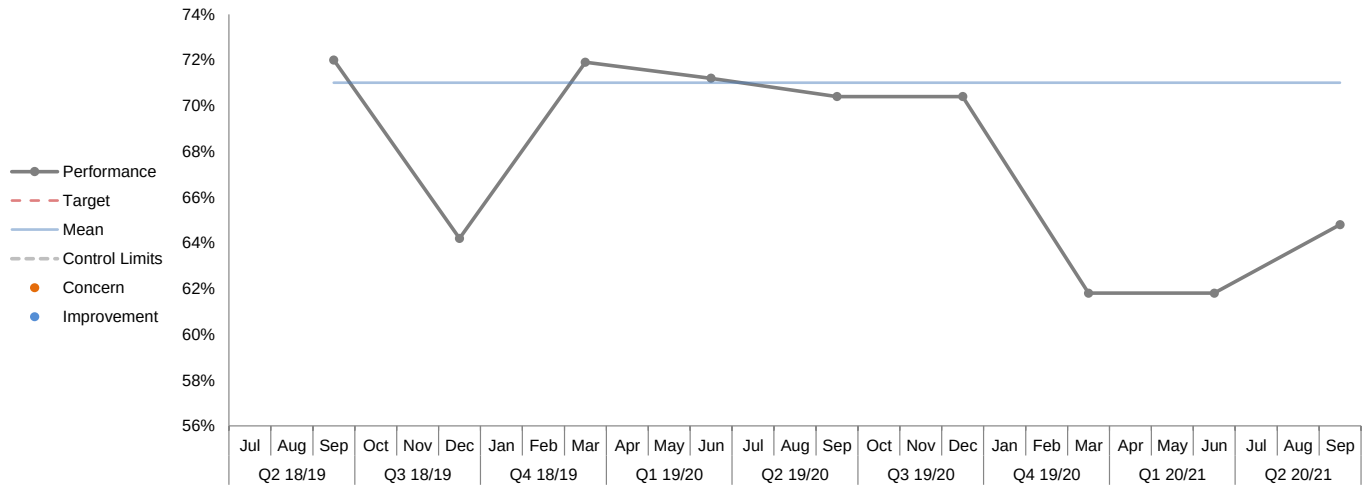
There is no target set for this metric.

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.

Performance of this measure over time

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.

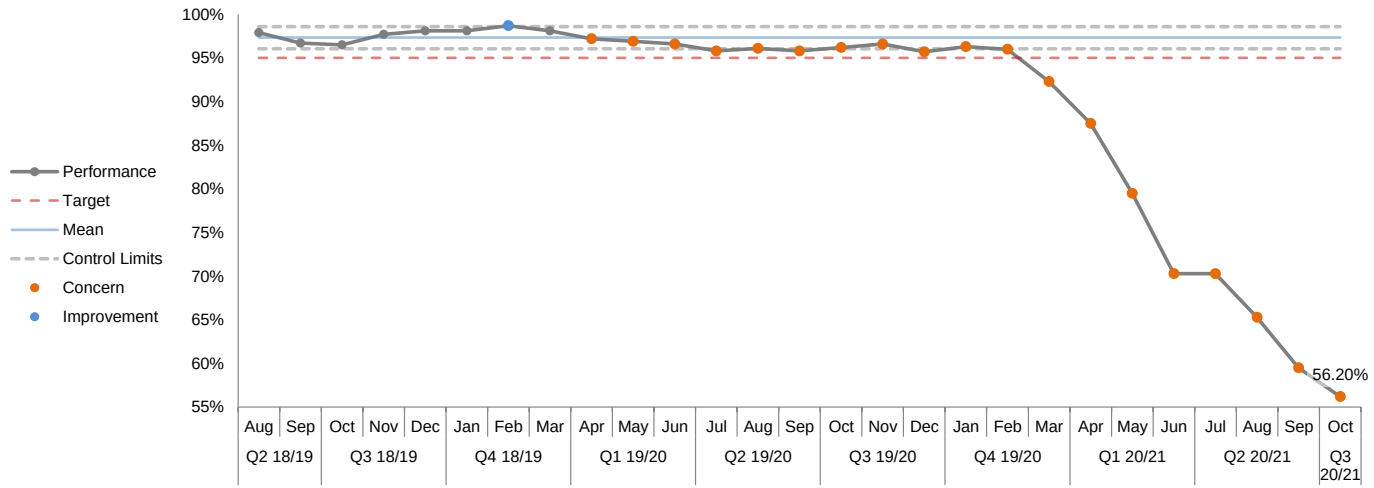
Integrated Performance Report

NHS Stockport NHS Foundation Trust

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
Oct-20	56.2%

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

Assurance

Target
>= 95%

Since April 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 October 2020.

Narrative

Issues:

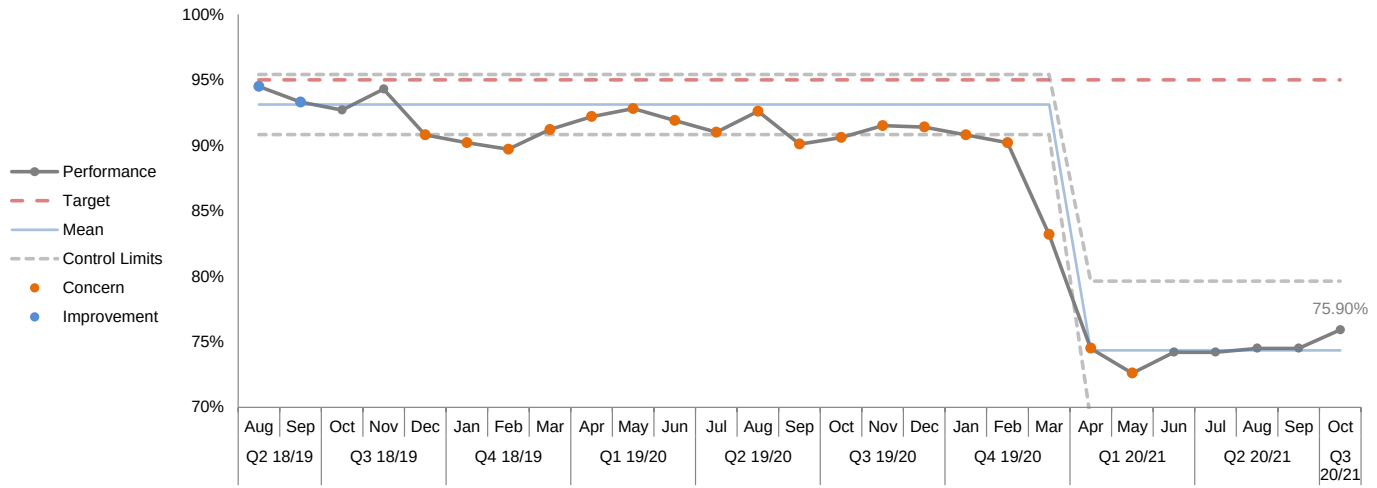
Due to ESR not able to appropriately record the national pause in medical appraisals, this month we have taken data from PREP, which is the medical appraisal database, in order to give the Board assurance on medical appraisal activity.

Actions & Mitigations:

Medical appraisals have restarted, the compliance figures will be reduced due to the 6 month pause, 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 76% through to October 2020.

Variance

Latest Month	Actual
Oct-20	75.9%

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

Assurance

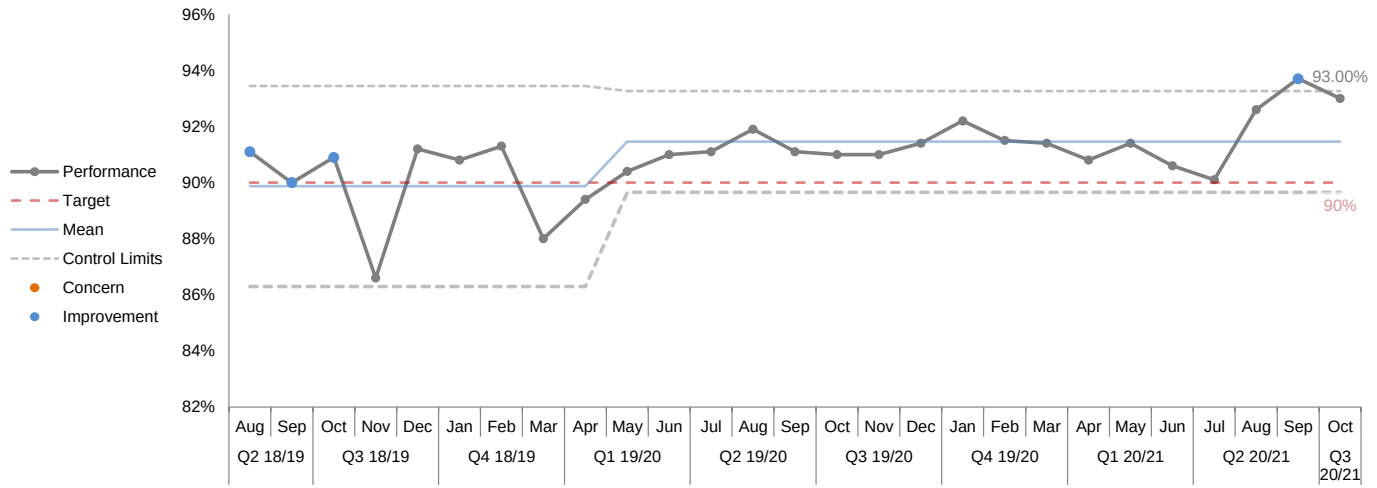
Target
>= 95%

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

Narrative	Issues:	Actions & Mitigations:
	The Trust's Appraisal rate remains at 75.36%. All Business Groups are below the Trust target of 95% of completed appraisals.	The OD team are continuing to work with business groups to identify opportunities to improve their appraisal compliance. This includes bespoke and open Performance Appraisal, and How to Prepare for Your Performance Appraisal training sessions; detailed compliance reports and suggested orders of completion.

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	
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 from August.

Variance

Latest Month	Actual
Oct-20	93%

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

Assurance

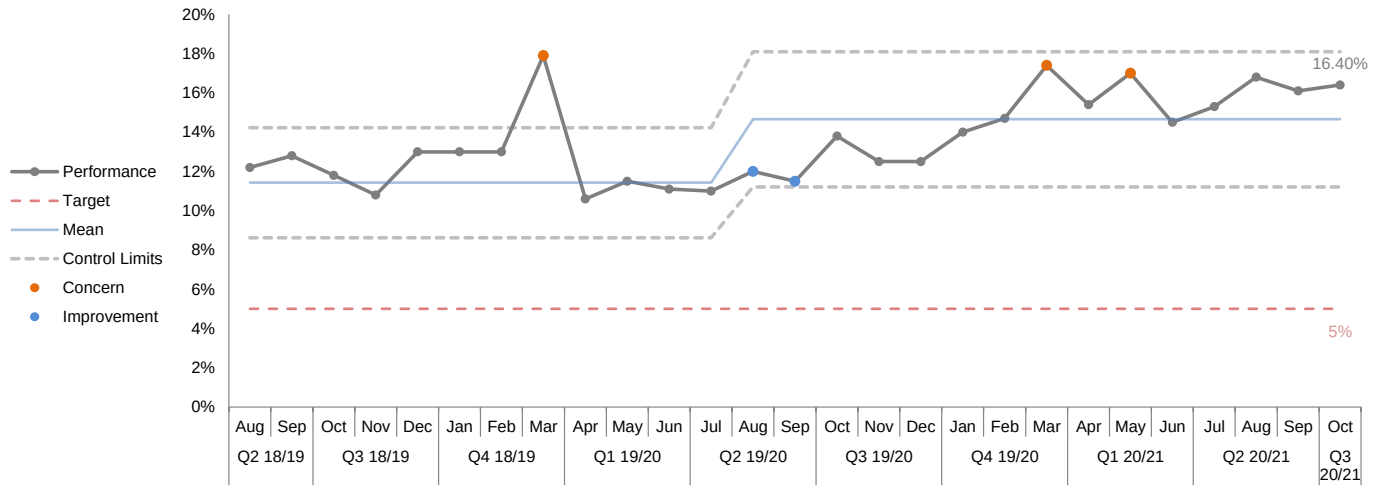
Target
>= 90%

Since May 2019, performance consistently achieves the target level.

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.	Where resources allow, additional virtual sessions are being scheduled to increase accessibility, particularly for Information Governance. Resus continues to be an area of focus, and additional sessions will be scheduled to increase availability.

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	
What the chart tells us	The chart shows that up to September 2019, normal performance varies between 10% and 13%. In October 2019 shows the start of a new higher trend in bank & agency costs. This appears to spike in March and May 2020, but returns to normal levels through to October, albeit higher than the average. The target of 5% is below the control limits, which suggests that it is unlikely to be achievable without a review of current processes.

Variance

Latest Month	Actual
Oct-20	16.4%

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

Assurance

Target
<= 5%

Performance consistently exceeds the target value across the reporting period.

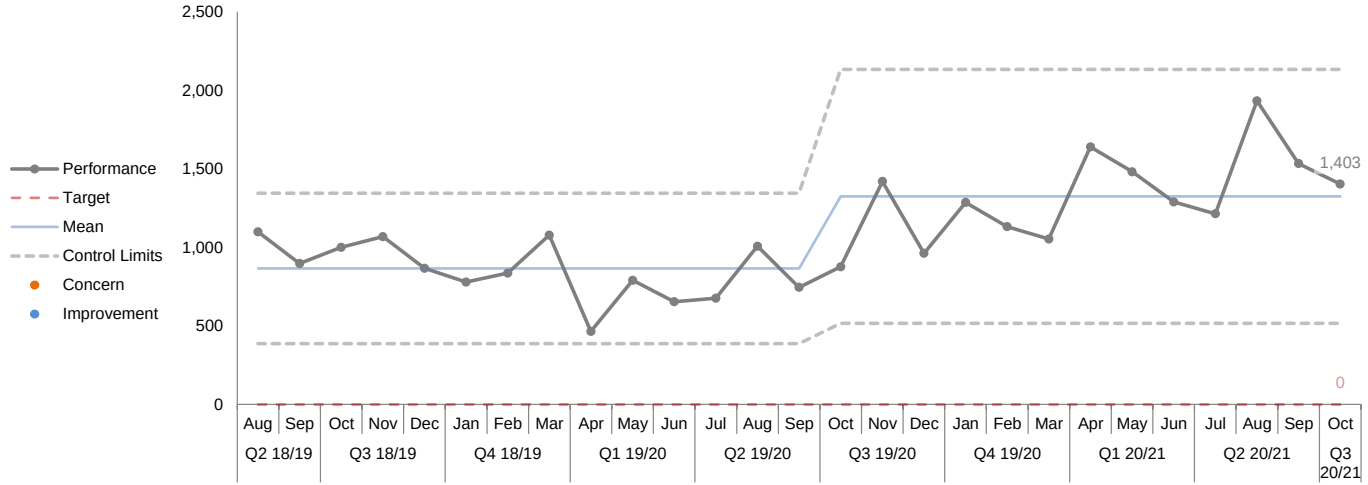
Narrative	Issues:	Actions & Mitigations:
	The total bank and agency spend in October was £3.6M, which represents 16.37% of the total pay bill within the month. The business group with the highest bank & agency spend in October was Surgery GI &CC (£1.1M).	Successful recruitment to nursing and medical vacancies,; enhanced controls on agency approvals; senior review of medical agency usage; renegotiation of non-framework agencies, which will reduce spend. Executive led review of agency controls is underway.

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
Oct-20	1403

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

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. Due to the erratic and variable nature of performance month to month, the limits of variation increase from October 2019. Although there does appear to be an increasing trend, the chart does not show any significant changes month to month. 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

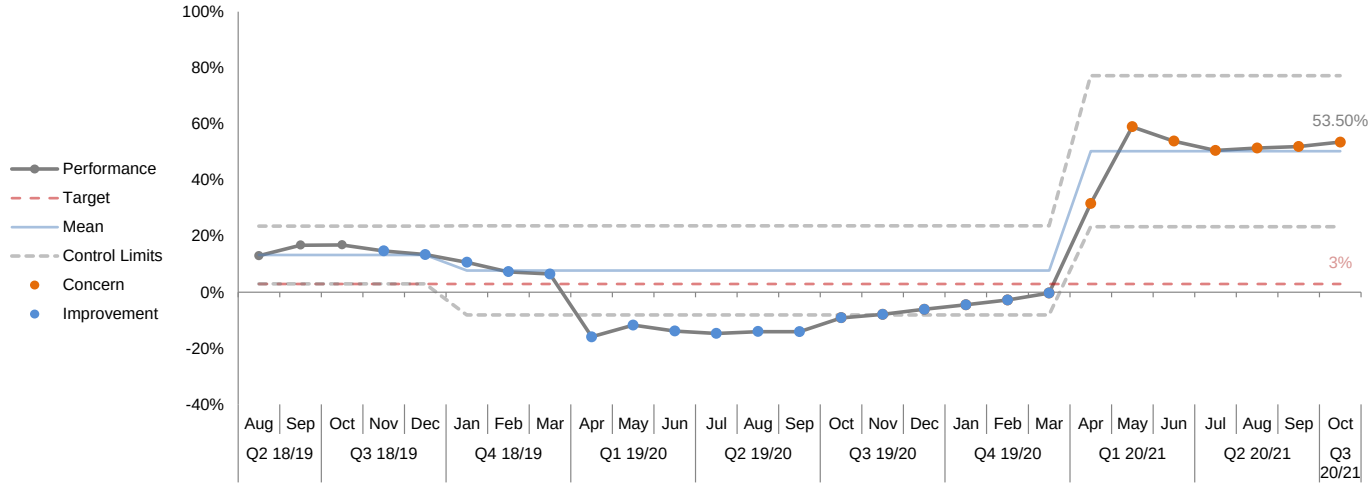
Issues:	Actions & Mitigations:
There were a total of 1,403 agency shifts paid above the NHSI cap rate during the 4 week period from 28th September 2020 to 25th October 2020. This equates to an average of 350.75 shifts per week, which is a decrease of 32.5 shifts per week compared to September's figures and an increase compared to the 219 shifts per week in October 2019. The highest number of agency breaches were in Surgery, M&CS and ED with a weekly average of 118.5, 108 and 47.25 shifts respectively, including medical and AHP shifts. Within this period there were 110 cap breaches relating to non-framework agencies - Raven (20) and Thornberry (90).	As above

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



Variance

Latest Month	Actual
Oct-20	53.5%

Data shows special cause variation, with a run of values above the average.

Assurance

Target
<= 3%

Since April 2020, performance consistently exceeds the target amount.

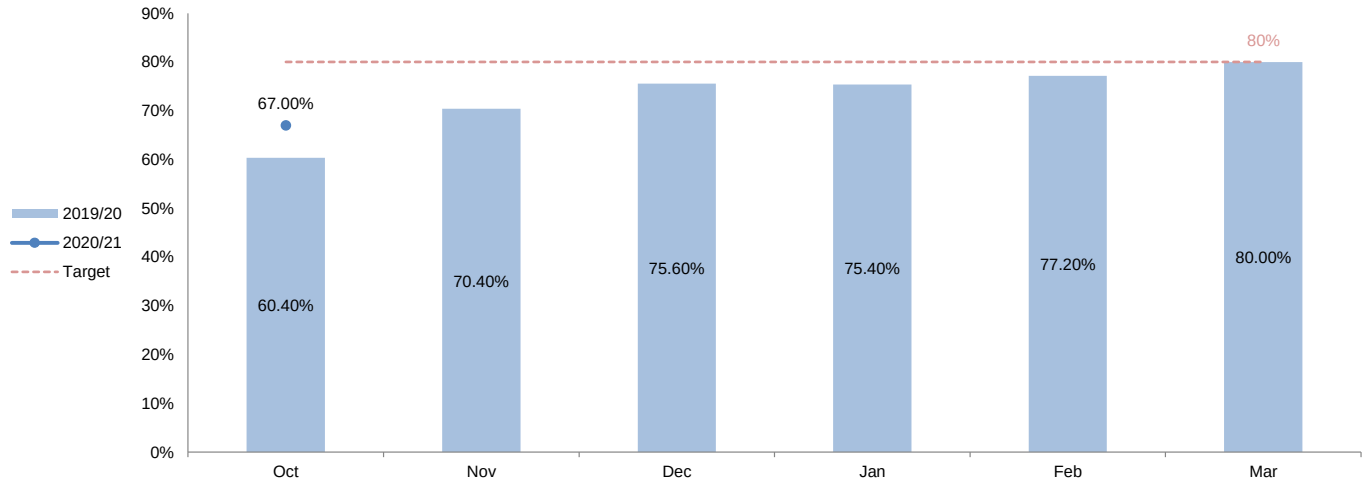
What the chart tells us	The chart shows that throughout 2019/20 we managed to maintain agency expenditure below the capped levels set by NHSi. April 2020 saw a sharp increase in expenditure against the cap, with a run of expenditure between 50% and 60% over the cap between May and October 2020.

Narrative

Issues:	Actions & Mitigations:
The total number of agency shifts worked in this period, including shifts under cap, was 2,422 – an average of 605.5 per week. This is an average increase of 2 shifts per week compared to September. There were a total of 185 shifts paid at or above £100 per hour, which required Chief Executive approval, which is an average of 46.25 shifts per week, compared to 37.25 shifts per week in September. Within this period a total of 1140 shifts were reported as COVID-19 related (135 medical, 33 AHP & 972 nursing).	See above

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Flu Vaccination Uptake** The percentage of staff receiving the flu vaccination.
Performance of this measure over time	
What the chart tells us	The chart shows that the October position for Flu Vaccination uptake is 67% of all eligible staff, which is an improvement on the position this time last year.

Performance

Latest Month	Actual
Oct-20	67%

Target

>= 80%

Narrative

Issues:	Actions & Mitigations:
A total of 4,052 staff have been vaccinated as at 02/11/20, this represents 67% of front line staff.	Clinics continue to be available and communications are sent out regularly. The Trust is urged to conclude the flu programme early in order to free up capacity required to undertake the Covid vaccine programme.

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 notified control total position. There is further risk from efficiency requirements 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.

As yet unquantifiable is the impact of the second Covid-19 wave. There has been no guidance as to what impact this would have on the financial regime for Trusts, and whether there would be any further Covid-19 funding available.

Major Actions Commissioned / Work Underway:

The Trust Executive team continues to review the prioritised list of expenditure items included in the forecast October 2020 to March 2021, including 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.

The Trust Senior Management Team (SMT) have been updated on the development of the Trust's latest financial plan projections for 2021/22, providing an overview of the future financial framework, underlying financial trajectory and cost improvement plan (CIP) development. Business groups have been asked to focus on development of recurrent CIP schemes for 2020/21 and 2021/22. Future SMT meetings will revert to the previous format and review CIP progress on a weekly basis, which will then be reported weekly to the Trust Executive Team, and monthly to Finance & Performance Committee, Trust Board and NHS England/ Improvement (NHSE/I).

Positive Assurances to Provide:

The Trust has delivered the planned financial position in October 2020. The Trust has maintained sufficient cash to operate despite the current increased run rate of expenditure.

Decisions Made:

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

Future Trust Senior Management Team (SMT) meetings will revert to the previous format and review Cost Improvement Programme (CIP) progress on a weekly basis, which will then be reported weekly to the Trust Executive Team, and monthly to Finance & Performance Committee, Trust Board and NHS England/ Improvement (NHSE/I).

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

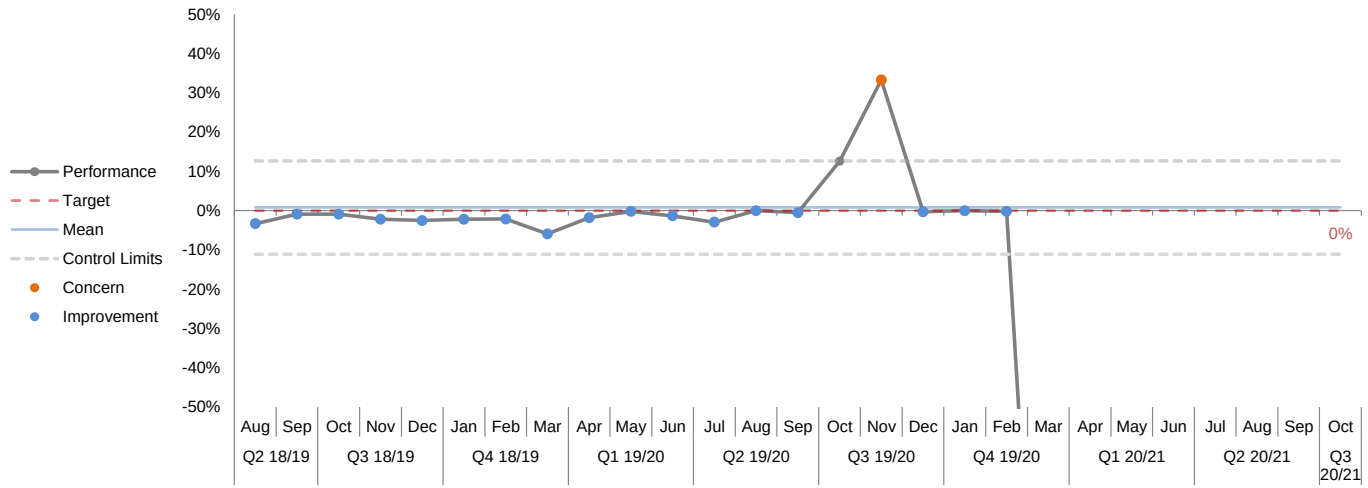
Metric	Latest Performance		Target	
Financial Controls: I&E Position	Mar-20	-172.7%		<= 0%
Cash	Mar-20	-42.6%		<= 0%
CIP Cumulative Achievement	Mar-20	-5%		>= 0%
Capital Expenditure	Oct-20	-23.2%		<= 10%
Financial Use of Resources	Mar-20	3		<= 3

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

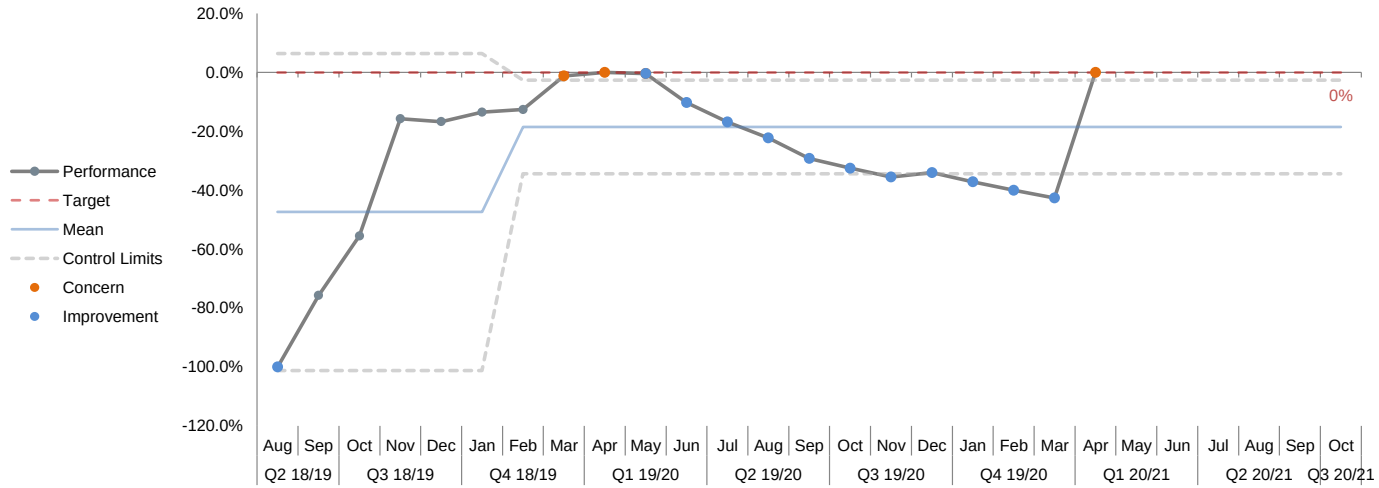
Issues:	Actions & Mitigations:
Key points to note within this financial position are: •The Trust is being monitored against a net planned loss of £8.9m between October 2020 and March 2021. This is after £18.8m of system support, £9.9m system Covid-19 funding, and £2.0m required CIP. •The planned deficit of £1.3m in October 2020 has been delivered. •Total pay costs are £22.2m in October, which is 72% of the Trust's total costs in month. Pay costs in the seven months April to October 2020 are £15.4m higher than the same seven months in 2019. •At this stage in the second half of the financial year the forecast out-turn is in line with the submitted plan of £8.9m deficit.	The Trust has delivered a deficit financial position in month, but this is in line with the plan submitted to Greater Manchester (GM) and NHS England/ Improvement (NHSE/I). The national financial landscape from October onwards is challenging for the GM system, and the Stockport position within this represents £9m of the system gap. Validation work within the system is on-going and this coupled with a further wave of Covid-19 are creating uncertainty for financial forecasting. There is also further risk from: -Efficiency requirements. -Expenditure assumptions built into the forecast position.

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.

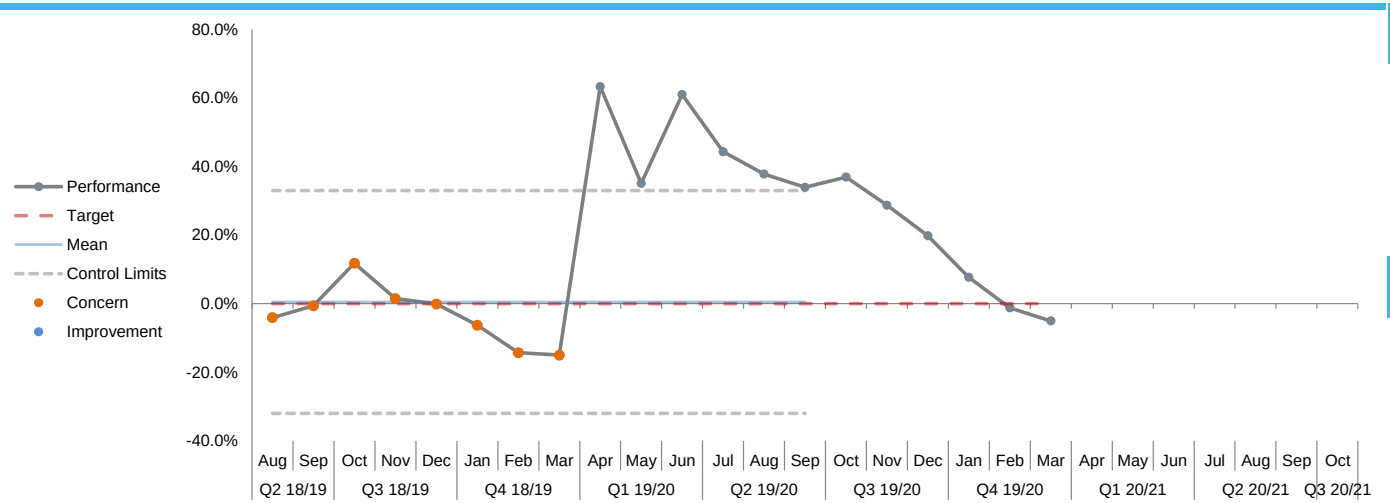
What the chart tells us	The data shows that throughout 2019/20 the Trusts cash borrowing position has remained below the planned borrowing amount. No data has been provided for the 2020/21 financial year so far.

Narrative

Issues:	Actions & Mitigations:
Cash in the bank on 31st October 2020 was £44.9m, which is £8.9m less 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.	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%

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.

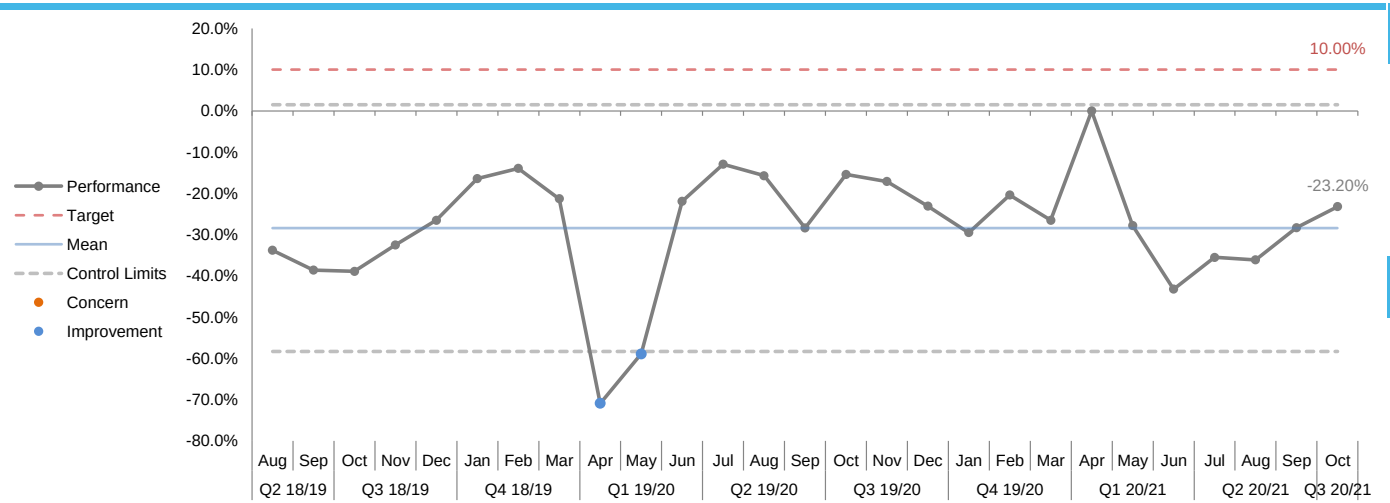
Narrative	**Issues:**	**Actions & Mitigations:**
	The Trust efficiency target of 1.1% for October to March equates to a target of £0.334m requirement in month. As the Trust has delivered the required financial position the Cost Improvement Programme (CIP) has been delivered. This is being managed technically on a non-recurrent basis to allow operational focus on recurrent delivery of savings and planning for 2021/22.	An update on the financial outlook for 2020/22 was delivered to the Trust Senior Management Team (SMT) on 12th November 2020. This presentation provided an update on the development of the Trust's latest financial plan projections for 2021/22, providing an overview of : •Future Financial Framework •Underlying Financial Trajectory •CIP Development Business groups have been asked to focus on development of recurrent CIP schemes for 2020/21 and 2021/22. SMT meetings will revert to the previous format and review CIP progress on a weekly basis, which will then be reported weekly to the Trust Executive Team, and monthly to Finance & Performance Committee, Trust Board and NHS England/ Improvement (NHSE/I).

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
Oct-20	-23.2%

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.

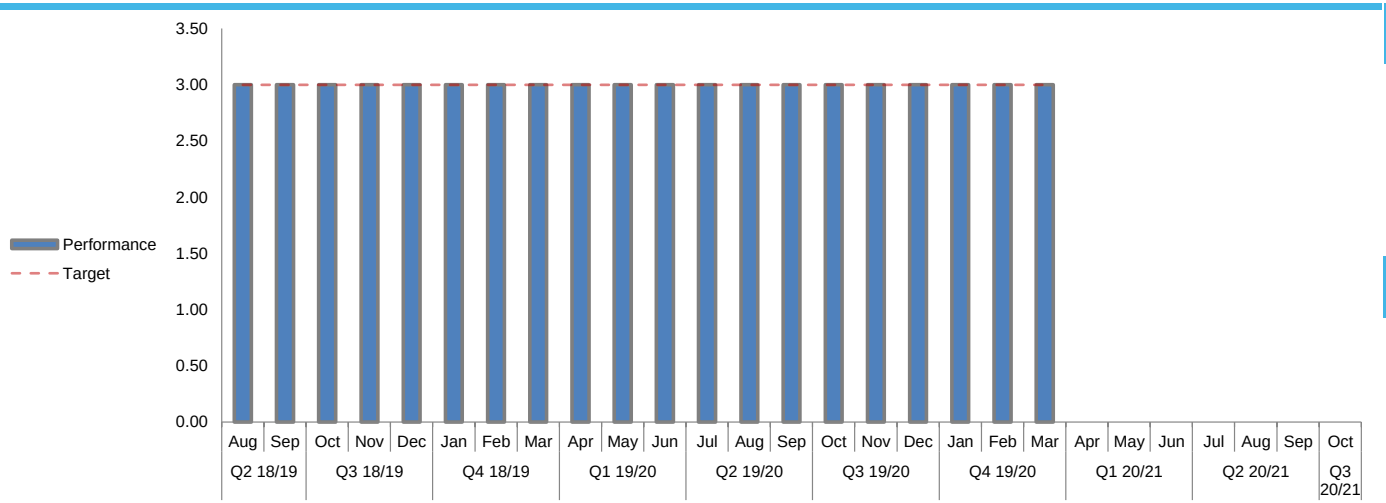
What the chart tells us	The data shows that capital expenditure was significantly lower than the planned expenditure in April and May 2019. For the rest of the reporting period we consistently maintained expenditure below the planned amount.

Narrative

Issues:	Actions & Mitigations:
The capital programme is behind plan by £1.3m in the seven months to 31st October 2020.	Capital costs of £6.0m have been incurred to 31st October 2020 against a plan of £7.8m. The Trust's capital programme for 2020/21 is £27.8m, including additions for the Urgent Treatment Centre and Critical care bids. The normal process of managing internal schemes continues via Capital Programme Management Group (CPMG).

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	
What the chart tells us	Data has been consistent throughout the reporting period.
Narrative	**Issues:** 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 October 2020. **Actions & Mitigations:**

Variance

Latest Month	Actual
Mar-20	3

There is no variation throughout the reporting period.

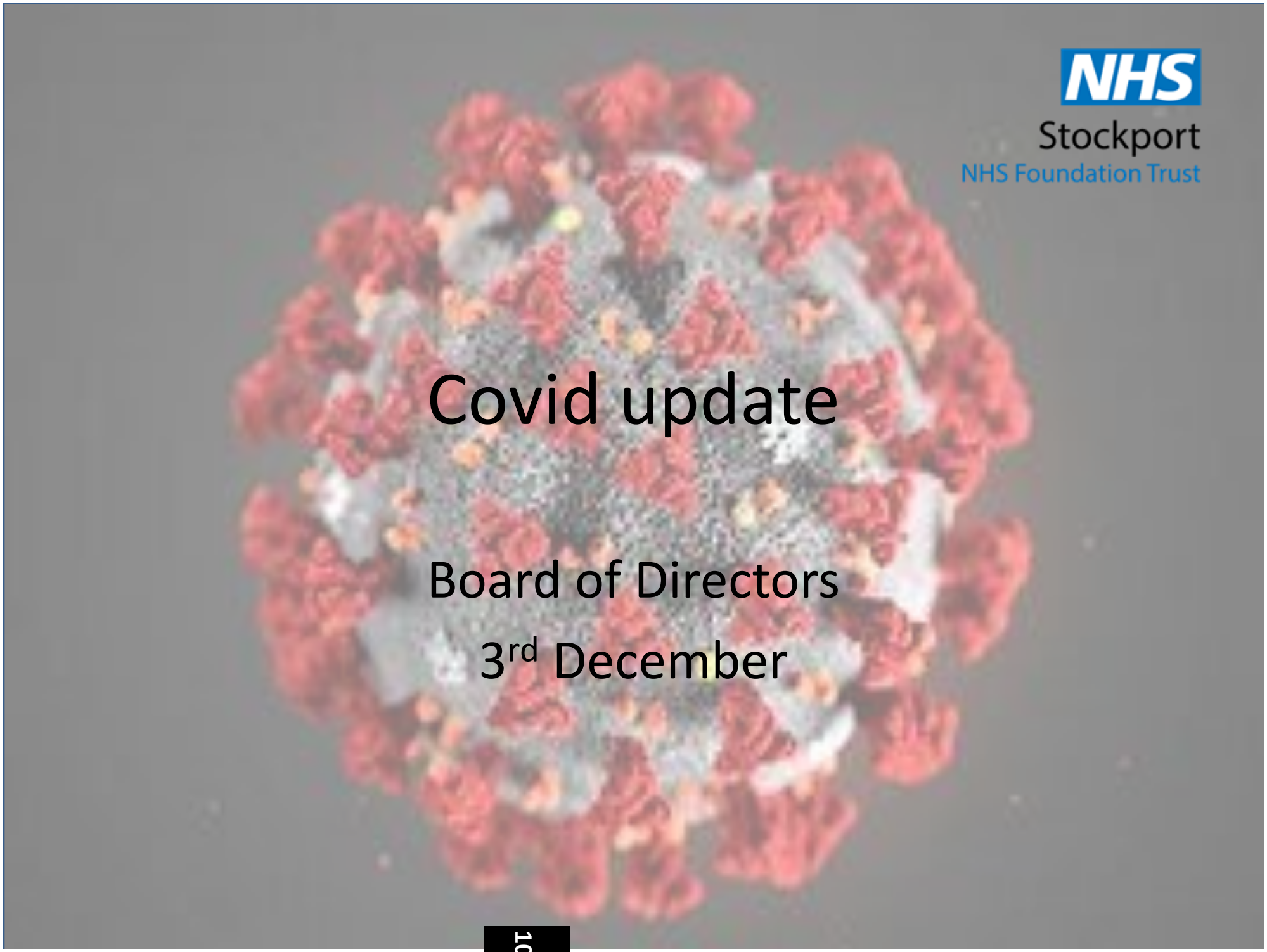
Assurance

Target
<= 3

The target is consistently achieved throughout the reporting period.

Quality | Operations | Workforce | Finance

10.1



Stockport
NHS Foundation Trust

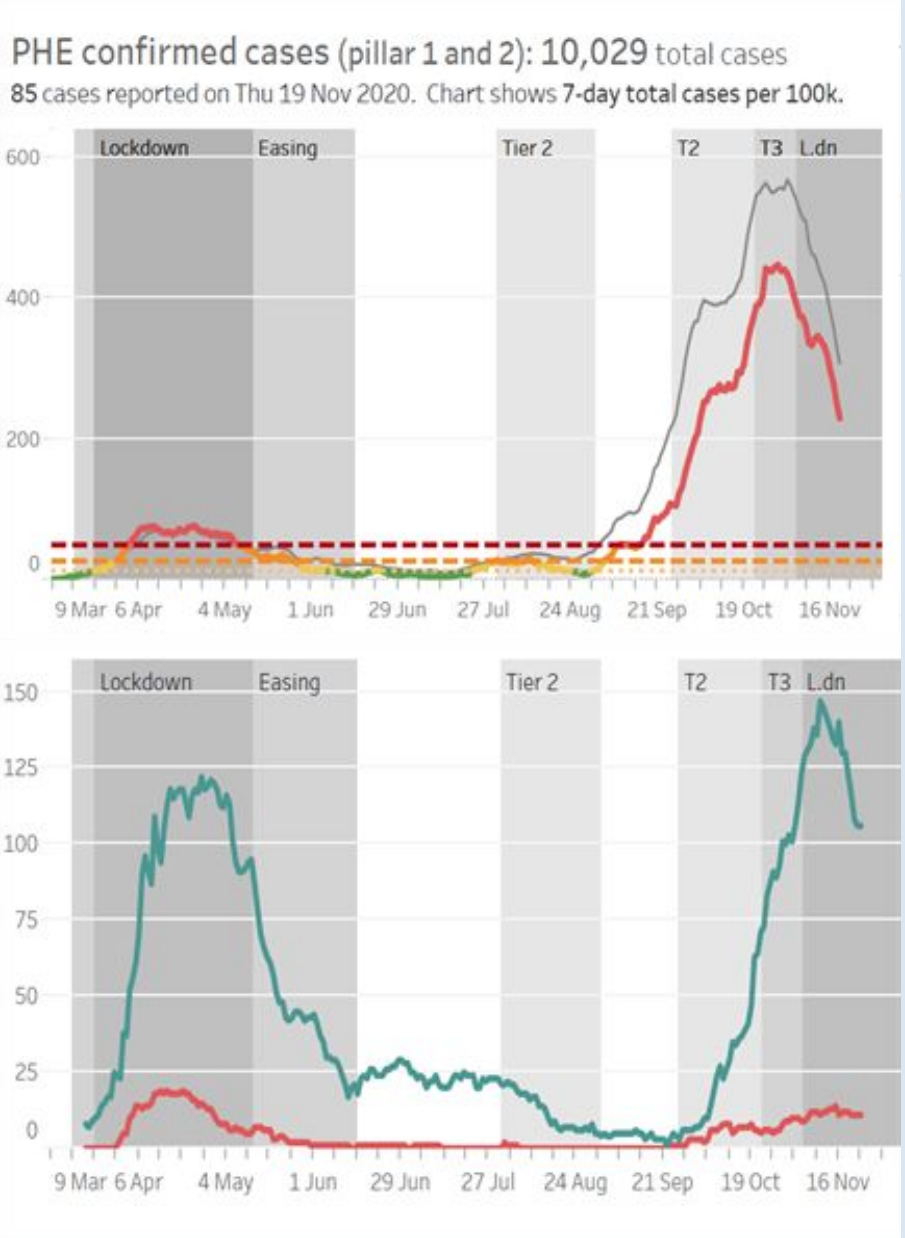
Covid update

Board of Directors

3rd December

Current position

Stockport NHS Foundation Trust



119 covid + in-patients (April peak 137)

Peak of 160 reached mid – November.

8 covid wards, now reduced to 6, with plans for further de-escalation.

Green elective capacity was restricted to theatre footprint, but first ward planned to re-open in restricted surgical zone.

With the end of 'lockdown' next week, we do not anticipate the decent as far as that seen after wave 1.

11 critical care patients, 9 Covid +

Critical care returning to within its normal footprint, having spread across 4 units. Staffing ratio's returning to normal, having been diluted due to scale.

Length of stay

Stockport NHS Foundation Trust

Reducing flow in

– ‘virtual ward’, currently up to 15 beds

Increasing flow out

- Post covid length of stay is long
- 65 patients with no criteria to reside - half post covid - average discharge delay 11 days.
- Helping people home’ approach.
- Clear criteria for discharge to care homes.
- Bramhall Manor now accepting discharge to assess post covid (14 days +).
- Bluebell now discharge to assess post covid (<14 days).

Elective surgery

- Peak demand saw expansion to 8 covid wards, and closure of up to 4 wards to manage ward outbreaks.
- Closure of all ‘ultra green’ restricted surgical zone wards by mid October.
- Development of elective ward in theatre footprint ensured continued delivery of our most urgent surgery on site.
- We continue to run two theatres per day at the BMI Alexandra, with colorectal surgery re-started there this week.
- Plans to re-open a ward in the restricted surgical zone this week

Hospital acquired covid

Stockport NHS Foundation Trust

Prevalence

- Peak Sockport prevalence 1:50 and 20% false negative test rate.
- 234 staff with covid related absence

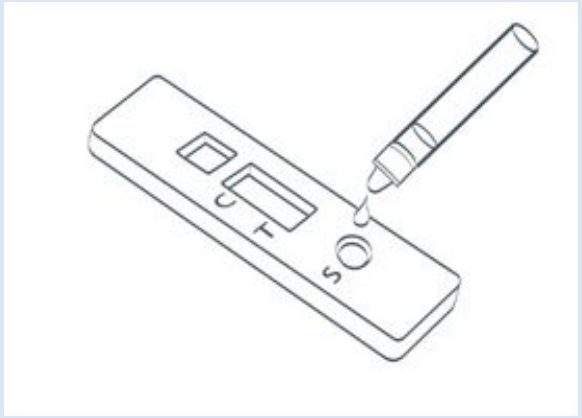
Outbreaks

- 11 ward outbreaks, 11 wards with restrictions (wave 2)
- Currently no outbreak wards.

Actions

- National intensive support team on site through September / October.
- Rapid swab testing in place.
- Staff testing rollout anticipated this week.

Staff mass testing



Mass testing kits given out to staff from 23 /11/20

Staff tested twice a week for six weeks.

Limited sensitivity – but mitigation being twice weekly testing.

Limited specificity – but mitigation being immediate PCR test for all positive staff.

Staff and their families will be isolated after a positive test, until formal PCR test result returns.

False positive rate will increase staff absence short term, but will reduce the prevalence of asymptomatic positive staff.

The goal is reducing ward outbreaks, and transmission to other staff.

Vaccine

- Anticipated approval of first vaccine in first days of December, with second close behind.
- Immediate roll out mass vaccination program planned.
- Immediate priorities will be public over 80, care home residents and healthcare or care home workers.
- Task and finish group planning mass staff vaccination

New NHSi standards

17 November 2020

NHS

Key actions: infection prevention and control and testing

Organisations

It is the board's responsibility to ensure that:

1. Staff consistently practice good hand hygiene and all high touch surfaces and items are decontaminated multiple times every day – once or twice a day is insufficient.
2. Staff maintain social distancing in the workplace, when travelling to work (including avoiding car sharing) and to remind staff to follow public health guidance outside of the workplace. ✓
3. Staff wear the right level of PPE when in clinical settings, including use of face masks in non-clinical settings. ✓
4. Patients are not moved until at least two negative test results are obtained, unless clinically justified.
5. Daily data submissions have been signed off by the Chief Executive, the Medical Director or the Chief Nurse, and the Board Assurance Framework is reviewed and evidence of reviews is available. ✓
6. Where bays with high numbers of beds are in use, these must be risk assessed, and where 2m can't be achieved, physical segregation of patients must be considered, and wards are effectively ventilated.

Important and challenging, but well recognised issues with actions in place

NHS

New issues first raised in this report

7. **Staff testing:**
   a. Twice weekly lateral flow antigen testing for NHS patient facing staff is implemented. Whilst lateral flow technology is the main mechanism for st testing, this can continue to be used alongside PCR and LAMP testing. ✓
   b. If your trust has a high nosocomial rate you should undertake additional targeted testing of all NHS staff, as recommended by your local and regional infection prevention and control team. Such cases must be appropriately recorded, managed and reported back. ✓
8. **Patient testing:**
   a. All patients must be tested at emergency admission, whether or not they have symptoms.
   b. Those with symptoms of COVID-19 must be retested at the point symptom arise after admission. ✓
   c. Those who test negative upon admission must have a second test 3 days after admission, and a third test 5-7 days post admission.
   d. All patients must be tested 48 hours prior to discharge directly to a care home and must only be discharged when their test result is available. Care home patients testing positive can only be discharged to CQC-designated facilities. Care homes must not accept discharged patients unless they have that pers test result and can safely care for them. ✓
   e. Elective patient testing must happen within 3 days before admission and patients must be asked to self-isolate from the day of the test until the da admission. ✓

Systems

Local systems must:

9. Assure themselves, with commissioners, that a trust's infection prevention and control interventions (IPC) are optimal, the Board Assurance Framework is complete, and agreed action plans are being delivered.
10. Review system performance and data; offer peer support and take steps to intervene as required.

New NHSi standards

17 November 2020

NHS

Key actions: infection prevention and control and testing

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NHS

7. **Staff testing:**
   a. Twice weekly lateral flow antigen testing for NHS patient facing staff is implemented. Whilst lateral flow technology is the main mechanism for staff testing, this can continue to be used alongside PCR and LAMP testing. ✓
   b. If your trust has a high nosocomial rate you should undertake additional targeted testing of all NHS staff, as recommended by your local and regional infection prevention and control team. Such cases must be appropriately recorded, managed and reported back. ✓
8. **Patient testing:**
   a. All patients must be tested at emergency admission, whether or not they have symptoms. ✓
   b. Those with symptoms of COVID-19 must be retested at the point symptoms arise after admission.
   c. Those who test negative upon admission must have a second test 3 days after admission, and a third test 5-7 days post admission. ✓
   d. All patients must be tested 48 hours prior to discharge directly to a care home and must only be discharged when their test result is available. Care home patients testing positive can only be discharged to CQC-designated facilities. Care homes must not accept discharged patients unless they have that person's test result and can safely care for them. ✓
   e. Elective patient testing must happen within 3 days before admission and patients must be asked to self-isolate from the day of the test until the day of admission. ✓

Systems

Local systems must:

9. Assure themselves, with commissioners, that a trust's infection prevention and control interventions (IPC) are optimal, the Board Assurance Framework is complete, and agreed action plans are being delivered.
10. Review system performance and data; offer peer support and take steps to intervene as required.

Summary

NHS Stockport NHS Foundation Trust

- Covid demand is reducing – but unlikely to match the impact of wave 1 restrictions.

Priorities

- Reducing length of stay – in particular after covid.
- Re-starting the elective program.
- Mass testing of staff to reduce risks of outbreaks
- Roll out of mass vaccination of staff.
- Recognising the need for resilience support.

Stockport NHS Foundation Trust

Trust Improvement Programme - Highlight Report

Board of Directors

3 December 2020

Making a difference every day

Trust Improvement Programme

NHS Stockport NHS Foundation Trust

- This report provides the board with an update on key areas of progress within the single Trust Improvement Programme.
- The aim of the programme over a 2 year period is to deliver a significant proportion of the Trust Strategy 2020/25 and support completion of the CQC action plan
- The Improvement Programme ensures alignment between individual work streams and projects to maximise the impact of improvement efforts
- As a reminder, our Trust Improvement Programme has been developed around 8 themes which are aligned with Board priorities for 2020/21 and key to delivering our CQC action plan and making progress on the Trust's 5 year strategic objectives.
- Content within the 8 themes have been refined and refreshed to reflect progress made
- An updated version of the Improvement Plan is included (Annex A) and the newly published Trust Quality Improvement (QI) approach (Annex B)
- The first meeting of the Transformation Board took place on 6 November

Progress report 1 of 3

NHS Stockport NHS Foundation Trust

THEME	WORKSTREAMS	PROGRESS UPDATE
Strategy	• Clinical • Workforce • Quality Improvement Plan • IMT/Digital • Estates	• Trust-wide approach to Quality Improvement has been approved an published - additional support has been secured from PWC for the 'Improver Network' • Draft site development control plan has been produced to underpin the refresh of the estates strategy • IMT/Digital strategies in draft form with engagement sessions held with key stakeholders on the content - on track for completion by end Dec
Regulation	• CQC Action Plan • ED Action Plan	• *Current progress reported in separate reports on Board agenda*
Finance	• Financial Regime • Financial Sustainability • Effective Use of Resources • Finance Training & Development	• The financial position for 2020/21 is being carefully managed - regular forecast updates are being provided to GM as the overall gap across GM to the national position remains of national concern • Costs of winter, discharge to assess and investments are being managed through the Financial Governance & Advisory Group & the Executive Team. There is an expectation that a £2m cost improvement will be made in the second half of 20/21. CIP schemes which were already approved including QIA have been agreed at SMT to be transacted. • The financial position for Month 7 was in line with forecast • Planning for 2021/22 has commenced with planning principles established and an outline of minimum CIP has been set. • The finance regime for 2021/22 continues to be developed and information is being released slowly but the full guidance is not expected until Jan 2021. • Final work is taking place to be able to publish Q4 PLICs for 20192/0 which is key data to support CIP for 21/22. The model hospital continues to be refreshed and this is another source of data for highlighting areas for CIP. • The Drivers of the Deficit work was refreshed and presented to F&P in November

Progress report 2 of 3

NHS Stockport NHS Foundation Trust

THEME	WORKSTREAMS	PROGRESS UPDATE
Governance	• Governance Structure • Information flows and presentation (revised IPR) • Risk Management • Priorities (Health and Safety)	• The governance structure is actively monitored through the CQC improvement plan • Revised Integrated Performance Report has been developed and implemented in Nov 2020 • Implemented Risk Escalation Mechanism • Implemented streamlined Risk Management Process • Rebuilt risk profiles for business groups and major corporate functions • Established Risk Management Committee chaired by CEO • Redesigned Risk Report for Board of Directors • Implemented Executive scrutiny of risk registers (as per scheduled work plan) • Risk Management policy developed and approved • Commissioned independent Health & Safety Audit. Action plan has been devised and approved by the Risk Management Committee. • Recruited Risk Management and Health & Safety Advisor commencing in post 30/11/20
Quality & Safety	• Fundamental Care Standards • Maternity Programme • Safe staffing (incl e-roster) • Infection Prevention control • Deteriorating patient • Gastroenterology Improvement Plan • Patient Experience	• Fundamental Care Standards framework developed and agreed- rollout plan to be agreed in view of New Chief Nurse commencing in post. • Maternity Safety Support Programme (MSSP) in place with the action plan agreed. • E-roster completed for all clinical teams - Regular weekly check and challenge meetings with Chief Nurse and Deputy Chief Nurse • Involvement in Infection Prevention Control programme with support from national and regional team remains available to the Infection prevention team. • Two additional work streams have been added to this theme - Gastroenterology and Patient Experience

Progress report 3 of 3

Stockport NHS Foundation Trust

THEME	WORKSTREAMS	PROGRESS UPDATE
Operating Model & Performance	• Diagnostics • Cancer pathways • Elective Reform (Inc Outpatient Improvement) • Urgent & Emergency Care strategy	• Additional resource has been secured from PWC to support the 'Improver Network' to maintain the operational improvements are maintained and sustained • Successfully recruited to patient flow co-ordinator post to lead and maintained work on flow • Go live date of new NHS 111 service set for 1 Dec – aim to have material impact on ED pressures • Delivery of P3 recovery trajectories has so far been above plan submitted • Defined internal governance proposal to have oversight of all 'Urgent & Emergency Care strategy' projects to include SDEC, flow, D2A, frailty & UTC alongside key future operating model developments such as ECPC and Healthier Together • ECPC – updating OBC based on advice from NHSE/I regional team – resubmission will be early Dec. • Announcement regarding Healthier Together business case approval, refreshing work plan for delivery of capital scheme and clinical model implementation
Workforce	• Establishment review • Recruitment & Retention • Training & Development • Leadership development	• Work with Attain is on track; presentation of initial findings at PPC in December with the workforce development plan being shared with PPC in January • International nurse recruitment programme on track • Synergy model for student education launched in November
Culture	• Collective Leadership • Values & Behaviours • Staff engagement • Learning & continuous improvement	• Staff Survey closed on 27 November – approx. 46% of all staff have returned their survey • Update to People Performance Committee on progress across the Trust • Growth of 360 Facilitators – training completed • Ward Managers "Unlocking Potential" programme launch • Recruitment to expand OD team to support psychometric testing, interventions and specific team interventions

Trust Quality Improvement (QI) Approach

NHS Stockport NHS Foundation Trust

Trust has launched a new QI Approach to provide a robust framework to enable sustained and continuous improvement including:

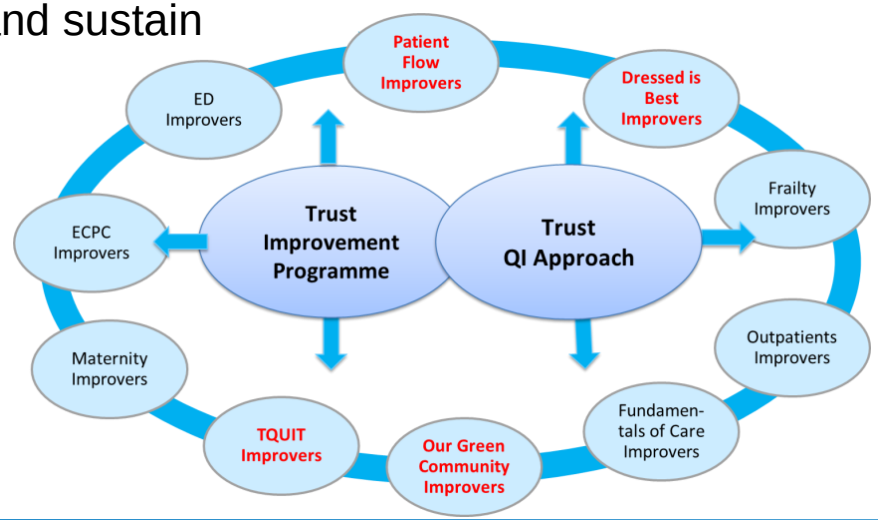
- Our vision for improvement
- Overview of the Trust QI methodology
- Priorities to embed our approach
- Roadmap and governance arrangements

- Builds on previous QI Faculty work and learning
- Priorities include:
- Shared improvement priorities
- QI leadership
- QI methodology and approach
- QI capabilities and infrastructure
- QI culture – aligned to Trust collective leadership approach
- Making data count
- Priority leads identified to lead and coordinate delivery
- Stockport Improver Network a key enabler to bring together communities of improvers

Stockport Improver Network

NHS Stockport NHS Foundation Trust

- A **coordinated community** of people working together with shared principles and purpose who:
  - have specific roles and responsibilities for improvement
  - have a passion and interest in improvement
  - are able to apply QI principles and methodology
  - break down silos by working together and share learning and good practice
- **Improvement Fellows** – tenure based role to lead improver communities, driving and promoting improvement and change
- **Improvement Champions** – wider group of improvers who, together with improvement fellows will deliver and sustain improvements on the ground
- **Supporting infrastructure**:
  - Senior leaders and sponsors
  - Training and development
  - Peer network and QI coaching
  - Time to improve
  - Reward and recognition



System Improvement Plan

NHS Stockport NHS Foundation Trust

- Initial discussions have taken place to draw together the Trust Improvement programme into a single integrated System Improvement Plan
- A working group involving key stakeholders from system partners will produce a roadmap for developing the plan with clear timescales
- This will provide the system with a clear plan, shared accountability, clarity on who is leading each programme of work and clear timescales for delivery.
- An approach will be presented to the System Improvement Board in January 2021

Stockport NHS Foundation Trust

Trust Improvement Programme

November 2020

Making a difference every day

Trust Improvement Programme

NHS Stockport NHS Foundation Trust

Context

- CQC Inspection and Action Plan – 24 ‘Must Do’ and 54 ‘Should Do’ actions, 29a Warning notice (plus licence conditions since Dec ’17, warning notices/regulatory breaches)
- Deteriorating financial position
- Stockport Risk Summit and System Improvement Board established
- Facing significant executive leadership transition
- Agreed new governance structure and related assurance arrangements to be fully implemented
- Need to deliver OBC and FBC for Emergency care and Pathology Campus
- Publication of a new Trust Strategy with 5 year strategic objectives
- Need a strong focus on our culture and to embed our values and behaviours

Trust Improvement Programme

Stockport NHS Foundation Trust

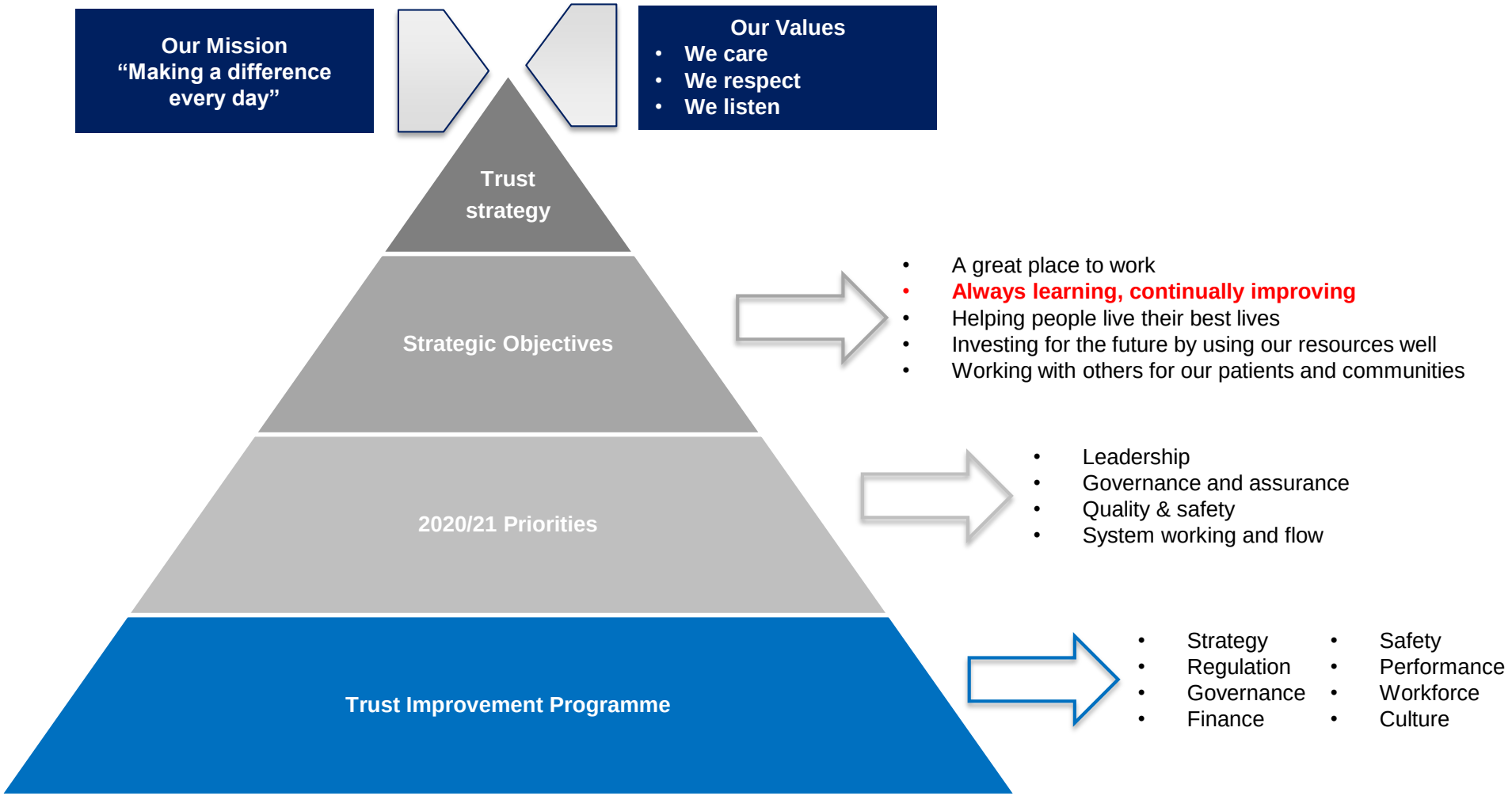
Context

- Trust Board has agreed 4 key priorities for 20/21:
  - Leadership
  - Governance and assurance
  - Quality & Safety (inc. safe staffing and care standards)
  - System working and flow
- These priorities are key to delivering our CQC action plan and will support progress to deliver the Trust's 5 year strategic objectives
- Having 4 key priorities is not at the expense of other improvement work and BAU continuing
- Specific objectives for each priority will inform a revised BAF
- New Trust Improvement Programme will be overseen by Transformation Board

Trust Improvement Programme

NHS Stockport NHS Foundation Trust

- We have developed our improvement programme with clear alignment to our revised Trust strategy and strategic objectives



Improvement Programme summary

NHS Stockport NHS Foundation Trust

Our Improvement Programme has 8 key themes with associated work streams

Strategy

- Clinical
- Workforce
- Quality Improvement approach
- IMT/Digital
- Estates

Regulation

- CQC Action Plan
- ED Action Plan

Finance

- Financial Regime
- Financial Sustainability
- Effective Use of Resources
- Finance Training & Development

Governance

- Governance Structure
- Information flows and presentation (revised IPR)
- Risk Management
- Priorities (Health and Safety)

Quality & Safety

- Fundamental Care Standards
- Maternity Programme
- Gatro Programme
- Safe staffing (incl e-roster)
- Infection Prevention Control
- Deteriorating patient
- Patient experience

Operating Model & Performance

- Diagnostics
- Cancer pathways
- Elective Reform (Inc Outpatient Improvement)
- Urgent & Emergency Care

Workforce

- Establishment review
- Recruitment & Retention
- Training & Development
- Leadership development

Culture

- Collective Leadership
- Values & Behaviours
- Staff engagement
- Learning & continuous improvement

Governance

Stockport NHS Foundation Trust

Governance of our Improvement Programme will be via a temporary, executive-led management committee accountable to the Trust Management Board

The Transformation Board will:

- oversee delivery of the Trust Improvement Programme and ensure alignment - both between individual action plans and also with the Trust's 5 year strategic objectives
- champion a robust improvement focused culture and infrastructure to enable the successful and sustained delivery of the Trust Improvement Programme
- have oversight of the commissioning of all external improvement resources (NHSE/I, AQuA, PwC etc)
- work differently to embody the Trust's improvement approach and methodology (e.g. outcome focused aims, involving individuals best placed to drive and deliver improvement and provide visible leadership and demonstrate improvement behaviours in the way Board business is conducted)

Programme Resources

NHS Stockport NHS Foundation Trust

- Short term non-recurrent funding has been approved via the Intensive Support Programme Budget, with additional consultant and advisory support from existing NHSE/I resources

Work stream	Approved funding	Supplementary support
Rapid development of Clinical Strategy and Quality Improvement Strategy	- 35k	NHSE&I support from: Intensive Support Director (Caroline Griffiths), Making Data Count (Sam Riley), Head of QI North (Adele Coulthard), GIRFT team and ECIST
Staff engagement and culture programme	- 30k	Culture programme (Chloe Kastoryano - NHSEI People Directorate) and safe staffing models (Ann Casey – NHSEI Nursing Directorate)
Leadership Development programme	- 50k	MD and AMD are on the Intensive Support Medical Director Development Programme (deferred during C-19) Current Support from NHSE&I specialist functions including; Quality Governance and well led (Becky Southall) Making Data Count (Sam Riley) QI Leadership (Adele Coulthard)
Implement recommendations from the NHSE&I Governance Review	- 65k	Additional support and mentorship available from NHSE&I Quality Governance specialist (Becky Southall)
Quality Improvement Priorities	- 76k (incl. PLAN)	ECIST support (8 week programmes) Specialist psychiatric liaison support provided by ECIST for 6 months (Nick Wade) National Maternity Safety Support Programme (MSSP) National IPC Safety Support Programme
TOTAL	- **256k**	

Theme: Strategy (1 of 2)

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
Clinical strategy SRO: Director of Strategy, Partnerships & Transformation	• Overarching Trust clinical strategy • Service line strategies	• Development of a clear 3-5 year road map for clinical services	• Implementation plans for 1,2,3 years	• Clinical strategy - end Dec 2020 • Service line strategies – Mar 2021	• £35k NHSE/I Intensive Support Budget

Quality Improvement Strategy
 	
SRO: Director of Strategy, Partnerships & Transformation
	• Improvement methodology and approach:
	  • QI Leadership,
	  • QI Capabilities,
	  • QI infrastructure,
	  • QI culture
	• Improvement governance – Trust Transformation Board
	• Improvement Priorities & Plan
		• Learning organisation with continuous improvement embedded at all levels in everything we do.
		• Effective management of improvement priorities
		• Delivery of sustainable change and improvement
			• Achievement of improvement priorities
			• QI improvements that have been sustained following completion
			• Stockport Improver Network and Communities - engagement and activity
			• QI development - attendance and engagement
				• Board and clinical QI leadership development programme launched– Oct 2020
				• Integration of QI in Trust Leadership programme – Mar 2021
				• Stockport Improver Network launched – Sept 2020
				• Improvement report out programme commences – Oct 2020
				• Central QI repository launched – Jan'21
					• Alignment of internal resources to enable improvement
					• Coordination of commissioning of external improvement support

Workforce strategy SRO: Director of Workforce & Organisational Development	• People Strategy • Workforce Plan • CQC Action Plan	• Delivery of People Strategy Delivery Plan (20/21) • Workforce Plan supported by a funded workforce transformation and development plan	• RN vacancy rate (%age vacant / establishment) • Staff engagement score (national staff survey) • No of 'new roles'	• Staff survey 2020 results – Mar 2021 • Funded Workforce Transformation Plan – Jan 2021	• £80k NHSE/I Intensive Support Budget (staff engagement and leadership) • Senior Workforce Planning capacity

Theme: Strategy (2 of 2)

Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
Digital & IMT strategy SRO: Director of Strategy, Partnerships & Transformation	• Data warehouse • GM PACS • LIMS • Continued clinical optimisation • EPR	• Implementation of data warehouse • Implementation of GM PACS solution • Development & approval of business case for LIMS	• Digital maturity assessment • Data quality audits • Increased front end reporting & streamline data submissions • Sharing of Images across single platform • Transform single system for clinical care	• Strategy - end Dec 2020 • GM PACS implementation May 2021 • Data warehouse Jul 2021	• £200k (GM PACS business case) • £765k (Data warehouse agreed via internal capital programme)
Estates strategy SRO: Director of Finance	• Master planning - Strategic Outline Case • Site development • Distressed capital	• Refreshed estates strategy linked to clinical services • Site development plan to inform capital development priorities	• Reduction of *'high'* and *'significant'* backlog maintenance • Improved space utilisation (UOR & ERIC assessments) • PEAT scores	• Site development (assessment) plan Dec 2020 • Strategy complete Mar 2021	• TBC subject to site development proposals

Theme: Regulation

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
CQC action plan SRO: Director of Governance & Risk Assurance	• 13 work streams comprising of 268 specific actions	• Lifting of Section 29A Warning Notice • Successful CQC inspection with associated improvement in overall core service ratings	• For Section 29A see ED improvement plan below • Demonstrable improvement in core service ratings • No inadequate ratings as a minimum	• 29A Warning Notice (Dec 20?) • PIR (Feb 21?) • Internal quality and safety review (March 21?) • CQC inspection (July 21?)	• £65k NHSE/I Intensive Support Budget
Emergency Department improvement plan SRO: Chief Operating Officer	Identified themes within Improvement plan: • Model of Care • Patient Safety • Governance • Safe Staffing • Staff Engagement • Mental Health • Environment • Information Technology	• To improve patient outcomes for patients attending ED • Delivery of all phase 1 & 2 actions	• ED 4hr performance • Reduction of 12 breaches • Staffing fill rates • Improvement in quality & safety measures • Reduction in incidents • Meeting RCEM and PLAN standards for mental health patients	• Phase 1 actions – complete • Phase 2 – Jun 2021	• Additional leadership team support (since April 20)

Theme: Finance

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
Financial Regime SRO: Director of Finance	• National Guidance • Contracting Strategy • Funding models • System working & collaboration across Health & Social Care	• Responding to changing financial landscape • Designing / negotiating new funding models with Commissioners	• Working with Commissioners to ensure funding of financially viable services	• 2020/21 arrangements beyond M6 – date TBC • 2021/22 Operational Plan & Contracting Strategy – date tbc	
Financial Sustainability SRO: Director of Finance	• Financial Recovery • Clinical Strategy • Estates Strategy • Workforce Strategy • Service sustainability	• Ensuring a financially viable future for Stockport NHS Foundation Trust	• Measurement against the underlying financial position	• LTFM – ongoing & update following clarity of updated financial arrangements	
Effective Use of Resources SRO: Director of Finance	• Capacity & Demand • CIP • Pathway Redesign	• Ensure maximum efficiency, recognising capacity and resources will be significantly reduced • Capturing innovations that have taken place during Covid-19	• PLICS • Benchmarking data • CIP delivery • Model Hospital/UOR benchmarking data • UOR rating	• Phase 3 Recovery Plan – support for Sept 2020 submissions • 2021/22 Operational Plan - TBC • 2020/21 – 2021/22 CIP • December 2020	
Finance Training & Development SRO: Director of Finance	• Finance Training • Financial Governance / SFIs • Ledger upgrade/ development	• Improved compliance • Improved process • Improved resources	• SFI compliance • Budgetary performance	• Ledger Upgrade 2020/21 & developments thereafter – in progress to March 2021	

Theme: Governance

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
New governance structure SRO: Director of Governance & Risk Assurance	• Implement 'Better Control and Assurance' Programme as agreed by Board	• Established TMB, BGPR, PSQG, RMC and Transformation Board • Fewer more focussed meetings • Better accountability • Clearer separation of management and assurance • New BAF	• Enhanced HOIA Opinion • Board members report improved level of assurance and awareness • Delivery of governance plan • Trust commissioned Well Led review • Improvement in CQC rating for Well Led	• By 31 Dec 2020	• £154k - Administrative resources required for effective implementation of new trust governance structure
Information flows & presentation SRO: Director of Strategy, Partnerships & Transformation	• Redesign and reformat Trust IPR	• Improved IPR built around domains of Quality, Operational, Workforce and Finance and incorporating SPC charts • Improved decision making	• New IPR can identify single cause variation or trend • Achievement of STAR data quality assurance mark	• Sep 2020 (redesigned IPR) • Dec 2020 (reformatted IPR)	• Input from NHSE/I Making Data Count Team
Risk Management SRO: Director of Governance & Risk Assurance	• Implement 'Better Control and Assurance' Programme as agreed by Board • Implement Serious Incident Handling Process	• Higher standard of risk register • Risk escalation and reporting mechanism effective • Risk managed in accordance with Board's risk preference • Backlog of SIs cleared • Full CAS Alert	• Enhanced HOIA Opinion • Board members report improved level of assurance and awareness • Improvement measures for SIs & CAS alerts	• 31 Dec 2020	
Priorities (Health & Safety) SRO: Director of Governance & Risk Assurance	• Design and build Safety Management System to comply with requirements of HSAW Act 1974	• Year 1 Safety Management Strategy Goals delivered	• Increased RIDDOR reporting • Increased safety management maturity • ROSPA accreditation • Reduction in claims	• 31 Jul 2021	• £65k - Full time Risk and Health & Safety Advisor to fulfil statutory obligations

Theme: Quality & Safety (1 of 3)

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
Accreditation Programme development SRO: Chief Nurse	• Fundamentals of care • Harm Free Care • Leadership and OD support	• Implementation of a framework of accreditation that enables staff to be supported to deliver outstanding standards of care across the MDT	• Baseline assessment of ward standards • Implementation of leadership and OD programme • Reduction in variability • Reduction in harm to patients (Falls, pressure ulcers, VTE, UTI)	• Baseline assessment completed – Sep 20 • Focus groups to support framework development – Sep 20 • Accreditation programme launch – Oct 20	• £76k NHSE/I Intensive Support Budget for QI priorities
Maternity improvement programme SRO: Chief Nurse	• Involvement in the NHSE/I Maternity Safety Support Programme (MSSP)	• Improvement plan development	• Compliance with BR+ • Improved implementation of saving babies lives indicators • Benchmarking with other services • Reducing harm associated with the maternity dashboard indicators • CNST self assessment	• Baseline review of service – Aug 20. • Enrolment in the programme – Sep 20	• NHSE/I Support from the National Maternity Safety Champion
Safe staffing SRO: Chief Nurse	• E Rostering implementation • Safe Staffing Systems & Processes • International recruitment • Recruitment & Retention programme	• Safe staffing levels achieved across all areas and sustained through a clear retention and support programme	• Safe staffing against the NQB framework • Reduction in vacancies • Reduction in unallocated time • Rebasing staffing establishment for 21/22 based on Safer Nursing Care Tool (SNCT) and professional judgement	• E-Roster – Sep 20 • Safe Staffing confirm and challenge meetings in place – Aug 20. • International recruitment package implemented – from Dec 20 • Retention scheme in place – Sep 20 • Safe Staffing 6 monthly board reports	• Support from NHSE/I national workforce team on safe staffing, systems & processes and SNCT • Investment in rebased staffing establishment to be determined by Feb 21

Theme: Safety (2 of 3)

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
Infection Prevention Control SRO: Chief Nurse	• IPC Practice review COVID/Non COVID • Involvement of the NHSI IPC Intensive support team	• IPC recognised as a major priority for the maintenance of safe care for our patients and our staff. • Accountability and responsibility for IPC clearly in place at Business Group level • Revised IPC policy and compliance • Reporting and assurance to Board	• Reduction in MRSA Bacteraemia • Reduction in Cdiff Rates • PPE Compliance rates • Compliance with COVID testing	• NHSE/I IPC Safety Support Programme on site – Aug 2020 • Agreement of improvement plan – Sep 2020	• NHSE/I IPC Safety Support Programme • Investment in the IPC team and support for the services (BCs recently agreed for disposable BP cuffs (£179k) and additional cleaning (£500k))
Safeguarding SRO: Chief Nurse	• Domestic Abuse implementation strategy • Improvements in the care of person with a diagnosis of Learning disability • Establishment of Mental Health Partnership arrangements • Addressing prevalence of SUDI in Stockport. Working partnership with FNP • Improvement in child and young persons experience on presentation to ED department	• Establish a multi agency response with clear channels of communication. • Improving the patient experience and safeguarding the vulnerable person in our care • To establish a clear pathway for multi agency response. • Effective, skilled and targeted services for vulnerable persons and their families • To ensure a comprehensive and consistent delivery of service to children and young people.	• Demonstration of compliance with local and national standards • Compliance with national KPI of 75% and internal KPI OF 100% • Compliance with RCEM standard • Compliance with Child Practice review panel (education.gv.uk) • Compliance with Stockport 16-17 year old safeguarding action plan	• Adoption into practice and measured as part of Trust Audit cycle • Multi Agency rapid review Compliance with LeDeR • Adoption and partnership arrangements in place – Aug 2020 • Oct 2020 Implementation of learning and best practice • Oct 2020 Implementation of learning and best practice	• Existing Corporate Nursing and safeguarding team • Leadership from Business groups with support from the Safeguarding team • NHSI Support • FNP/Community Midwifery and Health Visiting • ED Leads supported by Children's safeguarding team.

Theme: Quality & Safety (3 of 3)

Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
7 Day Services (National priority standards) SRO: Medical Director	7 Day Services	Reduce inequality and ensure consistent quality of care and senior decision making over 7 days	• HMSR • LOS • Patient flow • Weekend mortality • Consultant review within 12 hours • Access to diagnostic intervention	• SLG workshop – Aug 20 • Future m/stones - TBC	TBC – assessment of compliance with NHSE/I priority clinical standards is part of the Trust's 20/21 IA programme
Deteriorating Patients SRO: Medical Director	AKI, Resus, Sepsis, Patient Handover, Digital Support, Training, Mortality Review, Critical Care & Outreach, EOL	Safe and effective management and coordination of deteriorating patients	• HMSR • NEWS score • Sepsis • Palliative & EOL Care	• Trust Deteriorating Patient Group established – Aug 20 • Future m/stones – TBC	-
Gastroenterology Improvement Plan SRO: Medical Director	Gastroenterology Improvement Plan, Phase 1 & 2	• Compliance with MIAA report recommendations • Continuous safe and quality care across the Gastroenterology service	• Quality Metrics • ACE accreditation • Fundamental Standards of Care • Friends and Family inpatient survey • E-rostering KPIs • Recruitment and retention rate • Pulse survey • Training figures	• Phase 1 implemented November 2020 • Phase 2 target implementation May 2021	TBC – aligned to outcome of staffing establishment review within the safe staffing work stream
Patient Experience SRO: Chief Nurse	To identify key themes from complaints and identify quality improvement opportunities	Improved patient experience satisfaction	• Reduced complaints associated with the theme identified • Improved feedback • Reduces incidents	• Identify themes • Develop QI project • TBC	-

Theme: Operating Model & Performance (1 of 3)

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
Diagnostics SRO: Chief Operating Officer	• Diagnostic Recovery Programme • System-wide Capacity • Processes & Practices • Redesign the one-stop model in line with C-19 • Diagnostic Standards for Cancer Pathways	• Delivery of agreed recovery trajectories • Managing risk and safety • Specialty target operating models for all diagnostics	• Improved compliance with Diagnostic 6 week standard • Improved reporting • Compliance with 2ww standard for Direct to Test (Endoscopy)	• Additional CT capacity – Oct 2020 • Additional Endoscopy capacity – Oct 2020	• Non recurrent funding to inject short-term supply into all diagnostic areas • Existing capital business cases for CT & Endoscopy expansion
Cancer Pathways SRO: Chief Operating Officer	• Pathway review • 2WW access • Clinical risk stratification / harm reviews	• Compliance with cancer standards • No clinical harm and SIs	• Compliance with 2ww standard • Improved compliance with 31, 62 and 104 day standards • 31 day subsequent • Recovery trajectory for 62 day • Living with and beyond cancer • Peer review of delivery and outcomes	• TBC – subject to review of national expectations	• Non recurrent funding to inject short-term supply into all diagnostic areas • Admin infrastructure to support monitoring and external reporting

Theme: Operating Model & Performance (2 of 3)

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
Elective care reform (including Outpatient Improvement Programme) SRO: Director of Strategy, Partnerships & Transformation / Medical Director and Chief Operating Officer	• Outpatient Improvement Programme • GM Provider Demand & Capacity Collaboration	• Services delivered as digital by default • Target Operating Model including improved patient experience, digital technologies, policies and processes, clinical innovation, workforce and estates and facilities • Rationalisation of outpatient software • PIFU where clinically feasible • Consolidation of estate including the closure of Outpatients B • Slowing growth in waiting list size • Advice & Guidance model	• 25-40% of outpatient activity F2F • 100% vetting • Improved patient experience • Reduction in outpatient services financial deficit • Reduction in incomplete waiting list • Reduction in >52 week waits • Reduced referrals	• OPD B closure -Dec 2020 • Delivery of programme - Mar 2021 • RTT TBC – subject to national requirements	• Availability of suitable space, technology and equipment for non F2F appointments

Theme: Operating Model & Performance (3 of 3)

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
Urgent & Emergency Care strategy SRO: Director of Strategy, Partnerships & Transformation Chief Operating Officer	• UTC Lite • Site coordination and discharge (PWC) • Discharge to assess • Frailty model • SDEC • Ward Zoning • Winter planning • ECPC capital development • Healthier Together (HT) implementation	• Target operating model for patient flow • Enhancing current Primary Care streaming – increased deflection of patients from ED majors • Increased proportion of SDEC pathways • Zoning implementation • Agreed system winter schemes • Consistent approach to board rounds • Submission of ECPC FBC meeting tests for Q&S, UoR, sustainability and public engagement • Delivery of HT business case	• Deflection rate from ED & reduction in minor injuries • Increase discharge before noon • LOS reduction • Delivery of D2A/flow • Reduced MOAT • Reduced stranded and super-stranded patients • Delivery of improved estate to manage urgent care, SDEC and pathology services • Improved estate to manage agreed HT clinical model • Better patient outcomes	• UTC Lite implementation date - Aug 2020 • Pre-booked appointments Sep 2020 ECPC • OBC - Aug 2020 • FBC - Mar 2021 • Works commence - May 2021 • Works complete - Nov 2023 Delivery of HT capital schemes – new dates TBC	• £1m PCAT/UTC Lite • £1m - PWC Operational Support (site management & patient flow) • D2A costs – TBC • £3.6m UEC capital funding to support nosocomial infection and development of UTC • £31m (external capital funding) • £9.8m (external capital funding)

Theme: Workforce

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
Establishment review SRO: Director of Workforce & Organisational Development	• Workforce Plan	• Funded workforce plan supported by workforce transformation and development plan	• Vacancy rates • Reduction in agency & temporary staffing • Number of new roles	• Workforce Plan – Jan 2021	• Senior WFP capacity
Recruitment & Retention SRO: Director of Workforce & Organisational Development	• International Recruitment • Leavers review	• 50 international recruits • Improved system to gather intelligence from leavers	• Vacancy rate • Reduced turnover rate	• International recruits into RN numbers - Dec 2020 • Leavers review – Dec 2020	• International recruitment budget
Training & Development SRO: Director of Workforce & Organisational Development	• Apprenticeships • Advanced Pracs	• Increased number and range of active apprenticeships • Full utilisation of training budgets • Evaluation of training programmes	• Take-up and successful completion rates • Reduced hard to fill vacancy rates • Improvement in staff survey questions linked to training and development 2021-22 • CQC outcomes	• Staff survey Mar 2021-22 • CQC inspection Jan 2021	• Training budgets • Apprenticeship levy
Leadership Development SRO: Director of Workforce & Organisational Development	• Leadership Development programme • 360 feedback • Coaching offer • Exec/SLG/Board development	• Improved leadership capacity and capability • Trust values embedded in leadership approach • Consistent trust-wide leadership values	• Staff survey results March 2021-22 • Team pulse checks • Number of 360 reports • Number of active coachee contracts	• Staff survey March 2021-22	• OD capacity • Coaching capacity

Theme: Culture

NHS Stockport NHS Foundation Trust

Work stream	Projects	Outcome	Improvement Measures	Key milestones (date)	Investment
Values & behaviours SRO: Director of Workforce & Organisational Development	• Values into action • Respect campaign • Staff awards/recognition • Appraisal • Team Brief • Exec visits	• Organisational behaviour further aligned to Trust Values • Clear process to promptly address incidents of discriminatory behaviour • Improved visibility of entire Exec team	• Staff survey questions relating to Trust Values • Staff experience of reporting discriminatory incidents • No of Exec visits and associated outcomes	• National staff survey results – Mar 21 - 22 • Respect Campaign Task to Finish Group report to Board – Jan 21	• OD capacity
Staff engagement SRO: Director of Workforce & Organisational Development	• Pulse checks • Aston Team tools • Staff engagement programme	• Improved staff experience and morale, leading to reduced turnover and improved quality	• Turnover rate • Staff engagement score • Measuring impact from staff suggestions & Exec team response	• Exec team development day October 20 • Staff survey results – Mar 21 -22	• OD capacity • Exec development resource / consultancy

Learning & continuous improvement
 	
SRO: Director of Workforce & Organisational Development
	• QI culture & collective leadership strategy
	  • QI Leadership,
	  • QI Capabilities,
	  • QI infrastructure,
	• Improvement methodology and approach:
		• Collective responsibility for safe, effective, high quality and compassionate care
		• Learning organisation with continuous improvement embedded at all levels Delivery of sustainable change and improvement
			• Achievement of improvement priorities
			• QI improvements that have been sustained following completion
			• Stockport Improver Network and Communities - engagement and activity
			• Staff survey feedback
				• Collective Leadership Strategy – from Nov '20
				• Board and clinical QI leadership dev't prog launched– Oct '20
				• QI in Leadership programme – Mar'21
				• Stockport Improver Network launched – Sept '20
					• Alignment of internal resources to enable improvement
					• Coordination of commissioning of external improvement support
					• NHSE/I support for Collective Leadership Strategy

System Asks

Stockport NHS Foundation Trust

- Trust Board has agreed 4 key priorities for 2020/21

- In order to deliver these, we require system support with the following key work streams:

  - Integrated system recovery strategy – including a system financial recovery plan
  - Discharge to assess models – as per Phase 3 planning letter; From 1 September 2020, hospitals and community health and social care partners should fully embed the discharge to assess processes
  - Development of system urgent and emergency care strategy supported by a robust winter plan for 2020/21
  - Investment support to deliver key improvement priorities - TBC

NHS
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NHS Foundation Trust

Quality Improvement (QI) Approach 2020-2025

Making a difference every day

www.stockport.nhs.uk

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Foreword

Welcome to Stockport's Quality Improvement (QI) approach

In our Trust Strategy we set out our ambitious plans and agenda for transformation and improvement over the next five years so that we are able to improve the safety and quality of care for our patients and that, importantly, we are able to sustain the improvements we make.

Our strategic objective to be always learning and continually improving reinforces our commitment to provide the best possible care for our patients, and provides the platform to develop and embed systematic and robust approaches to how we achieve sustainable improvement.

We want to provide an environment where we are always looking for ways to do what we do that little bit better, where we don't just accept the status quo and where we are given the voice and permission to share our ideas, to try things out to see what works, learn fast from things that don't, share the things that do and make improvement happen.

By doing this we will provide the right environment and climate for an improvement and learning culture to flourish at all levels enabling everyone at Stockport to make a difference each and every day.

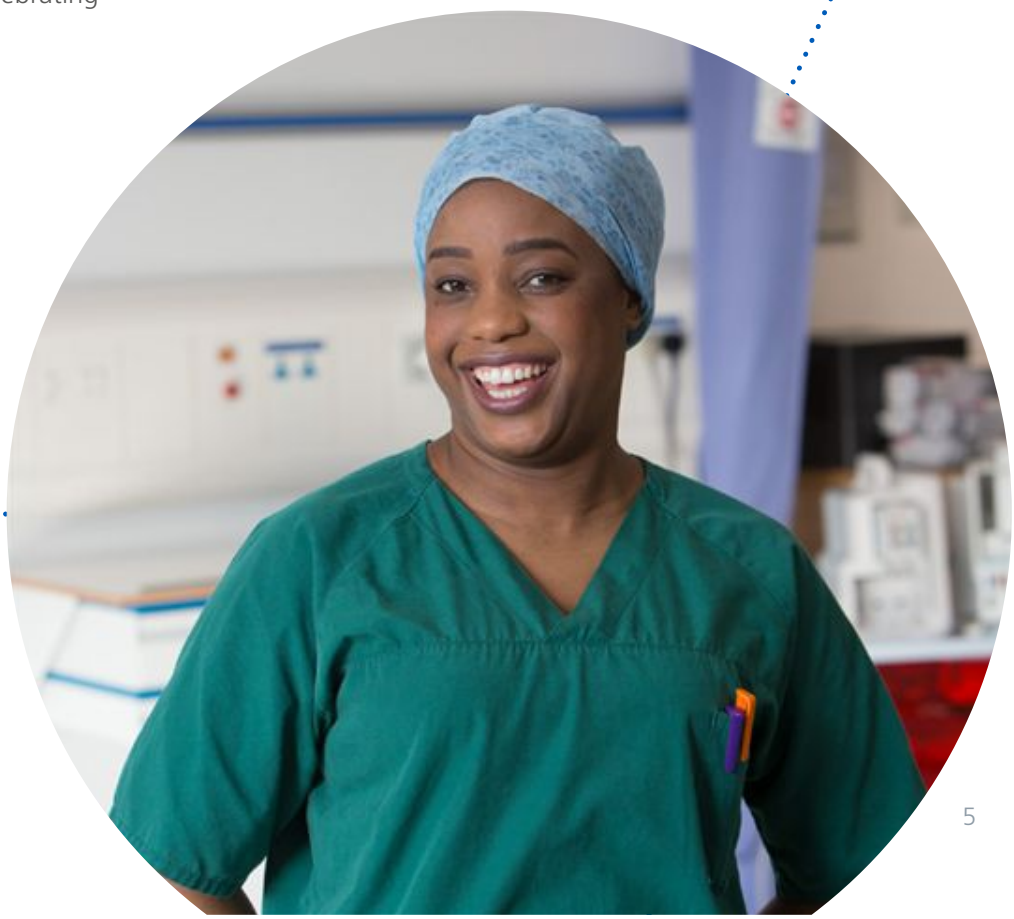
Our QI approach sets out how we will make this happen.

We will do this by:

- being clear about our improvement priorities;
- providing clear leadership and active commitment to improvement;
- empowering our staff to own and deliver improvements – giving them permission and capabilities to turn their ideas into a reality;
- ensuring everyone is relentlessly curious about how to improve services;
- providing the tools and support to sustain our improvements;
- embedding improvement into our ways of working;
- simplifying and standardising what we do in line with best practice;
- using data more effectively; and
- sharing learning and celebrating our successes.

We can only do this by involving everyone in our improvement journey – our staff who provide great care, our patients who receive our care and our partners who we work with to improve services and care. In doing this, we aim to fundamentally change for the better how we go about improving services and outcomes for our patients so we can provide consistent and sustainable better care.

So please do get involved and be a part of our Trust's exciting improvement journey!



Vision for improvement – our aim

We recognise that Stockport NHS Foundation Trust faces many challenges on a daily basis - treating patients who come to our ED in a timely manner, finding beds when we need them, effectively managing patient flow, keeping patients safe with sometimes scarce resources and staff shortages, not cancelling operations or delaying treatment unnecessarily, effectively managing our finances and coping with the demands of a fast changing health economy in response to the Covid-19 pandemic.

Feedback from recent CQC inspections has reinforced the need for improvements in the way we care for our patients and manage and support our staff. However, despite this, each and every day our staff rise to those challenges by going the extra mile to provide the best possible and safest care they can for our patients with kindness and dedication.

We want to make Stockport NHS Foundation Trust a more sustainable, resilient and progressive organisation where our people love to work and are able to be at their best every day. To do this in a sustainable way we want to create:

- an inclusive and supportive environment that we are proud of where **improvement is everyone's business**;
- an environment where **we work together** and have permission, time and an enabling infrastructure to **achieve sustainable improvement** and provide the best **possible patient care**.

By doing this we will flourish and become a **learning organisation** that has an **improvement driven culture** underpinned by a **trust-wide improvement methodology** that is used by staff to deliver **excellent patient care** and services.

Quality Improvement (QI) is the use of methods and tools to continuously improve quality of care and outcomes for patients. Our QI approach is how we will make this vision a reality and is central to enabling us to achieve our ambitious improvement agenda.

Our QI approach sets out what quality improvement means at Stockport for every service and all our staff regardless of what job they do. We recognise that delivering excellent patient care involves everyone working together and continuously improving what they do. Our QI approach supports everyone and provides a roadmap of the things we will do to enable us to both achieve our QI vision and support us all to continuously improve the quality of care and outcomes for our patients.

Delivery of our approach will be monitored by a new Trust Transformation Board. This Board will not only provide formal leadership and governance to support our Trust Improvement Programme, but will also act as the vehicle for change by ensuring delivery of our QI approach. To do this, our Transformation Board will work across the Trust to embed and sustain a learning, improvement driven culture that promotes and enables improvement at all levels.

A clear line of sight – alignment with Trust priorities

The Trust strategy, launched in August 2020, sets out our ambitious plans for transformation and improvement over the next five years. To ensure that we make this vision a reality, we have developed a Trust improvement programme that sets out our improvement aims and ambitions for the next 1-2 years across eight key themes as shown in the diagram below.

Embedded within each of these themes are key programmes of work, such as the fundamentals of care – unlocking potential programme, that will be delivered by our staff and with our partners to make sustained improvements to safety and quality of care. The single Trust Improvement Programme is an essential development to ensure alignment between work streams and projects and to maximise the impact of our improvement efforts – so they make a real difference for our patients.

Strategy

- Clinical
- Workforce
- Quality improvements
- IMT/Digital

Regulation

- CQC action plan
- ED action plan

Finance

- Financial regime
- Financial sustainability
- Effective use of resources
- Finance training & development

Governance

- Governance structure
- Information flows and presentation (revised IPR)
- Risk Management
- Priorities (health and safely)

Quality & Safety

- Fundamental care standards
- Maternity programme
- Safe staffing (incl. e-roster)
- Infection prevention control
- Deteriorating patient
- Gastroenterology
- Patient experience

Operating Model & Performance

- Diagnostics
- Cancer pathways
- Elective reform (incl. Outpatient Improvement)
- Flow
- Emergency Care & Pathology Campus (ECPC)
- Healthier Together

Workforce

- Establishment review
- Recruitment and retention
- Training and development

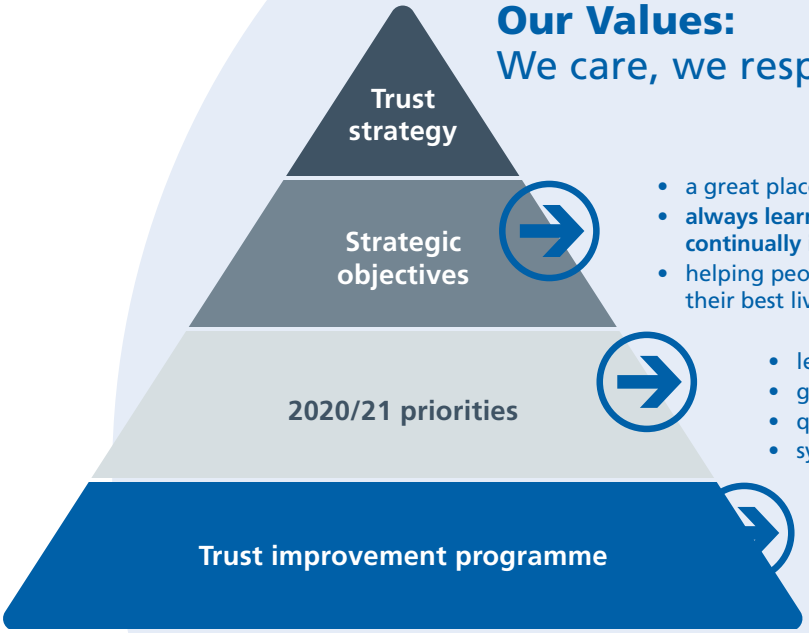
Culture

- Collective leadership
- Values and behaviours
- Staff engagement
- Learning and continuous improvements.

To support and enable delivery of our improvement programme, The Trust has set out its commitment to quality improvement. By setting clear priorities for quality improvement in our Trust strategy and embedding these throughout our key enabling strategies we will ensure that our approaches are aligned and integrated so that we can deliver sustainable improvement and an organisation that is always learning and continually improving. The following strategies and programmes will, together, contribute to the achievement of our strategic objective for improvement – **always learning, continually improving**:

Our Mission: Making a difference every day

Our Values:
We care, we respect, we listen



- a great place to work
- **always learning, continually improving**
- helping people live their best lives
- investing for the future by using our resources well
- working with others for our patients and communities

- leadership
- governance and assurance
- quality and safety
- system working and flow

- strategy
- regulation
- finance
- governance
- quality & safety
- operating model & performance
- workforce
- culture

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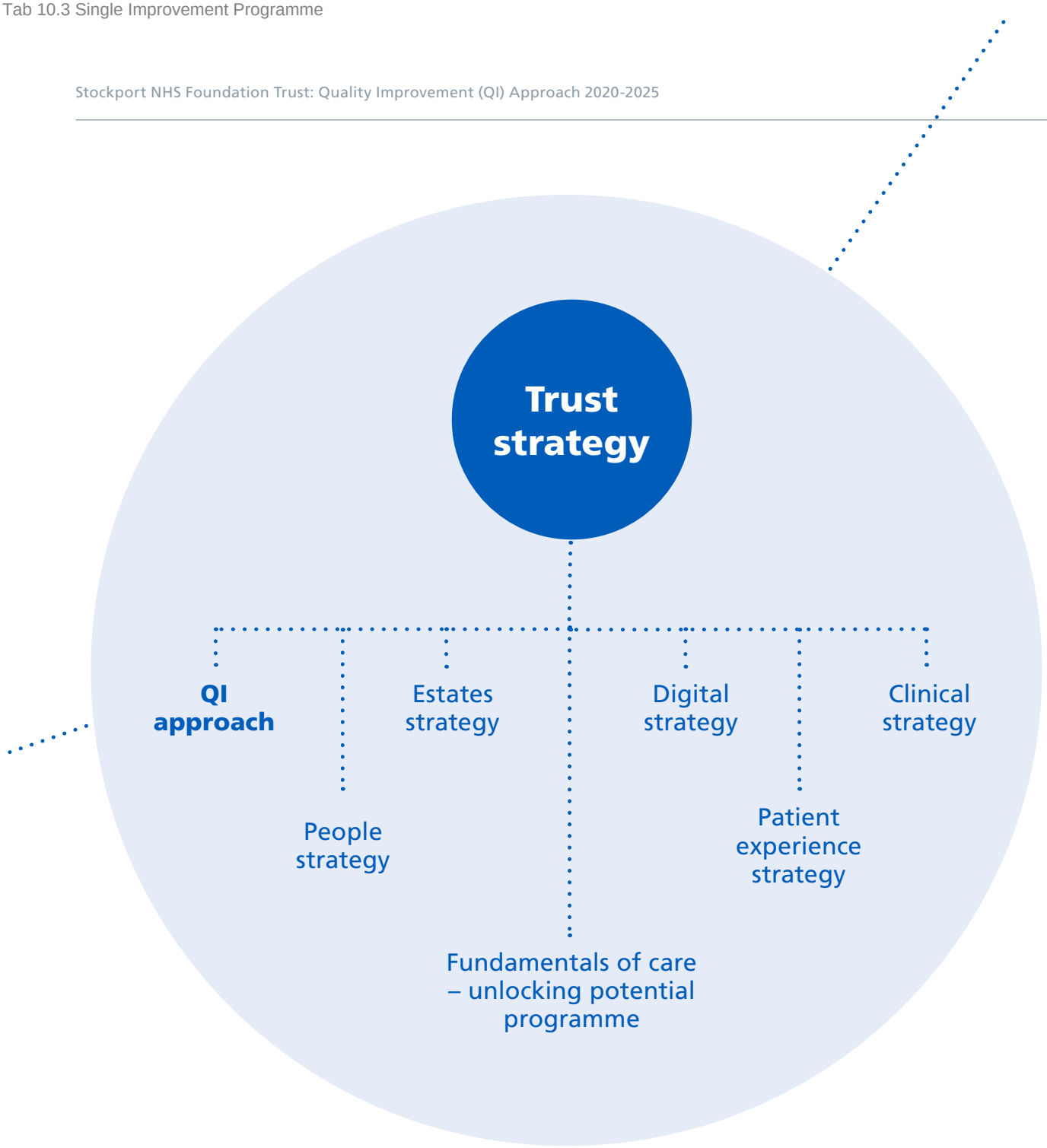


Our QI approach forms a key part of this suite of enabling strategies. It sets out a coherent and consistent approach to QI which will support, enable and provide the right environment for us to deliver the important programmes of work identified in our Trust improvement programme.

The impact of our improvement work will be monitored and measured through the individual programmes of work across the eight themes. Oversight will be provided by the Trust transformation board to ensure progress and delivery of our ambitions.

Our QI journey so far...

The development of a QI faculty was identified as a key priority within the Trust's quality improvement plan in 2018. The QI Faculty was established in November 2018 with the aim to:

Enable the Trust to become a learning organisation that has an improvement driven culture underpinned by a trust-wide improvement methodology that is used by staff to deliver excellent and sustainable services.

The QI faculty sets out a robust and coherent approach and organisational infrastructure to develop the Trust's improvement capability and learning culture to enable the provision of sustainable and efficient services. To deliver this a QI Faculty work programme was developed to provide a robust framework to underpin and develop our approach to continuous improvement. This focuses on four strands (leadership, capabilities, systems and communications) to embed a culture of continuous improvement within the Trust.

Good progress has been made to date and key achievements include:

- development of a Trust QI methodology to provide a consistent approach to how we will deliver sustainable improvement;
- progress in building our QI capabilities with over 100 staff attending a variety of QI training courses including AQUA QI practitioner, Trust bitesize courses, QI masterclasses, the introduction of a QI module as part of the Trust leadership programme and business group QI coaching support;
- introduction of a weekly QI club;
- dedicated QI & transformation microsite;
- introduction of QI showcase presentations to share learning and celebrate our improvements; and
- inclusion of QI objectives in staff appraisals.

A number of Trust improvement projects have adopted our QI approach and achieved sustained improvements to patient care. Examples include:

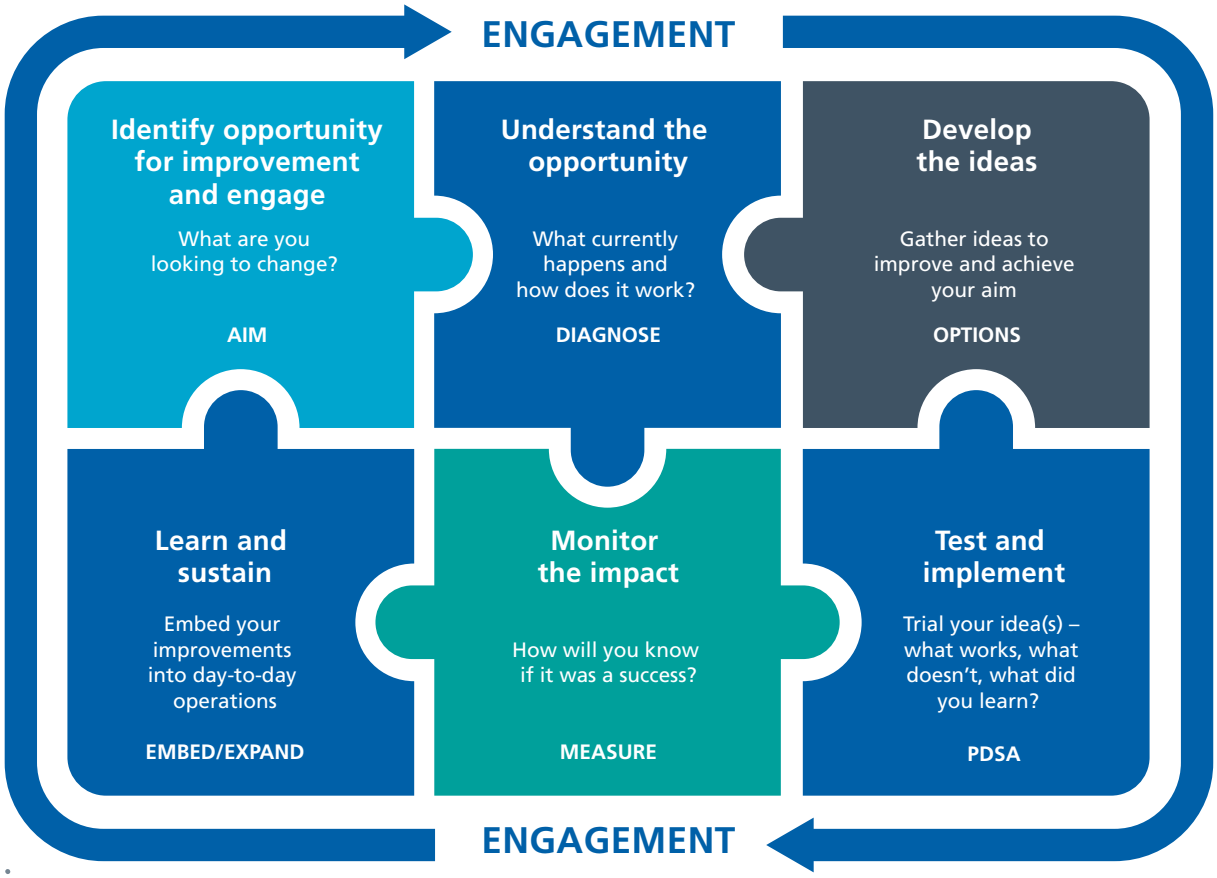
- Improving palliative care;
- Frailty intervention team;
- ACE ward accreditation scheme;
- Improving our mortality performance and learning from deaths;
- Theatre quality improvement team: reception improvements and maternity stock management;
- Care homes project;
- Fractured neck of femur rehabilitation project;
- Dressed is best;
- Armed forces support;
- Marjorie Warren quality improvement; and
- Stockport urgent response and rehab team.

Our QI methodology

Quality improvement is the use of methods and tools to continuously improve the quality of care and outcomes for patients. At Stockport NHS Foundation Trust, we have developed a structured approach with a clear methodology and systematic use of evidence-based tools, processes and measurement to support continuous and sustained improvement in the quality of care and outcomes that we deliver. **Our methodology is based on recognised best practice across healthcare and the wider public sector.**

The diagram below provides an overview of our methodology which is applied by following seven basic steps to improvement. By following this recognised and consistent approach we will enable our staff to own and deliver their improvements themselves increasing a sense of pride in our services, building capability and sharing learning.

Our approach is to encourage everyone to be always looking for ways to make our patient experience that little bit better, looking at how we can continually improve our services. By providing an approach to follow alongside a network of colleagues sharing skills, experience and learning we will start to embed a culture of continuous improvement.



Our 7 step improvement approach starts by spotting an idea and opportunity to improve.

Our 7 steps to improvement:

1. **Engagement – socialise the idea**	People drive improvements so share ideas with the team, manager and anyone who might be involved. Use stakeholder analysis to identify the key people. Link in with and draw upon the network and community providing improvement support – the Transformation Team and Stockport Improver Network.
2. **Identify the opportunity and define a clear aim**	Work with others to define the aim so everyone has a shared purpose and is clear about what you want to achieve. Develop a SMART aim and a 'lift' speech that describes and provides a compelling narrative to communicate your improvement.
3. **Understand the opportunity - diagnostics**	Develop a deep understanding of the opportunity. This includes: • map current processes; • analyse different data sources; • benchmark what we do with others; and • speak to patients and gather stories.
4. **Develop improvement ideas**	Work with others to use the deep understanding to develop a range of improvement ideas. Develop a driver diagram to set out a plan on a page and identify which ideas to test.
5. **Test and implement**	Use a PDSA cycle approach to test ideas to learn what works, what doesn't and why. Use learning to adapt and refine ideas to develop a workable solution that could be implemented more widely.
6. **Measure and monitor the impact**	Develop improvement measures that will tell you what impact the improvement is having. Ensure a balance between system, process and outcome measures and use statistical process control (SPC) charts to better understand performance and trends. Be clear about how measures will be used and what we will do with the intelligence they provide.
7. **Learn, embed and sustain the improvement**	Work with others to evaluate and review what we have done. Use the learning gathered to develop action plans for how the improvement can be implemented into business as usual. Record improvement outcomes, share learning and celebrate successes with others.

Our QI approach priorities

Building on the progress, achievements and learning to date we recognise that there is no single 'silver bullet' to embedding QI. We have learnt that to become an improvement driven Trust we need to focus on a combination of priorities which together further strengthen our foundation for success.

Delivered through the Trust QI Faculty, we will embed our QI Approach by focusing on the following key priorities:

Shared improvement priorities

QI leadership

QI methodology and approach

QI capabilities and support infrastructure

QI culture

Making data count

Shared improvement priorities

What: Amidst the wide range of challenges and competing priorities that we face on a daily basis, it is important that we establish a clear and coordinated set of shared improvement priorities that, as a Trust, we focus on.

Why: This will enable us to be clear about what is, and isn't, a priority and ensure that we understand the linkages both between priorities and importantly how our improvement priorities are aligned to the Trust strategy.

How: To achieve this we will:

- develop a Trust improvement programme with clear outcomes, plans for delivery and leadership;
- ensure appropriate governance and oversight of our improvement programmes through the Trust governance structure;
- provide visible, outcome focused reports of our progress;
- demonstrate how our priorities link together so that we have a coherent and coordinated programme; and
- communicate our progress, successes and share learning across the Trust.

Building QI leadership

What: We will establish clear, proactive and robust leadership of our QI agenda.

Why: We recognise that successful, improvement driven organisations have clear leadership at the heart of their QI agenda at all levels from Board to ward. Effective QI leadership provides direction, focus and a clear mandate to deliver the aims of our approach.

How: To achieve this we will:

- put patients at the heart of our improvements;
- establish a Transformation board to provide leadership and direction for QI across the Trust;
- identify senior leadership roles for improvement and transformation including:
  - Board level sponsors for QI at executive and non-executive director level, and
  - Clinical lead for QI and transformation;
- develop our board and senior leadership teams to provide a consistent level of knowledge, understanding and awareness of the benefits of adopting QI approaches;
- create a culture of visible QI leadership including gemba style 'waste-walks';
- build QI leadership at all levels through our Stockport Improver Network - empowering those closest to the work to lead our improvements;
- ensure that our leaders embed QI approaches as part of day to day work; and
- identify capacity and time to adopt improvement methodology.

Embedding our QI methodology and approach

What: We will adopt and ensure that we use a single, consistent approach to how we deliver our improvements.

Why: We know that improvements have a much greater chance of success and are more sustainable where organisations follow a consistent methodology and approach.

How: To achieve this we will:

- continue to embed our trust-wide QI methodology with supporting guidance that draws on recognised best practice and QI principles;
- develop consistent tools and templates for staff to apply and use in their improvement work;
- embed QI approaches into Trust processes, systems and ways of working including staff recruitment and appraisals;
- identify time for improvement within roles; and
- ensure visibility of our QI approach by incorporating QI approaches within day to day practices including meetings, reports etc.

Developing our QI capabilities and supporting infrastructure

What: We will give our staff the skills and support they need to achieve sustainable improvement as part of our day-to-day work.

Why: People drive improvement and as such it is important that everyone involved in improvement (staff and patients) has the skills and capabilities that they need to drive and contribute to improvement across the Trust. To enable this we need to ensure that everyone has access to the support they need. As such we will establish a coordinated QI support infrastructure to provide advice, guidance and support.

How: To achieve this we will:

- develop and implement a **QI training and development programme** that is integrated with Trust training and capability development programmes including:
  - On-boarding and induction of new starters,
  - Board development,
  - Leadership development,
  - Clinical leadership development,
  - Stockport Improver Network,
  - Human factors, and
  - Making data count.
- develop a '**Stockport Improver Network**' of colleagues with specific roles and time to lead improvement, share learning and provide peer support so that we can empower our staff and build capabilities at grass roots level.
- develop action-based learning groups that cross organisational boundaries to build capability and share learning
- identify the talent and skills we have across the Trust and develop a coordinated approach to align and deploy that talent to support the delivery of our improvement priorities.
- coordinate the commissioning of external improvement support (including NHS England & Improvement, AQUA etc.) so that we align support to our priorities and QI approach and maximise the benefits of that support.

Building a QI culture

What: Aligned to our collective leadership approach, we will develop an organisational culture that has learning and continuous improvement at its core, where we empower our staff to identify and deliver improvements as part of their every day work.

Why: We recognise that 'culture eats strategy for breakfast' and our vision to become a learning organisation with improvement at its core relies on the development of a QI culture where improvement is embedded within our hearts, minds and behaviours at every level.

How: To achieve this we will:

- align and embed QI in our collective leadership strategy and through the implementation of our Trust values and behaviours;
- ensure visibility of our QI approach and achievements around the Trust;
- build a common language for improvement;
- engage key stakeholders to build understanding and support of our QI vision including clinical leaders, patients, operational teams and our system partners;
- embed improvement driven behaviours – 'walking the talk' at all levels and interactions between groups and individuals;
- recognise and celebrate improvements that are underpinned by, and utilise, our QI methodology; and
- capturing, sharing and celebrating our improvements with a clear QI communication plan and through a coordinated annual plan of improvement showcase events.

Making data count

What: We will use data effectively to make evidence driven decisions and improvements.

Why: Data and information provide intelligence and objective evidence of our progress and achievements. To achieve our improvement priorities and ambitions it is important that we are able to effectively monitor our progress and use that information to understand the impact of our improvements. This enables us to learn more effectively and take early action to adapt our approaches and share our successes.

How: To achieve this we will:

- develop a new style of integrated performance report (IPR) to enhance visibility and understanding of Trust performance;
- provide training and support to build capabilities around the production and more effective use of data to drive improvement;
- develop a suite of measures to monitor and evaluate the impact of our QI approach;
- measure the impact of our QI approaches in achieving sustainable improvement; and
- develop systems to evaluate and share learning through our governance processes.

Our roadmap and timeline for success

Having identified our QI priorities, we will ensure that we deliver on them through our QI faculty and by developing a roadmap for success and QI implementation dashboard.

QI roadmap – year one priorities and milestones

Shared improvement priorities

- Launch trust improvement programme

Building QI leadership

- Establish transformation board
- Identify Board and Clinical QI leads

Adopting a trustwide QI methodology and approach

- Relaunch and promote use of the Trust QI methodology via briefings, communication channels and support

Developing our QI capabilities and supporting infrastructure

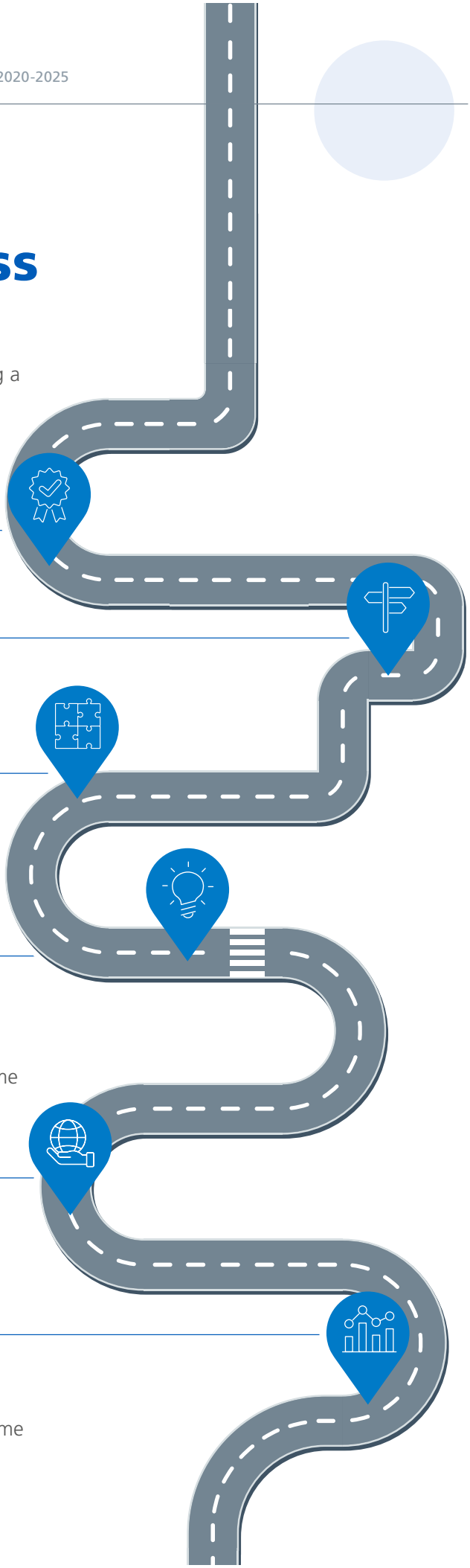
- Launch Stockport Improver Network
- Develop QI training & development programme
- Align improvement resources to improvement priorities

Building a QI culture

- Align QI approach with collective leadership strategy
- Introduce 'improvement walks'

Making data count

- Launch new IPR
- Develop making data count training programme
- Develop QI implementation dashboard



Measuring our success

It is important that we are able to monitor and measure the impact that our QI approach is having in driving improvement across the Trust. As such, we will develop a QI dashboard so that we can review, evaluate and validate our progress and performance. We will use intelligence and information to learn what works and what doesn't so that we can quickly learn and adapt when things don't go as planned.

Our QI governance – assuring delivery & resources

To deliver our ambitious QI approach it is important that we put in place both the appropriate governance mechanisms to manage and assure delivery alongside identifying resources required to enable and support delivery.

Governance

The SRO for the QI approach is the Executive Director of Strategy, Partnerships & Transformation and the programme lead is the Head of Transformation. We will deliver the QI approach through the Trust QI faculty and as part of that we will identify leads for each priority workstream through our Stockport improver community. They will be accountable for the successful achievement of the priorities they are responsible for.

The Trust transformation board will oversee delivery of the QI approach and progress will be reported to the Board on a quarterly basis.

Resources

To deliver the QI approach the following resources will be required:

- internal improvement capacity and time to implement the priorities;
- internal training and development capacity and materials;
- development of a central repository to capture and share improvements;
- external improvement capacity to support and enable delivery. NHSI&E support identified;
- coordination and planning of external improvement capacity and support to enable delivery. This includes:
  - NHSI&E support identified through the Trust improvement programme,
  - AQUA support to ensure we make best use of our subscription and share learning,
  - other specialist support identified as part of the Trust improvement programme.

Oversight of the commissioning of all external improvement resources will be the responsibility of the Trust transformation board.

Risks to delivery

Effective management of risks will be key to achieving our QI approach vision and priorities. Risks will be managed via a risk register in accordance with Trust risk management arrangements and reported to the Trust transformation board.

Key risks and how we will mitigate them include:

Risk	Mitigation	Impact	Likelihood	Score
Conflicting priorities and ongoing operational challenges don't allow time for improvement	Transformation board will oversee improvement priorities and address conflicts	🟡	🟡	🟡
Lack of capacity and inability to allocate time for improvement work	Board agreement of allocated and protected time for Stockport improvers	🟡	🔴	🔴
Lack of QI capabilities	Trust QI improvement & development programme	🟡	🟡	🟡
Lack of engagement and buy-in to Trust QI methodology and approaches	Senior business and clinical leadership support Stockport Improver Network Ongoing communications.	🟡	🟡	🟡

Communications and engagement

A shared vision must be the foundation for delivery of an ambitious future for Stockport NHS Foundation Trust. To achieve this, we need to ensure that we provide staff with a clear understanding of the need for improvement and change whilst recognising that everyone in the organisation is doing their best and that their contribution is valued.

To do this, we need to communicate and articulate to patients, staff and our partners:

- our strategic direction;
- recognition of the problems we face and how our QI approach can support delivery of our priorities;
- how all our staff, regardless of their job role, can play their part in driving continuous improvement - demonstrating that QI is everyone's business; and
- how we will work with our partners to support the adoption of a consistent approach to deliver continuous and sustainable improvement.

We will develop a QI communication and engagement plan to ensure that our approach continues to reflect the needs and ambitions of our key stakeholders.

Through engagement with our staff, we will:

- Develop an improvement movement and followership of people who understand, recognise and prioritise continuous improvement as part of their every day work;
- Develop a common language for QI;
- Involve staff in developing our approach to continuous improvement; and
- Listen, so that we understand how we can support and enable improvement at all levels and across all areas of the organisation.

We will engage with our partners to develop a common approach to improvement across the Stockport health economy and system. This will include our partners across GM and the region and within our Stockport locality.

We will build strong links with other trusts and organisations that are recognised as 'best in class' in relation to QI so that we can learn from others, share our experiences and continuously improve our approach.

Most importantly, we will engage with our patients to ensure that they are at the heart of our improvements and that their voice is heard and reflected through all of our improvements.

For further information and support contact the Transformation Team:

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10.3

To find out more, please visit our website **www.stockport.nhs.uk** or telephone **0161 483 1010**.

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Stockport NHS Foundation Trust,
Stepping Hill Hospital, Poplar Grove,
Stockport SK2 7JE

Report to:	Board of Directors	**Date:**	3 December 2020
Subject:	CQC Improvement Action Plan – Update and Exception Report		
Report of:	Director of Governance & Risk Assurance	**Prepared by:**	Paul Linehan, Governance Adviser

STATUS - REPORT FOR ASSURANCE

Corporate objective ref: ALL ALL **CQC Registration Standards ref:** ALL **Equality Impact Assessment:** ☐ Completed ☒ Not required	**Summary of Report** The CQC improvement action plan contains a total of 266 actions at time of report (18 November 2020); one less than number as reported in October 2020. • 109 (40%) of actions received assurances supported by evidence confirming three consecutive months of compliance **(Blue – completed action fully embedded into practice);** an increase of 21% on the reported position for October 2020. • 147 (55%) of actions are on-track (Green **– satisfactory progress**); a decrease of 22% on the October reported position. • 4 (2%) actions are problematic (Amber – **concern regarding delivery** a decrease of 1% on the October reported position. • 6 (3%) of actions are overdue for completion **(breached target date RED**) an increase of (1%) from the October report. **Appendix A** provides a tracked overview of CQC Action Plan progress July 2020 to November 2020 **Appendix B** provides a summary of November 2020 new embedded (Blue) actions and actions that are off-track and at-risk. **Appendix C** provides an assessment of progress and trajectory against all Must Do actions (regulatory breaches) identified in the CQC inspection report of May 2020. Board The Board are invited to: • Note the progress being made to address CQC improvement actions; • Consider and where necessary discuss corrective actions to bring the CQC Action Plan back on track; and • Advise on any further action or assurance required by the board.
Attachments:	Appendix A – CQC Action Plan Progress Tracking Chart Appendix B – Exception Report (Highlight November Embedded (Blue actions) and (Off-track/at risk Amber and Red actions) Appendix C – Must Do Progress and Trajectory Report
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

10.4

CQC ACTION PLAN UPDATE REPORT - POSITION AS AT 21 OCTOBER 2020

1. PURPOSE

1.1 This report provides members of the Board with a briefing on the progress of the CQC action plan and to highlight by exception, any elements of the plan that are not sufficiently controlled or at risk of not being completed or achieving target dates for implementation.

2. BACKGROUND OR CONTEXT

2.1 The CQC Action Plan brings together the actions required to address the CQC compliance concerns identified following the inspection of 27 January to 28 February 2020 (CQC report on inspection published 15 May 2020).

2.2 The action plan was submitted to CQC in June 2020 and takes account of: (i) all the 'must do' and should do' recommendations contained within the inspection reports; and (ii) some improvement interventions identified locally as immediate quality priorities by the Trust. After sufficient progress has been made the plan will evolve to incorporate matters highlighted as high risk within the Quality & Risk Profile for Stockport NHS Foundation Trust and develop into the tactical plan to drive and deliver the Trust's Quality Strategy.

2.3 The CQC Action Plan has implications for NHS Improvement's enforcement undertakings and, in this regard, the Trust is committed to demonstrating, no later than 31 April 2021, that: (i) it has addressed all the 'must do' and 'should do' recommendations to the CQC, NHSI and CCG satisfaction; and (ii) has demonstrably improved against all CQC domains or core services rated as inadequate or requires improvement when compared to the CQC's inspection findings

3. ANALYSIS

3.1 The CQC inspected the Trust during January and February 2020. The outcome of the inspection was as follows:

Safe	Requires improvement	
Effective	Requires improvement	
Caring	Good	
Responsive	Requires improvement	
Well Led	Requires improvement	
OVERALL	REQUIRES IMPROVEMENT	

3.2 The Trust has developed a quality improvement action plan to address all concerns identified by the CQC. The quality improvement action plan has 267 specific actions/work-plans for implementation on or before 31st April 2021.

3.3 The delivery of the quality improvement action plan is reviewed monthly and performance reported through the Quality Committee and to the Board of Directors until directed otherwise

3.4 The current status ratings for all actions is contained in Table 1 below.

Table 1 - Must and should do actions total (18 November 2020)				
Theme	**Blue = Action Completed and embedded (BAU)** Assurances received and supported by evidence confirming 3 consecutive months of compliance	**Green = Action Completed and/or within date with satisfactory progress made.** Assurances received - Awaiting 3 consecutive months of compliance evidence	**Amber = Action is at risk** A concern regarding delivery	**Red = Action has breached target completion date**
Culture	6	3	0	0
Dignity and Respect	3	3	0	0
Environment	8	14	0	3
Equipment	5	10	0	0
Finance	0	1	0	0
Governance	29	19	1	3
Patient Care	12	15	0	0
Performance	1	6	2	1
Safe Staffing	14	33	0	0
Staff Engagement	6	0	0	0
Strategy	1	9	0	0
System Partners	2	10	0	0
Training	22	24	0	0
Total:	**109**	**147**	**3**	**7**

4.0 CQC Action Plan Progress – 18 November 2020

Table 1 summarises the current position of the CQC action plan following completion of the monthly confirm and challenge meetings. Of the total 266 actions 147 (55%) are progressing as planned and 109 (40%) are completed and embedded in practice. A total of 4 actions (2%) are problematic, but with recovery actions/plans in place; and there are 6 actions (4%) overdue for completion.

Appendix A provides a chart tracking the overall progress of the CQC action plan against target across the first 3 months of implementation.

5. Completions/Exceptions and Trajectory.

5.1 Appendix B highlights overdue (Red) and at-risk (Amber) actions reported by exception; and a summary of new (Blue) actions rated as embedded during October 2020

5.2 Appendix C highlights current October 2020 assessment and trajectory for Must Do actions impact upon the underlying concerns that gave rise to the CQC Must Do requirement for improvements.

6. POTENTIAL IMPLICATIONS (of failing to deliver the plan)

6.1 Risks (associated with failing to deliver the CQC action plan) include:

I. Service users may be exposed to unacceptable levels of harm arising from inadequate compliance with CQC fundamental standards of care;

II. The Trust may fail to comply with CQC Registration Regulations and has its Certification of Registration revoked; and/or

III. A failure to resolve basic compliance concerns in respect of CQC regulations could lead to further NHSI enforcement undertakings and compromise the Trust's Provider Licence.

6.2 The CQC Action Plan provides the means of improving control over these risks alongside the Trust pre-existing organisational control framework.

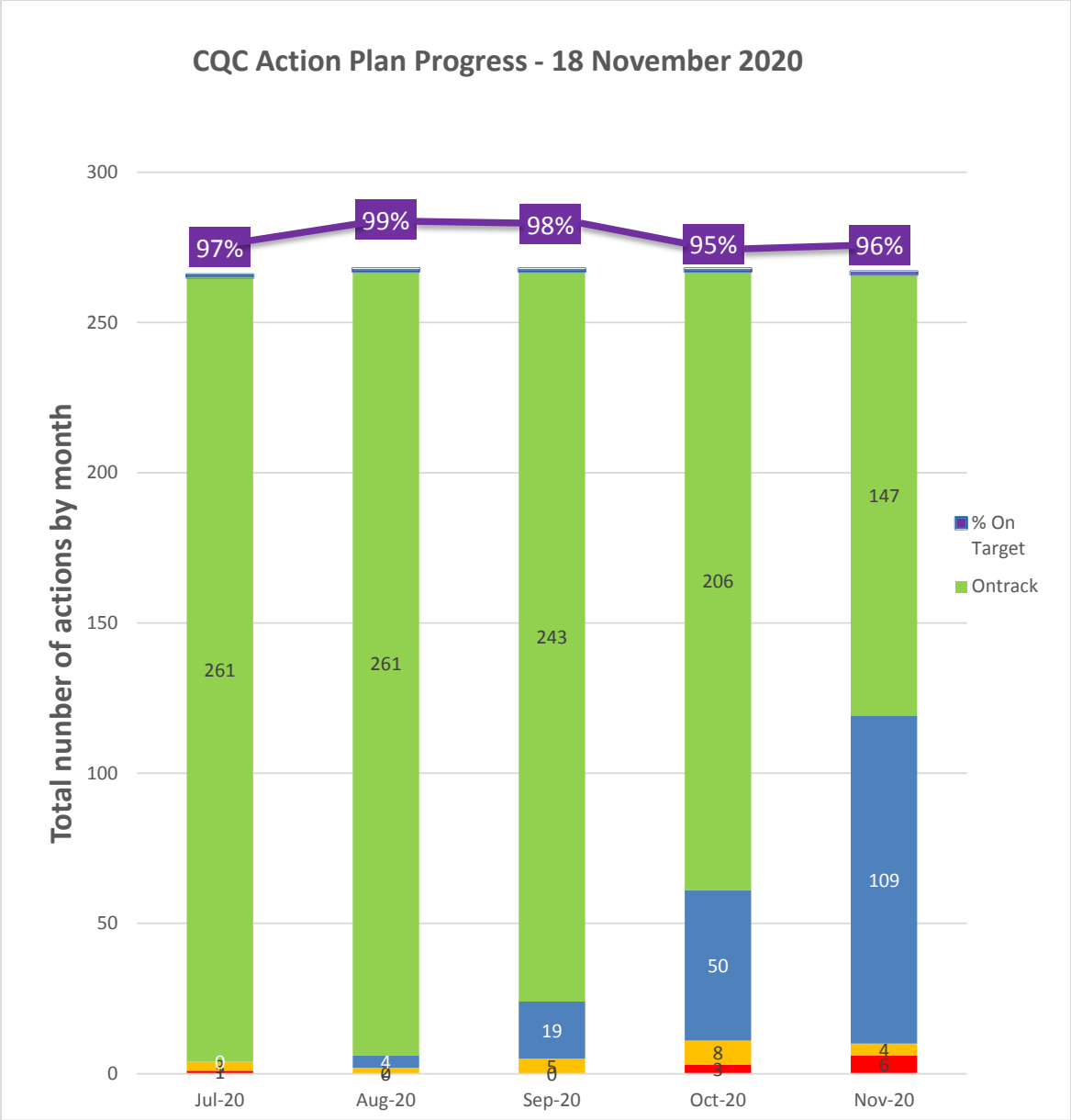
7. RECOMMENDATION

7.1 The Board are invited to:

I. Note the progress being made to address CQC improvement actions;
II. Consider and where necessary discuss corrective actions to bring the CQC Action Plan back on track; and
III. Advise on any further action or assurance required by the Board.

Paul Linehan
Governance Adviser
18/11/2020

APPENDIX A – CQC Action Plan Tracking Chart (18 November 2020)



10.4

APPENDIX B
Exception Report - Must Do & Should Do Actions
New at risk actions (18 November 2020)

Reference Number	Core Service	CQC Issue	Progress Notes	Action Status	SRO	Action Owner	Target Date
MD_18.01	Maternity	Component Issue The trust must assess, monitor and improve quality and safety of women and babies using the service. Specific Issue Review and implement maternity dashboard to ensure safety and quality metrics are measured and routinely reported through BG performance review meeting.	07/07/20 - RCOG dashboard in place and this currently goes through relevant governance meetings. 11/08/20 - RCOG dashboard to be reviewed at Quality Board. RCOG Dashboard also sent to performance review meetings 14/08/20 - Awaiting access to WCD evidence folder to populate evidence log with RCOG dashboard and BG performance review papers. 04/09/20 - To include September KIR as evidence. Forward plan to have agenda item within performance review meetings.		'Interim Director of Governance & Risk Assurance	Business Group Director - WC&D	31/10/2020

			02/10/20 - Dashboard has formed part of Performance Review meetings as a standing agenda item. Action remains green until additional supporting evidence is received. 13/11/20 - Performance review meetings have been stepped down for two consecutive months. 13/11/20 - We are content that a maternity dashboard exists and is used for evaluation of quality and performance within maternity services. To some extent this action has been completed because the dashboard is examined in detail as part of performance review process. However consequential to second wave of Covid and a need to focus ops teams on direct patient care activates the formal BG performance reviews meetings were stood down in October				

			and Nov 2020. Therefore we cannot conclude this action as we are unable to give assurance through the BG performance review process. In response to standing down the performance review meeting in Oct 20 the Director of Governance and Risk Assurance reviewed the dashboard with the Head of Maternity to review and discuss any indicators of concern. There were no concerns to escalate at the time. We cannot completely fulfil the requirements of this action until the BG performance review meetings are reinstated.				

MD_18.02	Maternity	Component Issue The trust must assess, monitor and improve quality and safety of women and babies using the service. Specific Issue Metrics to be discussed at BG Performance review meeting and quality board Areas of improvement to be identified and actions implemented	11/08/20 - Additional work being undertaken at GM level to review metrics. Currently work in progress. 14/08/20 - Awaiting access to WCD evidence folder to populate evidence log with RCOG dashboard and BG performance review papers. 04/09/20 - To include September KIR as evidence. Forward plan to have agenda item within performance review meetings. 02/10/20 - Dashboard has formed part of Performance Review meetings as a standing agenda item. Action remains green until additional supporting evidence is received. 13/11/20 - We are content that a maternity dashboard exists and is used for evaluation of quality and performance within		'Interim Director of Governance & Risk Assurance	Business Group Director - WC&D	31/10/2020

			maternity services. To some extent this action has been completed because the dashboard is examined in detail as part of performance review process. However consequential to second wave of Covid and a need to focus ops teams on direct patient care activates the formal BG performance reviews meetings were stood down in October and Nov 2020. Therefore we cannot conclude this action as we are unable to give assurance through the BG performance review process. In response to standing down the performance review meeting in Oct 20 the Director of Governance and Risk Assurance reviewed the dashboard with the Head of Maternity to review and discuss any indicators of concern. There were no concerns to escalate at the time.				

			We cannot completely fulfil the requirements of this action until the BG performance review meetings are reinstated. We cannot completely fulfil the requirements of this action until the BG performance review meetings are reinstated				
SD_20.01	Urgent & Emergency Care	Component Issue The trust should consider how it could improve line-of-sight experience for children receiving care in cubicles in the paediatric department Specific Issue Estates & ED to review the line of site when situated in the paediatric cubicles and ensure child friendly décor is provided.	08/09/20 - Conversation between N Wade and ED team to establish requirements to improve line of site. Review to be completed by end of Sept 20. 06/10/20 - Assessment of child friendly environment is underway and work continues on track for completion end of October 20. 03/11/20 - Waiting for ED and Mental Health lead to agree on requirements for new design. Action is now overdue and		'Director of Finance	Associate Director of Estates & Facilities	31/10/2020

turned red 12/11/12 – Specification for works not provided by service. DoF requested this be raised with COO for escalation.						

Ongoing at risk actions (18 November 2020)

Reference Number	Core Service	CQC Issue	Progress Notes	Action Status	SRO	Action Owner	Target Date
MD_14.01	Medical Care	Component Issue The trust must take appropriate actions to ensure to systems and processes are operated effectively to assess, monitor and improve the quality of care and experience of service users, and mitigate the risks associated with delivering the service. - Specific Issue This action is linked in the CQC report to the absence of executive oversight of issues impacting on patient care and patient experience Tracked through MD.02 *Review, repurpose and approve Terms of Reference for all standing committees/Groups (subject to the Board's preference for meeting structure)*	20/08/20 - Quality, RMC and PSQG ToR reviewed and refreshed. Audit, PPC & F&P to be also reviewed. 20/08/20 - CEO requested draft of redevelopment of BAF. First draft to be circulated in 09/20 20/08/20 - Agreed risk and priorities at the board away day on 17/07. 13/10/20 - The Board committee structure has been developed and has been operative (exception Trust Management Board and the Transformation Board that will commence meeting November 2020) since June 2020. This action requires a BAF to be	Delayed-off track	Interim Director of Governance & Risk Assurance	Director of Communication & Corporate Affairs	30/09/2020

		Rebuild Board Assurance Framework *Realign BAF for year ahead (2020/21)*	complete. 20/10/2020 – All aspects of this actions have being completed with exception of BAF - Deadline for receipt of BAF has been exceeded - Additional resource is being sourced to develop Trust BAF 13/11/2020 – The Trust BAF is being developed with the assistance of dedicated expert resource. Draft BAF scheduled for December 2020 RMC.				
MD_22.01	Services for Children and young people	<u>Component Issue</u> The trust must ensure that the premises are safe to use for their intended purpose and are used in a safe way <u>Specific Issue</u> Ligature compliant cubicles to be designed with Treehouse Ward footprint.	14/07/20 - Meetings have commenced with the Paediatrics team. 08/09/20 - Minimal ligature cubical has been designed and planned. Work needs to be commissioned. 06/10/20 - Work has not yet been commissioned. Discussion with BG to develop basis requirements for cubical.	Delayed-off track	Chief Operating Officer	Business Group Director - WC&D	30/09/2020

			Doesn't currently appear to have financial resource to undertake capital works. Driver for this recommendation was to replicate Paeds ED minimal ligature cubical. Further meeting to be arranged with Estates and Paediatrics to discuss next steps. 07/10/2020 – Agreed provision of cubicles nearest to Nursing station to include collapsible rails and ligature compliant environment) –completion no later than December 2020				

New problematic Actions (18 November 2020)

Reference Number	Core Service	CQC Issue	Progress Notes	Action Status	SRO	Action Owner	Target Date
MD_03.05	Trust level	<u>Component Issue</u> The trust must ensure there are effective governance systems to monitor quality, safety and risk. Without these patients were, or may be, at risk of harm through the lack of	10/07/20 - Board development session week commencing 13/07 to define priorities. 20/08/20 - CEO requested draft of redevelopment of	Problematic	Director of Communication & Corporate Affairs	Director of Communication & Corporate Affairs	31/12/2020

		identification of, and subsequent review and mitigation of risks. <u>Specific Issue</u> Rebuild Board Assurance Framework	BAF. First draft to be circulated in 09/20 17/09/20 - BAF review is ongoing. Draft to be completed and sent to Paul Linehan by 25.09.20 13/11/20 - Temporary resource now in place to support this piece of work. 9th December first draft to be presented at RMC. Action turned to amber due to target date slipped.				
MD_03.03	Trust level	<u>Component Issue</u> <u>The trust must improve the flow of patients through the emergency department and the hospital so that patients are assessed, treated, admitted and discharged in a safe, timely manner.</u> <u>Specific Issue</u> <u>Obtain buy-in from all System partners and establish a weekly improvement cycle.</u> <u>-D2A in line with covid response guidance</u>	'19/08/20 - Reducing days away from home programme now refreshed. Urgent Care Ops group also in place which include attendance from system partners. 21/08/20 - PWC leading on this piece of work. They have been commissioned for a further 8 weeks. 11/09/20 - RDAFH programme has been refreshed and Medical Director is leading on this piece of work. 11/09/20 - Agreement with SRO that actions relating to system-wide flow are problematic currently due to		'Chief Operating Officer	Delivery Director	31/12/2020

			pressures within the system/hospital. Winter plan in place with reduced bed base than last winter but with additional 71 community beds. 02/11/20 - Outstanding issues with winter planning. Need discussion with SRO around moving action to red. 16/11/20 - D2A interim model in place. Awaiting agreement of system commissioned model in Dec 2020. Pathway 1 (Patient assessed at home) current capacity is sufficient. Pathway 2 (Bed base capacity) issue around patients' restrictions due to covid-19. Hope to get agreement on commissioning in Dec 2020, action turned red until that agreement. Winter plan is not yet fully agreed as is dependent on well-established D2A model.				

Ongoing problematic Actions (18 November 2020)

Reference Number	Core Service	CQC Issue	Progress Notes	Action Status	SRO	Action Owner	Target Date
MD_03.05	Trust level	Component Issue The trust must improve the flow of patients through the emergency department and the hospital so that patients are assessed, treated, admitted and discharged in a safe, timely manner. Specific Issue Evaluate progress each quarter and adapt approach accordingly.	21/08/20 - Request from COO as SRO to create additional action to be assigned to Delivery Director as action owner. 11/09/20 - Agreement with SRO that actions relating to system-wide flow are problematic currently due to pressures within the system/hospital. Winter plan in place with reduced bed base than last winter but with additional 71 community beds.	Problematic	Chief Operating Officer	Delivery Director	31/12/2020
MD_03.05	Trust level	Component Issue The trust must improve the flow of patients through the emergency department and the hospital so that patients are assessed, treated, admitted and discharged in a safe, timely manner. Specific Issue	'21/08/20 - Request from COO as SRO to create additional action to be assigned to Delivery Director as action owner. 11/09/20 - Agreement with SRO that actions relating to system-wide flow are problematic currently due to		'Chief Operating Officer	Deputy Chief Operation Officer	31/12/2020

		Evaluate progress each quarter and adapt approach accordingly.	pressures within the system/hospital. Winter plan in place with reduced bed base than last winter but with additional 71 community beds. 02/11/20 - Outstanding issues with winter planning. Need discussion with SRO around moving action to red. 16/11/2020 - Winter plan is not yet fully agreed as is dependent on well-established D2A model.				

New Embedded Actions (18 November 2020)

Reference Number	Core Service	CQC Issue	Progress Notes	Action Status	SRO	Action Owner	Target Date
MD_03.05	Trust level	Component Issue The trust must make significant improvements to ensure they have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment	12/08/20 - Safe staffing is reported to PSQG as well as performance reviews. 11/09/20 - In addition to the above this is now discussed at temporary staffing meetings, E-Rostering check and challenge. For review for blue	Complete	'Chief Nurse	Deputy Chief Nurse	30/09/2020

		at all times, and particularly during periods of heavy demand. <u>Specific Issue</u> Monitor safe staffing through trust governance meetings	next month 20/10/20 - Systems embedded of monitoring safe staffing systems. 05/11/20 - Need for review of evidence in December. Action to stay blue.				
MD_01.07	Trust level	<u>Component Issue</u> The trust must make significant improvements to ensure they have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment at all times, and particularly during periods of heavy demand. <u>Specific Issue</u> Implement standard whereby additional bed capacity isn't opened unless appropriate numbers and skill mix of staff can be made available to manage care of patients safely	20/10/20 - Still seeking meeting minutes of approval of full capacity protocol. 02/11/20 - Confirmation from Delivery Director that bed checklist is completed prior to additional bed capacity being opened. 16/11/20 - Systems and processes developed and embedded into practise to maintain safe staff for additional bed capacity include staffing hub and staffing heat map discussed at gold command		'Chief Nurse/Chief Operating Officer	Delivery Director	30/09/2020
		<u>Component Issue</u> The trust must make significant improvements to ensure they have enough nursing staff with the right qualifications,	11/09/20 - Full capacity protocol states what escalation areas can be opened and skill mix/numbers required to do so safely.		'Chief Nurse/Chief Operating Officer	Business Group Director - M&CS	30/09/2020

		skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment at all times, and particularly during periods of heavy demand. <u>Specific Issue</u> Implement standard whereby additional bed capacity isn't opened unless appropriate numbers and skill mix of staff can be made available to manage care of patients safely	Needs review as ward changes due to Covid. Principle is that escalation areas aren't opened without sufficient staffing. 16/11/20 - Systems and processes developed and embedded into practise to maintain safe staff for additional bed capacity include staffing hub and staffing heat map discussed at gold command				
MD_01.09		<u>Component Issue</u> The trust must make significant improvements to ensure they have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment at all times, and particularly during periods of heavy demand. <u>Specific Issue</u> Implement safe staffing processes that ensure the correct the number and skill mix are available in ED to meet demand.	19/08/20 - Safer nurse staffing and escalation tool implemented. Also utilisation of the staffing hub. 11/09/20 - Staffing escalation SOP in place, 6 week rosters, currently working towards 3 WTE vacancies following recent round of recruitment. 20/10/20 - action complete. 3 months of evidence included within SOP.		'Chief Nurse	Delivery Director	30/06/2020

MD_01.16	Trust level	Component Issue The trust must make significant improvements to ensure they have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment at all times, and particularly during periods of heavy demand. Specific Issue Establish training programme for senior Nursing staff covering key skills: - Rota management - Management of staff budgets - People management and HR	12/08/20 - Head of Learning and OD has been tasked with leading on this piece of work. Training programme to be used to evidence progress. 07/09/20 - Training programme in place. E Stimpson to send evidence to support this. 04/11/20 - Programme established and rolled out to senior nursing staff. Impact on number of staff attending due to operational pressures.		'Director of Workforce & OD	Deputy Director of Workforce and OD	31/10/2020
MD_01.17	Trust level	Component Issue The trust must make significant improvements to ensure they have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment at all times, and particularly during periods of heavy demand. Specific Issue Reduce RN/RM vacancies by 10%	11/09/20 - Successful recruitment to International nurses - offered 20 places. Virtual recruitment campaign being built up and live in next few weeks. Action changed to amber as currently have around 170 RN/RM vacancies. 05/111/20 - Currently 134 outstanding RN vacancies. Action turned blue as action achieved.		'Chief Nurse	Deputy Chief Nurse	31/12/2020

		(No greater than 153 vacancies)					
MD_02.02	Trust level	<u>Component Issue</u> The trust must ensure there are effective governance systems to monitor quality, safety and risk. Without these patients were, or may be, at risk of harm through the lack of identification of, and subsequent review and mitigation of risks. <u>Specific Issue</u> Rebuild performance management framework and IPR	'12/11/20 - IPR now rebuilt and presented to ET. Includes BPS from making data count and was presented at public board in November.		Director of Strategy, Partnerships & Transformation	Interim Improvement Consultant	30/04/2021
MD_04.02	Urgent & Emergency Care	<u>Component Issue</u> The trust must ensure that care and treatment provided to service users during periods of heavy demand is appropriate, meets their needs and reflects their preferences. <u>Specific Issue</u> Service acuity is identified early and managed safely especially during periods of high demand through use of the Staffing Hub function	19/08/20 - being managed internally by Lead Nurse. Staffing hub utilised as and when needed. 11/09/20 - Evaluated in most recent CQC visit which gave assurance that correct systems in place 20/10/20 - Systems fully in place and functioning. action complete. 3 months of evidence included within SOP.		'Chief Nurse	Delivery Director	30/06/2020

MD_07.01	Urgent & Emergency Care	Component Issue The trust must ensure that care and treatment is provided in a safe way by ensuring the premises are safe to use for their intended purpose. Specific Issue Estates and ED to complete series of environmental review/assessments -PLACE Assessment	06/10/20 - Completed PLACE assessment action plan developed following assessment. Looking to create wider programme of PLACE assessments which includes review of de-clutter from October - December 20, awaiting agreement appropriate Execs. 03/11/20 - Approval has been received from Chief Nurse and programme of PLACE assessments in place. De-clutter also taking place this week. PLACE assessment completed within ED in September 20. Action completed with evidence.		'Director of Finance	Associate Director of Estates & Facilities	30/10/2020
MD_07.02	Urgent & Emergency Care	Component Issue The trust must ensure that care and treatment is provided in a safe way by ensuring the premises are safe to use for their intended purpose. Specific Issue 'Fire risk assessment	06/10/20 - Complete fire risk assessment in ED on 08/09. Immediate actions cascaded to senior managers. Awaiting development of wider action plan following assessment due 06/10. 03/11/20 - Fire risk assessment complete and report received. Action complete.		'Director of Finance	Associate Director of Estates & Facilities	30/10/2020

MD_07.04	Urgent & Emergency Care	Component Issue The trust must ensure that care and treatment is provided in a safe way by ensuring the premises are safe to use for their intended purpose. intended purpose. Specific Issue 'Actions from above audits/assessments to be converted into corresponding action plans.	08/09/20 - PLACE assessment completed in ED. Fire risk assessment due for completion w/e 13/09. Action plans to be produced and estates actions to be completed. 03/11/20 - Both action plans sit within the final fire and PLACE assessment reports. This action plan is managed as part of fire safety group. Action complete.		'Director of Finance	Associate Director of Estates & Facilities	30/10/2020
MD_08.01	Urgent & Emergency Care	Component Issue The trust must ensure there are sufficient quantities of equipment available to staff to provide care in a safe way and to meet the needs of patients. Specific Issue 'Medical equipment maintained by EBME to be audited to ascertain the appropriate level of held stock items for current bay capacity.	06/10/20 - Baseline audit completed. Requesting feedback from ED team to review audit and agree appropriate stock of equipment. 03/11/20 - To review findings of the audit at the Medical Devices Committee. Following review we haven't found any areas of concern relating to shortfall of equipment.		'Director of Finance	Associate Director of Estates & Facilities	30/10/2020

MD_08.02	Urgent & Emergency Care	Component Issue The trust must ensure there are sufficient quantities of equipment available to staff to provide care in a safe way and to meet the needs of patients. Specific Issue 'EBME & ED to ascertain, additional levels of stock to manage patient numbers during surge.	06/10/20 - Baseline audit completed. Requesting feedback from ED team to review audit and agree shortfall in equipment. 03/11/20 - To review findings of the audit at the Medical Devices Committee. Following review we haven't found any areas of concern relating to shortfall of equipment.		'Director of Finance	Associate Director of Estates & Facilities	30/10/2020
MD_09.01	Urgent & Emergency Care	Component Issue The trust must ensure that premises and equipment are suitable are safe to use and risks associated with ligature points have been identified and assessed. Specific Issue 'Estates to support ED in the completion of the Manchester Method for Anti-ligature.	06/10/20 - Assessment was re-completed within June 20. Action to be turned blue once evidence received. 03/11/20 - Evidence received of assessment. Action complete.		'Director of Finance	Associate Director of Estates & Facilities	30/06/2020
MD_11.01	Urgent & Emergency Care	Component Issue The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users. Specific Issue	08/07/20 - Developed as part of ED improvement plan 14/08/20 - Presentation bi-weekly to ET report progress on recruitment plan. Position has considerably improved 11/09/20 - Recruitment and retention plan working		Director of Workforce & OD	Delivery Director	30/06/2020

		'Develop recruitment and retention plan	effectively and seeing month on month improvement currently down to 2 RN vacancies. Action turned complete given significant improvement with nurse staffing numbers as a result of implementation of recruitment and retention plan.				
MD_11.02	Urgent & Emergency Care	Component Issue The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users. Specific Issue 'Implement staffing escalation process	19/08/20 - Brand new tool adapted based on the Barnett tool and now in used within ED. ED surge tool. 11/09/20 - Staffing SOP strengthened and clearly articulated staffing process and positive feedback from the CQC in most recent visit in August. Action complete due to implementation of staffing escalation process with supporting evidence.		Director of Workforce & OD	Delivery Director	30/06/2020
MD_11.03	Urgent & Emergency Care	Component Issue The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users. Specific Issue	19/08/20 - Taking assurance senior leadership team UEC. One training course has been cancelled since 03/20. Process developed to monitor uptake of training allocated to staff. Practise Based Educator post commence in role to support this process.		Director of Workforce & OD	Delivery Director	30/06/2020

		'Implementation of protocol within the rota system that provides protected time for training for completion or mandatory and role specific	11/09/20 - In place and working effectively. Embedded into practice and action complete.				
MD_11.04	Urgent & Emergency Care	<u>Component Issue</u> The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users. <u>Specific Issue</u> 'Six week rotas in place	08/07/20 - Six week rotas in place and published 14/08/20 - Six-week rotas have been sent weekly to the CQC from May to date.		Director of Workforce & OD	Delivery Director	30/06/2020
MD_12.03		<u>Component Issue</u> The trust must take appropriate action to continue to work with partners in the health economy to identify key drivers that affect access and flow on the medical care service so short- and long-term solutions improve the patient experience. <u>Specific Issue</u> 'Review existing discharge processes and streamline with partial focus on reducing the number of assessments individuals require before being	22/07/20 - D2A model implemented as per national guidance. 04/08/20 - System wide Frailty work in progress. Inclusive of admission avoidance, urgent response element. 07/10/20 - Review undertaken. Action complete. Actions to be developed following review created. ECIST supporting with this workstream.		'Chief Operating Officer	Deputy Chief Operation Officer	31/10/2020

		discharged and reducing length of stay/delayed discharges.					
MD_14.03		Component Issue The trust must take appropriate actions to ensure to systems and processes are operated effectively to assess, monitor and improve the quality of care and experience of service users, and mitigate the risks associated with delivering the service. Specific Issue 'Review the ToR and scope of all 'Business Group' quality and operational meetings to ensure they are fit for purpose	14/08/20 - Additional work undertaken to confirm requirements for reporting. Further work to define whether data relating to quality is to go through to PSQG and Risks through to RMC.		'Interim Director of Governance & Risk Assurance	Business Group Director - M&CS	31/10/2020
MD_14.04		Component Issue The trust must take appropriate actions to ensure to systems and processes are operated effectively to assess, monitor and improve the quality of care and experience of service users, and mitigate the risks associated with delivering the service. Specific Issue 'Where required re-structure and re-formulate the Trust's Business	14/08/20 - Currently have standardised agenda for each speciality.		'Interim Director of Governance & Risk Assurance	Business Group Director - M&CS	31/10/2020

		Group quality and operational meetings to ensure their (ToR/Scope of Work) are aligned to conventional best practice models used in the NHS					
MD_14.05	Medical Care -	Component Issue The trust must take appropriate actions to ensure to systems and processes are operated effectively to assess, monitor and improve the quality of care and experience of service users, and mitigate the risks associated with delivering the service. Specific Issue 'Where required re-structure and re-formulate the Trust's Business Group quality and operational meetings to ensure their (ToR/Scope of Work) are aligned to conventional best practice models used in the NHS	14/08/20 - Dependent task on clarity on reporting around quality and risk. 08/10/20 - Action complete. Review of ToR and scope has been completed.		'Interim Director of Governance & Risk Assurance	Business Group Director - M&CS	31/10/2020
MD_15.01	Medical Care	Component Issue The trust must take appropriate action to ensure mandatory training and staff competencies meet the needs of the patients and staff. Specific Issue Establish new Reporting Format - RAG rating for managers to identify areas requiring attention.	07/09/20 - Systems working effectively, review at October's check and challenge meeting to complete action and turn blue. 04/11/20 - This is fully embedded into practise action complete with supporting		Director of Workforce & OD	Deputy Director of Workforce and OD	30/06/2020

		(Piloted March – April 2020)	evidence.				
MD_15.02	Medical Care	Component Issue The trust must take appropriate action to ensure mandatory training and staff competencies meet the needs of the patients and staff. Specific Issue 'Implement proactive oversight of mandatory training compliance rates	07/09/20 - Systems working effectively, review at Octobers check and challenge meeting to complete action and turn blue. 04/11/20 - This is fully embedded into practise action complete with supporting evidence.		Director of Workforce & OD	Deputy Director of Workforce and OD	30/09/2020
MD_15.03	Medical Care	Component Issue The trust must take appropriate action to ensure mandatory training and staff competencies meet the needs of the patients and staff. Specific Issue 'Implement process for the explicit inclusion and recording of mandatory training within all staff appraisals	16/07/20 - Complete. Linked to pay progression 07/09/20 - Review at Octobers check and challenge meeting to complete action and turn blue. Evidence through appraisal documentation and audit. 04/11/20 - This is fully embedded into practise action complete with supporting evidence.		Director of Workforce & OD	Deputy Director of Workforce and OD	30/09/2020

MD_15.04	Medical Care	Component Issue The trust must take appropriate action to ensure mandatory training and staff competencies meet the needs of the patients and staff. Specific Issue 'Implementation of a process for Email reminders to all staff where at least one training topic has expired. (Piloted March –May 2020).	14/08/20 - Implementation of text reminders to staff for training. Evidence to follow to support completion of this action. 07/09/20 - Text reminders implemented in July 20. Action complete and turn blue with supporting evidence.		Director of Workforce & OD	Deputy Director of Workforce and OD	30/06/2020
MD_15.05	Medical Care	Component Issue The trust must take appropriate action to ensure mandatory training and staff competencies meet the needs of the patients and staff. Specific Issue Increased communication networks will be used to promote statutory and mandatory training information including corporate welcome, team meetings, twitter and other platforms.	14/08/20 - The Trust is currently using both email and text reminders, utilisation of social media platforms include twitter and Facebook staff groups. Also promoted via the corporate welcome 07/09/20 - For review in Octobers check and challenge meeting for completion of action. 04/11/20 - This is fully embedded into practise action complete with supporting evidence.		Director of Workforce & OD	Deputy Director of Workforce and OD	30/09/2020

MD_20.01	Services for Children and young people	<u>Component Issue</u> The trust must ensure staff complete safeguarding training appropriate for the service and in accordance with guidance in 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019'. <u>Specific Issue</u> Review of cleansed training database to ensure a clear picture of training compliance which meets Trust targets, in line with the children's safeguarding training strategy.	02/10/20 - Overall Safeguarding appliance remains high. Business Group are focusing on a small number of areas where compliance is not at the level required. Business Group are aiming to provide 90% compliance. 12/11/20 - Current compliance of 85% which is in line with CCG target. Work continues to improve this figure.		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020
MD_20.02	Services for Children and young people	<u>Component Issue</u> The trust must ensure staff complete safeguarding training appropriate for the service and in accordance with guidance in 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019'. <u>Specific Issue</u> Establish new Reporting Format - RAG rating for managers to identify areas requiring attention. (Piloted March – April 2020)	BG Director sending out RAG rating compliance document to low compliance areas and this has been included within the evidence log. 12/11/20 - BG Director sending out RAG rating document to low compliance areas this is embedded into practice.		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020

MD_20.03	Services for Children and young people	Component Issue The trust must ensure staff complete safeguarding training appropriate for the service and in accordance with guidance in 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019'. Specific Issue 'Implement proactive oversight of competency training compliance rates	02/10/20 - Safeguarding compliance for Level 3 is 93.28% for the Business Group. 12/11/20 - Current compliance of 85% which is in line with CCG target. Work continues to improve this figure.		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020
MD_20.04	Services for Children and young people	Component Issue The trust must ensure staff complete safeguarding training appropriate for the service and in accordance with guidance in 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019'. Specific Issue Implement process for the explicit inclusion and recording of mandatory and competency training within all staff appraisals	11/08/20 - Action complete. Training and competency are part of the staff members appraisal record. 04/09/20 - Training is included as part of appraisal process. Review in Octobers check and challenge to turn this action blue. 02/10/20 - Training is now embedded as part of appraisal process. 12/11/20 - Embedded as part of appraisal process.		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020

MD_20.05	Services for Children and young people	Component Issue The trust must ensure staff complete safeguarding training appropriate for the service and in accordance with guidance in 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019'. Specific Issue Implement WebEx training sessions (Safeguarding) twice a week to meet the training requirements of the workforce.	02/10/20 - Safeguarding training online continues and has been update to include Mental Health. Process has been embedded as business as usual and 12 months forward view of training has been published. Sam to obtain forward plan for evidence. 12/11/20 - Current compliance of 85% which is in line with CCG target. WebEx training sessions in place		Director of Workforce & OD	Business Group Director - WC&D	30/10/2020
MD_21.02	Services for Children and young people	Component Issue The trust must ensure risk assessments relating to the health, safety and welfare of people using services are completed and reviewed regularly by people with the qualifications, skills, and experience to do so Specific Issue 'All CYP patients have documented care plans in place	11/08/20 - Audited through the three times daily sit rep. Require confirmation from AND on current compliance rates. 02/10/20 - Information sent as part of Situation Report (SITREP) 3 times a day. Clear evidence trail. 12/11/20 - 3 times daily sit rep continues and embedded into		'Chief Nurse	Business Group Director - WC&D	30/09/2020

			practice and action is complete.				
MD_21.03	Services for Children and young people	Component Issue The trust must ensure risk assessments relating to the health, safety and welfare of people using services are completed and reviewed regularly by people with the qualifications, skills, and experience to do so Specific Issue 'All patient level risk assessments as appropriate are carried out and documented in the patient record (Pain; Metal Health, safeguarding etc.)	05/08/20 - We have created a three times daily sit rep completed by the shift leader this is sent to WM, Matron and , and includes, example attached- MH data set completed in real time, all patient attendances recorded and record of RA completed- sample attached 02/10/20 - Information sent as part of Situation Report (SITREP) 3 times a day. Clear evidence trail. 12/11/20 - 3 times daily sit rep continues and embedded into practice and action is complete.		'Chief Nurse	Business Group Director - WC&D	30/09/2020
MD_21.04	Services for Children	Component Issue The trust must ensure risk assessments relating to the health, safety and welfare of	05/08/20 - We have created a three times daily sit rep completed by the shift leader		'Chief Nurse	Business Group Director - WC&D	30/09/2020

	and young people	people using services are completed and reviewed regularly by people with the qualifications, skills, and experience to do so Specific Issue 'Establish monthly point-prevalence audits of patient records focusing on completion of patient level risk assessments	this is sent to WM, Matron and , and includes, example attached- MH data set completed in real time, all patient attendances recorded and record of RA completed- sample attached 02/10/20 - Information sent as part of Situation Report (SITREP) 3 times a day. Clear evidence trail. 12/11/20 - 3 times daily sit rep continues and embedded into practice and action is complete.				
MD_24.01	Services for Children and young people	Component Issue The trust must ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the needs of the service. Specific Issue Undertake Establishment review of treehouse staffing against RCN standards for paediatric care (2013).	04/09/20 - Options appraisal currently in second draft. Discussion taking place with Chief Nurse. Due 11/09/20. 02/10/20 - Staffing establishment review has been completed and submitted to Chief Operating Officer and Chief Nurse. Feedback is awaited.		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020

			12/11/20 - Staffing review complete and has had funding approved via options appraisal.				
MD_24.02	Services for Children and young people	<u>Component Issue</u> The trust must ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the needs of the service. <u>Specific Issue</u> Benchmark against GM organisations.	11/08/20 - Benchmarking completed and included as part of establishment review. 04/09/20 - Options appraisal currently in second draft. Discussion taking place with Chief Nurse. Due 11/09/20. 02/10/20 - Staffing establishment review has been completed and submitted to Chief Operating Officer and Chief Nurse. Feedback is awaited. 12/11/20 - Staffing review complete and has had funding approved via options appraisal.		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020
MD_24.03	Services for Children and	<u>Component Issue</u> The trust must ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are	11/08/20 - R Whittington has completed first draft of establishment review. may change due to Covid-19		Director of Workforce & OD	Business Group Director - WC&D	31/12/2020

	young people	deployed to meet the needs of the service. <u>Specific Issue</u> Review required staffing for Paediatric Assessment Unit (PAU), against RCPCH Standards for Paediatric Assessment Units (2018). Continue to progress Safe Care live to ensure accurate information with regards to level of acuity and calculation of workforce required to deliver safe care. Introduction of twice daily Sit Rep reports for the clinical area and implementation of clear escalation pathway for instances of staffing concern.	pandemic as a result of expansion or contraction of bed base 02/10/20 - Staffing establishment review has been completed and submitted to Chief Operating Officer and Chief Nurse. Feedback is awaited. 12/11/20 - Staffing review complete and has had funding approved via options appraisal.				
MD_24.04	Services for Children and young people	<u>Component Issue</u> The trust must ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the needs of the service. <u>Specific Issue</u> Establishment review of skills to identify skills analysis of workforce to identify knowledge gaps.	04/09/20 - Options appraisal currently in second draft. Discussion taking place with Chief Nurse. Due 11/09/20. 02/10/20 - Staffing establishment review has been completed and submitted to Chief Operating Officer and Chief Nurse. Feedback is awaited. 12/11/20 - Staffing review complete and has had funding		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020

			approved via options appraisal.				
MD_25.03	Services for Children and young people	Component Issue The trust must ensure staff complete specific training for recognising and responding to children and young people with mental health needs, learning disabilities and autism. Specific Issue Establish new Reporting Format - RAG rating for managers to identify areas requiring attention. (Piloted March – April 2020)	02/10/20 - As part of new recruitments role, Training will form a specific part of JD. Recruitment to commence November 2020. 12/11/20 - BG Director sending out RAG rating document to low compliance areas this is embedded into practice.		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020
MD_25.04	Services for Children and young people	Component Issue The trust should review succession planning processes and implementation. Specific Issue 'Implement proactive oversight of competency training compliance rates	02/10/20 - As part of new recruitments role, Training will form a specific part of JD. Recruitment to commence November 2020. 12/11/20 - BG Director sending out RAG rating document to low compliance areas this is embedded into practice.		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020

SD_01.01	Trust level	Component Issue The trust should review succession planning processes and implementation. Specific Issue Implement our approach to talent management within the people strategy priorities	07/09/20 - As above we have approved approach to talent managed and succession planning. To include 'Our approach' to documents to be included as evidence to support progress of this action. 04/11/20 - Principles and framework in place with supporting evidence. Action complete with supporting evidence.		Director of Workforce & OD	Business Group Director - WC&D	30/10/2020
SD_01.02	Trust level	Component Issue The trust should review succession planning processes and implementation. Specific Issue 'Establish review of succession planning across the Trust	07/09/20 - We have approved approach to talent managed and succession planning. To include 'Our approach' to documents to be included as evidence to support progress of this action. Approach will be underpinned by people strategy. 04/11/20 - Principles and framework in place with supporting evidence. Action complete with supporting		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020

			evidence.				
SD_01.03	Trust level	Component Issue The trust should review succession planning processes and implementation. Specific Issue 'We will implement improvements in succession planning where appropriate	07/09/20 - We have approved approach to talent managed and succession planning. To include 'Our approach' to documents to be included as evidence to support progress of this action. Approach will be underpinned by people strategy. 04/11/20 - Principles and framework in place with supporting evidence. Action complete with supporting evidence.		Director of Workforce & OD	Business Group Director - WC&D	30/10/2020
SD_07.02	Trust level	Component Issue The trust should monitor services and hold them to account against clear priorities, agreed delivery metrics and deadlines. Specific Issue 'Develop & implement board level quality and performance dashboard	'12/11/20 - IPR now rebuilt and presented to ET. Includes BPS from making data count and was presented at public board in November.		'Director of Strategy, Partnerships & Transformation	Interim Improvement Consultant	31/04/2021

SD_10.01	Trust level	<u>Component Issue</u> The trust should address cultural and behavioural issues creating a culture based around the trust's values and behaviours. <u>Specific Issue</u> 'Develop communication programme for all staff promoting the Trust values and behaviours	Further work around corporate image to ensure branding is in line with new V&Bs led by Director of Comms. 04/11/20 - Corporate branding has not yet been approved. All appraisal paperwork updated with trust values as well as posters. Action complete		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020
SD_10.02	Trust level	<u>Component Issue</u> The trust should address cultural and behavioural issues creating a culture based around the trust's values and behaviours. <u>Specific Issue</u> 'Include assessment of individual staff members adherence to the values and behaviours within the appraisal process	07/09/20 - Refresh and re-launch of values and behaviours late 2019. Ongoing process of embedding these values & behaviours. Further work around corporate image to ensure branding is in line with new V&Bs led by Director of Comms. Evidence of values and behaviours within appraisal process. 04/11/20 - Corporate branding has not yet been approved. All		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020

			appraisal paperwork updated with trust values as well as posters. Action complete				
SD_10.03	Trust level	Component Issue The trust should address cultural and behavioural issues creating a culture based around the trust's values and behaviours. Specific Issue 'Include questions on the trusts values and behaviours in the recruitment process of new staff	07/09/20 - Refresh and re-launch of values and behaviours late 2019. Ongoing process of embedding these values & behaviours. Further work around corporate image to ensure branding is in line with new V&Bs led by Director of Comms. 04/11/20 - Corporate branding has not yet been approved. All appraisal paperwork updated with trust values as well as posters. Action complete		Director of Workforce & OD	Business Group Director - WC&D	30/09/2020
SD_12.01	Trust level	Component Issue The trust should review the process and methodology for investigating incidents to encompass broader aspects and support learning across the trust. Specific Issue	06/10/20 - New policy update to reflect current process for SI, to be agreed at PQSG at 14/10. Preparation continues to move to PS2. 03/11/20 - New policy was		'Interim Director of Governance & Risk Assurance	Deputy Director of Quality Governance	31/10/2020

		'Review policy and agree any changes - Define process methodology - Roll out changes and deliver training - Develop check list to assess each report against the criteria required - Develop strategy for measuring learning - Implement audit to measure learning These actions are subject to guidance associated with the implementation of the NHS Patient Safety Strategy. Changes may be required following evaluation of proposed changes to serious incident handling currently being piloted elsewhere in the NHS.	shared for consultation in October. Paper due for final sign of PSQG in Nov 20. 13/11/20 - Internal audit of SIs which has given us rating of substantial assurance. New policy was approved at PSQG in November.				
SD_13.01	Trust level	<u>Component Issue</u> The trust should review and address issues regarding the antibiotic and sepsis data. <u>Specific Issue</u> Review of sepsis screening and streamlining response process to facilitate better compliance	06/10/20 - Sepsis screening streamlining process now rolled out trust wide for review in December once 3 months evidence has been received. 04/11/20 - Sepsis tool fully review and functioning. Action		Medical Director	Associate Medical Director - Hospital Care	31/10/2020

			complete.				
SD_13.05	Trust level	Component Issue The trust should review and address issues regarding the antibiotic and sepsis data. Specific Issue Roll out and embed new approach to Sepsis screening	06/10/20 - Sepsis screening streamlining process now rolled out trust wide for review in December once 3 months evidence has been received. 04/11/20 - Sepsis tool fully review and functioning. Action complete.		Medical Director	Associate Medical Director - Hospital Care	31/10/2020
SD_14.04	Trust level	Component Issue The trust should review the corporate risk register and ratings to enable risk profiling and prioritisation. Specific Issue In light of the changes to develop risk management capability, further develop Risk Management Framework, obtain approval and cascade communications to relevant staff.	06/10/20 - In progress, intention for new draft single framework document to be tabled at RMC in Oct 20 and then further cascade to senior management teams. 03/11/20 - Risk management policy when to RMC in oct for consultation. Final ratification at RMC on 11/11/20. 13/11/20 - Final ratification of policy at RMC on 11th		'Interim Director of Governance & Risk Assurance	Deputy Director of Quality Governance	31/10/2020

			November 2020.				
SD_14.05	Trust level	Component Issue The trust should review the corporate risk register and ratings to enable risk profiling and prioritisation. Specific Issue Communicate and embed boundaries for risk taking - Define risk appetite - Cascade and embed through ops teams - Audit process	06/10/20 - Risk appetite defined. Risk appetite against strategic objectives has been turned into statements for cascade to staff. 03/11/20 - Risk appetite statements to be included with policy document due for ratification at RMC 11/11/20. 13/11/20 - Final ratification of policy at RMC on 11th November 2020 which includes risk appetite.		'Interim Director of Governance & Risk Assurance	Deputy Director of Quality Governance	31/12/2020

SD_15.01	Trust level	Component Issue The trust should address the lack of a data warehouse to enable analytical capability in the business groups Specific Issue Reopen procurement process	04/08/20 - Completed procurement process now at preferred supplier identified and agreed. 09/09/20 - Preferred supplier confirmed. 02/11/20 - Reopened and procurement process complete. Action complete with evidence.		'Director of Strategy, Partnerships & Transformation	Acting Director of IM&T	31/12/2020
SD_15.02	Trust level	Component Issue The trust should address the lack of a data warehouse to enable analytical capability in the business groups Specific Issue Obtain funding via business case approval process	13/08/20 - Data Warehouse paper due agreement at F&P Committee in September. 05/10/20 - Business case had final sign off at F&P 17/09. 02/11/20 - Action complete evidence of approved business case.		'Director of Strategy, Partnerships & Transformation	Acting Director of IM&T	31/12/2020

SD_16.01	Trust level	Component Issue The trust should review and continue to work to improve clinical, staff and partner engagement. Specific Issue 'Implementation of Our Approach to Organisational Development.	07/09/20 - Work is progressing and awaiting evidence of OD presentation to PPC on the progress of the cultural engagement programme. further update scheduled on 10/09 at PPC to outline next steps. There is a next phase which is a longer term action to Culture Collective Program, Action to be reviewed in October to turn blue. 04/11/20 - Approach approved and leadership programme established. Evidence of this advertised on Facebook.		Director of Workforce & OD	Deputy Director of Workforce and OD	31/07/2020

SD_16.02	Trust level	Component Issue The trust should review and continue to work to improve clinical, staff and partner engagement. Specific Issue 'Develop Culture Collective Programme NHSie	There is a next phase which is a longer term action to Culture Collective Program, Action to be reviewed in October to turn blue. 04/11/20 - Approach approved and leadership programme established. Evidence of this advertised on Facebook.		Director of Workforce & OD	Deputy Director of Workforce and OD	31/08/2020
SD_16.03	Trust level	Component Issue The trust should review and continue to work to improve clinical, staff and partner engagement. Specific Issue 'Implement Culture Collective Programme NHSie	There is a next phase which is a longer term action to Culture Collective Program, Action to be reviewed in October to turn blue. 04/11/20 - Approach approved and leadership programme established. Evidence of this advertised on Facebook.		Director of Workforce & OD	Deputy Director of Workforce and OD	31/08/2020

SD_17.01	Urgent & Emergency Care	Component Issue The trust should consider how it can improve staff availability for, and levels of attendance at, mandatory training courses. Specific Issue 'Implementation of protocol within the rota system that provides protected time for training for completion or mandatory and role specific	19/08/20 - Taking assurance senior leadership team UEC. One training course has been cancelled since 03/20. Process developed to monitor uptake of training allocated to staff. Practise Based Educator post commence in role to support this process.		Director of Workforce & OD	Deputy Director of Workforce and OD	31/06/2020
SD_19.01	Urgent & Emergency Care	Component Issue The trust should consider how it can encourage staff to be more responsive to patient call bells and requests for assistance during periods of heavy demand. Specific Issue 'Implementation of appropriate numbers of safe staffing within wards which will increase availability of staff to respond to call bells	19/08/20 - Safer nurse staffing and escalation tool implemented. Also utilisation of the staffing hub. 11/09/20 - ECIST support have identified through a staffing model exercise that ED currently have the correct numbers of staff available and in turn will support the responsiveness of staff to call bells. Additional testing work with call bells from the estates team to ensure call bells are working.		'Chief Nurse	Delivery Director	30/06/2020

SD_19.02	Urgent & Emergency Care	Component Issue The trust should consider how it can encourage staff to be more responsive to patient call bells and requests for assistance during periods of heavy demand. Specific Issue 'Importance of responding to call bells within safety huddles	19/08/20 - Important of responding to calls bells has now been included within safety huddle. Implementation of campaign weeks including sharps bins, call bells, ward level cleaning etc. This will become a rolling programme. 11/09/20 - Included as part of safety huddle routinely.		'Chief Nurse	Delivery Director	30/06/2020
SD_26.01	Urgent & Emergency Care	Component Issue The trust should ensure it acts to improve the outcomes of patients as measured against national standards from the Royal College of Emergency Medicine Specific Issue 'Implement ED improvement plan	19/08/20 - ED improvement plan developed 03/20 following CQC inspection. Improvement plan was to address concerns raised relating to mental health, governance and staffing.		Chief Operating Officer	Delivery Director	30/06/2020
SD_31.01	Urgent & Emergency Care	Component Issue The trust should ensure that staff are reminded to maintain basic standards of care, dignity and communication with patients at all times, even when demand is heavy. Specific Issue 'ED Safety checklist in place	14/08/20 - ED safety check developed and evidenced within the log.		Chief Nurse	Delivery Director	30/06/2020

SD_31.02	Urgent & Emergency Care	Component Issue The trust should ensure that staff are reminded to maintain basic standards of care, dignity and communication with patients at all times, even when demand is heavy. Specific Issue 'ED Safety checklist monitored through ED Governance Board	14/08/20 - ED Safety checklist is monitored through the relevant governance meetings.		Chief Nurse	Delivery Director	30/06/2020
SD_31.04	Urgent & Emergency Care	Component Issue The trust should ensure that staff are reminded to maintain basic standards of care, dignity and communication with patients at all times, even when demand is heavy. Specific Issue 'Ensure that patient experience is part of the planning and delivery of compassionate care	19/08/20 - Friends and family survey reported monthly. Recent months have shown satisfaction rates are around 90%. Discussed as part of monthly Governance Board. 11/09/20 - Implemented weekly friends and family test and obtain feedback and act upon that feedback. Additionally implementing further patient experience feedback methods to try and obtain information around patients experience in the area of long waits.		Chief Nurse	Delivery Director	30/06/2020

SD_33.01	Urgent & Emergency Care	Component Issue The trust should consider how it minimise the distress caused to patients living with dementia or learning disabilities who attend during periods of heavy demand and activity. Specific Issue 'Appropriate implementation of systems to ensure staffing levels match demand will facilitate sufficient time to appropriately respond to the needs of patients with protected characteristics (Learning disabilities, dementia)	19/08/20 - Safer nurse staffing and escalation tool implemented. Also utilisation of the staffing hub.		Chief Nurse	Delivery Director	30/06/2020
SD_34.02	Urgent & Emergency Care	Component Issue The trust should consider how it can improve visibility and access to the formal complaints process on its website. Specific Issue ' Additional link to be added under 'contact us' section	22/07/20 - Now actioned on the Trust website		Director of Communication & Corporate Affairs	Acting Director of IM&T	30/09/2020
SD_38.01	Medical Care	Component Issue The trust should take appropriate action to ensure there are sufficient storage and quantities of equipment available to staff to	06/10/20 - Delay on delivering medical equipment library due to additional infection prevention requirements.		'Director of Finance	Associate Director of Estates & Facilities	30/09/2020

		provide safe care and treatment. Specific Issue 'Medical equipment maintained by EBME to be audited to ascertain the appropriate level of held stock items for current bed capacity.	Library currently not operational until IP work has been completed (Installation of sink). Due for re-open November 20. 03/11/20 - To review findings of the audit at the Medical Devices Committee. Following review we haven't found any areas of concern relating to shortfall of equipment.				
SD_38.02	Medical Care	Component Issue The trust should take appropriate action to ensure there are sufficient storage and quantities of equipment available to staff to provide safe care and treatment. Specific Issue 'EBME & ED to ascertain, additional levels of stock to manage patient numbers during surge.	'14/07/20 - Work commenced to ascertain additional levels of stock during surges. 03/11/20 - To review findings of the audit at the Medical Devices Committee. Following review we haven't found any areas of concern relating to shortfall of equipment.		'Director of Finance	Associate Director of Estates & Facilities	30/12/2020

SD_38.03	Medical Care	Component Issue The trust should take appropriate action to ensure there are sufficient storage and quantities of equipment available to staff to provide safe care and treatment. Specific Issue 'Develop de-clutter programme	06/10/20 - De-clutter week took place 21/09 and further programme has been launched for regular de-clutter. 03/11/20 - De-clutter programme established and commenced as well as programme for PLACE assessments. Action completed with evidence.		'Director of Finance	Associate Director of Estates & Facilities	30/09/2020
SD_40.01	Medical Care	Component Issue The trust should take appropriate actions to improve cultural differences between medical specialists and clinicians. Specific Issue Implementation of Our Approach to Organisational Development.	There is a next phase which is a longer term action to Culture Collective Program, Action to be reviewed in October to turn blue. 04/11/20 - Approach approved and leadership programme established. Evidence of this advertised on Facebook.		Director of Workforce & OD	Deputy Director of Workforce and OD	30/09/2020

SD_42.01	Medical Care	<u>Component Issue</u> The trust should take appropriate actions to identify risks and mitigate action in a timely manner. <u>Specific Issue</u> Implementation of the new risk management approach	04/08/20 - Risk masterclass took place 23/07 for the business group. Complete refresh of risk management approach. Risk report presented at risk management committee and risks within BG now reviewed and rebuilt. New way of working within BG so specialities now present own risks. 15/09/20 - Urgent Care have risk registers reviewed through risk management committee		'Interim Director of Governance & Risk Assurance	Business Group Director - IC	30/09/2020

SD_49.01	Services for Children and young people	<u>Component Issue</u> The provider should continue to complete incident records in a timely way and ensure all staff share in learning from incidents. <u>Specific Issue</u> 'Conclude incidents as set out in the Trust incidents policy - Within 60 days for SI - Within 14 days for Datix	14/08/20 - Post holder now in place. Funding agreed. Commenced in role May/June. 0 SI breaches for 60 days 04/09/20 - 0 breaches for August. 02/10/20 - Post holder now in place. Funding agreed. Commenced in role May/June. 0 SI breaches for 60 days.		'Interim Director of Governance & Risk Assurance	Business Group Director - WC&D	30/11/2020
SD_49.02	Services for Children and young people	<u>Component Issue</u> The provider should continue to complete incident records in a timely way and ensure all staff share in learning from incidents. <u>Specific Issue</u> 'Appoint to governance lead vacancy	14/08/20 - Newsletter now in place and evidenced. Require evidence for staff member in post. 04/09/20 - Action now completed and governance lead in post.		'Interim Director of Governance & Risk Assurance	Business Group Director - WC&D	30/11/2020

SD_49.05		Component Issue The provider should continue to complete incident records in a timely way and ensure all staff share in learning from incidents. Specific Issue 'Structure feedback to all staff using a range of mediums to ensure cascade of shared learning Implement the briefing/communication device Evaluate impact on frontline teams	14/08/20 - Medical directors bulletin, monthly treehouse newsletter, 7-minute briefings currently being used to cases learning, M&M meetings, Directorate meetings and learning from incidents within team leader meetings.		'Interim Director of Governance & Risk Assurance	Business Group Director - WC&D	30/11/2020
SD_53.01	Services for Children and young people	Component Issue The provider should identify ways to improve support staff and culture. Specific Issue Implementation of Our Approach to Organisational Development.	07/09/20 - Work is progressing and awaiting evidence of OD presentation to PPC on the progress of the cultural engagement programme. further update scheduled on 10/09 at PPC to outline next steps. There is a next phase which is a longer term action to Culture Collective Program, Action to be reviewed in October to turn blue. 04/11/20 - Approach approved and leadership		Director of Workforce & OD	Deputy Director of Workforce and OD	31/03/2021

			programme established. Evidence of this advertised on Facebook.				
SD_53.02	Services for Children and young people	Component Issue The provider should identify ways to improve support staff and culture. Specific Issue Reciprocal Training programmes with Mental Health Organisations – Partnership working.	16/07/20 - MH Training commenced by Pennie. 07/09/20 - Work has commenced MH partnership Board scheduled and first meeting taken place. MH training in place with Pennine 04/11/20 - Mental Health Board now commenced evidence includes agendas, action log, highlight reports and ToRs. Action complete		Director of Workforce & OD	Deputy Director of Workforce and OD	31/06/2020

APPENDIX C

Assessed Trajectory (Based on review of evidence and progress made to 21October 2020) - Must Do Actions

NB: The purpose of the assessed trajectory ratings is to provide a dynamic forecast intended to give a point-in-time global assessment of historic, current and future position on progress against Must Do actions when considering all risks to the target objectives (covid-19 emergency; winter pressures; further regulatory intervention; etc) and are therefore wider than individual assurance on the completion of actions within a designated timeframe. These ratings do not correlate directly to the position of individual actions as set out in the report above and should not be cross-referenced or compared.

At risk: current performance isn't or cannot be controlled

Some issues: issues or concerns re performance that can be addressed effectively.

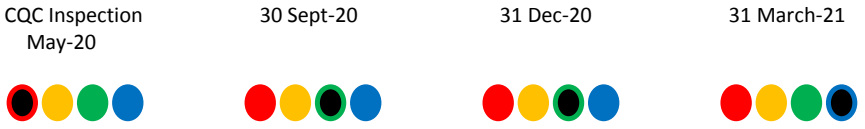
On-track: progress is positive, and performance is as expected.

Embedded: effective improvement is sustained and evidenced in improved performance.

	CQC Inspection May-20	30 Sept-20	31 Dec-20	31 March-21
The trust must make significant improvements to ensure they have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment at all times, and particularly during periods of heavy demand.				
The trust must ensure there are effective governance systems to monitor quality, safety and risk. Without these patients were, or may be, at risk of harm through the lack of identification of, and subsequent review and mitigation of risks.				
The trust must improve the flow of patients through the emergency department and the hospital so that patients are assessed, treated, admitted and discharged in a safe, timely manner.				

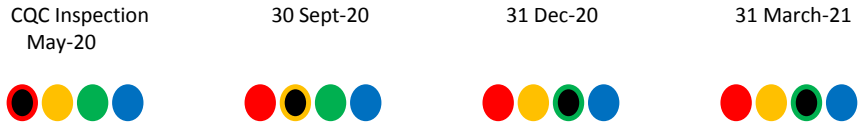
	CQC Inspection May-20	30 Sept-20	31 Dec-20	31 March-21
The trust must ensure that care and treatment provided to service users during periods of heavy demand is appropriate, meets their needs and reflects their preferences.				
The trust must ensure that service users are treated with dignity and respect				
The trust must ensure that care and treatment is provided in a safe way by assessing the risks to the health and safety of service users receiving the treatment, including service users presenting with mental health conditions, and doing all that is practicable to mitigate the risks.				
The trust must ensure that care and treatment is provided in a safe way by ensuring the premises are safe to use for their intended purpose.				
The trust must ensure there are sufficient quantities of equipment available to staff to provide care in a safe way and to meet the needs of patients.				

The trust must ensure that premises and equipment are suitable are safe to use and risks associated with ligature points have been identified and assessed.

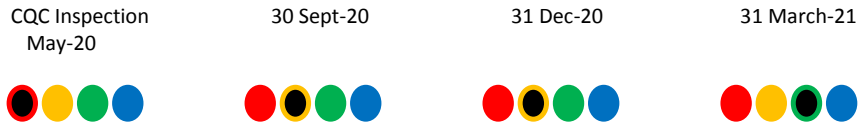


The trust must ensure that systems and processes are operated effectively to assess, monitor, improve the quality of care and experience of service users, and mitigate the risks associated with delivering the service.

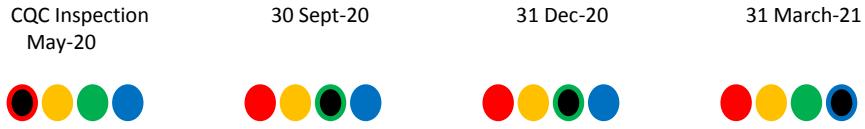
The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users.



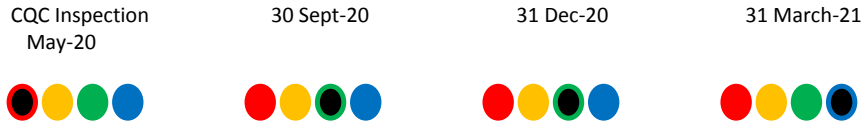
The trust must take appropriate action to continue to work with partners in the health economy to identify key drivers that affect access and flow on the medical care service so short- and long-term solutions improve the patient experience.



The trust must take appropriate action to ensure that trust policies for managing violence and aggression are reviewed and implemented.



The trust must take appropriate action to ensure mandatory training and staff competencies meet the needs of the patients and staff.



	CQC Inspection May-20	30 Sept-20	31 Dec-20	31 March-21
The trust must ensure that they ensure there are enough trained and competent staff to provide safe care to women and babies and that there is always a supernumerary labour ward co-ordinator at all times.				
The trust must ensure that safety procedures, designed to improve safety for mothers and babies, such as the World Health Organisations five steps to safer surgery are carried out regularly to adhere to national recommendations.				
The trust must assess, monitor and improve quality and safety of women and babies using the service.				
The trust must work to reduce closing the unit to improve access and flow for women using the service.				
The trust must ensure staff complete safeguarding training appropriate for the service and in accordance with guidance in 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019'.				
The trust must ensure risk assessments relating to the health, safety and welfare of people using services are completed and reviewed regularly by people with the qualifications, skills, and experience to do so				

The trust must ensure that the premises are safe to use for their intended purpose and are used in a safe way.	CQC Inspection May-20	30 Sept-20	31 Dec-20	31 March-21
The trust must ensure that effective systems for oversight of required training are implemented in the service.	CQC Inspection May-20	30 Sept-20	31 Dec-20	31 March-21
The trust must ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the needs of the service.	CQC Inspection May-20	30 Sept-20	31 Dec-20	31 March-21
The trust must ensure staff complete specific training for recognising and responding to children and young people with mental health needs, learning disabilities and autism.	CQC Inspection May-20	30 Sept-20	31 Dec-20	31 March-21

NHS
Stockport
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	3rd December 2020
Subject:	ED Improvement – Phase 2 progress report		
Report of:	Chief Operating Officer	**Prepared by:**	Business Planning Manager, Business Change Manager and ED Triumvirate

REPORT FOR INFORMATION

Corporate objective ref:	-----	**Summary of Report** The purpose of the report is to provide assurance of progress with the Phase 2 ED improvement plan to the Board of Directors The report will explain the following: • Current Status for each theme • Measures to provide assurance for the schemes • Any schemes that are not on track • Any risks to the delivery of the plan The Board of Directors are recommended to note the content of this progress report.
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	☐ 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

The purpose of this paper is to provide an update to the Board of Directors on Phase 2 of the ED Improvement plan to date.

2. BACKGROUND

Phase 2 of the Improvement plan commenced on 1st June 2020 and is due to be completed by March 2021. The plan remains split in to seven themes:

- Environment
- Governance
- Mental Health
- Model of Care
- Patient Safety
- Safe Staffing
- Staff Engagement

The assurance process is being followed with Monthly meetings with the ED triumvirate and planning, followed by Monthly assurance meetings.

3. CURRENT SITUATION

The current status below shows the RAG rating for each theme.

Theme	Blue	Green	Amber:	Red
Theme Description	*Complete BAU - Improvement/ Action delivered*	*On track - Improvement on trajectory - not yet complete*	*Problematic - Delivery remains feasible issues / risk require additional intervention to deliver the required improvement*	*Delayed - Off track / trajectory - milestone / timescales breached. Recovery plan required*
Environment		2	2	
Governance	2	5		1
Mental Health	2			
Model of Care	3	6	1	
Patient Safety		2		
Safe staffing	2	2		
Staff Engagement		2		
Total	**9**	**19**	**3**	**1**

The majority of schemes are on track for delivery. However there are three schemes which are amber status and 1 scheme which is red; these are:

Theme	Detail	Further Information	Mitigation
Governance	Estates work to be completed in Paediatric quiet room	Awaiting External Company to carry out work- lead time of 9 weeks, therefore implementation date has passed	We presently observe our patients closely when in this location to ensure they stay safe, whilst waiting for the work to be completed
Environment	Agree updates to environment to make more dementia friendly (includes, walk-rounds and agreeing quotes/budgets Dementia-friendly environmental changes implemented	Funding has been agreed, awaiting Estates to carry out works, action has passed implementation date	We had to await charitable funds thus this equipment has now been ordered and will make significant improvements for our patients living with dementia once in place
Model of Care	Full review of ED Surge Tool effectiveness, to include: Trust response and communications at bed meetings	Transformation team have supported ED in developing a Surge tool to provide a multi-factorial quantitative overall snap shot of the ED status. ED team working with patient flow to ensure this forms the basis of the ED report at daily bed meetings.	Existing processes for ED Reporting remain – the Development of the surge tool is to support the enhance-ment of this reporting and provide clarification of the required actions across the organisation to support ED.

4. ENVIRONMENT

AIM: To Improve the environment for all dementia patients and to adhere to infection prevention measures at all times.

Progress on this theme:

- ED moved to 'full yellow' on 16.10.2020
- Estates work has been completed in the department, mainly in Resus and Majors 5
- This provides a safe environment for ED, complying with infection prevention best practice guidelines
- The changes to make ED into a Dementia Friendly Environment include orientation boards, clocks, calming colours and an activity trolley
- Charitable funds have been approved and the works are currently being prepared

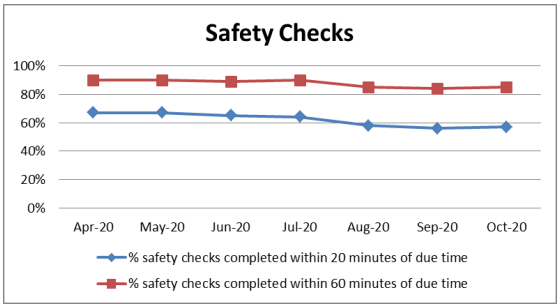
5. GOVERNANCE

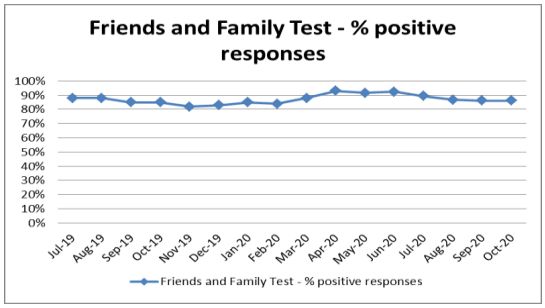
AIM: To ensure processes are in place to reduce breaches and the risk of incidents causing potential harm

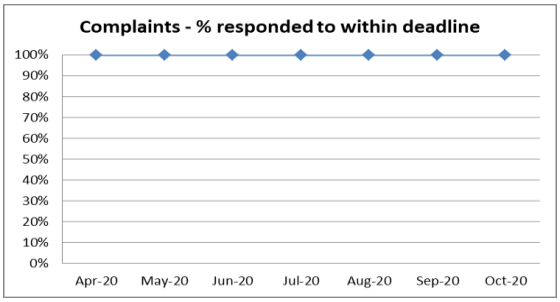
Progress on this theme:

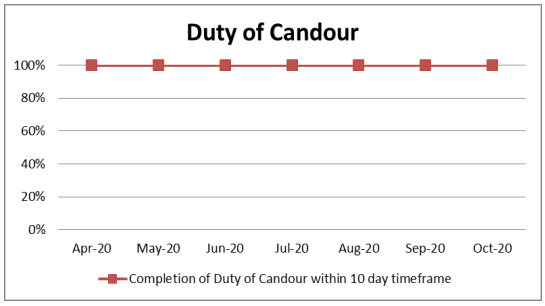
- It is recognised that the percentage of safety checks completed on time is an area for improvement. We do note that we have had an increase in our agency usage and acuity in our patients has increased, as well as patient numbers and capacity in the department. To impact on the figures and to ensure improvement we are undertaking a number of actions including:
- Senior nursing teams were reminded at the safety huddle
- Daily audit by senior nurses to daily checks
- Requested medical teams to support
- Advantis training for agency staff has been updated to include the checklists
- To commence quality improvement programme to identify other methods to improve this with transformation team
- There are no outstanding serious incidents for currently for ED
- The response time for complaints and duty of candour against the deadline has remained at 100% from April 2020 to October 2020
- Mental Health sample audits show an improvement to 100% compliance in both paperwork being in place and all sections completed appropriately
- Reduced flow through the Trust remains an issue contributing to the number of breaches
- A Task and Finish Group has been established, with support from ECIST to support with breach validation and speciality ownership
- Consultant cover in the department until midnight, 7 days a week will commence in February 2021 following successful recruitment of 2 Consultants. This will allow for senior decision makers much later in the evening.
- A number of targeted initiatives are underway to seek to reduce specific breaches. These include, overnight breaches, ambulance handovers and Radiology initiatives

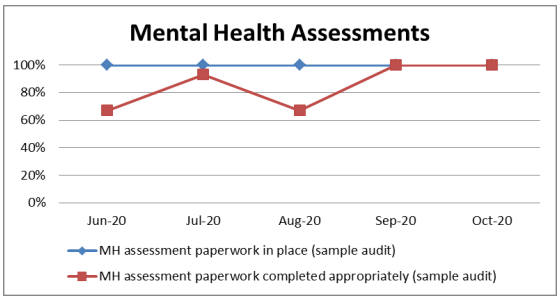
Quality Measure











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6. MENTAL HEALTH

AIM: To improve the care for patients with Mental Health needs

Progress on this theme:

- The "Platinum" standard Mental Health door has now been fitted on the Adult Mental Health interview room – this door is in line with the doors fitted across the Pennine Trust site.
- October – All patients who should have received an assessment is at 100%, the compliance of completion is at 84 % Similarly in November all patients who should have completed their assessments are at 100% with 86% of compliance, to note the audits from November are not yet competed
- Work commenced July 2020 and the ambition is for MHLT to become accredited by December 2021.
- A task and finish group has been established and progress will be monitored via the new mental health governance arrangements
- Training – SFT and Pennine Care enhancing the ED team's awareness and understanding of the

needs of mental health patient's training for the ED have been ongoing over the year 2020.

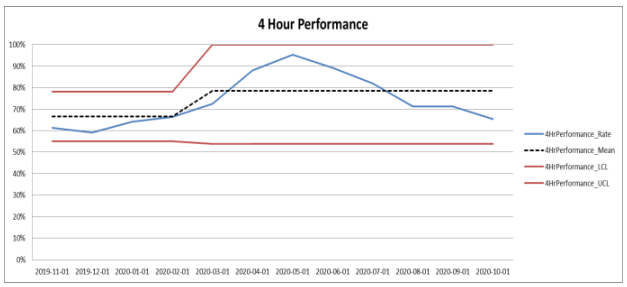
- The Mental health escalation process has been updated and is now live in the department
- A weekly multi-agency Mental Health Liaison meeting monitors performance and learns / takes action from incidents. The meeting provides assurance / accounts to the monthly Mental Health Partnership Meeting

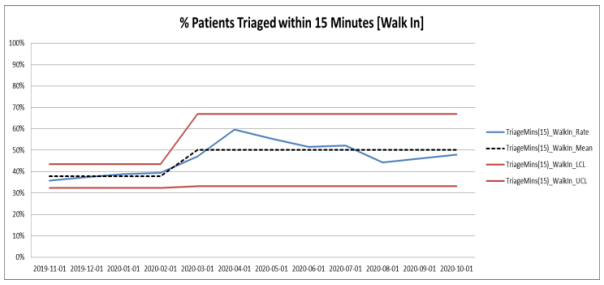
7. MODEL OF CARE

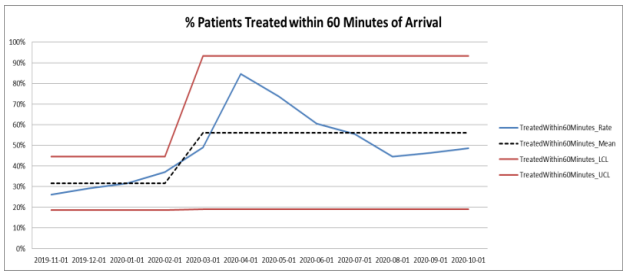
AIM: To improve the flow and escalation processes within the ED department via new pathways ensuring patients are streamed to the most appropriate place

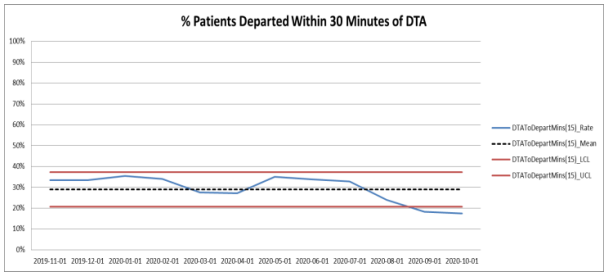
Progress on this theme:

- The ED Surge Tool continues to be utilised as part of day-to-day operations in the department. Next steps include supporting the specialty teams with their action cards, amending the ED action cards to include specific actions in the event of delays in ambulance handover and reviewing the designated daily roles; including Manager of the Day, Senior Manager On-Call and Executive On-Call
- Provision of an Acute site Urgent Treatment Centre (UTC) model. As from 1st December the 111 First will be officially launched with heralded arrivals into ED. The move to Adastra system for UTC patients will also go live on this day. National and Local communications strategy being developed.
- Frailty Intervention Team recommenced early November, within current resources whilst verification is received regards slippage on winter funding to enable recruitment
  The team are based within 2 bays of ACU – this will be an interim location until the team can move back in to D4 once it is decommissioned as a COVID Unit









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8. PATIENT SAFETY

AIM: To ensure we have in place correct procedures, staffing levels and safety measures to reduce the risk to patients.

Progress on theme:

- We continue with our recruitment and retention plan, alongside our wellbeing plan to support the well-being of our staff and address our staff survey results. We have also created a robust training plan to develop and motivate our staff, as well as maintaining and developing skills and competence.
- Our quality metrics are completed each month with an action plan created to ensure actions are undertaken when areas of development are identified.
- There has been good compliance with Manchester triage audits at 91% compliant and any issues are fedback to the registred nurse for learning and reflective practice where needed.
- Hand hygiene audit also at 87% with ANTT up to 83% and a plan to improve the compliance of both.
- Our patient experience feedback still running at above 88% positive comments, with review on feedback for learning. We also hold our meetings with Healthwatch to ensure we are undertaking co-production in our developments

9. SAFE STAFFING

AIM: To improve staffing levels to ensure the right care is being given to all patients

Progress on this theme:

We have made significant inroads into our vacancies within the department these include our Associate Director of Urgent Care recruited who has now commenced in post
We have an ongoing rolling recruitment continues, there is as slight increase in vacancies due to change in establishment for Yellow ED, the vacancies include:

- Band 7 – 1 WTE new vacancy, out to advert
- Band 6 – 2 awaiting start date
- Band 5 – 6 WTE interviewing 2 next week
- Band 4 – 3 WTE
- Band 3 - 1.39 WTE
- Band 2 – 1.64 WTE

Healthroster has been successfully implemented in the department with rotas confirmed at 6 weeks in advance and all metrics that are measured in relation to completeness are within expected. ED is being held as an exemplar within the trust for its progress with healthroster.

10. STAFF ENGAGEMENT

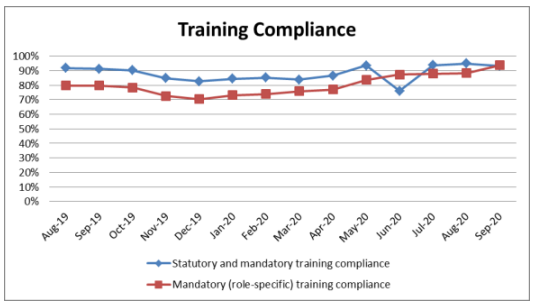
AIM: To improve staff engagement ensuring full compliance with mandatory training by working closely with the teams

Progress on this theme

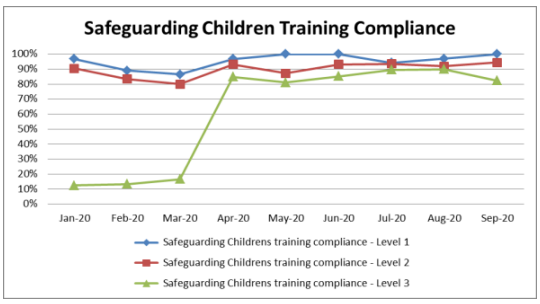
Training Plan 2021 –

- Clinical practice facilitator has a comprehensive ED training plan for 20/2021 in place.
- New Induction is starting from January and other training to keep staff up to date also organised, including robust training with Mental Health and paediatrics.
- New Paediatric Emergency Day (PED) will start in 2021 also; this will be a team effort with Paediatric anaesthetists and our ED paediatric team. This is to support our paediatric training.
- Our Major Incident and Trauma training also all booked for next year. This is to assist with the booking of staff in advance, so we can manage our off duty in advance and hopefully be able to have more staff compliance
- Competency compliance is improving and there is a considerable amount of work in process with this

Training Compliance



Training Compliance: Safeguarding Children



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11. RISK & MITIGATION

The following programme risks remain:

Risk	Mitigation
Unless System wide & Urgent Care improvement plans also deliver, there is a risk that the Emergency Department Improvement Plan will not achieve its aim to improve ED patient outcomes, 'delivering quality and effective safe care and sustaining a performance of 95% against the 4hour ED quality standard'	Assurance and monitoring of wider system actions by partners and is done their via UCDB and Stockport Improvement Board Local processes regarding full breach analysis process will ensure appropriate escalation to system partners via Urgent Care Operational Group Immediate actions and themes will be monitored at weekly performance wall, monthly performance reviews, ED operational Group and a key issues report will be sent to Quality Governance committee
Due to the fact that the organisation has experience a significant number of Covid outbreaks on the wards there are a high number of closed beds. All patients now await a swab result and do not move from ED until the result is obtained. Then there is a further delay for the majority of Covid positive patients awaiting senior review before Transfer. Currently the risk sits within ED.	The ED BG is currently working with the other BG's using BI data to understand the delays caused by awaiting swabs and awaiting senior review. Once

	this data is available then decisions will be made on next steps.
There is a risk that the impact of COVID-19 on the Emergency Department workforce, will impede the delivery of the Emergency Department Improvement Plan especially during the 2nd Wave.	Daily staffing preparation, review and escalation process as required, now in place working closely with the senior team Resilience with nominated deputy of key staff to cover sickness Additional agency staff have been requested when required Full review and oversight of rotas being undertaken by CD Strategy and Assurance Emergency Medicine
Testing the resilience of actions put in place now may not provide full assurance until the activity profile normalises especially with Wave 2 Covid now affecting the Acute Trust.	Although there was clear evidence of improved resilience within the ED this has been somewhat disturbed by the 2nd Wave Covid. The 4 hour Standard has shown a decline due to lack of flow but the recovery actions outlined in the plan continue to be enforced with quality and safety continuing to be closely monitored and reported. Outcomes will be monitored at breach analysis meeting and ED operational group
The 4hour ED standard is impacted by reduced flow. In September and October flow has been impeded due to Covid Outbreaks across the wards within the Acute Trust. This has coincided with the increase in the number of suspect and positive patients attending the Emergency Department. Wave 2 is very different from Wave 1 with no noticeable reduction in the number of ED attendances.	Implementation of the zoning wards continued to be implemented but the demand for additional Covid positive capacity has caused some delays in the main due to COVID outbreaks on wards and increased number of Covid attendances via ED. The ED Surge tool will also support early identification of pressure within the emergency department and early escalation to other business groups who will then supply speciality support as required. There is also a twice weekly focussed flow meeting chaired by the COO
Continued risk that D2A model not commissioned or funded – current position not sustainable Risk of high numbers of MOAT patients who are stranded on Closed or restricted wards therefore unable to access the D2A facility.	Urgent discussions re: agreeing a clear specification with system re: future model and commissioning CQC inspection of Bramhall Manor with agreement gained that Covid positive patients could be transferred onto a Covid Floor, however still awaiting agreement from Insurance Underwriters for Bramhall Manor. Covid Floor, however still awaiting agreement from Insurance Underwriters for Bramhall Manor

12. CONCLUSION

In conclusion the paper has provided assurance to the Board of Directors and highlighted the risks.

13. RECOMMENDATIONS

The Board of Directors are recommended:

- To note the content of this progress report
- To authorise the frequency of reports to Board of Directors to Bi-Monthly

NHS
Stockport
NHS Foundation Trust

ED Improvement – Phase 2

Board of Directors

December 2020

Making a difference every day

Context

Stockport NHS Foundation Trust

- This report is to provide assurance of progress with the Improvement plan and demonstrates evidence of some of the improvements these actions have made
- The following slides display the improvements, triangulating quantitative measures, with qualitative improvements and patient feedback
- Phase 2 of the Improvement plan is aiming for a completion date of March 2021

Improvement Plan update

NHS Stockport NHS Foundation Trust

Status	Classification	Description
B	Blue "Complete"	Completed: Improvement / action delivered and evidence provided
G	Green "On track"	Improvement on trajectory either: a) On track – not yet completed b) On track – not yet started
A	Amber "Problematic"	Delivery remains feasible issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
R	Red "Delayed"	Off track / trajectory – milestone / timescales breached. Recovery plan required.

Phase 2- Current progress split into 7 themes

Theme	Status >>	Blue	Green	Amber	Red
Environment			2	**2**	-
Governance		2	5	-	**1**
Mental Health		2		-	-
Model of Care		3	6	**1**	-
Patient Safety			2		-
Safe staffing		2	2	-	-
Staff engagement			2	-	-
Total		**9**	19	**3**	**1**

Risks for Escalation

Stockport NHS Foundation Trust

RISKS	MITIGATION
Unless System wide & Urgent Care improvement plans also deliver, there is a risk that the Emergency Department Improvement Plan will not achieve its aim to improve ED patient outcomes, 'delivering quality and effective safe care and sustaining a performance of 95% against the 4hour ED quality standard'	• Assurance and monitoring of wider system actions by partners and is done their via UCDB and Stockport Improvement Board • Local processes regarding full breach analysis process will ensure appropriate escalation to system partners via Urgent Care Operational Group • Immediate actions and themes will be monitored at weekly performance wall. • monthly performance reviews, ED operational Group and a key issues report will be sent to Quality Governance committee
Due to the fact that the organisation has experience a significant number of Covid outbreaks on the wards there are a high number of closed beds. All patients now await a swab result and do not move from ED until the result is obtained. Then there is a further delay for the majority of Covid positive patients awaiting senior review before Transfer. Currently the risk sits within ED.	• The ED BG is currently working with the other BG's using BI data to understand the delays caused by awaiting swabs and awaiting senior review. Once this data is available then decisions will be made on next steps.
There is a risk that the impact of COVID-19 on the Emergency Department workforce, will impede the delivery of the Emergency Department Improvement Plan	• Daily staffing preparation, review and escalation process as required, now in place working closely with the senior team • Resilience with nominated deputy of key staff to cover sickness • Additional agency staff have been requested • Full review and oversight of rotas being undertaken by *CD Strategy and Assurance Emergency Medicine*
Testing the resilience of actions put in place now may not provide full assurance until the activity profile normalises.	• Although there was clear evidence of improved resilience within the ED this has been somewhat disturbed by the 2nd Wave Covid and the current swab delay situation. • The 4 hour Standard has shown a decline due to lack of flow but the recovery actions outlined in the plan continue to be enforced with quality and safety continuing to be closely monitored and reported. • Outcomes will be monitored at breach analysis meeting and ED operational group
Flow continues to impeded due to Covid Outbreaks across the wards within the Acute Trust. This has coincided with the increase in the number of suspect and positive patients attending the Emergency Department. Wave 2 is very different from Wave 1 with no noticeable reduction in the number of ED attendances	• Implementation of the zoning wards continued to be implemented but the demand for additional Covid positive capacity has caused some delays in the main due to COVID outbreaks on wards leading to a high number of closed/restricted beds and increased number of Covid attendances via ED. • The ED Surge tool will also support early identification of pressure within the emergency department and early escalation to other business groups who will then supply speciality support as required. • There is also a twice weekly focussed flow meeting chaired by the COO
Continued risk that D2A model not commissioned or funded – current position not sustainable Risk of high numbers of MOAT patients who are stranded on Closed or restricted wards therefore unable to access the D2A facility.	• Urgent discussions re: agreeing a clear specification with system re: future model and commissioning • CQC inspection of Bramhall Manor with agreement gained that Covid positive patients could be transferred onto a Covid Floor, however still awaiting agreement from Insurance Underwriters for Bramhall Manor

Environment

Yellow ED:

- ED moved to 'full yellow' on 16.10.2020
- Estates work has been completed in the department, mainly in Resus and Majors 5
- This provides a safe environment for ED, complying with infection prevention best practice guidelines

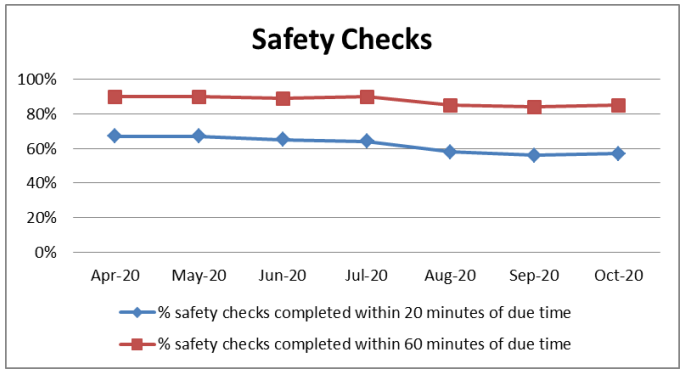
Dementia Friendly Environment:

- The aim of the group is to create a calming environment in ED
- The changes include orientation boards, clocks, calming colours and an activity trolley
- Charitable funds have been approved and the works are currently being prepared

CQC Key Lines of Enquiry:		
Safe	✓	Reducing risk of cross-infection
Effective		
Caring	✓	Calming environment, ensuring privacy & dignity for all patients
Responsive		
Well-led	✓	Fit for purpose ED environment, providing person-centred care

Governance [1]

Stockport NHS Foundation Trust



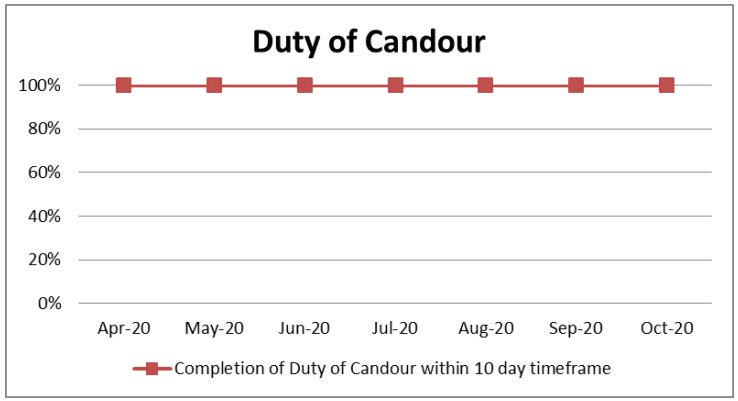
The patient safety checklist is completed for >83% of our patients- this slightly reduced from last month. We do note that we have had an increase in our agency usage and acuity in our patients has increased, as well as patient numbers and capacity in the department. To impact on the figures and to ensure improvement we are undertaking a number of actions including:

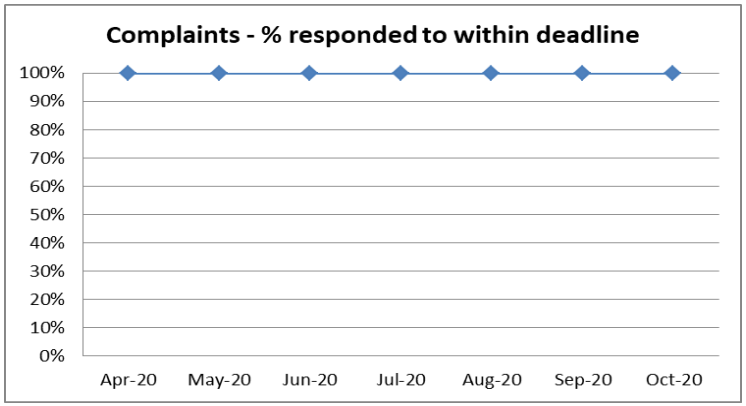
- Senior nursing teams were reminded at the safety huddle
- Daily audit by senior nurses to daily checks
- Requested medical teams to support again at consultants meeting
- Advantis training for agency staff updated to include the checklists
- To commence quality improvement programme to identify other methods to improve this with transformation team

CQC Key Lines of Enquiry:		
Safe	✓	Ensures patients are safe from avoidable harm
Effective	✓	Learn from experience and evidence to improve outcomes for our patients
Caring		
Responsive		
Well-led		

Governance [2]

Stockport NHS Foundation Trust



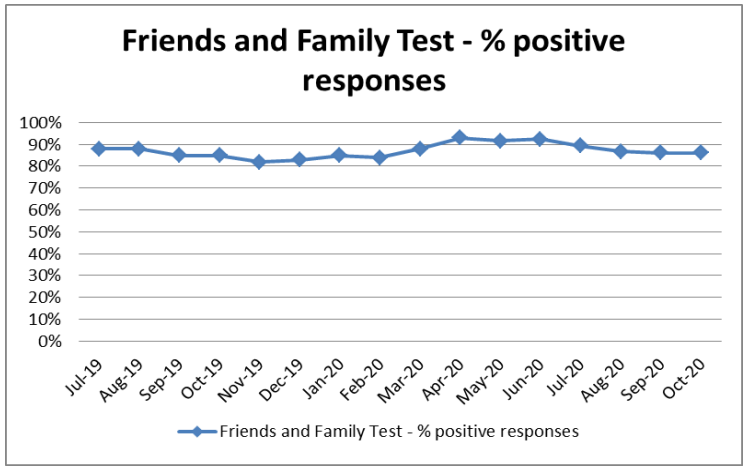


- The response time for complaints and duty of candour against the deadline has remained at 100% from April 2020 to October 2020
- All lessons learned shared at relevant meetings with our staff and within the lessons learned document shared by our deputy clinical director

CQC Key Lines of Enquiry:	
Safe	✓ Ensures patients are safe from avoidable harm
Effective	✓ Learn from experience and evidence to improve outcomes for our patients
Caring	
Responsive	
Well-led	

Governance [3]

NHS Stockport NHS Foundation Trust



Patient Feedback:

"... was made to feel at ease and the young doctor who tended to me was great. Don't think you could have done much more , excellent care and service."

Feedback from friends and family tests are fed back to our staff for learning and our partners within Peninne care when relevant issues flagged

CQC Key Lines of Enquiry:		
Safe		
Effective	✓	Learn from experience and evidence to improve outcomes for our patients
Caring	✓	We seek, value and learn from patient experience
Responsive	✓	Mechanisms to allow for service development based on feedback and engagement
Well-led		

Governance [4]

NHS Stockport NHS Foundation Trust

Breach Analysis:

- Reduced flow through the Trust remains an issue contributing to the number of breaches
- Delivery Director taking lead role supporting Flow Fundamentals Project to ensure joined up approach with ED
- A Task and Finish Group has been established, with support from ECIST to support with breach validation and speciality ownership
- Consultant cover in the department until midnight, 7 days a week will commence in February 2021 following successful recruitment of 2 Consultants. This will allow for senior decision makers much later in the evening.
- A number of targeted initiatives are underway to seek to reduce specific breaches. These include, overnight breaches, ambulance handovers and Radiology initiatives

CQC Key Lines of Enquiry:		
Safe	✓	Reduce breaches and any avoidable harm to patients
Effective	✓	Learning from experience of breaches to implement initiatives to improve patient outcomes
Caring		
Responsive		
Well-led		

Mental Health

NHS Stockport NHS Foundation Trust

Mental Health Assessment and Staff Ownership:

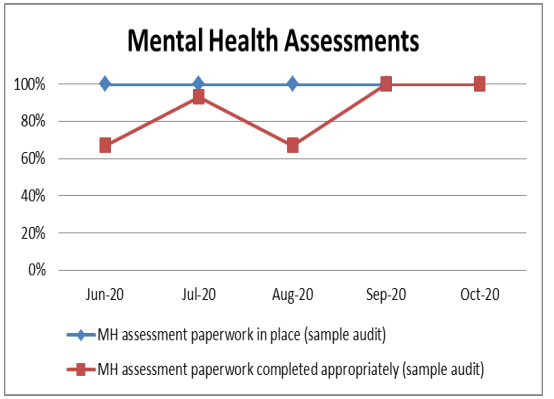
- Mental Health sample audits show an improvement to 100% compliance in all those that require assessments gaining them and 87% of the assessments completed fully with feedback to staff when areas of improvement noted.

PLAN Accreditation:

- Work commenced July 2020 and the ambition is for MHLT to become accredited by December 2021.
- A task and finish group has been established and progress will be monitored via the new mental health governance arrangements.

Training and Development:

- Training – SFT and Pennine Care enhancing the ED team's awareness and understanding of the needs of mental health patient's training for the ED have been ongoing over the year 2020.



CQC Key Lines of Enquiry:		
Safe	✓	Robust structures to safeguard patients
Effective		
Caring	✓	Promotes person-centred care
Responsive		
Well-led	✓	Governance assures delivery of high-quality, person-centred care

Mental Health

NHS Stockport NHS Foundation Trust

Environment

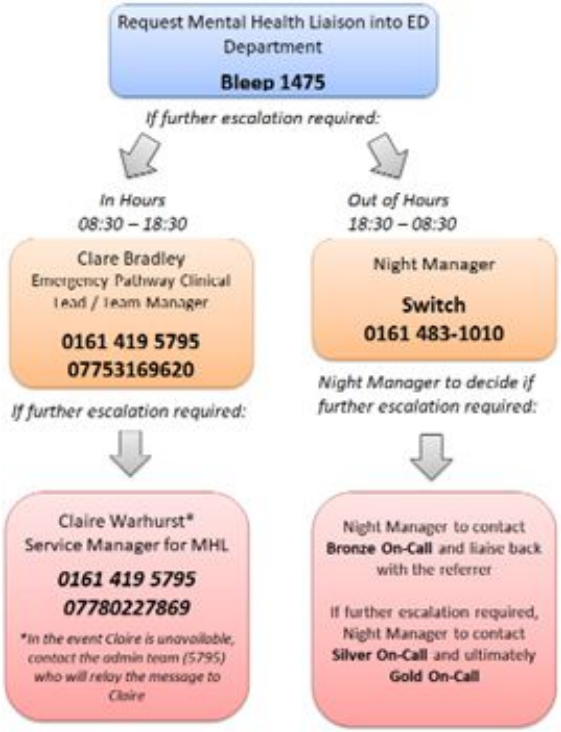
- The "Platinum" standard Mental Health door has now been fitted on the Adult Mental Health interview room – this door is in line with the doors fitted across the Pennine Trust site.

Governance

- A weekly multi-agency Mental Health Liaison meeting monitors performance and learns / takes action from incidents. The meeting provides assurance / accounts to the monthly Mental Health Partnership Meeting

Escalation Process:

- The mental health escalation process has been updated and is now live in the department



CQC Key Lines of Enquiry:		
Safe	✓	Robust structures to safeguard patients
Effective		
Caring	✓	Promotes person-centred care
Responsive		
Well-led	✓	Governance assures delivery of high-quality, person-centred care

Model of Care [1]

Safely managing Flow	RAG
Provision of an Acute site Urgent Treatment Centre (UTC) model. As from 1st December the 111 First will be officially launched with heralded arrivals into ED. The move to Adastra system for UTC patients will also go live on this day. National and Local communications strategy being developed.	
Flexible Emergency Department (ED) footprint to manage peaks in COVID demand via conversion to Yellow Zoning	
Expansion in assessment space and maximal Same Day Emergency Care (SDEC)	
Sustain the immediate "Must Do's" of the ED improvement plan avoiding congestion in any part of ED	

- UTC Lite has been implemented and is being delivered from the space previously occupied by Fracture Clinic. The CCG have agreed to continue to commission (PCAT now known as UTC Lite) until the full procurement and tender process is completed

Frailty

- Frailty Intervention Team recommenced early November, within current resources whilst verification is received regards slippage on winter funding to enable recruitment
- The team are based within 2 bays of ACU – this will be an interim location until the team can move back in to D4 once it is decommissioned as a COVID Unit

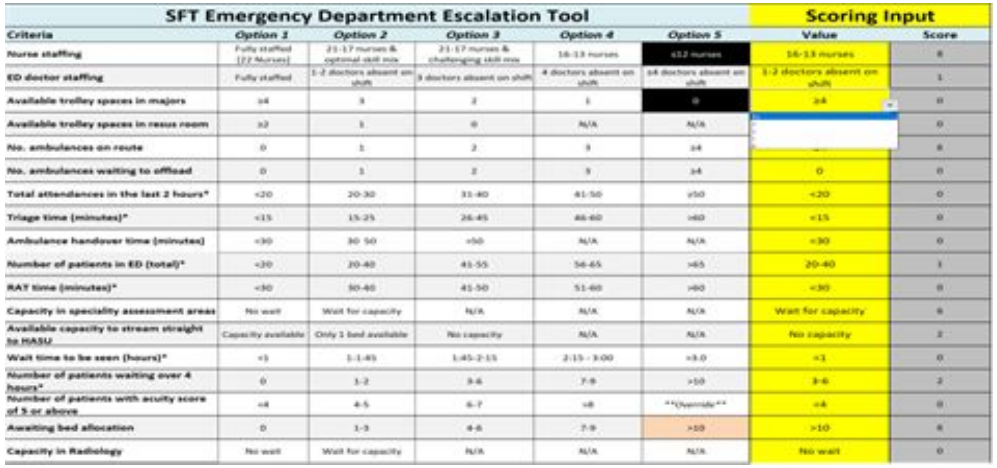
CQC Key Lines of Enquiry:		
Safe	✓	Reducing risk of cross-infection
Effective	✓	Model of care is appropriate to support care and treatment to achieve good outcomes
Caring		
Responsive		
Well-led	✓	Fit for purpose ED environment

Model of Care [2]

Stockport NHS Foundation Trust

ED Surge Tool

- The ED Surge Tool continues to be utilised as part of day-to-day operations in the department. Next steps include supporting the speciality teams with their action cards, amending the ED action cards to include specific actions in the event of delays in ambulance handover and reviewing the designated daily roles; including Manager of the Day, Senior Manager On-Call and Executive On-Call.



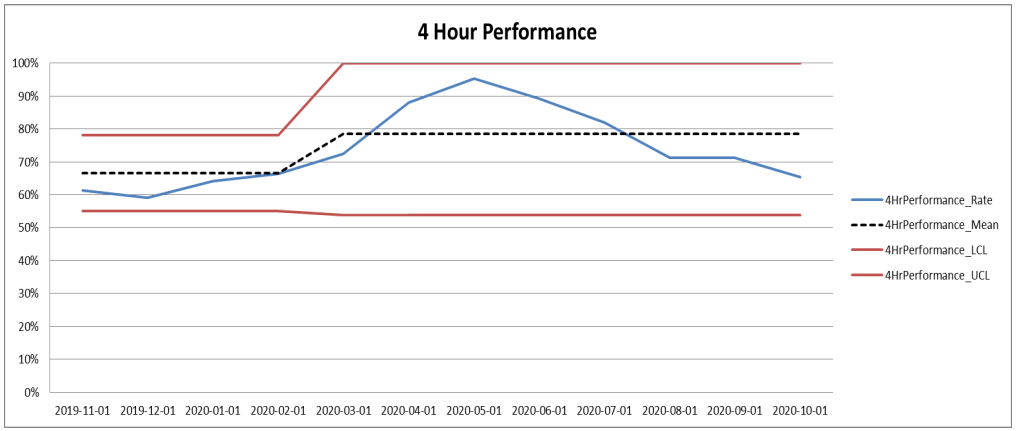
SFT Emergency Department Escalation Tool						Scoring Input	
Criteria	Option 1	Option 2	Option 3	Option 4	Option 5	Value	Score
Nurse staffing	Fully staffed (27 Nurses)	21-17 nurses & optimal skill mix	21-17 nurses & challenging skill mix	16-13 nurses	≤12 nurses	16-13 nurses	0
ED doctor staffing	Fully staffed	1-2 doctors absent on shift	3 doctors absent on shift	4 doctors absent on shift	≥4 doctors absent on shift	1-2 doctors absent on shift	1
Available trolley spaces in majors	≥4	3	2	1	0	≥4	0
Available trolley spaces in resus room	≥2	1	0	N/A	N/A		0
No. ambulances on route	0	1	2	3	≥4		0
No. ambulances waiting to offload	0	1	2	3	≥4	0	0
Total attendances in the last 2 hours*	<20	20-30	31-40	41-50	≥50	<20	0
Triage time (minutes)*	<15	15-25	26-45	46-60	>60	<15	0
Ambulance handover time (minutes)	<30	30-50	>50	N/A	N/A	<30	0
Number of patients in ED (total)*	<20	20-40	41-55	56-65	>65	20-40	1
RAT time (minutes)*	<30	30-40	41-50	51-60	>60	<30	0
Capacity in speciality assessment areas	No wait	Wait for capacity	N/A	N/A	N/A	Wait for capacity	0
Available capacity to stream straight to HASU	Capacity available	Only 1 bed available	No capacity	N/A	N/A	No capacity	2
Wait time to be seen (hours)*	<1	1-1.45	1.45-2.15	2.15 - 3.00	>3.0	<1	0
Number of patients waiting over 4 hours*	0	1-2	3-6	7-9	>10	3-6	2
Number of patients with acuity score of 5 or above	<4	4-5	6-7	>8	**Override**	<4	0
Awaiting bed allocation	0	1-3	4-6	7-9	>10	>10	4
Capacity in Radiology	No wait	Wait for capacity	N/A	N/A	N/A	No wait	0

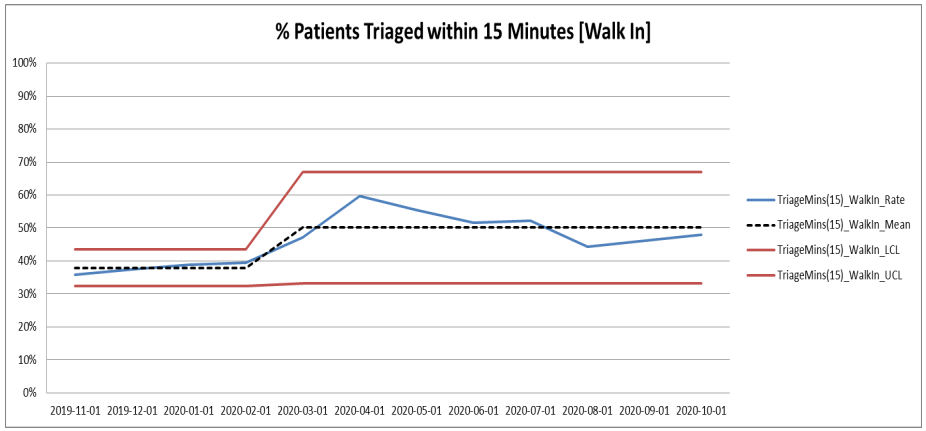
Total Score	34
Calculated Escalation Level	Green
*Escalation Override - Take this rating **only** if higher than calculated level ****	Black
Date Last Completed	
Time Last Completed	

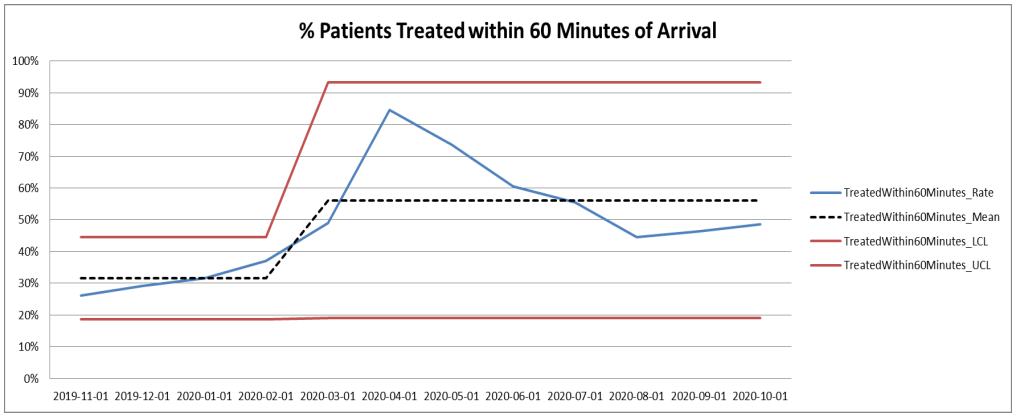
CQC Key Lines of Enquiry:		
Safe	✓	Prompts mitigation actions to reduce any avoidable harm due to department surge
Effective		
Caring		
Responsive	✓	Targeted action depending on the reason for the surge
Well-led		

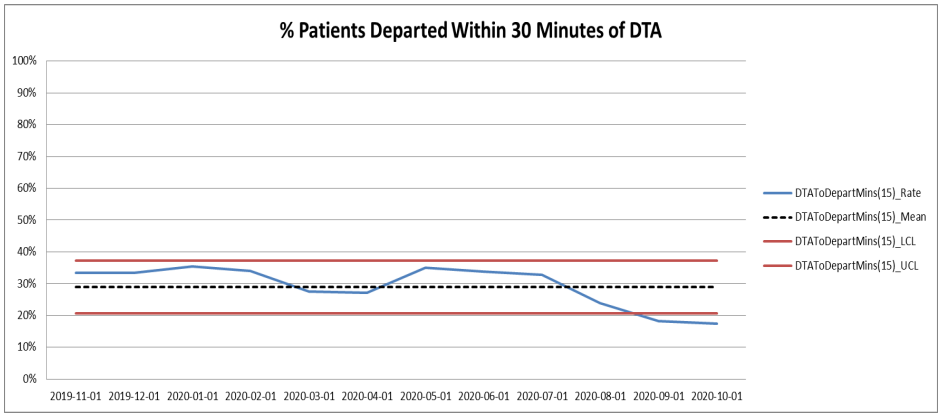
Patient Safety [1]

NHS Stockport NHS Foundation Trust









CQC Key Lines of Enquiry:	
Safe	✓ Patients are seen and cared for appropriate timescales, avoiding harm
Effective	✓ Timely treatment to achieve the best patient outcomes
Caring	
Responsive	
Well-led	

Patient Safety [2]

NHS Stockport NHS Foundation Trust

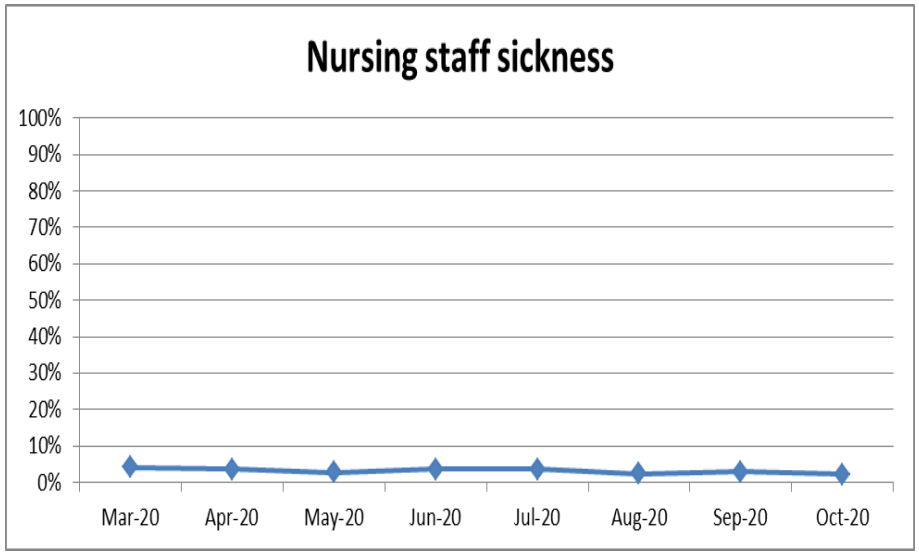
Quality Metrics	Aug-20	Sep-20	Oct-20	Trend
Catheter Care quality metrics compliance	80%	95%	94%	
Discharge quality metrics compliance	96%	98%	100%	
Documentation quality metrics compliance	91%	100%	100%	
Falls Assessment quality metrics compliance	74%	92%	84%	
Infection Prevention quality metrics compliance	88%	98%	93%	
Lifestyle quality metrics compliance	70%	N/A	N/A	
Medication Assessment quality metrics compliance	93%	97%	96%	
Nutrition quality metrics compliance	94%	100%	90%	
Pain quality metrics compliance	85%	82%	89%	
Patient Observations quality metrics compliance	89%	97%	95%	
Privacy and Dignity quality metrics compliance	96%	95%	96%	
Tissue Viability quality metrics compliance	86%	94%	71%	

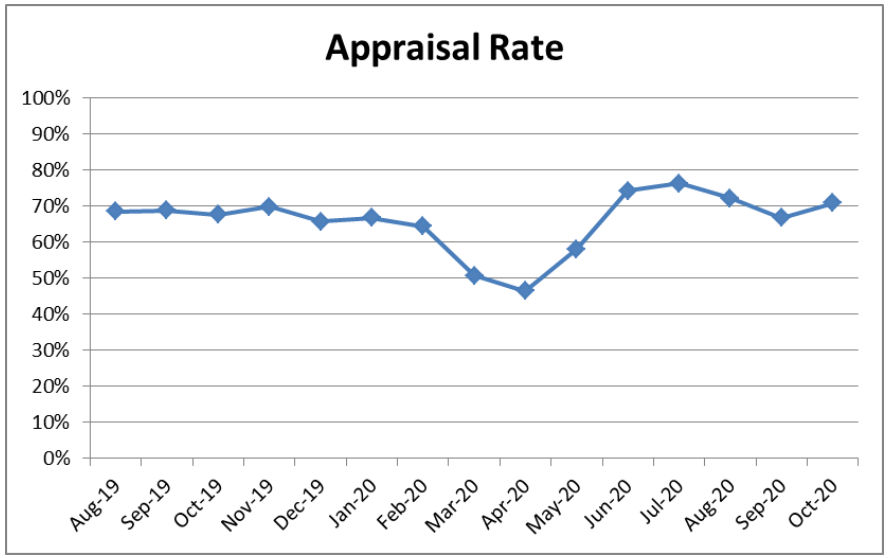
- Quality metrics are completed each month, we review the outcomes and ensure learning is shared with the teams and actioned
- Metrics being completed by an alternative senior nurse this month raised questions and areas that need further review. The senior nurse team are presently exploring areas for improvement

CQC Key Lines of Enquiry:		
Safe	✓	Tracks and promotes a 'harm-free care' culture
Effective	✓	Learn from experience and evidence to improve outcomes for our patients
Caring		
Responsive		
Well-led		

Safe Staffing [1]

NHS Stockport NHS Foundation Trust



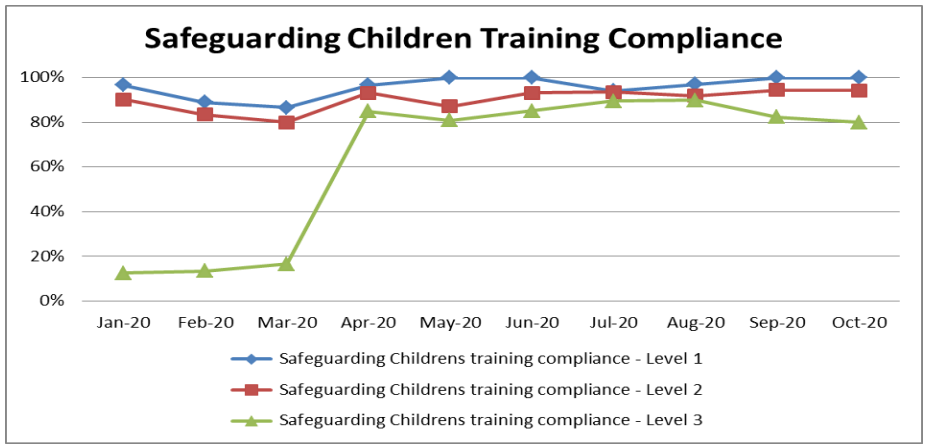


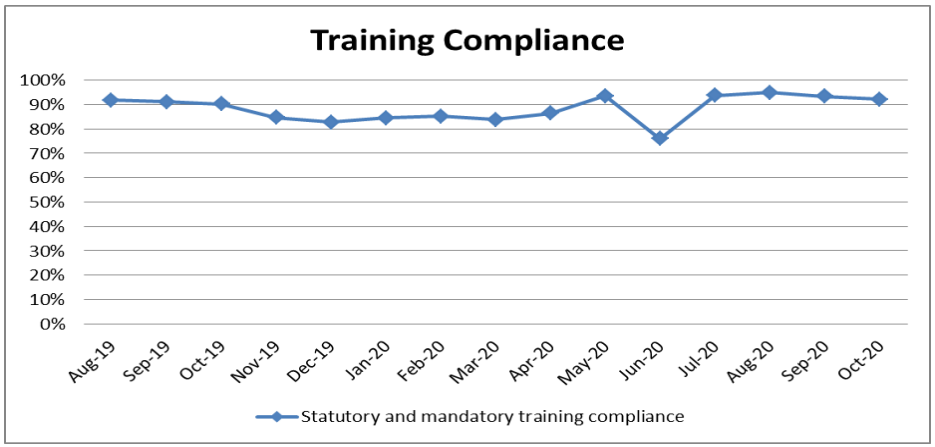
- "Return to works" are being undertaken and work on the appraisals is continuing
- The recruitment and retention plan is in place and updated
- A strong wellbeing plan is in place to support the teams

CQC Key Lines of Enquiry:		
Safe		
Effective	✓	Developed and supported staff to enable best possible outcomes for patients
Caring	✓	Engaging staff, ensuring continuous development via appraisals and training
Responsive	✓	Mechanisms to allow for service development based on feedback and engagement
Well-led		

Safe Staffing [2]

Stockport NHS Foundation Trust





Training Plan 2021 –

- CPF has a comprehensive ED training plan for 20/2021 in place.
- New Induction starting from January and other training to keep staff up to date also organised, including robust training with Mental Health and paediatrics.
- New Paediatric Emergency Day (PED) will start in 2021 also; this will be a team effort with Paediatric anaesthetists and our ED paediatric team. This is to support our paediatric training.
- Our Major Incident and Trauma training also all booked for next year. This is to assist with the booking of staff in advance, so we can manage our off duty in advance and hopefully be able to have more staff compliance
- Competency compliance is improving and is a considerable work in process

CQC Key Lines of Enquiry:		
Safe		
Effective	✓	Developed and supported staff to enable best possible outcomes for patients
Caring	✓	Engaging staff, ensuring continuous development via appraisals and training
Responsive	✓	Mechanisms to allow for service development based on feedback and engagement
Well-led		

Safe Staffing [3]

Stockport NHS Foundation Trust

Progress on this theme:

We have made significant inroads into our vacancies within the department these include our Associate Director of Urgent Care recruited who has now commenced in post
We have an ongoing rolling recruitment continues, there is as slight increase in vacancies due to change in establishment for Yellow ED, the vacancies include:
Band 7 – 1 WTE new vacancy, out to advert
Band 6 – 2 awaiting start date
Band 5 – 6 WTE interviewing 2 next week
Band 4 – 3 WTE
Band 3 - 1.39 WTE
Band 2 – 1.64 WTE

Healthroster has been successfully implemented in the department with rotas confirmed at 6 weeks in advance and all metrics that are measured in relation to completeness are within expected. ED is being held as an exemplar within the trust for its progress with healthroster.

CQC Key Lines of Enquiry:		
Safe		
Effective		
Caring	✓	Engaging staff, ensuring continuous development via appraisals and training
Responsive	✓	Mechanisms to allow for service development based on feedback and engagement
Well-led	✓	Mechanisms to support an open culture and supports learning and innovation

Staff Engagement

NHS Stockport NHS Foundation Trust

Health and Wellbeing

- Health and Wellbeing Plan is moving forward
- Afina completed- awaiting feedback from OD
- Silver lining competition supporting lock down wellbeing
- Staff encouraged to support quality improvement initiatives

CQC Key Lines of Enquiry:		
Safe		
Effective		
Caring	✓	Engaging staff, ensuring continuous development via appraisals and training
Responsive	✓	Mechanisms to allow for service development based on feedback and engagement
Well-led	✓	Mechanisms to support an open culture and supports learning and innovation

Quality Improvement [1]

Stockport NHS Foundation Trust

The following QI are on-going within ED; these are in addition to the initiatives detailed in previous slides:

Area	QI Initiative	Where is this up to?	QI Stage
Radiology and Pathology	Improve communication through areas with use of Multi-Tone instant communication system	This proved successful across ED and Radiology, improving communication between the areas. This identified opportunities to improve the software, which are being discussed with the developers. This solution will now be sought to be implemented in Pathology too	Test and Implement
NEWS2	Improve compliance against NEWS2 checks	Task and Finish Group established in Nov 20. Patient Story produced to highlight the importance of both frequent running of NEWS2 and escalation	Develop the Ideas
Ambulance Handover	To reduce ambulance handover times and create more robust guidance for periods of high demand	Task and Finish Group established in Oct 20. Priorities are to review escalation for period of high demand and to review the feasibility of a rapid handover process	Develop the Ideas
Equipment	Ensure appropriate quantities of equipment available in ED and ensure they remain appropriate	Analysis indicates the department has fewer levels of equipment to hand than recorded on registers. Next steps are to seek to find any missing equipment and create processes to reduce the risk of equipment going missing in the future	Understand the opportunity
Overnight Breaches	To reduce overnight breaches	Current stage is to understand why breaches are occurring at night time and why there is often a long wait to be seen. This will then inform any solutions	Understand the opportunity

Quality Improvement [2]

NHS Stockport NHS Foundation Trust

The following are summaries for 3 specific QI initiatives:

Quality Improvement in the Emergency Department

Aim: We recognised there was an opportunity to improve the knowledge and application of HR policies and processes for ED staff and improve the HR support provided to the department.

What Did We Do?
We trialled a new initiative whereby ED's HR Advisor would base themselves within ED on Wednesday morning (or ad-hoc as needed). The idea was that this would make it easier to have quick conversations or to get answers to any questions.

Several different rooms were used through the trial

Was This Successful? What Did You Learn?
This was a successful trial. Having a HR rep on site help to build on the rapport between the teams and provide reassurance for staff. Questions were able to be asked and answered quickly; this was particularly useful following the changing requirements in line with quarantine and isolation

These quick informal conversations helped to involve HR in the early stages of the process so the best process was followed following advice.

The physical room could be improved. At the moment, space limitations mean different rooms are used, but if a dedicated, confidential room could be identified, this would realise greater benefits.

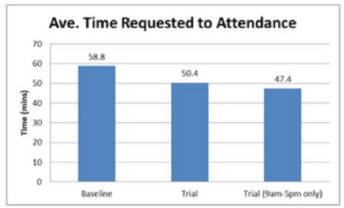
As a result of this trial, the contact with HR has increased and positive feedback has been received from staff.

WHERE ARE WE NOW?

1. THE SUCCESSOF THE TRIAL MEANS THIS WILL INITIATIVE WILL CONTINUE AND BE MOVED INTO BUSINESS AS USUAL
2. FREQUENT REVIEWS WILL TAKE PLACE TO ANALYSE THE CONTINUED EFFECTIVENESS. THIS WILL INCLUDE A REVIEW OF THE ROOM TO SEE IF ANY MORE APPROPRIATE SETTINGS BECOME AVAILABLE
3. THE CONTACT AND FEEDBACK WILL BE REVIEWED BY HR TO IDENTIFY THEMES AND TRENDS TO INFORM FUTURE TARGETED INITIATIVES

Quality Improvement in the Emergency Department

Aim: To complete CT scans within hour of request for patients arriving in ED by the end of May 2020.



The trial improved the time by 11.4 minutes per patient during the trial period

Simple changes:
1. ED Tracker dedicated to the management of the CT Process; to be able to react to the changing nature of the department
2. Dedicated phone line for Radiology
3. Improve communication to work as one team across departments

"I do think that after just a week using this new process the time captured can be improved especially the communication from porter to Tracker given that they will work closer in the department which will reduce the repeated requests of updates etc., worked very well this weekend where majority were called through under 7 minutes"

WHERE ARE WE NOW?

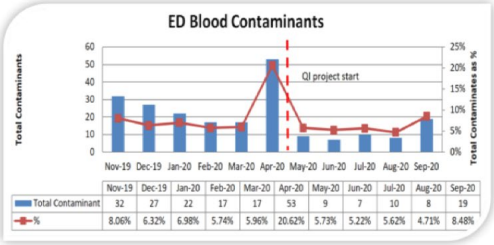
1. PHONE PERMANENTLY SET ASIDE FOR RADIOLOGY
2. WE ARE BUILDING ON POSITIVE COMMUNICATION BETWEEN DEPARTMENTS AND SEEKING TO REMOVE BARRIERS
3. WE RECOGNISE THE PROCESS IS STILL VERY MANUAL AND REACTIVE, SO WE ARE SEEKING TO IMPROVE THIS THROUGH USE OF TECHNOLOGY. THIS HAS COMMENCED WITH THE TRIAL OF THE NEW 'MULTI-TONE' COMMUNICATION SYSTEM

Quality Improvement in the Emergency Department

Aim: To reduce the blood contaminant rate in the Emergency Department to less than 3% by March 2021

Why?
By reducing blood contaminants we can:

- Keep patient safe by getting quicker results for their blood cultures
- Reduce harm by eliminating any need to re-take blood cultures
- Save money



	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Total Contaminant	32	27	22	17	17	53	9	7	10	8	19
%	8.06%	6.32%	6.98%	5.74%	5.96%	20.62%	5.73%	5.22%	5.62%	4.71%	8.48%

WHERE ARE WE NOW?

1. MAY 20 TO AUGUST 20 SAW POSITIVE REDUCTION
2. SEPTEMBER SAW A RISE IN CONTAMINANTS
3. TASK AND FINISH GROUP IS CONTUINING TO IDENTIFY WHY THERE HAS BEEN A RECENT INCREASE
4. EDUCATION REMAINS A HIGH PRIORITY

NHS Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	3 December 2020
Subject:	Quality Report		
Report of:	Chief Nurse	**Prepared by:**	Clinical Audit Department

REPORT FOR ASSURANCE

Corporate objective ref:	2a
Board Assurance Framework ref:	SO2
CQC Registration Standards ref:	12, 17
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report

Due to Covid-19 it is not mandated to produce a quality report for 2019/20. NHSE encourages Foundation Trusts to produce a report, no external timeline is in place.

A draft report was submitted in September and October to PS&Q and to the Quality Committee in October and Audit Committee November.

The attached is the Final report.

This report will be included on the Trust board agenda for December for sign off.

The board are asked to approve the Final report.

Attachments:

This subject has previously been reported to:

☐ Board of Directors	☐ PP Committee
☐ Council of Governors	☐ Charitable Funds Committee
☒ Audit Committee	☐ Nominations Committee
☐ Executive Team	☐ Remuneration Committee
☒ Quality Committee	☐ Joint Negotiating Council
☐ F&P Committee	☐ Other

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1. INTRODUCTION

1.1 A Quality Report provides information on performance against Trust priorities and is produced in line with guidance from NHSE/I.

2. BACKGROUND

2.1 Each year a Quality Report is produced which is included in the Quality Accounts. This has been amended for 2019/2020 due to the impact from Covid-19.

2.2 For the 2019/20 year it is not mandated to produce a quality report. NHSE/I encourages Foundation Trusts to do so, there is no externally set timeline

3. CURRENT SITUATION

3.1 The quality report is now complete.

4. CONCLUSION

4.1 A quality report has been produced based on the latest data available at the time of compilation.

5. RECOMMENDATIONS

5.1 The board of directors are asked to approve the quality report.

NHS
Stockport
NHS Foundation Trust

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Stockport NHS Foundation Trust

Quality Accounts

2019/2020 Final Draft v2.1

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Stockport NHS Foundation Trust
Annual Quality Accounts Report 2019/20

Presented to Parliament pursuant to Schedule 7,
paragraph 25 (4) (a) of the National Health Service Act 2006.

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NHS Foundation Trust

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Introduction to the quality report

We are pleased to share with you our annual Quality Report (Accounts) for the period of 1 April 2019 to 31 March 2020.

All NHS healthcare providers are required to produce an annual Quality Report to provide information on the quality of services they deliver. This aims to increase public accountability and drive quality improvements in the NHS.

We strive to achieve high quality care for our patients and the Quality Report provides an opportunity for us to demonstrate our commitment to quality improvement and show what progress we have made during the year against our quality priorities and national requirements.

Stockport NHS Foundation Trust welcomes the opportunity to outline how well we have performed over the course of the year, taking into account the views of patients, carers, staff and the public, and comparing ourselves with other trusts on a national scale. This Quality Report outlines the good work that has been undertaken; the progress made in improving the quality of our services, and it identifies areas for improvement.

The Quality Report is a mandated and statutory document, which is laid before Parliament before being made available on the NHS Choices website and our own website (www.stockport.nhs.uk). It contains specific, mandatory statements and sections. There are also three categories mandated by the Department of Health (DH) that give us a framework in which to focus our quality improvement programme. These are patient safety, patient experience, and clinical effectiveness.

1 Statement on quality from the chief executive of the NHS foundation trust

Providing safe quality care for the people of Stockport and surrounding areas is our priority, and it is at the heart of our new strategy for the future, which was approved by our Board of Directors earlier this year.

But achieving that priority is not always easy as we are seeing a growing population of elderly people often living with multiple complex illnesses, increasing demands on our hospital and community services, and difficulties in recruiting enough highly skilled staff to safely run our wards and departments. It is against this backdrop that we, and the rest of the NHS, were faced with the unprecedented challenge of Covid-19 – and I am hugely proud of the way our staff responded.

They rapidly transformed services in ways we wouldn't have thought possible. School nurses moved into the hospital to work alongside ward colleagues, consultants underwent rapid training to be able to support their colleagues in intensive care, teams that had previously worked five days a week quickly introduced seven day working, virtual outpatient appointments were rolled out, retired clinical staff returned, and trainee nurses and doctors cut short their courses to help on the front line of the fight against Covid-19.

As we now concentrate on recovering the services that were suspended at the height of the pandemic, we continue to work hard to minimise the risk of Covid-19 spreading in our services, and also focus on our approach to embedding the fundamentals of care, which are so important to providing patients with the quality care they deserve.

I am immensely proud of the workforce, and the work they undertake on a daily basis to ensure we are able to provide the best care possible to our patients. However, the most recent Care Quality Commission (CQC) inspection of our services in January and February 2020 highlighted areas for further improvement. Although this was a disappointing report we have worked with our teams to ensure we continue on our improvement journey and renew our efforts to ensure consistency in the quality of care. Particularly, across Urgent & Emergency Pathways of Care. Our improvement plans will be closely monitored by our Board at the Stockport System Improvement Board.

Prior to the CQC inspection we recognised that our governance processes and systems needed improvement, something subsequently highlighted by the CQC, and we had asked NHS England/NHS Improvement (NHSE/I) to carry out a full review of our governance. This review was completed shortly after the CQC published its report, but we had already appointed a Director of Quality Governance and Risk Assurance to lead on implementing the recommendations of the review. We are now progressing well on implementing a new approach to governance from ward to Board that aims to ensure we are fully sighted on all key risks to the quality of our services, and can be assured about the effectiveness of the mitigations to manage those risks.

The CQC recently returned to visit our emergency department and were extremely positive about the quality of care and the improvements we have made. They were particularly impressed by the positive changes that have been made to the culture of the department over a relatively short period of time, with staff proud to work there and positive about the future.

Covid-19 is likely to be a challenge for us for some time, as will be the need to address the backlog of patients waiting for diagnostic tests and treatment. Balancing the needs of Covid and non-Covid patients is something the whole NHS is wrestling with, but we are working closely with our colleagues across Greater Manchester to ensure that local people get the quality care they require based on their individual needs.

Internally, we will shortly welcome Nic Firth as our new Chief Nurse, and Dr Andrew Loughney as our new Medical Director, and they will have a key role to play in setting out the standards of quality care we aspire to, and working with clinical colleagues on consistently achieving those standards that will be crucial to us moving from a “requires improvement” organisation to one that is “good” and eventually “outstanding”.

The Quality Account sets out how we have performed against the challenges we faced during 2019-20, and I would urge you to read more about the progress we have made during that period despite the unprecedented challenges that the pandemic posed for us and the whole of the NHS. It also sets out our quality priorities for 2020-21, which coupled with our Trust improvement plan, form a road map for the actions we will take to address our quality and safety priorities going forward.

2 Priorities for improvement and statements of assurance from the board

In December 2018, the Trust was rated at 'Requires Improvement' by the CQC. The Trust Quality Improvement Plan describes the steps we plan to take to ensure that our patients to receive consistent, high-quality care and our ambition is that the pride taken in delivering care to our patients helps us become the employer of choice in the region.

We want our Quality Improvement Plan to take us from 'Requires Improvement' by being bold in taking us further on a trajectory to 'Good" and "Outstanding'. Of course we must address areas of concerns relating to patient safety that have been noted externally by the CQC and NHS Improvement, and those that we have recognised ourselves. We all want our patients to receive consistent, high-quality care and our ambition is that the pride taken in delivering care to our patients helps us to become the employer of choice in the region.

The continued delivery of our refreshed Quality Improvement Plan throughout 2019/20, underpinned by good governance and staff development, has assisted us to ensure that the changes made already are sustainable, and that those outstanding can be delivered in agreed timeframes. The continued delivery of our refreshed Quality Improvement Plan throughout 2019/20, underpinned by good governance and staff development, has assisted us to ensure that the changes made already are sustainable, and that those outstanding can be delivered in agreed timeframes. Throughout Q4 2019/20 we worked on our new approach to Quality Improvement and our new Quality Strategy, Safety II, realistic medicine and the concept that civility saves lives, are key threads in our new Strategy.

The Quality Improvement Plan describes seven themes that support our Quality Improvement Plan. The high level progress against the 7 themes is below:

THEME #1: Safe High Quality Care Improvement Plan

The Safe High Quality Care Improvement Plan was created in response to the publication of the CQC report detailing their findings from the unannounced visit, well-led assessment and use of resources assessment in December 2018.

The Safe, High Quality Care Improvement Plan describes progress against the actions required to address the must do and should do areas identified in the December 2018 CQC report.

Areas associated with partial compliance relate to:

Regulation 15 HSCA (RA) Regulations 2014: Premises and Equipment. The trust must ensure that equipment is maintained in line with its policies and process and manufactures guidelines. The areas of delay are associated with:

- The development for a medical equipment library which is due to be completed in March 2020.
- Identification of all assets within Backtraq to clarify the need and frequency for maintenance including those where pieces of equipment that have no maintenance requirement.

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The areas of delay are associated with:

- Ensuring that compliance with mandatory training is increased, including safeguarding training, particularly for medical staff.
- Focused work with Foundation Doctors to ensure records are accurately updated is ongoing. Regular reports are being sent to Medical Education to so that they can review and training to allow Medical Education Foundation administrators to access up to date information in ESR.

Regulation 17 HSCA (RA) Regulations 2014: Good Governance
Improve performance in prescription of patients' regular medications
The areas of delay are associated with:

- IT issues associated with the system implemented that are yet to be completely resolved.

There are 110 'Should do' actions within the action plan as identified by the CQC with 19 of these being partially compliant. Themes around partial compliance relate to:

- Talent map
- Appraisals
- Finance
- Competency data base
- BTS guidelines
- Staffing
- Sepsis
- Long length of stay
- Commissioning specifications/KPI's related to community services
- ED performance

The CQC carried out an unannounced inspection in January 2020, followed by Use of Resources and Well Led inspection in February 2020. During the inspection concerns were raised in relation to care of patients in the emergency department. A number of actions have already been put in place that relate to:

- Nurse staffing
- Care of patients who have mental health problems in the emergency department and paediatric unit
- Governance in the emergency department
- The impact of patient flow on patient experience

An immediate action plan has been put in place and the Trust is receiving support from NHS England / Improvement in the delivery of action intended to address the concerns identified.

THEME #2: Reducing Unwarranted Clinical Variation

We aim to improve patient care and increase efficiency by reducing variation in practice across the Trust. The areas of focus are:

Using local and national benchmarking data to demonstrate consistently high quality clinical care with no unwarranted variation and performance in the top quartiles.

Accreditation for Continued Excellence (ACE)
ACE assessments continue in all areas. 7 assessments have been undertaken in Q3. A number of assessments have been completed as per the Quality Priorities. There are currently; 2 gold, 15 silver, 1 bronze and 5 white assessments. We have had one area ward C4 that has received the first triple gold award. The plan is underway for them to progress to Diamond status and the criteria being established.

Pilot programmes for community, paediatrics, maternity and neonates are currently progressing.

Getting It Right First Time (GIRFT)
The Trust took part in the national *Getting It Right First Time (GIRFT) Surgical Site Infection (SSI) Survey* for the first time in 2019. This was the second survey run by GIRFT. The 6 month data collection period was from 1st May 2019 to 31st October 2019.

The survey was established to:

- Identify the surgical site infection rates of specific procedures within key surgical specialties
- Assess local practice in the prevention of surgical site infection for the specified procedures

The Specialties included in GIRFT Surgical Site Infection Survey at Stepping Hill Hospital were: Urology; Orthopaedic Surgery; Spinal Surgery; Ear, Nose & Throat (ENT) Surgery; Oral and Maxillo Facial Surgery; Breast Surgery; General Surgery; Ophthalmology; Gynaecology. Nominated leads in each of these specialties were tasked with collecting and reviewing data on SSI episodes during the survey period. GIRFT released the results for the survey period to the Trust at the end of April 2020, with departmental reviews to take place of the SSI cases. The timings of these discussions have been affected by the current disruption throughout the Health Service caused by the ongoing COVID19 pandemic. The results from the GIRFT SSI survey will be used to benchmark the rates of SSI at Stepping Hill Hospital against national rates and be used to highlight potential areas for improvement.

THEME #3: Urgent Care Delivery

Our system is under pressure and we want to improve the urgent and emergency care system so patients get the right care in the right place, whenever they need it. We are working hard with our partners to embed good practice to enable appropriate patient flow, including admission avoidance, better and more timely hand-offs between the emergency department and clinicians and wards, streamlined continuing healthcare processes, better discharge processes and increased community capacity.

The medium to long term focus on improvement remains through the 4 “quadrants” of the Urgent Care Improvement Plan. The Urgent Care Improvement Plan is delivered through the Urgent Care Programme Delivery Group. Each quadrant of the plan has a System Senior Responsible Officer (SRO) to ensure ownership of actions and the associated improvement from all partners in the locality, the quadrants are:

- Stay Well – This quadrant is led by the Medical Director for Viaduct General Practitioner (GP) Federation and has a focus on ensuring patients receive the care they need as close to home as possible and is closely aligned to the Stockport Neighbourhood Care model. The key areas of focus are:

- 7 Day Access to community services

- Frailty in Neighbourhoods

- Healthy Communities

- Integrated Pharmacy

- Well Being & Self Care

- Home First – This quadrant is led by the Associate Director for Commissioning at Stockport Clinical Commissioning Group (CCG) and has a focus on ensuring patients who attend the hospital are returned to the most appropriate place as soon as possible and that admission to hospital is avoided wherever possible. The key area of focus is maximising the provision and usage of Same Day Emergency Care pathways. This work is supported by the team from Health Innovation Manchester.

- Patient Flow – This quadrant is led by the Trust Delivery Director with clinical leadership provided by Dr Gill Burrows, the Trust Medical Director. The quadrant has a focus on ensuring that those patients that require admission move through the hospital system as safely and efficiently as possible. The key area of focus is the Helping People Home Programme, which is being supported by colleagues from the national Emergency Care Intensive Support Team.

- Discharge – This quadrant is led by the Trust Business Group Director for Integrated Care and has a focus on ensuring patients are discharged from the hospital in a safe and timely manner. The key area of focus for this quadrant is the delivery of the Frailty, End of Life and Dementia Programme which aims to improve the provision and pathways of care in the hospital and across the community for this vulnerable group of patients.

THEME #4: Safety Collaboratives

Safety collaboratives continue to assist us in standardising our approaches to safety improvements. Throughout 2019/20 the focus has been on delivering definitive and measurable improvements in specific patient safety issues that have been identified through incident reports, complaints, serious incidents or quality metrics reports.

Falls

The Trust aim to achieve a 10% reduction in in-patient falls [max inpatient falls for 2019/2020 is 1100], with 10% reduction in falls with moderate and above harm [max inpatient falls for moderate or above harm for 2019/20 is 26] by March 2020.

The reduction in in-patient falls target has been successfully achieved (988). The total reduction in falls achieved is 19% with and reduction in 234 falls compared with last year. An altered patient caseload due to Covid 19 should be noted during the last 2 weeks in March however this is not felt to significantly contribute to the outcome of this target.

The number of falls in March 2020 was 77, continuing the trend of a month on month reduction compared to the same month last year. (March 2019 108 falls, March 2020 77 falls 29% reduction).

The reduction in falls with moderate and above harm was not achieved, 29 falls in this category therefore 3 falls with harm over target. This is the same number of falls with harm as last year.

Pressure ulcers

The Trust aimed to achieve a 25% reduction in device related pressure ulcers and a 10% reduction overall in pressure ulcers in the acute and community setting March 2020.
We had 37 medical device related pressure ulcers (MDRPU) which means we achieved the target of less than 42.
The hospital acquired target of a 10% reduction was to have no more than 118, we achieved this with 108.
The community acquired target of a 10% reduction was to have no more than 248, we achieved this with 171.

The work of the medical device task and finish group is ongoing, a new investigation template specific to MDRPU has been devised and is included in the Datix reporting system, this will help with collating themes and identifying actions for improvement. In addition a new air cast boot (ACB) leaflet for when ACB are applied in ED is now available on the Trust microsite.

A contributory factor to the reduction of pressure ulcers across the organisation was as a consequence of the introduction of pre harm free care meetings, held between the tissue viability Matron and clinical leads/matrons, to review all new pressure ulcer harms reported in the Trust. A professional discussion at a senior level aimed at identifying quickly, if there have been omissions in care that may have contributed to the pressure ulcer incident occurring. This facilitates lessons for learning across the organisation in a timelier manner.

Deteriorating patient

The Trust aims to improve the outcomes for our patients and identify patients whose condition deteriorates at the earliest opportunity. The target established in Quarter 1 for Acute Illness Management (AIMs) training compliance for Registered Nurses (RNs) working in adult inpatient & acute areas was established and set at 75% by end of March 2020.

Q2 concentrated on raising awareness around prompt recognition and treatment. Q3. Focused on medical review and receiving antibiotics within the hour. Q4. New screening tool piloted in 3 wards; all wards were enthusiastic and welcomed the improved form and the Trust aspiration. The tool provides autonomy to the nurses enabling medics to focus on 'true' red sepsis. Although a deep dive into the data was still to be undertaken, a quick review showed an approximate compliance of 80%. However competing priorities with COVID19 preparation impacted our development plans to improve compliance. It was agreed to suspend auditing of patient notes in late March 2020 for 3 months in order to support the ongoing COVID response.

Compliance at end of 2019/20 was 64%/41%. *(In August 2020 antibiotics with an hour was 92.3%)*

Quarter	Sepsis Pts	*Medic Review within 1 hour of NEWS2 Trigger		Antibiotics given within 1 hour of Dr Review		*Reviewed within 1 hr of NEWS2 Trigger & Antibiotics given within 1 hr of Dr Review	
Q1	68	33	67%	31	46%	15	31%
Q2	86	56	80%	35	41%	24	34%
Q3	88	69	78%	32	36%	24	27%
Q4	37	21	57%	16	43%	9	24%
Year Total	**279**	**179**	**64%**	**114**	**41%**	**72**	**26%**
* Exclusions apply Q1 & Q2							

During this time, work by Business Intelligence Team has continued to develop a web based programme to improve data capture. Also, work continues with Digital Optimisation Team to further develop Patientrack systems to support early screening. Patientrack 'Task Allocation' will replace I-Bleep out of hours system and will help to improve communications in relation to highlighting patients who require clinical review and screening for sepsis.

We aimed to improve the outcomes for our patients and identify patients whose condition deteriorates at the earliest opportunity. Target established in Quarter 1 for AIMS training compliance for Registered Nurses working in adult inpatient & acute areas, established and set at 75% by end of March 2020.

Additional training dates had been provided to ensure we met the target and the Business Groups were asked to support release of staff to attend. At the end of Q3 we were on track to reach 75% as all courses were fully booked. Unfortunately with the cancellation of courses due to Covid19, compliance at end of March 2020 was 55%.

THEME #5: Quality Improvement Initiatives

Our information tells us that we must make improvements in the quality of care and treatment in some areas. We have agreed our quality improvement (QI) methodology. Our ambition is that, across a range of identified areas, improvements are clinically led and managerially supported so that they are embedded in practice and focused on getting the best outcomes for our patient, by the right staff and the right time. These will utilise the Advancing Quality Alliance (AQuA) methodology and all form part of the recent cohort. The next steps will be to agree the baseline, targets and plans.

Medicine & Clinical Support QI initiatives:
The business group is progressing a range of QI initiatives including:

- Stroke length of stay and patient experience project – The project is on-going and has made good progress. A number of initiatives have been completed and some are still on-going. Projects are focused on complex discharges and reducing length of stay. Performance improvements have been achieved in length of stay, conversion rate across the Hyper-Acute Stroke Unit (HASU) to A10, length of stay for East Cheshire patients and a reduction in hospital acquired pneumonia (HAP).
- Cardiology length of stay and patient experience project – This project has achieved an improvement in length of stay. Robust analysis has been completed to review more efficient and effective bed configuration. The priority for this project is to seek early cardiology specialist input into the patient journey.
- Enhanced Observations – Revised policy has been produced and been sent out for comment. Next steps are to plan in the launch of the new policy; including new process, governance and monitoring arrangements

- Improve Expected Date of Discharge (EDD) Compliance in Ward E2 – QI project to improve compliance with EDDs has resulted in 100% compliance.
- Improve Nutrition and Hydration in Ward E2 – QI project to improve fluid balance monitoring achieved an improvement in November 19's ACE assessment. The solution focused on education and breaking down assumptions.
- Medically Optimised Ward (Cheshire Suite) – A successful pilot was completed on ward E2 and the solution has been scaled up onto a dedicated ward, C6, which will move to B3.

Surgery, GI & Critical Care QI initiatives:

The business group are progressing a range of QI initiatives including:

- Post-op surgical wound pathway for bowel operations – pathway redesign continues with input from wards and all key stakeholders
- Theatre complex equipment storage review – Maternity theatre storage areas have been redesigned to provide safer, more accessible and more efficient arrangements for the ongoing management and storage of theatre equipment.
- Theatre Drug storage and stock control review – Focusing initially on anaesthetic drugs, this project aims to streamline management of stock to improve safety and generate efficiencies.
- Theatre Reception Area Patient Experience – improvements are being made to improve patient experience of the theatre reception before they go in for surgery. General housekeeping has been improved and a patient survey is planned to inform future improvements.
- Trauma list productivity – a review of current processes to improve trauma patient care and optimise utilisation of theatre time. Workshops have been held to understand the root causes of the issues, to map current processes and to develop and then test improvement ideas. A number of improvements have been identified and will be tested.
- Upper Gastro-Intestinal (UGI) two week wait (WW) Pathway Review – an improvement project has commenced to improve patient experience by reducing the time that patients referred into the Trust on a UGI/Gastro 2WW pathway have to wait for an appointment; ensuring that they are managed in the most appropriate setting by the most appropriate clinician; ensuring they don't have unnecessary investigations. Root causes have been identified, data is being gathered and a workshop is planned to map current processes and identify opportunities for improvement. Early improvements include consultant vetting of all GP referrals to direct the referral to the correct specialty.
- Short-notice cancellations due to patients not following pre-op instructions – this project aims to reduce the number of patients that are cancelled on the day of admission as a result of them not following pre-op instructions in Endoscopy and Orthopaedics. Progress to date includes identifying the root causes and key stakeholders and gathering data to better understand the issues. Cancellation data over the last 12 years has been analysed to identify trends and common themes. A workshop is planned to map current processes and this will then inform the development of improvement ideas to be tested.
- Outpatient waiting list (OWL) reduction – Original aim was to reduce overdue follow up (FU) OWL in General Surgery, Gastroenterology and ENT this year. This initiative will form part of Elective Care Reform and broader GP referral pathway redesign.
- Colorectal stratification – this project is part of a Greater Manchester (GM) programme and involves introducing a new approach to risk stratify patients post bowel cancer surgery. This will enable remote monitoring and follow-up for appropriate patients providing increased capacity for more complex patients.

Women, Children & Diagnostics QI initiatives:
The business group are progressing a range of QI initiatives including:

- Gynaecology notes – Legacy clinical notes were still being used capture some of the information within the pathway but some of this information was getting mislaid between wards and clinics. Current processes have been mapped and an improvement plan has been started to remove the risk of this reoccurring. Improvements have been implemented and sustained in outpatients and focus is now looking at inpatient processes.
- High number of open pathways – 5 whys methodology used to identify root cause which was due to pathology results not being signed off. Initial process mapping has been done but additional sessions are being set up to capture the full end to end process to identify where the changes need to happen.
- Maternity Flow – The patient flow is very fractured between triage and the delivery suite, process mapping has been conducted and a resolution identified which would involve moving the triage suite to the delivery floor. Quotes to be obtained from estates for inclusion to business case
- Maternity/Neonatal Smoking cessation - Project aim is to increase the identification of women who smoke during their pregnancies and following childbirth by increasing CO monitoring at 36wk and all antenatal admissions to hospital for all women by 95%. Root cause identified and process mapping has been used to identify solutions. Driver diagram being used to manage the resolution plan.
- Dose for home – Project aim is to find a more efficient way to provide patients with warfarin on discharge. Stakeholder mapping and basic process mapping has been completed. Initial meetings now set up to design possible future state mapping and driver diagrams.
- Community maternity booking - Issues identified with the community booking process, Initial meetings set up to workshop root cause and design pathway. Quotes requested from Euroking for a number of electronic referrals within the system.

Termination of Pregnancy (TOP) pathway – Due to new termination guidelines published end of September there are opportunities for us to vastly improve the current TOP pathway and patient experience. Initial meetings booked in to start programme.

Integrated Care QI initiatives:
The business group are progressing a range of QI initiatives including:

- Frailty, Dementia and End of Life Programme – The aim of the project is to design and implement a model of care and pathway that will enable the whole system to improve outcomes for frail older people including people in last twelve months of life and people diagnosed with dementia. A Programme Board with system wide membership has been established, stakeholder mapping and analysis informed establishment of the Board. The Programme encompasses 9 reporting projects across three workstreams which are each being delivered using the Trust's QI methodology – the Programme has a clear aim, and QI tools such as process mapping, driver diagrams, time and motion studies, Plan, Do, Study, Act cycles (PDSAs), data capture and SCP charts have been developed.
- In hospital work stream – This work is supported by the Acute Frailty Network (AFN). Fortnightly catch up calls with the AFN are ongoing. The Trust was invited to present our progress to cohort 7 members in September and we were also invited to present Frailty Intervention Team (FIT) and FRESH (sexual health) at the AFN Nursing and Therapies event in November.
- In Hospital Model of Care and Pathway – This project is using QI to support and implement a model of care and pathway that identifies frail patients at the front door and ensures they receive the right care, in the right place at the right time. A workshop to design the future model and pathway took place with over 80 stakeholders in July; a clinical pathway was co-designed with the Frailty Multi-Disciplinary Team (MDT) and Primary Care
- FIT - A Frailty team is now working across Urgent Care. A comprehensive Geriatric Assessment has been developed and PDSAs are being undertaken to review and refine small tests of change as the work progresses.

- Advantis ward has been developed to support identification of Frailty at the front door and to support the FIT team. Stakeholder mapping was used to identify key members of the design team and requirements were gathered via meetings facilitated by Transformation and Electronic Patient Record (EPR) leads.
- Transfer to Assess – A task and finish group has been established. The group is using QI methodology to drive forward the work. This project supports the changing function of Bluebell and the pathway is being tested and refined using PDSAs.

Interface between Hospital and Community:

- Bluebell – We are changing the function of Bluebell into an assessment unit and this service has now been implemented.
- End of Life (EOL) – A meeting with EOL Lead, Clinical Lead, Project lead and Local Health Care Records Exemplars (LHCRE) Project Manager took place to agree projects which will report into Frailty, Dementia and EoL Projects. Project management support has been secured and the QI methodology is being used to progress the work.
- Training and Education – A Learning and Education Lead is now in place and a project group has been set up. Initial meetings have taken place and strategy and competency frameworks are being developed. Again, the project is being delivered using QI methodology.
- Frailty in Neighbourhoods - We continue to share information and work in partnership with Stockport Metropolitan Borough Council (SMBC). A meeting with SMBC and Viaduct to review progress of the trailblazer and agree additional actions required for this programme is being arranged.
- The aim of Stockport Urgent Response and Rehabilitation Team (SURRT) is to operationally align the health elements of Crisis Response and Active Recovery, into one team who collaborate together, to improve the patient journey and promote clear efficient and effective care pathways. QI methodology has been used to ensure there is a clear aim, stakeholder mapping and analysis to identify the correct people to include in the project. Process mapping has been used to map the as-is and to-be patient journeys and various other QI tools such as Strengths, Weaknesses, Opportunities & Threats (SWOT) charts, MoSCoW charts etc. have been used along with facilitation skills, to tease out the design in task and finish groups.

THEME #6: Safe Staffing

We aim to ensure safe staffing and a reduction on reliance on temporary staffing through a series of schemes associated with recruitment and retention. The overall aim is to reduce vacancies in year to 100 Work Time Equivalent (WTE) RNs/Registered Midwifes (RMs) and to continue to reduce turnover with assistance from the NHS Improvement (NHSI) support network.
Recruitment programme – reduce vacancy rate to 100 WTE by end of quarter 4

- The variance from establishment rate in quarter averages 200 WTE RN / RM as at Dec 2019 and vacancies at 147.9 WTE. The difference is recruits in Trac (recruitment system) awaiting start dates within 3 months.
- A detailed 4 year recruitment plan is being tabled at the Board which covers a comprehensive request to fund international recruitment , nursing associate training , assistant practitioner training, UK recruitment initiatives , funding of 3 year visas , return to practice opportunities as well as continuing with the initiatives that have been successful over 2019 . It is anticipated that confirmation of the funding available will be received by February 2020.
- The Nursing Associate programme continues with circa 60 WTE in training over 5 cohorts, with a cohort qualifying every 6 months. 1 cohort has now qualified with cohort 2 now applying for positions in the Trust for when they complete their course in quarter 1 2020. This is a significant new pipeline of staff to support safe staffing.

- A Business Case for International recruitment in the financial year 19/20 was accepted. In total 80 WTE nurses were funded. 62 will be in post by the end of February 20. A further 18 have been offered positions under the global learners pilot and will be in the UK in this financial year, in post quarter 1 of the 20/21 financial year .
- Multiple university recruitment events have been attended over the region, with the Trust now attending Sheffield, Manchester Metropolitan (MMU), Salford, Edge Hill and Bolton.
- An average of 150 WTE RN temporary workers per month over this quarter have been utilised to support safe staffing along with an average of 130 WTE per month non registered staff.
- The popularity of Skype interviews for UK RNs recruitment has increased with circa 15 WTE recruited in this financial year via skype.
- An external company (Just R) has been contracted during 2019 to support UK awareness campaigns to maintain Stockport nursing's recruitment profile. A benefits realisation and return on investment review will take place February 2020.

Retention Programme – Reduce Turnover Rate by 1.5%

- The first year NHSI results indicated a reduction in turnover of 0.9% against a target of 1.5%. The 4 campaigns have been refreshed and have been re-launched for this year's focus. NHSI have advised December 2019 that the turnover rate is back to 13.9%
  1) A continued focus on an improved newly qualified first year experience includes graduate nurses, trainee operating department practitioners (ODPs) and nursing associates.
  2) A focus on Black and Minority Ethnic (BME) recruitment, retention and promotional opportunities
  3) A focus on data and actions to support the top 10 turnover areas.
  4) A review and refresh of the flexible working policy.
- The Itchy Feet programme/sideways transfer scheme, launched in March 2018, where staff can approach Corporate Nursing staff to look for career development opportunities, is evaluating well. So far, 115 staff have accessed this scheme and 95 had a positive outcome (83%) and stayed with the Trust.
- Three engagement events have been chaired by the Deputy Chief Nurse with assistant practitioners, of which there are 88 in the Trust. Liaison with local Universities has progressed to review the opportunity of an assistant practitioner (AP) conversion course to commence in September 2020. 25 staff expressed interest in a conversion course. This project is included in an overall nursing workforce plan for the next 3 years which is being presented to board January 2020.

Improved efficiencies in e-rostering against a range of measures

- In October 2019 a newly recruited, experienced team for e- roster/Safecare Live staff commenced in post. This new team have start to embed improved practices across all nursing department to enable improved grip and benefits realisation of the e- roster programme. The first 6 wards commence the e roster refresh programme January 2020. The team will also update the NHS digital / unify planned hours to ensure all data aligns.

Development of a suite of measures with NHS Professionals (NHSP)

- A detailed NHSP report is reviewed at the monthly temporary staffing meeting
- A suite of measures with NHS Professionals are reviewed by the Deputy Chief Nurse, with the Matrons and Business groups ensuring accountability and transparency of issues
- Key issues are reported to the resourcing group which reports in to the people and performance committee.
- The Trust participates in the North West Client User Group meetings where a review of agency and NHSP strategic financial and qualitative objectives and outcomes are scrutinised and acted upon
- A key focus in this quarter has been to reduce the number of retrospective bookings being made with a review by matrons of all shifts retrospectively booked. Second tier authorisation has been introduced to ensure senior review of requested shifts.

- Weekly meetings have been introduced by some triumvirates to review temporary staff bookings
- Quality metrics have been introduced with agencies being reviewed quarterly to ensure that safe practices are embedded. The recommendation that shifts will be cascaded in order of compliance to ensure safety is as high an agenda focus as the financial aspects of temporary staffing.
- Improved NHSP RN general rates have been applied from November 19 to support safe staffing and to assist with staffing winter wards.
- Uplifted RN Amu rates have been funded for substantive staff who have met key competency requirements

THEME #7: Quality Faculty

We recognise improvement is more likely to succeed and be sustained if it is designed and led by the staff doing the job. In order to enable staff to make change happen they will be supported by improvement experts employing a single trust wide quality improvement methodology based on recognised best practice. We want to develop a hub of quality improvement champions working across the Trust, supporting and enabling the delivery of high quality, compassionate and continually improving care for all of our patients, their families and carers. The Faculty will encourage the sharing of best practice, improvement methods and approaches as widely as possible through the systems we work in.

Programme Set-up & Leadership:

- Improvement Showcase schedule commenced at Senior Management Team (SMT) meetings to share learning, good practice and provide senior leadership support to improvement initiatives.
- 6 monthly QI Faculty update presentation provided to Quality Committee. Positive feedback provided and future plans endorsed.
- Board development in QI is being explored with NHSI/E.
- Skills:
- Continuing roll out of QI training and support to enable staff to adopt the Trust's QI methodology when delivering improvements.

Work has commenced with Organisation Development & Learning (OD&L) to develop:

- A more coordinated approach to embed QI training across the Trust's corporate and leadership training programmes.
- A single framework and infrastructure of improvement roles to create a network and community of improvers across the Trust. This will be supported by appropriate training and support.

Membership of AQUA:

- ~60 staff have attended AQUA QI courses during 2019/20. Work continues to coordinate attendance.
- Regular meetings are held to optimise and align AQUA support to the QI Faculty programme.
- Systems:
- Work has commenced to incorporate standard QI requirements into all job descriptions in order that improvement experience and capability is assessed as part of the Trust recruitment process.
- Communication & Engagement:
- An improvement and innovations compendium is being developed to provide a central repository of improvement activity across the Trust.

2.1.1 Priorities for improvement in 2020/21

We have a duty to fully engage with our stakeholders and members to ensure that we are listening to their views about quality and identify the quality priorities moving forward.

Our staff, governors, members and patients are the eyes and ears of the organisation and their views are constantly sought to ensure that we are focusing on the things that will make the most difference. We surveyed staff, patients and visitors, through the Staff Survey and the Friends and Family Test, and from those results we captured their views in relation to the range of priorities.

The Quality Improvement Forward Planning workshop took place in January 2020 to review progress against the 2019/20 priorities and consider indicators for 2020/21. The session was very well attended and generated lots of positive discussion, challenge and ideas to help shape the priorities for the year ahead.

The priorities are identified through receiving regular feedback and regular engagement with governors, staff, patients, the public, and commissioners of NHS services, overseeing scrutiny groups and other stakeholders. Progress on the planned improvements will be reported through the Trust's assurance committees, through Governors meetings, and ultimately through to Board of Directors.

SAFETY:	
Priority	**Measure / Objective**
1.Pressure Ulcers	10% reduction in pressure ulcers in areas identified as high prevalence in 19/20
2.Inpatient Falls	10% reduction in all inpatient falls
	10% reduction in falls causing harm
3.Sepsis	80% achievement in Sepsis 6
4. IP Standards	C-Diff rates MRSA Hand hygiene Cleaning standards
5. Medication incidents	Reduction in medication incidents at ward level Improvement in antibiotic prescribing
6. Nutrition and Hydration	Reduced length of stay Increased drinks rounds Improved quality metrics for fluid balance monitoring
EFFECTIVENESS:	
Priority	**Measure / Objective**
1.Discharge Planning	Discharges before 10am EDD compliance % patients to the discharge lounge
2.Achievement of national standards	Royal College of Emergency Medicine (RCEM) guidance compliance Nice Guidance
3.Patient Transfers	Transfers after 10:00pm
	Transfers after 8:00pm for patients with dementia
	Number of inpatient transfers per patient per stay

EXPERIENCE:	
Priority	**Measure / Objective**
1.Deliver initiatives to improve privacy and dignity	Patient experience surveys- dementia care/ Learning Disabilities
2. Patient engagement in service development/change	Identify of themes complaints to drive quality initiatives
3. An objective taken from Key themes from complaints and responding to patient concerns	Use of themes to drive the quality initiatives

2.2 Statements of assurance from the board

The following section includes responses to a nationally defined set of statements which will be common across all Quality Reports. The statements serve to offer assurance that our organisation is performing to essential standards, such as securing Care Quality Commission registration and measuring our clinical processes and performance. This includes participation in national audits and being involved in national projects and initiatives aimed at improving quality - such as recruitment to clinical trials.

Review of services

This statement is to ensure that we have considered quality of care across all of our services. The information reviewed by our quality committees is from all clinical areas. Information at individual service level is considered within our divisional structure and any issues escalated to the Quality Governance Committee or to Performance and Planning Committee.

During 2019/20 Stockport NHS Foundation Trust provided and/or subcontracted 49 relevant health services.

The Trust has reviewed all the data available on the quality of care in all of these relevant health services through a variety of methods including the undertaking of clinical audit and service evaluations, clinical service reviews and holding business group assurance meetings, and business group quality boards.

The income generated by the NHS services reviewed in 2019/20 represents 82% of the total income generated from the provision of NHS services by Stockport NHS Foundation Trust for 2019/20.

PARTICIPATION IN CLINICAL AUDITS

The purpose of this statement is to demonstrate that we monitor quality in an on-going, systematic manner. During 1 April 2019 to 31 March 2020, 54 national clinical audits and 2 national confidential enquiries covered relevant health services that Stockport NHS Foundation Trust provides.

During that period the Trust participated in 98% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2019/20 are listed in table 1, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 48 national clinical audits were reviewed by the provider in 2019/20 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Clinical leads for the relevant specialty reviews report findings and actions are developed. Reviews are approved by the business group's quality board.
- Approved reviews are included on the Quality Governance Group agenda as part of the governance framework.

The reports of 193 local clinical audits were reviewed by the provider in 2019/20 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- A report and action plan, if appropriate, is produced for each audit and submitted to the clinical audit team.

- Business Groups are advised of outcomes and as part of the governance framework an outcomes report is submitted to the Trust's Quality Governance Committee to advise of compliance level, risk and escalation requirements.

Table 1: National Clinical Audits & Confidential Enquiries

The table below provides confirmation of the Trust's participation in the national clinical audit and confidential enquiries that NHS England advises trusts to prioritise for participation during each financial year. This includes projects which form part of the NHS England Quality Accounts list, the National Clinical Audit & Patient Outcomes Programme (NCAPOP) and those that form part of the Quality Accounts.

Table 1

National Clinical Audits:

Name of Audit	Participated?	Stage / % of cases submitted
Assessing Cognitive Impairment in Older People (Care in Emergency Departments)	Yes	Data submitted
Cystectomy	Yes	Continuous data collection
Female Stress Urinary Incontinence Audit	Yes	Continuous data collection
Nephrectomy Audit	Yes	Continuous data collection
Percutaneous Nephrolithotomy (PCNL)	Yes	Continuous data collection
Radical Prostatectomy Audit	Yes	Continuous data collection
Care of Children (Care in Emergency Departments)	Yes	Data submitted
Intensive Care National Audit and Research Centre (ICNARC)	Yes	Continuous data collection
Elective Surgery (National PROMs Programme)	Yes	Continuous data collection
Endocrine and Thyroid National Audit	Yes	Continuous data collection
Fracture Liaison Service Database	Yes	Continuous data collection
Fracture Liaison Service Database / Vertebral Fracture Sprint Audit	N/A	Audit has not started yet
National Audit of Inpatient Falls	Yes	Continuous data collection
National Hip Fracture Database	Yes	Continuous data collection
Inflammatory Bowel Disease (IBD) Audit	Yes	Continuous data collection
Inflammatory Bowel Disease (IBD) Audit	Yes	Continuous data collection
Trauma Audit & Research Network (TARN)	Yes	Continuous data collection
Mandatory Surveillance of HCAI	Yes	Continuous data collection
Mental Health (Care in Emergency Departments)	Yes	Data submitted
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive C i S	N/A	SNHSFT do not provide this service
Paediatric Asthma Secondary Care	Yes	Data submitted
Asthma (Adult and Paediatric) and COPD Primary care - Wales only	N/A	Deemed not relevant to our organisation
Adult Asthma Secondary Care	Yes	Continuous data collection
Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	Yes	Continuous data collection
Pulmonary Rehabilitation- Organisational and Clinical Audit	Yes	Continuous data collection
National Audit of Breast Cancer in Older People (NABCOP)	N/A	SNHSFT do not provide this service
National Audit of Cardiac Rehabilitation	Yes	Continuous data collection
National Audit of Care at the End of Life (NACEL)	Yes	Data submitted

National Audit of Dementia (Care in General Hospitals)	Yes	Continuous data collection
National Audit of Pulmonary Hypertension (NAPH)	N/A	Deemed not relevant to our organisation
National Audit of Seizure Management in Hospitals (NASH)	Yes	Data submitted
Name of Audit	**Participated?**	**Stage/% of cases submitted**
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	Data submitted
National Bariatric Surgery Registry (NBSR)	N/A	Deemed not relevant to our organisation
National Cardiac Arrest Audit (NCAA)	Yes	Continuous data collection
National Audit of Cardiac Rhythm Management (CRM)	Yes	Continuous data collection
Myocardial Ischaemia National Audit Project (MINAP)	Yes	Continuous data collection
National Adult Cardiac Surgery Audit	N/A	SNHSFT do not provide this service
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	N/A	SNHSFT do not provide this service
National Heart Failure Audit	Yes	Continuous data collection
National Congenital Heart Disease (CHD)	N/A	SNHSFT do not provide this service
National Clinical Audit of Anxiety and Depression (NCAAD): Core audit	N/A	SNHSFT do not provide this service
Psychological Therapies Spotlight	N/A	SNHSFT do not provide this service
EIP audit 2019/2020	N/A	SNHSFT do not provide this service
National Diabetes Foot Care Audit	Yes	Continuous data collection
National Diabetes Inpatient Audit (NaDIA) -reporting data on services in England and Wales	Yes	Continuous data collection
NaDIA-Harms - Reporting on Diabetic Inpatient Harms in England	Yes	Continuous data collection
National Core Diabetes Audit	Yes	Continuous data collection
National Diabetes Transition	N/A	No audit in 19/20
National Pregnancy in Diabetes Audit	Yes	Continuous data collection
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Continuous data collection
National Emergency Laparotomy Audit (NELA)	Yes	Continuous data collection
National Oesophago-gastric Cancer (NOGCA)	Yes	Continuous data collection
National Bowel Cancer Audit (NBOCA)	Yes	Continuous data collection
National Joint Registry (NJR)	Yes	Continuous data collection
National Lung Cancer Audit (NLCA)	Yes	Continuous data collection
National Maternity and Perinatal Audit (NMPA)	Yes	Data submitted
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Yes	Data submitted
National Ophthalmology Audit (NOD)	N/A	SNHSFT opted out, did not have database
National Paediatric Diabetes Audit (NPDA)	Yes	Data submitted
National Prostate Cancer Audit	Yes	Continuous data collection
National Smoking Cessation Audit 2019	Yes	Data submitted
National Vascular Registry	N/A	SNHSFT do not provide this service
Neurosurgical National Audit Programme	N/A	SNHSFT do not provide this service
Paediatric Intensive Care Audit Network (PICANet)	N/A	SNHSFT do not provide this service
Perioperative Quality Improvement Programme (PQIP)	Yes	Continuous data collection
Prescribing Observatory for Mental Health (POMH-UK) Subscription-based programme	N/A	SNHSFT do not provide this service
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Continuous data collection
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Continuous data collection
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Yes	Data submitted
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis)	Yes	Data submitted
Surgical Site Infection Surveillance Service	Yes	Data submitted
UK Cystic Fibrosis Registry	N/A	SNHSFT do not provide this service
UK Parkinson's Audit	Yes	Data submitted

National Confidential Enquiries

Name of Audit	Participated?	Stage/% of cases submitted
Long-term Ventilation in Children, Young People and Young Adults	No	SNHSFT do not provide this service
Young People's Mental Health	No	SNHSFT do not provide this service
Perinatal Mortality Surveillance (reports annually)	Yes	Continuous data collection

Perinatal Morbidity and Mortality Confidential Enquiries (reports alternate years)	Yes	Continuous data collection
Maternal Mortality Surveillance and Mortality Confidential Enquiries (reports annually)	Yes	Continuous data collection
Maternal Morbidity Confidential Enquiries (reports annually)	Yes	Continuous data collection
Name of Audit	**Participated?**	**Stage/% of cases submitted**
Dysphagia in Parkinson's Disease	Yes	Continuous data collection
Cancer in Children, Teens and Young Adults	N/A	SNHSFT do not provide this service
Perioperative Diabetes	Yes	Data submitted
Pulmonary Embolism	Yes	Continuous data collection
In-hospital Management of Out-of-Hospital Cardiac Arrest	Yes	Data collection still open
Physical Health in Mental Health Hospitals	N/A	Deemed not relevant to our organisation
Acute Bowel Obstruction	Yes	Data submitted
Suicide by Children and Young People in England (CYP)	N/A	SNHSFT do not provide this service
Suicide and Homicide	N/A	SNHSFT do not provide this service
The Assessment of Risk and Safety in Mental Health Services	N/A	SNHSFT do not provide this service
Suicide by Middle-aged Men	N/A	SNHSFT do not provide this service

RESEARCH

Participation in clinical research: Commitment to research as a driver for improving the quality of care and patient experience

Background:

Research engagement within the Trust is critical to meet the expectations of our patients. The aim of the Department of Health and Social Care (through the National Institute for Health Research - NIHR) is to give the opportunity for people to access a diverse range of research studies, across all the clinical settings where care is delivered. These opportunities provide scientific and clinical evidence for advising and treating health conditions.

The NHS Constitution summarises what staff, patients and the public can expect from the NHS: '*The NHS will do all it can to ensure that patients, from every part of England, are made aware of research that is of particular relevance to them*'. Healthcare professionals therefore have a part in ensuring the NHS Constitution is upheld in their own practices at this Trust. This message has been further strengthened by the NHS Long-Term Plan, released in 2019. Research and innovation is seen as a key driver to future outcomes improvement within the NHS, aiming to increase the number of people registering to participate in health research to one million by 2023/24. Since September 2018, the Care Quality Commission has also incorporated clinical research in its well-led framework for Trusts. This is the first time a major NHS regulator has formally recognised clinical research activity in the NHS as a key component of best practice. Clinical research is now seen as an integral part of improving patient care and a new research question is now included in the CQC's annual in-patient experience survey. It is therefore essential that Stockport is primed to support these goals.

Participation in clinical research demonstrates the commitment of Stockport NHS Foundation Trust to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff members stay abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes.

In 2016/17, research and innovation became part of the Trust strategy and this has remained the case through to the refreshed strategy of 2018 – 2022. Research is enabled in the Trust predominantly through research active healthcare professionals and the staff and service department (i.e. laboratories, pharmacy

and radiology) funding support received from the National Institute of Health Records (NIHR). The NIHR provides the infrastructure for research delivery in the NHS. Support is offered in regions through the NIHR and Stockport is part of the Greater Manchester Clinical Research Network (GMCRN).

Staff Engagement in Research:

Work continues in the Trust to increase the awareness of clinical research conducted at Stockport amongst all staff. In 2019/20, we had around 150 Trust staff listed with current Good Clinical Practice (GCP) training. GCP is an international ethical and scientific quality standard for designing, conducting, recording and reporting clinical trials that involve the participation of human subjects. This reference means that around 150 Trust staff members have actively been involved in supporting delivery or actual delivery of research studies to our patients.

Other staff members are contributing to research studies focussing on improved health services and delivery which include on-line survey completion to improve knowledge in key clinical areas. There has been a continued, sustained increase in allied healthcare professionals supporting with a particular function of research delivery such as scanning and endoscopies or wanting to deliver the research interventions themselves (e.g. podiatry, occupational therapists). Improved links have also been forged with key clinical staff members (i.e. advanced clinical practitioners and nurse specialists) who are acting as research champions in their relevant areas.

The above staff participated in and/ or supported delivery of research recruitment across 18 out of a total of 30 NIHR specialties as detailed below, which is similar to other high performing district general hospitals in the Greater Manchester region. Although not all areas have shown active recruitment, there have been open opportunities in these 18 areas for our patients, supporting the promotion of a diverse range of research and access to this at our Trust.

There has been continued, significant activity within the research and innovation team throughout 2019/20 to continue to raise the profile of research in the Trust, including:

- GMCRN awards (where the research and innovation team was short-listed as a finalist for 'Team Excellence for Patient Research Experience' and Ms Magda Kujawa, one of our research active Consultant Urological Surgeons as a finalist for 'Early Career Researcher of the Year').
- Full introduction of the Clinical Research Practitioner role with 2 new starters in November 2019. This role reflects a move in diversity of clinically-linked roles in the Trust's core research delivery team, making a research career more accessible to non-nursing staff.
- Continued delivery of a large meningitis B vaccine study across Stockport sixth form colleges, raising the research profile across the younger generation.
- Hosting and delivering NIHR research education sessions including good clinical practice introductory/ refresher sessions, principal investigator and research essentials aimed at different staff groups.
- Local press releases for recruitment successes.
- Collaboration with the learning and development department in the Trust so that research awareness is now embedded as part of the Trust induction for all new starters and at junior doctor rotations.
- Inclusion of a standard paragraph for all new job descriptions for clinical staff, citing the Trust as research active with an expectation for this to be championed in these roles.
- Outpatient letters have been updated with a strapline to confirm the research active status of the Trust and encourage our population to ask about the study opportunities open to them.
- Increased engagement with our patients about their research experience at the Trust, using the NIHR's Participant in Research Experience Survey, so we can proactively use this feedback to improve experiences for future research participants.

Clinical Research Performance:

The Government wishes to see a dramatic and sustained improvement in the performance of providers of NHS services in initiating and delivering clinical research. The aim is to increase the number of patients who have the opportunity to participate in research and to enhance the nation's attractiveness as a host for research.

The Government's Plan for Growth, published in March 2011, announced the transformation of incentives at local level for efficiency in initiation and delivery of research. The NIHR has enforced the transparency commitment for this exercise. Providers of NHS services are now required to publish outcomes against specific benchmarks for recruiting their first patient into a clinical research study and delivery to time and to target for commercial clinical trials. Our latest performance reports are always published on the Trust website: http://www.stockport.nhs.uk/services_895R.

Clinical Research Portfolio and Recruitment:

In 2019/20, the number of patients enrolled into a clinical research study adopted by the NIHR was 1,498, compared to the Trust target set by the GMCRN at 1,364. This reflects research studies that were approved by a research ethics committee (in conjunction with the Health Research Authority), and adopted by the NIHR.

In 2018/19, our local target was 1,192, increased to 1,364 in 2019/20 based on the planned study portfolio we had secured. Innovative and efficient ways of working have continued in the core research delivery team at the Trust to ensure we have met this increased recruitment target, despite challenges from the re-structuring of the core research delivery team in 2019/20. The successes of 2018/19 and 2019/20 recruitment have given the team confidence in sustaining this high level of delivery, compared to targets around half the size in previous years.

Stockport NHS Foundation Trust actively recruited into 54 out of 83 open research studies in the following Trust areas during this reporting period. Of these 83 studies, 9 are sponsored by pharmaceutical companies (i.e. commercial studies) and 74 sponsored by a variety of academic institutions (i.e. universities) and other NHS Trusts in the UK.

Specialty *(Number in brackets is the number of studies open in 2019/20)*	**Numbers of NIHR Research Studies Recruited Into**			**Number of Participants Recruited**		
	2018/19	**2019/20**	**Difference**	**2018/19**	**2019/20**	**Difference**
Anaesthesia (5)	3	5	+2	144	113	-31
Cancer (14)	9	8	-1	158	33	-125
Cardiovascular Disease (2)	1	2	+1	18	113	+95
Children (11)	5	5	0	2,388	560	-1,828
Diabetes (2)	1	3	+2	18	32	+14
Ear, Nose, Throat (4)	2	1	-1	23	7	-16
Gastroenterology (7)	5	4	-1	33	17	-19
Genetics (0)	2	0	-2	16	0	-16
Health Services/ Delivery (2)	4	1	-3	140	2	-138
Hepatology (2)	0	0	0	0	0	0
Infectious Diseases (0)	1	1	0	1	89	+88

Metabolic and Endocrine (1)	0	0	0	0	0	0
Musculoskeletal (9)	0	1	+1	0	3	+3
Ophthalmology (2)	6	7	+1	41	37	-4
Renal Disorders (2)	1	1	0	6	9	+3
Reproductive Health (7)	1	2	+1	13	24	+11
Stroke (5)	2	6	+4	28	381	+353
Surgery (4)	2	4	+2	7	35	+28
Totals (79)	5	3	-2	77	43	-34
	50	54	**+4**	**3,111**	**1,498**	**-1,613**

2019/20 reflects a sustained diversification across different specialisms in the Trust, to ensure research can be a viable option across as many areas as possible for our patients. Stockport NHS Foundation Trust also acts as a participant identification area for other Greater Manchester Trusts across many of these specialisms to ensure there is choice is available to our patients for research study participation. The numbers of actively recruiting studies has increased slightly compared to the previous year where 50 studies were recruited from those then open. This reflects the continuing commitment from the core research team and increased interest from allied healthcare professionals in expanding our research portfolio base at Stockport.

To note, of the 3,111 recruits of 2018/19, 2,330 were due to one paediatric study – Be on the Team, a Meningitis B vaccination study, leaving 781 recruited from other studies. In 2019/20, only 534 recruits were from this study, as it closed to recruitment part way through the year, with numbers limited by the central study coordinating team to control sample size. This means that 964 participants were recruited from the rest of the portfolio, which demonstrates a continued, similar high level of activity to this previous successful year.

Summaries for most of our recruiting studies can be found through http://public-odp.nihr.ac.uk/qlikview/. The Central Portfolio Management System (CPMS) ID in the embedded, detailed summary of recruitment per study will enable a summary of each study to be seen.

2019_20 SHH Recruitment.xlsx

Our top three recruiting studies for 2019-20 were across 3 different specialisms as follows:

1. Children

The Be on the Team (Teenagers against Meningitis B) study recruited 2,864 college students across 2018/19 and 2019/20, placing Stockport as one of the top recruiters nationally in the UK and our most successful study of the year. This study is looking to see if immunising teenagers (aged 16-19) with a meningitis B vaccine can reduce the risk of meningitis across the whole community. In Stockport, the study was delivered across a number of local sixth form colleges, and teenagers who enrolled will receive 2 doses of a Meningitis B vaccine and 2 throat swabs (a year apart) meaning a commitment of 3 study visits over 12-18 months. Teenagers are at an increased risk of diseases such as meningitis, which is a bacteria carried in the back of the throat of 1 in 10 teenagers without causing any symptoms. The study aims to see if vaccinating teenagers against meningitis B will reduce the number of teenagers carrying these bacteria in their throat. If successful, immunisation at this age may become part of the national vaccine programme to lower the rates of meningitis across all ages. The study is now closed to recruitment but follow-up continues at the colleges.

2. Reproductive Health

The POOL study was our second top recruiter at 340 in 2019/20. This study is directed at women giving birth. Annually, 9 out of 100 UK vaginal births are 'water births' and this proportion may increase further. Birthing pools are used during labour for pain relief, and some women remain in the pool for the birth. There have been reports of infants having breathing difficulties or infection following birth in water, and there is concern that women that have a water birth may more often sustain severe trauma to their vaginal area or have unrecognised heavy bleeding. To date there have not been studies large enough to show whether or not water birth causes an increase in these poor maternal/ infant outcomes. Data is therefore being collected across ~30 maternity units including Stepping Hill Hospital for 2015-2020, to find out the number of women who use birth pools, the number of water births and whether mothers/ infants come to any extra harm as a result of water birth. The study aims to complete recruitment in November 2020.

3. Infectious Diseases

The International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC) Clinical Characterisation Protocol was re-opened in March 2020 in response to the emergence of novel coronavirus (COVID-19) and 89 Stockport COVID-19 positive patients were included. This study will continue to run throughout the COVID-19 pandemic. It aims to accelerate our collective understanding of COVID-19 to help improve patient care and inform public health policy. Information is collected from routine clinical records (including signs, symptoms, medications, and blood / laboratory results). It is hoped that this will help collate national trending information about COVID-19 to see if better ways can be found to manage and treat this infection in future.

Future Direction

For 2020/21, we hope to build on the success of previous years by further embedding research as a front-line activity here at Stockport NHS Foundation Trust: 'Research is Everyone's Business'. Despite the challenges presented by the COVID-19 pandemic, there has been fantastic support from the front-line staff caring for these patients in engaging with research activity to help understand the virus better.

Historically, the focus has been on consultants delivering research studies in a clinical setting. For future, we will look to engage not just clinicians but also allied health care professionals to champion research in their clinical areas, given the engagement from COVID-19. This will hopefully mean an expansion of research into all patient accessible services in the Trust.

GOALS AGREED WITH COMMISSIONERS

The Commissioning for Quality and Innovation (CQUIN) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. This means that a proportion of our income depends on achieving quality improvement and innovation goals. It continues to support the cultural shift towards making quality the organising principle of NHS services by embedding quality at the heart of commissioner-provider discussions.

A proportion of Stockport NHS Foundation Trust's income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2019/20 and for the following 12 month period are available upon request from CQUIN@stockport.nhs.uk.

The level of the Trust's income in 2019/20 which was conditional upon the quality and innovation goals was £3m; in line with national rules this represented 1.25% of income commissioned from CCGs and 1% income commissioned from of NHSE Specialised Commissioning.

During 2019/20 the Trust achieved a CQUIN payment of £2.2m, 71% for CCG and 100% for NHSE elements of the £3.1m available.

The CQUIN scheme intends to deliver clinical quality improvements and drive transformational change to support the ambitions of the Five Year Forward View and directly link to the NHS Mandate.

As well as participation in CQUINs which are commissioned locally, we also participated in the Specialised Services CQUIN scheme, of which two indicators were undertaken.

Progress against CQUIN is shared internally with the Quality Governance Group. All CQUINs are reported to our local commissioners on a quarterly basis as part of locally agreed process and internal CQUIN monitoring.

WHAT OTHERS SAY ABOUT OUR TRUST

CQC: The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England.

Stockport NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'registered'. The Trust has no conditions on its registration.

The CQC carried out an unannounced core services inspection in January 2020, followed by Use of Resources and Well Led inspections in February 2020. The core services inspected were:

- Maternity
- Services for Children and Young People
- Medical Care including older peoples care
- Urgent and Emergency care

During the inspection concerns were raised in relation to care of patients in the emergency department. The Care Quality Commission took enforcement action against the Trust by issuing a Regulation 29a Warning notice.

An immediate action plan has been put in place and the Trust is receiving support from NHS England / Improvement in the delivery of action intended to address the concerns identified.

A number of actions have already been put in place that relate to:

- Nurse staffing
- Care of patients who have mental health problems in the emergency department and paediatric unit
- Governance in the emergency department

- The impact of patient flow on patient experience

The overall rating for the Trust remained as 'requires improvement'

Internal Audit Opinion: Internal audit is undertaken by Mersey Internal Audit Agency (MIAA)

The overall opinion for the period 1st April 2019 to 31st March 2020 provides Substantial Assurance that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently

NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

Stockport NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

The patient NHS number is the key identifier for patient records. Accurate recording of the patient's General Medical Practice Code is essential to enable the transfer of clinical information about a patient from a trust to the patient's GP.

The percentage of records in the published data submitted to the SUS which included a valid NHS number was:

Setting	2019/20	2018/19	2017/18
Admitted Patient Care	99.87%	99.81%	99.64%
Out-Patient Care	99.92%	99.93%	99.83%
Emergency Care	99.60%	99.07%	98.50%

The percentage of records in the published data which included a valid General Medical Practice Code was:

Setting	2019/20	2018/19	2017/18
Admitted Patient Care	99.93%	99.84%	99.79%
Out-Patient Care	99.98%	99.95%	99.93%
Emergency Care	99.60%	99.29%	99.15%

CLINICAL CODING ERROR RATE

Stockport NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission (Merseyside Internal Audit Agency) and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were 92% Primary Diagnosis; 88% Secondary Diagnosis; 92% Primary Procedure; 82% Secondary procedure: Therefore the achievement is Level Met.

DATA SECURITY AND PROTECTION TOOLKIT ATTAINMENT LEVELS

The Trust plans to complete the 2019/20 self-assessment against the Data Security & Protection (DSP) Toolkit within the recently extended timeframe of 30th September 2020 announced by NHS Digital due to the Coronavirus Pandemic. The DSP Toolkit is the mandatory Department of Health & Social Care requirement to provide assurance of good information governance and data security practices.

The Trust plans to meet all of the mandatory requirements of the DSP Toolkit and an Internal Audit review of the Toolkit undertaken by Mersey Internal Audit Agency in February 2020 resulted in an assessment of Substantial Assurance. The Trust's Information Governance & Security Group oversees the annual submission.

STATEMENT ON RELEVANCE OF DATA QUALITY AND ACTIONS TO IMPROVE DATA QUALITY

Data quality refers to the tools and processes that result in the creation of the correct, complete and valid data required to support sound decision-making.

Good quality data underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made.

Stockport NHS Foundation Trust submitted records during 2019/20 to the SUS for inclusion in the HES which are included in the latest published data.

The patient NHS number is the key identifier for patient records. Accurate recording of the patient's General Medical Practice Code is essential to enable the transfer of clinical information about a patient from a trust to the patient's GP.

Percentage of records in the published data which included a valid patient NHS number

Setting	19/20	18/19	17/18	16/17	15/16
Admitted Patient Care	99.48%	99.81%	99.64%	99.80%	99.86%
Out-Patient Care	99.90%	99.93%	99.83%	99.90%	99.96%
Emergency Care	99.21%	99.07%	98.50%	98.84%	99.21%

Percentage of records in the published data which included the patient's valid GP practice code

Setting	19/20	18/19	17/18	16/17	15/16
Admitted Patient Care	99.92%	99.84%	99.79%	99.86%	99.90%
Out-Patient Care	99.97%	99.95%	99.93%	99.96%	99.97%
Emergency Care	99.57%	99.29%	99.15%	99.40%	99.54%

Blue = YTD

1. Upon checking GP Practice codes, all were valid. Those showing as invalid have the default code of "Practice Code is Not Known"

2. NHS Numbers include where patient identity has been withheld - invalid codes relate to "Trace attempted and no Match" or "Trace needs to be resolved"

Stockport NHS Foundation Trust will be taking the following actions to improve data quality;

- Monitor the Data Quality Maturity Index (DQMI) published by NHS Digital, this provides a comprehensive measure of the quality of our data submissions across eight national datasets in order to provide data quality assurance.
- Monitor other external data quality reports including the SUS data quality dashboard, the Emergency Care Data Set (ECDS) data quality dashboard, both produced by NHS Digital, and data quality reports provided by the Comparative Health and Knowledge system (CHKS) with the aim of identifying any data quality issues of nationally submitted data.
- Publish data quality reports on the Trust Corporate Information System so these are made available for any Trust user to access and review.
- Continue to report key data quality metrics to the bimonthly Data Quality Review Group
- Maintain compliance with the data quality standards of the Data Protection and Security Toolkit
- Produce a daily data quality dashboard highlighting referral to treatment (RTT) errors
- Carry out routine audits of referral to treatment (RTT) to identify recurrent errors with data entry
- Review the training delivered to users across the organisation on referral to treatment (RTT), updating training materials as appropriate.
- Ensure the Data Quality team continue to run myriads of data quality reports to identify gaps and erroneous recording with a view to correcting and reducing similar errors in future, ensuring feedback to users.
- Review and update standard operating procedures for capture and handling of patient activity data
- Conduct an external review of the clinical coding function and implement recommendations from internal clinical coding audits
- Continue to work with clinical colleagues to improve the timeliness of electronic recording on wards of Admissions, Transfers and Discharges, reporting in to senior nursing management.
- Continue to raise data quality issues at the two in house Egton Medical Information System (EMIS) user groups with the aim of identifying issues and supporting service leads to rectify and prevent in future.
- Produce a data quality dashboard for ED attendances highlighting data omissions and erroneous recording

LEARNING FROM DEATHS

In March 2017, the National Guidance on learning from deaths (LFD) was published. The key requirements for *Learning from Deaths* to be effective were defined, including:

1. Clinical governance structures and processes should be in place to ensure that appropriate reporting, review and investigation of patient deaths occurs, particularly those deaths where problems in clinical care may have caused or contributed to death.

2. Structures and processes should also be in place to ensure that relevant lessons are learned by identification of deaths, reporting, investigation and sharing of the conclusions /recommendations so that lessons are acted upon.

3. Particular deaths that should always be reviewed, including as a minimum:
    a. All deaths where bereaved families, carers or staff have raised significant concerns about the quality of care.
    b. All deaths in patients with learning disabilities or severe mental illness.
    c. All deaths in a patient group (eg a particular diagnosis or treatment) where an "alarm" has been previously raised by the Trust.
    d. All deaths where patients are not normally expected to die, e.g. elective surgery.
    e. A random sample of other deaths.

4. There should be a clear policy of engagement with bereaved families.

Mortality Review Group

The Mortality Review Group meets on a bi-monthly basis to oversee the establishment of this process. It is chaired by the Medical Director. The Mortality Review Group submits a Key Issues Report to the Quality Governance Group.

Clinical Governance and the LFD Policy

Our policy is published on our trust internet site and is managed by the Mortality review group. LFD reviews grade the clinical care evident in the case notes using a 1-4 scale.

- **Outcome 1** Evidence of **serious failings** in clinical management.
- **Outcome 2** Evidence of **suboptimal management**.
- **Outcome 3** Patient was generally managed to a **satisfactory** level.
- **Outcome 4** Evidence of **exemplar clinical management**.

There are in the region of 1500 deaths per year at Stockport NHS Foundation Trust. The large majority occur within the medical specialties (approaching 90%). A subset of eight medical deaths per week (about 400 per year) are subjected to LFD review, these are:

- all cardiac arrest deaths
- any death where a significant concern about patient care has been raised by either staff or family
- all deaths in patients with learning difficulties (LeDeR programme)

- patients with certain “red flag” diagnoses (e.g. acute asthma, DKA, refractory epilepsy, C difficile or MRSA infection, death within 24 h of an invasive procedure).
- all other patient deaths (deaths within ED, surgical deaths, deaths on the critical care unit or in theatre/theatre recovery, obstetric deaths, paediatric, neonatal and stillbirth deaths) are subjected to LFD review.

Obstetric/paediatric/neonatal/stillbirth deaths are also subject to national reporting mechanisms.

Based upon the national guidance, our Learning from Deaths process and policy recommends that the board;

- Understand the (LFD) process: ensure the processes in place are robust and can withstand external scrutiny, by providing challenge and support.
- Champion and support learning and quality improvement
- Assure published information; ensure that information published is a fair and accurate reflection of the provider’s achievements and challenges,

Learning from Deaths Newsletter

The primary goal of our ‘learning from deaths’ process is to facilitate learning and assist with improving the care of future patients. In addition to discussion at departmental Mortality and Morbidity (M&M) meetings, a summary of pertinent cases is shared in a quarterly ‘learning from deaths’ newsletter.

In addition to the oversight newsletter, each business group produces a separate newsletter relating to cases pertinent to their clinical practice;

- Medicine
- Surgery
- ICU
- ED

Addressing concerns raised in LFD Reviews

The role of the LFD reviewers is to identify areas of concern, and opportunities for learning. It is not their role to address or correct all issues identified. Enacting change in response to LFD findings is managed by;

Cases graded as outcome 1, ‘serious failings’ in clinical management, are reviewed first by the Trust LFD lead, and then subsequently by the Medical Director and Chief Nurse. If they support the conclusion, the case is escalated to a serious incident review. Any required actions are managed through this process.

Cases graded as outcome 2, evidence of suboptimal management, are reviewed at directorate level in their M&M meeting, and actions put in place through that process.

Additional learning is gained from an oversight of consistent themes from the LFD reviews. These themes are pulled out in the quarterly newsletter. This newsletter is presented to the quality governance group for review.

All learning points outlined in the mortality newsletter are delegated to the most appropriate clinical or governance group to review: Deteriorating patients group (the majority of learning points are reviewed here), resuscitation committee, palliative care group, safeguarding group and the integrated care quality board.

Family Involvement

Establishing a formal process for family feedback following bereavement has been challenges, however from September, our process for feedback is in place. We will continue to monitor the volume and quality of this feedback at the Learning from Deaths group meeting.

SEVEN DAY SERVICES

Seven day services (7DS) delivery is part of the Quality Improvement Plan for the Trust under the domain of "Reducing Unwarranted Variation in Clinical Practice".

Incremental improvement has been achieved with our compliance against the 7DS clinical standards. Stockport National Health Service Foundation Trust (SNHSFT) has been fully compliant with the requirements of the nationally mandated Board assurance framework for self-assessment on 7DS performance.

National Seven Day Services Audit and Survey results for Autumn / Winter of 2019 has showed that the improvement noted in 2018 was not only sustained but demonstrated further improvements with the overall score for the four priority clinical standards meeting the national compliance requirements including for the Urgent Network Clinical Services we deliver i.e. Stroke. We were in the upper quartile of national results in our 7DS performance.

It has been acknowledged that for full assurance and sustained compliance on all the 10 clinical standards would require further workforce and financial investment.

We remain committed to further incremental progress with 7DS standards for 2020/21. The 7DS phased delivery requirements are being reassessed post the COVID pandemic and will be considered alongside other trust investment priorities for 2020/21.

SPEAKING UP

The Trust has well-established Freedom to Speak Up arrangements which provide staff with the means of raising concerns relating to quality of care or patient safety.

The arrangements are based on the availability of a Freedom to Speak Up Guardian (FTSUG), reporting directly to the Executive Director-lead for Freedom to Speak Up, who has direct access to both the Chief Executive and Chair.

All staff are able to access the FTSUG for independent advice and support, and awareness-raising of the role and service provided is via Trust-wide communications, such as posters and screensavers.

In the event of concerns being raised, the FTSUG agrees with the individual raising concerns appropriate levels of escalation, awareness and oversight and provides individuals with assurance on protection from detriment.

The FTSUG ensures that individuals are provided with feedback on actions taken in response to concerns that are raised. The FTSUG collates information on feedback relating to concerns and any protection from detriment matters and reports themes and trends to the People Performance Committee on a quarterly

basis. These reports are supplemented by six-monthly reports to the Board of Directors - which are in the public domain and can be accessed via the Trust's website.

Staff are by no means restricted to use of the FTSUG to raise concerns and are encouraged to adopt an open culture of reporting incidents or concerns relating to service quality and patient safety.

Staff are able to raise concerns through line management arrangements and also have access to the Trust's network of Cultural Ambassadors. Robust policy and procedures are in place for the raising of any concerns relating to bullying or harassment.

2.3 Reporting against core indicators

NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital. The tables below provide data against each indicator, including the number, percentage, value, score or rate (as applicable) for the latest available reporting period and at least the last two reporting periods for comparison. In addition, where available, the required data is compared with the national average and the highest and lowest performing NHS trusts.

As part of this reporting requirement we are also required, for each indicator, to make an assurance declaration in the form of a pre-defined statement. This includes what actions we have taken or plan to take to improve the performance in these areas.

Please note that data provided is the most recent available to the Trust at the time of reporting.

Summary Hospital-Level Mortality Indicator (SHMI)

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality across the NHS in England. It is produced and published quarterly as a National Statistic by NHS Digital.

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

	July 2016 – June 2017	July 2017 – June 2018	July 2018 – June 2019	October 2018 – September 2019
Stockport NHS Foundation Trust	0.93	0.97	0.97	0.98
National average	1.00	1.00	1.00	1.00
Highest	1.228	1.257	1.192	1.188
Lowest	0.726	0.698	0.697	0.698

Source: NHS Digital. Latest data available.

SNHSFT considers that this data is as described for the following reasons it is the latest data available from NHS Digital (reporting period is from July to June). We perform better than the national average (a lower score is better) and continue to focus upon accurate coding of patients to ensure that our population is accurately represented by their data.

SNHSFT intends to take/has taken the following actions to improve this number, and so the quality of its services, by running a formal program for 'learning from deaths', and reviewing case studies at Morbidity and Mortality quarterly meetings within specialties to support learning. In addition, we have formalised our review of 'high mortality alerts', scrutiny of CQC insights report, NHSI mortality report and CHKS mortality reports. Finally, we have a thorough process for review of guidance and quality standards published by NICE.

Patient Deaths with Palliative Care Coding

This indicator is designed to accompany the Summary Hospital-level Mortality Indicator (SHMI). The SHMI makes no adjustments for patients who are recorded as receiving palliative care. This is because there is considerable variation between trusts in the way that palliative care codes are used.

Using the same spell level data as the SHMI, this indicator presents percentage rates of deaths reported in the SHMI with palliative care coding at either diagnosis or treatment specialty level.

	July 2016 – June 2017	July 2017 – June 2018	July 2018 – June 2019	October 2018 – September 2019
Stockport NHS Foundation Trust	29%	31%	30%	30%
National average	31%	33%	36%	36%
Highest	59%	59%	60%	59%
Lowest	11%	13%	15%	12%

Source: NHS Digital. Latest data available

Stockport NHS Foundation Trust considers that this data is as described for the following reasons; this is the latest data available. The Trust is currently within the expected range and is not an outlier.

Stockport NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services by undertaking reviews of deaths, root cause analysis where appropriate, discussions and shared learning at appropriate forums.

Patient Reported Outcome Measures Scores (PROMS)

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

The four procedures are hip replacements, knee replacements, groin hernia and varicose veins (Stockport NHS Foundation Trust report on hips and knees). Health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

Hip Replacement Surgery	April 2016 – March 2017	April 2017 – March 2018	April 2018 – March 2019	April 2019 – September 2020
Stockport NHS Foundation Trust	89%	92%	93%	93%
National average	89%	90%	90%	91%
Highest	100%	100%	100%	100%
Lowest	74%	33%	60%	57%

Source: NHS Digital. Latest data available

Knee Replacement Surgery	April 2016 – March 2017	April 2017 – March 2018	April 2018 – March 2019	April 2019 – September 2020
Stockport NHS Foundation Trust	89%	87%	87%	100%
National average	81%	82%	82%	84%
Highest	94%	100%	100%	100%
Lowest	46%	57%	60%	36%

Source: NHS Digital. Latest data available

Stockport NHS Foundation Trust considers that this data is as described for the following reasons this is the latest data available from NHS Digital. The figures are based on patients' responses to questionnaires, completed before and after surgery and are the percentage of respondents who had improved health. The EQ-5D Index captures in a single value a range of generic health issues in a broad but clearly defined way.

Stockport NHS Foundation Trust has taken the following actions to improve these scores, and so the quality of its services, by the Trust continues to review results for hip and knee replacement survey on a regular basis, along with publishing the figures within and outside the Trust. Stockport NHS Foundation Trust remains above the national average.

Readmissions within 28 Days of Discharge

This indicator measures the percentage of emergency admissions occurring within 28 days of the last, previous discharge from hospital after admission for selected conditions.

Patient readmitted to hospital within 28 days of being discharged aged: **0-15**	2016 / 17	2017/18	2018/19	2019/20 YTD (December)
Stockport NHS Foundation Trust	9.2%	9.2%	11.2%	11.6%
National average	9.1%	9.2%	9.7%	9.5%
Highest	16.0%	18.1%	17.2%	16.3%
Lowest	0.0%	0.0%	0.0%	0.0%

Source: NHS Digital. Latest data available.

Patient readmitted to hospital within 28 days of being discharged aged: **16+**	2016 / 17	2017/18	2018/19	2019/20 YTD (December)
Stockport NHS Foundation Trust	8.2%	8.5%	8.6%	7.5%
National average	7.6%	8.0%	8.3%	8.0%
Highest	10.5%	11.4%	11.9%	12.0%
Lowest	0.0%	4.0%	3.8%	0.0%

Source: NHS Digital. Latest data available.

Stockport NHS Foundation Trust considers that this data is as described for the following reasons: this is the latest available data.

Stockport NHS Foundation Trust intends to continue to monitor readmission rates and will take appropriate action as identified.

National Inpatient Survey

This survey looks at the experiences of adult patients who were admitted to an acute NHS hospital in England. It excludes patients whose treatment related to maternity or, patients admitted for planned termination of pregnancy or daycase patients. This indicator is based on an average weighted score of five questions relating to responsiveness to inpatients' personal needs (score out of 100).

	2015/16	2016/17	2017/18	2018/19
Stockport NHS Foundation Trust	68	65	65	66
National average	70	68	69	67
Highest	86	85	85	85
Lowest	59	60	61	59

Source: NHS Digital. Latest data available.

Stockport NHS Foundation Trust considers that this data is as described for the following reasons; the result shown is calculated as the average of five questions taken from the national inpatient survey.

Stockport NHS Foundation Trust takes the following actions to improve this percentage, and quality of its services. We maintain a highly visible Patient Experience team presence around the Trust, supporting staff to capture both positive and negative feedback. Work is continually ongoing alongside the Business group staff to develop robust improvement plans for a high quality consistent service for our patients and their families

The iPad survey has been fully recommenced following the COVID19 pandemic, and continues to be used to capture information and shape future services. Our questions are reviewed annually in line with the national questions to ensure targeted focus, with this process fully supported by our patients and their loved ones.

Stockport NHS Foundation Trust has a Patient Experience Group and a Patient Experience action group where action plans and improvements are monitored with a membership of Trust staff, volunteers, patients and carers included in the groups.

National Staff Survey

The purpose of this survey is to collect staff views about working in their NHS organisation. Data is used to improve local working conditions for staff, and ultimately to improve patient care. The survey is administered annually so staff views can be monitored over time. It also allows a comparison of the experiences of staff in similar organisations.

	2016**	2017**	2018**	2019**
Stockport NHS Foundation Trust	66	65	64	62
National average	69	69	70	71
Highest	90.92	89.29	90.25	90.40
Lowest	47.87	46.84	41.08	48.70

Source: NHS Digital. Latest data available. ** average of Acute Trusts & Combined Acute and Community Trusts

Stockport NHS Foundation Trust considers that this data is as described for the following reasons as it is taken from the results of the national staff survey, published at www.nhsstaffsurveys.com. Stockport NHS Foundation Trust has increased the engagement of its staff with the National Staff Survey 2019 by increasing the response rate to 55%, an increase in responses of 25%.

Stockport NHS Foundation Trust intends to take the following actions to improve the percentage of responses and overall rating for 2020. There will be continued and increased engagement with staff and key groups across the Trust to review feedback, actions and development plans to ensure that we enhance the staff experience and can deliver our Trust's strategic aims.

Venous Thromboembolism Risk Assessment

Venous thromboembolism (VTE) is a blood clot that starts in a vein. All patients, on admission, should receive an assessment of VTE and bleeding risk using national clinical risk assessment criteria to prevent VTE from developing.

	2016/17	2017/18	2018/19	2019/20 (Apr to Dec)
Stockport NHS Foundation Trust	95.4%	96.3%	97.0%	97.4%
National average	95.6%	95.3%	95.6%	95.4%
Highest	100.0%	100.0%	100.0%	100.0%
Lowest	70.4%	63.3%	64.5%	71.8%

Source: NHS Digital. Latest data available.

Stockport NHS Foundation Trust considers that this data is as described for the following reasons; the Trust has consistently achieved above 95% compliance for VTE risk assessment on admission since 2013. It is mandatory to complete the VTE Risk Assessment in the electronic prescribing & medicines administration system (ePMA) before prescribing medications. The data is recorded onto Patient Centre and validated by the VTE specialist nurses. The exclusion cohort is monitored to ensure only those patients eligible for assessments are included in the figures.

Stockport NHS Foundation Trust has taken the following actions to improve this percentage: VTE risk assessment is included at junior doctor training to junior doctors, and the Thrombosis Committee & VTE Specialist Nurses closely monitor the Trust's performance. Any areas of non-compliance are highlighted to the Medical Director. In 2019 the ePMA system was introduced into ED, making VTE risk assessment mandatory earlier in the patient journey.

Cases of Clostridium Difficile Infection

Clostridium difficile infection (CDI) remains an unpleasant, and potentially severe or fatal infection that occurs mainly in elderly and other vulnerable patient groups especially those who have been exposed to antibiotic treatment.

CDT	Target	Q1	Q2	Q3	Q4	18/19
LIC		4	8	13	20	11
Number	51	14	28	44	56	31

Stockport NHS Foundation Trust considers that this data is as described for the following reasons in that the trust follows the national Clostridium difficile guidelines. There is a robust system for data entry and validation which ensures all cases are entered onto the data Capture system.

Stockport NHS Foundation Trust has taken the following actions to improve this rate and so the quality of its services:

- Undertaken a review of the clostridium difficile RCA form to ensure it is more user friendly
- Set up a Health Care Associated Infection (HCAI) panel meetings fortnightly chaired by the Directors of Infection Prevention & Control (DIPC)
- Business groups expected to present CDI case to panel
- Undertaken a review of antibiotic stewardship rounds
- CDI review undertaken by Mersey Internal Audit Agency (MIAA)

Patient Safety Incidents

A patient safety incident is any unintended or unexpected incident which could have or did lead to harm or even death for patients receiving NHS care. This indicator highlights the number and, where available, rate of patient safety incidents per 1,000 bed days reported and the number and percentage of such patient safety incidents that resulted in severe harm or death with the Trust during the reporting period.

Number of patient safety incidents / rate of patient safety incidents per 1000 bed days	2015/16	2016/17	2017/18	2018/19
Stockport NHS Foundation Trust	**10,752 47.2%**	**9,380 40.5%**	**8,551 37.8%**	**8,758 40.7%**
National average	39.1%	40.7%	42.9%	45.8%
Highest	6,743 308.2	4,469 148.3	4477 166.5	4,062 141.7
Lowest	3,473 13.3%	1,182 10.7%	3,892 15.4%	1,767 14.9%

Source: NHS Digital. Latest data available.

Number resulting in severe harm or death / as a percentage of all patient safety incidents	2015/16	2016/17	2017/18	2018/19
Stockport NHS Foundation Trust	**91 0.85%**	**102 1.09%**	**106 1.24%**	**49 0.56%**
National average	41 0.54%	42 0.48%	42 0.48%	43 0.46%
Highest	101 4.21%	125 4.11%	168 3.88%	204 3.97%
Lowest	0 0%	0 0%	0 0%	0 0%

Source: NHS Digital. Latest data available.

Stockport NHS Foundation Trust recognises that we remain slightly under the national average per 1000 bed days for reporting incidents. For reporting incidents that have resulted in severe harm or death, we remain slightly over the national average, although it can be seen that this is an improved position from previous years.

The Trust has to meet statutory and legal requirements to record incidents and therefore all our patient safety incidents and near misses are reported to the National Reporting and Learning System (NRLS). Information from all NHS care providers is reviewed nationally by clinicians and safety experts to identify trends and alert other organisations.

Stockport NHS Foundation Trust has taken actions to improve the rate of reporting, and so the quality of its services, by encouraging reporting of incidents with an open and just safety culture. The Trust holds a weekly meeting where all incidents that have resulted in moderate harm or above, low harm, near misses, staffing incidents, medication incidents, Healthcare Acquired infections and safeguarding incidents are reviewed by the senior clinical and governance teams. This ensures that there is a consistent approach to assessing levels of harm and the type of investigations required. A weekly update is produced and sent to all staff via email, which describes the top three immediate lessons learnt from the incidents reported that week. The incident reporting system has an automatic feedback mechanism so that the member of staff who has reported the incident is able to receive feedback and the actions from incidents.

Serious Incidents are managed through the Serious Incident policy which is underpinned by the NHS Serious Incident Framework 2015. All Serious incident investigations are signed off by an Executive Director.

The Trust continues to deliver investigation training, including the requirement for Duty of Candour.

3 Other information relevant to the quality of relevant health services

The quality accounts regulations specify that Part 3 of the quality report should be used to present other information relevant to the quality of relevant health services provided by the provider during the reporting period.

In this section we have provided an overview of the quality of care offered by Stockport NHS Foundation Trust, based on performance in 2019/20 against indicators selected by the board in consultation with stakeholders. The indicator set selected includes:

- three indicators for safety
- three indicators for effectiveness
- three indicators for experience

3.1 Overview of the quality of care

In this section we have provided an overview of the quality of care offered by Stockport NHS Foundation Trust, based on performance in 2019/20 against indicators selected by the board in consultation with stakeholders. The indicator set selected includes:

- three indicators for **safety**
- three indicators for **effectiveness**
- three indicators for **experience**

The Quality Account Priorities were discussed in January 2019/201, with a host of representatives from key organisations including governors, Stockport Clinical Commissioning Groups, Healthwatch and a number of our own staff.

The priorities were identified through receiving regular feedback and regular engagement with governors, staff, patients, the public, and commissioners of NHS services, overseeing scrutiny groups and other stakeholders.

Progress on the planned improvements has been reported through the Trust's assurance committees, through Governors meetings, and ultimately through to Trust Board. Progress and delivery of these priorities is reported in this Quality Report.

Our staff, governors, members and patients are the eyes and ears of the organisation and their views are constantly sought to ensure that we are focusing on the things that will make the most difference. We surveyed staff, patients and visitors, through the Staff Survey and the Friends and Family Test and from those results we captured the views of the staff and wider public in relation to the range of priorities.

These areas were:

Safety

- We aim to achieve a 25% reduction in device related pressure ulcers by March 2020
- We aim to achieve a 10% reduction in in-patient falls, with 10% reduction in falls with moderate and above harm by March 2020
- We aim to achieve 80% compliance with the Sepsis 6 and will establish the baseline training compliance during quarter 1.

Effectiveness

- We aim to improve readmission rates for patients with the same condition establishing the baseline during quarter 1.
- We aim to continue our ward accreditation scheme with 4 new assessments each quarter and roll out the accreditation to the community, maternity, paediatrics, theatres and community.
- We aim to reduce patient transfers after 10pm and after 8pm for patients living with dementia. Additionally, we aim to reduce the number of times a patient is transferred between wards during their hospital stay.

Experience

- We aim to reduce our nursing and midwifery vacancies to less than 100 WTE by March 2019
- We aim to improve the 5 worst performing questions form the national inpatient survey by 5% by business group by March 2020.
- We aim to improve patient opportunities for advanced care planning at the end of their life by March 2019

Safety

Pressure Ulcers

We aimed to achieve a 25% reduction in device related pressure ulcers by March 2020

This target was achieved, a number of initiatives have contributed to this improvement;

- The delivery of toolbox training to raise awareness of key steps and interventions aimed at reducing pressure when a medical device is in place
- A medical device investigation proforma is now available to complete within the incident reporting system, to assist with collating themes and identifying actions for improvement.
- A suite of patient information leaflets relating air cast boot (ACB) and other orthotic devices are now available on the Trust microsite to give to patients when a a range of medical devices have been applied.
- MDRPU have not been identified as a quality target for 20/21 however the ongoing reduction in this particular type of pressure damage remains a priority focus for the trust and the work of the medical device task and finish group is on-going.

Falls

We aimed to achieve a 10% reduction in in-patient falls, with 10% reduction in falls with moderate and above harm by March 2020

- 988 totals falls in 2019/20 with an overall falls reduction of 19% against last year.
- 29 falls with moderate harm remains the same as last year.

Sepsis

We aimed to achieve 80% compliance with the Sepsis 6 and will achieve 75% of registered nurses to be AIMS baseline training compliant by the end of March 2020.

- Sepsis compliance remained a challenge for the Trust and compliance at end of March 2020 was 64% progress to deliver improvements was impacted by Covid19.
- AIMS training was on track to achieve the 75% target, additional sessions had been agreed and delegates booked however these had to be cancelled due to Covid19, 55% was achieved.

Effectiveness

Readmissions for Patients

We aimed to improve readmission rates for patients with the same condition. For patients discharged between 01.03.2019 and 31.03.2020 there were:

- 79,405 discharges (excluding maternity)
- 7517 non-elective readmissions within 28 days (9.5% of the discharges compared to 9.8% 2018/19)
- 1752 non-elective readmissions within 28 days, where the Primary Diagnosis code for the initial admissions precisely matches that for the readmission (so 23% of the total readmissions, 2.2% of the discharges). 6 of the readmissions are still to be coded.

	2018/19	2019/20
No Discharges (excluding Maternity)	81,347	79,405
Non- Elective readmissions within 28 days	8022	7517
Non-Elective readmissions within 28 days where the Primary Diagnosis code for the initial admissions precisely matches that for the readmission	1755	1752

Ward Accreditation

We aimed to continue our ward accreditation scheme with 4 new assessments each quarter and pilot the accreditation to the community, maternity, paediatrics, theatres and community.

- ACE assessments continue in all areas. 7 assessments have been undertaken in Q3
- Pilot programmes for community, paediatrics, maternity and neonates are currently progressing

Patient Transfers

We aimed to reduce patient transfers after 10pm and after 8pm for patients living with dementia. Additionally, we aimed to reduce the number of times a patient is transferred between wards during their hospital stay.

- There has been a 10% reduction in the number of transfers after 10pm (April – Dec 2019) compared to the same period in 2018
- There is a transfer collaborative that meets every 2 weeks and there is a comprehensive action plan which includes quality improvement projects
- There has been a 19% reduction in the number of transfers after 8pm (April – Dec 2019) compared to the same period in 2018

Experience

Strategic Staffing

We aimed to ensure safe staffing and a reduction on reliance on temporary staffing through a series of schemes associated with recruitment and retention. The overall aim was to reduce vacancies in year to 100 WTE RN/RM and to continue to reduce turnover with assistance from the NHSI support network.

Recruitment programme – reduce vacancy rate to 100WTE by end of quarter 4

- The vacancy figure in December 2019 was 148 RN WTE with variance from establishment rate of circa 200 WTE as the difference in the figures are those in Trac awaiting imminent start dates ..
- The Nursing Associate programme is now starting to demonstrate benefits realisation as cohort one are now are all now in post, and cohort 2 qualify quarter 1 2020 financial year . 62 0 WTE are in training over 5 cohorts with cohorts qualifying every 6 months. This is a significant new pipeline of qualified staff to support safe nurse staffing.
- A Business Case for International recruitment and a campaign for the financial year 19/20 yielded 63 RNs who arrived in the financial year with a further 17 due to arrive early next financial year. In the next financial year a bid for funding for 100-150 RN's has been made.
- Multiple recruitment events are attended over the Manchester and Stockport region, with the Trust attending university events in Sheffield, Bolton, MMU, Edge Hill, Salford/OUM as well as two large nursing times exhibitions which generated a good return on investment.
- An average of 150 WTE Registered Nurse temporary workers per month over this quarter have been utilised to support safe staffing along with an average of 130 WTE per month non registered staff.

Retention Programme – Reduce Turnover Rate by 1.5%

- The first year NHSI results indicated a reduction in turnover of 0.9% against a target of 1.5%. In the last quarter however turnover rates have increased again to nearly the original figure of 13.9% , latest figures indicate the trust Rn turnover at 13.7% .
    1) A continued focus on an improved newly qualified first year experience, which will include not only graduate nurses but also nursing associates. In April 2020 it is planned that a designated member of the learning and development team will be allocated to provide buddy support and an enhanced graduate nurse experience. This campaign will work closely with the itchy feet / sideways transfer scheme
    2) A focus on band 6 and above BME recruitment processes.
    3) A focus on data and actions to support the top 10 turnover areas.
    4) A review and refresh of the flexible working policy.
- The Itchy Feet programme, launched in March 2018, where staff can approach Corporate Nursing staff to look for career development opportunities, is evaluating well. So far, 114 registered nurses have accessed this scheme and 76% have chosen to stay within the Trust.
- Three engagement events have been chaired by the Deputy Chief Nurse with assistant practitioners of which there are 88 in the Trust. Liaison with Bolton University has been undertaken to review the opportunity of an AP conversion course to commence, if funded, in September 2020. 25 have expressed interest in conversion to RN.

Inpatient Survey

We aimed to improve the 5 worst performing questions from the national inpatient survey by 5% by business group by March 2020.

- The national survey is being monitored on a monthly basis via comparable questions from the in-house patient satisfaction survey. Progress is monitored via the Patient experience group and improvements are noted over all areas.

The areas relate to:

- Noise at night (Environment)
- Plans for discharge (Communication)
- Napkin availability (Facilities)
- The patient knowing the name of the nurse (Care)
- Temperature of food (Facilities)
- Being asked if pain relief medication helped (Care)
- Completion of patient property list (Environment)

Advanced Care Planning

We aimed to improve patient opportunities for advanced care planning at the end of their life by March 2020

- Up to 29% of people in hospital at any one time as a result of an unplanned admission are likely to be in their last year of life, Clark et al (2014). The baseline includes this group of people in addition to the people who are identified as likely to be in their last year of life in the community and are identified on the primary care palliative care registers.

- A Treatment escalation plan template is in the process of ratification by the Trust led by the Medical Director.

- The EARLY Project in Primary Care supported by Viaduct has demonstrated that an EMIS tool can support early identification of this group of people and that if they are proactively followed up with an offer of advance care planning that most people are responsive to this approach. A tool (leaflet) to support advance care planning conversations is one of the outcomes of this piece of work and will be shared when it becomes available in February 2020.

- An advance care planning document is in draft in January 2020 to be reviewed at the next Palliative and End of Life Care Group.

- The End of Life Care Facilitator team deliver a one day advance care planning study day to hospital and community staff.

- The Specialist Palliative Care Service have supported an initiative on C6 Ward to share information with people and their relatives regarding decisions that have been made to stop futile treatment. This will link into the Treatment Escalation Plans template once it is available.

3.2 Performance against indicators and thresholds

NHS Improvement uses a number of national measures to assess access to services and outcomes, and to make an assessment of governance at NHS foundation trusts. Performance against these indicators acts as a trigger to detect potential governance issues and we are required to report on most of them every three months.

Our performance against these indicators can be seen in the table below.

Indicator for disclosure	Target	Q1	Q2	Q3	Q4	19/20	18/19
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	84.1%	82.1%	79.4%	77.4%	80.7%	84.8%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	74.4%	70.6%	62.5%	67.2%	68.7%	76.8%
All cancers: 62-day wait for first treatment from:	85%	78.5%	75.1%	69.5%	72.2%	73.7%	78.9%
• urgent GP referral for suspected cancer							
• NHS Cancer Screening Service referral	90%	66.7%	50%	100%	66.7%	64.7%	72.7
C. difficile: variance from plan	-	4	8	14	20	20	11
• C. diff incl COHA cases due to lapses in care (Cumulative)							
• Total C. diff incl COHA cases (Cumulative)	51	14	28	44	56	56	31
Maximum 6-week wait for diagnostic procedures	99%	98.8%	95.6%	91.9%	87.2%	93.0%	99.1%
Venous thromboembolism (VTE) risk assessment	95%	97.04%	97.30%	97.84%	97.80%	97.49%	97.01%

3.3 Other information

Other Quality Initiatives

Throughout the past 12 months there have been a number of significant quality improvements, particularly in relation to the infrastructure relating to governance redesign. Whilst some quality initiatives have been presented in earlier sections of this report; this section of the report describes the improvements made to the infrastructure supporting quality governance. In this section of the report we describe some of them.

Improving the patient experience is one of the Trust's key objectives, and forms a central part of our mission to provide high quality care to every patient, every day. In order to assess and better understand the experience of our patients, carers, friends and families, the Trust actively seeks feedback from people using our services. This is enables the Trust to make the necessary service improvements that ensure our patient's receive a safe, consistent, person centred experience at every contact.

The trusts patient, carer, friends and family strategy sets out our ambitions and approach for improving the patient experience by always listening to our patients, carers, family and friends, learning together from their feedback, leading change based on patient, carer, family and friends experiences and ensuring our patients, carers, family and friends are consistently put first as we continuously improve our communication, care, environment and processes. The strategy was developed and reviewed in consultation with patients and carer representatives.

Care Opinion

The feedback we receive from Care Opinion has enabled us to invite patients and their families into the organisation to discuss the care they received. The patient and families are also invited to partake in the filming of patient stories which enable the trust to share good practice, implement change and allow for lessons to be learned. Key themes have been related to caring, compassionate, professional staff.

Hello my name is -

At Stockport NHS Foundation Trust we support and embrace the 'Hello my name is' campaign and promote that all staff should always introduce themselves by name to patients, carers, families, friends and other staff members, this applies to the hospital and community. The magic of a name should never be underestimated; it all goes to help improve the experience of our patients and staff. As an effort to support the campaign patient behind the bed boards were rolled out and have space to note the name of the patient, the nurse caring for them, their consultant and expected discharge date. They also have sections for

more information about the patient and, crucially, what is important to them. The boards are emblazoned with the #hellomynameis logo which emphasises the importance of using names.

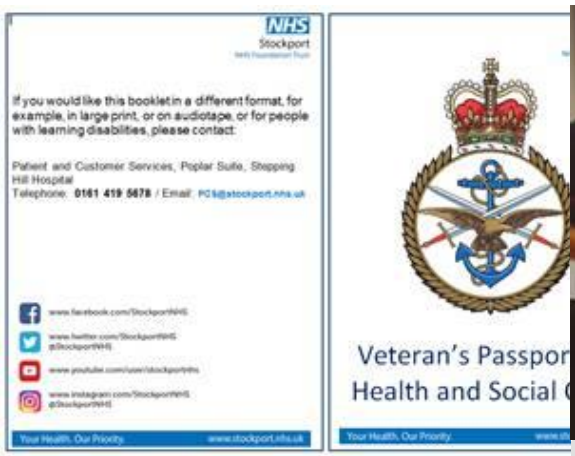
Quality & Safety Boards

In order to standardise information that is displayed to staff, patients and their relatives 'Quality and Safety' boards have been rolled out across all in-patient wards and outpatient areas. This allows us to display key information including the name of the nurse in charge of the shift, the number of staff on duty, patient safety data, quality care indicator data, patient feedback and any 'you said, we did' initiatives.

Veterans Passport

As part of the armed forces work, and following feedback via Care Opinion, a veterans' passport was developed to provide individualised methods of the communication and a tool for the sharing of patient's personal information. An armed forces group meet regularly and this group is attended by hospital staff clinical and non - clinical including reservist members of the armed forces, public governors, serving members of the armed forces, local police force and veteran representative. The passport was trialled with our veteran champion within an outpatient's appointment and was very positively received, the passport is

now in use across all areas of the hospital and GP practices within Stockport as well as in use in other partnering organisations. The Stockport NHS Foundation Trust model has now been replicated outside the Greater Manchester area.



10.6

Electronic Meal Ordering System

The implementation of the electronic meal ordering system (EMOS) was completed at the end of May 2019. The implementation of the EMOS has already delivered improvements to patient meal times as patients can choose their menu right up until a few hours before service. One of the advantages of the system is it enables the catering department to collect data relating to any themes or trends and then make changes to the menus.

Experience of Care Week

The trust ran a series of events in both Stepping Hill Hospital and the community for Experience of Care Week, Music, dance and pet therapy were all part of the package during a week highlighting the importance of positive patient experience.

Pet Therapy

At Stockport NHS Foundation trust we have 10 registered therapy pets that regularly visit different areas of both Stepping Hill Hospital and the community hospital settings of the Devonshire Unit and the Bluebell Unit at the Meadows Hospital. A friendly donkey has now joined them too in visiting the Bluebell Unit.

10.6

Music Therapy

Music therapy is well established across the hospital, it helps people whose lives have been affected by injury, illness or disability through supporting their psychological, emotional, cognitive, physical, communicative and social needs. Listening to music can be both soothing and therapeutic for our patients as well as bringing back old-time memories.

The Apostolic Faith Choir sing and play on the short stay unit for older people

The Apostolic Faith Choir sing and play on the short stay unit for older people

Annex 1.1

Statement from the local clinical commissioning group

30th October 2019

Subsequent to receipt and review of the Annual Quality Accounts Report 2019-20, Stockport Clinical Commissioning Group (SCCG) would like to acknowledge Stockport NHS Foundation Trust (SFT) achievements against a significant proportion of the priorities for improvement for 2019-2020.

We acknowledge the trust's commitment to achieving these objectives in a particularly challenging and pressured time. We also want to commend all staff across the Trust for their commitment to people of Stockport, and issue a heartfelt thank you to everyone who has contributed to the care of patients across Stockport.

It is important to note that there has been the significant impact of the COVID pandemic and that as a result there has been the temporary suspension of the collection of patient experience data this year but we are assured that work will continue around patient experience to ensure that the Trust continues to benchmark with peers in relation to the care that is provided. It is noted that the Trust has action plans for a number of work programmes that focus on staff and patient engagement, as well as implementing culture change and a robust communication strategy. In addition the commitment of the Trust to the national Infection prevention and control (IPC) and Maternity improvement programmes is welcomed by the CCG

The Trust has continued to see challenges to service provision throughout the year, particularly around emergency department (ED) waiting times, long lengths of stay, recruitment, and retention of staff across the Trust. The CQC has maintained the overall Trust rating of 'Requires Improvement', with a rating of 'Good' for caring services, demonstrating that in some areas improvements have continued and SCCG envisage that this will inform the continued progress over the coming year. The High Quality Safe Care Plan outlined the progress against the CQC recommended actions, with oversight and scrutiny from the executive directors and business group directors and the updated CQC action plan is overseen by the System Improvement Board with actions monitored by the CCG. A detailed review of improvements is undertaken as part of the Stockport Patient Safety Group.

SFT have continued to demonstrate commitment to the quality improvement programme of CQUINs and shown definite motivation in achieving these improvement objectives. Despite a continued enthusiasm to improving patient experience, patients response to the question "would be likely or extremely likely to recommend the trust has remained at the same level as the previous year".

The learning from the reported 12 hour breaches and the number of maternity diverts reported during the year and examined as Serious Incidents in 2019-20 needs to be embedded thoroughly across the organisation in 2020-21, given the high numbers reported over the 2019/20 year. The Trust have reviewed the way that 12 hour breaches are recorded, and all relevant information collated in the Long Wait for Care Assessments are being shared with the CCG to demonstrate the standards of care being provided, despite the challenges to the ED. Timely reporting of incidents in line with the national framework continues to be encouraged by the CCG.

The continued underperformance against the ED indicators has been frustrating, but SCCG acknowledge the Trusts' commitment to ensure that processes are in place to improve and maintain quality and safety and to alleviate some of the issues identified in this particularly challenging environment. SCCG have continued to work with the Trust on a variety of initiatives to enhance the pace of improvements needed and a renewed focus needs to be applied in 2020/21 particularly around winter planning to facilitate the improvements required. There has been progress in relation to the reduction in Delayed Transfers of Care and Stranded Patients, however there is still further work to do to reduce length of stay for older people, and the CCG recognise that additional pressures around COVID will further impact on these endeavours.

It has been encouraging to learn that the year has seen a fall in the overall numbers of new pressure ulcers in comparison to 2018/19, and the planned reductions around device related pressure ulcers, hospital acquired and community acquired pressure ulcers were achieved. SCCG acknowledge the continued work implemented around the pre harm free care meetings and the work of the medical device task and finish group, and the continued use of the Purpose T assessment tool, all of which will facilitate lessons for learning across the organisation in a timelier manner.

The Trust concerns about the increased number of Cdiff cases and their continued efforts to reduce rates demonstrates a clear commitment to reducing infection rates and lapses in care against trajectory. The additional infection prevention and control measures initiated as a result of COVID are expected to have an impact on reducing the infection rates across the organisation.

SCCG recognise that there has been a significant work programme around falls reduction, and The Trust has performed well against the target for the number of falls with a 19% reduction for total falls across the year. The number of falls with moderate harm has remained the same as the previous year and the CCG would expect to see a reduction in this number for 2020/21. SCCG have noted the work that has continued around the harm free care summit, 'STEADY' in Stockport and bay tagging initiatives to further enhance the improvements on the falls agenda. The staff are commended for their continued commitment to reducing falls and associated harm, and improving outcomes for patients.

SCCG note the clear commitment to harm free care and the continued improvement plans for falls and pressure ulcers. The CCG are assured that the pre harm free care meetings, patient safety summit meetings and the senior nurse walk rounds have continued to enhance the patient quality and safety agenda. This was further demonstrated by the introduction of NEWS2 in March 2019 which is still being monitored and evaluated.

It is noted that the Trust has continued to experience staffing and recruitment/retention issues, and SCCG note the ongoing initiatives around the ongoing recruitment programme, retention programme and improving efficiencies in e-rostering, and the development of measures with NHS Professionals to address some of these staffing issues. We consider the International recruitment programme to be very successful.

SCCG recognise that service delivery issues and staffing difficulties around recruitment of key staff for cancer services including cancer specialist nurses, pathologists and radiographers, had been particularly challenging and this was demonstrated in the failures to achieve the 18 week target across some cancer pathways during 2019/20. COVID 19 will have undoubtedly affected this further and SCCG will continue to work with and support the Trust to improve the 18 week targets and access to cancer service pathways over the coming year, despite COVID restrictions and the impact this will have on service delivery and treatment pathways.

The Trust have continued to demonstrate encouraging results from their highly rated stroke unit, officially ranked best in the country by an SSNAP audit. It has also been noted that the Trust have some of the best results in the country for bowel cancer care. In relation to seven day services and meeting the national

compliance requirements for urgent network clinical services, ie Stroke, it is encouraging to find that the Trust remain in the upper quartile of national results.

From April 2019 the approach to responding to complainants altered to provide a more rigorous investigation that would provide a more timely resolution. Staff were trained to ensure that a more holistic response to the issues raised has been embedded. This initially has led to a reduction in timeliness to response rates as staff adjusted to the improved approach, however the response rate has improved throughout 2019/20 and an improvement from 65% in July 19 to 100% in Feb 20 and the improvements demonstrated have continued. We will continue to work with the Trust complaints team and to monitor complaint responses across the coming year.

The Trust have been working with SCCG on the LeDeR programme (Learning Disability Mortality Review) actively participating in the process, with notification of deaths to the system where the patients are known to have a learning disability. The Trust have one reviewer and a member to SCCG partnership steering group which will support the dissemination of any learning back to The Trust to implement. They also support other reviewers to understand health information held by the hospital.

The continued efforts of the Business Groups in relation to reporting serious incidents and completing and submitting reports for review has continued to improve during the year. The Trust has demonstrated a clear commitment to improving the SI reporting process and the teams will continue to support the STEIS reporting and SI process over the coming year. The CCG would like to see an improvement in the timeliness of STEIS reporting, and it is hoped that the newly initiated validations meetings will assist with these decisions. The CCG would also like to see some accompanying audits to evidence whole footprint implementation of actions to evidence the learning and changes implemented in the continued drive to improve quality and safety.

There have been some substantial improvements reported this year that SCCG wish to commend, and some good examples of collaborative working across the health and social care economy, and a dedication to patient safety and incident reporting.

SCCG support the response of the Trust to address the CQC outcomes through its Improvement Action Plan. SCCG will continue to seek assurance on completion of the actions, and is committed to working with SFT on sustaining and nurturing improvements, developing areas for growth and establishing innovation in quality improvement projects in the year ahead.

SCCG recognise the achievements made over the last year and look forward to working with SFT to further improve patient experience, patient safety and clinical effectiveness for all patients accessing SFT services.

Annex 1.2

Statement from the local Healthwatch organisation

Stockport NHS Foundation Trust Quality Account 2019-20
Healthwatch Stockport Statement
REF: HWS126

Healthwatch Stockport welcomes the opportunity to feedback on Stockport NHS Foundation Trust's Quality Account 2018-19. We recognise the valuable role the quality report plays in ensuring accountability to patients and the community of Stockport.

We write this response whilst still in the thick of the Covid-19 pandemic and understand the huge pressures that face our NHS nationally. However, we are only responding to the period 2019-20 and much of which was prior to the start of the pandemic.

In November 2019 we welcomed the creation and the appointment of a specific Healthwatch Stockport Governor position. We feel this is a positive and progressive move for the Trust and one of the many ways the Trust can enhance patient and public representation and engagement.

First, we would like to begin by paying a huge tribute and thanks to the dedicated and committed frontline NHS Staff who work for Stockport NHS Foundation Trust. As is usual for Healthwatch Stockport, the feedback we receive about hospital and community staff is nearly always positive and there continues to be a real empathy from the public about the considerable pressure the NHS is under.

Over the last few years Healthwatch Stockport has had to express its disappointment in certain elements of the quality account. Previously we have expressed our concerns over 18 week waits, A&E waiting times, Urgent GP referrals and access to British Sign Language Interpreters for patient who are deaf. Unfortunately, we continue to be concerned about these quality issues, in addition to staffing vacancies, the dramatic increase in 12-hour breaches and constantly being among the worst performing Trusts in Greater Manchester. We felt so strongly that twice in this reporting period we had to escalate our concerns to the Greater Manchester Health and Social Care Partnership.

Whilst we commend the areas the Trust have improved and in which they have continued to excel, such as their outstanding stroke and abdominal services, reduction in in-patient falls and pressure ulcers, the overall picture is very disconcerting. Little has changed from the CQC report from December 2018 [Previous reporting year] in which they required the Trust to improve in all the domains of safety, effectiveness, responsiveness and well led. A quality improvement plan and a refreshed improvement plan was in place for 2019-20. The CQC findings are not what the patients of Stockport want to see from their local hospital.

From an engagement perspective we are pleased that we are represented on the Trust patient experience group and hope to build on the initial introductions made, ensuring a positive experience for all who use the Trusts services.

Last year we reported that we did not have sight of all information available in the version of the Quality Account we received and so, were disappointed not to be able to comment more fully on its content. Due to reason of the covid-19 pandemic we were not provided with the full report this year to comment on.

Last year we were given assurance that the quality of patient experience would improve. Unfortunately, we have not received any written evidence of this for this reporting year.

As in previous responses, where we have requested that we receive updates through the year against priorities within the quality account, we would ask again that we have regular involvement meetings with key people within the trust, over the period of the year.

We expect [again] that with new changes happening within the Trust at a leadership level that we shall be involved in supporting the Trust to help people have a positive experience when using its services.

We hope that, for next year, we can build upon relationships with the Trust Governors, the senior leadership team and ward managers, which will see greater involvement in planning and developing services for patients.

We continue to invite feedback from the public about their health and social care experiences related to the Trust and/or community services and will feedback accordingly.

Healthwatch Stockport, through its involvement with commissioners, providers, patients and the public, continues to help, challenge and encourage the achievement of quality improvement and the pledges given to patients set out in the NHS Constitution.

This Statement was prepared by Healthwatch Stockport Members November 2020

Annex 2

Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance.

The content of the Quality Report is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2019 to March 2020
- Papers relating to quality reported to the board over the period April 2019 to March 2020
- Feedback from commissioners dated 30th October 2020
- Feedback from local Healthwatch organisations dated November 2020
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, to be dated December 2020 (currently in progress)
- The latest national patient survey 2019
- The latest national staff survey 2019
- The Head of Internal Audit's annual opinion of the trust's control environment June 2020
- CQC inspection report May 2020

This Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered

The performance information reported in the Quality Report is reliable and accurate.

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board,

Adrian Belton
Chair

Karen James
Chief Executive

Glossary of terms and abbreviations

7DS – Seven Day Services

A&E – Accident and Emergency (also known as emergency department) is a hospital department that deals with genuine life-threatening emergencies.

ACB - Air cast boot

ACE – Accreditation for Continued Excellence is the locally developed ward accreditation scheme at Stockport NHS Foundation Trust aimed to promote safer patient care by motivating staff and sharing best practice between ward areas through regular assessments across a wide range of core healthcare subjects.

Acute - Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery.

AFN – Acute Frailty Network

AIMs – Acute Illness Management

AP – Assistant Practitioner

AQuA - Advancing Quality Alliance is an NHS health and care quality improvement organisation established in 2010 and supports its members in the North West to deliver the best health, wellbeing and quality of care.

BME – Black and Minority Ethnic

CCG – Clinical Commissioning Group

CDI - Clostridium difficile, also known as C. difficile or C. diff, is bacteria that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics. It can spread easily to others.

CQC - Care Quality Commission is an independent regulator of all health and social care services in England.

CQUIN - Commissioning for Quality and Innovation is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.

CPMS - Central Portfolio Management System

DIPC - Directors of Infection Prevention & Control

DoH - Department of Health is a department of Her Majesty's Government, responsible for government policy on health and adult social care matters in England

DoLS - Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty.

DQMI - Data Quality Maturity Index

DSP - Data Security & Protection

Duty of Candour - Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

ECDS - Emergency Care Data Set is the national data set for urgent and emergency care. It replaces the Accident & Emergency Commissioning Data Set. Using ECDS for emergency departments provides data that better supports healthcare planning and better informed decision making on improvements to services.

ED – Emergency Department (also known as Accident and Emergency) is a hospital department that deals with genuine life-threatening emergencies.

EDD - Expected Date of Discharge

EMIS - Egton Medical Information System

EMOS - Electronic meal ordering system

ENT – Ear, Nose & Throat

EoL - End of Life

EPR - Electronic Patient Record

ePMA - Electronic Prescribing And Medicines Administration

FIT – Frailty Intervention Team

Foundation Trust - NHS Foundation Trusts are part of and committed to the NHS, but have more freedom in how they run their hospital and how they meet the demands on them.

FRESH – Sexual Health service

FTSUG - Freedom to Speak Up Guardian

FU OWL – Follow up Outpatient Waiting List

GCP - Good Clinical Practice

GIRFT – Getting It Right First Time

GM – Greater Manchester

GMCRN - Greater Manchester Clinical Research Network

GP – General Practitioner

HAP – Hospital Acquired Pneumonia

HASU – Hyper - Acute Stroke Unit

HCAI - Health Care Associated Infection

HES - Hospital Episode Statistics

HSCA – Health & Social Care Act

ISARIC - International Severe Acute Respiratory and Emerging Infection Consortium

LFD - Learning from Deaths

LHCRE – Local Health Care Records Exemplars

M&M – Morbidity & Mortality

MDRPU - Medical device related pressure Ulcers

MDT – Multi-Disciplinary Team

MIAA - Mersey Internal Audit Agency

MMU – Manchester Metropolitan University

NCAPOP - National Clinical Audit & Patient Outcomes Programme

NHSE – NHS England

NHSI – NHS Improvement

NHSP – NHS Professionals

NIHR – National Institute of Health Records

NRLS - National Reporting and Learning System

ODL – Organisation Development & Learning

ODP – Operating Department Practitioner

OWL – Outpatient Waiting List

PDSA – Plan, Do, Study, Act

PROMs - Patient Reported Outcome Measures

QI – Quality Improvement

RCEM – Royal College of Emergency Medicine

RM – Registered Midwife

RN – Registered Nurse

RTT - Referral to Treatment

SPC - Statistical Process Charts

SHMI – Summary Hospital-level Mortality Indicator

SMBC – Stockport Metropolitan Borough Council

SMT - Senior Management Team

SNHSFT – Stockport NHS Foundation Trust

SRO – Senior Responsible Officer

SSI – Surgical Site Infection

SURRT - Stockport Urgent Response and Rehabilitation Team

SUS - Secondary Uses Service

SWOT – Strengths, Weaknesses, Opportunities & Threats

TOP Pathway – Termination of Pregnancy Pathway

UGI - Upper Gastro-Intestinal

VTE - Venous Thromboembolism

WTE – Whole Time Equivalent

WW – Week Wait

YTD – Year to Date

NHS
Stockport
NHS Foundation Trust

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Your Health. Our Priority.

NHS Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	3 December 2020
Subject:	**Risk Report**		
Report of:	Interim Director of Governance & Risk Assurance	**Prepared by:**	Deputy Director of Quality Governance

REPORT FOR ASSURANCE

Corporate objective ref:	N/A
Board Assurance Framework ref:	SO5
CQC Registration Standards ref:	17
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report
This report:

- gives an aggregate account of current significant risk exposures;
- updates the Board on proceedings of the Risk Management Committee meeting held on 11/11/20
- gives an indication to the Board of potential future strategic risk considerations.

The Board are invited to consider the report and:

- note significant risk exposures as outlined, advising on any further actions required for control or assurance requirements;
- note the proceedings of the Risk Management Committee;
- consider and agree the recommendations; and
- advise on preferences for tolerance and any further actions required to enable the Board to achieve prudent control of risk.

Attachments:

This subject has previously been reported to:

☐ Board of Directors	☐ PP Committee
☐ Council of Governors	☐ Charitable Funds Committee
☐ Audit Committee	☐ Nominations Committee
☐ Executive Team	☐ Remuneration Committee
☐ Quality Committee	☐ Joint Negotiating Council
☐ F&P Committee	☒ Other (Risk Committee)

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1. INTRODUCTION

1.1 The purpose of this report is to:

i. update the Board of Directors on the progress to review existing risk registers;
ii. provide an aggregate account of current significant risk exposures valid at the time of writing;
iii. update the Board on the proceedings of the Risk Management Committee; and
iv. to give an indication to the Board of potential future risk considerations.

2. RISK REGISTER

2.1 The Trust continues implement a simplified risk process to improve the quality of risk registers and drive discussions and accountability for control. There is a rolling programme of reviews established to ensure detailed examination of reportable risks from each Business Group and major corporate function. This rolling programme is in its second of four planned cycles as part of an annual plan of work.

2.2 Good governance masterclasses, led by the Interim Director of Governance & Risk Assurance, have now been delivered to all business groups (in some cases several sessions provided) and corporate leads. This session helps leaders to align the basic elements of governance, stress test the utilisation of governance practices within the service and determine improvements in order to underpin prudent control of risk and promote success. At the time of writing these sessions were paused while the organisation focusses on its efforts on the emergency response to second wave of Covid-19.

3. OPERATIONAL RISK ANALYSIS

3.1 Based on analysis by the Interim Director of Governance & Risk Assurance and evidence submitted to the Risk Management Committee, for the immediate and shorter-term horizon the Trust is attempting to mitigate a set of strategic risks which, when combined, represent a material threat to the achievement of objectives for the remainder of 2020/21. These can be summarised as follows:

- acute shortages of clinical workforce; *and*
- high demand for care combined with a lower G&A bed base (one third) going into Autumn/Winter 2020-21; *and*
- insufficient exit flow to pathway 1 and 2 D2A facilities; *alongside*
- control of infection constraints arising from guidance requirements and associated management of prolonged Covid-19 pandemic, or nosocomial transmission of virus; *leading to*
- capacity constraints which may, if not mitigated, adversely impact on patient flows and/or effective recovery or maintenance of elective care priorities; *exacerbating*
- an unsustainable financial position.

4 SIGNIFICANT RISK EXPOSURE (valid as at 02/11/2020)

4.1 At the time of writing there are 382 live risks on the Trust's risk register, a decrease of 1 since the last meeting. Using impact and likelihood markers, these risks are distributed as follows:

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain	Total
1 - Negligible	**4**	**3**	**1**	**0**	**2**	**10**
2 - Minor	**4**	**23**	**17**	**12**	**9**	**65**
3 - Moderate	**14**	**56**	**74**	**32**	**3**	**179**
4 - Major	**29**	**40**	**29**	**10**	**1**	**109**
5 - Catastrophic	**5**	**5**	**6**	**2**	**1**	**19**
Total	**56**	**127**	**127**	**56**	**16**	**382**

4.2 On the spectrum of possible residual risk scores, the distribution of risk exposure is as follows:

41%						**53%**				**6%**			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
4	**7**	**15**	**52**	**7**	**73**	**52**	**74**	**14**	**61**	**9**	**10**	**3**	**1**

4.3 A significant risk is understood as a risk where the exposure [after risk treatment] is rated 15 or more using the Trust's grading matrix. 23 risks, which equates to 6% of all live risks, are currently rated as significant. **Appendix A provides the detail for each risk record** .At the time of writing the aggregate profile of current significant risks is as follows:

Rank	Nature of Risk Exposure	No. of Risks in Scope	Risk Identified	Residual risk
1	Discharge	1	Discharge to assess model	(25)
2	Finance	2	Failure to meet control target; cost of temporary staff	(16 -20)
2	Staffing Levels	9	Nursing staffing, Medical staffing, ENT, TVN,	(15-20)
2	Access Standards	5	4-Hour access target; Surgical waiting times, , CT scan, Urology, 18 weeks access target,	(15-20)
3	Compliance	2	Regulatory Reform (Fire Safety) Order; CQC Ratings;	(15 -16)
4	Health and Safety	3	Prevention of exposure to Covid 19; Training compliance, staff wellbeing	(15)
4	Critical IT System Failure	1	Telepath system outage	(15)
	Total	**23**		

4.4 These risks are being mitigated but are not yet under the level of control required by the Trust Board in accordance with the Board's appetite for exposure. Risk owners are being supported and encouraged to explore all options to enhance control accordingly. The Risk Management Committee will lead and provide direction to senior leaders, including engagement with system partners, to assist control.

5. RISK MANAGEMENT COMMITTEE

5.1 The Risk Management committee met on the 11 November 2020. The key decisions and actions agreed are summarised as follows:

5.2 The significant risk profile was examined and challenged by the Executive. The key decisions and actions agreed are summarised below:

- It was noted that the workforce and organisational development risks had been rebuilt and concludes action agreed at the previous meeting. The Committee were satisfied that these risks were described and scored appropriately.
- **(Risk 1387)** describes the potential risk of the Tissue Viability Service being unable to meet demand for this service due to capacity constraints. It was agreed the risk required framing to give more emphasis to the potential consequences, and also provide more clarity on mitigating actions. This risk will be reviewed further.
- **(Risk 1004)** The risk associated with compliance with the Regulatory Reform (Fire safety) Order 2005 was reviewed in light of positive assurance received from Greater Manchester Fire & Rescue Service. Until all risk assessments had been concluded in full, and clarity on what action, if any, is required following assessment is agreed, the Committee determined that the residual risk score should remain at a 16 for the time being.
- **(Risk 1592)** The risk of failure to deliver the financial position in 2020/21. This risk was reviewed alongside the other finance risks. It was considered that in the worst case scenario the consequence of the risk is significant (Severity Score = 5). There remains some uncertainty of likelihood pending confirmation of the financial regime for the remainder of 2020/21. The consensus was that there remains a high likelihood of being unable to deliver the financial position as planned. The residual risk remains at 20, assurances shall be kept under review by the Finance & Performance Committee on behalf of the Board.

5.3 A translation of the risk appetite into values and behaviours was received and approved. This will be reviewed regularly.

5.4 The following risk registers were reviewed in detail:

- Women &Children's and Diagnostics Business Group
- Communications team
- Finance
- IT risks
- Clinical IT Safety

5.5 A deep dive into the staffing risks was undertaken. It was determined that mitigation could be and will be enhanced by the adoption and full utilisation in all areas of the electronic rota management; the benefits of which are likely to help plan for and monitor safer staffing levels. This could also, potentially, help to apply more control over temporary staffing expenditure. Assurances shall be kept under review on behalf of the Board by the People and

Performance Committee.

5.6 The following reports were received:

- The HSE Health and Safety Covid-19 risk assessment was updated and kept under review. The Assessment had been updated to reflect the most recent changes put in place to protect staff and patients during the pandemic. The Committee requested that the risk assessment is kept under constant review until such time as the Covid-19 pandemic comes under control.
- The Health and Safety Quarterly report was received. It was noted that the structure and content of the report requires developing, and will be a priority following the appointment of the Trust's new System Advisor in December 2020. Point to note was that that there had been a reduction in the number of reported staffing incidents on Quarters 1 and 2 of this year. The Committee recognised that the report requires development and is not yet meeting our needs for effective oversight of safety performance. The arrival of the Trust's Health & Safety Advisor will support and enable rapid progress to better shape this report going forward.
- The Committee received and considered in detail the Health and Safety Gap analysis undertaken by an independent third party supplier. The report demonstrates that the Board's approach to Health & Safety needs rebuilding and lacks maturity compared to other safety-critical industries. This report and proposed action plan has been considered by the Quality Committee, and the Board has set aside time to consider and shape a health & safety programme to improve maturity.
- The Emergency Preparedness report was received. It was noted that the organisation is due a major incident exercise; however this and the Greater Manchester wide exercise have been stood down due to the current pandemic.

6. STRATEGIC RISK ANALYSIS

6.1 An understanding of potential future risk is crystallising. Six primary risk scenarios have been developed that may illustrate the risks facing Stockport NHS Foundation Trust. These risk scenarios stand in the future and give an indication of potential prospective risk. Based on the Trust Board's strategy, Covid-19 recovery ambition and taking into account current internal and system-wide challenges, the future risk scenarios which are interlinked are currently expressed as follows:

A. **Unsatisfactory standard of patient care** (resulting in *multiple incidents of severe, avoidable harm, sub-optimal clinical outcomes, poor patient experience*);
B. Growth in demand for care that exceeds available capacity (expanding waiting lists and unsatisfactory delays for care internally and across the local health system);
C. **A critical shortage of clinical workforce** (arising from increased competition for staff, attractiveness as an employer, adequacy of attendance and rota management, and staff satisfaction at work);
D. **An impactful major incident which results in severe and prolonged disruption across business groups** (such as utility failure, penetrating cyber-attack, persistent pandemic, fire/flood or security event, critical infrastructure failure, extreme weather events, supply chain failure/interruption or collapse of care home provider);
E. A loss of stakeholder confidence (as a consequence of ineffective strategic relationships, material breach of compliance with regulations and standards of care, sustained adverse publicity, leadership instability, prolonged regulatory intervention and/or ability to meet public expectations);
F. **Expanding financial deficit,** income volatility or financial loss on a scale which puts at risk long term financial sustainability.

7. RECOMMENDATIONS

7.1 It is recommended that:

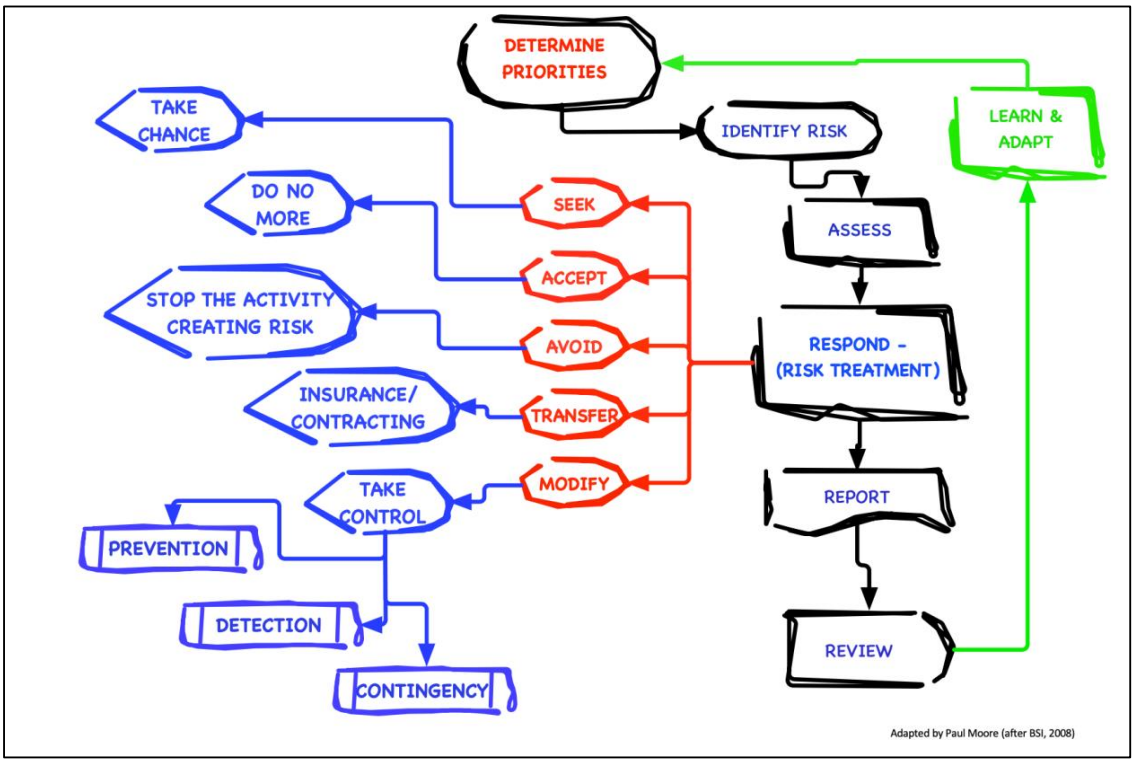
i. Board consider the extent to which the risk profile continues to reflect the Board's view of the primary risks facing Stockport NHS Foundation Trust for the foreseeable future.

8. ACTION/ DECISION REQUIRED

8.1 The Board are invited to consider the report and:

i. note significant risk exposures as outlined, advising on any further actions required for control or assurance requirements;
ii. note the proceedings of the Risk Management Committee;
iii. consider and agree the recommendations; and
iv. advise on preferences for tolerance and any further actions required to enable the Board to achieve prudent control of risk.

Appendix 1
Risk Treatment



Ratings

SEVERITY MARKERS		LIKELIHOOD MARKERS		
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely	No effective control; or ≥1 in 5 chance within 12 months
4	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Directorates; Extended service closure	4	Somewhat Likely	Weak control; or ≥1 in 10 chance within 12 months
3	Moderate harm – medical treatment required up to 1 year; £100k – £1m loss; Temporary disruption to one or more Directorates; Service closure	3	Possible	Limited effective control; or ≥1 in 100 chance within 12 months
2	Minor harm – first aid treatment required up to 1 month; £50k - £100K loss; or Temporary service restriction	2	Unlikely	Good control; or ≥1 in 1000 chance within 12 months
1	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Extremely Unlikely	Very good control; or < 1 in 1000 chance (or less) within 12 months

Significant Risk Register November 2020

Risk ID	Business Group	What is the risk?	Rating (initial)	What is the mitigation?	Severity	Likelihood	Residual risk	Actions	Due date	Risk Appetitie
1561	Integrated Care Business Group	Unable to comply with National Discharge Guidance regards Discharge To Assess (D2A)	12	PREVENT: comply with national standard for discharge, SOP in place, whole system PWC review, operational controls, staff attendance controls(sickness/absence	5	5	25	Nil	Nil	12
1559	Surgery GI and Critical Care	There is a risk to patient safety due to the fragility of the ENT service	16	Discussions with MFT around collaborative on call arrangements. Clinical validation of all long wait patients and all cancer patients. Clinical oversight of elective capacity. Continuing capacity and demand refreshing. Pre-Covid-19, CCG discussions took place to	4	5	20	FAG Review of ENT Options Paper	31/12/2020	8
1592	Finance	There is a risk that the Trust will fail to deliver the 2020/21 financial position	10	The Trust records Covid-19 costs separately within ledger. Financial returns to NHSI are submitted monthly with sign off from the Chief Exec and DoF. Existing financial governance reporting continues with performance reviews held with business groups monthly. The Finance and Performance Committee has restarted and reports key financial issues to the Board. An interim scheme of delegation (for review end Sept) has been approved by F&P and Board covering how budgets will be flexed under the new interim arrangements. Quarterly finance review meetings are held with the Deputy DoF and Business Group Directors to ensure key issues are addressed. The Finance Advisory Group was established alongside the Workforce Advisory Group and Clinical Advisory Group. This group focuses on approval of Covid-19 costs and specifically related to the run rate of the organisation. Oversight of recovery planning from Technical Group, SMT and FGAG	5	4	20	Finance, activity and workforce plan	27/11/2020	5
								Finalisation of winter costs	24/11/2020	

Significant Risk Register November 2020

Risk ID	Business Group	What is the risk?	Rating (initial)	What is the mitigation?	Severity	Likelihood	Residual risk	Actions	Due date	Risk Appetitie
1695	Human Resources	There is a risk of a critical shortage of staff	25	Funded establishments Rosters agreed in advance Supporting attendance policy Study leave policy Workforce planning cycle Business case approval Engagement initiatives Attendance metrics Staff in post metrics Safe staffing meetings Temporary staff engagement Redeploying staff across areas to manage risk Imposition of service restrictions	4	5	20	Roster KPIs International Nurse Recruitment	31/12/2020 31/12/2020	15
1702	Human Resources	There is a risk of increase in temporary staffing costs due to staffing constraints	20	ECP process Controls on agency usage Work underway with NHSP to increase approval layers Review of agency tiering Agency and bank usage metrics Bank to agency transfers	4	4	16	Full review of medical agency usage	31/12/2020	12
1549	Surgery GI and Critical Care	There is a risk of extended waiting times for patients awaiting diagnostic elective & planned care following the Covid pandemic	20	Clinical validation of patient pathways to mitigate against harm. Prioritisation of limited capacity. Use of private sector. Creation of ultra-green / yellow zones. Re-starting of services in line with national guidance.	4	4	16	Review pathways	01/12/2020	8

Significant Risk Register November 2020

Risk ID	Business Group	What is the risk?	Rating (initial)	What is the mitigation?	Severity	Likelihood	Residual risk	Actions	Due date	Risk Appetitie
1004	Estates and Facilities	The Trust is in breach of the Regulatory Reform (Fire Safety) Order 2005	20	Action Plan agreed with GMFRS. Monthly Meetings with GMFRS to monitor progress against action plan.	4	4	16	Stand alone Fire Risk Assessment for Theatres	31/01/2021	8
								Fire Stopping - Maternity Block	30/11/2020	
								Compartmentation Sizing	31/12/2020	
								Principles of Prevention to be covered in annual Fire Safety Training	31/12/2020	
								Review Fire Evacuation Plans	27/11/2020	
								Annual programme of fire drills in the form of a "Walkthrough" to be undertaken	27/11/2020	
								Fire Safety Training	27/11/2020	
								Fire Safety Training Records	27/11/2020	
								Risk Review Due	31/12/2020	
								Additional Fire Officer Resource	30/11/2020	
78	Medicine and Clinical Support	There is a risk to patient safety due to the registered nursing staffing deficit within Medicine & CS	20	Twice daily assessment of staffing across the Business Group Band 7 on each ward to regularly monitor off duty for changes, ensure accurate numbers, significant gaps to be escalated to Matrons Staff re-deployed to balance the risk across the Business Group Reference to the minimum safe staffing escalation policy Monitor of DATIX and Red Flags Pro-actively put shifts out to NHSP and Agency Ongoing local and international recruitment	4	4	16	Ongoing review of recruitment in the Med&CS business group.	12/12/2020	8
								Agree and establish approach to manage complex patients requiring increased support	11/12/2020	
130	Emergency Department and Clinical Decison Unit BG	The ED does not meet the 4 hour access standard	20	Combined oversight of UCOG and UECDB looking at full system solutions to poor flow and other root causes of poor performance. Internal standards and processes now in place to ensure engagement of other business groups/MH Trusts. Monitored in ED Operational, Governance and Quality Meetings	4	4	16	Please refer to actions of the Programme Delivery Group (PGD)	17/01/2020	10

Significant Risk Register November 2020

Risk ID	Business Group	What is the risk?	Rating (initial)	What is the mitigation?	Severity	Likelihood	Residual risk	Actions	Due date	Risk Appetitie
686	Integrated Care Business Group	There is a risk that patient care may be compromised due to significant staffing shortages within AMU	20	PREVENT: oApproved lines of work sought to provide continuity oStaff attendance controls (sickness/absence management arrangements) oContinued recruitment to vacancies with a rolling 2 week advert out to NHS jobs oMatron attending daily staffing meeting to escalate any concerns and seek support where appropriate from other business groups DETECT:	4	4	16	Recruitment	30/11/2020	8
								staffing review	30/11/2020	
765	Women Children and Diagnostics Business Group	There is a risk to the delivery of the CT service and patient safety due to a delay in installing 3rd CT scanner	16	Due to the increase in workload another 2 CT scanners are required. This has been planned for. Mobile CT scanner is being used to maintain waiting list times but this isn't cost effective. 2 new extra CT scanners to be purchased and installed. MR service is also at contract end with the need for MR scanner replacements. Monitoring of timings is	4	4	16	Instalation of New CT Scanners	11/12/2020	4
								Obtain updated timescales from project manager	11/12/2020	
1402	Surgery GI and Critical Care	There is a risk to patient safety due to the registered nurse staffing deficit within SGI&CC	16	03/09 - Virtual recruitment event planned to commence 14/09/2020 with a recruitment day planned for the end of October 2020. Currently adverts out for all vacancies. weekly monitoring of nurse vacancies Twice daily staffing reviews of all areas to support gaps	4	4	16	Review of recruitment options in the Business Group	31/12/2020	9
								To agree post covid pandemic bed configuration for the Business Group	31/12/2020	
1410	Surgery GI and Critical Care	There is a risk that urology cancer will cease to be delivered at this Trust	16	Ongoing participation with the GM Cancer and Benign Urology Redesign Workstreams(on hold due to Covid-19)	4	4	16	Ongoing involvement in the Urology GM Cancer Redesign Project	30/11/2020	16
1470	Emergency Department and Clinical Decison Unit BG	Insufficent nursing staff numbers to meet patient needs in ED leading to over reliance of agency staff	20	Robust rostering Close monotiling and escalation of staffing challenges day to day and forward planning Reviewing workforce and wellbeing plans monitoring of HR processes Ensure timely training and development for staff	4	4	16	Nil	Nil	9
1473	Women Children and Diagnostics Business Group	There is a risk to the health and welfare of pregnant women and their unborn baby due to reduced medical cover in the ANC.	15	This situation has been made more apparent since the Covid-19 pandemic. The Diabetes Consultants are required to provide a seven day Covid cover rota. Ongoing clinics provided by Diabetes Specialist Midwife, Nurse and Obstetrician. Virtual cover once a week by Diabetic Consultant.	3	5	15	Nil	Nil	6

Significant Risk Register November 2020

Risk ID	Business Group	What is the risk?	Rating (initial)	What is the mitigation?	Severity	Likelihood	Residual risk	Actions	Due date	Risk Appetitie
1508	Corporate Nursing	The Trust may fail to prevent staff exposure to Covid19 as a consequence of work related healthcare activities	20	Staff are expected to follow the Infection, prevention and control policies in place The trust has clear zooning of patients in place with designated clinical environments where AGP's can be carried out There is a mechanism in place for risk assessing staff including specific assessment for BAME staff resulting in individual management plans to receive and implement PHE guidance to monitor and assess staffing and reviewed by Gold Command on a daily basis Fit testing is carried out prior to using FFP3 masks or when a product changes The supply and distribution of PPE is reviewed several times a day. Shortfalls are escalated to procurement and Gold command There is an incident reporting system in place for reporting Covid 19 and other incidents with an escalation process in place to Gold command for serious incidents Staff are briefed through the command and control structure, regular briefings and social media	5	3	15	Review controls in assurance	21/12/2020	10
957	Women Children and Diagnostics Business Group	There is a risk to patient care if the Laboratory Information Management System (Telepath) Fails	15	To have contingency plans in place and documented. To put in place a new system that would mitigate the risk of the system failing and not being retrievable.	5	3	15	Business case for new LIMS.	30/11/2020	10
162	Governance	The Trust's CQC rating deteriorates from a 'Requires Improvement' overall rating as a consequence of insufficient compliance	16	PSQG and QC cycle of business addresses assurance requirements against CQC standards and regulations; Confirm and challenge process to drive and oversee delivery of improvement actions; Monthly reports to PSQG, QC, Board of Directors,	5	3	15	Implement 2020 improvemnet plan	31/12/2020	10

Significant Risk Register November 2020

Risk ID	Business Group	What is the risk?	Rating (initial)	What is the mitigation?	Severity	Likelihood	Residual risk	Actions	Due date	Risk Appetitie
1387	Corporate Nursing	failure of the Tissue Viability Service to meet current workload demandsand strategic commitments due to insuffcient capacity	10	Service process and pathways reveiwed and updated Additional clinical wound care pathways to be devised Meeting with CCG to discuss issues and next steps Submit business case and LUS redesign. Pilot new ways of delivering service. waiting lists in operation and referrers to service being notified Datix incident reports being completed when staffing levels are sub optimal	3	5	15	meet with ccg to discuss service provision and SLA	27/11/2020	4
								leg ulcer guidelines to be updated	31/03/2021	
								pressure ulcer prevention and management guidelines to be updated	31/03/2021	
1703	Human Resources	Lack of staff engagement and reduced staff satisfaction	20	Leadership Development Staff Engagement Interventions Clear communication and	5	3	15	Listening into action	31/12/2020	10
								Additional engagement events	31/12/2020	
1706	Human Resources	Insufficient health and wellbeing levels amongst staff	20	Health and Wellbeing sign posting to support individuals and teams, GM Resilience Hub, Occupational Health Support, Ensure staff take annual leave, Ensure staff relieved to take breaks; Mindfulness sessions,	5	3	15	Additional health and wellbeing interventions	31/12/2020	10
								More communications to staff to increase awareness and accessibility	31/12/2020	
1707	Human Resources	Reduced level of workforce competence	20	Appraisal training sessions; manager accountability for staff appraisals, Staff to be rostered for training; competencies to be assessed and evidenced inline with Trust policies; Exception report to Business Groups and Line Managers in respect of competency reports; appraisal monthly compliance reports to Business Groups with supportive interventions for areas identified with low compliance.	5	3	15	Increased flexibility of delivery	31/12/2020	10
								Build development time into rosters	31/12/2020	
1572	Performance	There is a risk of harm to patients due to the significantly extended wait for routine, non-urgent treatment	15	As patients approach 50 weeks' wait, clinical teams are reviewing the patients for the risk of clinical harm. This must include a letter to the patient and their GP, with the outcome included. This is being measured by using a weekly meeting and regular touch points with relevant teams, to ensure all long waiting patients have been risk stratified and assessed. Where possible, and clinically appropriate, patients are being seen and treated using virtual means such as telephone appointments and Attend Anywhere.	3	5	15	Clinical Harm Reviews	31/03/2021	4
								Use of the Independent Sector	31/10/2020	

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date:		**Report of:** Quality Committee
Date of last meeting: 27th November 2020		**Membership Numbers:** Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Business Group Quality Update – Medicine • Patient Story • Patient Safety and Quality Chair's Assurance Report • Covid-19 Update • Quality and Safety IPR • CQC Implementation Assurance • Infection Prevention and Control Update and IPC BAF • National Emergency Laparotomy Audit • Quality Account • Health & Safety Independent Review and Action Plan
	Assurance	**CQC Improvement Plan:** Positive and negative assurance was received in relation to the CQC Improvement Delivery Plan (October). • 109 (40%) actions received assurances supported by evidence confirming three consecutive months of compliance (Blue – completed action fully embedded into practice); an increase of 21% on the October reported position. • 147 (55%) of actions are on-track (Green **–** satisfactory progress); a decrease of 22% on the October reported position. • 4 (2%) actions are problematic (Amber – concern regarding delivery); a decrease of 1% on the October reported position. • 6 (3%) of actions are overdue for completion (breached target date RED) an increase of 1% on the October report. Outstanding actions were discussed by the Committee which included: i) Business Group review of maternity quality and safety metrics (dashboard) at performance review meetings. ii) The deadline for the receipt of the Board Assurance Framework (BAF) has been exceeded. iii) Further slippage on ligature compliant cubicles for Paediatric Cubicles. The Committee wishes to bring to the Board's attention the ongoing problematic actions specifically in relation ED flow / system-wide flow. The Committee were concerned that these actions were at risk of breach of target date of completion (31/12/202).

		Sepsis Assurance Report. The Committee received positive assurance with respect to the sepsis action plan and performance metrics. Compliance for timely recognition is 62% and compliance for antibiotic administration is 68% - both of which are within the agreed trajectory. The Committee noted concerns for achievement of the December trajectory of 80%. **ED Safety Report:** Negative assurance was received in relation to ED safety despite the metrics having shown improvement in some areas. Tissue viability and falls assessment remain below target. The Committee were concerned that improvements have appeared to have plateaued but noted that the transformation team were supporting with compliance. **Infection Prevention Report:** Positive and negative assurance was received in relation to IPC. The organisational focus and progress against the action plan remains strong and Clostridium difficile rates had shown significant improvement (lowest in the region). Areas of concern included: assurance on timeliness of Covid swabbing and reduction of footfall on-site. There was no assurance provided by Water Management Safety Group. The Committee remains concerned that it is yet to receive regular information on alert organism surveillance and assurance on standard universal precautions by way of a dashboard or standard Committee reporting tool. The Chief Nurse will be providing a report at the December meeting. **Transfusion / HTC Compliance:** Negative assurance was received in relation to blood traceability. Overall results were satisfactory but the Trust failed to meet 100% compliance. The Committee were not satisfied with the information provided as there were no clear actions to resolve fundamental issues. An update has been requested for December meeting. **Safeguarding Report:** Positive assurance was received in relation to the safeguarding report. The Committee noted the risks within, particularly in relation to staffing and the new safeguarding structure. **Notification of Serious Incidents (SIs)**. Negative assurance was received in relation to SI exposure as there were 9 incidents declared in October. However, there remains good control and positive assurance with respect to SI handling. No reports overdue to the CCG and overdue action plans reduced from 22 to 16. **Nutrition and Hydration:** Negative assurance was received in relation to nutrition and hydration. The Committee noted the progress that had been made but were not satisfied with the paper. Further information has been requested from the business groups in relation to data validation and action taken regarding non-compliant areas. **Safer Staffing:** The Committee received the Safer Staffing report and noted significant concerns in relation to the Covid 19 response. The Committee rate the assurance as negative overall but noted that the underlying staffing position has improved due to reduction in vacancies and improvement in turnover
	Alert	**Safety Management Action Plan:** The Committee received the report of an externally commissioned audit of the health and safety processes and systems at

		the Trust and wishes to alert the Board to the following: • The report states that the Board's approach to health and safety needs rebuilding and has been operating at a low level of maturity to other safety-critical industries. • The report makes 12 recommendations that are required to ensure that the Trust is compliant with health and safety legislation. • The Committee agreed that the proposed action was necessary to address the deficiencies but was unable to conclude whether the action plan was sufficient and has requested further assurance be provided to the committee. • The Committee was satisfied that this was a key priority for the executive management team and took assurance that the immediate risk to patient, staff and visitors was low.		
	Advise	The Committee wish to advise the Board on the following: • The Committee received and the Annual Quality Account for 2019/20 and makes a recommendation that the Board of Directors approve this report. • The Committee received the report of the National Emergency Laparotomy Audit which rated Stockport NHS FT as the safest hospital in England and Wales for emergency laparotomy. • The Committee wished to advise the board that despite significant operational pressures within GI/endoscopy service, the organisation has again been awarded Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation status. The JAG accreditation QA standards support the achievement of high-quality, safe and appropriate endoscopy services.		
2.	Risks Identified	The Committee agreed/identified that: • Staffing levels and patient flow (exacerbated by nosocomial outbreaks) continue to pose a significant risk to operational performance, quality and safety. • There is a risk to Cancer quality and standards and elective recovery due to the ongoing response to the Covid pandemic.		
3.	Actions to be considered at the *(insert appropriate place for actions to be considered)*			
4.	Report Compiled by	Marisa Logan-Ward	Minutes available from:	Committee Secretary

NHS Stockport NHS Foundation Trust

Board of Directors Key Issues Report

Report Date: 03/12/2020		**Report of:** Finance & Performance Committee
Date of last meeting: 19/11/2020		**Membership Numbers:** The meeting was quorate.
1.	**Agenda**	The Committee considered an agenda which included the following: • Operational Performance • Winter Plan Update • Business Group Performance Reports • Financial Performance • Drivers of the Trust Financial Position • Update on Capital Bids • Agency Utilisation • Single framework to provide an overview of the Trust's decisions and their impact on quality and safety • Contracts Update / Future Financial Framework • Procurement Update Report • Key Issues from Reporting Groups: - Digital Programmes Board
	Alert	The Committee wished to alert the Board to the following: • Under-performance against recovery plan targets – specifically noting Cancer trajectories now unlikely to be achieved by year end, challenges with diagnostics, and MOAT patients impacting flow. Update to be provided to Board - to also include exit trajectories in order to inform 2021/22 Planning. • System Winter Plan submission outlined to Committee – referring to risk relating to Bramhall Manor and non-achievement of D2A impacting MOAT position at Trust - requiring urgent mitigation. System solution required for MOAT patients > 14 days, with care home indemnity issue also requiring resolution. Chair requested F&P NEDs receive update by the end of this week (20/11/2020) in view of scale of risk. • Scale of underlying financial position highlighted – Committee recommendation

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		to establish a working group to look into drivers & solutions to the trust financial deficit.		
	Assurance	• Committee received an update on 2021/22 Planning with progress updates to be provided to a future Committee meeting. • Business Group Key Issues Reports received for noting. • Reasonable assurance received re 2020/21 financial performance to year end and cash management to the end of 2020/21 based on current forecasts – noting risks to operational delivery and the financial regime stated. • Review of use of Agency usage received – Committee requested forecast to the end of the financial year to be incorporated. • Committee noted work is progressing re development of a Single framework to provide an overview of the Trust's decisions and their impact on quality and safety. • System Partnerships discussion to take place at Execs in the context of changing financial regime, and development of commissioner / contracting relationships. • Update noted re Procurement Update report – Committee acknowledged the efforts of the team		
	Advise			
2.	**Risks Identified**	• Second wave of Covid – impact noted under Winter Planning, acknowledging this risks associated with capacity in the context of available resources. • M7 financial performance was in-line with the Trust forecast – however noting that the M7-M12 forecast sets out a c£9m gap to the system financial envelope. • Further risks highlighted linked to Covid & recovery, MOAT, pressures arising under the M7-M12 financial regime, with the financial regime for 2021/22 currently being reviewed nationally		
3.	**Report Compiled by**	Malcolm Sugden	Minutes available from:	Deputy Company Secretary

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 12/11/2020		**Report of:** People Performance Committee
Date of last meeting: 15/10/2020		**Membership Numbers:** Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Workforce Performance Indicators • Workforce Risks Register • Respect Campaign • WRES Action Plan Update • Culture & Leadership Programme Presentation • Patient Flow Improvers Culture Change programme update • Leadership Development Programme Update • Medical Education Update • Winter Staffing Plans update • E Portfolio demonstration • E Rostering KPI Report • Key Issues Reports: EDI
	Alert	The Committee would like to alert the Board to the E Rostering KPI report which highlighted that due to the movement of some areas there has been an adverse impact on compliance with the system; the Committee heard about action in place to mitigate this and to continue to drive use of the new system.
	Assurance	Assurance was given in relation to Respect Campaign progress with the launch of additional communications supporting the campaign and the launch of the policy supporting a zero tolerance approach to discrimination & hate crime. Progress on training will be monitored through PPC Assurance was given to the significant review and refresh completed on the Workforce Risk Register and the Committee agreed the levers to deliver mitigations and improved positions, adding Health, Wellbeing and Environment to the standing agenda as a result. Progress against the risks and levers will be tracked through the Quality Committee. The Committee would like to assure the Board that work to refresh the presentation of the Workforce KPI's is progressing and the Committee requested a 'deep dive' into turnover, including reason for leaving, recruitment progress against the Winter Plan and times to appoint and a focus on Estates & Facilities Directorate plans in response their KPI performance.
	Advise	The Committee would like to advise the Board that they have reviewed the Leadership Development Programme and noted the importance of giving staff time

		to participate. The Committee would like to advise the Board that they have received an overview of the Patient Flow and Culture Change programmes, which the Committee noted the importance of giving staff time to participate; with an understanding of the impact during this very difficult period. The Committee wish to advise the Board that they received a Culture and Leadership Programme update detailing the actions taken to date and an understanding of the next steps planned to finalise the detailed implementation plan for a culture and engagement programme; which will be presented to a future committee meeting. The committee received a presentation & demonstration of the E – Portfolio system which has been implemented to enable a move away from paper based training and tracking; providing staff with access to an electronic portfolio, this has been rolled out to support delivery of the care certificate; the next phase will be developed to support the preceptorship programme		
2.	Risks Identified	The Workforce KPI report and e-Rostering KPI report identified a number of areas for further assurance in use of e-Rostering, Estates & Facilities Directorate Plan, turnover and recruitment, as noted in this Key Issues Report. These sit under the refreshed Workforce Risk Register. The key additional lever identified in response the risks identified in the Workforce Risk Register is Health, Wellbeing and Environment.		
3.	Actions to be considered at the *(insert appropriate place for actions to be considered)*			
4.	Report Compiled by	Mrs C Barber-Brown	Minutes available from:	Committee Secretary

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Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 03/12/2020		**Report of:** Audit Committee
Date of last meeting: 26/11/2020		**Membership Numbers:** Quorate (by Webex)
1.	**Agenda**	The Committee considered an agenda which included the following: • Committee Work Plan • Quality Report • Internal Audit Progress Report • Review of Internal Audit Plan 2020/21 • Anti-Fraud Progress Report • External Audit Progress Report • Review outstanding implementation of recommendations with significant / fundamental status • Audit Committee's oversight of the Trust's systems of internal control • Draft Policy for the Approval of Non-Audit and Additional Services by the Trust's External Auditors • Items of Audit Committee interest from Board Committees • Review of meeting effectiveness
	Alert	• Outstanding response to Internal Audit Patient Letters report. The Audit Committee Chair will formally write to the Executive lead to request a response ahead of attending the next Audit Committee meeting. • Draft policy for non-audit services approved – noting for Board approval and to seek endorsement from the Council of Governors.
	Assurance	• Actions being picked up to strengthen governance arrangements and areas of risk – work to be picked up with MIAA support during Q4, linking to Trust-wide review of governance arrangements. • Quality Account received by the Committee – noting approval at Quality Committee and not subject to external audit for 2019/20, with this requirement stood down during the Covid pandemic. • MIAA internal audit report received and progress against work plan noted. Noted outstanding response to the Patient Letters report, highlighted under Alert above. • Counter Fraud report received and progress against work plan noted. Action to pick up zero tolerance with HR in respect of action against fraud relating to false representation / working whilst off sick. Also to be raised at

		People Performance Committee. • The Committee received updates from Chairs of Board Committees, setting out areas of Audit Committee interest. January Audit Committee meeting to be extended to invite input from Executives and Committee Chairs to highlight areas of audit risks for incorporation in strategic audit plan from 2021/22.		
	Advise	-		
2.	Risks Identified	• Specific issues raised relating to Health & Safety compliance raised at Board. Links into governance arrangements referenced above with a view to strengthening oversight of audit risks across the Trust and ownership at relevant Board Committees.		
3.	Actions to be considered at other Committees	-		
4.	Report Compiled by	David Hopewell, Chair	Minutes available from:	Committee Secretary