

Board of Directors Meeting Thursday, 3 June 2021

Held at 9.30am in Lecture Theatres Pinewood House / via Webex (This meeting is recorded on Webex)

AGENDA

Time 0930	1.	Apologies for absence	Enc	Presenting
	2.	Declaration of Interests	Verbal	
0930	3.	Patient Story		N Firth
0945	4.	Minutes of Previous Meeting – 6 May 2021	✓	T Warne
0950	5.	Action Log	✓	T Warne
0955	6.	Chair's Report	✓	T Warne
1005	7.	Chief Executive's Report	✓	K James
	8.	QUALITY		
1015	8.1	Quality Committee Report	✓	M Logan-Ward
1025	8.2	IPR – Quality SectionNursing and Midwifery Staffing Update	√ ✓	N Firth / A Loughney
1035	8.3	IPC Annual Report	✓	N Firth / N Featherstone
	9.	OPERATIONS		
1045	9.1	Finance & Performance Committee Report (Operations related key issues)	✓	C Anderson
1055	9.2	IPR – Operations Section (please refer to report under 8.2)		J McShane
1110		Comfort break		
	10.	WORKFORCE		
1120	10.1	People Performance Committee Report	To follow	C Barber-Brown
1130	10.2	IPR – Workforce Section (please refer to report under 8.2)		E Stimpson
1140	10.3	People Plan	✓	E Stimpson
	11.	FINANCE		
1150	11.1	Finance & Performance Committee Report (Finance related key issues) (please refer to report under 9.1)		C Anderson
1200	11.2	Audit Committee Report	✓	D Hopewell

1205 11.3 IPR – Finance Section (please refer to report under 8.2) J Graham 12. **STRATEGIC ISSUES** 12.1 Nil items. 1215 13. **CONSENT AGENDA** 13.1 **Annual Governance Declarations C** Parnell 14. **DATE, TIME & VENUE OF NEXT MEETING**

- 14.1 Thursday, 1 July 2021, 9.30am, via Webex
- 14.2 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, 6 May 2021

Present:

Prof T Warne Chair

Mrs C Anderson Non-Executive Director
Mrs C Barber-Brown Non-Executive Director
Mr A Bell Non-Executive Director

Mrs N Firth Chief Nurse

Mr J Graham Director of Finance
Mr D Hopewell Non-Executive Director

Mrs K James OBE Chief Executive

Dr M Logan-Ward Non-Executive Director

Dr A Loughney Medical Director

Mrs J McShane Director of Operations
Mrs M Moore Non-Executive Director

Mrs C Parnell Director of Communications & Corporate Affairs *

Dr L Sell Non-Executive Director

In attendance:

Mr A Bailey Acting Director of Strategy & Planning

Mrs S Curtis Deputy Company Secretary

Ms J Newton Associate Non-Executive Director

Mr S Lucas Insight Programme

Ms S Woolridge Head of Workforce Delivery

109/21 Apologies for Absence

Apologies for absence were received from Mr Moores and Mrs Stimpson. Professor Warne welcomed Board members and observers to the meeting.

110/21 Declaration of Interests

Ms Newton declared that she was still a lay member at Heywood, Middleton and Rochdale CCG.

111/21 Patient Story

Mrs Firth 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.

She introduced a short film about seven-year old Amy and her mum Ceri. The video described their experience when Amy, who had severe disabilities, had needed a CT scan and how Kieran Stancombe, one of the Trust's Radiographers, had been able to

^{*} indicates a non-voting member

give Amy the appropriate patient centred care she needed to ensure the scan was successful. Mrs Firth commented that the story outlined the level of patient care the Trust should strive for every time, and that education and learning would help tackle inequalities.

Professor Warne noted that Mr Stancombe had previously worked in a special needs school and the story provided a powerful illustration of the Trust's journey in finding ways of collaborating with partners in our communities and localities.

The Board of Directors:

• Noted the content of the film and the positive experience of the family featured.

112/21 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 1 April 2021 were agreed as a true and accurate record of proceedings.

113/21 Action Log

The action log was reviewed and annotated accordingly.

114/21 Chair's Report

Professor Warne presented a report reflecting on recent activities in relation to looking ahead and Board changes, and thanked Mrs Parnell for preparing the report.

He made reference to the 2021/22 Board work plan appended to the report, noting that he wished to review the work plan with colleagues to ensure it aligned with the Integrated Care System developments, and present a revised version to a future Board meeting. He welcomed comments from Board members on the content on the work plan.

The Board of Directors:

- Received and noted the report,
- Were invited to provide comments on the work plan ahead of its further presentation to the Board.

115/21 Chief Executive's Report

Mrs James presented a report providing an update on local and national strategic and operational developments. She briefed the Board on Greater Manchester (GM) and local discussions about the development of the Integrated Care Systems (ICS's), highlighting engagement with stakeholders in this area.

Mrs James made reference to the NHS staff survey results and noted plans in place to engage with staff to inform the associated improvement plans. She was pleased to report that the Trust had been named as an exemplar centre for VTE prevention and also advised that Dr Dilraj Sandher had been appointed as the Trust's Deputy Medical Director.

In response to a question from Mr Bell, Dr Loughney confirmed that the number of black, Asian and minority ethnic (BAME) staff who had received both doses of the Covid vaccination had improved since the report had been written, as a result of targeted effort by teams in this area.

In response to a comment from Mr Graham about promoting good news stories such as the VTE exemplar status, Professor Warne advised that he was liaising with Mrs Parnell to ensure such achievements received the appropriate coverage.

Mrs Parnell said that the VTE story had been communicated widely and noted that all Board members had a role to play through their various networks to ensure achievements were promoted and communicated as widely as possible. Professor Warne endorsed this suggestion and asked Dr Loughney and Mrs Firth in particular to work with their colleagues to ensure achievements such as the VTE story were also published in professional journals.

The Board of Directors:

Received and noted the report.

116/21 Board Assurance Framework 2020/21

Professor Warne noted that the Board was asked to sign off the 2020/21 year-end position of the Board Assurance Framework (BAF). He commended the comprehensive work undertaken to improve the BAF, which would inform the Board and the work of its Committees.

He commented, however, that he was disappointed that inconclusive assurance had been included against one of the principal risks, noting that the Board should either receive positive, limited or no assurance, and requested that the statements of assurance be reviewed.

Mrs Parnell advised that she had received positive verbal feedback from the auditors on the BAF content and said that work was now ongoing around the 2021/22 BAF, which would be presented to the June Board meeting. She agreed that further consideration should be given to the description of assurance, noting that this could be aligned to the way in which Audit Committee received assurance, including high / substantial / moderate / limited.

Professor Warne highlighted the iterative nature of the BAF and encouraged Board members to link in with Mrs Parnell to refine its content.

Dr Logan-Ward queried if an instruction manual would be prepared detailing the implementation of the BAF in practice and how it should be used by the Board and its Committees. Mrs Parnell commented that the BAF reflected the risks against the Trust's objectives, which were discussed at Board Committees, but she agreed to speak to fellow company secretaries to ascertain if other trusts had prepared guidance in this area. Professor Warne also suggested that Mrs Parnell should liaise with Wigan about their revised BAF.

Mr Bell commented that he had found the BAF easy to follow but suggested that further information should be included about the timescales for moving to a tolerated or target risk score. Mrs Parnell said that Executive colleagues needed to provide that information to be included in future iterations of the BAF.

Mr Bell highlighted the importance of capturing principal risks in the BAF rather than issues, noting that he did not feel that PR7 relating to the condition of current Trust estate was a risk. He also did not feel that all of the target risk scores were realistic.

In response to comments from Board members, Mrs Parnell confirmed that the BAF risks would be allocated to Committees and detailed conversations about the risks would be held at Committee meetings.

The Board of Directors:

- Signed off the year-end position of the BAF for 2020/21,
- Noted the next steps being taken in development of the BAF for 2021/22, which would be presented to the June Board meeting,
- Agreed that Mrs Parnell would liaise with Wigan about its BAF and with company secretary colleagues about BAF related guidance.

117/21 Integrated Performance Report – Quality Section

Dr Loughney reported an improved position regarding the number of stroke patients treated on stroke wards, adding that there had been no clinical adverse impact to those stroke patients treated in other areas of the hospital due to the pandemic.

The Board heard that mortality rates were within an expected range and that nosocomial death figures would be reported in the coming months. Dr Loughney advised that a full Medical Examiner Team was due to be in place soon.

Dr Loughney noted that investigations were ongoing with regard to the wrong site block never event and assurance was being sought around embeddedness of compliance in this area.

In response to a question from Professor Warne, Dr Loughney advised that the never event investigation was being monitored through the Patient Safety & Quality Group and he briefed the Board of the incident, noting that it had not taken place in theatre. In response to a request from Professor Warne, Dr Loughney agreed to provide a verbal update to the June Board meeting.

Mrs Firth advised that the number of C-Difficile infections had continued to reduce and the Trust had also achieved the improvement trajectory for moderate and above falls. While this was a positive development, the Board heard that work was ongoing to further improve performance in this area.

Mrs Firth drew the Board's attention to the nursing and midwifery staffing update report appended to the Integrated Performance Report (IPR) and highlighted that the international recruitment from India was currently paused due to the Covid pandemic. The Board heard that the impact was being closely monitored and the Trust was continuing with other recruitment activities.

Mrs Firth briefed the Board on plans around visiting, noting that the Trust was in line with the North West and national guidance in this area. She added that the Trust was working closely with regional colleagues to establish a North West visiting guide to enable a joint approach.

In response to a question from Mrs Barber-Brown, Mrs Firth advised that regular wellbeing walk rounds continued, focusing on staff mental health and any associated impact due to Covid. Ms Woolridge said that the Trust recorded data around staff absence due to psychological issues, and advised that this would be presented to the People Performance Committee.

Professor Warne highlighted the psychological impact of Covid as an important issue and said that the Board would be interested in hearing about people living with long Covid and how the Trust provided that service with other partners.

In response to a question from Mrs Moore, Mrs Firth advised that work was ongoing to ensure a learning from incidents report was published at least quarterly, triangulating and highlighting any themes arising from serious incidents, complaints and claims as well as mitigating actions. Dr Loughney added that aortic aneurism diagnostic was a potential theme, and the Board heard that the Patient Safety & Quality Group would consider the outcome of an associated deep dive in a couple of months' time.

Dr Sell welcomed the presentation of staff mental health and wellbeing data to the People Performance Committee and suggested that the Committee should also consider staff feedback on what support they were accessing what they found helpful.

In response to a question from Dr Sell who queried if there had been any adverse outcomes to those stroke patients treated on non-stroke wards, Dr Loughney noted that while the hard outcomes had not been adversely affected, the business group was undertaking further reviews into quality of care in this area.

Mrs McShane said that the Trust had received national scrutiny around its stroke performance, which had confirmed that the Trust was managing safety and quality well during what had been a very difficult time.

Mr Bell commended the format and presentation of the IPR, noting that he found the summary sections particularly helpful. He congratulated the Trust on its performance around complaints responses and wondered how it compared in terms of best practice with other trusts in GM and beyond.

The Board of Directors:

- Noted the content of the quality section of the IPR and the nursing and midwifery staffing update report,
- Agreed that Dr Loughney would provide a verbal update about the wrong site block never event investigation to the June Board meeting.

118/21 Quality Committee Report

Dr Logan-Ward presented the key issues report and briefed the Board on the assurance section of the report. She highlighted good progress made by a task and

finish group to improve the governance of pathology results. The Board heard that the Committee had received positive assurance around the saline incident action plan, ten years after the major incident.

Dr Logan-Ward reported that the Committee had also received positive assurance around sepsis and infection, prevention and control. The Board heard that antimicrobial stewardship remained an area of concern and a key focus for the Committee.

With regard to waiting list harms, Dr Logan-Ward advised that the Committee would hold a separate meeting to understand the harms review process and agree how it would receive assurance in this area.

Professor Warne said that it was important to have clarity around the management of clinical prioritisation and noted the longer term piece of work in managing people's expectations of where and how they might receive health and care in the future.

The Board of Directors:

• Received and noted the key issues report.

119/21 Integrated Performance Report – Operations Section

Mrs McShane reported a continued improvement to the A&E four-hour standard, despite a significant increase to attendances, and confirmed that there had been no 12-hour trolley waits in month. She noted, however, that work was ongoing to improve performance further and briefed the Board on partnership working, particularly around same day urgent care services.

Mrs McShane highlighted a focus on discharges, and was pleased to report a decrease in overall length of stay, the number of medically optimised awaiting transfer (MOAT) patients and those patients without a criteria to reside.

The Board heard that diagnostics continued to be an area of concern, mainly due to the impact of Covid on endoscopy. Mrs McShane advised that the Trust continued accessing mutual aid with regard to endoscopy, and noted that other diagnostic areas were beginning to recover.

With regard to cancer, Mrs McShane noted an improved position to the 62-day performance and was pleased to report compliance with the two-week wait standard.

The Board heard that the pandemic had had a significant impact on the referral to treatment (RTT) standard and Mrs McShane briefed the Board on associated restoration and activity plans and noted good progress made with clinical prioritisation.

In response to a question from Mrs Barber-Brown regarding the embeddedness of improvements, Mrs McShane highlighted discharges in particular and said that robust systems and processes were key to sustained improvements. She also briefed the Board on work with local partners to ensure we remained on track over the right size and structure of the community bed base.

Professor Warne commended the improved four-hour ED target, noting that there had been an unexplained and unprecedented rise in urgent care demand across the GM. He said that it was a credit to colleagues that the Trust was able to continue making progress during these challenging times.

In response to a question from Professor Warne, Mrs McShane briefed the Board on the Trust's utilisation of Fairfield hospital, a GM endoscopy asset, noting that the Trust was likely to utilise that facility for the first half of 2021/22. She said that the locality would consider a community diagnostic hub for a longer term solution, but highlighted workforce issues in staffing the hubs.

Professor Warne thanked Mrs McShane for the update and asked that the Board be sighted on developments with the community diagnostic hubs and associated workforce issues.

The Board of Directors:

Received and noted the content of the operations section of the IPR.

120/21 Finance & Performance Committee Report – Operations related key issues

Mrs Anderson noted that most of the key points had been covered during the consideration of the IPR. She highlighted the introduction of the new monthly business group review process, which had seen good engagement from teams and enabling better progress around recovery and restoration.

Dr Sell provided further clarity about the cancer 62-day position and noted that while the performance had dropped in month, this was reflective of resuming elective inpatient operating and the ability to treat those patients waiting beyond day 62. She said that the Committee was able to get further assurance about underpinning issues and had considered the numbers of people waiting, broken down to separate the very long waiters.

The Board of Directors:

Received and noted the key issues report.

121/21 Integrated Performance Report – Workforce Section

With regard to the Covid vaccination programme, Ms Woolridge advised the Board that of the total workforce, 88% of staff had been vaccinated, with 79% having received both doses. With regard to BAME members of staff, the Board heard that 83% had been vaccinated, with 72% having received for both doses. Ms Woolridge noted that this was an improved position from previously reported figures.

Ms Woolridge highlighted an improved position to a number of workforce indicators as a result of recruitment and retention work. She reported a reduction in sickness absence rates and commented that vaccinations and testing was helping to reduce Covid related absences. The Board heard that the Trust was now focusing on psychological issues, and a report would be presented to the People Performance Committee in June outlining the support available to staff and managers.

Ms Woolridge highlighted agency expenditure as an area of concern, but noted that while this had been significantly increased due to Covid related staffing issues, the Trust had managed to end the year 2020/21 under the agency ceiling. She briefed the Board on plans in place to improve the substantive staffing levels going forward.

With regard to training, Ms Woolridge noted good performance with online training and highlighted plans for flexible delivery of classroom based training to improve performance in this area.

In response to a question from Mr Bell, Ms Woolridge provided further clarity about the issue relating to year-end invoicing by agencies, but noted that the accrual of annual leave and the staffing of escalation wards had had more of an impact on agency expenditure.

In response to a question from Mr Bell about the quality of appraisals, Ms Woolridge confirmed that this was a focus for the Trust and briefed the Board on work in this area. The Board heard that the pulse surveys would be used to test the impact of appraisals and Professor Warne noted that the People Performance Committee should continue monitoring the embeddedness of the actions.

Dr Loughney advised that medical appraisals were formally quality assessed and confirmed that compliance was nearly back to pre-pandemic levels.

In response to a question from Mr Bell about the use of non-framework agencies, Ms Woolridge said that while it had been necessary to use off-framework agencies during the pandemic, a lot of work had been undertaken to successfully reduce their usage, including renegotiating the framework. Mrs Firth added that the Trust was currently not using any off-framework agencies for nursing and midwifery and endorsed Ms Woolridge's comments that this had been a significant focus for the Trust.

Dr Sell noted positive performance regarding the substantive staff in post metric and queried whether a stretch target would help improve the position even further to help the organisation with its objectives.

• Received and noted the content of the workforce section of the IPR.

122/21 People Performance Committee Report

Mrs Barber-Brown thanked Ms Woolridge and the team for the triangulated reporting that was now coming through the Committee.

She advised that the Committee had considered a critical report about resuscitation training that had highlighted a number of concerns. The Board heard that the Committee had referred the issues to the Quality Committee and its underpinning sub groups for monitoring. Mrs Barber-Brown also briefed the Board on work to improve end of life training.

Mrs Barber-Brown highlighted the Dying to Work Charter, which had been signed off by the Trust, and the People Strategy, which would be presented to the June Board meeting. The Board heard that the Committee had requested for a wide-ranging set of metrics to be developed for all aspects of cultural engagement, and noted the Committee's focus on role specific training.

The Board of Directors:

• Received and noted the key issues report.

122/21 Nurse Establishment Report

Mrs Firth presented a report seeking Board approval for an investment of £5.098m, as part of the expenditure plan for 2021/22, to increase the establishment for wards in medicine, surgery and urgent care by a total of 46.4 registered nurses and 95.6 health care assistants.

She briefed the Board on the content of the report and advised that the proposal followed a review of the current establishments to ensure staffing was in line with national requirements, and also took account of CQC recommendations and the safe staffing review undertaken by NHSE/I. She confirmed that the proposed investment was not an additionality, but a transference of funding from temporary to substantive staff.

Mrs Firth noted that the full business case had already been endorsed by the Board at the Private Board meeting held on 1 April 2021, and that the report was presented today for final sign off.

In response to a comment from Professor Warne, Mrs Firth highlighted the Trust's focus on recruitment, retention and career progression as well as robust scrutiny around agency expenditure.

In response to a question from Mr Bell, Mrs Firth noted that the report was a summary paper and that she was happy to share the full business case with Mr Bell that had previously been reviewed by the Finance & Performance Committee and the Board of Directors to provide further clarity regarding the granular detail behind the proposal. She also highlighted the quality benefits from having substantive staff in post.

Mr Graham provided further clarity regarding the link to the financial regime in 2020/21, noting that it had been influenced by run rate, and the Trust's work to reduce agency expenditure. He and Mrs Firth offered to meet with Mr Bell separately to discuss the detail behind the proposal.

Mrs Anderson added that the Finance & Performance Committee had requested a monthly update to monitor the planned decrease in agency expenditure as a result of the investment.

The Board of Directors:

 Supported the recommendation as part of the expenditure plan for 2021/22 and approved the increase in establishment by 46.4 registered nurses and 95.6 health care assistants at a budgeted cost of £5.098m.

123/21 Freedom to Speak Up Guardian Report

Mrs Parnell presented a report updating the Board on the activity in relation to the Trust's Freedom to Speak Up Guardian (FTSUG) and plans for the development of the Speaking Up agenda.

She briefed the Board on the content of the report, which also included the national review tool, and advised that she was currently fulfilling the role of the FTSUG until Mr Paul Elms commenced in the role in June 2021. The Board heard that Mr Elms would consider any gaps in the actions and would provide an update regarding the review tool as part of the next report to the Board.

Professor Warne thanked Mrs Parnell for undertaking the interim FTSUG role alongside all of her other commitments.

The Board of Directors:

• Received and noted the content of the report.

124/21 Integrated Performance Report – Finance Section

Mr Graham briefed the Board on the 2020/21 financial position and the audit process around the draft accounts. The Board heard that the Trust's adjusted deficit was £5.3m, which was a slight improvement from the original plan, and took into account a number of central allocations. Mr Graham commented that taking account of those allocations, the Trust had delivered its plan, which was a good result particularly during the challenging times.

Ms Newton stressed the importance of ensuring staff understood the difference between current and non-current savings and the need to keep improving the underlying financial position. Mr Graham highlighted the Trust's focus on the underlying position and medium term financial recovery and briefed the Board on actions in this area.

Professor Warne thanked Mr Graham for the clear explanation of the emerging situation, noting that all GM trusts had similar challenges around underlying deficits. He highlighted the importance of understanding the revised system-wide responsibility and approach to reducing the deficit.

In response to a question from Mr Bell, Mr Graham briefed the Board on the Trust's actions around use of resources and expenditure plans while the system and national planning guidance was awaited, highlighting a focus on run rate.

In response to a question from Mrs Barber-Brown about staff wellbeing and the associated impact on operational and financial plans, Mr Graham noted that the income would not be affected due to the current block contract arrangements. With regard to expenditure, he said that the levels of sickness absence and training had been built into the plans but that there would be a cost pressure if the numbers were exceeded.

Professor Warne commented that the Board needed to think carefully about how we moved forward in this area to ensure a recovery of services while also enabling staff to

recover. He noted that the recovery targets had been well considered from a staff and service recovery perspective and he also highlighted that future allocations of the system recovery funding would be decided at a GM level.

Mrs McShane said that she fully supported Mr Graham and his team for their work on financial planning, which she felt had been conducted responsibly in challenging circumstances.

The Board of Directors:

• Received and noted the content of the finance section of the IPR.

125/21 Finance & Performance Committee Report – Finance related key issues

Mrs Anderson noted that many of the key points had been covered during the consideration of the IPR.

She reflected that the Trust's approach to zero based budgeting had been pursued by the Committee, to completely rethink how we operate as a Trust in terms of transformation change and CIP. She highlighted the associated challenges to the Trust, noting that these were a key focus through the business group reviews.

Mrs Anderson noted that service line reporting underpinned that whole process, and that it had been well developed with clinical areas to ensure understanding of costs and impact on other pressures.

The Board heard that the Committee had considered a report highlighting the outputs from the PricewaterhouseCoopers (PWC) work around flow, detailing the current performance and actions being taken to drive further sustained improvement. Mrs Anderson said that it had been pleasing to see an improvement to many of the flow related metrics, particularly around discharge to assess and reduction of MOATs, as a result of improved system partnership working.

The Board of Directors:

Received and noted the key issues report.

126/21 Audit Committee Report

Mr Hopewell advised that the 2020/21 external audit was progressing well and confirmed that the Audit Committee had signed off the Internal Audit Plan 2021/22.

In response to a question from Mr Graham, Mr Hopewell advised that the Audit Committee was due to meet on 11 May 2021 and again on 1 June 2021 to consider the presentation of the Annual Report and Accounts to the Board for sign off on 3 June 2021. He confirmed that everything was progressing well in this area.

The Board of Directors:

Received and noted the key issues report.

127/21 Going Concern

Mr Graham presented a report asking the Board to support the declaration that, in accordance with the HM Treasury Financial Reporting Manual, the Directors had a reasonable expectation of the continued provision of Stockport NHS Foundation Trust's services and, for this reason, the Directors continued to adopt the going concern basis in preparing the accounts for 2020/21.

He highlighted guidance received from NHSE/I detailing how trusts should assess going concern, noting that this had been appended to the report. The Board heard that the guidance provided that the anticipated continued provision of services was a sufficient basis for going concern.

Mr Hopewell commented that the going concern declaration was straight forward this year, more so than in previous years, and that he was happy to support the recommendation in the report.

The Board of Directors:

 Supported the recommendation and the notion that the Trust is and continues to be a going concern.

128/21 Operational Plan

Mr Bailey presented an update report on progress with developing the Trust's Operational Plan for 2021/22 and contributing to the GM system plan.

He briefed the Board on the content of the report and advised that draft submissions had been made into GM on activity, finance and workforce, which would form part of the aggregated GM plan. The Board heard that the draft GM plan would be submitted to the regional NHSE/I team on 6 May 2021.

Mr Bailey highlighted the significant amount of work that had gone into the planning process from an operational and activity planning perspective, and thanked the teams involved for all their hard work in this area.

Professor Warne also acknowledged the amount of work colleagues, particularly Executive colleagues, had done to respond to the tight timescales.

Ms Newton reiterated the acknowledgements but queried if it had been possible to triangulate the plans due to the tight timescales. Mr Graham noted that the deadlines had not been the same for finance, activity and workforce submissions, but confirmed that significant work had been undertaken internally to ensure triangulation. He added that Mrs McShane and her team had done a lot of capacity and demand modelling to help understand the resource requirements as well as the impact on workforce and finances.

Mrs James briefed the Board on the next stage of triangulating trusts' plans across GM as part of the overarching submission and Mr Bailey highlighted the triangulation of activity plans as the best example of the level of triangulation that had been possible in the timescales available.

Mr Bailey provided an overview of GM work around community diagnostic hubs, noting that an associated GM submission would be submitted later that day. The Board heard that the Stockport locality had no immediate plans for creating a community diagnostic hub, but that conversations continued with partners in this area.

The Board of Directors:

Received and noted the operational plan update.

129/21 Service Objectives

Mrs James reminded the Board that the objectives for 2021/22 had been agreed at a previous meeting and that the report reflected the feedback received on the associated outcome measures, which would provide a basis for improvements to be delivered within 2021/22.

She highlighted the golden thread of the outcome measures through the organisation, noting that they formed part of the Executive objectives. The Board heard that mid-year and end of year progress updates would be provided to the Board.

Professor Warne welcomed the inclusion of the outcome measures in the Executive Directors' objective setting.

In response to a comment from Dr Logan-Ward, Mrs James agreed to include more explicit reference to reducing inequalities within the outcome measures, to highlight this key priority for the Trust.

With regard to community services, Mrs Anderson queried how further metrics could be developed to measure outcomes in the community. Mrs James advised that she was a member of the National Community Network Board and was involved in GM work to try and create those metrics to enable the measurement of outputs in the community. Mrs Barber-Brown suggested that this piece of work should be referenced in the outcome measures document.

In response to a question from Mrs Barber-Brown, Mrs James provided further clarity about health and safety governance and reporting arrangements.

Professor Warne summarised the discussion and asked Mrs James to reflect on Dr Logan-Ward and Mrs Barber-Brown's requests. He suggested that the Board should approve the service objectives and outcome measures today and that the additions should be included in the next iteration of the document, which the Board would consider as part of the mid-year review. He added that the mid-year review should also provide an update on how the Executive Directors were achieving their objectives relating to the service objectives and outcome measures.

The Board of Directors:

- Approved the service objectives and outcome measures for 2021/22,
- Suggested additions to the outcome measures as detailed above, which would be incorporated in the next iteration to be considered as part of the mid-year and end of year progress updates.

130/21 Governance Development

Mrs Firth presented a report outlining a proposed Board and Committee structure to ensure the Trust was able to demonstrate that it is well led and that risks and issues are identified and escalated when appropriate. The report also proposed new templates to ensure a standardised approach across meetings, and proposals to strengthen the line management of the Trust's governance teams.

Professor Warne noted that this was a useful report to enable the necessary improvements to governance, and also commended the proposals around standardisation.

Mrs Anderson said that she could see the benefit in pulling governance together to enable learning and sharing of good practice. In response to a question from Mrs Anderson, Mrs Firth provided further clarity about the proposed new arrangements in practice, noting that the business group governance leads would remain seated in the business groups, but that standardised changes would be made to their line management arrangements.

Mr Hopewell highlighted the need for clarity around the implications of Risk Management Committee and the Board Assurance Framework reporting and feeding into the Audit Committee. He added that the Audit Committee membership should be reviewed to ensure a link to the Risk Management Committee.

Dr Logan-Ward asked if the level of support required for the new governance structure would impact on the support available to Committees. She also queried how the Transformation Board fed into the plans.

Mrs Parnell advised that the Trust had recently appointed a new Company Secretary who would review the support to Committees as one of her first tasks. Mrs McShane advised that the Transformation Board was now called the Service Improvement Group, which reported to the Operational Management Group chaired by her.

Dr Sell welcomed the opportunity provided by the iterative proposals for Committees to review their internal processes and make any necessary changes. She highlighted the Quality Committee in particular, noting that there had been ongoing discussions about the governance of the reading room.

Professor Warne thanked colleagues for their input and suggested that the Board should approve the recommendations in the report, including the Risk Management Committee reporting arrangements, and that the consequences and implications could be addressed while the new governance arrangements evolved. He asked to have an offline conversation with Mr Hopewell to seek further clarity on the work of the Audit Committee and suggested that if any of the Committees required strengthening, this was the time to do so.

The Board of Directors:

• Approved the recommended changes to the Board and Committee governance structure as detailed in the report.

131/21 Consent Agenda

• Single Gender Declaration

The Board received and noted the declaration of compliance in delivering same-sex accommodation.

132/21 Date, time and venue of next meeting

The next meeting of the Board of Directors would be held on Thursday, 3 June 2021, commencing at 9.30am via Webex.

133/21 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:

18 of 186

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Meeting	Minute reference	Subject	Action	Bring Forward	RO
07/01/21	11/21	Winter planning	Outcome of the winter de-brief to be report to the Board or appropriate assurance committee.	TBC 2021	J McShane
			Update 4 Feb 2021 – It was agreed to consider the outcome of the winter de-brief at the May Board meeting.		
			Update 1 April 2021 – winter debrief to be scheduled.		
05/02/21	33/21	Chief Executive's Report	Present outcome of evaluation NHS 111 signposting to the Board including any issues raised by patients in accessing the NHS 111 service.	ТВС	K James
05/02/21	35/21	Ockenden Report	Provide an update against the outstanding CNST action relating to clinical neonatal workforce planning at the next meeting.	July 2021	A Loughney
			Update 5 Mar 2021 – currently there is no separate neonatal on-call rota. An action plan with mitigations was being prepared for presentation to the Board.		
05/02/21	37/21	Progress against NHSE/I governance review recommendations	Reference made to improving the governance architecture and to providing greater clarity about reporting arrangements. It was suggested this could form part of a future Board development session.	May 2021	N Firth /C Parnell/A Loughney
			Update 4 Mar 2021 – C Parnell agreed to identify a date following a meeting with N Firth and A Loughney.		

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			Update 1 April 2021 – update on development of governance infrastructure to next Board meeting. Update 6 May 2021 – Report on agenda. Action complete.		
04/03/21	60/21	Corporate Objectives	It was agreed to present the objectives with further information on targets around the deliverables for formal approval at the April meeting. Update 1 April 2021 – Board members to provide comments to Mrs James for presentation of final document at the next meeting. Update 6 May 2021 – Report on agenda. Action complete.	May 2021	K James
01/04/21	87/21	IPR	Consider how to facilitate future service visits by Board members	ТВС	K James
01/04/21	87/21	IPR - quality	Mental health strategy for Stockport to be presented to the Board	Sept 21	A Loughney
01/04/21	89/21	Stockport System Improvement Board	IPR to be annotated to highlight indicators reviewed by SSIB		J McShane
06/05/21	114/21	Chair's Report	Professor Warne invited Board members to provide comments on the work plan ahead of its presentation to a future Board meeting.	TBC	T Warne / C Parnell
06/05/21	116/21	BAF	The 2021/22 BAF would be presented to the June June 2021 meeting.		C Parnell
06/05/21	117/21	IPR – Quality	Dr Loughney agreed to provide a verbal update about the wrong site block never event investigation at the June Board meeting.	June 2021	A Loughney

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			Update for 3 June 2021 – Update to be provided as part of the action log review.		

On agenda

Not due Overdue

Closed

Tab 5 Action log



Stockport NHS Foundation Trust

Meeting date	3 June 2021	x Public	Confidential	Agenda item		
Meeting	Board of Directors					
Title	Chair's Report					
Lead Director	Trust Chair	Author	Director of Communication Corporate Affairs			

Recommendations made / Decisions requested

The Board is asked to note the content of the report.

This paper relates to the following Corporate Annual Objectives-

1	Deliver safe accessible and personalised services for those we care for
2	Support the health and wellbeing needs of our communities and staff
3	Co-design and provide Integrated Service Models within our locality and across our acute providers
4	Drive service improvement, through high quality research, innovation and transformation
5	Develop a diverse, capable and motivated workforce to meet future service and user needs
6	Utilise our resources in an efficient and effective manner
7	Develop our Estate and IM&T infrastructure to meet service and user needs

The paper relates to the following CQC domains-

	Safe	Effective
	Caring	Responsive
Х	Well-Led	Use of Resources

	PR1	Significant deterioration in standards of safety and care
This paper is related to	PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
these BAF risks-	PR3	Working with others does not fully deliver the required benefits
	PR4	Performance recovery plan is not delivered

		PR5	Critical shortage of skilled workforce with capacity and capability to meet service needs
		Failure to deliver agreed financial recovery plan	
PR7			A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment
		PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

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

- Looking ahead
- Annual members meeting

1. PURPOSE OF THE REPORT

The purpose of this report is to advise the Board of Directors of the Chair's reflections on recent Trust activities.

2. LOOKING AHEAD

This report marks my first month as Chair and I would like to thank everyone I have met so far for their warm welcome. Stockport NHS Foundation Trust is known for being a friendly organisation and that has certainly been my experience so far.

Anyone starting a new role needs a settling in period to have the chance to meet lots of new folk, learn from them about the challenges and opportunities facing the organisation, and take the time to think about where you personally can add the most value.

The people I have met so far, both within the Trust and in our partner organisations, have been open and honest about what Stockport NHS Foundation Trust has faced in recent years. When you are dealing with the day-to-day, it is all too easy not to take the time to reflect on how far the organisation has come in addressing a wide range of issues – and there is a lot to be proud of.

In just a few short weeks, I've heard about exemplar status for both our catering services and our approach to tackling VTE. I've seen the Board agree to re-direct the money we currently spend on bank and agency staff into creating 142 substantive nursing and nursing associate roles — a real investment in high quality care. I've heard about the great progress we have made in rolling out continuity of carers in our maternity service, and seen staff band together to rapidly organise a wedding for a patient in palliative care.

These are just a snapshot of the great things I have heard about Stockport NHS Foundation Trust, and they say so much about the commitment, care and enthusiasm that has been demonstrated by so many of the colleagues I have met so far and others I have yet to meet.

Part of my role – and that of other Board members - is to encourage everyone in the organisation to take pride in their achievements and celebrate our successes. That's why initiatives such as the new Making a Difference staff awards and the wide range of health and wellbeing events rolled out as part of our Together Festival are so important.

Equally crucial is the Board's ability to look to the future and develop a strategy that helps the organisation navigate its way through the various opportunities and challenges that always present themselves to any NHS trust. But that is even more

important now as we and our system partners across GM, the South East sector and Stockport work together to make the most of the drive for greater collaboration set out in the Government's latest White Paper about the development of integrated care systems (ICS).

I believe that there are real opportunities for us to work across our local health and care systems, and across both clinical and corporate support services. Working more collaboratively means we can make a difference every day, not only to how we provide care to local people, but also to how we engage with them in helping them make positive improvements to their own health and wellbeing.

So far my focus has been on starting to build strong effective partnerships and relationships with our statutory partners, including the local authority, clinical commissioning group, primary care organisations and commissioners. Going forward, I am equally committed to building such relationships with local third-sector organisations and community partners, as together we will all have a vital role to play in the new ICS and place-based health and care system.

It's certainly an exciting time to be joining Stockport and, as we look to play a leading role in the changing external environment, it is also an appropriate point to look at our internal systems and processes to ensure we are as agile and effective as possible. I know there has been an incredible amount of work undertaken over the last year or two to strengthen our governance and decision-making from 'Ward to Board'. The organisation should be rightly proud of the improvements it has made in these areas, and only last month the Board agreed further refinements to our governance systems and processes.

With a revitalised Board Assurance Framework to guide the work of the Board, and a greater focus on assurance in our Board committees, I want the time we spend together as Directors to be more focused on strategic issues. We are starting to see that coming through our agenda with, for example, the focus today on our People Plan, which is so important in setting out our approach to growing and developing our workforce.

So, in the coming months, I am proposing to follow the example set by many high-performing organisations in moving to bi-monthly public Board meetings. Those meetings will still continue to provide us with the opportunity to discharge our statutory duties, and seek assurance around the key operational, workforce, financial and performance standards that we are required to deliver as an NHS Foundation Trust.

However, from next month, I believe we should be devoting an equal amount of our time to refreshing our strategic plan for the organisation, developing as a highly effective Board, and shaping our thinking about how Stockport NHS Foundation

Trust can continue to move forward at pace on its transformation journey. I look forward to having more great conversations as we begin this work together.

3. Annual members meeting

Our annual members meeting will be held on Thursday 8 July from $2.30-4 \mathrm{pm}$. To enable as many members as possible to attend safely the meeting will be held virtually. It will provide us with the opportunity to celebrate how we have met the challenges of what has been an extraordinary year and also acknowledge the many successes of 2020-21.



Stockport NHS Foundation Trust

Meeting date	3 June 2021	Χ	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chief Executive's Report					
Lead Director	Chief Executive	Author Director Communi Corporate Affairs				cations &

Recommendations made/ Decisions requested

The Board is asked to note the content of the report.

This paper relates to the following Corporate Annual Objectives-

Х	1	Deliver safe accessible and personalised services for those we care for						
Х	2	Support the health and wellbeing needs of our communities and staff						
	3	Co-design and provide Integrated Service Models within our locality and across our acute providers						
	4	Drive service improvement, through high quality research, innovation and transformation						
х	5	Develop a diverse, capable and motivated workforce to meet future service and user needs						
	6	Utilise our resources in an efficient and effective manner						
	7	Develop our Estate and IM&T infrastructure to meet service and user needs						

The paper relates to the following CQC domains-

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

	PR1	Significant deterioration in standards of safety and care
-1.	PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
This paper is related to	PR3	Working with others does not fully deliver the required benefits
these BAF risks-	PR4	Performance recovery plan is not delivered
	PR5	Critical shortage of skilled workforce with capacity and capability to meet service needs
	PR6	Failure to deliver agreed financial recovery plan

PR7 A major disruptive event leading to operational instability			
	PR8	Estate does not meet national standards or provide sustainable patient environment	
	PR9	IM&T infrastructure and digital defences do no protect against cyber attack	

Where issues are addressed in the paper-

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

Executive Summary

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

1. PURPOSE OF THE REPORT

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

2. TRUST NEWS

2.1 Recovery

The steady reduction in the number of Covid-19 patients needing hospital has allowed us to focus on delivering our recovery plan, particularly focusing on patients who have waited for long periods of time for diagnosis and treatment.

Restoring services is a challenge for the whole NHS, but we have set improvement trajectories for all key standards for the first six months of 2021-22 and we are generally making good progress.

Our performance against the cancer 62 day standard has improved along with the A&E four hour standard, with the emergency department achieving over 90% on a number of days in the last month. Cancer long waits are reducing and we have met the two week wait cancer standard, with forecasting indicating that compliance will continue.

We have now agreed restoration improvement trajectories, which we will monitor against until such time as we, along with our other provider colleagues, are able to return to the 18 week elective care pathway standard. Extra CT capacity was provided by the national team in May, and we are continuing to access external endoscopy capacity, which is helping to address the number of patients waiting for diagnosis and we are meeting internally set trajectories for our diagnostic services.

We are seeing great commitment from our staff to achieving our improvement trajectories and more importantly, providing diagnosis and treatment for our patients as quickly as possible. This is all the more remarkable when we consider how tough the last year has been for our staff and the whole NHS.

I would like to take this opportunity to thank all of our teams for their drive and commitment to delivering our recovery programme and providing the best possible care for the people who need our services.

2.2 Board Assurance Framework

Following the Board's sign off of our 2020/21 Board Assurance Framework (BAF) at our last meeting, no matters were identified to draw to the attention of the Board.

Over the forthcoming weeks, the strategic risks to the achievement of those corporate objectives the Board agreed for 2021/22 will be formulated and delegated for oversight to the appropriate Board Committees who will be responsible for regular reviews and for recommending to the Board any change to agreed risk scores.

The Audit Committee will continue to take responsibility for supporting the Board on control matters including the controls in place regarding BAF risks.

2.3 Vaccination programme

We have now closed our Covid-19 vaccination hub after giving 13,928 doses of the vaccine to our staff, 5,363 doses to other healthcare workers, and 14,319 doses to social care and other workers.

Some 87.9% of all of our staff have been vaccinated, with 79.15% having received both doses, while 83.62% of our staff from ethnically disadvantaged backgrounds have been vaccinated, with 72.2% receiving both doses.

This is a huge achievement and we are incredibly proud of the staff that have run the hub, which was just the second to be set up in Greater Manchester. While the hub has now closed our vaccination programme for new and existing staff will continue via our inhouse occupational health service.

2.4 Making a Difference Awards

Following the success of our Thank You February month of awards for staff who had gone over and above what would usually be expected of them during the pandemic, we have launched the Making a Difference Awards.

Any member of staff can nominate a colleague for these quarterly awards and everyone nominated receives a badge and certificate. Two overall winners will be chosen each month, who will also receive gift vouchers, and I was delighted to present our first awards to:

- Alison Moorhouse, a ward clerk on Ward B2 who was nominated by two
 colleagues for consistently going above and beyond her role, and the way she
 works as a bridge of communication between patients and the medical team, often
 acting as an advocate for patient/ relative concerns. On top of organising the
 smooth running of the ward, Alison chases various investigations for patients
 when the nurses are busy, and assists in patient flow by arranging transport,
 discharge meds and complex discharges.
- Margaret Wheeldon, ward manager of Ward C4, was nominated by her line manager for organising an in-hospital wedding for a patient in the last few days of their life. She rapidly arranged the registrar, rings, flowers and even a cake for the

ceremony that took place in the Sanctuary – making the patient's final wishes come true.

2.5 Together Festival

Looking after our staff's health and wellbeing is crucial to us being able to meet the health needs of our local communities, as well as delivering our post-pandemic recovery plans.

Throughout May we ran the Together Festival to provide colleagues with a raft of opportunities and information to help them look after their health and wellbeing. We offered a range of activities to mark Mental Health Awareness Week and staff that may have lost a loved one were invited to attend a bereavement session as part of Dying Matters Week.

May Miles was another aspect of the Together Festival with guided walks from the hospital site and a walking challenge for staff, who were encouraged to either walk just a mile a day or set their own walking target for the month.

During the Together Festival we also supported the National Day of the Midwife, International Nurses Day, Dementia Awareness Week, and Black Inclusion Month.

2.6 We Can Talk

The Trust has topped the national training chart for the number of staff taking up We Can Talk training. More than 200 trusts across the country are rolling out the training aimed at giving colleagues the skills to recognise mental health issues in young people and know how to support them.

To top the training league this month is fantastic recognition for our staff's commitment to supporting both the physical and emotional health of our patients.

2.7 NHS anniversary

The Trust's charity is urging staff and supporters to show their love for the NHS by taking part in the NHS Big Tea on 5 July – the anniversary of the founding of the NHS.

People are being encouraged to organise their own tea party with friends and relatives, or just take five minutes to enjoy a tea break and donate to Stockport NHS Charity by texting £5 and tagging five friends on social media inviting them to do the same.

The charity is also organising a bake sale on the hospital site and funds raised by the NHS Big tea events will help to support the health and wellbeing of our patients and staff. To take part and get an NHS tea pack visit http://www.stockport.nhs.uk/bigtea



Board of Directors' Key Issues Report

Rep	ort Date:	Report of: Quality Committee				
Date of last meeting: 25 th May 2021		Membership Numbers: Quorate				
1. Agenda The Committee considered an agenda which included the following: Patient Story: Gary's Story Business Group update: ICBG, Integrated Therapies Patient Safety and Quality Group Chair's Assurance Report Notification of Serious Incidents IPC Update Report Patient Safety Quality Report IPR – Safety and Experience Quality Metrics CQC Assurance New Committee Structure 2021/22 BAF Significant Risks Waiting List Harms		 Patient Story: Gary's Story Business Group update: ICBG, Integrated Therapies Patient Safety and Quality Group Chair's Assurance Report Notification of Serious Incidents IPC Update Report Patient Safety Quality Report IPR – Safety and Experience Quality Metrics CQC Assurance New Committee Structure 2021/22 BAF Significant Risks 				
	Assurance	Patient Story: The Committee received a patient story regarding a gentleman who had a wedding arranged by staff within a matter of hours. There was positive assurance on the care provided by the team to end of life patients and their families. Integrated Therapies Presentation. The Committee noted the work of the Integrated Therapies team and vital contribution of AHPs. There was positive assurance on the quality assurance processes and focus on staff wellbeing. There was negative assurance on therapy establishments (SALT, Nutrition and Dietetics) that do not meet national guidance. Nosocomial Covid-19 Deaths Report: There was moderate assurance from the update on the investigation that has completed 61/109 cases and to date found 9 patient patients that contracted Covid-19 due to lapses in care and subsequently died of Covid-19. Update in 3 months. Never Event: There was moderate assurance on the actions taken following the investigation and report into the Never Event (wrong site block) and actions taken to prevent future incidents. Review in 3 months Failure of GP letters issued electronically. The clinical review of the c5000 letters that failed to send to GPs gave assurance that no harm had been identified in the 65% letters that had been reviewed. The Committee received reassurance on the				

1

remaining reviews and has requested a monthly update until the review has concluded.

Transfusion Compliance: There was moderate assurance on transfusion compliance. Traceability was at a consistently improved position between Jan-April but remains below 100%.

NICE Guidance Implementation: There was negative assurance escalated to the Committee on the Trust's position in relation to NICE Guidance. Many documents have not been reviewed so practice against standards has not been tested. The Committee noted that a NICE Interface Group has been set up to coordinate gap analysis and actions plans.

Report of the IPC Committee: There was moderate assurance overall on IPC. The Committee received an update report on surveillance organisms, nosocomial Covid-19, and the IPC BAF. There was positive assurance on the current position of nosocomial infections with 0 cases recorded for 6+ weeks. The Committee noted the actions taken in response to cases of *E. Coli* and *C. difficile*. There was moderate assurance on progress of the antimicrobial stewardship programme and the committee received an update on reinstated ward rounds and IPC Strategy.

Patient Safety and Quality Report: The Committee noted the metrics and assurance detailed in the report but could not conclude that the report provided 'substantial' assurance and requested that future reports provide clearer evidence and examples of where lessons had been learned from incidents.

Notification of Serious Incidents and PFD. There was substantial assurance on Serious Incidents. The Committee received a report detailing 2 Serious Incidents declared in April. No reports were overdue to the CCG. 100% compliance with Duty of Candour. No PFDs. The Committee noted significant improvement in overdue action plans and number of actions outstanding.

CQC Update: The Committee supported the closure of the current improvement plan and supported the development of the Divisional plans aligned with CQC KLOEs and Transitional Monitoring Arrangements (TMAs). To support the transition to the new improvement monitoring, the Committee agreed to receive an update on the legacy plan in August.

The Committee accepted the findings and received positive assurance from the MIAA review of CQC Evidence. The report provided 'high assurance' on the processes to address issues raised by the CQC and securing the evidence to drive quality improvement.

H&S Chairs Report: The Committee noted the significant progress made on Health and Safety and received positive assurance overall. There were updates on Q3/4 H&S Reports, HSE Inspection Report, COSHH Group re-establishment, incidents, H&S Strategy and performance.

Waiting List Harms: The Committee received an update on the work of the Clinical Prioritisation Group and received moderate assurance on how levels of harm are being escalated and investigated. The Committee noted matters under consideration in relation to national guidance on clinical reviews and balancing of clinical resource between conducting reviews and performing surgery.

	Alert	•						
	Advise	The quality elements of the 2021-22 Board Assurance Framework were considered by the Committee (PR1 and PR2). The Committee was also asked to consider the recommendation from Finance and Performance Committee that oversight of PR4 should sit with the Quality Committee						
			that as the risk was currentl nance and Performance Cor					
		the various elements of the	ds that the Board to spend t BAF before it was able to m target score dates for PR 4.	ake any changes to the risk				
		PR1 Significant deterioration in standards of safety and care PR2 Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff PR4 Performance recovery plan is not delivered						
2.	Risks Identified	•						
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				



Stockport NHS Foundation Trust

Meeting date	eting date 3 rd June 2021		Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Integrated Performance R					
Lead Director	Chief Executive		Author	Не	ead of Performa	nce

Recommendations made / Decisions requested

Performance against the associated metrics for the last available month (April 2021 for the majority of indicators) is reported.

The highlight report summarises the areas of most significant note.

This paper relates to the following Corporate Annual Objectives-

✓	1	Deliver safe accessible and personalised services for those we care for						
✓	2	Support the health and wellbeing needs of our communities and staff						
	3	Co-design and provide Integrated Service Models within our locality and across our acute providers						
	4	Drive service improvement, through high quality research, innovation and transformation						
✓	5	Develop a diverse, capable and motivated workforce to meet future service and user needs						
✓	6	Utilise our resources in an efficient and effective manner						
	7	Develop our Estate and IM&T infrastructure to meet service and user needs						

The paper relates to the following CQC domains-

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

	✓	PR1	Significant deterioration in standards of safety and care
This paper	and staff		Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
is related to these		PR3	Working with others does not fully deliver the required benefits
BAF risks-	✓	PR4	Performance recovery plan is not delivered
	✓	PR5	Critical shortage of skilled workforce with capacity and capability to meet service needs

✓	PR6	Failure to deliver agreed financial recovery plan
	PR7	A major disruptive event leading to operational instability
	PR8	Estate does not meet national standards or provide sustainable patient environment
	PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive	Summary
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The Board is asked to note and challenge:

- Performance against the reported metrics
- The described issues that are affecting performance
- The actions described to mitigate and improve performance

Integrated Performance Report



Tab 8.2 IPR - Quality Section

Integrated Performance Report

Reporting Period April 2021

Quality Operations

Workforce

Financ



Trust Highlight Report

Quality

The electronic sepsis screening process was implemented on 3rd march 2021. The results for March demonstrate a positive step change in compliance to the timely recognition of possible sepsis

Covid numbers have reduced across Stockport and within the trust. There have been no nosocomial infections for 7 weeks at the time of writing

The Trust maintained its 100% compliance in responding to formal complaints within the required timeframes.

Operations

Trust performance is in line with the recovery plans submitted and agreed with as part of the GM ICS plan.

ED attendances have remained elevated.

The Trust maintained its compliance with the 2ww cancer standard and this is forecast to continue.

The 6 week diagnostic improvement trajectory is on track for April.

Non-elective length of stay continues to benefit from the focussed work reducing the number of Patients with No Criteria to Reside.

A Elective Recovery Fund bid has been submitted to support the opening of additional elective capacity.

Areas of transformational work are underway in the Emergency Department, focusing on reducing time to initial assessment and triage.

Workforce

Whilst overall the sickness levels within the Trust have not been as high as some local organisations have experienced, there remains the unknown impact of COVID related absence, for example, long COVID and the psychological impact of health care workers living and working through the pandemic.

Recruitment continues to be the main area of focus to ensure that the additional posts that have been included in the ward establishments are filled as soon as possible. This is a combination of domestic recruitment focussing on local residents, students and people ready for a change, along with international recruitment. Currently there remains a pause in most recruitment from India.

Bank and agency usage has dropped significantly in April with a marked decrease in the use of agencies not on the procurement framework.

Finance

The financial plan for H1 2021/22 requires a break even financial position after £40.2m of Greater Manchester (GM) system support. The Trust has overspent by £0.1m in April 2021.

Budget books have been issued to all budget holders for the new financial year. These should all be signed off in May 2021. These have been rebased in line with the GM H1 run-rate assumptions. Budgets are therefore now reflective of the new spending patterns under this interim financial regime. There is no contingency fund for business cases and business groups are expected to manage within their control total.



Summary Dashboard

Quality Metrics	Latest Performance			Target		
VTE Risk Assessment	Feb-21	0//50	98.1%		>= 95%	
Sepsis: Timely recognition	Apr-21	~~	92.6%		>= 85%	
Sepsis: Antibiotic administration	Apr-21	0 ₀ /\ ₀ 0	87.5%	2	>= 85%	
Medication Errors: Rate	Apr-21	0 ₀ /\u00f30	4.26			
Mortality: HSMR	Feb-21	0 ₀ /\u00f30	1.06	&	<= 1	
Mortality: SHMI	Nov-20	0 ₄ /ho	0.98		<= 1	
Never Event: Incidence	Apr-21	0 ₄ /ho	0	2	<= 0	
Serious Incidents: STEIS Reportable	Apr-21	0 ₄ /ho	2			
Stroke: Time spent on stroke ward	Mar-21	0 ₁ /\u00f30	87%	2	>= 90%	
Hospital Onset Covid (HOC) Rate	Apr-21	\bigcirc	0%	2	<= 12.7%	
C.Diff Infection Rate	Mar-21	~	17.26			
C.Diff Infection Count	Mar-21	o√\o)	28		<= 51	
MRSA Infection Rate	Mar-21	~~~	1.23			
MRSA Infection Count	Mar-21	0/ho	0			
MSSA Infection Rate	Mar-21	0 ₁ /ho	6.16			
E.Coli Infection Rate	Mar-21	~~	19.72			
E.Coli Infection Count	Mar-21	0 ₁ /ho	2			
Falls: Total Incidence of Inpatient Falls	Apr-21	0/ho	78	2	<= 68	
Falls: Causing Moderate Harm and Above	Apr-21	0/ho	1		<= 1	
Pressure Ulcers: Hospital, Category 2	Mar-21	0 ₁ /ho	92	2	<= 85	
Pressure Ulcers: Hospital, Category 3	Mar-21	0 ₁ /ho	14	2	<= 9	
Pressure Ulcers: Hospital, Category 4	Mar-21	0 ₁ /ho	3		<= 3	
Emergency C-Section Rate	Apr-21	0/ho)	22.6%	£	<= 15.4%	
Friends & Family Test: Response Rate	Mar-21	0/ho)	20.6%			
Friends & Family Test: Inpatient	Mar-21	0 ₁ /ho	95.1%			
Friends & Family Test: A&E	Mar-21	0 ₁ /ho	89%			
Friends & Family Test: Maternity	Mar-21	0 ₁ /bo	98.4%			
Complaints Rate	Apr-21	∞	0.4%			
Complaints: Timely response	Apr-21	04/20	100%	~	>= 95%	

Performance variation	Target assurance
Grey indicates common cause, which shows no significant change in the data values Orange indicates special cause of	Grey indicates that variation is inconsistently passing and falling short of the target F Orange indicates that variation is
concerning nature or higher pressure due to higher or lower data values Blue indicates special cause of improving	P Blue indicates that variation is
nature or lower pressure due to higher or	consistently passing the target

Operational Metrics	Lates	Latest Performance			Target		
A&E: 4hr Standard	Apr-21	~ ∽	78.2%	&	>= 95%		
A&E: 12hr Trolley Wait	Apr-21	0,00	0	?	<= 0		
Diagnostics: 6 Week Standard	Apr-21	0,00	47.4%	\bigcirc	<= 1%		
Cancer: 62 Day Standard	Apr-21	0,00	79.8%	&	>= 85%		
Cancer: 14 day standard	Apr-21	~ ∽	97.5%	?	>= 93%		
Cancer: 31 Day 1st Treatment	Apr-21	(a/\s)	96.8%	?	>= 96%		
Cancer: 104 Day Breaches	Mar-21	0,/60	5	\bigcirc	<= 0		
Referral to Treatment: Incomplete Pathways	Apr-21	~ ∽	56.3%	&	>= 92%		
Referral to Treatment: Incomplete Waiting List Size	Apr-21	\bigcirc	32528	\bigcirc	<= 24637		
Referral to Treatment: 52 Week Breaches	Apr-21	\bigcirc	4271	\bigcirc	<= 0		
Length of Stay: Non-Elective (UoR)	Apr-21	(a ₀ /\so	10.07	&	<= 9		
Length of Stay: Elective (UoR)	Apr-21	€.No	2.15		<= 2.6		
Long Length of Stay 7 Days	Apr-21	(%)	39.8%	\bigcirc	<= 32%		
Long Length of Stay 21 Days	Apr-21	~^~	15%	\bigcirc	<= 11%		
Medical Ontimised Awaiting Transfer (MOAT)	Δnr-21	(22)	53	F	 40		

Workforce Metrics	Lates	Latest Performance			Target		
Substantive Staff-in-Post	Apr-21	@/\s	91.7%		>= 90%		
Sickness Absence: Monthly Rate (UoR)	Apr-21	€.No	4.6%	Æ	<= 4.2%		
Sickness Absence: Rolling 12-Month Rate (UoR)	Apr-21	€.No	5%	Æ	<= 4.2%		
Workforce Turnover (UoR)	Apr-21	€.No	12%	<u></u>	<= 11%		
Staff Friends & Family Test: Recommend for Work	Sep-20	€.No	51.2%				
Staff Friends & Family Test: Recommend for Care	Sep-20	Q. No.	64.8%				
Appraisal Rate: Medical	Apr-21	Q.N.	90.2%	Æ	>= 95%		
Appraisal Rate: Non-medical	Apr-21	←	83%	&	>= 95%		
Statutory & Mandatory Training	Apr-21	Q/\r	92.6%		>= 90%		
Bank & Agency Costs	Apr-21	Q.N.	14.9%	\bigcirc	<= 5%		
Agency Shifts Above Capped Rates	Apr-21	Q.N.	2028	&	<= 0		
Agency Spend: Distance From Ceiling (UoR)	Apr-21	(~^~)	55.3%		<= 3%		
	İ						

Finance Metrics	Lates	Latest Performance			Target		
Financial Controls: I&E Position	Apr-21	~~ <u></u>	0%		<= 0%		
Cash Balance	Apr-21		28.6	(2)			
CIP Cumulative Achievement	Apr-21	0,/\0	0%		>= 0%		
Capital Expenditure	Apr-21	←	8.1%	?	<= 10%		

Quality

Operations

Workforce

39 of 186

Integrated Performance Report



Quality Highlight Report

Matters of Concern or Key Risks to Escalate:

Major Actions Commissioned / Work Underway:

The IPC team are going to commence investigating MSSA and E.Coli infections. Documentation is being developed to support this work.

A transformational project is underway across the wards to facilitate early discharge will further support the length of stay reduction.

Positive Assurances to Provide:

The electronic sepsis screening process was implemented on 3rd march 2021. The results for March demonstrate a positive step change in compliance to the timely recognition of possible sepsis

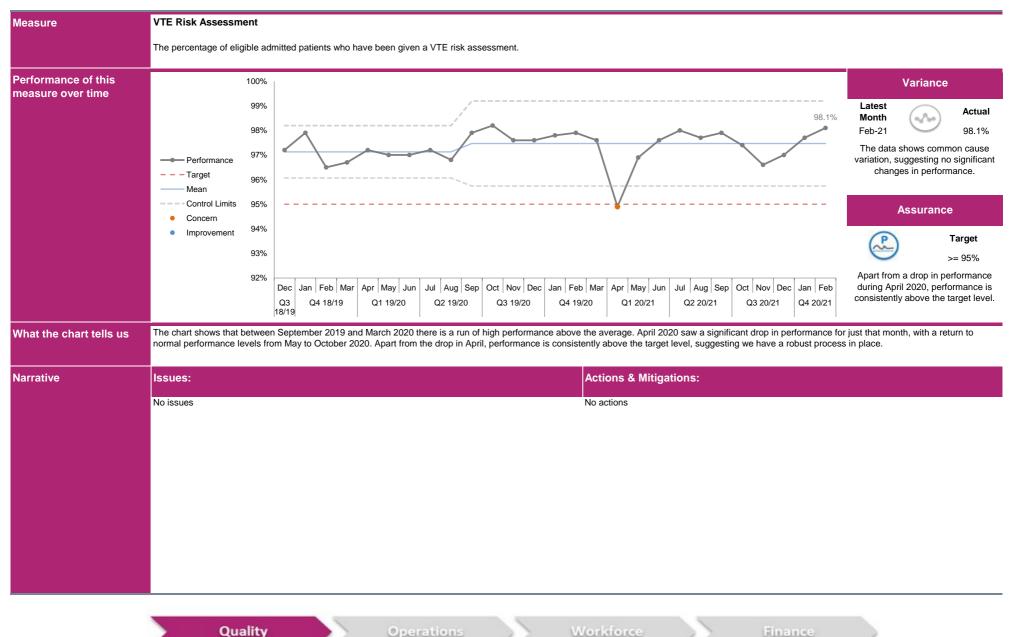
.Covid numbers have reduced across Stockport and within the trust. There have been no nosocomial infections for 7 weeks at the time of writing

The Trust maintained its 100% compliance in responding to formal complaints within the required timeframes.

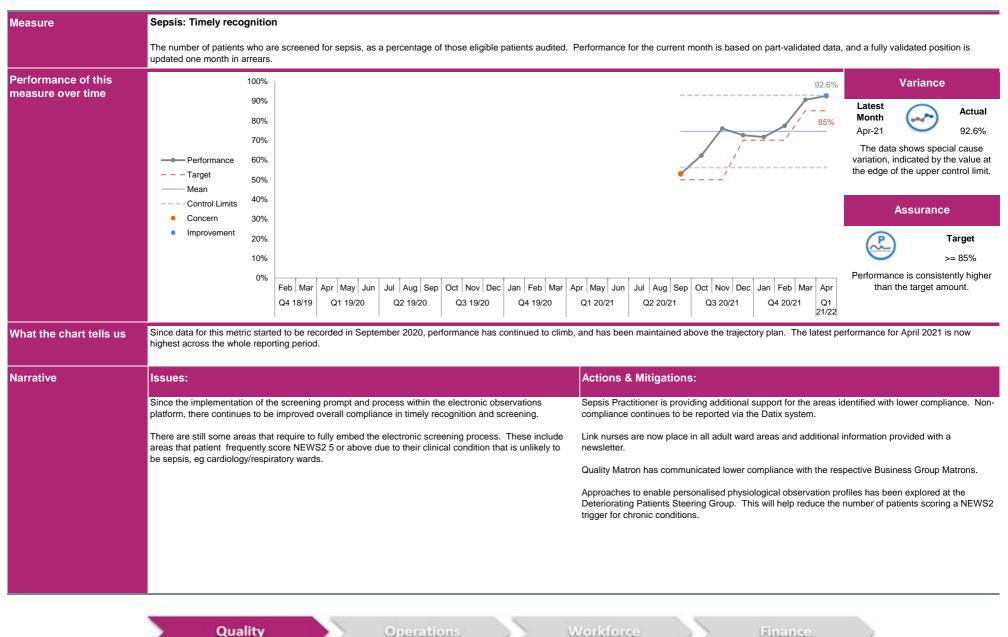
Decisions Made:

Quality Operations Workforce Finance



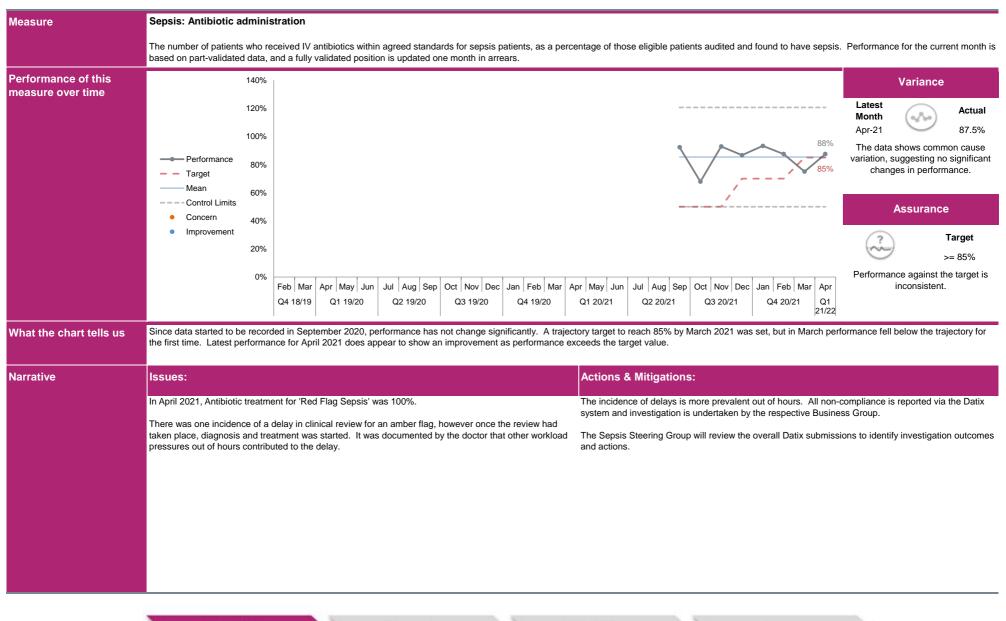






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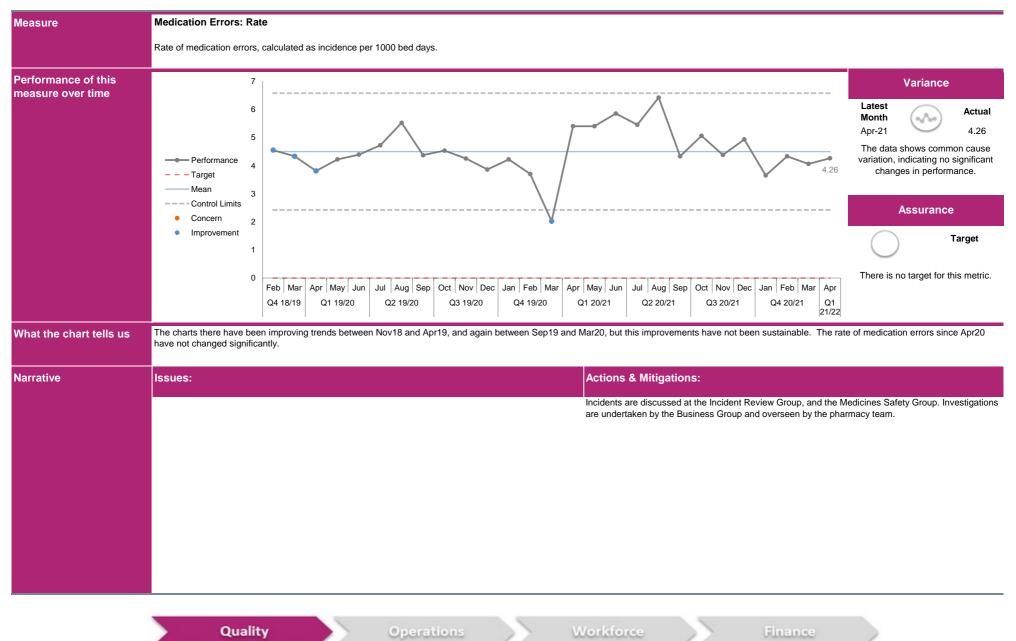




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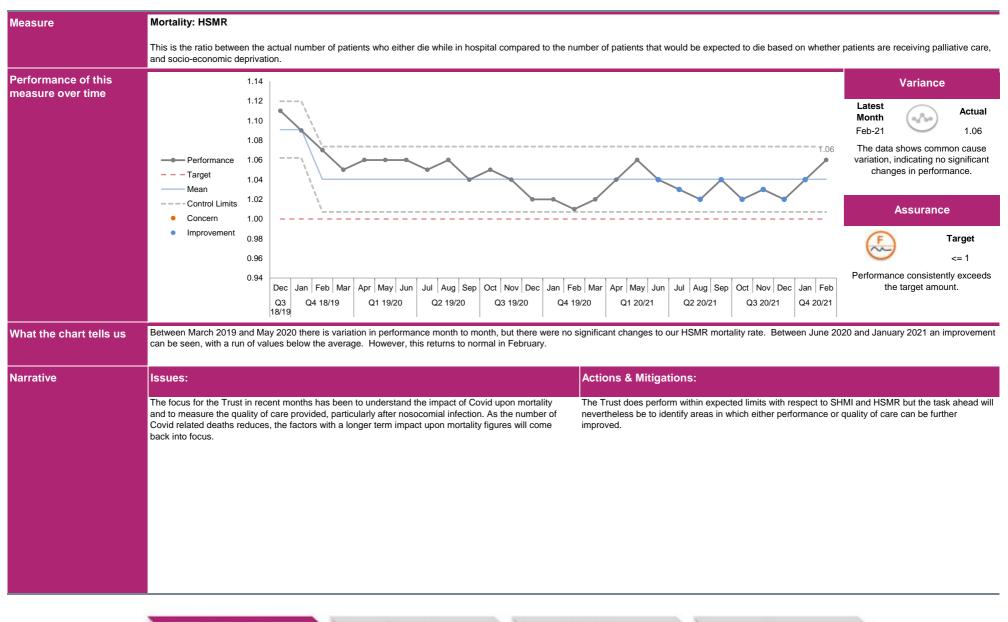
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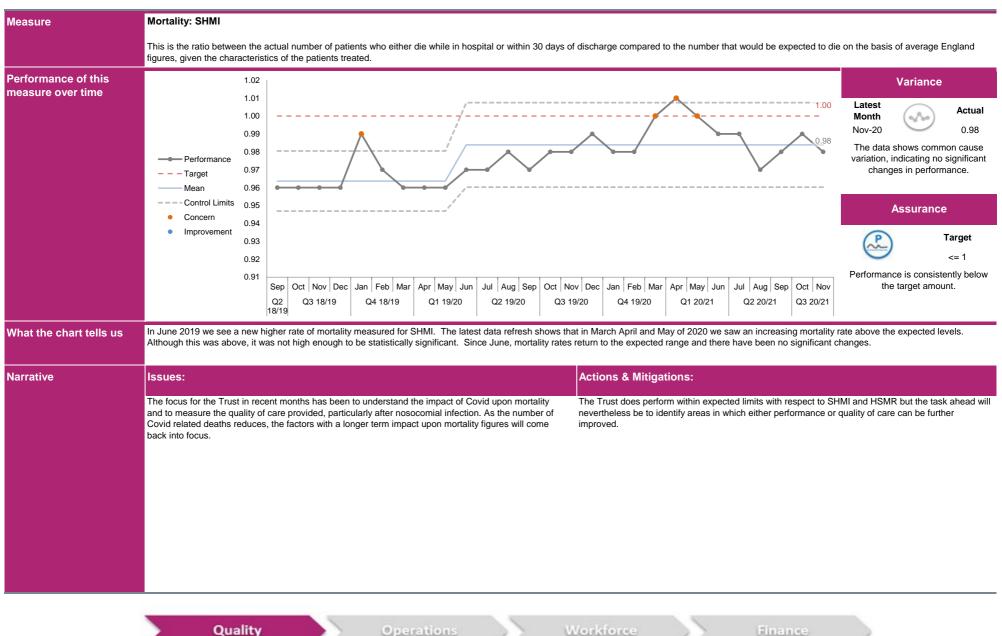




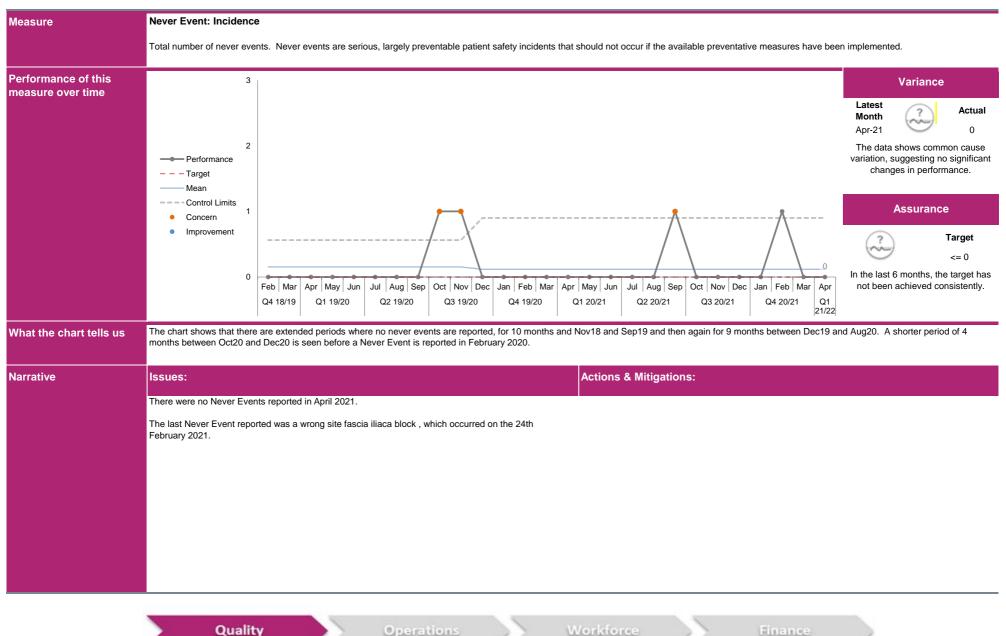
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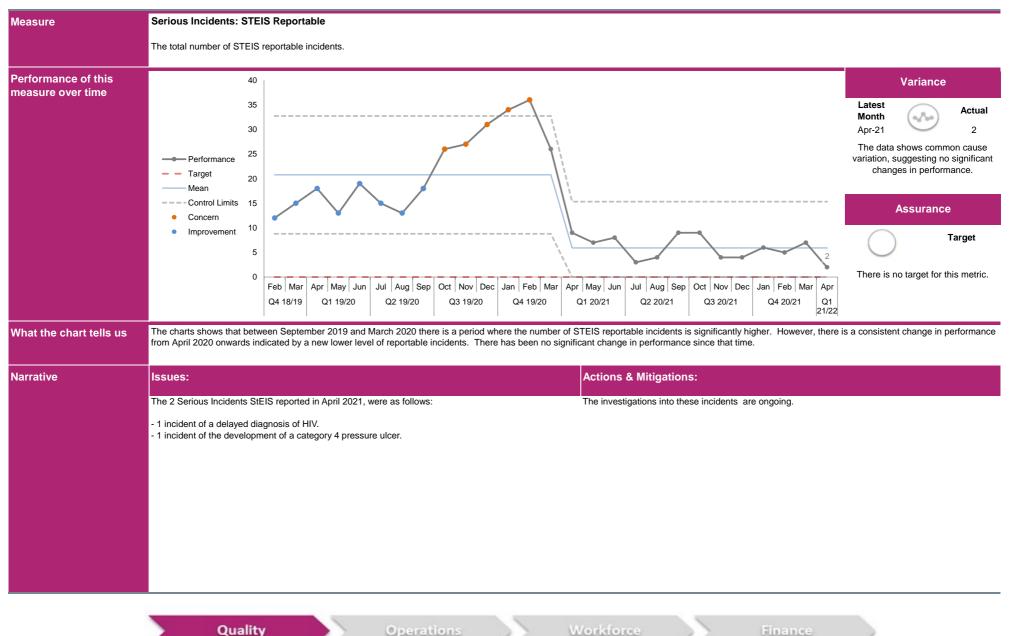




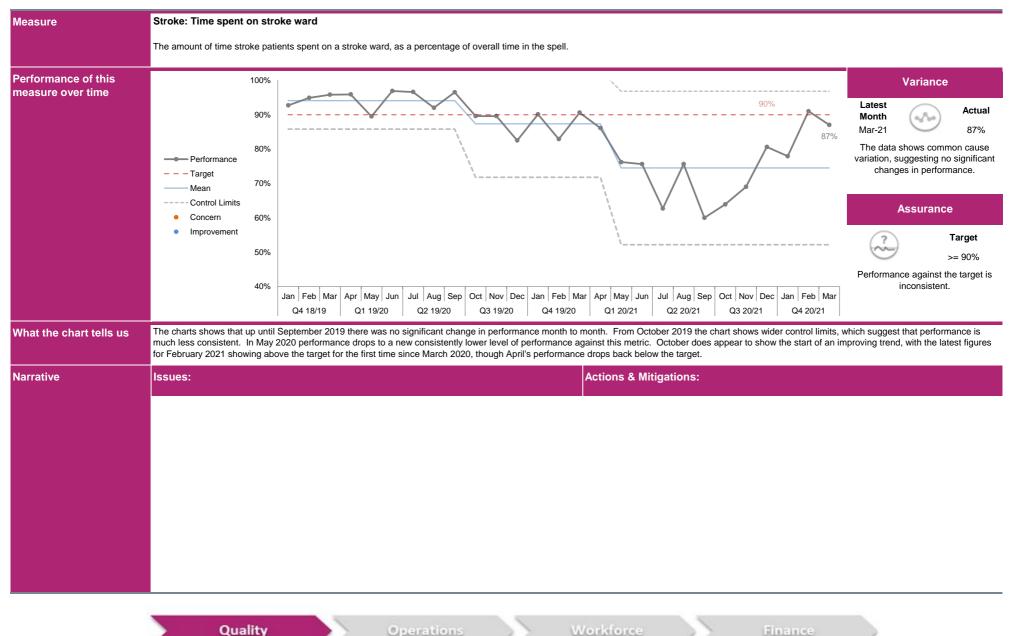




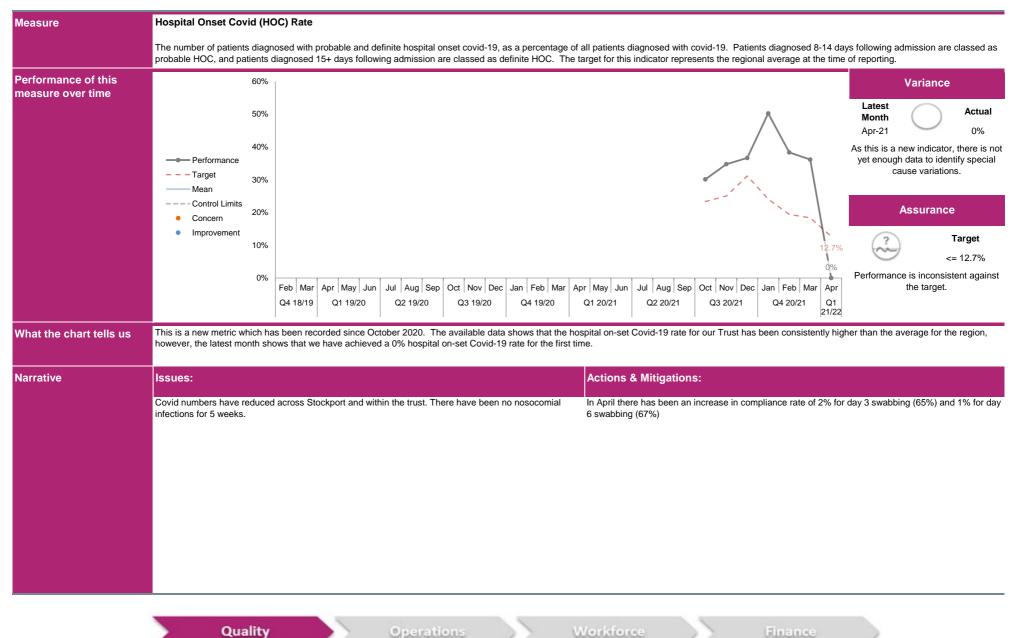








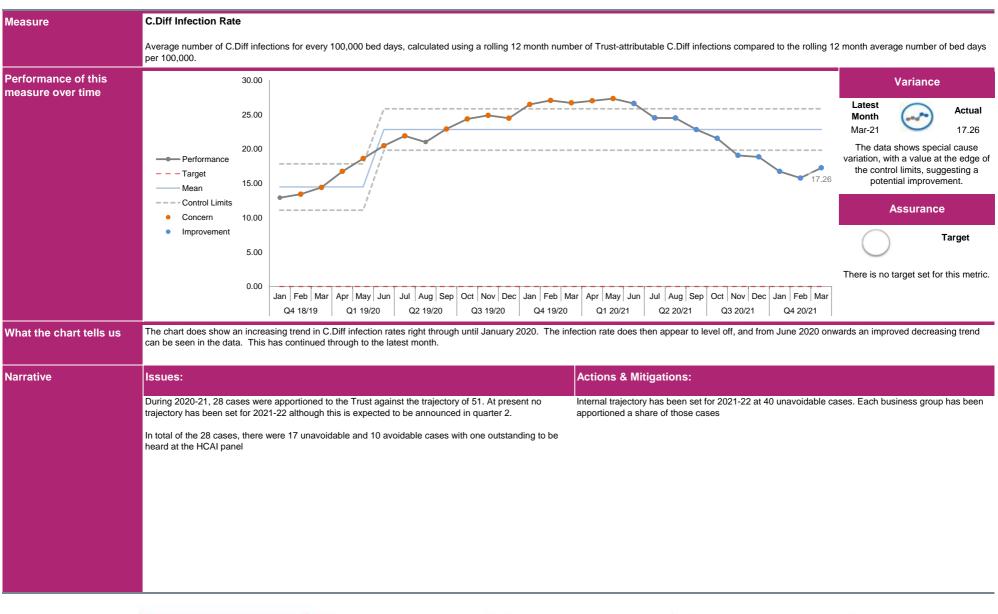




49 of 186

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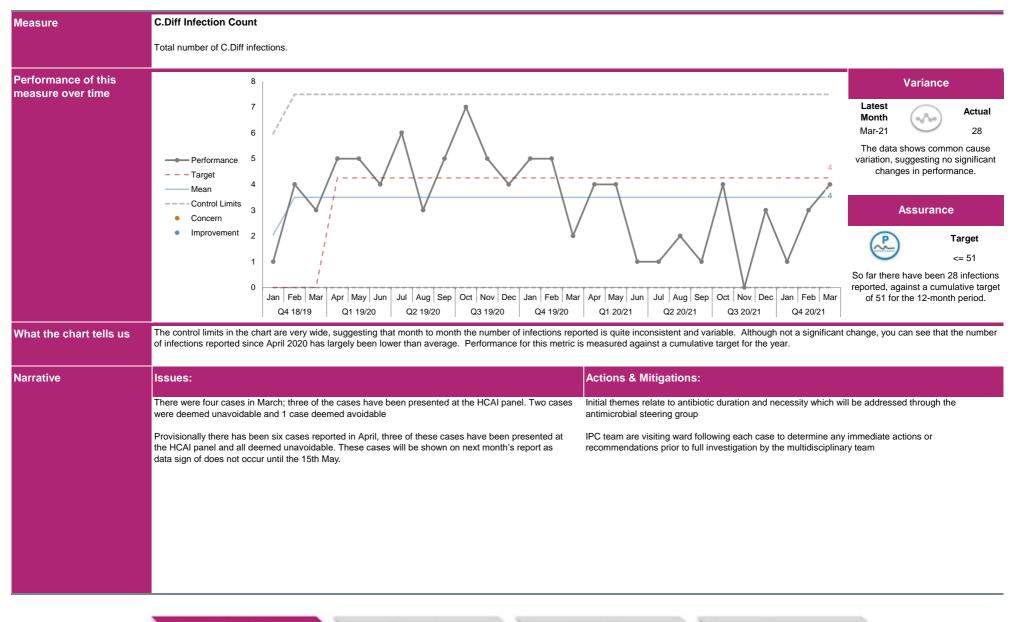


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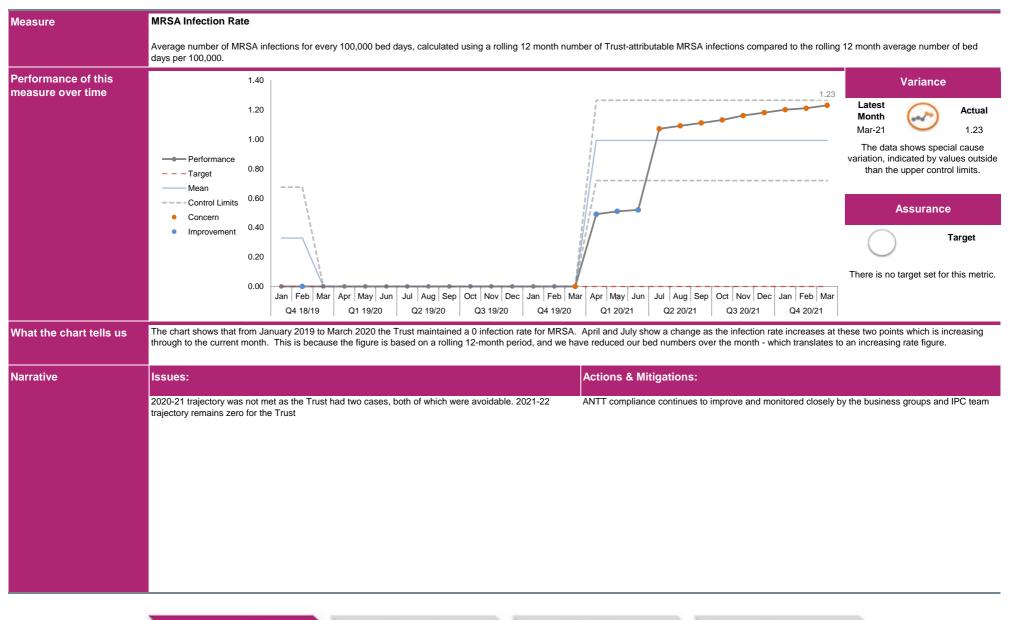


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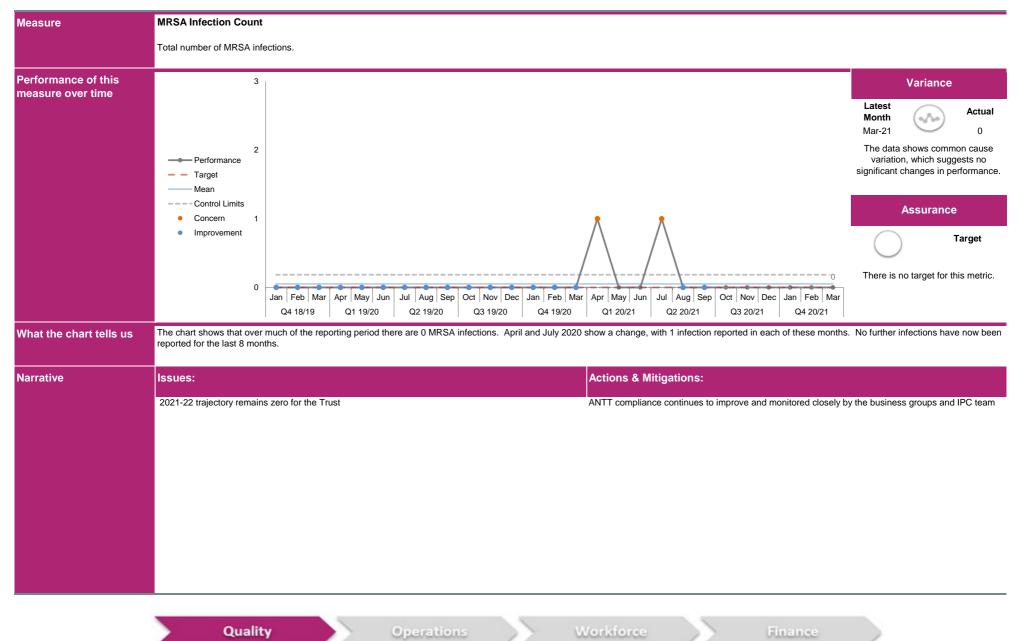




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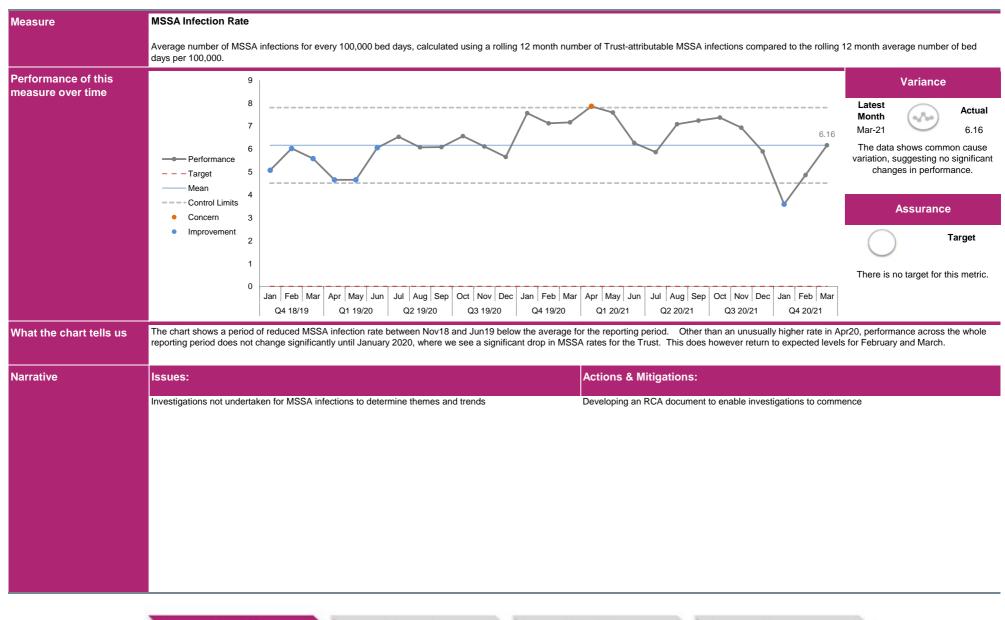
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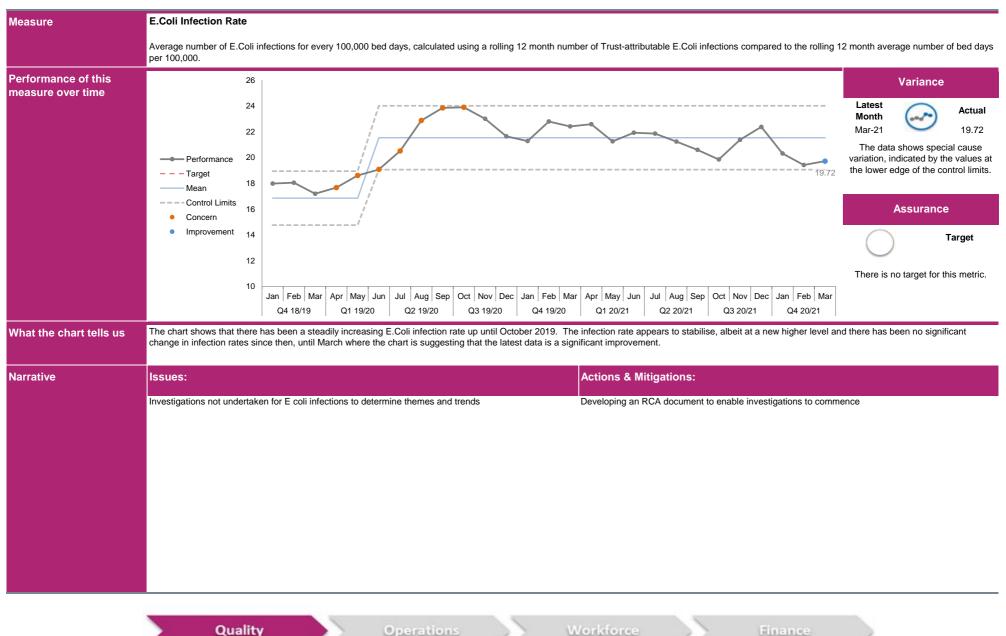




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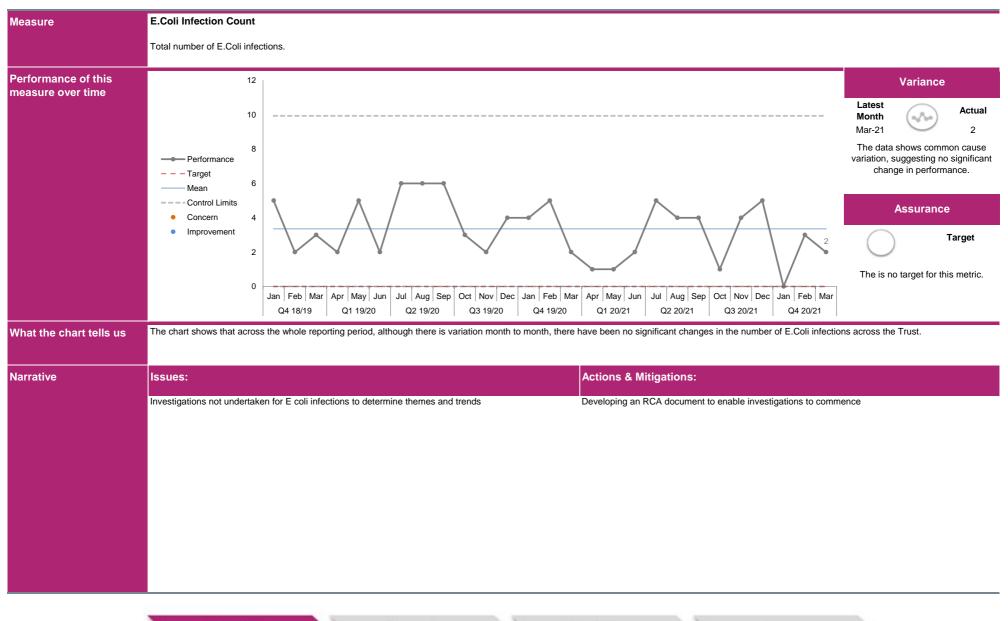
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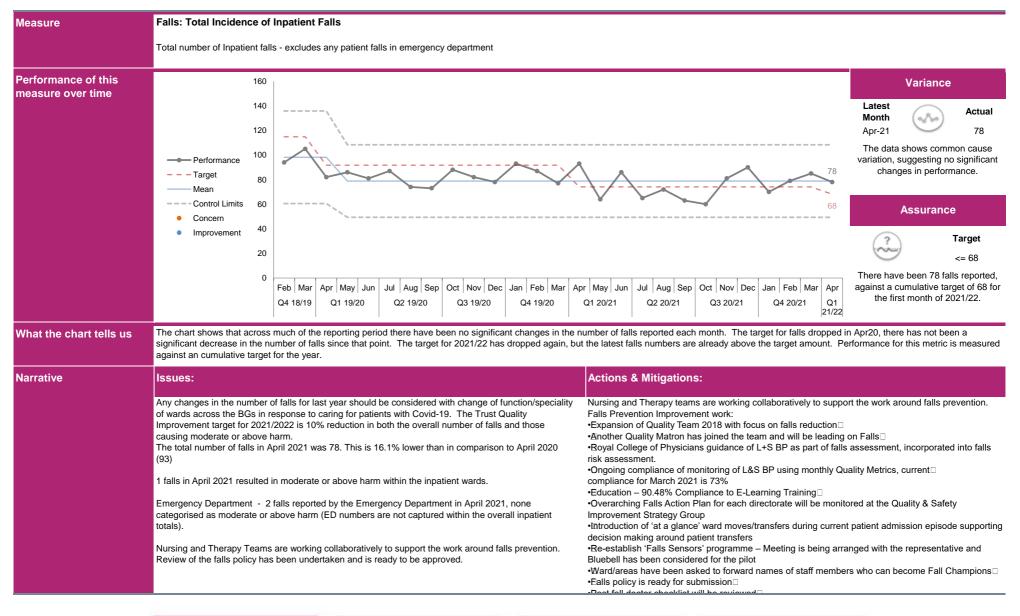




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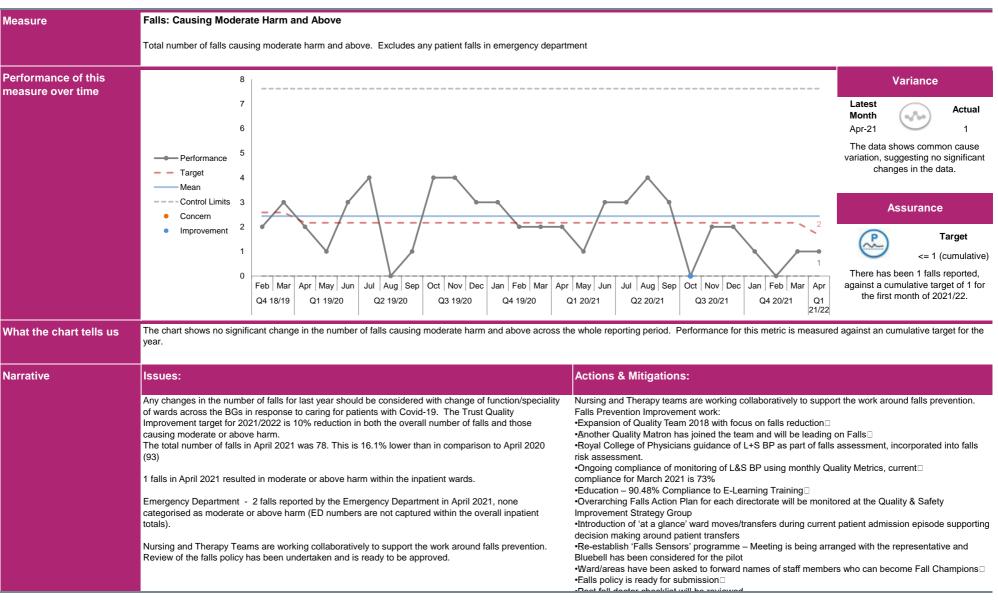
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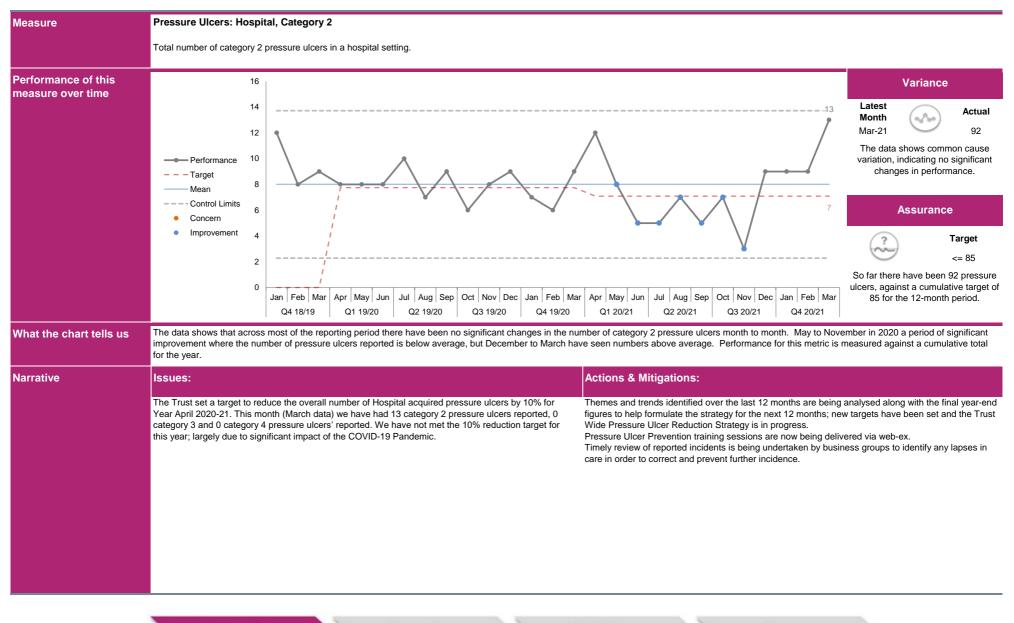
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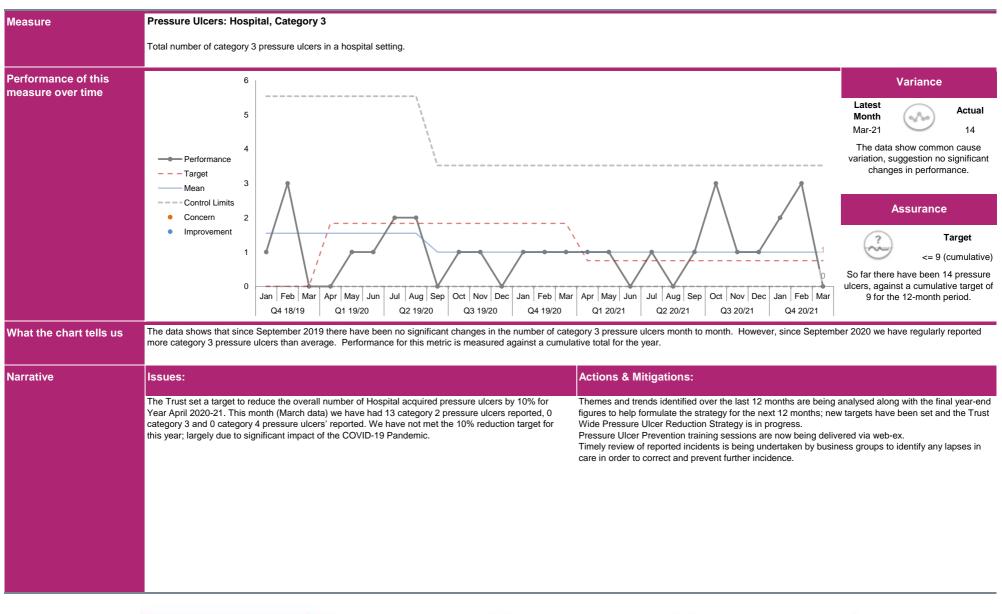


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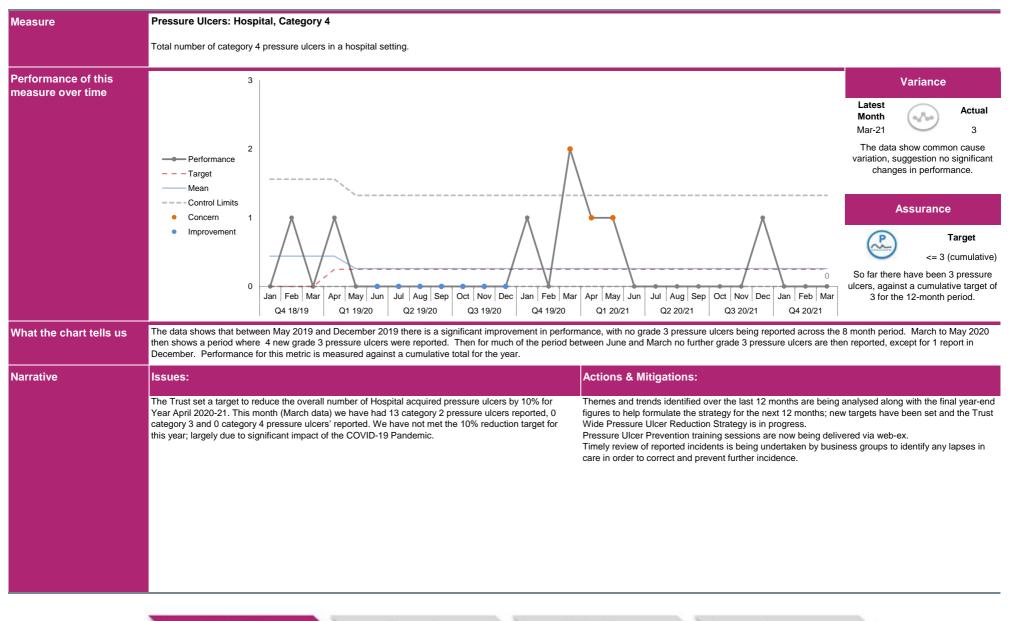


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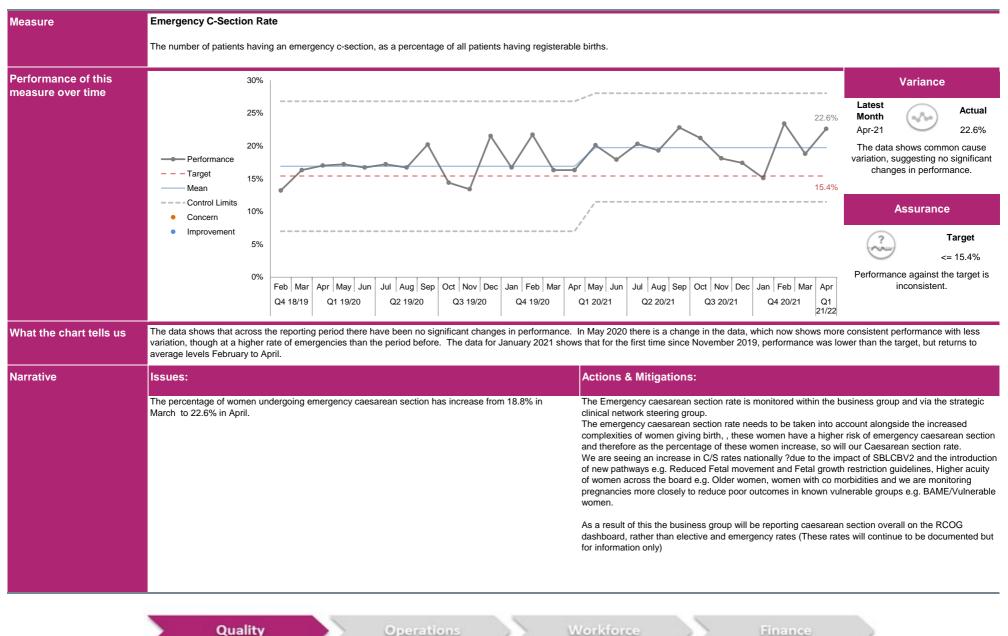
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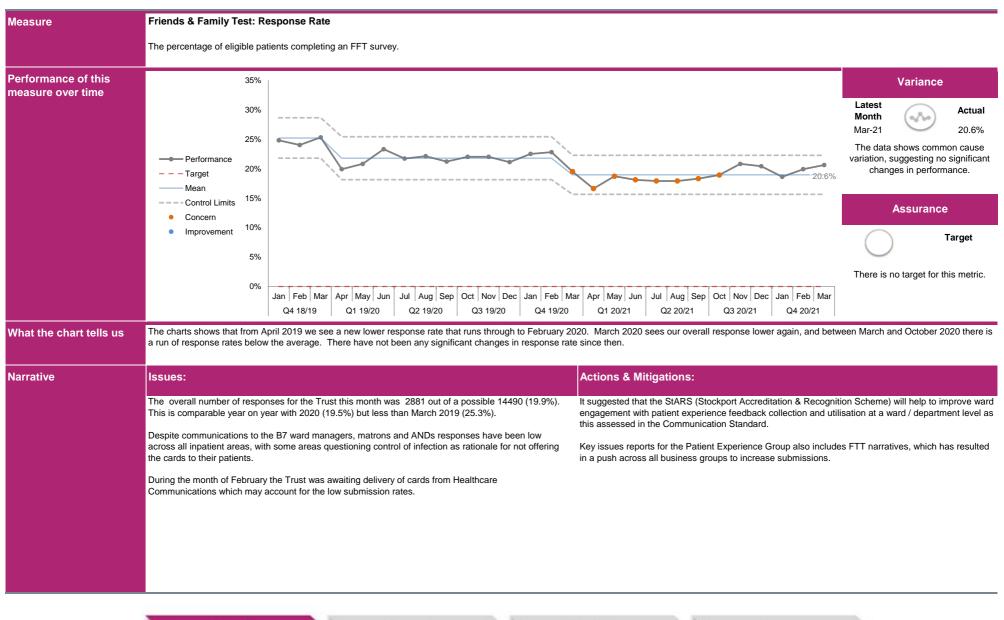






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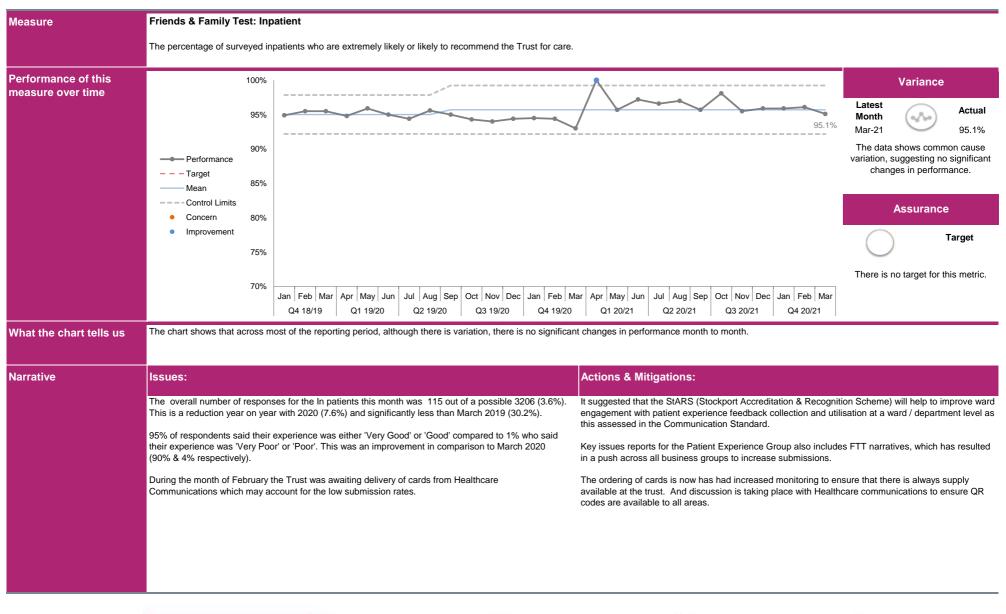


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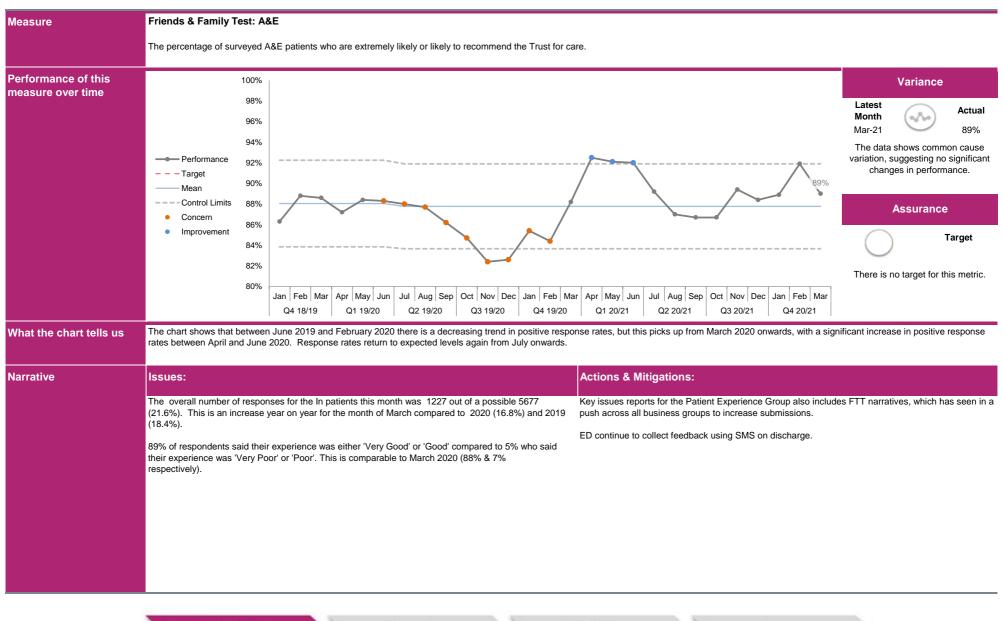


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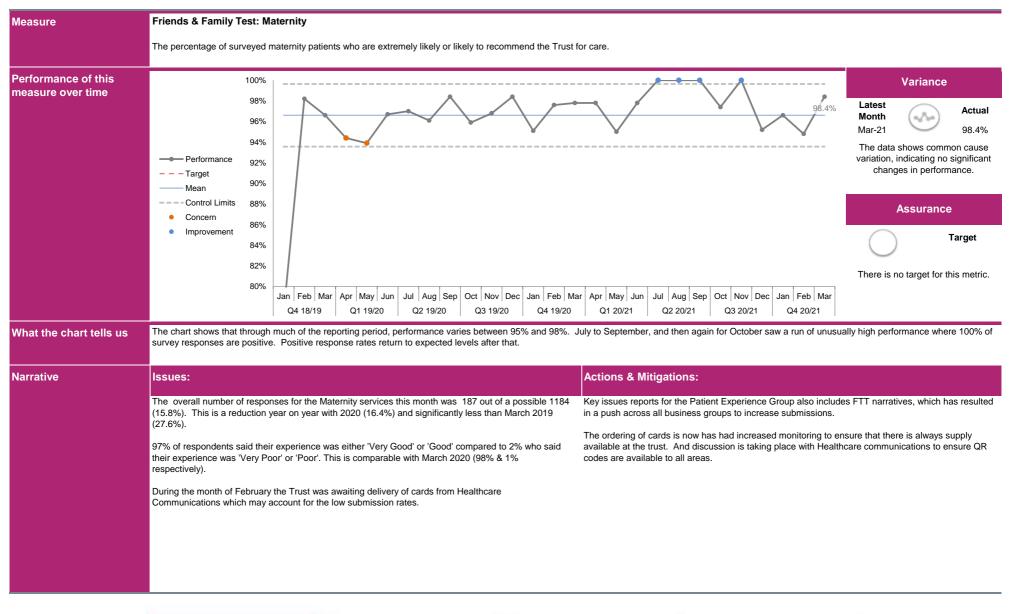


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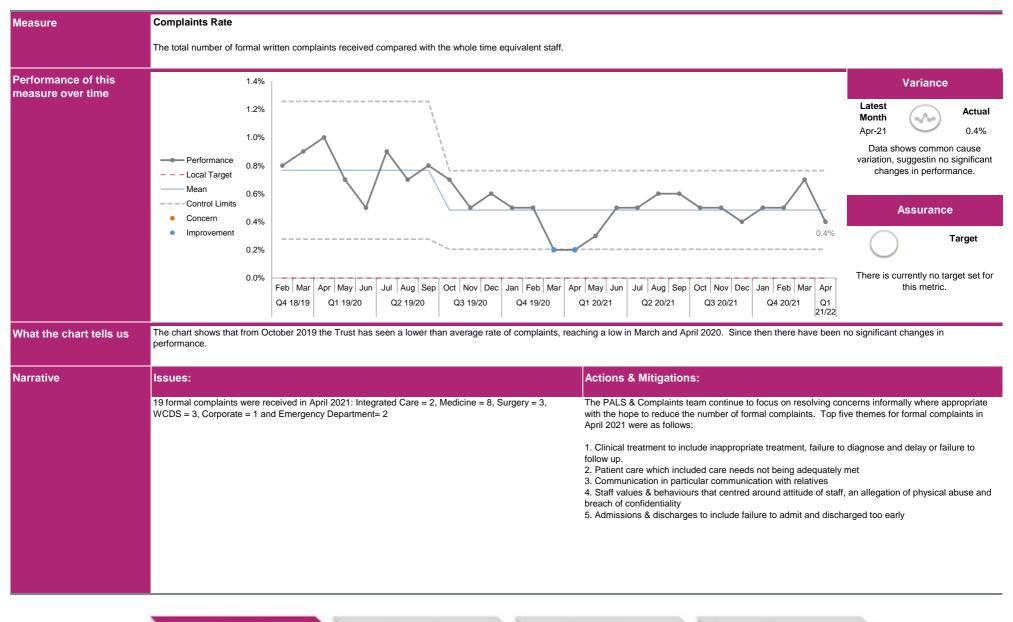


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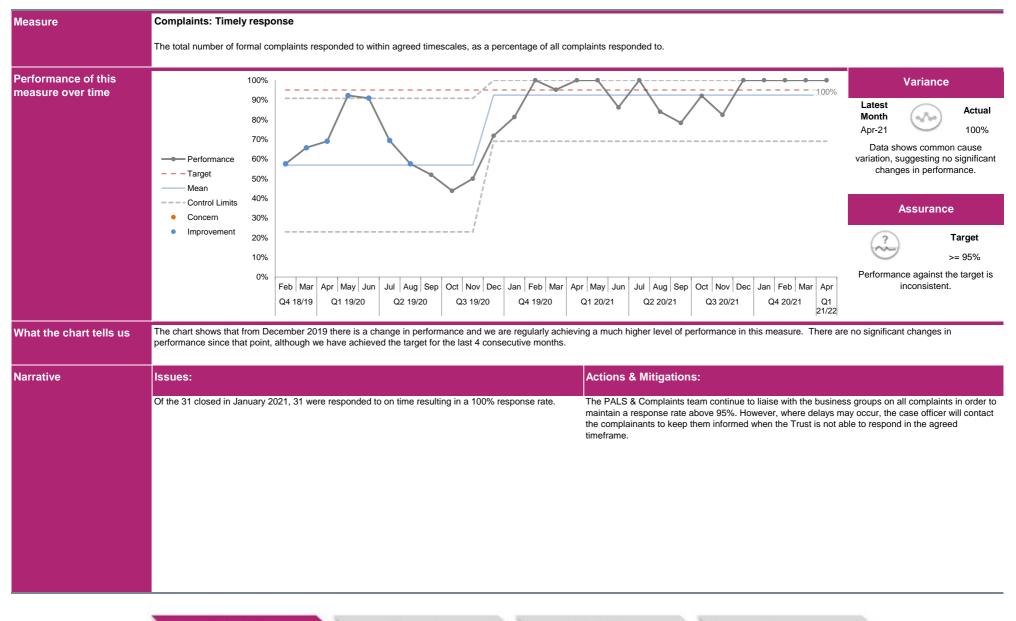


Operations

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Operations

Workforce



Operations Highlight Report

Matters of Concern or Key Risks to Escalate:

ED attendances have remained elevated.

Out of area and complex discharges remain the area of challenge to length of stay and patient flow.

The number of 52+ week waits are forecast to remain high in the coming months. This is impacted by long waits for routine surgery and Endoscopy.

Major Actions Commissioned / Work Underway:

Trust performance is in line with the recovery plans submitted and agreed with as part of the GM ICS plan.

A transformational project is underway across the wards to facilitate early discharge will further support the length of stay reduction.

Continue to maximise use of the GM Endoscopy asset.

Continue to offer choice of Independent Sector provider for long waiting Orthopaedic and General Surgery patients.

The ED Ops Team is trailing an evening ED Manager of the Day rota to trouble shoot common challenges overnight.

Areas of transformational work are underway in the Emergency Department, focusing on reducing time to initial assessment and triage.

Positive Assurances to Provide:

The Trust maintained its compliance with the 2ww cancer standard and this is forecast to continue.

The 6 week diagnostic improvement trajectory is on track for April.

Non-elective length of stay continues to benefit from the focussed work reducing the number of Patients with No Criteria to Reside.

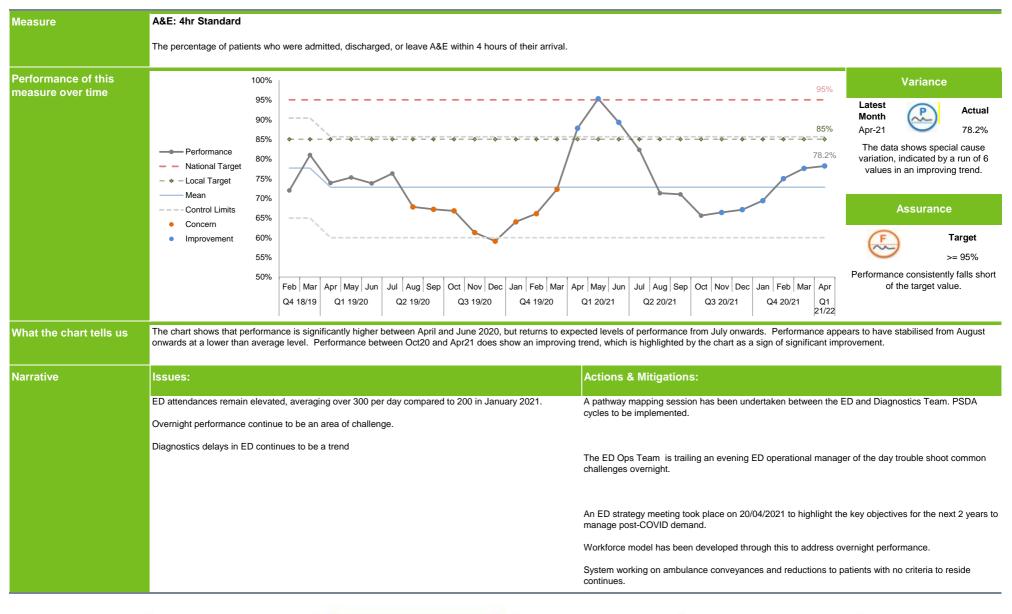
Decisions Made:

A Elective Recovery Fund bid has been submitted to support the opening of additional elective capacity.

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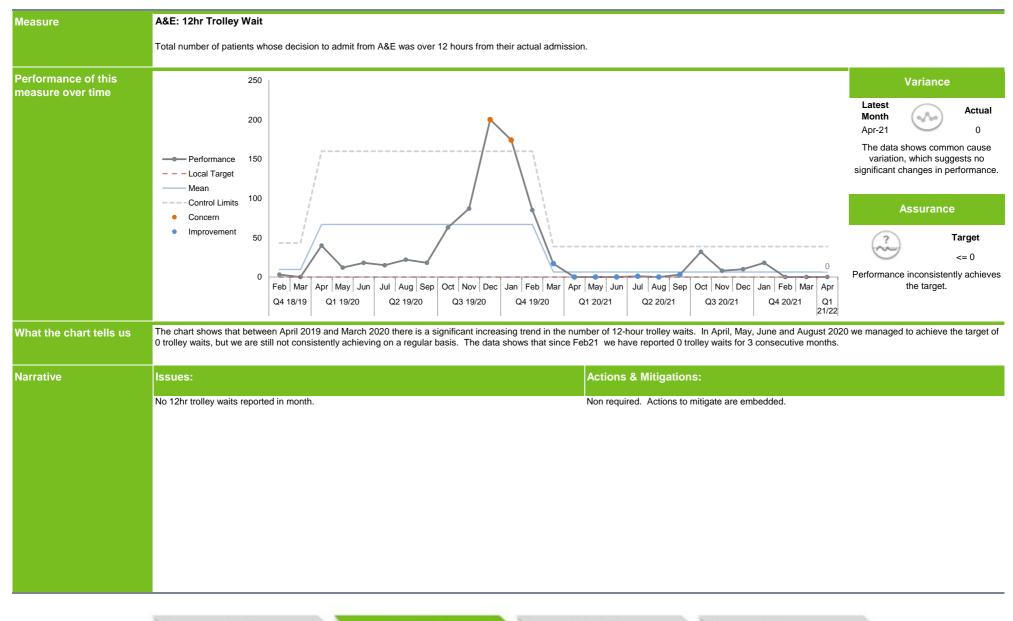




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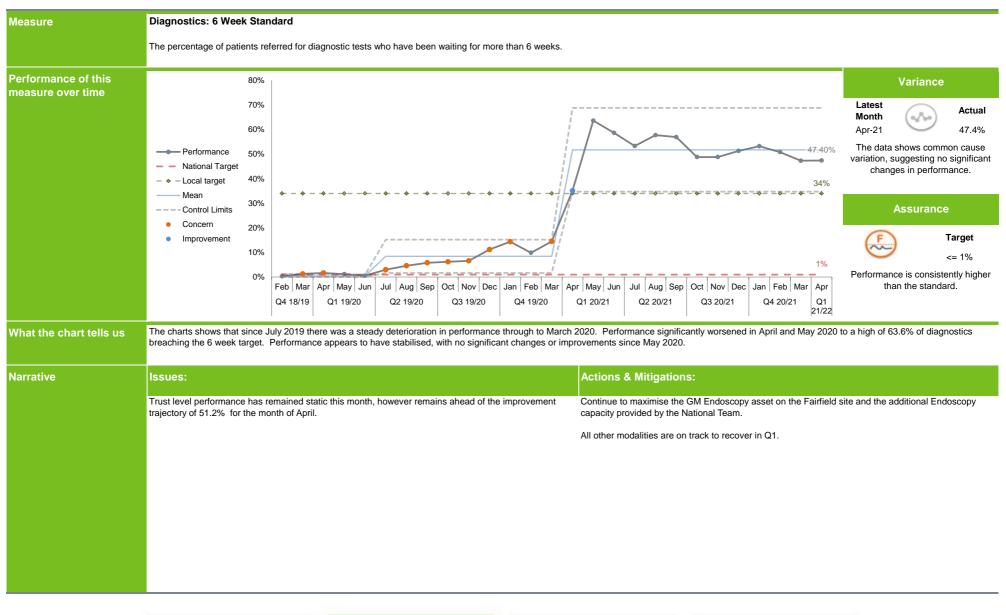


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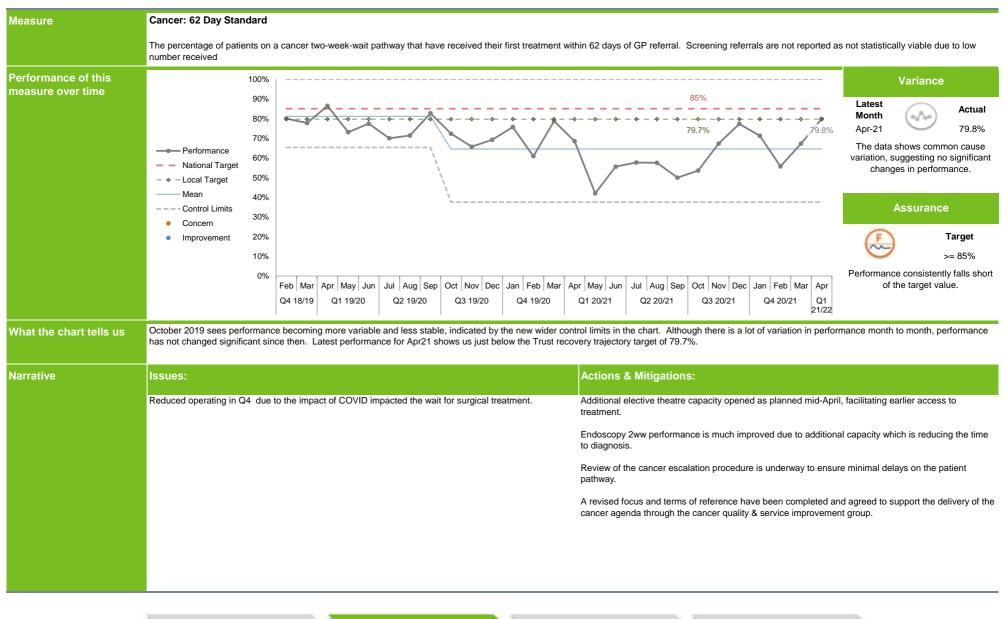


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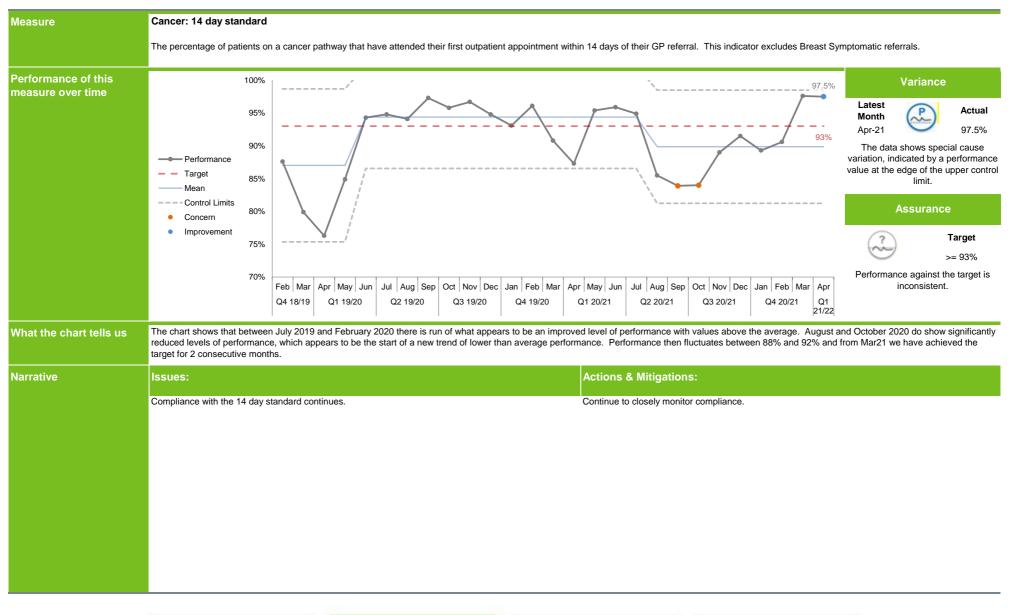
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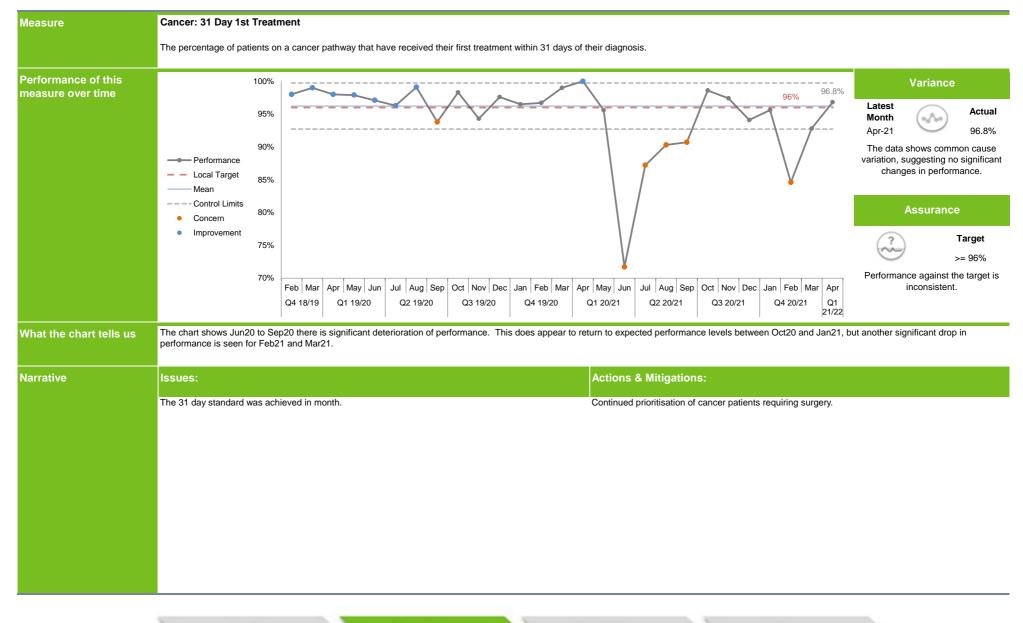




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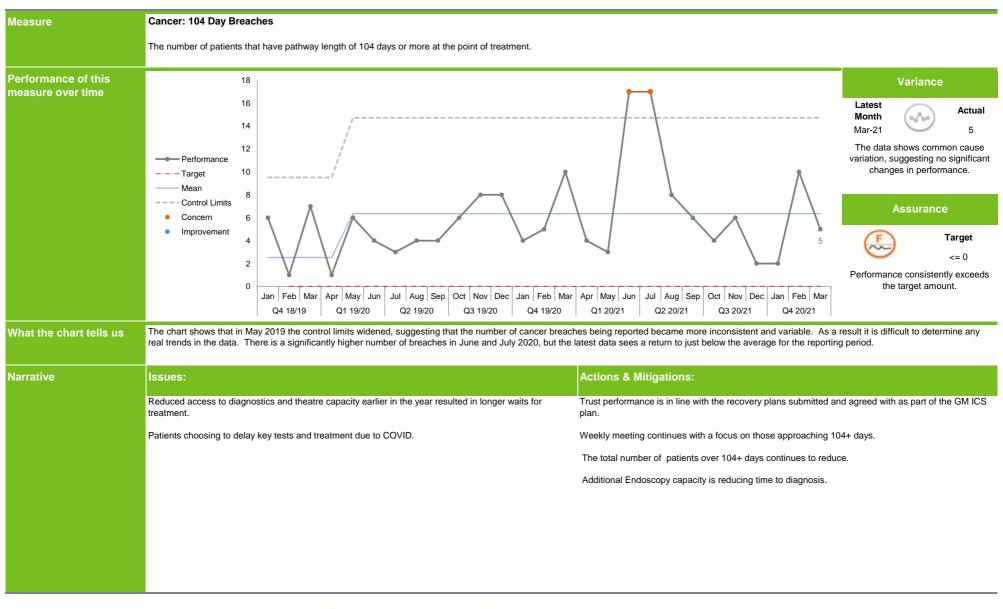
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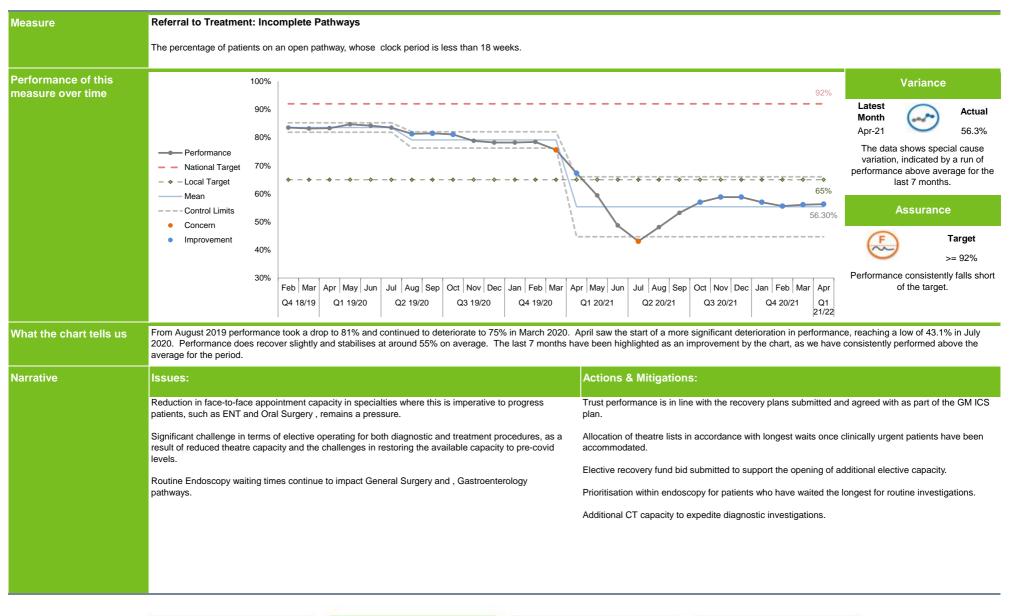
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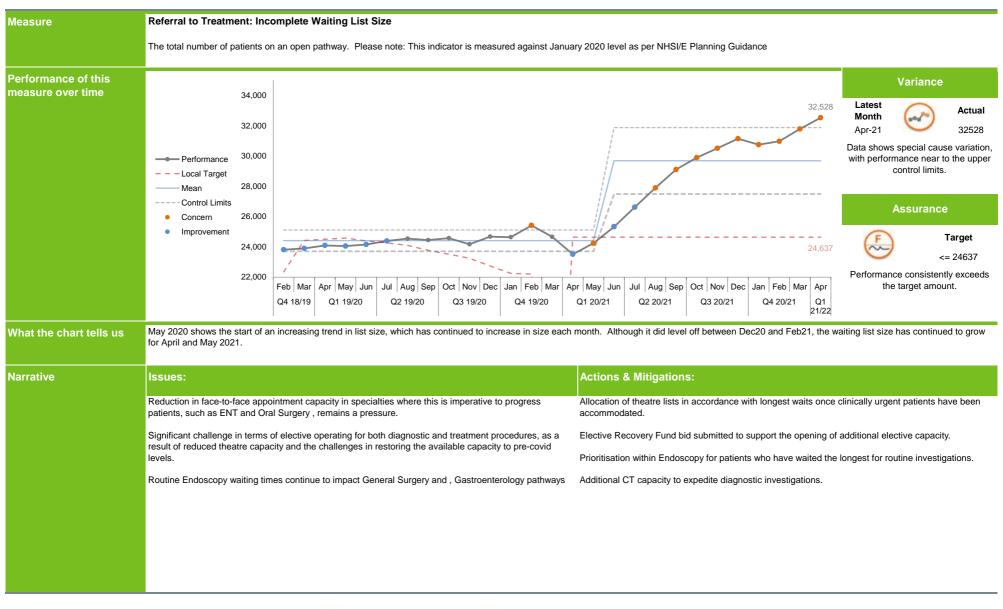


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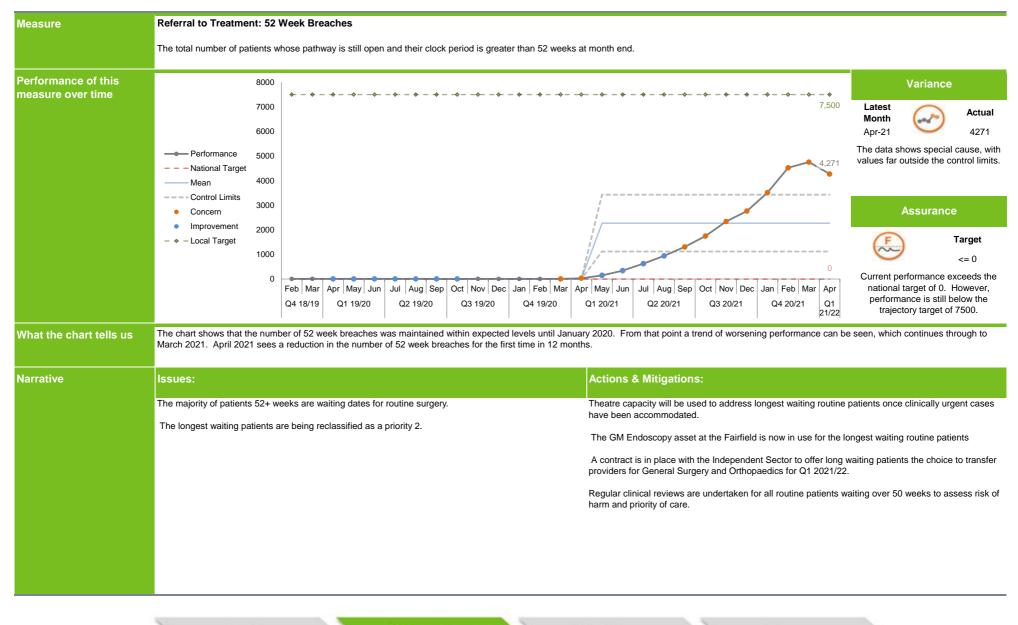


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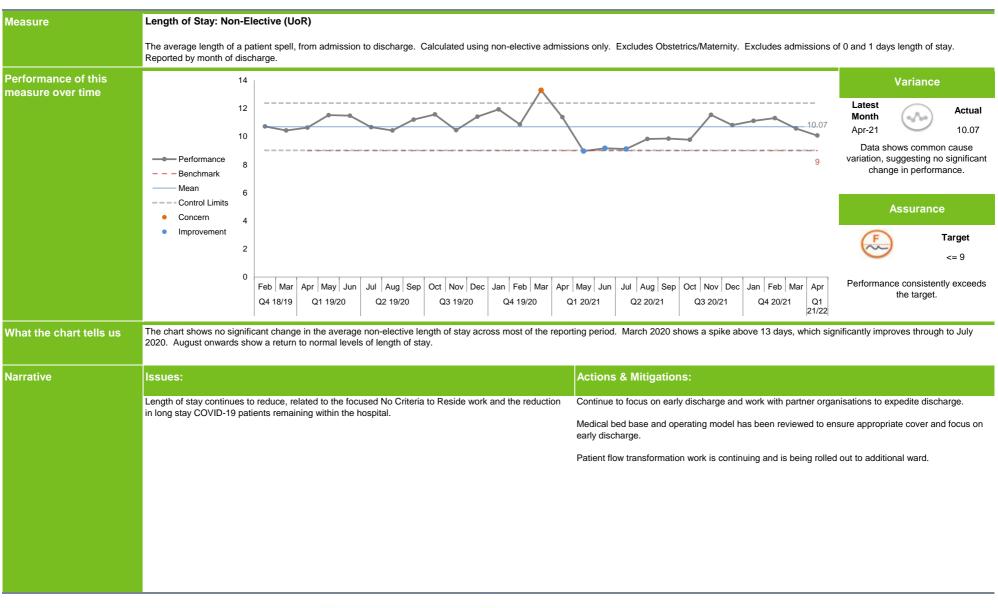




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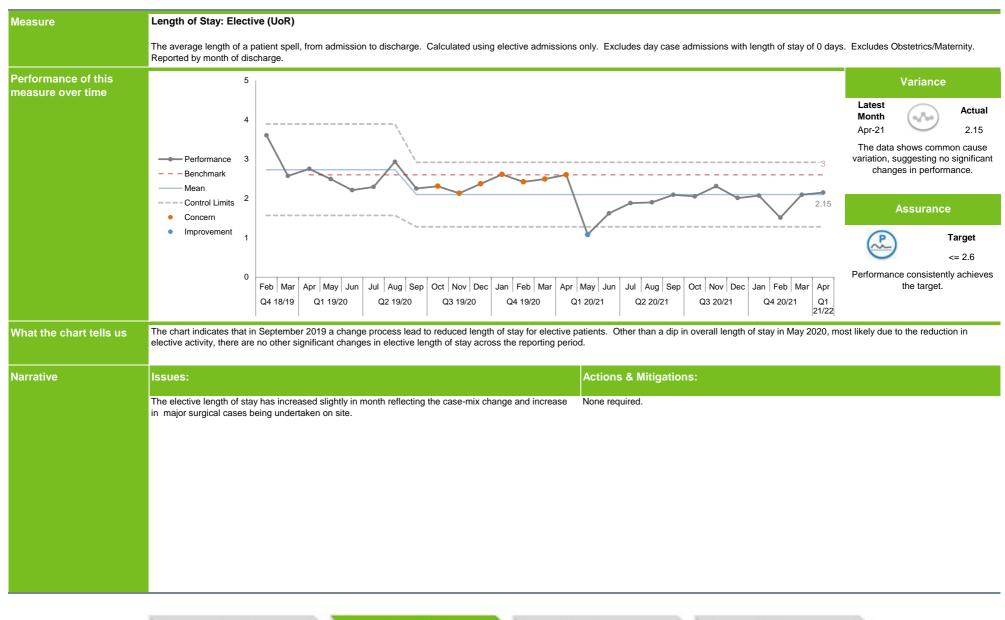
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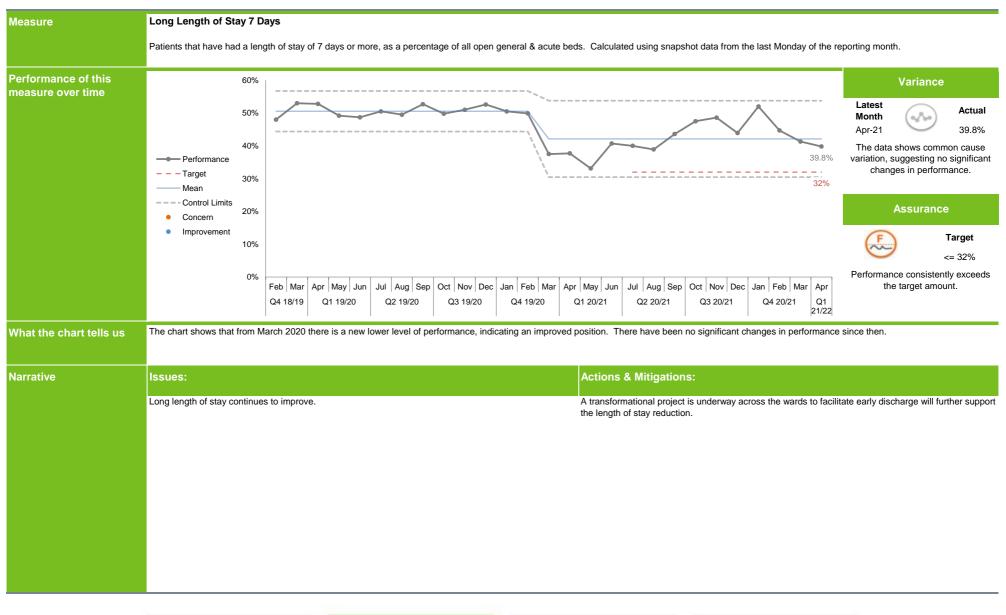




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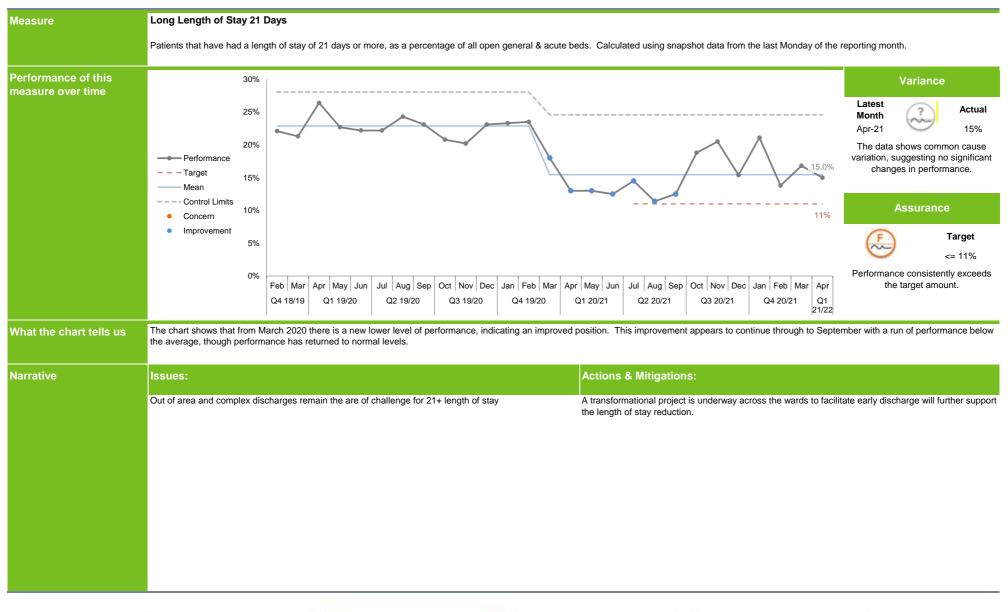
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83 of 186

Integrated Performance Report

Quality



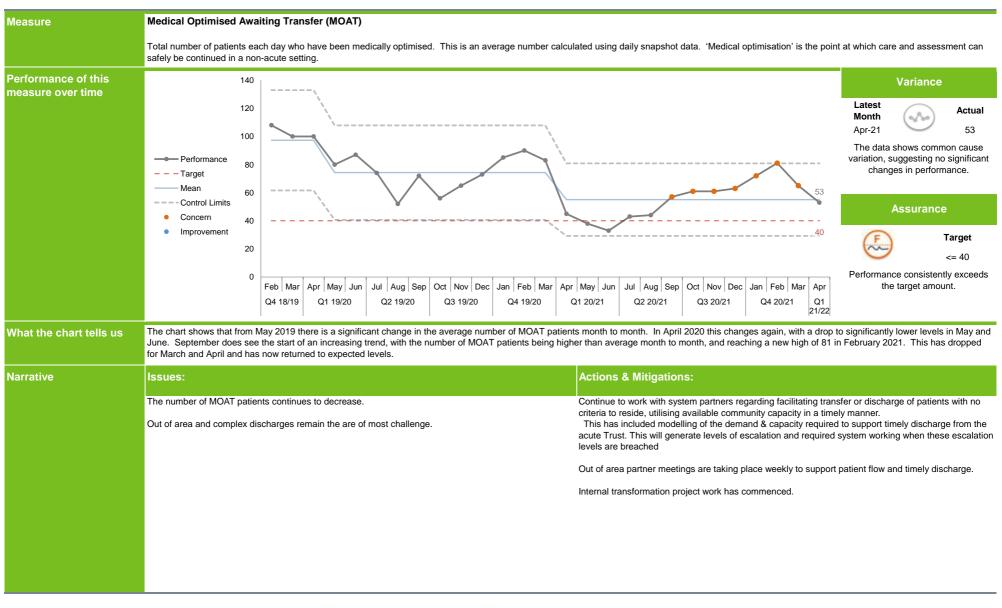


Operations

Workforce

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Operations

Workforce

85 of 186

Integrated Performance Report



Workforce Highlight Report

Matters of Concern or Key Risks to Escalate:

Whilst overall the sickness levels within the Trust have not been as high as some local organisations have experienced, there remains the unknown impact of COVID related absence, for example, long COVID and the psychological impact of health care workers living and working through the pandemic.

Currently there remains a pause in most recruitment from India.

Major Actions Commissioned / Work Underway:

Recruitment continues to be the main area of focus to ensure that the additional posts that have been included in the ward establishments are filled as soon as possible. This is a combination of domestic recruitment focussing on local residents, students and people ready for a change, along with international recruitment.

Positive Assurances to Provide:

Bank and agency usage has dropped significantly in April with a marked decrease in the use of agencies not on the procurement framework..

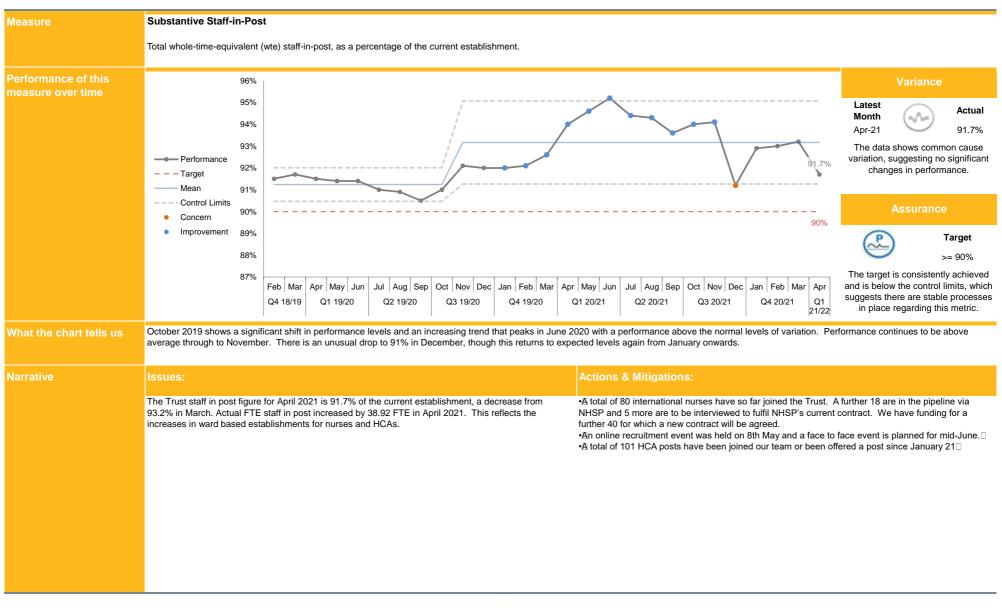
Decisions Made:

Bank and agency usage has dropped significantly in April with a marked decrease in the use of agencies not on the procurement framework.

Quality Operations Workforce Finance

Quality



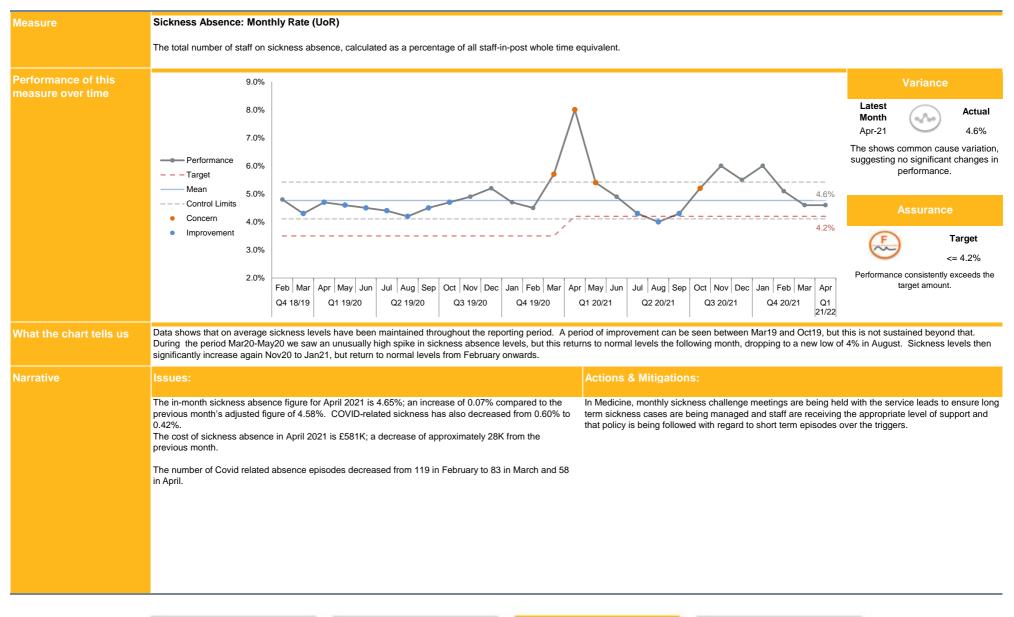


Operations

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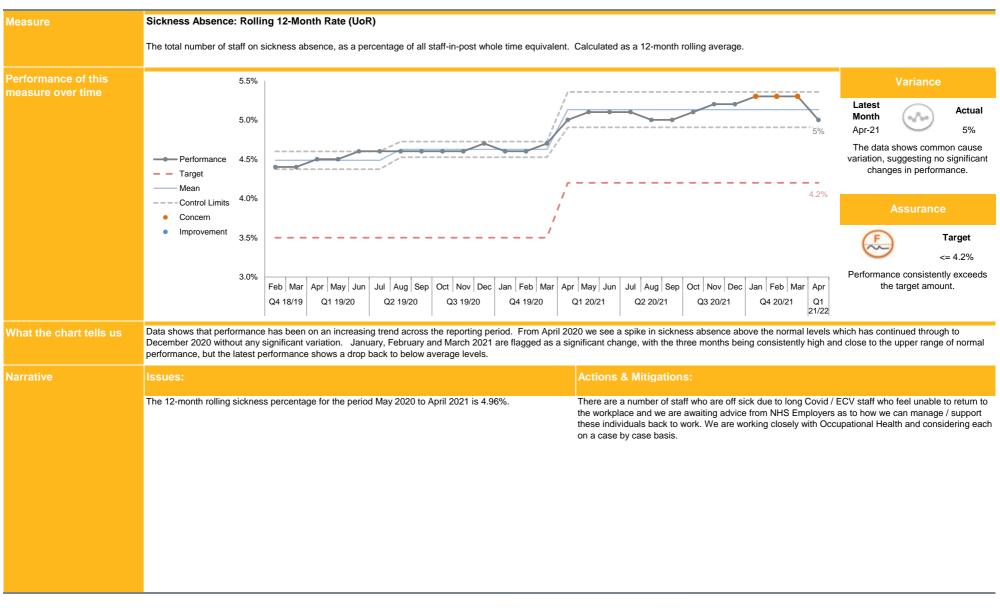


Operations

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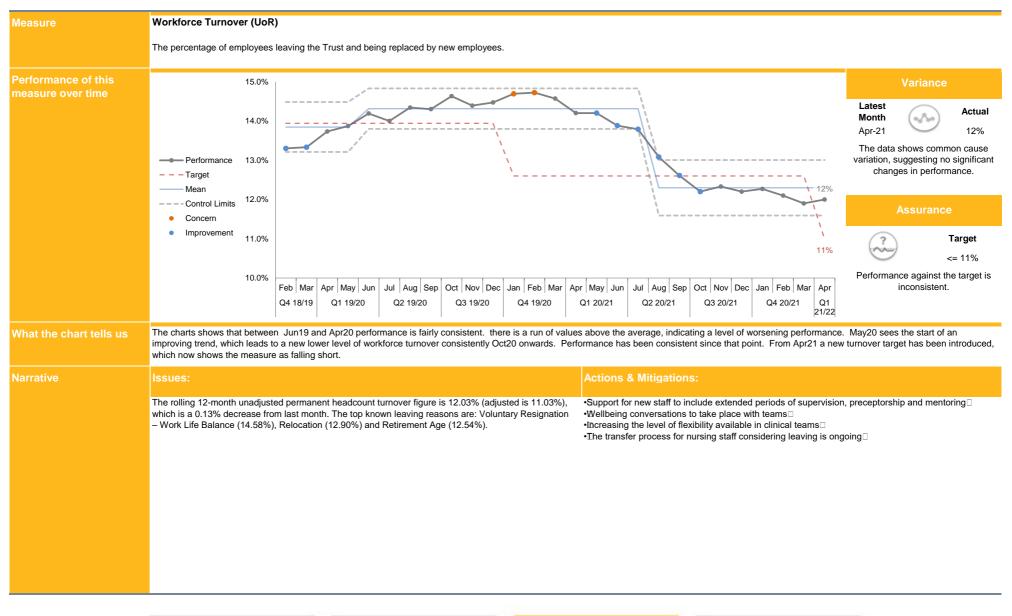
Workforce

89 of 186

Integrated Performance Report

Quality



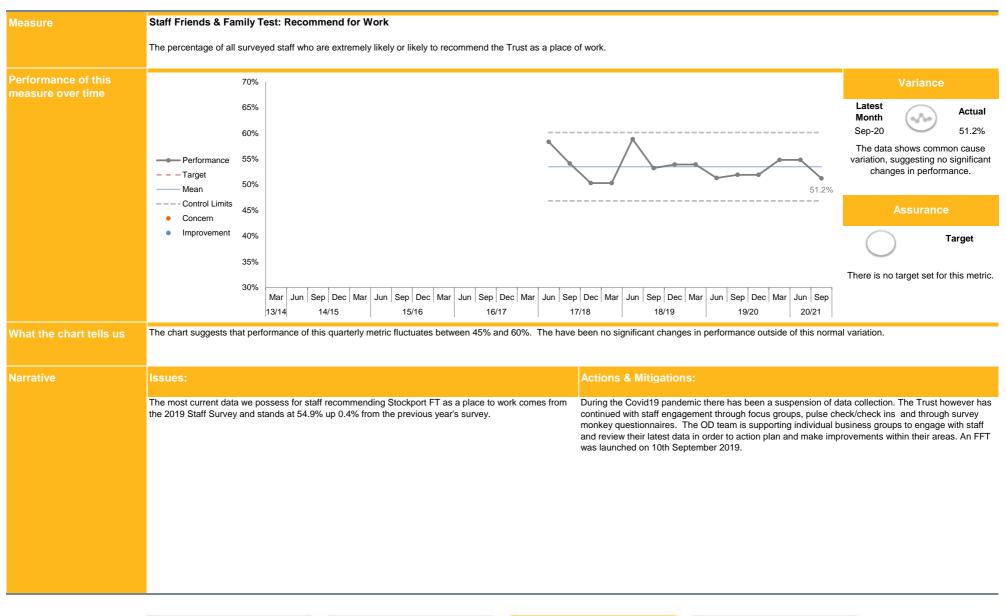


Operations

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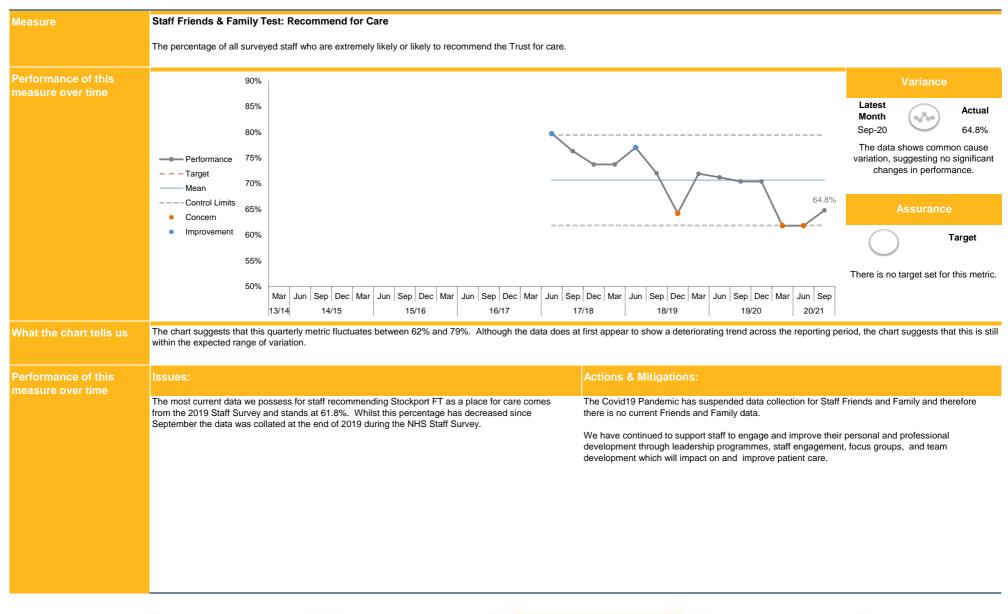


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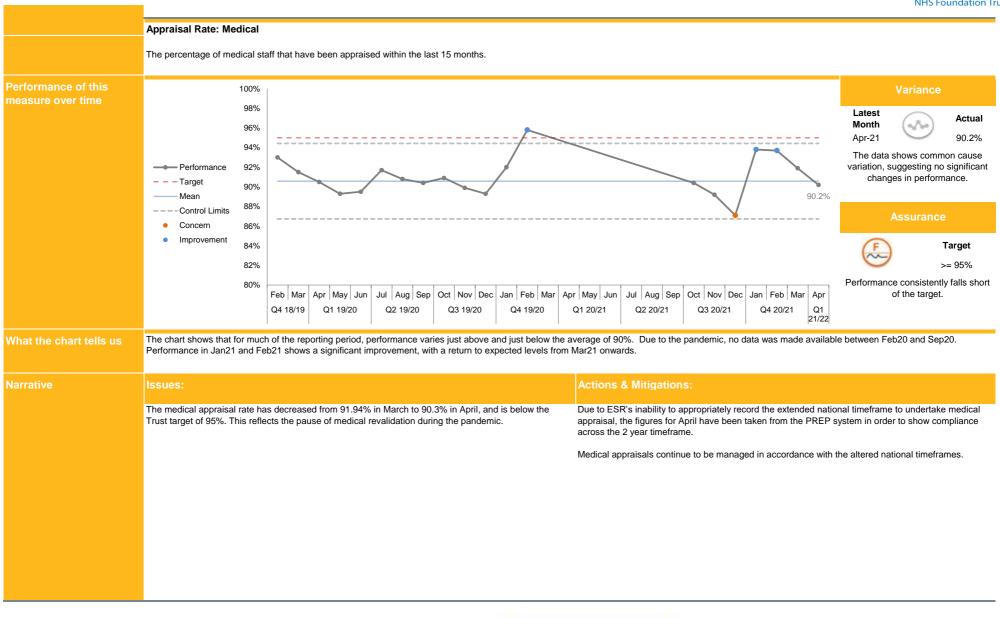


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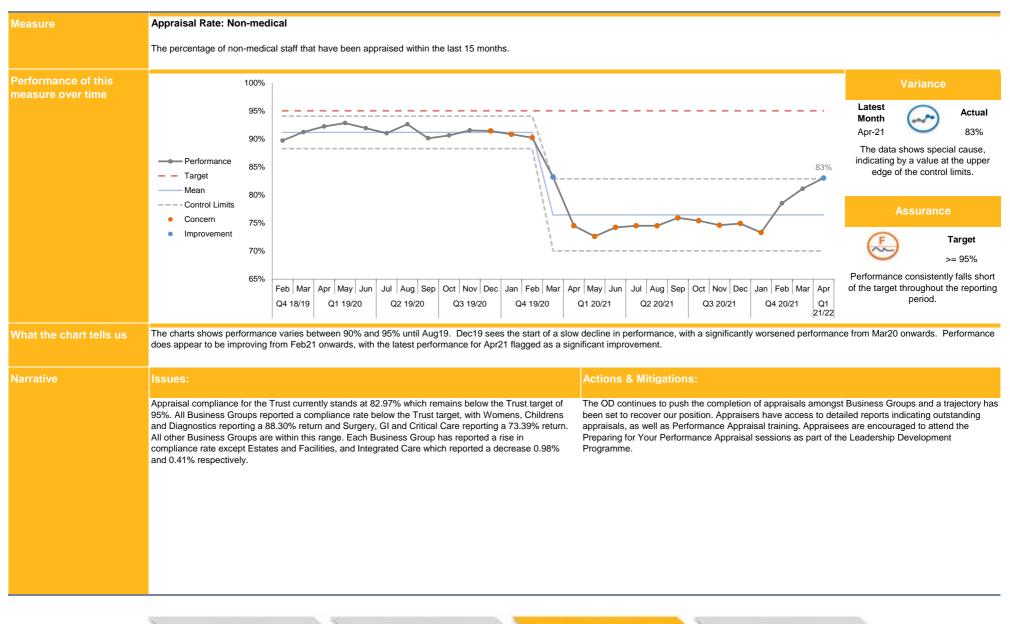


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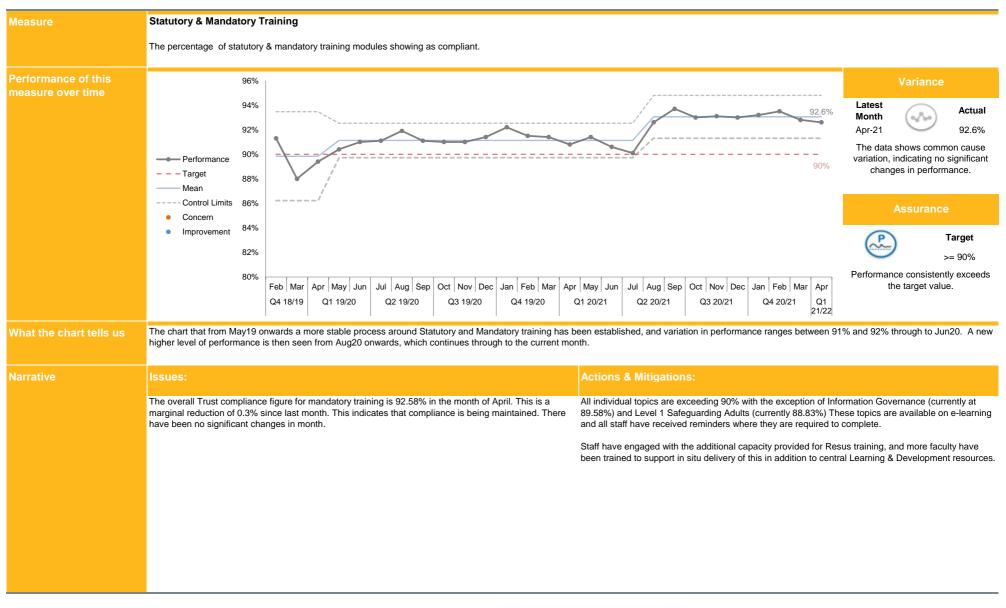


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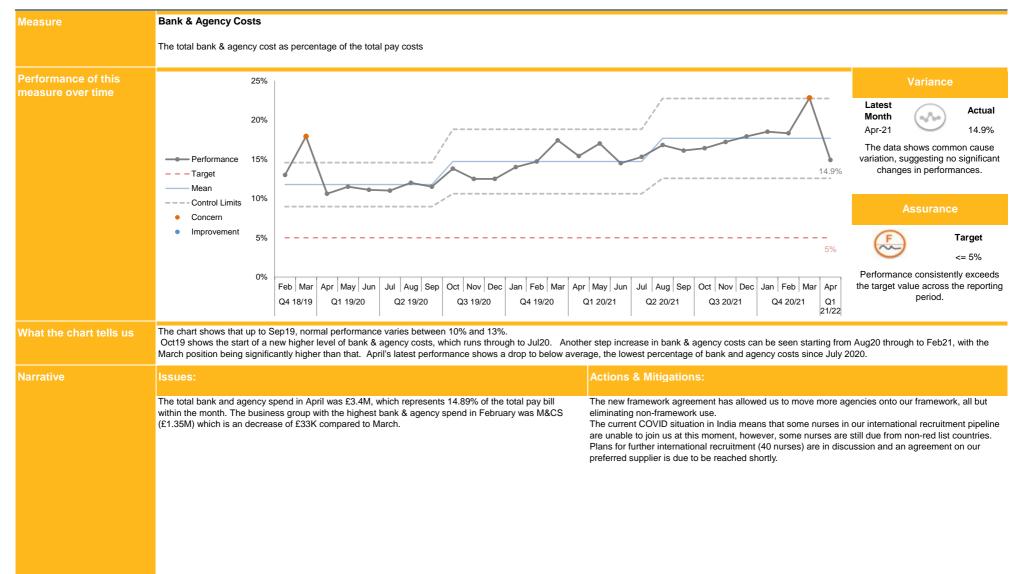
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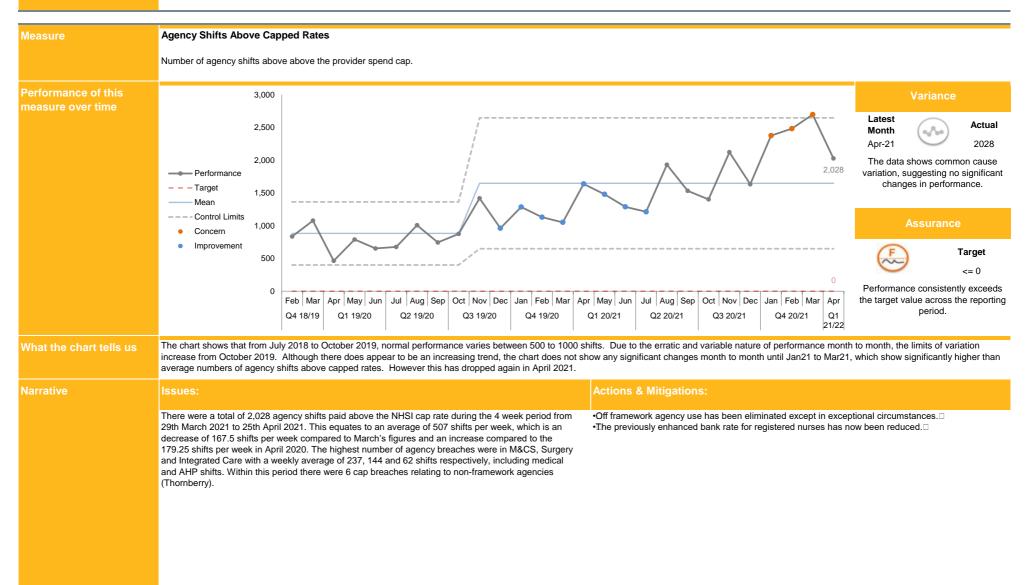
95 of 186

Integrated Performance Report







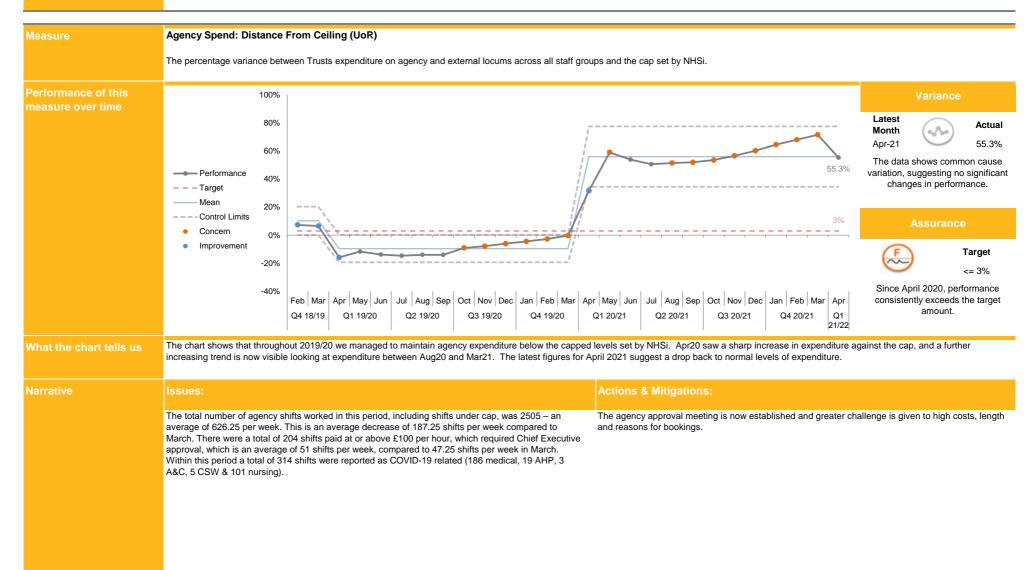


Quality

Operations

Workforce





Public Board - 3 June 2021-03/06/21

Integrated Performance Report



Quality Operations Workforce Finance



Finance Highlight Report

Matters of Concern or Key Risks to Escalate:

The Trust has failed to deliver the required break even position in April (M01) by £0.1m. This is driven by additional pay costs to support escalation beds and a higher mix of in-patient elective activity than day case in April driving increased consumables costs.

The CIP target in April 2021 was £0.35m. Although no CIP has formally been transacted in month, there is reduction in run rate in some areas which has therefore delivered non-recurrent CIP.

The Trust therefore does not yet have an approved income and expenditure plan for H2 2021/22 (from October 2021 onwards). National guidance has not yet been issued but it is likely to be on the same basis as H1 but with increased efficiency and productivity requirements.

Major Actions Commissioned / Work Underway:

The Trust submitted a detailed H1 plan to GM on 24th May and NHSI/E on 26th May breaking down the required break even position. The Trust will then be formally monitored against this plan on a monthly basis in 2021/22 H1. The timetable has meant that a system or national finance return was not required for April (M01).

The financial accounts for 2020/21 remain as draft until completion of a successful external audit by Mazars, which is nearing completion.

The CIP target for H2 is expected to increase significantly from H1 and recurrent CIP plans are required. This is the key focus of the Operational Management Group and divisional performance meetings during May.

Positive Assurances to Provide:

The Trust has maintained sufficient cash to operate despite the current increased run rate of expenditure, and has not requested an interim finance support in the next 13 weeks.

The Trust has submitted a financial plan for H1 2021/22 requiring a break even financial position after £40.2m of Greater Manchester (GM) system support.

After the first month of H1 the Finance and Performance Committee has been given assurance on delivery of the planned H1 financial position.

Decisions Made:

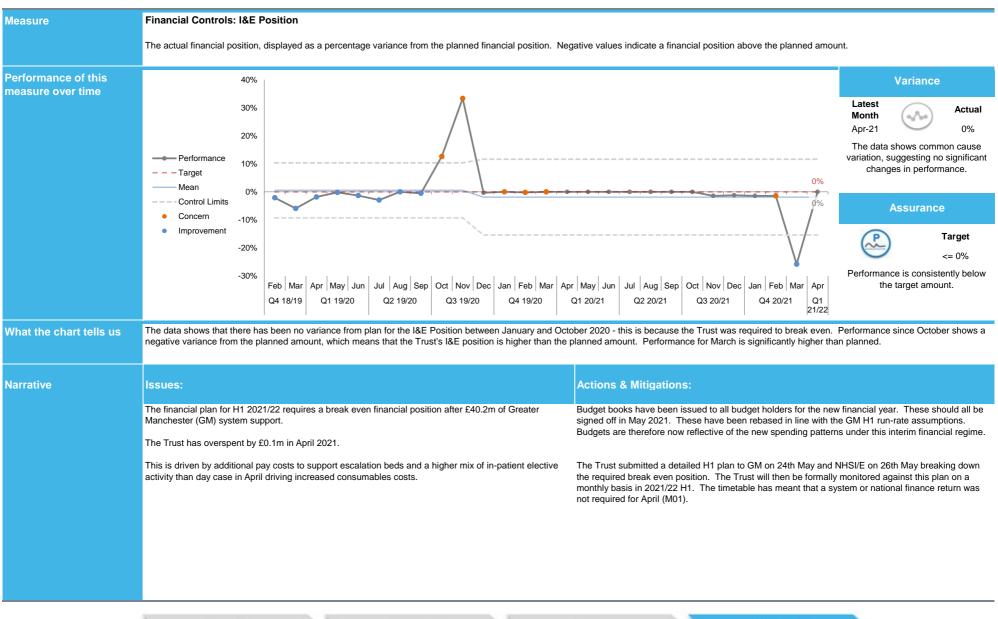
The Trust submitted a detailed H1 plan to GM on 24th May and NHSI/E on 26th May detailing the required break even position.

Nationally there is £1bn from the Elective Recovery Fund (ERF) available for Trusts whose activity exceeds the trajectory levels. The Trust, within its financial plan, has not assumed any receipt of ERF funds. Final confirmation on how allocations from the ERF will be actioned has not yet been received.

Quality Operations Workforce Finance

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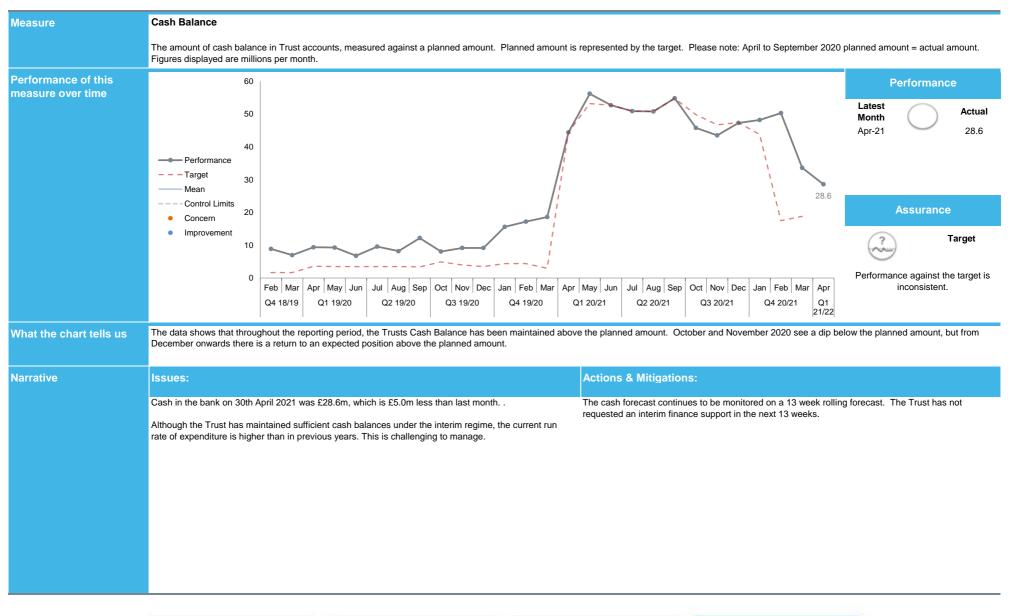
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101 of 186

Integrated Performance Report

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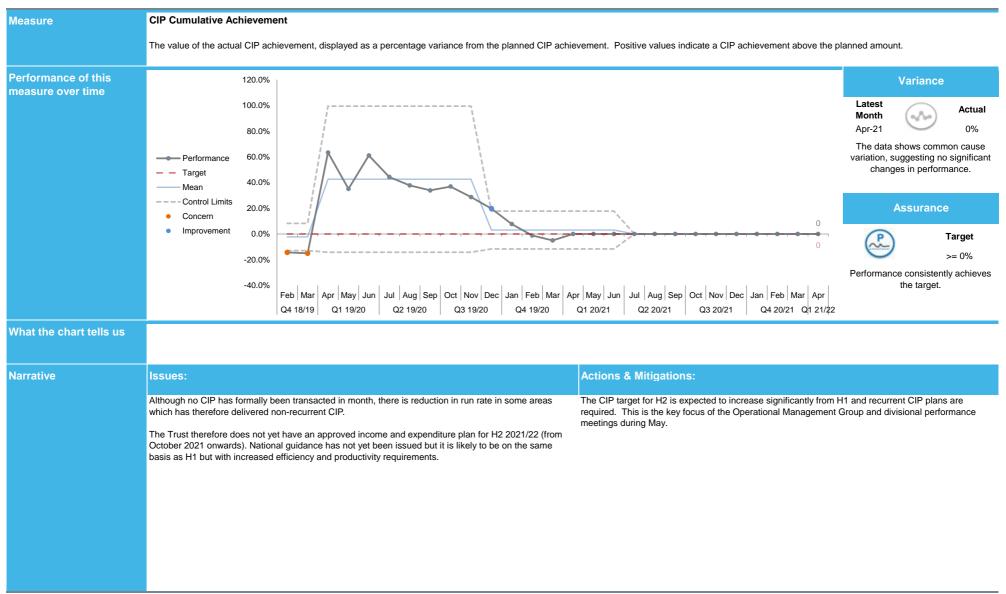


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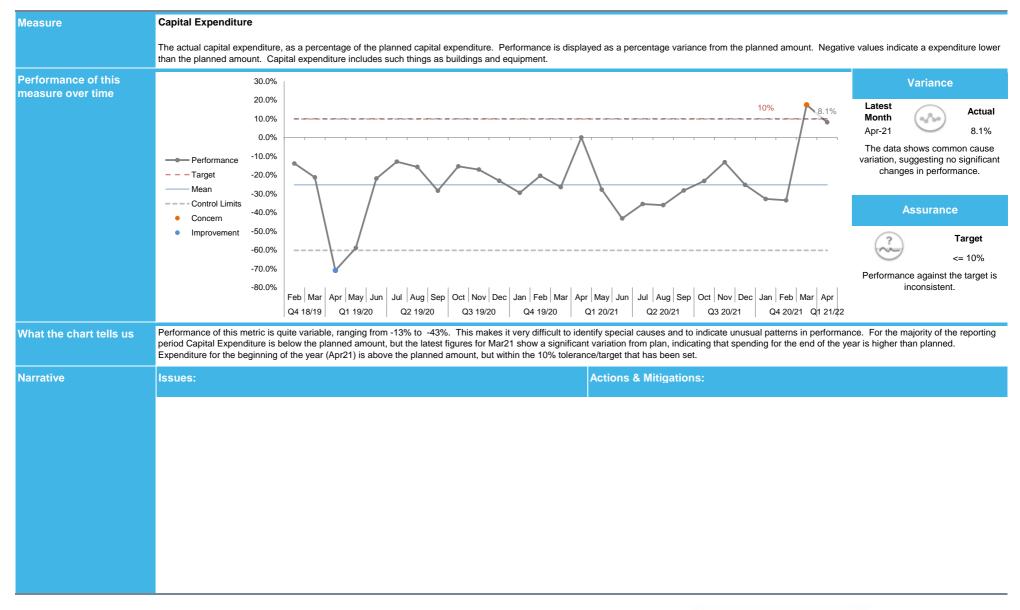




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BOARD OF DIRECTORS

Meeting date	3 June2021	Х	Public		Confidential	Agenda item
Title	Nurse and Midwifery staffing					
Lead Director	ctor Chief Nurse					
Author	Deputy Chief Nurse					

Recommendations made/ Decisions requested

The Board of Directors are asked to note the contents within the report.				

This paper relates to the following Strategic Objectives-

Х	1	Deliver safe accessible and personalised services for those we care for	
х	2	Support the health and wellbeing needs of our communities and staff	
	3	Co-design and provide Integrated Service Models within our locality and across our acute providers	
х	4	Drive service improvement, through high quality research, innovation and transformation	
х	5	Develop a diverse, capable and motivated workforce to meet future service and user needs	
Х	6	Utilise our resources in an efficient and effective manner	
	7	Develop our Estate and IM&T infrastructure to meet service and user needs	

The paper relates to the following CQC domains-

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

	All BAF risks are expected to relate back to agreed strategic objectives.
This paper is related to these BAF risks-	

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	
Financial impacts if agreed/ not agreed	3
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This report is provided to:

- To inform the Trust Board of the latest position in relation to key care staffing assurances
- To advise Trust Board of current challenges regarding maintaining safe staffing levels, and of the actions being taken to mitigate risks identified.
- To inform Trust Board of measures being taken to enable employees to safely remain in work by supporting their health and wellbeing.



Nursing & Midwifery Staffing Update Report Board of Directors

Presenter: Nicola Firth, Chief Nurse

Your Health. Our Priority.



Purpose of report

- To inform the Trust Board of the latest position in relation to key care staffing assurances
- To advise Trust Board of current challenges regarding maintaining safe staffing levels, and of the actions being taken to mitigate risks identified.
- To inform Trust Board of measures being taken to enable employees to safely remain in work by supporting their health and wellbeing.

Executive Summary



- Maintaining safe staffing levels to meet the current demands of services remains a challenge
- Significant recruitment of registered nurses and Health care assistants, including international nurses resulting.
- There is a continued focus on scrutiny of all types of incidents, complaints and patient feedback to triangulate & provide support where needed.



Nursing & Midwifery Staffing

Nursing & Midwifery Staffing



Current situation and challenges:

- Maintaining safe staffing levels to meet current demands across the organisation continues to be a challenge, a position which reflects both the regional and national picture, with non-established areas being opened in response, and an increase in acuity.
- Ensuring a leadership focus on safe staffing throughout these sustained and significant operational pressures is a significant necessity. This is being constantly and consistently managed and demonstrated by senior nursing and midwifery leaders, who continually have oversight, insight and foresight to confirm that the risk is being controlled and mitigated to ensure that this does not impact on the care, quality and safety of the patients within the organisation.
- The Trust are also actively engaged in a national Health Care Support Worker Recruitment and Retention Campaign with all vacancies recruited to (prior to the new establishments).
- Nursing, midwifery and AHP recruitment campaign in progress for event 26 June 2021



Safe Care

Nursing and Midwifery Staffing



Specific actions to mitigate risk and to ensure oversight, Insight and foresight

- The full establishment review is complete and the establishments now reflect the updated position.
- The action plan following the NHSE/I review with a number of actions completed and actions in place to mitigate risks and monitored through the monthly Nursing and Midwifery Staffing meeting.
- There is ongoing work, in partnership with NHS Professionals, to oversee temporary staffing pay rates, develop initiatives to increase fill rates and review processes to cascade unfilled shifts to agencies with a significant reduction in agency staff.
- Continuous oversight of our position is appraised in collaboration with regional colleagues and National Directors of Nursing regarding skill mix, ratio and guidance. The GM Chief Nurses group review this for consistency.

Stockport

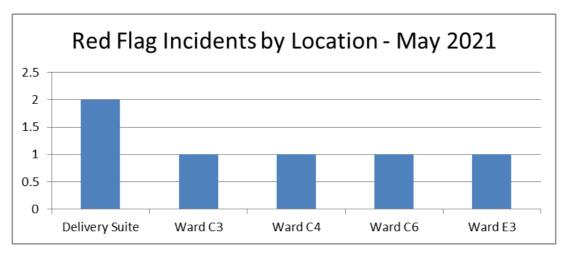
NHS Foundation Trust

- IVGI

Nursing and Midwifery Staffing

Specific actions to mitigate risk and to ensure oversight, Insight and foresight

- There is ongoing validation of reported or expressed staffing incidents to identify themes and trends, enabling appropriate and timely actions to be taken, alongside care and well-being checks for staff on duty when an incident has been submitted. Staff wellbeing checks are extremely important where staff moves have occurred which has been identified to impact negatively on staff morale.
- For the month of May, 6 red flag incidents were raised. These were all related to staffing shortfalls that did
 not result in any harm or affect patient care.
- The table below provides the numbers of completed red flag incidents reported in May by exact location of the 6 reported.



Safe Care Indicators



- Quality metrics and areas of harm are triangulated with incidents, complaints, patient experience feedback, acuity and dependency, capacity and staffing levels.
 These are discussed at department level safety huddles, directorate and business group governance meetings, through the integrated performance review, and the board assurance committees.
- Falls prevention work continues, with incidents being robustly investigated, themes identified, a revision of the falls policy, a review of the enhanced care policy, and a target aim for improvement of 10% reduction identified in the 2021/22 Trust objectives
- Tissue Viability improvement work is a key priority with all incidents undergoing a robust review, and Trust wide themes being discussed and learning shared.

Nursing and Midwifery Staffing



 The Stockport Accreditation & Recognition System (StARS) designed to measure the quality of nursing care provided by individuals and teams throughout the Trust has been rolled out and on track to review 10 wards during quarter 1.

Patient and Family Experience



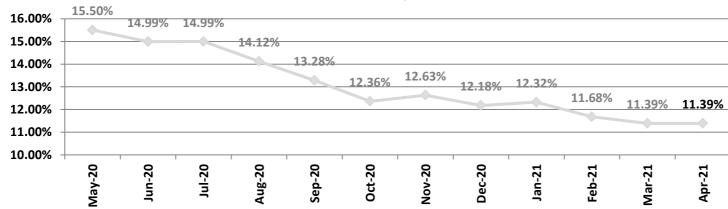
- Visiting has been reviewed with a risk based approach adopted to enable visitors. Wards and departments have the use of technology such as ipads for face time conversations. The plans have been reviewed and are in line with national and GM guidance.
- Gathering patient and family feedback is extremely important. All services are resumed for the data collection.
- The key themes from complaints remains communication and this is associated with the visiting restrictions that have been in place.
- The family liaison team continues to proactively contact relatives during the transition to full visiting being established.

Nursing Vacancies & Turnover



- 192 registered nurse vacancies at band 5 and above
- However:
 - 23 registered Nurse Associates (and 20 in training)
 - 112 nurses recruited with an offer of employment
 - 54 nurses awaiting their PIN working at band 4
 - Ongoing recruitment events taking place moving to face to face in June
 - 18 nurses from India currently delayed

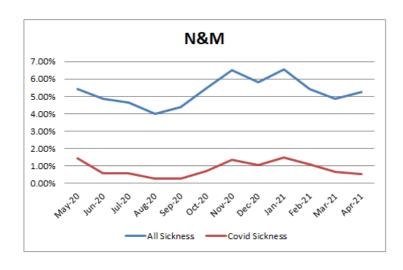
Nursing & Midwifery Turnover Rate (rolling 12months)

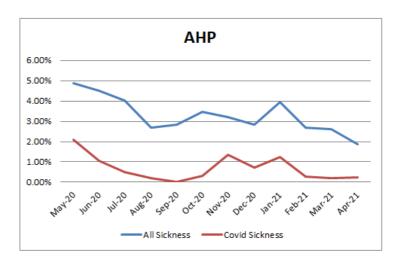


Staff sickness/absence



- Sickness overall increased by 0.07% to 4.65% in April 2021
- Covid-related sickness decreased by 0.18% to 0.42% in April.
- Sickness in April 2021 is 3.31% lower than April 2020.
- Covid sickness accounted for 0.42% and non-Covid sickness was 4.23%
- ED, Medicine and Surgery are the only business groups to have seen a decrease in sickness from March to April 2021.





Health Rostering – period 26 April – 23 May



Improving position every month with increasing number of 'blue sky' rosters

BG	Annual Leave %	Roster Approval (Full) Lead Time Days	Total Unavailability %	% Changed Since Approval	Unused Hours (4 week period)	
ED	9%	60	13.5%	29.9%	-1.00%	
IC	12	44	25.3	32.8	96.27	
Medicine	11	41.9	24.1	39.5	101.93	
S,GI&CC	13.3	29.4	24.9	45.5	49.45	
W, C & D	14.2	38.57	29.4	27.4	118.62	

Metric	Description	Target - Green	Amber	Red
Annual Leave %	The calculation is the sum of annual leave hours divided by the sum of contracted hours for all people on the roster divided by 100.	11% - 17%	9% - 10.9% & 17.1% - 18.9%	8.9% or below & 19% +
Roster approval (full) lead time days	The number of days the roster is approved prior to the roster commencing.	42+	30-41	0-29
Total Unavailability %	This includes, Annual Leave, Other Leave, Parenting, Sickness, Study Leave, Unknown and Working Day.	0-21%	22-34.9%	35%+
Changes Since Approval	Number of changes that have taken place on the roster since the roster was approved.	0-24.9%	25-49.9%	50% +
Unused Hours per 4 week roster	This shows the total figure for the unit over the 4 week roster period.	n/a	n/a	n/a



Finance

Registered Nurse staffing costs

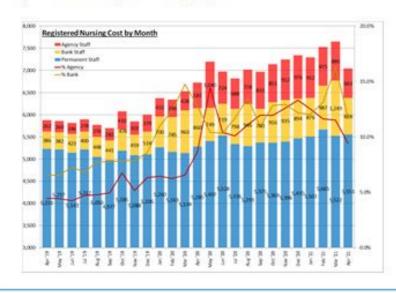


The chart below shows the registered nursing costs for the past 13 months split by permanent staff, bank and agency

Registered Nurse staffing costs



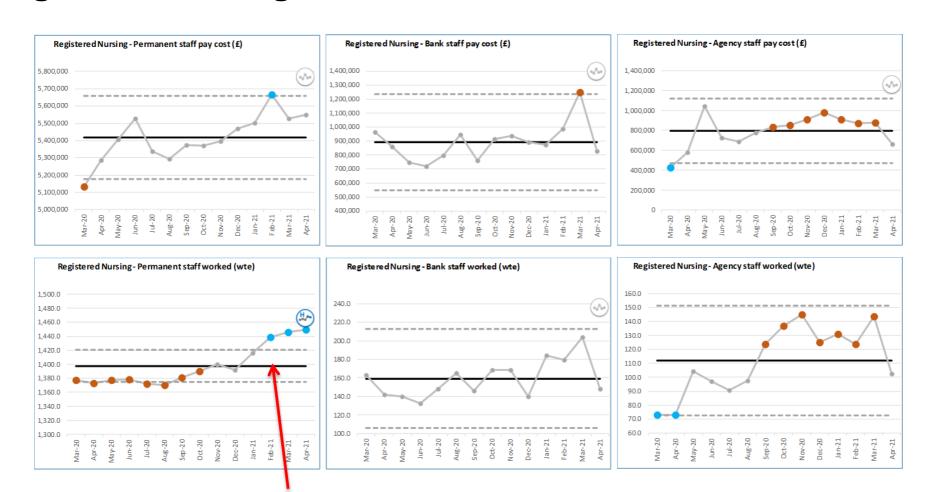
The chart below shows the registered nursing costs for the past 13 months split by permanent staff, bank and agency



As part of the implementation of the ward staffing business case and the plans within the CIP programme, the intention is that the permanent costs increase from recruitment and the bank and agency decrease. As part of the implementation of the ward staffing business case and the plans within the CIP programme, the intention is that the permanent costs increase from recruitment and the bank and agency decrease.

Understanding the drivers of the financial position – registered nursing cost and WTE trends





This shows an improving trend in numbers of permanent WTE over the past 3 months

Next steps are to provide further analysis on support staff at bands 2 to 4



Health & Well Being





Staff Health & Wellbeing



- There is a continued awareness of the immense pressure staff are under currently and how their usual support mechanisms may be impacted upon . Their health and wellbeing remains a priority.
- The Trust has supported the clinical psychology teams to provide support to teams.
- Senior Nurse walk around continues to have a focus on staff wellbeing.
- The trust are working with colleagues from the mental health Trust to ensure support for all staff.
- Lateral flow testing for Covid-19 continues for all staff across the organisation.
- Schwartz rounds are in place and staff are encouraged to attend.



BOARD OF DIRECTORS

Meeting date	03/06/21		Public		Confidential	Agenda item
Title	Infection Prevention & Control Annual Report					
Lead Director	Chief Nurse & DIPC					
Author	AND for the IP&C Service					

Recommendations made/ Decisions requested

Members are requested to note the assurance detailed in the report.				

This paper relates to the following Strategic Objectives-

X	1	Deliver safe accessible and personalised services for those we care for
	2	Support the health and wellbeing needs of our communities and staff
	3	Co-design and provide Integrated Service Models within our locality and across our acute providers
	4	Drive service improvement, through high quality research, innovation and transformation
X	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
Х	6	Utilise our resources in an efficient and effective manner
	7	Develop our Estate and IM&T infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is	All BAF risks are expected to relate back to agreed strategic objectives.
related to these BAF risks-	PR1 - Significant deterioration in standards of safety and care

Where issues are addressed in the paper-

Section of paper

	where covered
Equality and Diversity impacts	Not applicable
Financial impacts if agreed/ not agreed	Not applicable
Regulatory and legal compliance	All objectives
Sustainability (including environmental impacts)	Not applicable

Executive Summary

The purpose of this paper is to provide members with a summary of the infection prevention & control service activities during 2020-21 and provide assurance of the commitment to the prevention of the spread of infection and management of vascular access devices.

To Note:

- The Associate Nurse Director IP&C received a top national nursing award
- There was investment provided to increase the IP&C nursing team
- There was a reduction in the number of Clostridium difficile cases
- The Surgical Site surveillance Infection rate remains at 0%
- There were no wards affected with outbreaks associated with confirmed Influenza across the Trust.
- HSDU & EDU were successful in passing their BSI accreditation
- The overall uptake of the Influenza vaccine amongst frontline staff was 81.6%, which exceeds the national figure of 76.8%.

Members are requested to note the assurance detailed in the report.



INFECTION PREVENTION & CONTROL SERVICE ANNUAL REPORT

April 2020- March 2021



Contents

Subject		Page	
Foreword		2	
Introduction		3	
Compliance w	ith the Covid-19 Board Assurance Framework (BAF) 2020		
Criterion 1	Systems to manage and monitor the prevention and control	3-14	
	of infection		
Criterion 2	Provide and maintain a clean environment	14-17	
Criterion 3	Antimicrobial stewardship	17-18	
Criterion 4	Provide suitable and accurate information for service	18	
	users		
Criterion 5	Ensure prompt identification of people who have or are	19	
	at risk of developing an infection		
Criterion 6	Systems to ensure that all care workers are aware of	19-23	
	and discharge their responsibilities in preventing and		
	controlling infection		
Criterion 7	Provide or secure adequate isolation facilities	23	
Criterion 8	Secure adequate access to laboratory support	23-24	
Criterion 9	Policies	24-26	
Criterion 10	Manage occupational health needs	26-28	
Key objectives for 2020-21			
IPC 2 year strategy			

Foreword

I am proud of the care provided to patients/service users and the way in which our services rapidly adapted in response to the Covid-19 pandemic during 2020-21.

Effective infection prevention and control was fundamental to our efforts and I am delighted to introduce Stockport NHS Foundation Trust's (SNHSFT) Annual Infection Prevention and Control Service Report for the period 2020-21.

In a diverse and multifaceted organisation, our Infection Prevention and Control practitioners worked together to provide strong leadership, support and guidance to business groups during this challenging year.

NHS England developed a board assurance framework during this year to support healthcare providers effectively monitor compliance with Public Health England Coivd-19 related infection prevention and control guidance and identify risks. This report follows the format of that board assurance framework demonstrating progress with the requirements associated with the criteria.

Finally, the report outlines the key objectives for 2021-22.



Nic Firth
Chief Nurse/DIPC

Introduction

This report outlines the Infection Prevention & Control (IP&C) Service Team activities over the past 12 months. The Trust is committed to the prevention of the spread of infection and management of vascular access devices. The Trust recognises it is essential that all staff in all departments/clinics and at all levels of management support a high standard of Infection Prevention practice and the preservation of vascular access devices throughout the Trust.

Key Achievements 2020-21

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

- Associate Nurse Director IP&C received a top national nursing award
- Investment to increase the IP&C nursing team
- There was a reduction in the number of clostridium difficile cases
- The Surgical site surveillance infection rate remains at 0%
- There were no wards affected with outbreaks associated with confirmed influenza across the trust.
- HSDU & EDU were successful in passing their BSI accreditation
- The overall uptake of the influenza vaccine amongst frontline staff was 81.6%, which exceeds the national figure of 76.8%.

Compliance with the Board Assurance Framework (BAF)

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

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

Roles and Responsibilities

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

Chief Executive

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

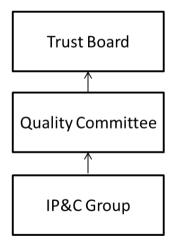
Director of Infection Prevention and Control

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

Infection Prevention and Control Group

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

The chart below demonstrates the IP&C reporting arrangements:



Infection Prevention and Control Service

During 2020-21, the Infection Prevention & Control Service Team covered Stepping Hill Hospital and other Specialist centres, as well as Community Health Service across Stockport.

To meet the requirements of the Health and Social Care Act 2008: Code of Practice for the prevention of healthcare-associated infections (updated 2010 and 2015), related guidance in addition to other requirements such as the core standards of the Care Quality Commission (CQC). The Infection Prevention & Control Service Team for Stockport NHS Foundation Trust in the period of 2020-21 which has 778 beds and over 5,000 staff consisted of:

DIPC	
Matron IP&C Service	1.0 WTE
Infection Prevention Service Operational lead	1.0 WTE
Infection Prevention Service Nurses	3.80 WTE
IP&C practitioner	1.0 WTE
IP&C Team Secretary	0.82 WTE
Consultant Microbiologists	2.40 WTE
IP&C Doctor	0.60 WTE
IP&C Information Analyst	0.40 WTE
Antibiotic Pharmacist	0.80 WTE (consisting of 2 PT staff)

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

During 2020-21 an acknowledgment was made by the trust which resulted in further investment to the IP&C nursing team. From 2021-22 there will be further posts introduced including Associate Nurse Director, 2 full time Intravenous Practitioners, 4 Care Support Workers and increased hours for the Information Analyst and Administrator.

Infection Prevention and Control Doctor/Microbiology Consultant

This role provides clinical advice for staff to manage patients with specific alert organisms. During 2020-21 the main focus was providing advice, support and management around Covid-19.

Prevention of Infection Practitioners (PIPs)

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

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

Cavell Star Award

During a challenging year it was a proud moment for our IP&C Associate Nurse Director when she received a top national nursing award for her outstanding dedication and commitment. The presentation was awarded by the Deputy Chief Nurse in recognition of her achievements.

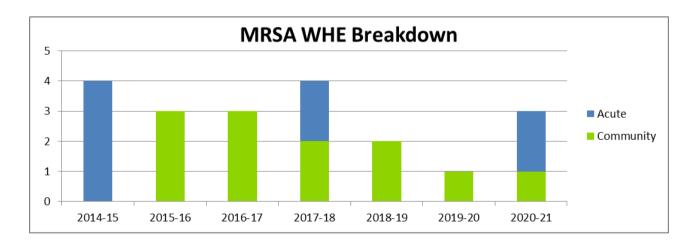
b. Monitoring the Prevention and Control of Infection

Surveillance of Alert Organisms & Mandatory Reporting

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

MRSA Bacteraemia

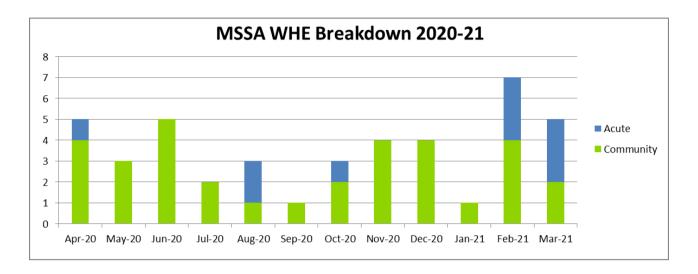
The national ceiling for MRSA bacteraemia cases continues to be zero cases. In 2020-21 the attributed cases for Stockport NHS Foundation Trust (SNHSFT) were two with a further case being apportioned to the community.



Root cause analysis was undertaken in all cases and all cases were considered to be unavoidable.

Methicillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia

During the period April 2020- March 2021 there were ten hospital attributed cases, five cases less than the previous year.



The average age of the patients developing an MSSA bacteraemia during this year was 73 years old. The average acquisition day was 6 ranging from 2 to 15 days which has decreased from the previous year.

During 2020-21 the total threshold was 12 cases allowing 3 per quarter. This threshold was achieved.

Action: - To understand themes and trends.

Gram negative blood stream infection (GNBSI)

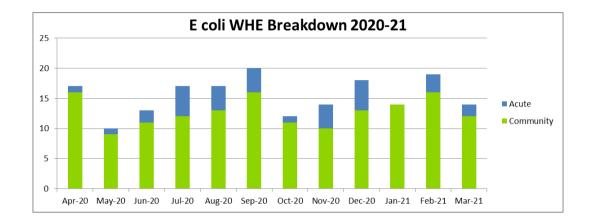
GNBSI includes all blood cultures positive for Escherichia coli, Klebsiella species and Pseudomonas aeruginosa. NHS improvement had set a national target of halving healthcare-associated Gram-negative bloodstream infections by March 2021. The target date has now been pushed back to 2023/24.

Escherichia coli (E.coli) Bacteraemia

E.coli data collection continued with the predominant cases being community acquired.

During the period April 2020- March 2021 there were thirty two hospital attributed cases a reduction of fifteen from the previous year.

The average age of the patients developing an E.coli bacteraemia was 78 years old. The average acquisition day was 26, however this ranged from 2 to 196 days.

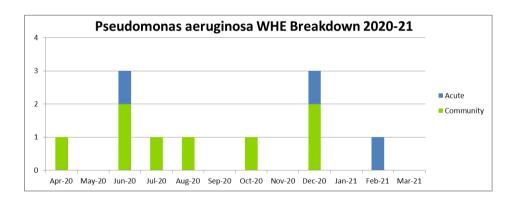


During 2020-21 a quarterly threshold tolerance for the trust was agreed, the total threshold for the year was 36 cases allowing 9 per quarter. This threshold was met.

Action: - To understand themes and trends

Pseudomonas aeruginosa

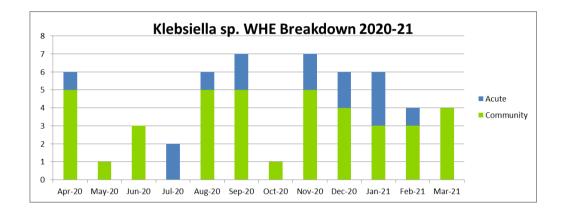
During the period April 2020-March 2021 there were three hospital attributed cases an increase of one. The average age of the patients developing Pseudomonas aeruginosa was 78 years old and the average acquisition day was 7.5, a range of 5 to 22 days.



Action: - To sustain or reduce the acquisition day.

Klebsiella sp.

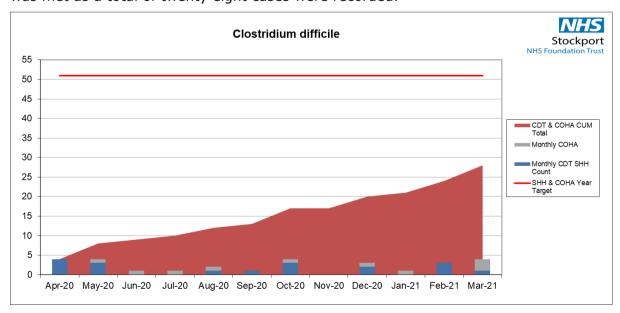
During the period April 2020- March 2021 there were fourteen hospital attributed cases a drop of one. The average age of the patients developing Klebsiella pneumoniae was 75 years old and the average acquisition day was 14 ranging from 0 to 37 days almost identical to the previous year.



Action: - To reduce the acquisition day.

Clostridium difficile

The nationally set Trust threshold for 2020-2021 remained at fifty one hospital acquired and Community Onset Hospital Acquired (COHA) clostridium difficile cases. This threshold was met as a total of twenty eight cases were recorded.



All Trust attributed cases underwent a root cause analysis investigation and presented to a Healthcare Acquired Infection panel (HCAI). The panel is chaired by the DIPC alongside the IP&C doctor and IP&C matron determined that ten cases were avoidable.

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

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

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

Carbapenemase Producing Enterobacteriaceae (CPE)

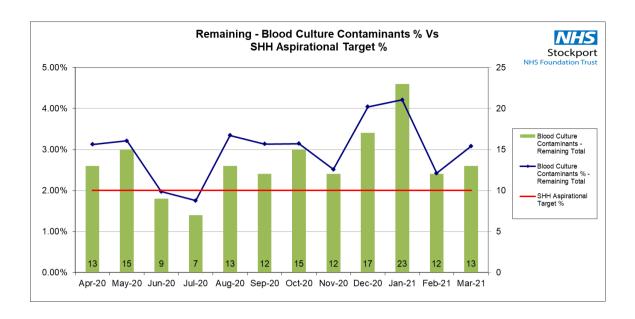
There is currently no national threshold for CPE or mandatory surveillance; the Trust reviewed its CPE screening in line with the updated CPE guidance toolkit in September 2020.

During the period April 2020- March 2021 there were twelve reported new CPE cases. Five were hospital attributed and seven were community

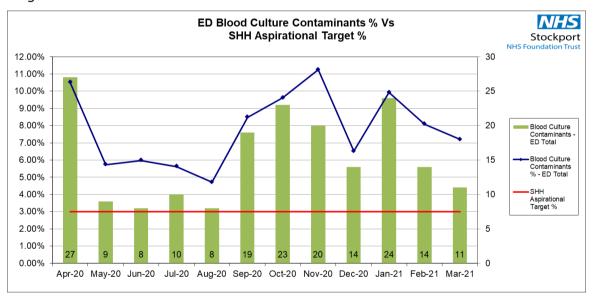
Action: - To reduce the number of hospital CPE cases

Blood Culture Contaminants

The average rate of blood culture contaminants for the Trust as a whole was 4.45% against a Trust aspirational target of 2% which is an increase of 17% from the previous year.



The average rate of blood culture contaminants for patients within the emergency department was 7.80% and increase of 26% from last year against our Trust aspirational target of 3%.



Action: - To reduce number of blood culture contaminants

Mandatory Orthopaedic Surgical Site Surveillance Infection (SSSI)

The mandatory requirement of Public Health England (PHE) is to survey one orthopaedic procedure for a period of 3 months. During 2020-21 our surveillance exceeded the

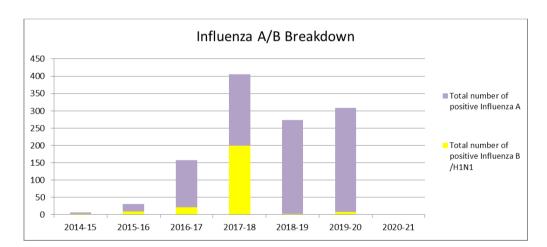
mandatory requirements by undertaking two procedures hips and knee replacements over two different quarterly periods as shown in the table below.

Report Quarter	No. of	No of Surgical Site	% Infection Rate	
	Operations	Infections		
July - September 2020 -	3	0	0%	
Knees				
July - September 2020 -	12	0	0%	
Hips				
October – December 2020	22	0	0%	
- Hips				
October – December 2020	10	0	0%	
- Knees				

Outbreak reports

Influenza

During 2020-21, due to Covid-19 pandemic there have been no cases of the influenza virus and therefore no wards affected with outbreaks associated with confirmed influenza across the Trust.



COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The first cluster was noted in China in December 2019 and by January 2020

there were three countries outside of China also affected. The first European case was reported in France on 24^{th} January 2020 and then the World Health Organisation (WHO) declared an outbreak. On the 11^{th} March 2020 the WHO declared the COVID-19 outbreak a pandemic.

The work undertaken by the IP&C team was significantly impacted by the Covid-19 pandemic from mid-January 2020, initially with the management of potential cases of SARS-CoV-2 infection as a high consequence infectious disease (HCID), and then as significant numbers of cases were managed in the Trust.

The trust followed national guidelines which was challenging due to evolving guidance that changed rapidly. As per recommendations elective work was ceased, acute services were reconfigured intensive care capacity was increased and workforce were redeployed.

The procurement team were able to source good supplies of personal protective equipment (PPE) to ensure our staff protection at all times.

The table below shows distribution of positive and negative tests through the trust pathology department.

Result	Total Tests through SHH Laboratory	%
Negative	67972	95.87%
Positive	3958	4.13%
Grand Total	71930	100.00%

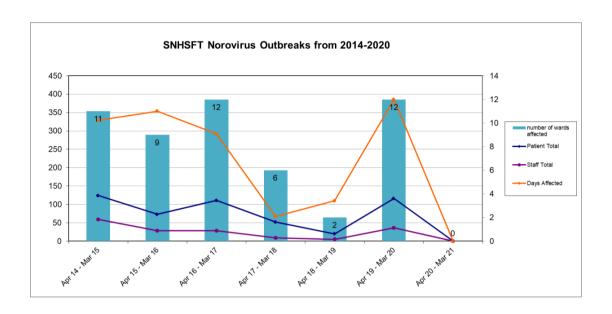
The table below shows the total number of positive Covid-19 patients who were discharged or died. Any patients who developed a nosocomial Covid-19 and subsequently died are being investigated to determine whether they were avoidable and any learning to be undertaken.

Inpatient - Discharged	Inpatient - Deaths	
1686	583	

Action: - To ensure staff remain vigilant at all times

Norovirus

During 2020-21 there were no ward outbreaks with diarrhoea and vomiting across the Trust.



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

Water Safety

During 2020-21 the Estates department focused on improving its Water Safety Management, Policies and Procedures.

A review of the 2016 legionella risk assessment was conducted highlighting lack of evidence to support the recommendations within the risk assessment. An action plan was created consisting of 908 recommendations, these were implemented and completed by the estates team providing assurance to the Trust.

A comprehensive tender exercise was completed that resulted in a new site wide commissioned legionella risk assessment for 2021-22.

The water safety group was reinvigorated monitor compliance with water safety management.

Decontamination Services

Decontamination services, both sterile services and Endoscopy Decontamination continued to strive in achieving the best possible service.

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

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

During 2020-21 the Endoscopy unit commenced a capital replacement project and renewed all washer disinfectors providing assurances around adhering to the ever growing standards and achieving the best possible cleaning efficacy results. The unit also benefited from the installation of white rock within its decontamination and clean room assisting the control of contamination.

The unit continues to look out for innovative ways to push even further in testing and efficacy providing quality to patient.

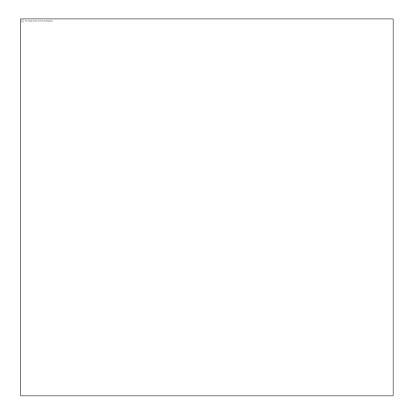
Improvement plans for next year include:

- Replacement of the two existing sterilizers.
- Aiming to be the first unit within the United Kingdom to introduce an observation camera to assist in inspection of inaccessible areas.

Cleaning Services

2020-21 has been a challenging year for the domestic service team who have worked above and beyond daily delivering more than normal barrier cleans and changing the way they have worked to meet the guidelines for Covid.

The chart below shows an increase in barrier cleans and deep cleans. On many occasions the teams were given very short notice to assist with the movement of wards, opening and closing, this was always delivered within the timescales required and in some cases working through the night.



As part of additional decontamination, fogging was introduced and this will continue to be available for use at the request of IP&C for the foreseeable future.

The team introduced enhanced cleaning in all areas again at the recommendation from the PHE Guidelines and this still continues today to ensure the hospital environment is cleaned to the highest standard.

Despite the many challenges the domestic team faced, every member of staff remained professional throughout. Often being the most familiar face for our patients during difficult and worrying times where no visitors were allowed, was a reassurance to some patients. Most of the domestic team worked on the Covid areas helping to maintain the National Cleaning Standards.

The Domestic Supervisors carried on monitoring during this period ensuring that everyone was working to the required standards and ensuring staff received the necessary support for their health and wellbeing.

The team worked closely with the IP&C team who provided invaluable advice and support for the whole team.

Action: - To review and implement the new National Cleaning Standards

PLACE (Patient Led Assessment of the Care Environment)

Due to Covid-19 pandemic the PLACE inspection was postponed for 2020.

2021 PLACE inspection is also postponed following review by the National PLACE Steering Group with recommendations Trusts undertake internal PLACE inspections.

Action: - To undertake small internal PLACE inspections.

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

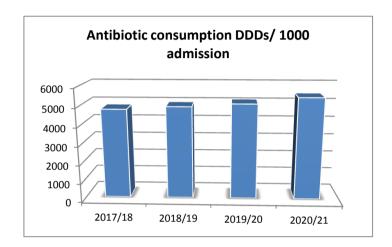
Antimicrobial Stewardship

Covid-19 dominated 2020-21, with the antimicrobial pharmacy team supporting the rapidly changing clinical schedule, providing training on Covid-19 treatment and instrumental in the Trust Covid vaccination program.

Government guidelines around social distancing on wards, limited team availability led to stewardship rounds becoming impossible to achieve physically. Virtual stewardship rounds were implemented however; these were limited in achieving outcomes to the full extent as physical ward visit rounds.

Due to a number of programs including the audit program and KPI's being placed on hold the benefits of additional staff to the team during 2020-21 was not fully recognised.

CQUIN targets were suspended from Q4 of 2019/20 and remain suspended until at least Q3 2021/22. While targets around overall consumption have been in place, there has not been so much of a focus on this. Antibiotic use has been high throughout the pandemic, with around 80% of our COVID admissions receiving antibiotics. This has contributed to an overall rise in antibiotic use in the Trust, although we are still achieving the WHO AWaRe ambitions, at 66% in the Access category overall. This overall usage is above average in Greater Manchester.



Action: - To reinstate ward visit antimicrobial stewardship rounds following relaxing of government guidance

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

A variety of methods are used to communicate the IP&C message to service users, staff and other providers. The IP&C team are able to signpost enquirers to validated websites via Trust communication publications to ensure that the most relevant information is used for giving information.

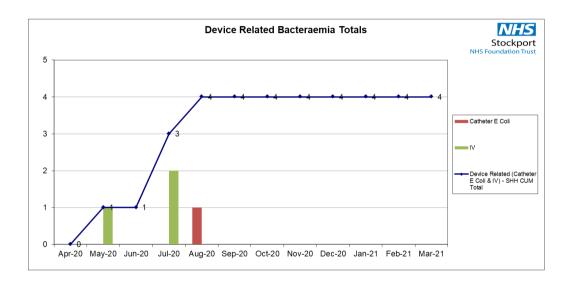
The IP&C annual report and other relevant documents are available on the Trust website.

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

Criterion 5: Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Device Related Bacteraemia (DRB)

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



During 2020-21 the Trust had 4 DRB's, 3 associated with a vascular access device and 1 from a Urinary Catheter. All cases were investigated, presented to the HCAI panel and found to be avoidable.

Action: - To support staff in being competent with vascular access devices to prevent any further avoidable cases

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

Part of the recognised role of the Infection prevention & control team is training and education. This takes the form of face to face sessions on practical updates alongside the facilitation of statutory and mandatory infection prevention E-learning.

The Trust training compliance for IP&C at the end of 2020-21 was 94.03%. During 2020-21 17 toolbox training sessions were undertaken by the IP&C team due to the pressure the team were under during the pandemic.

During December 2020 the IP&C team took to twitter with our own Elf-Care-Assistant. Each day a different message was portrayed showing what was <u>not</u> good practice. The team were overwhelmed with positive responses, discussion and re-tweets.









Divisional groups

Surgery, GI & CC

2020-21 was a very challenging year for the Business Group with regards to infection prevention and in particular the Covid-19 pandemic. The staff responded without precedent to different ways of working ensuring our patients were provided with the care and protection to reduce risks of developing infections.

Training was ongoing throughout the year including informing staff of the nature of Covid-19, disease pathways expected of patients, fit testing and PPE.

Wards were repurposed to accommodate increasing levels of Covid-19 positive patients and the Critical Care Unit expanded onto the Theatre footprint. Infection prevention was at the

fore as methods of care needed to be standardised and in compliance with Government

quidelines.

Action: - To achieve maximum uptake for the Coronavirus and Influenza vaccinations for

2021-22

Medicine & Clinical support

2020-21 was a challenging year for our business group but we were proud of the teams'

rapid, flexible and ever changing response to the Covid-19 Pandemic whilst continuing to

care for patients requiring hospital care.

The teams adapted and changed the way they delivered services, including relocation of

the respiratory services to provide larger side rooms for Aerosol Generated Procedures to

be undertaken safely.

The teams focused on hands, face space and increased matron walk rounds to ensure all

IP&C standards were continually being adhered to.

Action: - To recommence environmental walk rounds

Emergency Department

During the COVID-19 pandemic the Emergency Department (ED) like all ED's across the

country we have had to look at the way we support emergency medicine, as unlike any

other areas of the organisation, patients of all ages and acuities can attend and we are

required to keep patients and staff safe and limit nosocomial infection during the pandemic.

To support the cohorting of patients numbers of cubicles were converted into isolation

cubicles, this included a high acuity respiratory area introduced with four fully equipped

rooms that safely support patients who require Aerosol Generated Procedures.

A closable centre partition was installed in the resuscitation area to enable the flexibility to coordinate safe aerosol generating procedures (AGP) when required providing safety for patients and staff.

Staff wellbeing was paramount during this time ensuring social distancing at break times, with outside seating space and separate shower cubicles, toilets and washing facilities available for all staff.

Action: - To ensure safe care and a positive experience for all our patients within the ED.

Integrated Care

ANTT training update sessions have been organised with IP&C, to facilitate community staff maintaining their competence. The training has been adapted to meet the requirements for room occupancy during the pandemic.

The audit of the community clinic IP&C Yellow folders is completed on a monthly basis and recorded in AMaT. During March 2021, 29 treatment rooms in 13 clinic sites were audited and the score for compliance was 94%.

Hand hygiene champions were introduced of all grades, including our medical staff. This assisted the senior nursing team with promoting the 5 moments of hand hygiene and challenge in real time.

The Matrons and ward managers complete an environment audit each day, which includes compliance with decontamination of equipment and the use of Clinell labels. All Acute Care areas are above 97% with ANTT. The teams have embraced the day 3 and day 6 Covid-19 swabs, also strong processes in place for checking of results before transfer to another area. This hard work is reflected in the low number of hospital acquired infections for acute care.

Women, Children & Diagnostics

During the Pandemic, the division introduced lateral flow testing for women and their partners to enable partners to safely attend antenatal appointments and scans including EPU. One visitor maintained on the maternity ward throughout to support women postnatally. Since March 2021 successfully introduced second birth partner for labour.

One parent/carer was maintained throughout the pandemic within Paediatrics. The Paediatric team supported family education for newly diagnosed diabetes patients in a Covid secure way. Lateral flow testing successfully implemented on the Neonatal unit to facilitate both parents together to ensure baby development. Regular review of IP&C practice relating to Covid-19 in line with PHE guidance with regards to visiting, to ensure optimised experience for all our families utilising our services.

Development of Covid-19 pathways for patients within radiology settings maintained patient safety and allowed continued diagnostic testing throughout the pandemic.

Significant progress has been made with ANTT compliance across all disciplines within the division. Further ANTT assessor training completed with 100% compliance achieved within Paediatrics. Monitoring of IP&C standards and practice continues, as per standard practice, with robust governance processes in place for feedback and action.

Criterion 7: Provide or secure adequate isolation facilities

Isolation facilities remained a challenge across the organisation during the pandemic. It was vital to ensure our patient pathways were as streamlined as possible and isolation facilities were used appropriately at all times

Action: - To review bay areas in relation to doors or installing individual rooms.

Criterion 8: Secure adequate access to laboratory support as appropriate

The IP&C team work closely with the laboratory team. There is 24 hour microbiology advice available.

The laboratory support team being on site has been invaluable during Covid-19 pandemic. They provide a fast turnaround of results to enable timely movement of patients to ensure they were in the right place.

Criterion 9: Have and adhere to policies designated for the individual's care and provider organisation that will help to prevent and control infections.

Policies and procedures are essential to ensure all staff has access to evidence-based information, aimed at ensuring high standards of Infection Prevention.

During 2020-2021 new policies, SOP's and guidelines were produced specifically in relation to Covid-19 which was made accessible to all on the newly created COVID-19 microsite. This inevitably put scheduled reviews on hold with extensions requested and approved through the IP&C group.

All Infection prevention policies, SOP's, guidelines and related documents have been uploaded on the infection prevention & control microsite and the Trust intranet.

Audit Activity

Aseptic Non Touch Technique (ANTT)

ANTT remains a central component in safeguarding our patients who undergo procedures which breech their skins natural defence system, including the insertion of, removal of, and or manipulation of indwelling devices from all avoidable Health care acquired infections.

The purpose of this national model policy is to enable standardisation of technique and 'practice language' for all aseptic procedures. ANTT must be embedded into every day clinical procedures as part of a robust commitment to reducing the risks of HCAI.

In 2020-21 we launched a new electronic system; this system has the ability to capture real time data enabling teams to update their own staffs compliance immediately following their clinical assessment across the Trust.

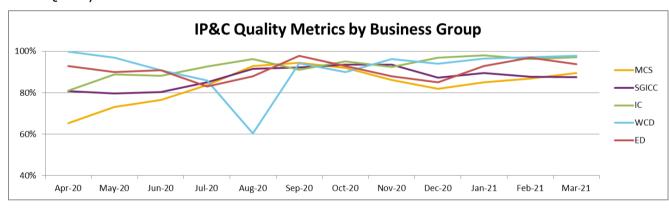
Early 2020 saw a global pandemic dictate a significant reduction in face to face ANTT observed assessments. The Trust took the decision to give staff a year's grace on their annual observed assessment. Every opportunity was taken to re-iterate the importance of Standardising ANTT to reduce variability in practice and further raise standards for the greater benefit of Patients and their hospital experience.

Action: IP&C Service to offer continued support throughout the COVID recovery period for teams to safely manage their face to face competency assessments as soon as is safe and practicably possible.

IP&C Quality Metrics

All 3 saving lives audits (Hand Hygiene, IV Care and Catheter Care) have been merged within the IP&C Quality Metrics.

Based on information gathered from audits undertaken the average compliance with the IP&C Quality Metrics for the Trust was 88%



Action: - To sustain IPC quality metrics above 90% with little fluctuations

IP Spot Audits

During 2020-21 IP&C team undertook spot audits on PPE and Hands, Face, Space. Average results can be seen in the table below:

MCS	PPE %	H, F, S % 90%	
BG Total	81%		
SGICC	PPE %	H, F, S %	
BG Total	88%	93%	

IC	PPE %	H, F, S %
BG Total	54%	100%
WCD	PPE %	H, F, S %
BG Total	96%	100%

ED	PPE %	H, F, S %
Total	87%	None undertaken
Vaccination Hub	PPE %	H, F, S %
Total	67%	87%
Trust	PPE %	H, F, S %
Total	84%	90%

Sharps Audit-

Due to National restrictions during the pandemic a sharps audit was unable to be undertaken during 2020-21.

Action: - To work with the supplier to ensure an audit is undertaken during 2021-22

Criterion 10: Have a system in place to manage occupational health needs and obligations of staff in relation to infection.

Trust employees come into contact with a number of infectious agents which may theoretically be passed from patients/service users i.e. Hepatitis B, Tuberculosis, measles Mumps and more recently Covid-19.

New employees attend Occupational Health for an immunity check; a vaccination programme is then commenced as necessary.

The Occupational Health team provide support and advice to Trust employees and managers on specific additional measures that might be required following an incident where exposure to an infected individual, pathogen or contaminated instrument occurs.

Flu Vaccination

National data collection of staff uptake for the seasonal Flu vaccine during the 2020-21 Flu season for SNHSFT was 81.6% for frontline staff (an increase from the previous year 80.3%). This uptake is above the national average of 76.8%. There was no CQUIN target set for 2020/21 due to Covid-19 pandemic.

The uptake of Flu vaccine by the whole of the Trust staff (front line and supporting staff) was 79% (last year we achieved 77%). Nationally, the uptake varied from Trusts reporting 53% up to Trusts reporting 95%.

We aim to continually increase the uptake of the Flu vaccine by staff and to get the message across about the importance of staff having an annual Flu vaccination so by protecting themselves they are protecting patients. This year we continued to collect information regarding why the vaccination is declined which remain the same as previous year. UK studies have shown that the seasonal Influenza vaccination lowers the risk of Influenza infection in young adults and, when healthcare workers are vaccinated, lowers rates of Influenza-like illness, hospitalisation, and mortality in vulnerable patients in long-term healthcare settings are observed. We will therefore continue working with colleagues in 2021-22 to eliminate the myths and increase uptake.

Covid-19 vaccination

During December 2020, a mass immunisation hub was set up to ensure healthcare workers both within the trust and Stockport commissioning group were offered the Covid-19 vaccine.

The uptake of Covid-19 vaccine by frontline staff during the period of December 2020-March 2021 was 80.1% first dose and 51.2% second dose.

The challenge for the forthcoming Flu season is to ensure maximum uptake for the seasonal Influenza vaccine alongside staff receiving a Covid-19 booster vaccine.

Inoculation Injuries

The recording of inoculation injuries is undertaken with Occupational Health (OH) software and the numbers for the whole year were reported to the Infection Prevention & Control Group. All injuries are reported via the incident reporting system, Datix.

The number of inoculation injuries to staff (including bites, scratches and splashes) was 141 which is the lowest figure for six years.

Sharps related incidents remain one of the commonest types of injury to staff, with between 4 and 22 incidents per month. As in previous years, the majority of the incidents involved trained and untrained nurses. We continue to encourage the prompt reporting of sharp incidents in order to ensure that they are managed appropriately, with additional aim of further prevention.

There were 74 incidents related to handling of a hollow bore needle used either for injection or venepuncture. We also continue to see a number of domestic and portering staff being injured showing the need for reiteration on the safe disposal of sharps.

The challenge for 2021-22 is to review needle free devices to minimise needle stick injuries.

Key Objectives for 2021-22

- To have no preventable healthcare acquired infections
- To develop a nurse led central vascular access device service
- To enhance staffs ability and confidence to promote the principles and practices of IPC to patients, visitors and colleagues
- To develop a robust effective antimicrobial stewardship program

A full work plan for each objective will be overseen through the Infection Prevention & Control group which is chaired by the DIPC. Assurance will be provided through the quality Committee and monitored through the IPR.

Infection prevention & control 2 year strategy





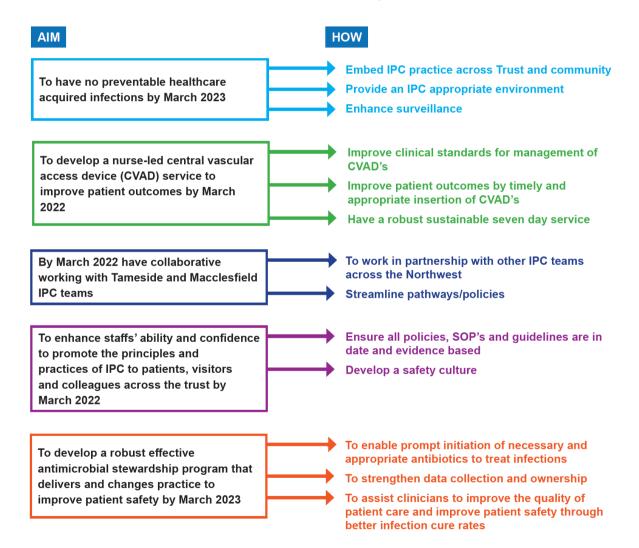
Nesta Featherstone
Associate Nurse Director IPC



Barzo Faris Consultant Microbiologist



Nic Firth Chief Nurse



Making a difference every day.

IP&C ANNUAL REPORT

2020-2021

SUCCESSES



- The survival of a pandemic.
- There was investment provided to increase the IP&C nursing team.
- The Associate Nurse Director IP&C received a top national nursing award.
- Achievements in meeting trajectories for:
 - · Clostridium difficile cases
 - MSSA cases
 - · E coli bacteraemia cases
- The Surgical Site Surveillance Infection rate remains at 0%
- There were no wards affected with outbreaks associated with confirmed Influenza across the Trust.
- Zero cases of Norovirus.
- Reinvigorated water safety group.
- HSDU & EDU were successful in passing their BSI accreditation.
- Investment in fogging machines.
- IP&C ELearning compliance 94.03%
- IP&C Elf on the shelf on twitter with positive feedback.
- Closer working between IP&C team and divisions.
- COVID-19 swabbing fast turnaround due to pathology diagnostics on site.
- NOMAD electronic system for ANTT introduced.
- The overall uptake of the Influenza vaccine amongst frontline staff was 81.6% which exceeds the national figure of 76.8%.
- COVID-19 vaccination hub set up
 - 80.1% first dose
 - 51.2% second dose

CHALLENGES



- Not met trajectory for:
 - MRSA bacteraemia cases
- Blood culture contaminant rate over target.
- PLACE inspection was postponed.
- Antimicrobial stewardship.
- Device related bacteraemia associated with vascular access devices.
- Update of normal IP&C policies, SOP's & guidance due to producing COVID-19 policies.
- IP&C spot audit results variable.
- Sharps audit postponed.

IP&C STRATEGY



Infection prevention & control 2 year strategy





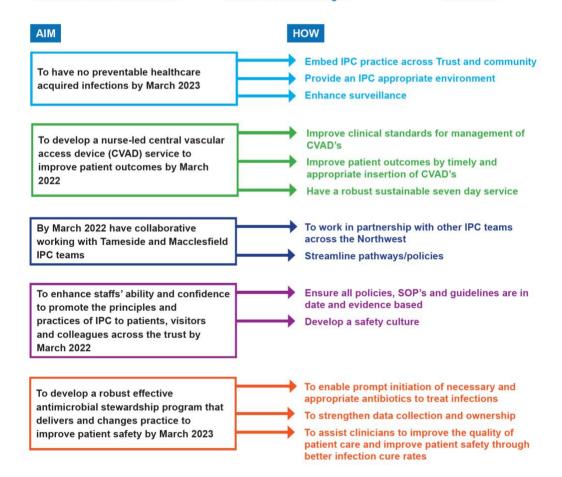
Nesta Featherstone Associate Nurse Director IPC



Barzo Faris Consultant Microbiologist



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Making a difference every day.



Board of Directors Key Issues Report

Report Date: 03/06/21		Report of: Finance & Performance Committee			
Date 20/0	e of last meeting: 5/21	Membership Numbers: The meeting was quorate.			
1.	Agenda	The Committee considered an agenda which included the following: Operational Performance Financial Performance, including Agency Utilisation CIP Treasury Management IM&T Infrastructure Unified Communications Project Update Board Assurance Framework Finance & Performance Related Risks Capital Programme Management Group Key Issues Report Procurement Strategy			
	Alert	 Operational Performance: pressure on key performance targets The Trust continues to perform significantly below the national target against all of the core operating standards. The overall position relating to diagnostics and 18 weeks remains challenged. 			
	Assurance	 Operational Performance Report: Good progress continues with regard to the ED 4 hour and Cancer 62 day standards, which are above pre-Covid levels for April. Improvement trajectories relating to the core operating standards for H1 provided. At aggregate level, proposed plans for restoration of electives and outpatients meet the requirements of the planning guidance, with areas of challenge highlighted to the Committee. Update provided on Month 1 financial performance including agency utilisation: Revised format of report well received by Committee. Committee received assurance of delivery of H1 plan which requires a break even financial position after £40.2m of GM system support. The Trust has overspent marginally by £0.1m in April 2021 – driven by additional pay costs to support escalation beds and a higher mix of inpatient elective activity than day case in April and associated consumables costs. 			

		- Whilst trusts await confirmation of access to Elective Recovery Fund (ERF) funding, the Trust has not assumed any receipt of ERF funds in H1 plans.			
		Cost Improvement Programme (CIP)			
		 Committee received update on CIP, and received assurance on development of CIP plans for H1. 			
		- Committee noted anticipated increased CIP target nationally for H2.			
		Treasury Management			
		 Committee noted update on treasury management arrangements under the interim financial regime. 			
		IT Infrastructure Developments & Unified Communications			
		 Updates received by Committee, setting out plans for 2021/22 and future developments. 			
		- Committee welcomed proposal for quarterly IM&T updates.			
		Board Assurance Framework (BAF)			
		- Committee received an update on BAF.			
		 Committee agreed to undertake a workshop discussion focusing on F&P related risks. 			
	Advise	•			
2.	Risks Identified	Wave 3 of Covid – impact noted under Operational Performance Report.			
		Financial landscape from H2 2021/22 remains uncertain – acknowledging an anticipated increased CIP requirement from H2.			
		Finance & Performance risks update provided – 5 significant risks noted as:			
		- The Trust does not meet the 4-hour access standard.			
		 Restoration of elective services – There is a risk of extended waiting times for patients awaiting diagnostic elective and planned care due to the Covid pandemic. 			
		There is a risk to patient safety due to the fragility of the ENT service.			
		- There is a risk of harm to patients due to the significantly extended wait for routine, non-urgent treatment. (The Committee recommended that this risk should be allocated to the Quality Committee)			
		There is a risk that the endoscopy service will not have the required capacity to meet demand, causing delays to patients waiting for treatment.			
		Risks, scores and mitigations to be picked up as part of workshop session referenced under BAF agenda item.			
3.	Report Compiled by	Catherine Anderson Minutes available from: Deputy Company Secretary			



Stockport NHS Foundation Trust

Meeting date	3 rd June 2021	√ Puk	olic	C	Confidential	Agenda item
Meeting	Board of Directors					
Title	Our People Plan					
Lead Director	Acting Director of Workfor	ce & OD	Author	A	Acting Director of W	orkforce & OD

Recommendations made / Decisions requested

Board members are requested to approve the Our People Plan which has been reviewed and endorsed by the People Performance Committee and is presented with the committee's recommendation to the Board of Directors.

This paper relates to the following Corporate Annual Objectives-

✓	1	Deliver safe accessible and personalised services for those we care for			
√	2	Support the health and wellbeing needs of our communities and staff			
√	3	Co-design and provide Integrated Service Models within our locality and across our acute providers			
√	4	Drive service improvement, through high quality research, innovation and transformation			
√	5	Develop a diverse, capable and motivated workforce to meet future service and user needs			
√	6	Utilise our resources in an efficient and effective manner			
	7	Develop our Estate and IM&T infrastructure to meet service and user needs			

The paper relates to the following CQC domains-

١	/	Safe	√	Effective
١		Caring	√	Responsive
١	/	Well-Led	√	Use of Resources

	√	PR1	Significant deterioration in standards of safety and care
		PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
This paper is related to		PR3	Working with others does not fully deliver the required benefits
these BAF risks-	√	PR4	Performance recovery plan is not delivered
Dr II HORO	√	PR5	Critical shortage of skilled workforce with capacity and capability to meet service needs
	✓	PR6	Failure to deliver agreed financial recovery plan
		PR7	A major disruptive event leading to operational instability

	PR8	Estate does not meet national standards or provide sustainable patient environment
	PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

The purpose of this report is to provide the Board of Directors with the revised People Strategy - Our People Plan. The refreshed people plan has been shared with trade union colleagues, members of the People Engagement & Leadership Group (PELG), Executive Team and Non-Executive Director members of PPC in advance of its presentation to the May People Performance Committee meeting for approval, endorsement and recommendation on behalf of the board of directors.

The covering report provides an overview of the NHS People Plan priorities and a summary of where Our People Plan addresses these priorities and delivery to achieve our Strategic Objectives.

The update has refreshed the key initiatives and is aligned to the integrated delivery plan which has already been reviewed and approved via the People Performance Committee. In addition a number of enabling delivery plans, which were developed for 2020/21 will be revised and updated and will be presented throughout the coming months to the people performance committee for approval; having been considered and approved by PELG in the first instance.

1. Introduction

- 1.1 The purpose of this report is to provide the Board of Directors the revised People Strategy Our People Plan. The refreshed people plan has been shared with trade union colleagues, members of the People Engagement & Leadership Group (PELG), Executive Team and Non-Executive Director members of PPC in advance of its presentation to the May People Performance Committee meeting for approval, endorsement and recommendation on behalf of the board of directors.
- 1.2The update has refreshed the key initiatives and is aligned to the integrated delivery plan which has already been reviewed and approved via the People Performance Committee. In addition a number of enabling delivery plans, which were developed for 2020/21 will be revised and updated and will be presented throughout the coming months to the people performance committee for approval; having been considered and approved by PELG in the first instance.

2 Background

2.1 Following the approval of our People Strategy by the Board of Directors in October 2018 progress has been regularly reported to People Performance Committee; a review and refresh took place in January 2020 which included a review against the NHS People Plan to ensure that the People Strategy reflected theses priorities. A further review has taken place during April 2021 which has included an update against the NHS People Plan 2021 priorities further described in section 3 below and the Equality Impact Assessment has been reviewed and updated and the revised strategic objectives approved at March board aligned to the people strategy priorities; a summary of this position is presented at section 4 below.

3 NHS People Plan

3.1 We Are the NHS: the NHS People Plan for 2020/21 - action for us builds on the Interim People Plan that was published in June 2019. The Plan, led by NHS England and NHS Improvement (NHSE/I) and Health Education England (HEE), recognises the impact of COVID-19 and sets out what the people of the NHS can expect from their colleagues and leaders for 2021. The plan is structured around the following themes, in summary:

3.1.1 Responding to new challenges and opportunities

We Are the NHS: the NHS People Plan for 2020/21 notes that the COVID-19 pandemic has led to a greater focus on the health and wellbeing of NHS employees among NHS employers and the public, and has highlighted existing inequalities among staff members. The pandemic has also led to positive changes, including greater local partnership and system working, flexible working, clinicians returning from academia and retirement, plus increased clinical support for care homes and NHS people being part of COVID-19 research activities. Where these changes have worked well, they should be adopted systematically.

3.1.2 Looking after our people

This section contains the NHS People Promise, developed by asking people in NHS what matters most to them and what would improve their experience of working in the NHS. By 2024, everyone in the NHS should be able to say that:

- We are compassionate and inclusive
- We are recognised and rewarded

Page 3 of 13

- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

Being safe and healthy is acknowledged to be especially important in the context of COVID-19. It includes PPE (personal protective equipment), infection control and risk assessment but also home working support, rest and respite, reductions in bullying and harassment and violence against staff. The majority of actions are for employers, such as employing a Wellbeing Guardian, providing support for people throughout sickness, ensuring that staff are supported to switch off from work and providing spaces to rest when in work.

In terms of flexible working, the Plan states that employers should normalise conversations about flexible working and understand that flexibility means different things to different people. Role modelling by leaders is noted to be important to embed a culture change, allowing NHS staff to work in the way that best suits them without needing to provide a justification for doing so. Flexibility also extends to junior doctors' training, as Health Education England (HEE) will continue to focus on this area. This includes initiatives like less than full time (LTFT) training, out of programme (OOP) pauses and opportunities to develop portfolio careers. By 2022/23, all junior doctors should be able to apply for flexibility in their chosen training programme.

NHS staff with caring responsibilities will also be better supported, including the establishment and protection of flexible working patterns.

3.1.3 Belonging in the NHS

This section recognises the urgency of NHS leaders taking action and creating an organisational culture where everyone feels that they belong – in particular, improving the experience of people from Black, Asian and Minority Ethnic (BAME) backgrounds. Responsibility for action here is allocated across the NHS, at local and national levels.

At a more local and regional level, every NHS Trust, Foundation Trust and Clinical Commissioning Group (CCG) must publish progress against the Model Employer goals to ensure that at every level the workforce is representative of the overall BAME workforce. Nationally, over 2020/21 the Care Quality Commission (CQC) will place increasing emphasis on equality, diversity and inclusion work and the positive impact of this on staff and patients.

NHS England and NHS Improvement (NHSE/I) will make increased information and resources available to support this action, and will publish competency frameworks for every board-level position in NHS providers and commissioners. These will emphasise the responsibility of the Chief Executive to lead on equality, diversity and inclusion work. NHSE/I will also adapt the NHS staff survey so that they can better engage with and listen to people, and better support managers and leaders to foster a listening and speak up culture.

3.1.4 New ways of working and delivering care

The NHS People Plan states that successes in delivering care during the COVID-19 pandemic have been due to good communication, high levels of trust, distributed leadership and rapid decision-making. People have been empowered and bureaucracy "fell away".

Page 4 of 13

To build on this, employers should support deployment and redeployment and focus on upskilling. HEE is working to provide a nationally-recognised critical care qualification, and with Royal Colleges to ensure competencies gained by trainees while working in other roles due to COVID-19 can be recognised and count towards training. Technology-enhanced learning is also being developed, including training on new ways of working such as remote triage. Employers should provide increased support for students and trainees and ensure that clinicians have protected time for CPD. The importance of multidisciplinary teams is emphasised, and support from HEE in terms of the expansion of multidisciplinary teams (MDTs) in primary care is explicitly stated.

The Plan also looks to children and young people as tomorrow's NHS workforce. NHS Cadets, a new scheme set up in partnership with St John's Ambulance, aims to enrol 10,000 young people by 2023. Systems are also encouraged to promote NHS Ambassadors, a scheme that encourages NHS people to showcase their role in the NHS to young people and encourage them to consider a career in the health service.

3.1.5 Growing for the future

The actions in this section seek to build on the public's support for the NHS that was highlighted due to COVID-19, and the interest in NHS careers that the pandemic has stimulated. The Plan states that HEE will address the specialty areas with the most pressing workforce shortages:

- Mental health In terms of children and young people (CYP), investment will be made in this workforce to support the expansion of therapies for CYP
- Cancer
- · Advanced clinical practice
- Expanding shortage specialties, including investment in an extra 250 Foundation Year 2 posts so these trainees can grow into GP, psychiatry and other priority areas;
- Increasing undergraduate places; over 5,000 from September 2020 in nursing, midwifery, and allied health professions
- Developing clinical pharmacists

Local and international recruitment is noted to be important, plus encouraging and supporting return to practice. Retention of people is also emphasised, and it is stated that employers should design roles to make greatest use of skills and fit with preferences.

Systems should align workforce, operational and financial planning within organisations as much as possible, and help design new models of care and service changes. They should also work with HEE and NHSE/I regional teams to develop competency-based workforce modelling and planning for the remainder of 2020/21, and make it easier for staff to stay in system and transfer across organisations. NHSE/I and HEE will also work to improve workforce data collection at employer, system and national level.

3.1.6 Supporting our NHS people for the long term

This plan is a starting point that builds on the Interim People Plan, as well as the current appetite for change and widespread support for the NHS. It notes that there must be sustained focus and energy to meet the pace and scale of the challenge still to come.

4 People Plan, Strategic Objectives & NHS People Plan Alignment

The table below provides an at a glance overview of the alignment of the refreshed people plan with our strategic objectives and the NHS People Plan priorities for 2021:

Strategic Objective 2021/22	Our People Plan Pillars	NHS People Plan Theme
2. Support the health &	Culture, Engagement &	Responding to new
wellbeing of our communities	Retention	challenges
& staff	Leadership Development	Belonging in the NHS
5. Develop a diverse, capable	Resourcing	Looking after our people
& motivated workforce to	Training, Education &	Growing for the future
meet future service & user	Practice Development	Supporting our NHS people
needs	Leadership Development	for the long term
6. Utilise our resources in an	Resourcing	New ways of working &
efficient & effective manner	Strategic workforce	delivering care
	development, planning &	
	performance	

5 Our People Plan

The refreshed 'Our People Plan' is attached at appendix 1; the document has been structured to provide an overview of our 'strategic pillars' of activity and key initiatives; including our improvement journey road map. Our People Plan is underpinned by a detailed integrated delivery plan which drives the highlight and assurance reporting to People Performance Committee, an example is provided at appendix 2. Our People Plan is supported by a number of enabling approaches, as follows:

- ✓ Our Approach to Health & Wellbeing
- ✓ Our Approach to Resourcing
- ✓ Our Approach to Recruitment & Retention
- ✓ Our Approach to Workforce Planning & Transformation
- ✓ Our Approach to Organisational Development, Culture & Engagement
- ✓ Our Approach to Leadership Development
- ✓ Our Approach to Talent Management & Succession Planning

Following the review and development of Our People Plan, each of the approaches will be updated and presented to the People Performance Committee in the coming months.

6 Governance Arrangements

The strategic priorities/pillars are delivered through a number of delivery groups, as detailed in the organisation chart at figure 1 below. Each group has clear Terms of Reference and actions are monitored through the integrated delivery plan. Assurance on priorities and progress is presented to the People Performance Committee via a highlight report on a regular basis.

Key Performance Indicators are reported through the Integrated Performance Report (IPR) to the Board of Directors.

Education

Governance

Group

Health &

Wellbeing Group

People
Performance
Committee

People
Pengle
People
Engagement &
Leadership Group

Resourcing Group

Figure 1 – People Performance Governance Arrangements

Staff Networks

7 Recommendation

WRES/DWES

Steering Group

Board members are requested to approve the attached Our People Plan document which has been reviewed and endorsed by the People Performance Committee and is presented with the committee's recommendation of approval to the Board of Directors.



OUR PEOPLE PLAN 2021/23

A Great Place to Work

Our future #TeamStockport



Introduction

We know that happy staff equal happy patients. Which is why we are making a firm commitment to #TeamStockport to create a great place to work.

Our people strategy for 2021-2023 sets out our people plan priorities underpinned by an integrated delivery plan to meet our ambitions.

In this plan, we set out the deal we are offering to you in return for living and breathing our values so that they shape everything that you do every single day.

This plan seeks to create a positive and sustainable future for our staff. The healthcare needs of the future will be different from today and our workforce and the way we work with our partners needs to reflect this.

Your development and experience at work is important to us, and we want to support you to be yourself in a healthy and inclusive environment. We also recognise your expertise in knowing how we can improve the things that get in the way of providing safe and compassionate care to the people of Stockport, so we're putting you in the driving seat of making the changes you want to see.

We look forward to working with you to build our future and create a great place to work.

The Deal

We have over 6000 people working with us to deliver the best possible care to our patients and the wider community.

What's in it for you?

We are committed to becoming an inclusive organisation, with equality of opportunity afforded to all staff and diversity reflected at all levels in the organisation.

As we work towards becoming a great place to work, we offer an excellent package of benefits, opportunities and support for you to look after your health and wellbeing. We provide an exciting and rewarding career across our integrated system and encourage you to lead change to improve quality of patient care and working lives.

What do we expect from you?

In return, we expect you to live and breathe our values so that they shape everything you do every single day and to make them visible in every

interaction that you have with colleagues, patients, their families and our partners.

If you have concerns about something you've seen or personally experienced, please speak up and tell someone. We have a Freedom to Speak up Guardian and Freedom to Speak up Champions who are working to ensure that speaking up is business as usual for all our staff. They operate independently. impartially and objectively, whilst working in partnership with individuals and groups.

We also encourage you to be in the driving seat of vour own career with us and take advantage of planning and progressing your career, fully utilising our learning and development offer. It's your chance to shape YOUR story!

Vision, values & goals

Our mission is to 'make a difference everyday'; our vision is to work with our partners to improve health & wellbeing outcomes for the communities we serve. To realise our vision we will remain true to our core values of We Care, We Listen & We Respect. To achieve our vision, the Board has set seven strategic objectives.



- Deliver safe accessible and personalised services for those we care for
 - Support the health and wellbeing needs of our communities and staff
- Co-design and provide **Integrated Service Models** within our locality and across our acute providers
- Drive service improvement, through high quality research, Innovation and transformation

- Develop a diverse, capable and motivated workforce to meet future service and user needs
 - Utilise our resources in an efficient and effective manner
 - Develop our estate and IM&T infrastructure to meet service and user needs





Page 9

Where We Are..... Our Improvement **Journey Turnover Rate** We currently have a turnover rate of Where We 12.27% and 4.5% of our staff choose to Want to leave within 12 months Get to..... **Turnover Rate** More of our people are

Vacancy Rate

We have more gaps in our establishment than we would like a vacancy rate of 7.23%

Time to Hire

It currently takes 23 days to recruit to a

Health & Wellbeing

Our People are affected by sickness, stress as well as bullving & harassment more than we would like

Temp Staff Spend

Spend on Agency Staff circa £18m in 2020

Learning & **Development**

Our mandatory training is above 90% and our role essential is below the required standards at 84%, under utilisation of apprentice levy

12 months **Vacancy Rate**

choosing to stay with us and we have a

turnover rate of less than 11% with a 10% improvement on the

number leaving within

A minimum number of gaps in our establishment & a vacancy rate of 6.5% or less

Time to hire

Our time to recruit will be in the top quartile for performance of our peer group

Health & Wellbeing

An improvement in stress scores in our national staff survey by 3%, with an improved B&H score & a sickness absence rate of less than 4%

Temp Staff Spend

Agency spend is reduced by more than £5m

Learning & Development

Our mandatory training is above 95% and our essential is 90% and 100% apprentice levy



Public Board - 3 June 2021-03/06/21

People Plan Pillars

Strategic Workforce Development, Planning & Performance

We know that we are operating in a challenged financial climate. There is a need for us to work collaboratively, both inside the organisation and with our partners, to find the most productive ways to deliver high quality care. We will look at the systems we use and the form our services take. There is also a crucial role for HR to enable managers to make the best possible decisions through advice and support, quality data, and improved systems.

We will ensure that we plan for the future; starting with ensuring strong workforce data and planning processes, that all our Divisions follow. There are key gaps in the current workforce, so we know that we will need to push ourselves to be innovative in up-skilling our people to perform different roles, as well as implementing new roles. We also know that care in the future will be delivered in new clinical models away from traditional settings and so we must also rise to that challenge

Key Initiatives:

- Ensure effective rostering and other e-solutions
- Build shared ICS workforce solutions;
- Understand supply changes & analyse current and future need
- Develop & implement future workforce models with HEIs & other partners

Culture, Engagement & Retention

We are committed to engaging with our people, and supporting and caring for them. We want everyone to get the same opportunities to lead fulfilled working lives and enjoy good health. We know that there is a direct link between engaged and fulfilled staff and good patient outcomes and experience. A central enabler will be the development of a coaching culture and our health and wellbeing initiatives will make us an NHS employer of choice.

Key Initiatives:

- Secure inclusion for everyone
- Develop a coaching culture
- Recognise, reward & listen to our people
- Promote our people's health & wellbeing & support resilience
- Promote flexible working for all staff

Resourcing

Attraction and recruitment are vital to our vision. Effective attraction is based on a strong, unique employer brand – the reason our people will choose to join #TeamStockport. We will build our brand with our people, and ensure that everyone knows what a great place our organisation is to work. Values-based recruitment supports our managers to recruit the best people who already share the values we are passionate about. Our recruitment campaigns will be targeted and streamlined, so that we fill our vacancies quickly and efficiently.

Key Initiatives:

- Embed a strong, unique employer brand
- Implement values based recruitment
- Deliver Targeted & streamlined Recruitment

Training, Education & Practice Development

Access to training and development is one of the strongest needs our people have expressed. We also know that a lack of development is often cited as a reason for leaving the Trust. This commitment is all about meeting this need through the funding streams and opportunities available to us, in new and innovative ways. We will improve the experience of learning whilst also ensuring that vital skills are developed to provide even better patient care – and keep our people with us.

Key Initiatives:

- Improve the learning & development experience
- Apprenticeship programmes at all levels
- Encourage students to flourish
- Multi-professional approach to clinical skills development & preceptorship

Leadership Development

Ensuring the support and development of our leaders is essential to the delivery of an open and inclusive culture; where staff and leaders work together to ensure improvements are achieved.

Key Initiatives:

- Increase staff led improvement
- Make staff voice even stronger in our leadership and governance
- Continue to implement and embed innovative, compassionate & collective leadership models
- Develop high performing teams
- Develop & implement clinical leadership models

Page 11 of 13

10.3

Work with us to shape your story

How to get involved.....



Get involved in quality improvement- we need your expertise in patient and staff experience.



Join a diversity & inclusion staff network – we have BME, LGBTQ+, DisAbility and carers groups representing the views of our people and making positive changes



Have a chat with your manager



Speak up about the concerns you have



Complete the quarterly **Pulse Survey** so that we can monitor our progress



Find your trade union or professional body representative and get involved with our staff partnership forum/ joint consultative and negotiation committee



Attend local staff meetings



Fill in the national NHS Staff Survey - we need to know what matters to you and we use feedback from the survey to make changes/improvements



Have a look at our communications and intranet site, Staff Facebook group for news, events, how to get involved and give feedback



Sign up to be an OD Influencer



Share your ideas for how we can create an outstanding place to work. **Join Our Conversation**

Page **12** of **13**

Governance and monitoring

Delivery of our People Strategy will be overseen by the People Engagement & Leadership Group (PELG), which reports to the People Performance Committee. Strategy updates will be provided to the Committee and also directly to the Trust Board.

Strategy implementation will be co-ordinated by the existing working groups of the PELG. We will also ensure links with Divisional, Trust-wide and system-wide Groups where there are key dependencies. Through these groups we will ensure effective monitoring of our strategic outcomes as well as risk identification and mitigation.

Our people strategy is underpinned by a detailed integrated delivery plan and the following enabling approaches:

- Equality, Diversity & Inclusion
- Health & Wellbeing
- Talent Management
- Leadership Development
- Organisational Development
- Workforce Transformation

Investment

Investing in our people is essential. In delivering our Strategy, we will first utilise and maximise all existing sources of investment open to us, including the Apprenticeship Levy. However, delivering the full spectrum of our ambitions will require additional investment in some key areas. For these, we will develop the necessary business cases and work with partners, including Health Education England, to secure the necessary resource.

Assurance Overview Report Stockport NHS Foundation Trust Strategic Workforce Development, 01 Planning and Performance 03 Resourcing Ball-Introduce In the right people of the right time. Recruilment Marketing & Employer Brand Saff Benefit L. Rewards (Interdwith Section 2 CER). Ball Bostering post times starting Agency / Benefit Interduced in the section of the Reprince / Benefit Interduced in the section of the Bostering / E-Bostering technical implementation Bestler & a Cellering Interduced in the section of the Benefit & A. and Benefit Interduced in the Benefit & A. and Benefit Interduced in the Benefit A. and Benefit Interduced in the Benefit Interduced in Benefit Interduced Law Middle Programme Strategy and Braning People Firstlegy refresh in Integrated Programme Plan and Bracker Redwign, Rindise and Socialise & manning Plan Evaluation and Refresh 18-strategist in Stock of Finning & Branis Hast to asset was seen it coming it extracted was been been been been been and war plan. Beefing and speed and region work for one annual war iplan. Staff to upply projections and tisk analysis. New skill mis models and staff to upply testing (with alin/ops/finteams). Review float it. Services Madel inopial and GRATI. Reible & Agle Work Employment Programmes Involves room A service* Model Hospital and GRFT Introditionment Reviews: Chief Numbra Office His Si Als year still microdressing plannethresh for flust New role coping and business case development IEEE Reviews and Experience of the Si of Si office Si of Si office Our People Plan Pillars Training, Education& 04 Practice Development Culture, Engagement & Retention Sele-Retention Stoppanics Strategy and Action Flanking Culture and Engagement Harbon scanning and assess new veries of initiatives for culture, referrion, engagement Harbon scanning and assess new veries of initiatives for culture, referrion, engagement Self-Sturky Self-Sturky Harbon scanning and assess new select of initiatives for staff-facing support Harbon & Wellaning Values into Actions Programme Design & Delivery Soff Engagement & Comme Deliver and engagement change Self-Culture and engagement change Statutory & Mandatory RoleTownital Apprenticehips Care Certificate Braining Research Analysis Practice Education / Clinical Skills Refined & relaunch Medicilan Scheme Red Culture and empoyement change WEState a submission WeState a submission Genote Proy Cop Elib consular report, Cur Approach Io, EDS2 All Equals Charter (LGBI) Nid Culture & Tingagement design & delivery Nid Culture & Tingagement design & delivery Nationary of the Copy of th 05Leadership Development Cinical Leadership Development (CD/Cons/Nurse Consetc) Coaching Italent Management & Succession Planning Leadership Development Programme Leadership Development Development Programme Devolution of Development Devolution Complete On track to deliver At risk – behind planned delivery At risk - not delivering Not due to start

Highlight Report



2c - Developing internal leadership programme for BAME staff 3a - Calendar of school, college and university readshow events across staff group disciplines 3b - Agreed templates for e-roster built into Allocate 4 - Comprehensive includion programme for HCAs launched and revise - Career progression workshop for BAME staff - Review organisational change todikit 3a - Develop a standard Trust branding for all recultiment with the Communication - E-roster - Formal process to be confirmed by nursing and finance colleague approving ward changes and staffing templates				Accuir	
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Nursing establishment review completed and added to budget from Apr-21 Staff survey results shared with divisions for addin Developing internal leadership programme for BAME staff Calendar of school, college and university readshow events across staff group disciplines Agreed templates for e-roster built into Allocate Comprehensive includion programme for HCAs launched Develop a standard Trust branding for all recruitment with the Communication approving ward changes and staffing templates	1b	Strategic Workforce Plan completed		Scope 3/5 year plan for skill moc review	
2c - Developing internal leadership programme for BAME staff - Career progression workshop for BAME staff - Career progression workshop for BAME staff - Review organisational change todikit - Review organisational			2b	Deliver mediator refresher training and commence relaunch of the scheme	
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Comprehensive induction programme for HCAs launched Comprehensive induction programme for HCAs launched approving ward changes and staffing templates		disciplines	3a	 Develop a standard Trust branding for all requilment with the Communications team 	
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The state of the s	4	Comprehensive induction programme for HCAs launched		approving ward changes and staffing templates	
	5	 Exec/SLG/Board Development - Board Development proposal submitted – awaiting approval 		Review role assertial topics for reporting to board	
approval 5 - Set up Trust coaching offer using apprenticeships to meet requirement				Set up Trust coaching offer using apprenticeships to meet requirement	

PLAN REF:	TOP RISKS & ISSUES	RAG	MITIGATION / ACTIONS TO RESOLVE	DUE
2/3	 Temporary pause of international dinical recruitment from India due to COVID-19, and concern for staff who have family within affected areas 		 Recruitment via Skype / WebEx will continue, start dates will be dependent on international travel arrangements. Additional support offered to existing staff 	31/05/21
3	 E-Rostering - Delay to the implementation of process for agreeing new ward templates 		- Process in development and will be agreed in accordance with revised deadline	31/05/21
4	Statutory & mandatory training Practice Education / Clinical Skills		 Project Manager recruited to support statutory, mandatory and role essential training to commence in May 2021 – recruitment on track 	
	Practice Education/ Crinical Skills		 Practice Educator Roles recruited — recruitment on track to commence in May 2021 	31/05/21
5	- Talent Management		Revising Our Approach to Talent Management	30/06/21

Page 13 of 13



Board of Directors' Key Issues Report

Report Date: 03/06/21		Report of: Audit Committee					
Date of last meeting: 11/05/21		Membership Numbers: Quorate					
1.	Agenda	The Committee considered an agenda which included the following: Internal Audit Progress Report Review of progress against plan Internal audit reports issued since last meeting and major audit issues arising from audits in progress IT Critical Systems Review/IT Backup Architecture Review – Accelerated Review of Management Actions Internal Audit Follow Up Tracker Review of Internal Audit Plan 2021/22 Receipt of Annual Internal Audit Report and associated opinions (draft) Anti-Fraud Progress Report External Audit Update Report Approval of Accounting Policies Going Concern Review of Draft Annual Accounts, progress and final accounts process and timetable Draft AGS and related disclosure statements Annual Report Update Patient letter incident update GP letter incident update GP letter incident update Update on Standing Orders and Standing Financial Instructions for 2021/22 Waiver Report Items of Audit Committee interest from Board Committees. Private meeting — Non-Exec Committee Members with Internal & External Auditors					
	Alert	 Committee approved the Audit Committee Work Plan for 2021/22 Extra-ordinary Audit Committee meeting scheduled for 1 June 2021 in order to ensure Board approval of 2020/21 Accounts and Annual Report ahead of 15th June filing deadline Reconciliation of reported financial position to be picked up through both Finance & Performance Committee and Audit Committee as part of above. 					
		Committee Work Plan 2021/22 discussed. Update to reflect items such as clinical audit and strategic audits incorporated in MIAA Internal Audit Plan					

		 MIAA internal audit report received and progress against work plan noted. On track for delivery of 2020/21 programme. Committee received draft Annual Internal Audit Report and Head of Internal Audit Opinion. MIAA outlined a draft overall assessment of Substantial Assurance, for reference in the Trust Annual Governance Statement. MIAA counter fraud report received and progress against work plan noted Mazars External Audit update received and noted. Committee acknowledged reporting requirements broadly consistent with 2019/20 and challenges associated with remote audit. Specific acknowledgement of the complexities of the Remuneration Report for 2020/21. Committee agreed Accounting Policies for recommendation for Board approval Committee agreed Going Concern basis of accounts preparation for the purposes of final accounts ahead of Board approval Committee received draft annual accounts – final to be taken to 1 June 2021 Audit Committee Committee received draft AGS and received Trust Annual Report verbal update. Final to be taken to 1 June 2021 Audit Committee. Patient letter incident update – deferred to 22 July 2021 meeting GP letter incident update – verbal update provided with email update to follow SFIs update provided – Committee acknowledged revised SFIs in progress for consideration at 1 June 2021 Audit Committee meeting Waivers report noted – additional information requested on a sample of frequent and high value waivers				
	Advise	 Committee Non-Executive Directors met privately with Internal and Extern Auditors, and no issues of concern were raised. 				
2.	Risks Identified	None noted.				
3.	Actions to be considered at other Committees	Nil				
4.	Report Compiled by	David Hopewell, Chair Minutes available from: Deputy Company Secretary				



Stockport NHS Foundation Trust

Meeting date	Meeting date 3 June 2021		Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Annual governance declarations					
Lead Director	Director of Communications & Corporate Affairs		Author	Director Communications & Corporate Affairs		cations &

Recommendations made/ Decisions requested

The Board of Directors is asked to endorse the Trust's position against the annual governance declaration as set out in the paper, and support the rationale for each of the confirmed statements.

This paper relates to the following Corporate Annual Objectives-

Х	1	Deliver safe accessible and personalised services for those we care for					
	2	Support the health and wellbeing needs of our communities and staff					
	3	Co-design and provide Integrated Service Models within our locality and across our acute providers					
	4	Drive service improvement, through high quality research, innovation and transformation					
	5	Develop a diverse, capable and motivated workforce to meet future service and user needs					
S	6	Utilise our resources in an efficient and effective manner					
	7	Develop our Estate and IM&T infrastructure to meet service and user needs					

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
Х	Well-Led	х	Use of Resources

This paper	PR1	Significant deterioration in standards of safety and care
is related to these	PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff

BAF risks-	PR3	Working with others does not fully deliver the required benefits
	PR4	Performance recovery plan is not delivered
	PR5	Critical shortage of skilled workforce with capacity and capability to meet service needs
	PR6	Failure to deliver agreed financial recovery plan
	PR7	A major disruptive event leading to operational instability
	PR8	Estate does not meet national standards or provide sustainable patient environment
	PR9	IM&T infrastructure and digital defences do no protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

Each year the Board of Directors is required to make a number of governance declarations and retain copies of those declarations should they be the subject of an audit by NHS England/NHS Improvement (NHSE/I).

Those declarations relate to the NHS Provider Licence:

- General Condition 6,
- Continuity of Services Condition 7,
- Corporate Governance statement FT4,

and governor training.

Declarations must usually be made by 31 May and published by 30 June each year. Due to the pandemic timescales were slipped during 2020. The position on timescales for 2021 is unclear, but it is good practice to make the declarations in a timely manner.

To enable timely confirmation of the declarations this paper was circulated prior to meeting for virtual approval, which was received from Board members. The paper is presented to the Board to ratify that virtual approval.

1. PURPOSE OF THE REPORT

Each year the Board of Directors is required to make a number of governance declarations, and retain copies of those declarations should they be the subject of an audit by NHS England/NHS Improvement (NHSE/I).

Those declarations relate to the NHS Provider Licence:

- General Condition 6,
- Continuity of Services Condition 7,
- · Corporate Governance statement FT4,

and governors' training.

The Board of Directors can only determine whether it can confirm or not confirm each statement. There is no option to partially confirm a statement, although NHS Foundation Trusts are encouraged to provide an explanation for their declarations and details of any actions being taken to address any areas where it can not declare a confirmed position.

2. DECLARATIONS

2.1 General Condition 6 – systems for compliance with licence conditions and related obligations

The Board of Directors is asked to confirm or not confirm its compliance with the following statement:

"that in 2020-21 the Licensee took all such precautions as were necessary as to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution."

The nature of the declaration is both retrospective, in terms of arrangements in 2020-21, and prospective, in terms of continuation to meet the relevant criteria. The Boards of NHS Foundation Trusts are required to take all reasonable precautions against the risk of failure to comply with:

- the conditions of its licence,
- any requirements imposed on it under the NHS Acts, and
- the requirements to have regard to the NHS Constitution in providing health care services for the purpose of the NHS.

Those steps include:

- the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and
- regular review of whether those processes and systems have been implemented, and of their effectiveness.

In considering compliance the Board of Directors should take into account the work undertaken in year to develop the Trust's approach to risk management, risk registers and the Board Assurance Framework, which are key components of the risk management system. It should note the outcome of the Head of Audit Opinion received at the Audit Committee held on 4 May 2021, which concluded that there is "substantial assurance"

that the organisation has "a good system of internal controls designed to meeting the organisation's objectives, and they are generally being applied consistently."

The Board should also consider whether there have been, or there are planned to be, any changes to internal control arrangements that have the potential to impair the Trust's continuation of meeting the criteria for holding a licence.

During 2019-20 the Board asked NHSE/I to carry out a full governance review and in March 2021 the Board received a report that set out the significant progress made in addressing the areas for improvement highlighted by the review. At its May 2021 meeting the Board also agreed further changes to the current governance structure to further strengthen the position for 2021-22.

Recommendation

Taking into account both the retrospective and prospective view required of this statement the Board of Directors is recommended to make a **confirmed** declaration due to:

- a positive Head of Internal Audit opinion,
- improvements made as a result of the NHSE/I governance review,
- further changes agreed to strengthen the governance structure for 2021-22.

2.1 <u>Continuity of Services 7 – availability of resources</u>

An NHS Foundation Trust is required to act at all times in a manner calculated to secure that it has, or has access to, the required resources.

The self-certification for this declaration is a forward look at the availability of resources or not during 2021-21. The Board of Director must select one of the three options for certification as detailed below, and provide a statement of the factors taken into account in making the relevant declaration.

The three statement options are:

(a) After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Or

(b) After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Or

(c) In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

In considering an appropriate declaration, Board members should note that 'Required Resources' are defined as follows:

- management resources,
- financial resources and facilities,
- personnel,
- physical and other assets

Factors to take into account as part of the self-certification include:

- the Trust's recovery plan for first half of 2021-22 developed in line with national guidance,
- the Going Concern assessment agreed by the Board,
- the External Auditor's report and opinion on both the financial statements and Going Concern,
- the implications of any planned or potential services changes in the context of resource availability to accommodate/service such changes,
- the likelihood of any unplanned changes emerging during financial year 2021-22,
- uncertainty across the NHS about contracting/financial arrangements for the second half of 2021-22.

The Board of Directors agreed its going concern assessment at its May 2021 meeting, and the Audit Committee has received the external auditor's opinion on both the financial statements and Going Concern.

Recommendation

Taking into account the current arrangements for NHS organisations as a result of the pandemic, the Board of Directors is recommended to adopt statement (b) drawing attention to the following factors:

- uncertainty around contract/financing arrangements across the NHS for the second half of 2021-22,
- uncertainty around whether there will be a further wave of Covid-19 that may impact on the Trust's ability to return to business as usual.

2.3 Corporate Governance Statement FT4

In considering responses to the various elements of these corporate governance statements, the Board would usually consider the following:

- the Trust's recovery plan for first half of 2021-22 developed in line with national guidance,
- the Going Concern assessment agreed by the Board,
- External Audit reports on the audit of the 2020- 21 Financial Statement,
- Head of Internal Audit Opinion 2020-2021,
- Annual Governance Statement 2020-21.

Recommendation

The following recommendations are made for each statement:

1. The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

Confirmed

2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.

Confirmed – the Director of Communications & Corporate Affairs reviews the latest guidance from NHSI on a monthly basis, highlights as required in the Chair's report to the Board, and actions. Changes to corporate meetings as a result of the pandemic are an example of how guidance from NHSI is reviewed and adopted.

3. The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.

Confirmed – the Trust does have an established Board and Committee structure with clear responsibilities set out in its Constitution, SFIs and Standing Orders, and there are reporting lines throughout the organisation. At its March 2021 meeting the Board also received assurance that significant progress had been made in addressing the areas for improvement highlighted by the NHSE/I governance review.

- 4. The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
 - (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.

Confirmed – the Trust has established systems and processes with which to operate the organisation, and in March 2021 received assurance that significant progress had been made in addressing the areas for improvement highlighted by the NHSE/I governance review.

It has also addressed the concerns raised by the Care Quality Commission during its inspection of Trust services that resulted in the issuing of a section 29a. The CQC returned to the Trust to carry out a follow-up inspection and confirmed that the organisation had addressed all concerns. At a recent meeting of Stockport Improvement Board the CQC confirmed that the section 29a had been lifted.

5. The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

Confirmed – The Board received assurance at its March 2021 meeting that the Trust had made significant improvements to its quality governance and risk management arrangements over the previous 12 months, which supports effective planning and decision making. Working with NHSE/I the Trust has improved the integrated performance report that is scrutinised by the Board on a monthly basis. It has also received confirmation that it has addressed all the requirements of the section 29a notice issued by the CQC.

6. The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

Confirmed – A number of posts on the Board have been successfully appointed to over the last 12 months, attracting highly experienced and skilled candidates to both executive and non-executive posts.

The challenge of ensuring there is sufficient staff to provide safe services is common to all NHS organisations, and the Board monitors the position through regular safe staffing reports. The Board has continued to invest in its staff and over the last year it has invested in international nurses, further cohorts of trainee nurse associates. At its May 2021 meeting the Board agreed to invest over £5m in the creation of 142 substantive nursing and nursing assistant posts by using money that the organisation has been spending on temporary bank and agency staffing.

2.2 <u>Training of governors</u>

The Board of Directors is required to determine whether during 2020-21 it provided the necessary training to governors to ensure they are equipped with the knowledge and skills to undertake their roles.

Confirmed - the pandemic did impact on the Trust's ability to deliver its planned development and training programme, but a revised induction programme was delivered on a one to one basis for new governors, development opportunities were built into the agendas of Council meetings, and monthly sessions were held to provide informal opportunities for governors to learn more about the Trust and their role via interaction with Non-Executive Directors.

3. RECOMMENDATIONS

The Board of Directors is asked to approve the proposed declarations as set out in the paper.

13.1