NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

4 FEBRUARY 2021

Making a difference every day.

NHS Stockport NHS Foundation Trust

Board of Directors Meeting
Thursday, 4 February 2021

Held at 9.30am via Webex

(This meeting is recorded on Webex)

AGENDA

Time			Enc	Presenting
0930	**1.**	Apologies for absence		
	2.	Declaration of Interests	*Verbal*	
0930	**3.**	Opening Remarks by the Chair	*Verbal*	**A Belton**
0935	**4.**	Patient Story	✓	**N Firth**
0950	**5.**	Minutes of Previous Meeting – 7 January 2021	✓	**A Belton**
0950	**6.**	Action Log	✓	**A Belton**
0955	**7.**	Chair's Report	✓	**A Belton**
1000	**8.**	Chief Executive's Report	✓	**K James**
	9.	**STRATEGIC ISSUES**		
1010	9.1	Nil items.		
	10.	**QUALITY AND SAFETY**		
1010	10.1	Performance Report	✓	**K James / J McShane / A Loughney / N Firth / J Graham / E Stimpson**
1050	10.2	Ockenden Report	✓	**N Firth / A Loughney**
1105	10.3	Covid • Covid update	*To Follow*	**N Firth**
1115	10.4	Progress against NHSE/I governance review recommendations	✓	**N Firth / P Moore**
	11.	**ASSURANCE**		
1125	11.1	Reports from Assurance Committees		**Committee Chairs**
		• Quality Committee	✓	
		• Finance & Performance Committee	✓	
		• People Performance Committee	✓	
		• Audit Committee	✓	
	12.	**CONSENT AGENDA**		
1135	12.1	Policy for the approval of non-audit services by the external auditors	✓	

13. DATE, TIME & VENUE OF NEXT MEETING

13.1 Thursday, 4 March 2021, 9.30am, via Webex

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

THIS IS ARTHUR ……

He wasn't just :

- A patient …. He was a dad, a grandad, a brother and an uncle
- A BP reading ….he loved to watch columbo every Sunday
- An infection marker …. he loved trifle or a Mr Whippy from the ice-cream man
- An antibiotic drip to be sited …. he watched Wurzel Gummidge with me when I was a kid
- A set of obs ….he loved slapstick comedy –the Two Ronnies were his favourites
- A blood test ….he loved to drive for miles into the country just to wind his window down and look across the fields at the sheep

All too many of you in your day-to-day work lives look at each patient as another chore, another duty or report to write up.

When it gets to the end of their life we have the right to be with them, to hold their hand, tell them how much we love them and to be the very last person they see when they close their eyes. Not to be left alone in an empty room with just a drip stand and a monitor at their bedside.

- One Sunday (2 weeks before my dad died) I rang to ask how my dad was. Staff urged me to come in and visit as they were concerned about him. My dad looked tired and was unbelievably thirsty. Nobody had helped him with a drink and he was in a lot of pain. I put voltarol on his shoulders and held his cup while he gulped down water. It made me so sad to see how helpless he was. When I left I asked staff to reapply his voltarol and at least look at getting him a feeding cup so he could drink himself even if they could not sit and help him. Whilst I was there staff never took the opportunity to sit with me and clarify why I so urgently needed to come in, despite me asking outright and asking if I needed to stay with him longer.

- The following Sunday (1 week before my dad died), I made my usual daily call to see how my dad was. E3 Ward staff urged me again to come into visit. I often wonder if I didn't call every day to see how he was if they would have contacted me at all. My dad was really talkative and asked me if I would do some urgent jobs for him. He seemed adamant that I did them right away and then go back to the ward that same afternoon.
- The nurse predominantly caring for my dad was on duty. I can honestly say that each time I saw her she all she said was "I'm so worried about your dad", never saying why. She never took the time to sit with me and tell me that me and my sister needed to prepare ourselves for what could be the last days of my dad's life.
- Many, many times I asked if my dad was end of life and if I needed to make arrangements for my sister and his grandchildren to come in to visit.

- Wednesday (2 days before my dad died) I rang to ask how he was. His usual nurse said he was quite unwell and she was waiting for Doctors to review him.
- I was worried and asked if I could come and see him. Staff seemed more bothered that I was wearing my own clothes and that it could pose a problem. To be honest I would have put a paper nightie on if it meant I could be with him….. I didn't care! Eventually I got permission to go and saw him around 5.30 pm. He was really pleased to see me and was giddy talking about our plans to go to Blackpool! He loved the place and all he wanted was to get out of hospital and be in Blackpool with his family.
- The Doctor was there. She said he had cold hands and feet and his BP was low so was giving him fluids to raise it. (I later learnt from Matrons in my Business Group that this was a sign my dad's body was shutting down).
- I am appauled that neither the Doctor or Nurse explained was what was happening. **This was crucial information and should not have been kept from me.**
- I asked if my sister needed to come in was told it wasn't necessary. I was led to believe he was being treated with the usual regime and would recover.

I WAS DENIED THE OPPORTUNITY TO STAY AND BE WITH HIM

- The following day (1 day before he died), the Doctor telephoned me in my office. She said she had prescribed IV antibiotics and was hopeful he would be discharged in a day or so back to the home – **THIS FALSE HOPE GIVEN TO ME IS INEXCUSABLE AND SHOULD NEVER, EVER HAVE BEEN GIVEN.**
- The next day (Friday) I was a day off, I rang first thing and was told my dad was settled and eating porridge. I asked "are you sure he's OK? Do I need to come in to see him?". I was told there was no need and the ward was closed.
- 10.00 pm that night my sister rang and said "get to the ward quickly". Ward staff had called her and told her "you can try and get here but you will probably be too late!" – **WHY LEAVE IT SO LATE TO NOTIFY US????**
- I arrived at about 10.15 pm with my husband and was greeted by two staff, they bowed their head and said "you're too late". I asked why staff hadn't told me that morning my dad was so poorly. The nurse just shook her head and said " I would have told you to come in this morning" – **WHAT KIND OF THING IS THAT TO SAY - NOT WHAT I WANTED TO HEAR!**

- Why did staff coming onto shift at 7.45 pm not look at my dad and ask themselves “why is there no relative with this gentleman?”
- Why did they not call earlier? I could have been with my dad and spend his last hours together?
- I was asked if I wanted to go in to see my dad. I was distraught when I saw my dad. They had shoved a pillow under his chin and he was bearing his teeth. He looked quite menacing - not at all peaceful. I went home from the hospital haunted by the way he looked when I left. I was really disturbed at how uncomfortable he looked. For days I could not get that vision out of my head. It took a lot of courage for me to go to the funeral home and see him finally at peace. I’m glad I did – I almost did not go because I was so upset at how he appeared the last time that I had seen him.

- For 3 weeks I called every day. Staff missed countless opportunities to sit with me, prepare me and comfort me. They could have given me that opportunity to spend more time with my dad, to tell him I loved him and reminisce about all the happy times we shared. Instead my dad died alone. I cannot and will not ever forgive staff for this. I can never go back and re-live my time with my dad or change it. I was snatched of my duty as his daughter to be with him, to hold his hand and be there at the end of his life.
- You cannot change or make up for what has happed to our family. I can only hope me having the courage and conviction to speak out and tell you it's not acceptable will help another family.
- You need to use that word "dying" instead of misleading relatives in an attempt not to cause them pain.
- So be kind, be honest, be open. DON'T give false hope.
- If you are on a ward and see a patient who you know is at their end of life poorly and lying in bed alone with no family beside them … ask yourself why? Do I need to call their relatives? Be that person to make that call.

- My dad didn’t like fuss or to hug and he found it hard to show his affection.
- You took away our opportunity for us to say we loved each other. For me to have one of his last famous hugs where he just leant across, put his arm around one shoulder and said “don't squeeze”.
- Yes I am grieving, yes I am angry but you also know I am right. This could have been avoided and it could have been prevented.
- Please spend more time with relatives and help change this for other families.

STOCKPORT NHS FOUNDATION TRUST

Minutes of a public meeting of the Board of Directors held virtually at 9.30am on Thursday, 7 January 2021

Present:

Mr A Belton	Chair
Mr A Bailey	Acting Director of Strategy and Planning*
Mrs C Anderson	Non-Executive Director
Mrs C Barber-Brown	Non-Executive Director
Ms N Firth	Chief Nurse
Mr D Hopewell	Non-Executive Director
Mr J Graham	Director of Finance
Mrs K James OBE	Chief Executive
Dr M Logan-Ward	Non-Executive Director
Ms J McShane	Acting Chief Operating Officer
Dr A Loughney	Medical Director
Ms M Moore	Non-Executive Director
Mr P Moore	Director of Quality Governance & Risk Assurance*
Mrs C Parnell	Director of Communications & Corporate Affairs*
Dr L Sell	Non-Executive Director
Mr M Sugden	Non-Executive Director

**indicates a non-voting member*

In attendance:

Mrs C Griffiths	Transformation Director, NHSE/I
Mr R Greenwood	Lead governor
Mr N Statham	Member of the press
Mrs K Wiss	Deputy Director of Finance (*for part of the meeting)*

1/21 Apologies

Apologies for absence were received from Mr G Moores.

2/21 Declarations of interest

There were no new declarations of interest.

3/21 Opening remarks by the Chair

Mr Belton welcomed Dr Loughney and Ms McShane to their first Board meeting since taking up their roles.

4/21 Patient's story

Ms Firth read a letter from a patient complimenting the organisation on the care they had received in the emergency department and AMU during a four day stay in hospital. The patient described the care as "wonderful" and "efficient" and they complimented all the staff they met during their time in hospital, including nurses and porters who treated patients with "care, compassion and dignity."

The meeting heard that the number of complaints had declined in recent months, but teams were still working to collect feedback from patients about the care they had received. Ms Firth added that patients and families often use social media to share their positive experiences.

Dr Loughney said that while the organisation always strives to learn from complaints, it could also learn from positive feedback from patients. In response to a question from Dr Logan-Ward, Ms Firth confirmed that the complaints review panel primarily focuses on learning from complaints. She acknowledged that collating positive feedback was often more difficult, but wards and teams were being encouraged to share compliments.

Ms Firth added that a recent event to review learning from the first wave of the pandemic had highlighted the importance of using ipads to connect patients with families, which was continuing, and future events could also learn from the recent compliments received.

The Board of Directors:

- Noted the patients' story.

5/21 Minutes of the previous meeting

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

6/21 Action log

The action log was reviewed and annotated accordingly.

7/21 Chair's report

Mr Belton gave a verbal report to the Board reflecting on the challenges of managing the operational pressures caused by another wave of Covid-19, while at the same time maintaining visible leadership and good governance during a period of intense pressure on the health and social care system.

He highlighted the continued focus on building positive relationships and information flows between Non-Executive Directors and governors, and reflected on the changes to executive director roles that have been effectively managed to ensure smooth handovers of responsibilities.

Mr Belton welcomed the opportunity the Trust had taken to be involved in the Insight Programme to support aspiring Non-Executive Directors from diverse backgrounds. The meeting heard that Mr Stewart Lewis was the first candidate joining the Trust from the programme for a period of six months.

On behalf of Non-Executive Directors and governors Mr Belton recorded his appreciation of all the efforts being made by colleagues across the Trust to provide care for local people.

The Board of Directors:

- noted the content of the Chair's verbal update.

8/21 Chief Executive's report

Mrs James presented a report providing an update on local and national strategic and operational developments. She highlighted the national consultation in relation to proposed new urgent and emergency care metrics, and the further development of NHS 111 services to direct patients to the most appropriate services to meet their needs, rather than going directly to A&E.

The Board heard about the Trust's Covid-19 vaccination programme that had offered the vaccine to over 6,000 people so far. She thanks Ms Stimpson and her team for their work on the programme to vaccinate over 80 year old patients, and health and care staff, which other organisations are learning from. Mrs James stressed the importance of the vaccination programme as there is an expectation that the peak of the current wave of Covid-19 will hit the area during the week beginning 18 January 2021, and the numbers of patients needing hospital treatment for the virus were increasing.

In response to a question from Mrs Barber-Brown about the national integrated care consultation, Mrs James confirmed that Mr Bailey had collated feedback from Board members to feed through to GM for a collective system wide response.

The Board of Directors:

- noted the content of the report.

9/21 Integrated performance report

Mrs James introduced the integrated performance report and invited each of the section leads to highlight key indicators where there had been significant movement in performance since the last Board meeting.

<u>Quality</u>

With reference to the indicators for sepsis Dr Loughney informed the Board that he intended to review the targets for the timely recognition of the condition and administration of antibiotics. He drew the Board's attention to the indicators for mortality and said that while they measure slightly different things they did show that the Trust was largely on target for the expected number of

deaths for the period. The meeting heard that the quality of care in each death would be reviewed, with a particular focus on Covid-19, and this work would be undertaken by the new interim Medical Examiners, who are now in post to certify deaths for the Trust and East Cheshire Trust.

Ms Firth reminded the Board that the Quality Committee looks in detail at the quality indicators. Directors heard that one of the areas the Committee has looked at in depth was infection prevention control, and Ms Firth added that the Trust had also been supported by NHSE/I colleagues as part of a national IPC programme, which the organisation had now been stepped down from due to the progress that had been made. She drew the Board's attention to a small upwards trajectory in MSSA infection, which does not have a national trajectory, and she said that she would be looking at reasons for the change.

Dr Sell said she welcomed the focus on sepsis and mortality and queried the comment in the report about business groups not providing required reports. Dr Loughney said associate medical directors are aware of their responsibility to focus on how business groups are performing across all quality standards.

In response to a question from Mrs Barber-Brown about setting trajectories for standards without national trajectories, Ms Firth explained that for 2021-22 the intention was to set improvement targets as part of updating the Trust's quality strategy and make greater use of benchmarking with other organisations.

Mrs James suggested that in developing the report it would be helpful to indicate whether areas are being measured against local or nationally set targets. Dr Logan-Ward highlighted that sepsis had been an area of particular focus for the Quality Committee and she welcomed the greater use of benchmarking data as an indicator of what good looks like. She added that during the first wave of the pandemic sepsis audits were stepped down and she would not like to see that happen during the current wave of Covid-19.

In response to a query from Dr Logan-Ward about pressure ulcers not being consistently on the performance report, Ms Firth suggested they work together on agreeing what quality metrics should regularly be presented to the Quality Committee.

Mrs Wiss joined the meeting.

Mrs Moore queried the Trust's position in relation to national guidance around clinical validations of people waiting long periods of time for treatment, and Mrs James confirmed that the Trust had a process in place prior to the guidance being issued. She added that if there is any indication that someone has suffered harm as a result of waiting then it is investigated as part of the organisation's serious incident processes.

Mr Belton highlighted that some governors had questioned the Trust's processes for investigating never events and serious incidents. Dr Loughney said that the Trust had had relatively few never events for an organisation of its size, and the level of serious incident reporting was what he would expect to see in comparable organisations. Ms Firth said the Trust's processes were robust, including weekly oversight meetings, and incidents are reported via assurance committees.

Mr Moore commented that there had been four never events in the Trust over a two year period and a lot of improvements had been made to serious incident processes. They had been reviewed by Internal Audit, which concluded there was substantial assurance. He added that he thought the Trust had a higher exposure to incidents and he was keen to understand the underlying issues to further drive down risk of harm to patients.

Mrs James advised the Board that the number of staff reporting incidents and near misses was a good indicator of a positive organisational culture that encouraged learning from such events.

Mr Graham left the meeting.

Operations

Ms McShane advised the Board that the report reflected the impact of the first wave of the pandemic and the volatile situation in relation to wave two, although the Trust had been making good progress in terms of recovery of services.

She highlighted that diagnostic performance was expected to be back to pre-Covid levels by the end of the financial year, except for endoscopy which was to be the subject of a deep dive exercise to look at ways of addressing the backlog. The Board heard that the pandemic had significantly impacted on cancer performance and the referral to treatment standards, however a full clinical validation process was continuing to review patients for those in the back log as well as new patients waiting for treatment.

Ms McShane commented that independent sector capacity remained a challenge and it will not provide sufficient capacity to aid full recovery of services, which will need both internal and independent capacity.

The meeting heard about the huge amount of work going on with partners to address long length of stay and medically optimised patients awaiting transfer out of hospital, and Ms McShane said she was hugely encouraged by the partnership approach that is focusing on testing out new ways of working.

Directors were advised that performance against the four hour A&E standard remains a significant challenge for the Trust, with activity back to pre-Covid levels. However changes to the NHS 111 service were going well and the creation of an urgent treatment centre, pending the £30m capital build, was deflecting around 30 patients a day from A&E. Ms McShane added that earlier in the week the same day streaming process had also been implemented, which was expected to help the position.

In response to a question from Dr Sell about the impact of predicted future Covid activity on cancer performance, Ms McShane said services were trying to focus on recovery prior to what is expected to be a very difficult position in the next month. She added that the Trust was accessing mutual aid from the independent sector and the cancer hub, but even those patients transferred for aspects of their care remained as Stockport patients.

Mrs Anderson queried whether the independent sector capacity was having an impact on elective care, and Ms McShane said that the national contract for quarter four was agreed late in December

and as a result planning for independent sector capacity was delayed. The Board heard that the Trust did secure some capacity but not to the same level as it had previously been allocated.

Mrs Barber-Brown asked if there were particular specialisms with longer waits for patients, and Ms McShane explained that the vast majority of those waiting do not have clinically urgent care needs but everyone waiting is subject to validation and anyone who has deteriorate while waiting is moved up the risk levels to access elective capacity. Mrs James added that the GM waiting list is significant, but cancer and clinical urgent patients are being prioritised and their needs addressed by the system, which is the only way to address the backlog.

Dr Logan-Ward said this issue was of particular interest to the Quality Committee and it had commissioned a deep dive into patient waiting lists to get assurance about how the Trust is prioritising patients.

In response to a question from Dr Sell, Mrs James confirmed that there is an integrated approach to the system managing waiting patients with representatives from mental health services also involved in the planning, as there may often be an emotional impact on patients waiting for long periods of time for treatment.

Workforce

Ms Stimpson drew the Board's attention to indicators in relation to staff sickness and spending on agency staffing, which had increased as expected due to the impact of the pandemic. She advised the meeting that the Trust was ahead of plan for vaccinating all Trust and care home staff against Covid-19 by the end of January.

The meeting heard that there had been significant improvements made to medical appraisals but further improvement was required for non-medical appraisals, and her team was looking at how it could increase support to staff to achieve the requirement.

Mrs Barber-Brown suggested that the report could be strengthened with some hot spot metrics that are considered at People Performance Committee, and she queried what was driving some staff not to report their regular Covid testing results. Ms Stimpson said the Trust was not an outlier in terms of staff reporting testing results and they are reporting positive outcomes, however work was going on to simplify the process to encourage staff to also report the negative results.

Dr Loughney said it was difficult to see from current data the percentage of staff who should be testing and how many are coming forward for PCR tests, as the Board needs assurance that the relevant staff are testing given that it is not mandatory.

Mrs Anderson queried if the Covid-vaccination would reduce the risk of transmitting the virus and help to improve the nosocomial infection position. Dr Loughney said lateral flow testing should pick up those asymptomatic staff with Covid, but the biggest contributory factor to nosocomial infection was moving patients between wards rather than staff posing a risk. He added that the risk of transmitting the virus will only reduce once there is herd immunity.

Dr Sell queried whether the staff sickness data also includes information about the emotional impact of the pandemic, and Ms Stimpson confirmed that the People Performance Committee does look at the reasons for sickness levels.

Finance

Ms Wiss advised the Board that the Trust was forecasting a deficit of £8.9m for the second half of the year and the organisation was on track to achieve the position, subject to some variables due to the impact of Covid. With regards to the financial regime for 2021-21 the meeting heard that a letter had been received shortly before Christmas, but it provided little detail about planning for the coming financial year.

Mr Hopewell queried the likelihood of the year end position being revised, and Ms Wiss said there was a considerable financial gap in Greater Manchester that may have an impact. Mrs James added that significant progress was being made across the region to address the gap, and an update would be presented to the next Finance and Performance Committee.

Responding to a question from Mrs Anderson about planning for 2021-22, Ms Wiss assured the Board that planning work was in progress despite the lack of national guidance. Directors heard that a technical budget setting exercise was completed in December 2020, and work was ongoing to look at CIP for the coming year, which would be reported to the Finance and Performance Committee. She added that the planning was taking a "bottom up" approach, taking account of a range of factors including nursing and medical establishments, theatre and outpatient capacity. With regards to the control total Ms Wiss added that work was underway across GM as funding may be allocated by Integrated Care Systems.

Mr Graham returned to the meeting.

Mr Sugden said he was concerned about the organisation's state of readiness for 2021-22 due to the lack of national guidance. Mr Graham said work was going on around the fundamental drivers of cost and that planning work will continue and be adapted once national guidance is received.

In response to a question from Mrs Barber-Brown about the timescales for centralised commissioning, Mr Graham advised that the emphasis was very much on place based commissioning, which meant the Trust continuing to work closely with colleagues in Stockport Clinical Commissioning Group and the local authority, and he did not expect to see significant change in commissioning arrangements in the short term. This view was supported by Mrs James, who added that national and regional teams were being pushed to provide clarity about the 2021-22 financial envelope for provider organisations.

Ms Wiss left the meeting.

The Board of Directors:

- noted the content of the integrated performance report.

10/21 Safe staffing report

Ms Firth gave a presented to the Board to provide information about:

- the latest position in relation to key care staffing assurances,
- the challenges and actions being taken to maintain safe staffing,
- health and wellbeing support being provided to staff to enable them to remain at work,
- the staff influenza vaccination programme.

The Board heard about the processes in place to provide oversight of staffing levels and actions to mitigate any risk to safe staffing. Ms Firth advised directors that the staffing establishments for each area were being reviewed, the data in rosters was being cleansed and aligned with agreed establishments, and real improvements were being made in the use of the rosters.

The presentation highlighted the progress being made in terms of nurse recruitment and Ms Firth confirmed that 20 international nurse recruits had recently joined the trust and there were plans in place for further cohorts of 43 and 32 new international nurses. Directors heard that the feedback from recent recruits has been very positive about the support they had received to enable them to settle into the area. Ms Firth added a further nine registered nurses had started work in the emergency department during the week of the Board meeting.

With regards to the development of the Fundamentals of Care programme Ms Firth said that during the final quarter of the year wards would be working on the development and implementation of a new ward accreditation scheme to demonstrate the care they provide.

The Board heard that there was a programme of support in place to help staff with their health and well being, with good feedback from staff, who had particularly welcomed the hampers that were delivered to all hospital and community teams in December 2020.

Mrs Barber-Brown highlighted that previous safe staffing reports had included nurse staff fill rates for different services, and Ms Firth suggested that the Board's assurance committees should consider what information they review and what should be presented to future Board meetings.

The Board of Directors:

- noted the content of the presentation.

11/21 Winter planning

Ms McShane provided a report to the Board that provided an update on the Trust and system's winter planning schemes, the risks to successful delivery of the plans, and actions taken to mitigate the identified risks.

The meeting heard that outbreaks of Covid-19 in community facilities continued to have a negative impact on the Trust's services, however Ms McShane said she had been pleased by the speed of the response of partners to support the organisation and the system was now working in a different way to address challenges.

She added that a detailed de-brief of the arrangements put in place for the 2020-21 winter would be carried out in the Spring to inform planning for next winter. Mr Sugden said he was really encouraged to hear about the support from partners, and suggested that partners should be involved in the de-brief so there was common understanding of what had work and what required improvement, particularly as the system had made a significant investment in winter schemes.

In response to a question from Mr Sugden about the discharge to assess scheme, Ms McShane explained that some test for change work was carried out in December 2020 looking at the discharge and handover of patients, and there was a meeting planned to look at consolidating improvements. She added that the local authority had also gone at risk to spot purchase beds to help the system position, which will have incurred extra costs, and there are some initiatives, such as AMU and weekend cover, that will require business cases if they are to continue in the future. Ms McShane advised Directors that the outcome from the review of the winter plan will be reported to the local Urgent and Emergency Care Delivery Board.

Mr Sugden said he would be keen for the Board of Directors to also see the outcome from the look back exercise.

The Board of Directors:

- noted the content of the paper,
- agreed that the outcome of the winter de-brief will be report to the Board or appropriate assurance committee.

12/21 Covid update

Ms Firth presented a report written by Dr Wasson, the former Medical Director, and she asked the Board to note the content but accept that in a rapidly changing pandemic the position outlined in the report had changed significant.

She advised the Board that the Trust had 107 patients requiring hospital treatment for Covid-19 and ten were in critical care. Ms Firth said that GM was seeing a slightly slower increase in numbers than other areas of the countr,y but modelling work was predicting a significant rise in patients needing hospital care in the coming month.

Ms Barber-Brown queried whether the Trust should be concerned about the same issues it was concerned about during wave one in relation to personal protective equipment (PPE), oxygen supply and whether it needed to establish an Ethics Committee to look at the allocation of care. Ms Firth advised that PPE and oxygen supplies continued to be national issues but they were being managed locally and across GM. She added that there was currently no indication that an Ethics Committee was required.

In response to a question from Mr Belton about whether the Board should be focused on a Covid-19 dashboard, Ms James advised directors that the Trust did have a dashboard of indicators that changed rapidly and was monitored on a daily basis. She suggested the Board should be focused on understanding trends and how the Trust is predicting and reacting to demand for care.

The Board of Directors:

- noted the content of the report and the verbal update from Ms Firth.

13/21 CQC update

Mr Moore presented an update and exception report on progress in delivery against the Trust's CQC improvement plan. He highlighted that despite the pressures placed on the Trust by the pandemic the organisation continued to deliver against the agreed actions.

The Board heard that the CQC has changed its approach to the inspection of organisations, with more remote continuous inspections which means the organisation is receiving more regular requests for information from the regulator. Mr Moore highlighted actions that were off track, including four that related to the Board Assurance Framework (BAF) that was under development and due to go to the Risk Committee later in January 2021.

Mr Belton asked whether the warning notice issued following the CQC's inspection in early 2020 had been formally removed. Mr Moore said that while the CQC's report of its latest inspection had confirmed the Trust had addressed all areas that had prompted the warning notice, he believed the regulator was unlikely to formally lift the notice until the Trust had got through winter and was inspected again. However, he added there were no clear criteria for when a warning notice is removed.

With regards to the BAF Mrs Parnell commented that work to confirm key strategic risks and associated mitigations was completed shortly before Christmas. There had been discussions with internal audit about the approach being taken to ensure that it would meet annual governance statement requirements, and a draft BAF would be presented to the Risk and Audit Committees later in January. She added that work will need to continue to refine the BAF but an approach should be in place that can be adapted when new objectives are agreed for 2021-22.

The Board of Directors:

- noted the content of the report.

14/21 Reports from assurance committees

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

Quality Committee

Dr Logan-Ward confirmed that the majority of issues discussed at the most recent Committee meeting and noted in the key issues report, had been covered in the Board meeting.

Finance and Performance Committee

Mr Sugden confirmed that the majority of issues discussed at the most recent Committee meeting and noted in the key issues report, had been covered in the Board meeting.

People Performance Committee

Mrs Barber-Brown highlighted that the Committee had commissioned a deep dive into HR metrics for the estates and facilities department that had raised health and well being, particularly in relation to male mental health, as a key theme. She added that the Committee would also be looking at the reasons for staff leaving the organisation.

In response to a question from Dr Logan-Ward about the Respect campaign, Mrs Barber-Brown confirmed that the Trust was rolling out training in relation to the use of the red card policy and an update on the campaign will be presented to a future Board meeting.

The Board of Directors:

- noted the content of the key issues reports from the assurance committees.

15/21 Date and time of next meeting

The next meeting of the Board of Directors will be held virtually at 9.30am on Thursday, 4 February 2021.

16/21 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 confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest."*

Signed:…… Date:……..

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Meeting	Minute reference	Subject	Action	Bring Forward	RO
09/07/20	151/20	International Nurse Recruitment	Mr Moores confirmed that a recovery workforce plan would be presented to the Board in August 2020, and the wider nurse recruitment business case would follow from that work, and would be presented to the Board in October 2020. **Update 3 Sep 2020 –** Mr Moores confirmed that the full nurse recruitment business case would be presented to the Board in October 2020, and Ms Tabernacle briefed the Board on nurse recruitment forward look. **Update 8 Oct 2020 –** Deferred to November 2020 meeting to allow review of staff utilisation by Ruth May's team to be completed to inform the business case. **Update 5 Nov 2020 –** Ms Tabernacle briefed the Board on progress with international nurse recruitment and noted that the Board would receive a further update as part of a Safe Staffing Report to be presented to the Board in January 2021. The Board heard that an update regarding the establishment reviews was deferred to January 2021 to allow staff utilisation work to be completed.	January 2021	~~B Tabernacle-Pennington~~ N Firth
6/08/20	167/20	Risk Report	Board to review risk appetite. **Update 3 Sep 2020 –** Mr Moore advised that he was trying to find a suitable date on the Board development calendar for the risk appetite review. **Update 8 Oct 2020 –** A suitable date was in the		P Moore

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			process of being identified. **Update 5 Nov 2020 –** The Board heard that a suitable date was being identified for when both Mrs Firth and Dr Loughney had commenced in post. It was anticipated that the action would be concluded in January 2021. **Update for 7 Jan 2021 –** Mr Moore has advised that there is now a preference to evaluate risk tolerance against each strategic risk when the BAF is scrutinised by assurance committees on the Board's behalf. This will allow the Board to keep the levels of acceptable risk under continuous review throughout the year.		
08/10/20	223/20	Covid update	It was agreed that Mr Moore would present a single view on how the governance arrangements linked together, in the context of both Covid and non-Covid risks. **Update 5 Nov 2020 –** To be discussed at a future Board development session as part of the reflection on the first wave of the pandemic. Mr Moore advised that the Trust was presently taking a pragmatic approach to the pandemic, with most governance arrangements remaining operational to enable the Board to function. **Update 3 Dec 2020 –** Mrs Parnell advised that this would be discussed as part of a Board development session in 2021.	To be agreed	P Moore
08/10/20	232/20	Quality Committee Report	It was expected that the full report on the Fundamentals of Care work would be presented to		~~B Tabernacle~~

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			the next Quality Committee meeting and the November Board. **Update 5 Nov 2020 –** The work was presented to the Quality Committee and will be on the agenda for the February Board meeting. **Update 7 Jan 2021** – progress update presented as part of Safe Staffing report.		N Firth
05/11/20	273/20	Gastro Update	It was agreed that Board would receive a report at the conclusion of the programme in April 2021.	April 2021	J McShane
03/12/20	297/20	Maternity Improvement Plan	The Board agreed to receive the next update report at the February meeting.	February 2021	N Firth
7/1/21	11/21	Winter planning	Outcome of the winter de-brief to be report to the Board or appropriate assurance committee.	TBC	J McShane

On agenda
Not due
Overdue
Closed

Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	4 February 2021
Subject:	Chair's Report		
Report of:	Chair	**Prepared by:**	Mrs C Parnell

REPORT FOR NOTING

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

Summary of Report

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

- Covid-19
- Maintaining good governance
- Board changes

Attachments:

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

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1. PURPOSE OF THE REPORT

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

2. COVID-19

When the Covid-19 pandemic started in early 2020 few of us would have thought that almost a year later we would still be facing the challenges of caring for increasing numbers of people with the virus.

But that is the position facing NHS organisations across the country, and in line with modelling we are seeing increasing number of patients across Greater Manchester needing hospital care. This is having a major impact on our services and our staff, who have worked throughout the pandemic to care for local people, and it comes at a time when we are also seeing the usual winter pressures.

The roll out of the Covid-19 vaccine is a light at the end of what feels like a long tunnel, and Stockport was one of the first two sites in GM to start offering vaccinations to outpatients who are 80 years old and over, and local health and social care staff.

The way our vaccination hub has been set up to roll out the double dose vaccine is nothing short of awe inspiring. A host of staff from across the organisation came together to rapidly set up the service in two areas of the hospital, and the efficiency and kindness with which they are administering the vaccine has been commented on by many people.

I would like to take this opportunity to thank everyone involved in the vaccination programme for all they are doing for our patients and local health and social care staff. While the vaccine is a step in the right direction it does not mean that we can relax the safeguards we have put in place to protect patients and colleagues, and we must all continue to abide by the national guidance that we should all now be familiar with – HANDS, FACE, SPACE.

3. MAINTAINING GOOD GOVERNANCE

In recognition of the intense pressure that Covid-19 continues to place on health services, NHS organisations were recently asked to consider what activities could be paused to free up front line staff to focus on operational priorities.

We are anxious to maintain good governance, particularly at a time when we are making rapid decisions about our services, but the Non-Executive Director Chairs and Executive Director leads of the Board's assurance committees have reviewed agendas and forward plans to ensure they key meetings continue but are minimised to focus on our key priorities of quality, safety and use of resources.

4. BOARD CHANGES

The Council of Governor's Nominations Committee is leading the recruitment process for a new Non-Executive Director to replace Mr Malcolm Sugden, who reaches the end of his nine year maximum tenure in March, and a new Chair.

With the support of a specialist recruitment company the Committee is working towards interviews for the Non-Executive Director post on 2 March and the Chair on 17 March 2021.

5. RECOMMENDATIONS

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

NHS Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	4 February 2021
Subject:	Chief Executive's Report		
Report of:	Chief Executive	**Prepared by:**	Mrs C Parnell

REPORT FOR NOTING

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

Summary of Report

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

8

Attachments:

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

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1. PURPOSE OF THE REPORT

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

2. NATIONAL NEWS

2.1 National performance information.

Data from NHS England published recently highlighted that half a million more people sought help in England's A&E departments in December 2020 compared with the first wave of the pandemic in April 2020.

Nationally, cancer referrals were back to usual levels with more than 200,000 people referred for tests within the two week wait rule in November compared to the previous month, and more than 25,000 people began treatment. Treatment plans for cancer patients are being prioritised accordingly to the outcome of their clinical assessments. Patients waiting times for routine planned care have increased but regular contact and clinical assessments of their presenting conditions continue.

3. TRUST NEWS

3.1 Covid-19 vaccination

Stockport FT is a designated vaccination hub and we are actually the second site in Greater Manchester to start offering the Covid-19 vaccine. At the time of reporting we have delivered over 15,000 vaccinations 7390 of our staff have received their first vaccination.

Since we launched the hub we have vaccinated those 80 years old and over who have come to the hospital site for an outpatient appointment, our own staff, and colleagues in the local health and social care system.

I am extremely proud of staff from across the organisation who have come together to set up the hub, and they should be proud of all they have achieved in recent weeks. A number of organisations have visited the hub to learn from our experiences.

3.2 Operational pressures

Covid-19 is undoubtedly putting our services – and many others across the NHS – under pressure, at a time when we are also caring for patients with the usual winter ailments. As a result there is a huge demand on our inpatient services, and the prompt discharge of patients who no longer need acute hospital care is even more important.

There has been an excellent response from our partners across Stockport and the wider area that we serve to support the rapid discharge of patients, as well as trying to prevent people from coming into hospital. A range of services are working together to help manage this really challenging situation and they are all having a positive impact.

Our colleagues in the local authority have placed social workers in the A&E department to help rapidly assess and arrange patient care needs. The NHS 111 service is signposting patients to the most appropriate service to meet their need rather than them going direct to A&E for care, diverting a number of patients every day from our doors. Mastercall, via the virtual ward, is supporting people to remain in their own homes rather than come into hospital.

These are just a few examples of the initiatives that are currently operating and our own staff are also working in different ways, including improved medical cover of our wards to review the needs of every patient every day to ensure only those patients that need acute hospital care are in our wards, and enhanced therapy input to ensure patients are able to manage safely in their own homes.

I have been truly impressed by the enthusiasm and commitment demonstrated by our own staff and our partners in tackling the huge demands on our services. We have seen the positive outcome of that with improved performance against the four hour standard in our A&E department in recent weeks, and our services are in a better place to cope with the demands of the pandemic.

3.3 Thank You February

The pandemic continues to have a huge impact on our staff, and we have a wide range of support in place to support their resilience.

We also want to celebrate their achievements over the last year, and we are launching a programme to publicly recognise and reward individuals and teams who have gone above and beyond what could have been expected of them during the pandemic.

Thank You February will see a daily award given to our staff, and shared via social media and the Trust magazine. We also have treats in store for all staff and we are talking to local celebrities, MPs and governors about sharing their thanks with our teams during the month.

3.4 Football Club donation

Since the start of the pandemic Stockport County Football Club has generously donated almost £95,000 to the Trust's charity.

Now £12,000 of its donations has been spent on a specialist medical treadmill to help the respiratory physiology team carry out exercise lung function tests for patients with a range of conditions, including cancer.

3.5 Patient property service

With visiting to the hospital site still restricted due to the pandemic we have launched a new service to support relatives and carers in getting gifts and belongings to patients.

Families and friends now have a drop off point in the voluntary services office to leave clothing, cards, and gifts for patients, and our staff make sure it gets to their loved ones without visitors having to walk around the site.

3.6 National nursing award

Nesta Featherstone, our Associate Nurse Director of Infection Prevention, has received the national Cavell Star Award in recognition of the work she and the team she leads has done throughout the pandemic.

A nurse with 32 years experience, Nesta has worked with her infection prevention colleagues to provide advice and support to clinical colleagues across the organisation to reduce the spread of Covid-19, as well as other infections.

She was nominated for the award by colleagues, who said she is always on hand to offer support when needed and has the unique ability to find solutions even when the options seem limited. The Cavell Start Award is presented to outstanding members of the nursing professions.

4 RECOMMENDATION

The Board of Directors is recommended to receive this report.

Integrated Performance Report

Reporting Period December 2020

Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Introduction to this report

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

Dashboards will utilise SPC icons to indicate improvements or concern:

Performance variation

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

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

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

Target assurance

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

Orange indicates that variation is consistently falling short of the target

Blue indicates that variation is consistently passing the target

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Trust Highlight Report

Quality

Flow remains considerably challenged as reflected in the 4 hour ED performance. The complexity of flow in the context of covid swabbing, and zoning by infection risk is further complicated by ward restrictions following outbreaks.

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

A decision has been made to take a risk-based approach to infection prevention and control standards and the balance of the fogging programme with patient flow; the Trust remains committed to the fogging programme, but this is not necessarily indicated in all instances.

An increase in falls is noted, which appears to be associated with the ward moves taking place due to the extremis of the pandemic. The changes taking place in advantis ward that will give visibility of patient moves and will support the decision making about patient moves.

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

Operations

Significant challenges remain around the response to covid-19 wave two, and the emerging impact of wave 3, on both the non-elective and elective work within the Trust.

Elective operating is constrained due to the increased demand for non-elective bed capacity and associated staffing. The Trust is maximising its use of the Independent Sector and GM Cancer hub capacity to maintain access for our most urgent patients.

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

The 3rd CT scanner is now operational and will start to positively impact waiting times for this diagnostic.

Workforce

The vaccination hub has been incredibly successful in the number of vaccines we have been able to administer to staff, other health and social care staff and our over 80s outpatients

The Trust is working with partners to explore the offer of support from the military to help with agreed non clinical duties.

Whilst there has been an in month reduction in sickness absence, the overall level is higher than usual. The increase in absence and unavailability due to sickness and other pandemic related reasons is impacting on overall staffing challenges.

Finance

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

The Trust Executive team continues to review the forecast year end out-turn to March 2021, focusing on key risk areas, primarily:

- Covid-19 and winter cost management.
- Increased outsourcing costs to deal with the diagnostics backlog.
- Revenue consequences of increased intensive care unit (ICU) capacity funded via GM capital.
- Covid-19 surge impact on elective activity assumptions
- Impact of vaccination programme costs
- Any balance sheet provisions.

Regionally and nationally the priority is service pressures and vaccine delivery, and therefore NHS England/ Improvement have recognised that planning for 2021/22 will be delayed. The current financial regime will roll over into Q1 2021/22.

Quality

Integrated Performance Report

Highlight Report

Matters of Concern or Key Risks to Escalate:

Patient experience may be adversely affected by long waits in ED, which are in turn affected by patient flow through the hospital and into the community. The closure of Bramhall Manor and Marbury to infection outbreak will contribute to longer length of stay.

There is a patient safety checklist which is complete for all patients in ED for longer than 4 hours to ensure they receive all they need.

An increase in falls is noted, which appears to be associated with the ward moves taking place due to the extremis of the pandemic. The changes taking place in Advantis ward that will give visibility of patient moves and will support the decision making about patient moves.

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

Major Actions Commissioned / Work Underway:

During quarter 4, the Trust will be collating its response to QSIS; the meeting structures for this will be circulated in due course.

There are plans to open additional capacity in 2 care homes. A request have been submitted for the development of a visual numerical indicator to be displayed on Advantis Ward and Plasma Screen – 'Transfer Tracker'. This will show, at a glance, the cumulative number of ward moves/transfers a patient has made during their current admission episode and will be used to support decision making around patient transfers.

Positive Assurances to Provide:

100% of complaints closed in December were responded to on time.

The Countdown to Christmas imitative proved to be successful with high number of empty beds on Christmas Eve as planned.

A new Tissue Viability Specialist Matron has been appointed, and will continue to work with the business groups to implement pressure ulcer reduction strategies.

Decisions Made:

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

Metric	Latest Performance			Target	
Stroke: Time spent on stroke ward	Nov-20		69%	F	>= 90%
C.Diff Infection Rate	Nov-20		19.34	P	
C.Diff Infection Count	Nov-20		17 (cumulative)	P	<= 34 (cumulative)
A&E: 12hr Trolley Wait	Dec-20		10	P	<= 0
MRSA Infection Rate	Nov-20		1.17		
MRSA Infection Count	Nov-20		0	F	
VTE Risk Assessment	Dec-20		97%	P	>= 95%
MSSA Infection Rate	Nov-20		7.03	?	
E.Coli Infection Rate	Nov-20		21.68		
Sepsis: Timely recognition	Dec-20	L	72.6%	F	>= 70%
Sepsis: Antibiotic administration	Dec-20	H	86.7%		>= 70%
E.Coli Infection Count	Nov-20		4	P	
Medication Errors: Rate	Dec-20	H	5.37		
Falls: Total Incidence of Inpatient Falls	Dec-20		674 (cumulative)		<= 666 (cumulative)

Quality | Operations | Workforce | Finance

10.1

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard continued…

Metric	Latest Performance		Target
Falls: Causing Moderate Harm and Above	Dec-20	20 (cumulative)	<= 19 (cumulative)
Pressure Ulcers: Hospital, Category 2	Nov-20	66 (cumulative)	<= 85 (cumulative)
Pressure Ulcers: Hospital, Category 3	Nov-20	7 (cumulative)	<= 9 (cumulative)
Mortality: HSMR	Oct-20	1.02	<= 1
Pressure Ulcers: Hospital, Category 4	Nov-20	2 (cumulative)	<= 3 (cumulative)
Mortality: SHMI	Jul-20	0.98	<= 1
Never Event: Incidence	Dec-20	0	<= 0
Serious Incidents: STEIS Reportable	Dec-20	4	
Emergency C-Section Rate	Dec-20	17.4%	<= 15.4%
Friends & Family Test: Response Rate	Nov-20	20.8%	
Friends & Family Test: Inpatient	Nov-20	95.5%	
Friends & Family Test: A&E	Nov-20	89.4%	
Friends & Family Test: Maternity	Oct-20	97.4%	
Complaints Rate	Dec-20	0.4%	

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard continued…

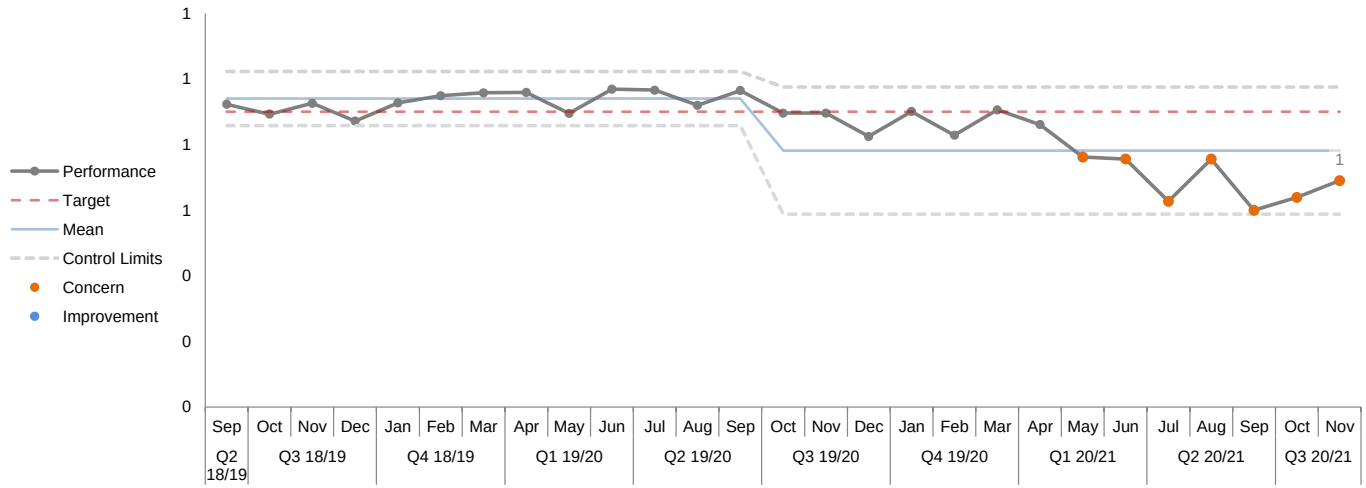
Metric	Latest Performance			Target	
Complaints: Timely response	Dec-20		100%		>= 95%
Referral to Treatment: 52 Week Breaches	Dec-20		2763		<= 7500

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Stroke: Time spent on stroke ward** The amount of time stroke patients spent on a stroke ward, as a percentage of overall time in the spell.

Performance of this measure over time



Variance

Latest Month	Actual
Nov-20	69%

The data shows special cause variation, indicating by values significantly lower than the control limits.

Assurance

Target
>= 90%

Performance has consistently fallen short of the target value since April 2020.

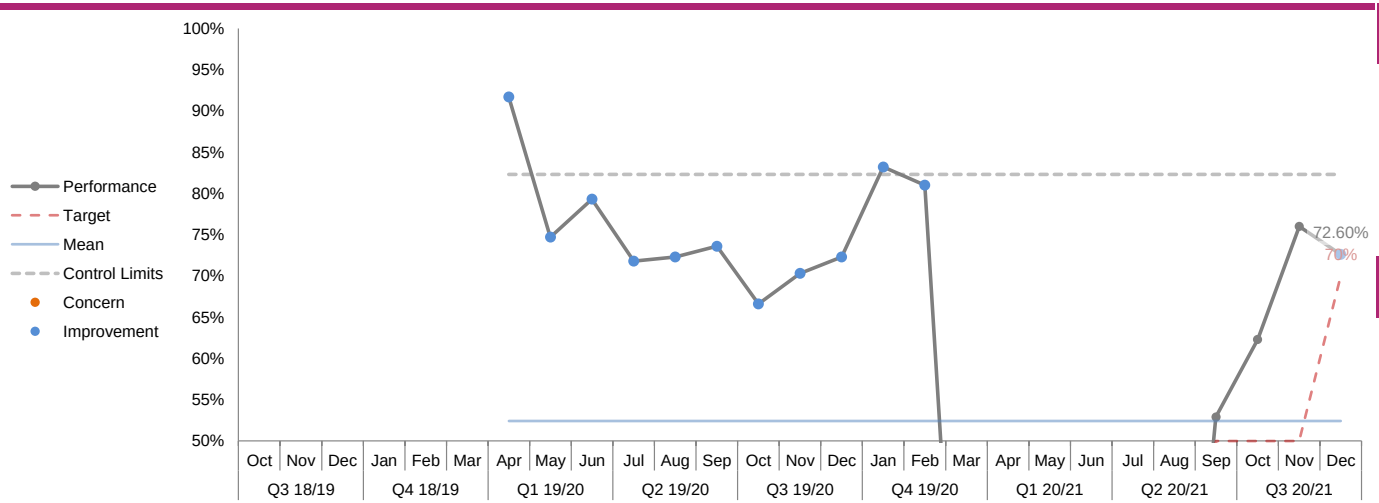
What the chart tells us	The charts shows that up until September 2019 there was no significant change in performance month to month. From October 2019 the chart shows wider control limits, which suggest that performance is much less consistent. You can see a run of lower-than-average performance from May onwards, with performance significantly worsening in July and September.

Narrative

Issues:	Actions & Mitigations:
Stroke ward admissions are impacted by ward closures and covid-zoning of the non-elective admissions.	The Stroke team are closely monitoring those patients managed outside of their specialist wards.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sepsis: Timely recognition** The number of patients who are screened for sepsis, as a percentage of those eligible patients audited. Performance for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.
Performance of this measure over time	
What the chart tells us	It this stage, there is not enough data to determine how sustainable this may be. The target amount is a trajectory target, with an aim to reach the national target of 85% by March 2021.

Variance

Latest Month	Actual
Dec-20	72.6%

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

Assurance

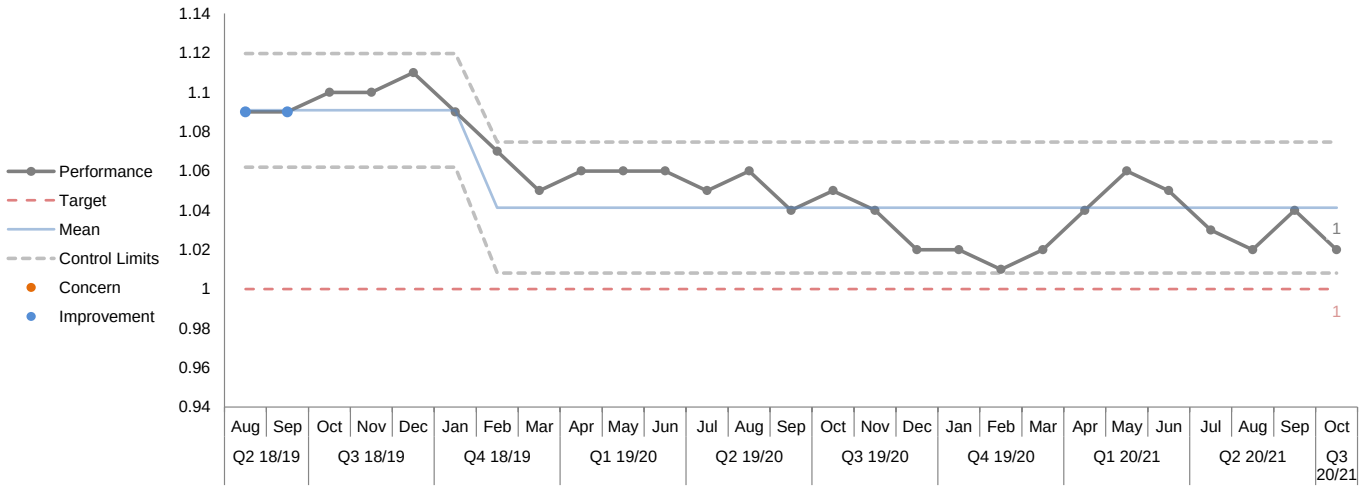
Target
>= 70%

Since data collection recommenced, performance has exceeded the target amount.

Narrative	Issues:	Actions & Mitigations:
	Nursing assessment compliance is a recurring theme contributing to overall reduced timely response to sepsis triggers of NEWS2 scores of 5 within Patientrack. Sepsis datix breach review process scheduled for implementation from 1st January is delayed to end of January due to COVID pressures.	Electronic integration of sepsis screening tool in Patientrack will add robustness to address increased compliance in the nurse response to NEWS2 triggers. The functional specification document for electronic patient track integration of sepsis screening tool has been fully worked up and signed off for development. The electronic Patientrack tool is expected to be ready to 'test' by end of January / early February so will be on track to go live by end of February. BG and ward level sepsis metrics compliance data has been deployed for BG to access via CIS for discussion in their Quality Board and action plan development. The Senior Sepsis Practitioner has now commenced in post and will focus on awareness raising and education and training.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Mortality: HSMR** This is the ratio between the actual number of patients who either die while in hospital compared to the number of patients that would be expected to die based on whether patients are receiving palliative care, and socio-economic deprivation.
Performance of this measure over time	
What the chart tells us	The chart shows that from February 2019 the Trust has seen a new lower mortality rate. Since then there is variation in performance month to month, but there have been no significant changes to our HSMR mortality rate.
Narrative	**Issues:** / **Actions & Mitigations:**

Variance

Latest Month	Actual
Oct-20	1.02

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

Assurance

Target
<= 1

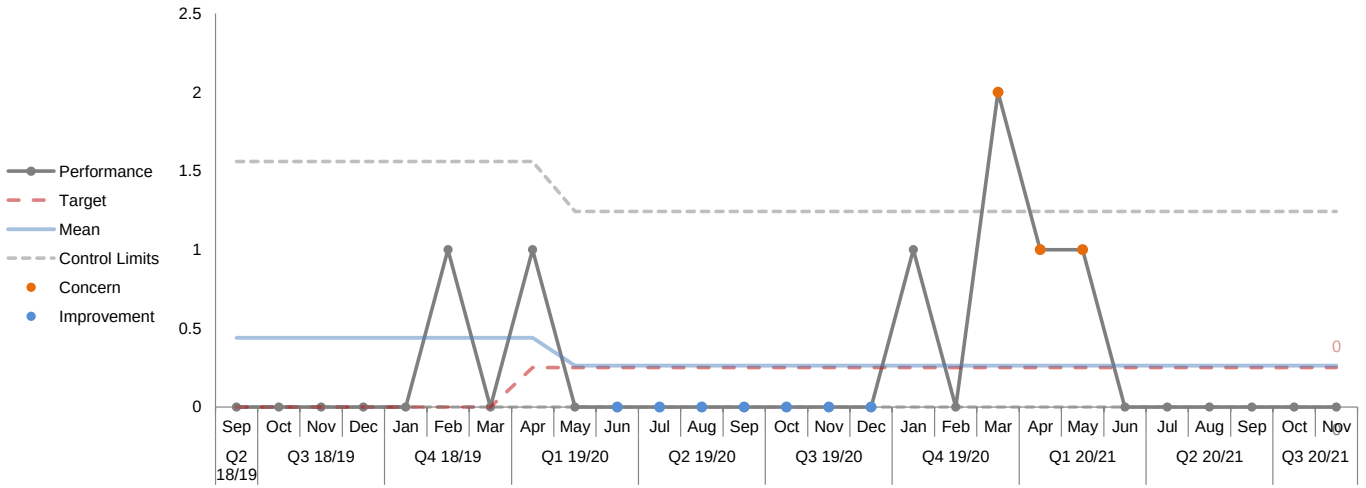
Performance consistently exceeds the target amount.

Quality | Operations | Workforce | Finance

10.1

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Pressure Ulcers: Hospital, Category 4** Total number of category 4 pressure ulcers in a hospital setting.
Performance of this measure over time	
What the chart tells us	The chart shows that between May 2019 and December 2019 there was a significant improvement in performance and 0 grade 4 pressure ulcers were reported during this 8 month period. This changes between January and May 2020, but since then no further grade 4 pressure ulcers have been reported. Performance for this metric is measured against a cumulative total for the year.

Variance

Latest Month	Actual
Nov-20	2

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

Assurance

Target

<= 3 (cumulative)

So far there have been 2 pressure ulcers, against a cumulative target of 3 for the 9-month period.

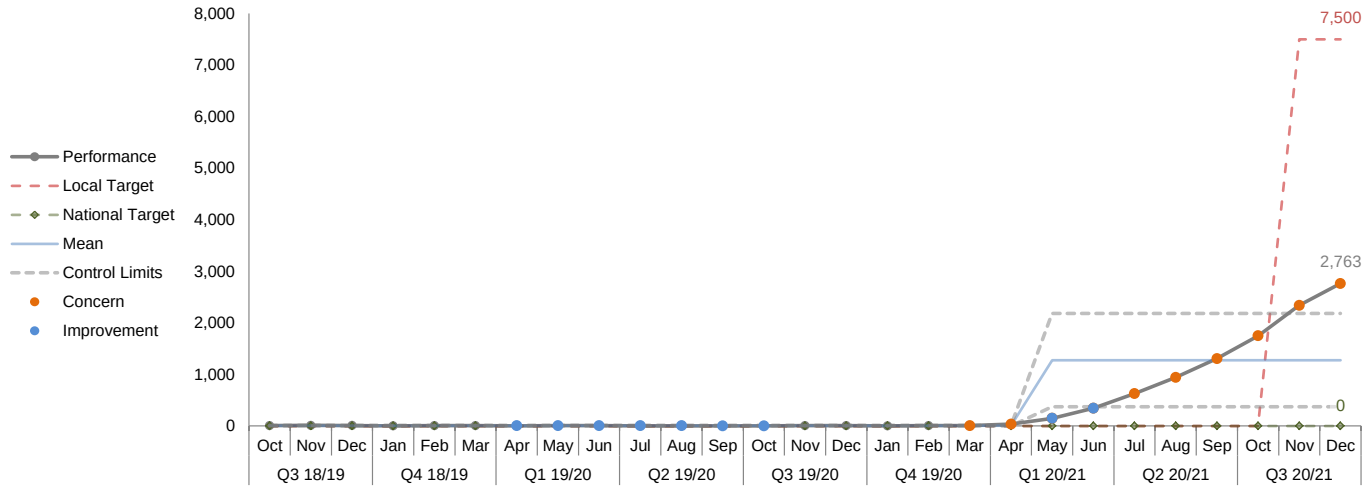
Narrative	Issues:	Actions & Mitigations:
	The Trust set a target to reduce the overall number of Hospital acquired pressure ulcers (by 10% over the forthcoming 12 months. This month (November data) we have had 11 category 2 pressure ulcers reported, 0 category 3 and 0 category 4 pressure ulcers' reported. We are therefore over trajectory to meet our reduction target. This continues to reflect a 50 % increase with the onset of the second wave of Covid and associated staffing pressures. Staffing pressures and the clinical acuity is impacting on poor training and operational meeting attendance and the ability to implement action plans and quality initiatives. Fortunately we have not seen the same severity of pressure ulcers in November	On the 19th of November it was Worldwide Stop the pressure day and the tissue viability team visited wards and District nurse bases to provide pressure ulcer goodie 'grab' bags. A Matrons post new pressure ulcer checklist is to be devised, to support learning from pressure ulcer incidents quickly. The medical device task and finish group will be re-starting in January. There has been a change in staffing within the Tissue Viability Service as the current Matron is leaving in January a new Tissue Viability Specialist Matron has been appointed, and will continue to work with the business groups to implement pressure ulcer reduction strategies.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Dec-20	2763

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

Assurance

Target
<= 7500

Current performance exceeds the national target of 0. However, performance is still below the trajectory target of 7500.

What the chart tells us

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

Narrative

Issues:

The 52 week position has been adversely affected by the delays as a result of the covid-19 pandemic response, especially in terms of the cessation of the majority of elective activity in the early months, and the subsequent backlog which has built up. Recovery of this standard will remain a significant challenge for the foreseeable future.

A continued, significant focus is on patients over 78 weeks - the Trust has set an internal standard that no more than 50 patients should be waiting longer than 78 weeks by the end of March 2021.

As the majority of patients who are waiting longer than 52 weeks are awaiting surgical intervention, this will have a continued effect on the 52 week position; especially when the Trust must consider the clinical urgency of patients, and prioritise cancer and urgent patients.
The Trust's end of March position in the phase 3 plan projects the Trust to have 5188 patients over 52 weeks. At present, the Trust is above the submitted projections.

Actions & Mitigations:

The Trust has completed the work to clinically prioritise the inpatient waiting list into the categories set by NHS England and Improvement; the inpatient waiting list is now categorised into the P1-P6 codes which will allow the Trust to effectively target resources based on the longest waiting patients and the most clinically urgent.

The Trust continues to pursue clinical reviews for all patients approaching 52 weeks, to ensure the patients are not at risk of harm due to the extended wait for treatment. Actions relating to recovery of diagnostic services and restoration of elective activity will be key to improving the Trust's 52 week position, and reducing the wait for the patient.

The Outpatient Transformation Board work will include reviews of clinical pathways and digital technology to support efficient and effective delivery of elective care.

Operations

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

The third wave of covid-19 has had a notable impact on flow through ED, and also had an impact on the Trust's elective programme and capacity to carry out less clinically urgent work.

The Trust faces significant challenges in terms of elective operating for both diagnostic and treatment procedures, as a result of reduced theatre capacity and the challenges in restoring the available capacity to pre-covid levels.

Major Actions Commissioned / Work Underway:

The deep dive into Endoscopy has been completed, which confirms the requirement for a 4th room and the need to extend the service into the weekend. The final report will be presented to the Board of Directors in February. Meanwhile, Endoscopy capacity is on track to increase in February when the 4th room becomes operational.

The Trust is working with GM Cancer with regard to progressing a Rapid Diagnostic Centre on site. In particular, this will help to expedite diagnostics for patients referred on a suspected cancer pathway and signpost patients presenting with vague symptoms to be quickly directed to the appropriate cancer specialism.

Positive Assurances to Provide:

The Trust has achieved the 31-day to first treatment standard for 3 consecutive months. Positive improvement in the 62 day referral to treatment standard also continued.

Outpatient activity continues to perform above plan, currently achieving a 99% restoration rate against pre-COVID levels compared to the same time period last year.

The 3rd CT scanner became operational in January as planned.

Following discussions with our local Independent Sector provider, the Trust has increased its access to surgical capacity off site helping to maintain operating for our most urgent patients.

Decisions Made:

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

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

The Trust continues to identify appropriate patients to transfer to the GM Cancer hub for surgery whilst elective capacity on-site is constrained.

Integrated Performance Report

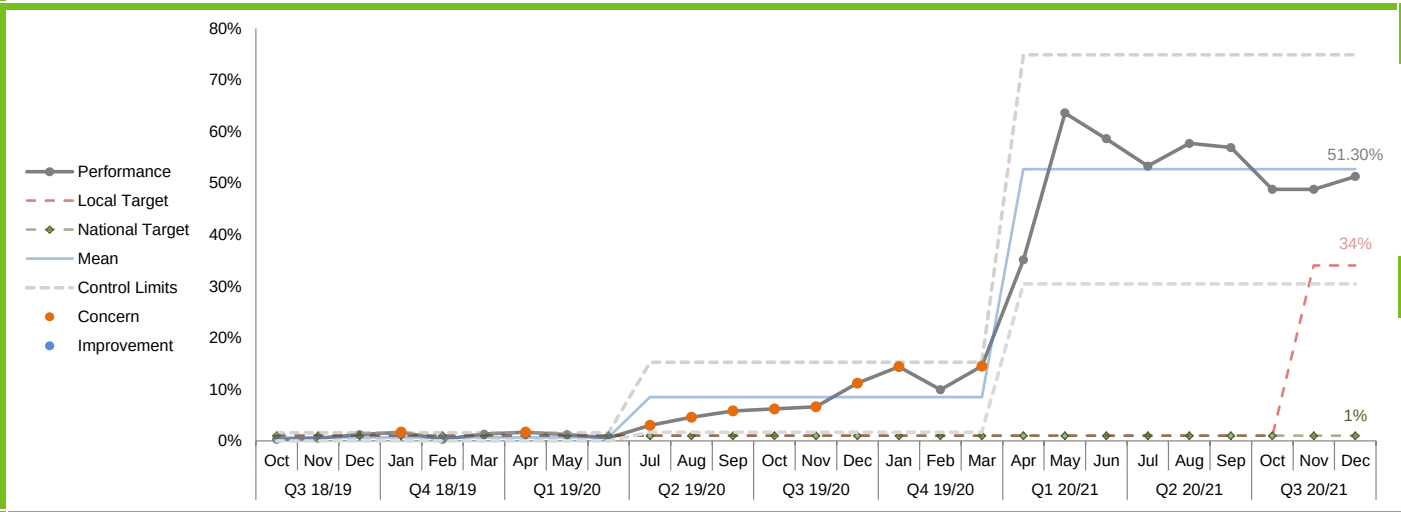
NHS Stockport NHS Foundation Trust

Summary Dashboard

Metric	Latest Performance		Target	
Diagnostics: 6 Week Standard	Dec-20	51.3%	F	<= 34%
Cancer: 62 Day Standard	Dec-20	75%	F	<= 79.7%
Cancer: 14 day standard	Dec-20	91.2%	F	>= 93%
Cancer: 31 Day 1st Treatment	Dec-20	93.8%	?	>= 96%
Cancer: 104 Day Breaches	Nov-20	6	F	<= 0
Referral to Treatment: Incomplete Pathways	Dec-20	58.8%	F	>= 65%
Referral to Treatment: Incomplete Waiting List Size	Dec-20	31145	F	<= 24637
Length of Stay: Non-Elective (UoR)	Dec-20	10.81	F	<= 9
Length of Stay: Elective (UoR)	Dec-20	2	P	<= 2.6
Long Length of Stay 7 Days	Dec-20	43.9%	F	<= 32%
Long Length of Stay 21 Days	Dec-20	15.4%	F	<= 11%
Medical Optimised Awaiting Transfer (MOAT)	Dec-20	73	F	<= 40
A&E: 4hr Standard	Dec-20	67.1%	F	>= 85%

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Diagnostics: 6 Week Standard** The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.
Performance of this measure over time	
What the chart tells us	The charts shows that since July 2019 there was a steady deterioration in performance through to November. Performance significantly worsened again in April and May to a high of 63.6% of diagnostics breaching the 6 week target. Performance appears to have stabilised, with no significant changes or improvements since May 2020.

Variance

Latest Month	Actual
Dec-20	51.3%

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

Assurance

Target

<= 34%

Performance has consistently exceeded the target since July 2019.

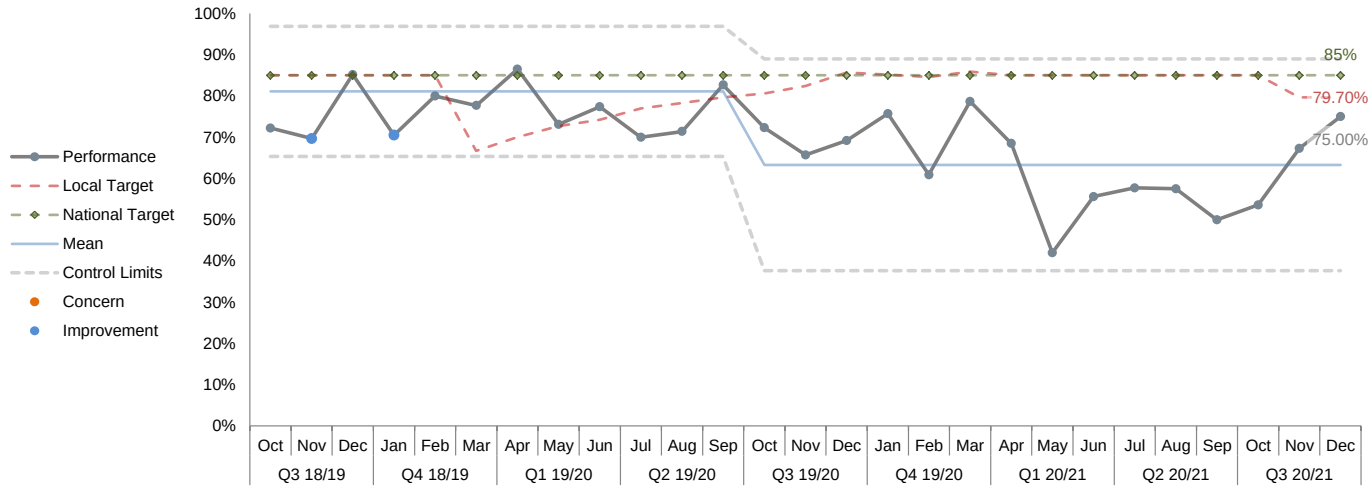
Narrative	Issues:	Actions & Mitigations:
	Endoscopy capacity remains the key concern in terms of diagnostic recovery, with an increase in the number of patients waiting more than 6 weeks for a routine investigation. There has been an increase in month in the number of patients waiting +6 weeks for Ultra Sound due to a reduction in the number of extra sessions the service was able to support in December. It should be noted that the number of patients waiting more than 6 weeks for a routine CT scan have plateaued but remain high in volume.	The deep dive into Endoscopy has been completed, which confirms the requirement for a 4th room and the need to extend the service into the weekend. The final report will be presented to the Board of Directors in February. The Trust is looking to extend insourcing with Alliance into the new financial year to help reduce the Endoscopy backlog. The third CT scanner became operational in January 2021 Further diagnostic work will be undertaken to facilitate achieving the end of year improvement trajectory that has been set for the 6 week standard.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Dec-20	75%

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

Assurance

Target
<= 79.7%

Performance consistently falls short of the target value.

What the chart tells us

The chart shows that performance began to deteriorate in May 2019. October 2019 sees performance becoming more variable, indicated by the new wider control limits in the chart. A trajectory/recovery target was introduced in November 2020 in order to help improve performance.

Narrative

Issues:

Please note: December's performance is not fully finalised.

Covid wave 3 continues to impact the ability to fully deliver our surgical programme for cancer patients on site. In early January a number of priority 2 surgical patients were cancelled due to a combination of staffing levels and covid demand. The Trust sought mutual aid from the Greater Manchester cancer hub and has secured additional lists with the local Independent Sector provider.

It should be noted that delays in re-scheduling surgical dates will impact negatively on the 62-day performance in future months.

Waits for endoscopy remain a concern resulting in extended pathway waits for UGI and Colorectal patients.

Actions & Mitigations:

The Trust continues to work with partners across GM, in particular identifying appropriate patients to transfer to the cancer hub for treatment.

Service leads are attending fortnightly targeted meetings to provide plans on key areas of delivery in their areas of responsibility.

Diagnostic recovery across all modalities remains key to supporting the Trust improve against and achieve the cancer standard. Restoration rates and backlog reduction plans will be tracked through the new Restoration meetings led by the Director of Operations.

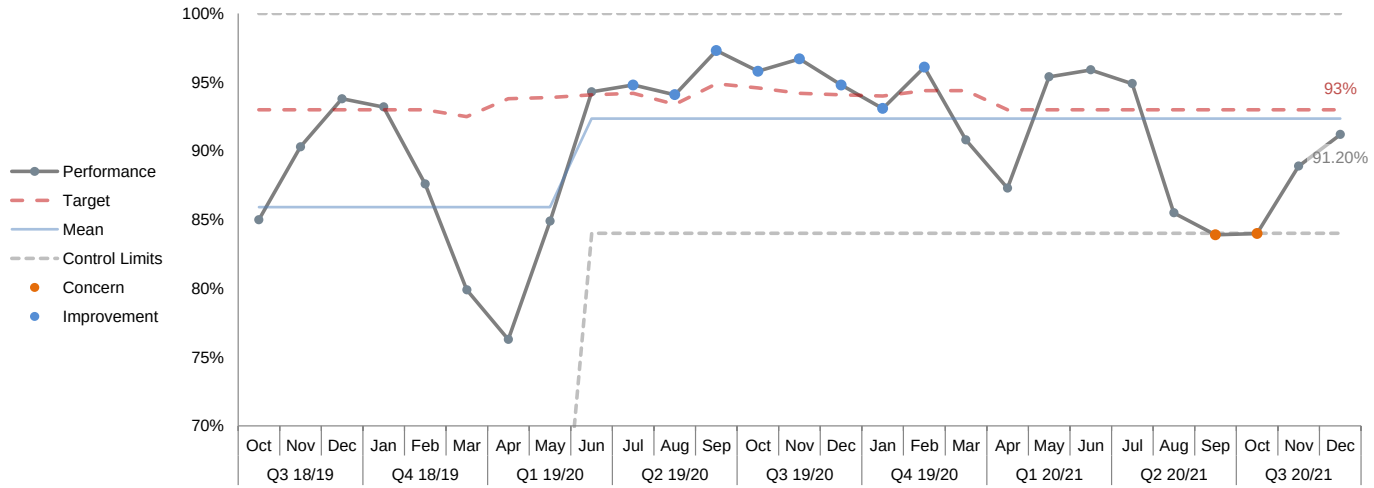
The Endoscopy 4th room is due to open in February . This capacity will be prioritised to improve access for our most urgent patients.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Dec-20	91.2%

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

Assurance

Target

>= 93%

Since July 2020, performance is has consistently fallen short of the target amount.

What the chart tells us

The chart shows that between July 2019 and February 2020 there is run of what appears to be an improved level of performance with values above the average. August and October 2020 do show significantly reduced levels of performance, though this has returned to normal levels for performance.

Narrative

Issues:

The driving force behind the current failing performance against the two week wait standard is the continued challenges within Endoscopy, which is significantly impacting on patients on the Upper GI suspected cancer pathway as well as the Colorectal pathway.

For Upper GI patients, their first seen event is either an appointment or Endoscopy; for the majority of patients who are streamed to Endoscopy, the median wait time for their appointment in December was 23 days.

All other specialties are continuing to achieve the two week wait standard. However, for Colorectal, this is as a result of a change to the pathway, agreed at the pathway board, whereby the triage telephone assessment for patients streamed to Endoscopy, is taken as the first seen event.

Access to Endoscopy capacity at the Independent Sector also ceased at the end of December.

Actions & Mitigations:

Looking to extend Insourcing for Endoscopy through Alliance beyond March 2021.

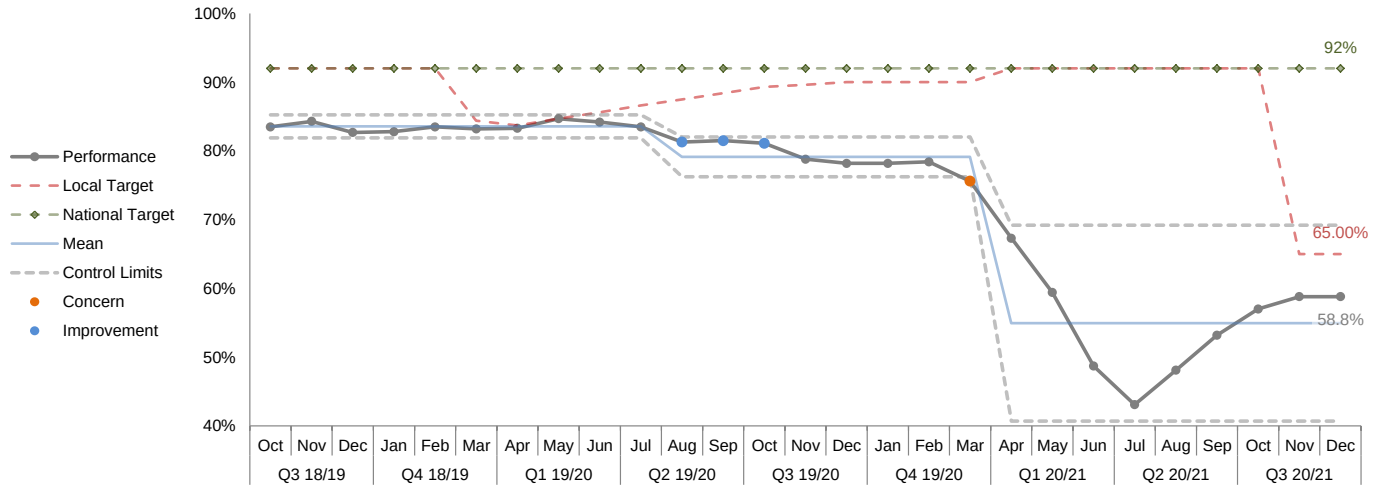
The 4th Endoscopy room is due to be operational from February which will provide additional capacity and reduce the waiting times for patients on the cancer pathway.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Dec-20	58.8%

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

Assurance

Target
>= 65%

Performance consistently falls short of the target.

What the chart tells us

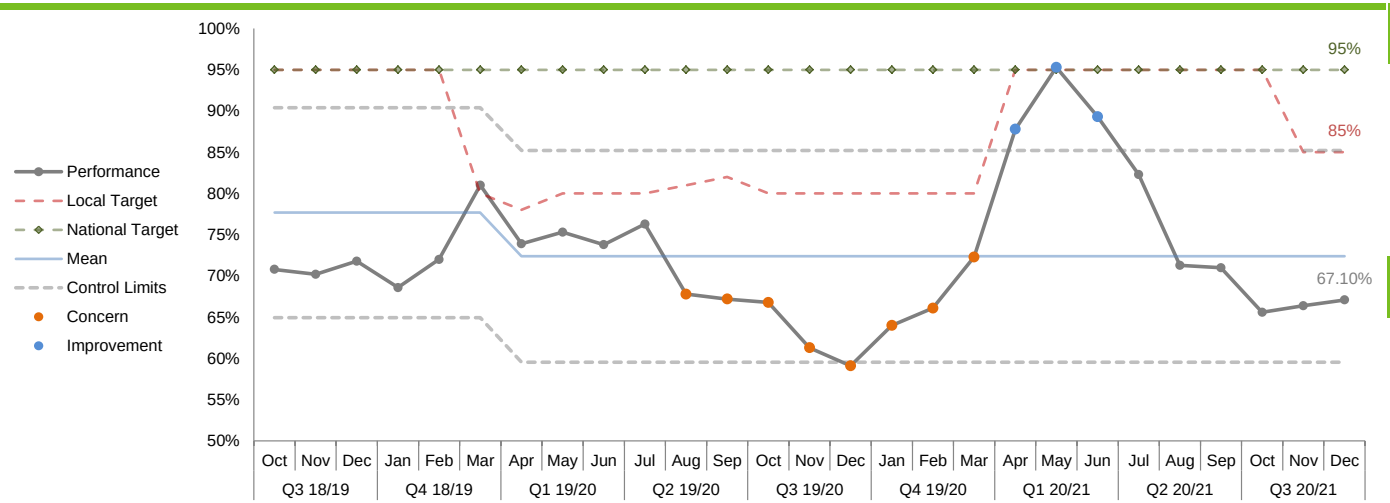
From August 2019 performance took a drop to 81% and continued to deteriorate to 75% in March 2020. April saw the start of a more significant deterioration in performance, reaching a low of 43.1% in July 2020, though data appears to show performance beginning to recover but more data is required in order to determine if this is sustainable.

Narrative

Issues:	Actions & Mitigations:
The waiting list has been significantly affected by the Trust's response to Covid-19 and the cessation of the majority of the elective work earlier in the year. The inability to resume a full elective operating programme will continue to increase waiting times for routine patients as cancer and urgent cases take priority. Endoscopy capacity also remains challenged, elongating the diagnostic phase for routine patients A reduction in face-to-face appointment capacity in specialties where this is imperative to progress patients, such as ENT and Oral Surgery is also contributing to longer waiting times.	There is a continued utilisation of alternatives to face-to-face appointments where clinically appropriate for patient care, through Attend Anywhere and telephone appointments. A deep dive into services will take place to ensure teams are maximising productivity opportunities and operating effectively. Endoscopy capacity will increase from February when the 4th room comes on line. The Trust's continues to prioritise the inpatient waiting list into the national P1 - P6 categories, with regular reviews being scheduled. Work is ongoing to look into validation processes across the Trust and to target the resource available appropriately, to ensure the patients on the waiting list are appropriately tracked and reported. Patients approaching 50+ weeks are subject to a clinical review to assess the risk of harm, and this will continue to be the case in specialities where there are significant waits to be seen.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**A&E: 4hr Standard** The percentage of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival.
Performance of this measure over time	
What the chart tells us	The chart shows that performance is significantly higher between April and June 2020, but returns to expected levels of performance from July onwards. Performance appears to have stabilised from August onwards at a lower than average level, but it is too soon to say whether this is due to random variation in performance.

Variance

Latest Month	Actual
Dec-20	67.1%

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

Assurance

Target
>= 85%

Performance consistently falls short of the target value.

Narrative	Issues:	Actions & Mitigations:
	The 4 hour performance in A&E is intrinsically linked to the above metrics around patient flow, length of stay and medically optimised patients. Without significant improvement in flow across the organisation and wider system, four hour performance will continue to be a risk for the Trust. In order to ensure that there are not further nosocomial outbreaks across wards and following a letter from NHS England, advising against multiple, non-clinically indicated patient moves, there has been a reduction in flexibility of the Trust's acute bed base. The COVID pressures are now compounded by the usual Winter pressures and although attendances are slightly reduced on the same time period last year, the organisation is not experiencing the significant reduction in demand as seen in wave 1.	A key focus within the Emergency Department is to avoid 4-hour breaches; in the event this is not possible, the focus remains on treating or admitting patients as soon as possible, as well as ensuring the patients' continued safety whilst in the care of the department. There is an ED Improvement Plan in place, which has a focus on maintaining patient safety; compliance with quality and safer staffing metrics; and new models of care. This is closely monitored and scrutinised at Executive level. The new NHS 111 First programme went live on Tuesday 1st December. NHS 111 First is part of a national integrated programme to improve outcomes and experience of Urgent and Emergency Care. This means the Trust can now accept CAS-referred patients into ED, where they will be further streamed to the most appropriate clinician, thus ensuring the most appropriate patients are seen in the majors footprint.

Workforce

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

Whilst there has been an in month reduction in sickness absence, the overall level is higher than usual. The increase in absence and unavailability due to sickness and other pandemic related reasons is impacting on overall staffing challenges.

The Trust is participating in a GM wide exercise to model absence trends, roster unavailability and annual leave carry forward.

Bank and agency usage remains high, directly linked to staffing the pandemic, increasing absence and supporting the winter plans.

Major Actions Commissioned / Work Underway:

The Trust is due to undertake the second round of lateral flow testing for the next 3 month period as more kits are expected by the end of the month.

The vaccination hub has been incredibly successful in the number of vaccines we have been able to administer to staff, other health and social care staff and our over 80s outpatients

The Trust is working with partners to explore the offer of support from the military to help with agreed non clinical duties.

The Trust is currently considering the impact of annual leave carry over on roster availability in the next financial year and any actions required to mitigate this situation.

Positive Assurances to Provide:

Workforce turnover remains low, and sits within the Trust target, this is a trend currently seen across GM Trusts.

Statutory and mandatory training compliance remains above target, which is a good position in the context of the current operational pressures.

Decisions Made:

Vaccination hub operating across 7 days.

Integrated Performance Report

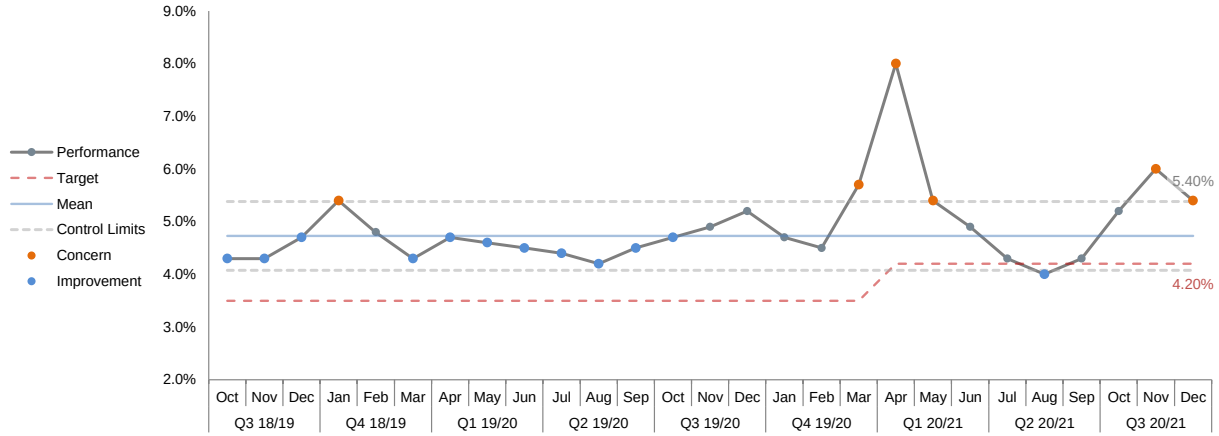
NHS Stockport NHS Foundation Trust

Summary Dashboard

Metric	Latest Performance		Target	
Substantive Staff-in-Post	Dec-20	91.2%	P	>= 90%
Sickness Absence: Monthly Rate (UoR)	Dec-20	5.4%	F	<= 4.2%
Sickness Absence: Rolling 12-Month Rate (UoR)	Dec-20	5.2%	F	<= 4.2%
Workforce Turnover (UoR)	Dec-20	12.2%	?	<= 12.6%
Staff Friends & Family Test: Recommend for Work	Sep-20	51.2%		
Staff Friends & Family Test: Recommend for Care	Sep-20	64.8%		
Appraisal Rate: Medical	Dec-20	87.1%	F	>= 95%
Appraisal Rate: Non-medical	Dec-20	74.9%	F	>= 95%
Statutory & Mandatory Training	Dec-20	93%	P	>= 90%
Bank & Agency Costs	Dec-20	17.9%	F	<= 5%
Agency Shifts Above Capped Rates	Dec-20	1633	F	<= 0
Agency Spend: Distance From Ceiling (UoR)	Dec-20	60.1%	F	<= 3%
Flu Vaccination Uptake	Dec-20	79%		>= 80%

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sickness Absence: Monthly Rate (UoR)** The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.
Performance of this measure over time	
What the chart tells us	Data shows that on average sickness levels have been maintained throughout the reporting period. A period of improvement can be seen between March and October 2019, but this is not sustained beyond that. April 2020 saw an unusually high spike in sickness absence levels, but this returns to normal levels the following month, dropping to a new low of 4% in August. Sickness levels then increase again through to November.

Variance

Latest Month	Actual
Dec-20	5.4%

The data shows special cause variation, indicated by performance outside the upper control limit.

Assurance

Target
<= 4.2%

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

Narrative

Issues:

The in-month sickness absence figure for December 2020 is 5.35%; a decrease of 0.61% compared to the previous month's adjusted figure of 5.96%. COVID-related sickness has decreased from 1.09% to 0.89%.

It is of note that non-Covid sickness is 4.46% and compares favourably to sickness in December 2019 which was 4.96%. The number of Covid related absence episodes increased from 78 in September to 129 in October and 180 in November, but decreased to 123 in December. The decrease in December could be related to lateral flow testing identifying asymptomatic staff before they infect other staff members.

Actions & Mitigations:

The Staffing Hub continue to support the Trust's test and trace process by managing covid positive staff members significant contacts and taking the appropriate action with line managers. Staff are frequently reminded of their responsibilities in respect of appropriate PPE, hand washing and social distancing. All business groups continue to manage staff's absence in accordance with the Trust policy and discussions are held at weekly meetings regarding available support to staff who are struggling with their resilience and working with lower staff numbers due to staff on restricted duties. Staff have been encouraged to take their annual leave, where service provisions allow, to ensure that they are taking breaks from work and focussing on their health and wellbeing. Our wellbeing resources continue to be promoted.

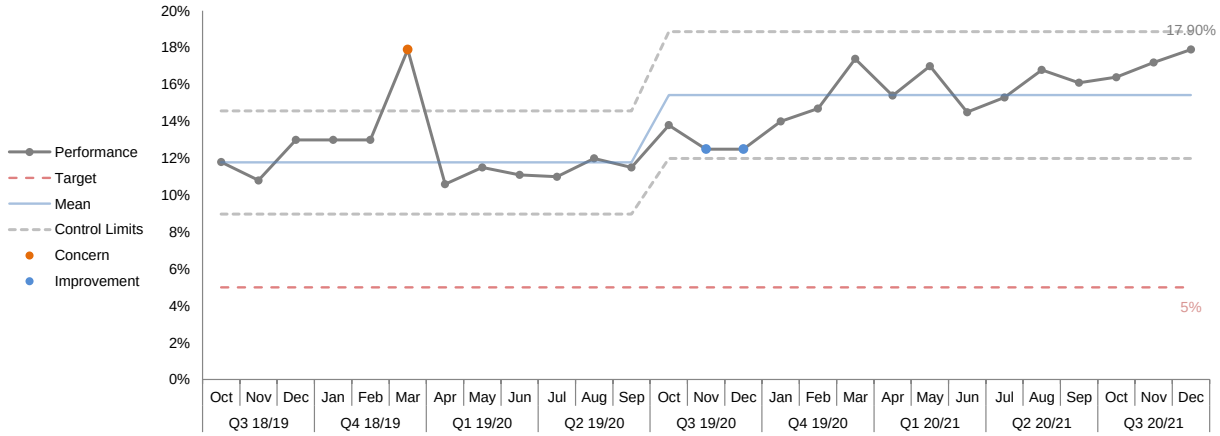
Over 5,000 Lateral Flow Test kits have been distributed to staff with priority being given to those in clinical areas. This has so far identified 126 positives asymptomatic staff, of which PCR tests have confirmed 22. Whilst this is a good tool in identifying potentially non-symptomatic staff before they infect other workers, there appears to be an under-reporting of these tests, which is common throughout GM, actions to improve the position are underway.
The COVID vaccination programme began on 9th December and to date 5,585 vaccines have been given to Trust staff (this includes 2nd vaccine figures).

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Dec-20	17.9%

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

Assurance

Target

<= 5%

Performance consistently exceeds the target value across the reporting period.

What the chart tells us

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

Narrative

Issues:

The total bank and agency spend in December was £4M, which represents 17.94% of the total pay bill within the month. M&CS is the business group with the highest bank & agency spend (£1.3M).

Actions & Mitigations:

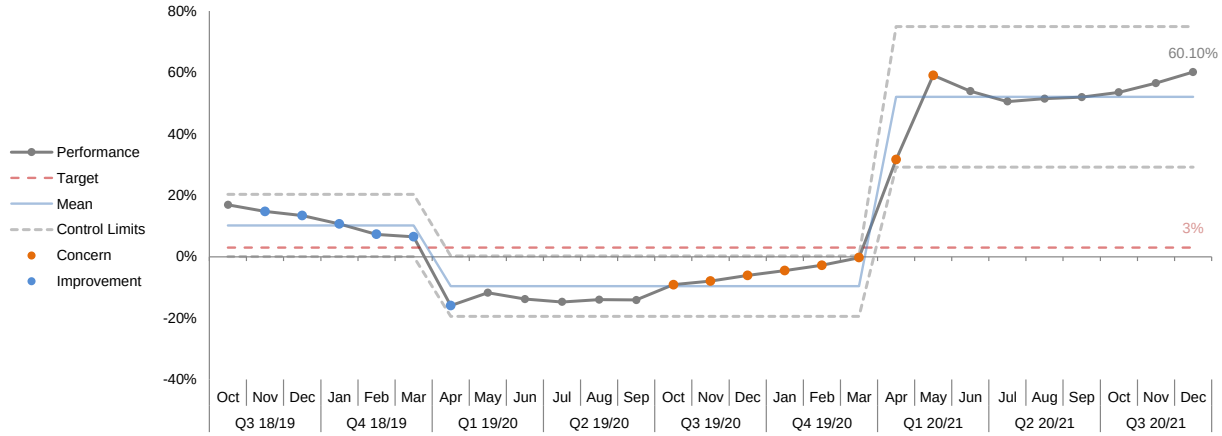
Nursing agency continues to drive spend particularly in Medicine and Surgery,. Medical agency spend is also high in the Medicine business group, reflecting the winter plan.

All the supporting work to reduce this cost by substantively recruiting continues. There is a slightly longer lead time with visas related to pandemic and new BREXIT processes for EU staff.

WIGG have discussed approval levels and agreed to review the temporary staffing SOP in development with JCNC, against current approval processes and ensure that emergency out of hours approval is included in the planned on-call review.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Variance

Latest Month	Actual
Dec-20	60.1%

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

Assurance

Target
<= 3%

Since April 2020, performance consistently exceeds the target amount.

Narrative	Issues:	Actions & Mitigations:
	There were a total of 1,633 agency shifts paid above the NHSI cap rate during the 4 week period from 30th November to 27th December 2020; equating to an average of 408.25 shifts per week, which is a decrease of 16.35 shifts per week compared to November's figures. . The highest number of agency cap breaches were in M&CS, Surgery and Integrated Care with a weekly average of 180.5, 92.75 and 54.5 shifts respectively, including medical and AHP shifts. Within this period there were 21 cap breaches relating to non-framework agencies - Raven (19) and Thornberry (2).	Nursing agency continues to drive spend particularly in Medicine and Surgery. Medical spend is also high in the Medicine business group, reflecting the winter plan. In relation to nurse agency spend we have increased the number providers in order to ensure, where possible, value for money engagement. Latest forecast is that the end of year position will be £18,250,431, c. £100K less than we forecast last month. Along with recruitment to vacant posts and planned job planning rounds; the nursing acuity review will also reset the baseline and impact on agency spend. A review of ED agency rates is also currently underway.

Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

The Trust has submitted a forecast for October 2020 to March 2021 to Greater Manchester (GM) and NHS Improvement/ England (NHSI/E). The Trust continues to review the position with an aim to improve the forecast and support the system.

The finance risk on the Trust Risk Register remains a score of 20.

Regionally and nationally the priority is service pressures and vaccine delivery, and therefore the Trust has taken a corporate position on delivering the in-year efficiency requirement.

Major Actions Commissioned / Work Underway:

The Trust Executive team continues to review the forecast year end out-turn to March 2021, focusing on key risk areas, primarily:

- Covid-19 and winter cost management.
- Increased outsourcing costs to deal with the diagnostics backlog.
- Revenue consequences of increased intensive care unit (ICU) capacity funded via GM capital.
- Covid-19 surge impact on elective activity assumptions
- Impact of vaccination programme costs
- Any balance sheet provisions.

Planning has started for 2021/22 financial year although limited national guidance has been issued.

Positive Assurances to Provide:

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

The Finance & Performance Committee have been given reasonable assurance on delivery of the planned £8.9m deficit in 2020/21.

Interim contractual arrangements have been confirmed via Greater Manchester Health & Social Care Partnership, advising that the Trust will be reimbursed for actual, reasonable, incremental costs as incurred through the mobilisation stage of the Covid-19 Vaccination Hub until a formal contractual agreement is put in place.

Based on the latest forecast year-end position there has now been sufficient slippage across winter and discharge to assess (D2A) to fund the agreed slippage schemes overall.

Decisions Made:

The Trust has submitted an unchanged forecast to Greater Manchester (GM) and NHS England/ Improvement (NHSE/I), in line with the submitted plan of £8.9m deficit.

The Financial Governance Advisory Group (FGAG) continues to meet each week to assess decisions on Covid spend and assess any potential impacts on the financial out-turn.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

Metric	Latest Performance			Target	
Financial Controls: I&E Position	Dec-20		-1.2%		<= 0%
Cash Balance	Dec-20		47.3		>= 47.4
CIP Cumulative Achievement	No Data				
Capital Expenditure	Dec-20		-25.3%		<= 10%
Financial Use of Resources	No Data				

NHS Stockport NHS Foundation Trust

Report to:	Trust Board	**Date**:	4 February 2021
Subject:	Maternity Improvement Plan		
Report of:	Director of Women, Children and Diagnostics	**Prepared by:**	Maternity Improvement Group

REPORT FOR APPROVAL

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

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

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

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

10.2

Attachments:	Annex A – Maternity Improvement Highlight Report – 25th January 2021

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

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1. INTRODUCTION

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

2. BACKGROUND

2.1 A maternity improvement group has been established and an improvement plan created. A highlight report will be presented to the executive team and Trust Board bi monthly.

3. CURRENT SITUATION

3.1 Current progress can be seen in Annex A.

4. CONCLUSION

4.1 Current progress is seen in Annex A. The next report will come to ET in March 2021.

5. RECOMMENDATIONS

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

NHS
Stockport
NHS Foundation Trust

Maternity Improvement Plan

Highlight Report
Trust Board – 4 February 2021
Nicola Firth, Chief Nurse
Andrew Loughney, medical Director

Making a difference every day

10.2

Maternity Improvement Plan

The Aim:

The Maternity Improvement plan incorporates all improvement/action plans the service is currently working towards. These plans are:

- CQC Must Do and Should Do actions
- CNST
- Saving Babies Lives (SBL)
- Continuity of Carer pathway (COC)
- Maternity Safety Support Programme (MSSP)
- Ockenden Report

CQC Must and Should Do Actions

- The service had 4 must do and 5 should do actions.

Must Do's

- Midwifery staffing – **2** x Must Do's and Business case approved - Green
- WHO safer surgery checklist – processes reinforced and embedded Green
- Maternity Dashboard – Green

Should Do's

- Movement of midwives around the unit and community – **3** x Should Do's and new process and tracking in place. Green
- Maternity Diverts – Blue
- Maternity Strategy development – work started to build on Trust Strategy. Amber

- The service has seen a decrease in the number of diverts. There were 13 instances where the service had to divert in 2019/20 compared to 4 so far (end Nov 2020) in 2020/21
- First Maternity strategy session took place 11/01/2021 with two further sessions planned in the coming weeks. The strategy is on schedule to be completed by end of March 2021

CNST

- 10 safety actions

- Due to the pandemic , NHSR have advised that the submission deadline for board declaration forms has been extended to Thursday 15 July 2021 with some of the sub-requirements of the safety actions to be revised.

- Action plan in place, currently on track to achieve 8 out of 10 safety actions by July 2021

- Safety Actions non compliant ;
    - 4. Clinical workforce planning – Neonatal medical workforce - We do not meet the BAPM standards for Junior Medical Staff or Consultant Medical Staff. This will be added to the risk register as we are not meeting recommended standards.

    - 7. Mechanism in place for MVP involvement & co-production – Stockport MVP do not currently receive renumeration, this is being worked on with the CCG at both LMS and GMEC level. CCG have an executive board meeting on 27 January where they are taking their paper on MVP funding and we hope funding for next financial year will be approved.

Saving Babies Lives (SBL)

Stockport NHS Foundation Trust

- 5 Standards
- On track (green) to meet all standards by 31/03/2021
- A gap analysis against the key standards identified for the Saving Babies Lives Care BundleV2 has been completed. There are a number of areas that demonstrate compliance but further work is required to ensure a robust risk assessment for all women who are at risk of preterm birth is completed at antenatal booking. This is being scoped by the Strategic Clinical Network with a view to a pan Manchester approach.

Continuity of Carer (COC)

- 2 standards
- 35% of all women to be booked onto a continuity of carer (COC) pathway by March 2021– achieved with 37% in December 2020
- 75% of the services BAME/vulnerable women to be booked onto COC pathway by March 2022 . The service is working towards this. Data in December 2020 was 41%
- The service will be engaging in the North West Maternity Safety Information
- The aim of these resources is to improve access to maternity care now and in the future for all women but specifically women from a Black, Asian or mixed race background to improve the outcomes for this group of women across the North West, reduce any unwarranted variation and health inequalities that these women are currently facing.

Maternity Safety Support Programme (MSSP)

NHS Stockport NHS Foundation Trust

- This voluntary self assessment contains 45 areas with 128 lines to assess the service against aiming to ensure we are delivering care in line with best practice. Of those assessed so far:
- 31 are green- in place
- 32 are amber- in place but further review/improvement
- 1 red- not in place- to establish a QI hub, action plan in place to work towards this by 31 March 2021
- Areas of self assessment include some of the national schemes such as SBL and CNST
- Diagnostic phase of MSSP for the Trust is not yet completed

Ockenden Report

- 7 areas with 17 actions
- 15 action completed (Blue)
- 2 actions on track (Green)
- National submission was due on the 15th January 2021 but now pushed back by NHSE/I to 15th February 2021 due to pandemic operational pressure
- This submission is a request for narrative against 7 immediate and essential actions
- Post submission a national portal is expected to be launched where Trusts will need to submit evidence against the 7 immediate and essential actions
- Stockport submission to date has been to the Quality Committee, Stockport patient safety group and the Stockport Improvement Board

Programme Risks

NHS Stockport NHS Foundation Trust

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

RISKS	MITIGATION
Capacity of senior team to support implementation of the improvement plan	Support from Strategy and Planning and Transformation team in place
Temporary closure of East Cheshire maternity services and implementation of the improvement plan may put additional pressure on the senior team and maternity service	Support from Strategy and Planning and Transformation team in place, however clinical/business group input is critical
The CQC recommends that the Trust has a documented vision and strategy for maternity services by 31/03/2021.	The Strategy and Planning team will work with the business group on a bespoke strategy prior to a Trust wide common approach to clinical service strategies

SRO update

Stockport NHS Foundation Trust

Key areas to highlight:

- The SRO for this programme will be the Chief Nurse
- Medical Director (Obstetrician) and NED are both Board Maternity Safety Champions which strengthens and the link between maternity services and the Board of Directors allowing for improved support for the team and insight at the Board
- The improvement plans detailed on the previous slides have been brought together in to one place to reduce the complications brought about by duplication
- The improvement plans, actions and outcomes are also triangulated with serious incidents, incidents, complaints, inquests etc. to ensure whole service review.

Maternity services assessment and assurance tool

We have devised this tool to support providers to assess their current position against the 7 Immediate and Essential Actions (IEAs) in the Ockenden Report and provide assurance of *effective* implementation to their boards, Local Maternity System and NHS England and NHS Improvement regional teams. Rather than a tick box exercise, the tool provides a structured process to enable providers to critically evaluate their current position and identify further actions and any support requirements. We have cross referenced the 7 IEAs in the report with the urgent clinical priorities and the ten Maternity incentive scheme safety actions where appropriate, although it is important that providers consider the full underpinning requirements of each action as set out in the technical guidance.

We want providers to use the publication of the report as an opportunity to objectively review their evidence and outcome measures and consider whether they have *assurance* that the 10 safety actions and 7 IEAs are being met. As part of the assessment process, actions arising out of CQC inspections and any other reviews that have been undertaken of maternity services should also be revisited. This holistic approach should support providers to identify where existing actions and measures that have already been put in place will contribute to meeting the 7 IEAs outlined in the report. We would also like providers to undertake a maternity workforce gap analysis and set out plans to meet Birthrate Plus (BR+) standards and take a refreshed view of the actions set out in the Morecambe Bay report. We strongly recommend that maternity safety champions and Non-Executive and Executive leads for Maternity are involved in the self-assessment process and that input is sought from the Maternity Voices Partnership Chair to reflect the requirements of IEA 2.

Fundamentally, boards are encouraged to ask themselves whether they really know that mothers and babies are safe in their maternity units and how confident they are that the same tragic outcomes could not happen in their organisation. We expect boards to robustly assess and challenge the assurances provided and would ask providers to consider utilising their internal audit function to provide independent assurance that the process of assessment and evidence provided is sufficiently rigorous. If providers choose not to utilise internal audit to support this assessment, then they may wish to consider including maternity audit activity in their plans for 2020/21.

Regional Teams will assess the outputs of the self-assessment and will work with providers to understand where the gaps are and provide additional support where this is needed. This will ensure that the 7 IEAs will be implemented with the pace and rigour commensurate with the findings and ensure that mothers and their babies are safe.

Section 1

Immediate and Essential Action 1: Enhanced Safety

Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.

- Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.

- External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.

- All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months

Link to Maternity Safety actions:

Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
Action 2: Are you submitting data to the Maternity Services Dataset to the required standard?
Action 10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification scheme?

Link to urgent clinical priorities:

(a) A plan to implement the Perinatal Clinical Quality Surveillance Model
(b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB

What do we have in place currently to meet all requirements of IEA 1?	Describe how we are using this measurement and reporting to drive improvement?	How do we know that our improvement actions are effective and that we are learning at system and trust level?	What further action do we need to take?	Who and by when?	What resource or support do we need?	How will mitigate risk in the short term?
GMEC Clinical dashboard submissions made on a monthly basis GMEC SCN Steering Group in place to support regional oversight and cooperation	GMEC clinical dashboard quarterly meeting attended by representatives from Stockport where the dashboard is reviewed and discussed. GMEC SCN Steering Group attended by representatives from Stockport – the dashboard is an agenda item	Reduction in avoidable harm – measured by a reduction in SI's	Strengthen the reporting process to ensure SI's are included in Trust board minutes. Review of current governance meetings to include a weekly review meeting for each directorate including maternity.	Governance Lead/HOM/CD 31 March 2021	Support of the Executive team to implement a reporting process to Trust Board. Support from finance in order to maintain a dedicated governance resource for maternity services.	Current process meets requirements but can be streamlined/ Strengthened by focused directorate governance and risk weekly meeting.

All eligible cases are reported using PMRT and there is a process in place to review all cases. Compliance monitored and achieved as per CNST Eligible maternal deaths are reported to MBRRACE-UK, care reviewed locally and the appropriate documentation shared with MBRRACE-UK to ensure review of care Eligible cases referred to NHSR via HSIB. Compliance monitored and achieved by CNST.	The annual report is presented at the mortality group; a quarterly report will be submitted to the maternity safety champions meetings. All Maternity SI's, HSIB reports and incidents are reported via our governance structures, additionally we have a monthly transformation and progress update to Trust Executive and Board					

Stockport maternity services are participating in the national MSSP. A self-assessment tool is incorporated and allows the service to assess ourselves against national standard, guidance and regulatory requirements Stockport is committed to implementing the Perinatal clinical Surveillance model	Development of our quality and safety improvement plan will be informed by the outcome of the self-Assessment The trust will work with the LMS to ensure a process is commenced to share all serious maternity incidents to optimise learning which can be shared across the system to prevent harm.		Monthly updates to Executive team and board in relation to progress of maternity improvement plan Strengthen Trust Board oversight of perinatal clinical quality by way of a quarterly board review of perinatal safety			

Immediate and essential action 2: Listening to Women and Families
Maternity services must ensure that women and their families are listened to with their voices heard.

- Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.
- The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.
- Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.

Link to Maternity Safety actions:
Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?
Action 9: Can you demonstrate that the Trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?

Link to urgent clinical priorities:

(a) Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.
(b) In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard.

What do we have in place currently to meet all requirements of IEA 2?	How will we evidence that we are meeting the requirements?	How do we know that these roles are effective?	What further action do we need to take?	Who and by when?	What resource or support do we need?	How will we mitigate risk in the short term?

Bi- Monthly meetings with MVP place. Work plan developed annually to address any midwifery issues which will inform any improvements to the service	Minutes and actions from engagement meetings. 15 steps action plan	Evidence of co-production in service development. Feedback from families, and evidence of times when the advocate has attended meetings with families.	Continued close working with MVP and regular attendance by maternity senior team at bi monthly meetings.	HOM/Matron's 28 Feb 2021	Support from CCG for funding for MVP Chair. Stockport is the only unit in GMEC without chair funding, current chair has stepped down until funding secured.	Continue to liaise closely with the GMEC LMS MVP chair for support and service used voice and engagement

Service users involved in the review of out Induction of Labour pathways and will be members of a disability discrimination audit team reviewing service improvement	Evidence of co-production in service change, including minutes of board meetings.		Consultation with MVP and service users before changes is made to help inform the changes. Appointment of independent senior advocate role. Meet with MVP's to describe role and discuss objectives and actions		Clarification of the advocate role (JD), resource to fund the role. There will be a national model including framework and principles which will be issued shortly. The role of advocate is a new position which is independent of the trust and requires a high level of seniority for impact and leverage of actions. . It will require separate funding to ensure they are unbiased and have full objectivity. The trust will work closely within the new national framework model which is expected shortly to undertake this essential action.	

Developed social media platform "Better births in Stockport and the High Peak" with a "Feedback Friday" user engagement feature. All areas of maternity service included in Friends and Family feedback and display "You said – we did" boards Process and meetings in place for working collaboratively with the Maternity Safety Champions including bi-monthly meetings with compliance monitored via CNST. Membership is fully compliant with HOM, CD for O&G, Consultant Paediatrician, Exec Director and Non-Exec director	Minutes and actions from meetings. TOR for meetings	Positive feedback from service users, well received and helped with communication during the Covid pandemic				

Immediate and essential action 3: Staff Training and Working Together
Staff who work together must train together

- Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.
- Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.
- Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.

Link to Maternity Safety actions:

Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?
Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Link to urgent clinical priorities:

(a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.
(b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place

What do we have in place currently to meet all requirements of IEA 3?	What are our monitoring mechanisms?	Where will compliance with these requirements be reported?	What further action do we need to take?	Who and by when?	What resource or support do we need?	How will we mitigate risk in the short term?
Detailed training needs analysis in place.	Monthly compliance reports	Compliance with education and training submitted monthly to Quality Board		Practice based educator March 2021		Main risk is impact of COVID on training requirements.

MDT training schedule (PROMPT) in place	Monthly compliance reports	Compliance for training monitored and achieved via CNST				Alternative methods of MDT training to be accessed i.e. Interim PROMPT (virtual)

Currently daily consultant led and present multidisciplinary ward rounds take place in the morning 7 days a week and non-prospectively in the evening	Published rota for dedicated consultant for Delivery Suite for daytime, twilight and night sessions. While there is a handover document for twice daily MDT handovers, this does not reflect ward rounds.	In addition to the rota, the handover could incorporate personnel available for the twice daily ward rounds and this compliance (RAG) to be reported quarterly to the Labour ward forum and O&G directorate meetings.	1.Implement twice daily prospective Consultant ward round in Delivery Suite and reflect this on the rota and hand over sheet 2.Conduct a survey of consultant body on optimal time and personnel for prospective evening ward round in Delivery suite 3.Increase daytime consultant provision over weekend days from 6 hours to 9 hours per weekend day 4. Increase twelve hour daytime consultant presence over weekend day from 3/8 weekends to 5/8 weekends. 5. Incorporate (RAG rate) performance to Dashboard	April 2020 Clinical Director January2020 Clinical Director April 2020 Clinical Director/ Business manager April 2020 Clinical Director/ Business manager March 2020 Governance Lead - MD	Business case to fund additional PAs for evening ward round Digital survey already completed and ward round schedule agreed with consultants Both actions 3 and 4 would require ECP authorisation of funding for the two part time obstetric consultant posts	1.Ensure virtual ward round in the evening when physical WR has not taken place in the evening 2.Monitor incidents

Immediate and essential action 4: Managing Complex Pregnancy
There must be robust pathways in place for managing women with complex pregnancies

Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.

- Women with complex pregnancies must have a named consultant lead
- Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team

Link to Maternity Safety Actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Link to urgent clinical priorities:

a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.
b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres.

What do we have in place currently to meet all requirements of IEA 4?	What are our monitoring mechanisms?	Where is this reported?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?

SOP utilised in ANC which outlines the process for referral and triage of women to consultant clinic. Referral process in place for women requiring maternal medicine input	Women are triaged via traffic light proforma criteria and allocated to an appropriate consultant lead at the appropriate time. Triage is undertaken by a consultant on a daily basis. All referrals to Fetal medicine Unit are held on a database and monitored by the dedicated screening midwife.	Maternity office keeps the statistics for referrals, attendances and DNAs. Named consultant on maternity data systems. Quarterly data is submitted in the form of KPIs to PHE. Anomalies are reported to NCARDRS-national database.	Improve documentation of named lead Consultant on hand held records particularly if there has been a change of care pathway i.e. Midwifery led care to Consultant led care.	ANC manager or named antenatal clinic midwife. Consultant Obstetrician or deputy. March 2021 Specialist Midwife	The triage of the traffic light form is new and is currently being embedded within ANC Continued dedicated midwife and failsafe officer to continue	This data is shared with the ANC manager. All complex women have a named consultant so existing processes support the action.

All women are risk assessed at booking and any woman who is not suitable for midwifery led care is referred for care under a named consultant. The traffic light form is designed such that women are allocated to a specific consultant depending on their risk factor.	No monitoring mechanisms currently in place. However team working amongst consultants enables collaboration and timely referral to another colleague with a special interest if indicated by the woman's clinical need. No mechanism currently in place to audit compliance with this, however currently all traffic light forms are triaged by a consultant who indicates the most appropriate named		Snapshot audit for monitoring compliance with documentation of the named consultant	ANC manager or named antenatal clinic midwife. Consultant Obstetrician or deputy. March 2021	Support from audit department. Support with maternal medicine service. Approval for second consultant (less than full time) to support antenatal clinic and maternal medicine service.	Continued consultant triage of referrals and oversight of ANC numbers in conjunction with ANC manager and maternity office manager

Named consultant for maternal medicine who is active in regional maternal medicine network. Joint working across GMEC with access to tertiary level care if indicated according to agreed pathways and guidelines. Maternal medicine consultant meets with the GMEC network on a monthly basis.					Maternal Medicine referral pathway established whereby Saint Mary's Hospital at MFT is a tertiary level service provider accepting referrals from across GM and the North West	

Immediate and essential action 5: Risk Assessment Throughout Pregnancy Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway. • All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional • Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.
Link to Maternity Safety actions: **Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?**
Link to urgent clinical priorities: a) A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance.

What do we have in place currently to meet all requirements of IEA 5?	What are our monitoring mechanisms and where are they reported?	Where is this reported?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?

Women attend antenatal reviews as per NICE Antenatal schedule and risk assessments are documented in the antenatal hand held notes, Euroking and central maternity file Review in Obstetric led antenatal clinics will be planned according to clinical need and alongside ultrasound surveillance. Risk assessment documented in handheld antenatal notes, Euroking and central maternity file	No regular monitoring mechanisms established. 'Spot checks' and snapshot audits take place to assess completion of the risk assessment proforma but these are not scheduled		Establish regular audit of antenatal notes and clinical proforma to ensure complete risk assessments	ANC Manager, Antenatal Lead Consultant, PAU Manager March 2021	Support from audit department. Approval for second consultant (less than full time) to support antenatal clinic service.	All clinical staff to update electronic record (Euroking) during antenatal assessments to allow continued monitoring

Acute attendances to pregnancy assessment unit (PAU) follow risk assessment proforma for specific clinical presentations during pregnancy which are filed in the central file and on Euroking Named link Consultant for triage and PAU to ensure quality and safe patient care Care is reviewed at every antenatal contact	Recorded and documented in the maternity hand held notes	Green maternity notes contain written documentation when there is a change in risk factor noted at ANC or community	Need a specific question in the contact questionnaire on Euroking to highlight change in risk factor	IT midwife March 2021	Time to train the maternity staff /doctors on changes to Euroking	Minimal risk as the information on change in risk is documented but currently not easily identified.

Changes to continuity are recorded on Euroking	Euroking contact question does collect some data around content of appointment but the doctor/midwife needs to visit separate care plan section on Euroking to address specific changes to care plan	Maternity triage document change in risk on separate proforma stored in central file, however, this can be deduced from the plan in the absence of a specific prompt Community midwives also undertake the Euroking contact section.				

Immediate and essential action 6: Monitoring Fetal Wellbeing

All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.

The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: -

- Improving the practice of monitoring fetal wellbeing –
- Consolidating existing knowledge of monitoring fetal wellbeing –
- Keeping abreast of developments in the field –
- Raising the profile of fetal wellbeing monitoring –
- Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported –
- Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.
- The Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training.
- They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. •
- The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 and subsequent national guidelines.

Link to Maternity Safety actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?
Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Link to urgent clinical priorities:

a) Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.

What do we have in place currently to meet all requirements of IEA 6?	How will we evidence that our leads are undertaking the role in full?	What outcomes will we use to demonstrate that our processes are effective?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?

Two consultant leads for fetal physiology and a band 7 midwife lead Lead midwife currently allocated x1 day a week training. Fresh eyes takes place for all women in labour who are monitored by continuous electronic fetal monitoring.	Evidence of total FBS and Clinical incidents reduced following introduction of fetal physiology. Training dates to be completed with registers of attendance. Register of staff attending weekly CTG case reviews.	Lead consultant and midwife evidence of case reviews. Registers kept for Doctor's training and one to one reviews carried out with midwives. Prompt registers Reduction in avoidable harm	To implement new GMEC guidance. Slightly delayed due to Covid Continue to support the process for learning from clinical incidents	Midwife and Consultant leads	Tine given to allow staff to complete online K2 training and time given to attend study day and case review sessions Financial support to ensure the identified time required for midwives, Consultant Obstetricians, Anaesthetists and Neonatologists to undertake all practice review sessions within the 72 hour timeframe is available.	Identifying non-compliant staff and allocating first for CTG study day.

CTG training days for half a day face to face training in the process of being set up and staff allocated. Consultant leads and lead midwife meet every month to review cases of clinical incidents and unexpected term admissions to the Neonatal unit. All Delivery suite Coordinators booked to attend a CTG masterclass. Midwifery and obstetric leads support Saving Babies' Lives care bundle Element 4. Compliance monitored via CNST Competency assessments undertaken for staff providing intrapartum care		Improved compliance with the guideline via Fresh eyes and CTG audits				

Clinical incident reporting process in place that includes reporting cases of poor outcomes and admissions to NNU These cases are reviewed and lessons learnt are shared with the leads and are used to inform future training sessions. Midwife Lead review term admissions to the neonatal unit to identify any lessons that can be learnt and to identify themes. The midwife provides feedback to staff and identifies any additional educational requirements.						

Immediate and essential action 7: Informed Consent
All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.

All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care

Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care

Women's choices following a shared and informed decision-making process must be respected

Link to Maternity Safety actions:

Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Link to urgent clinical priorities:

a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.

What do we have in place currently to meet all requirements of IEA 7?	Where and how often do we report this?	How do we know that our processes are effective?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?

Pathways of care are clearly described on the Stepping Hill Maternity service website and place of birth is described. Documents available in different languages and sign post to information of interpreter service if required. Currently share a hard copy of the personal birth plan (personalised care and support) with women at booking but recognise the requirement for this to be available on our website and electronically	Compliance with user involvement monitored via CNST	Participate in the annual maternity survey. Friends and Family feedback	Redesign the website to ensure accurate and appropriate information is easily accessible and, in a format, to meet the needs of our diverse population.	Senior maternity team/IT/comms MVP	Dedicated IT support for website development and regular updates. Dedicated Comms support to use all forms of social media to engage with service users e.g. Facebook, Twitter. Support from IG to ensure that any developments can be easily implemented.	Direct to GMEC LMS mybirthmychoice website

Shared decision making processes in place to support choice. Process in place to support care outside the guidelines and the development of an individual care plan that supports choice. Referral process to further support choice and requests for care outside the guidelines. An individual care plan is developed in partnership with the woman. Referral process to further support choice and requests for care outside the guidelines. An individual care plan is developed in partnership with the woman.					MVP time to coproduce. Financial resources to support the Facemums social media programme – midwifery time	

Section 2

MATERNITY WORKFORCE PLANNING

Link to Maternity safety standards:

Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard
Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

We are asking providers to undertake a maternity work-force gap analysis, to have a plan in place to meet the Birthrate Plus (BR+) (or equivalent) standard by the 31st January 2020 and to confirm timescales for implementation.

What process have we undertaken?	How have we assured that our plans are robust and realistic?	How will ensure oversight of progress against our plans going forwards?	What further action do we need to take?	Who and by when?	What resources or support do we need?	How will we mitigate risk in the short term?
Full BR+ assessment undertaken 2016, midwifery business case submitted to increase midwifery staffing in line with recommendations. December 2020, Business case approved, midwifery staffing increased to allow supernumerary status of delivery suite coordinator. Now in place	Risk assessment completed related to staffing – reviewed and updated in January 2021. Risk for staffing and capacity on the risk register with a score of 12	Monitored via bi-annual staffing report Review of CNST submissions and compliance with the Maternity Incentive Scheme	Continue to review the risk related to staffing and capacity each month	Head of Midwifery	These will be dependent upon the findings of the BR Plus report. These are likely to be that an increase in midwifery workforce is required (??WTE) in addition to an increase in Band 3 Maternity Support Workers	Continue to support the use of NHSP to support short term gaps in the rota. Rolling recruitment programme to enable recruitment of experienced midwives.

Additional BR+ assessment undertaken to support Continuity of Carer and SBL, awaiting final report Bi-annual staffing report submitted that demonstrates the current position and actions being taken to mitigate risks. The BR Plus information will be used to inform midwifery workforce planning to support Bi-Annual staffing report to highlight gaps and workforce position for 2021. Compliance with clinical workforce planning and midwifery workforce planning monitored via CNST.	On receipt of the report, this will be shared with Board with a timescales for approval and recommendation for implementation Utilise model hospital and other workforce tools to benchmark against peers. Any future workforce gap analysis will have to consider the changes at East Cheshire trust and the impact this has had on our birth numbers and midwifery staffing.					

MIDWIFERY LEADERSHIP

Please confirm that your Director/Head of Midwifery is responsible and accountable to an executive director and describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care

- The head of Midwifery reports directly to the Chief Nurse.
- The Head of Midwifery sits on GM HoM's board and has an effective working relationship with the Regional Chief Midwife.
- The Head of Midwifery attends meetings and supports the work of GMEC SCN
- There is a wide range of specialist midwives supporting women with complex care including bereavement, diabetes, perinatal mental health, infant feeding and safeguarding. The midwives have dedicated time to undertake their roles.
- SHH supports sustainable midwifery leadership in education.
- There is a maternity based educator in place to support mandatory training and education sessions within the service who has direct links to local Higher Education Institutions to support the development, delivery and management of local midwifery education programmes
- Clinical / ward based education midwives in place to support staff transition to the specific clinical areas and ensure that lessons are learnt from incidents
- There is commitment to fund ongoing leadership development.
- Annual appraisal system in place to support on-going professional development of all staff and commit to supporting midwifery leadership
- Leadership programmes supported as part of professional development; this includes supporting senior midwives to undertake courses provided by the Leadership.
- Supporting all Matrons to attend the Matron development programme
- Supporting Band 7 ward managers/coordinators to undertake in house Band 7 development programme
- Professional input into the appointment of senior leaders – there is a process for attending focus groups as part of the selection process for senior roles within the organisation.

NICE GUIDANCE RELATED TO MATERNITY						
We are asking providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Where non-evidenced based guidelines are utilised, the trust must undertake a robust assessment process before implementation and ensure that the decision is clinically justified.						
What process do we have in place currently?	**Where and how often do we report this?**	**What assurance do we have that all of our guidelines are clinically appropriate?**	**What further action do we need to take?**	**Who and by when?**	**What resources or support do we need?**	**How will we mitigate risk in the short term?**
The Audit team identify any new/updated guidance and forward it to the AMD with a time frame for completion and submission to Quality Board.	Reported to monthly Quality Board then the following month to Patient Safety Group.	The appropriate clinician reviews our guidelines when commenting on NICE compliance and actions may include education and change in guidelines where we are not fully compliant.	Obstetric lead to look at all of our clinical guidelines and assure Quality Board of the evidence behind those not based on NICE guidance	Obstetric Lead	Time to enable the team to review the guidelines	Our guidelines are all discussed and reviewed regularly through Directorate meetings

The AMD delegates according to specialty to a clinical lead for a response to and provides an overview report and review of actions for Quality Board then Patient Safety Group. Risk assessment undertaken where the guideline is not implemented in full and added the risk register. Further actions taken as required to either provide assurance that care can be safely provided or to monitor the implementation of changes in practice to be fully compliant		These actions are assigned a date and signed off on AMAT (electronic audit system)				

Stockport NHS Foundation Trust

COVID 19 Board update

Feb 4 2021

Nicola Firth, Chief Nurse & DIPC

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Current North West position

- Appear to be just over the peak
- The decline is very slow, and slower than other regions
- Nosocomial rates are improving
- Regarding variants – no changes to guidance on PPE etc.
- Continued focus on discharge of patients from hospital
- Incredible vaccination work across the NW

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Modelling

Week	ICU Demand - NHSI Model @ 02/02/01				G&A Bed Demand (Excludes ICU beds)			
	Worst-case	Likely-case	Best-case	GM Model	Worst-case	Likely-case	Best-case	GM Model
01/02/2021	26	16	6	16	167	150	134	197
08/02/2021	24	15	7	17	177	123	78	198
15/02/2021	23	13	5	17	164	98	51	202
22/02/2021	21	12	4	17	146	80	39	208

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Current position - Stockport

- 139 patients in hospital wards
- 19 patients in the critical care unit
- Nosocomial rate reduced
- No current outbreaks
- The 7-day rate (to 30th Jan) of infection in Stockport is 251.9 per 100k population compared to 263.2 per 100k across GM and 257.6 nationally

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NHSE/I Governance Review of Stockport NHS Foundation Trust

Nicola Firth - Chief Nurse
Andrew Loughney - Executive Medical Director
Paul Moore - Interim Director of Governance & Risk Assurance
Caroline Parnell – Director of Communications & Corporate Affairs

February 2021

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Current state & plans

- Chief Executive, Director of Operations, Chief Nurse & Medical Director new in post – Nov 2020, Dec 2020 and Jan 2021 respectively
- Review of progress against the NHSE/I Governance Review to Board of Directors February 2021
- Board Assurance Framework in place by March 2021
- Review of governance team structure by April 2021
- Review of Business Group structures and their governance processes
- Continuous triangulation of data & analysis through assurance framework

Stockport NHS Foundation Trust

NHSE/I national & regional support programmes

- IPC – stepped down from this Dec 2020
- Maternity – stepped down from this Dec 2020
- Continue to have support from Caroline Griffiths (Intensive Support Director), Nick Wade (Improvement Manager) re mental health care in ED – working with Pennine Care, and Ann Casey (Senior Clinical Workforce Lead)

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Governance Review by NHSE/I

- Undertaken by Becky Southall, Quality Governance Lead, NHSE/I
- Received and considered by Directors in June 2020
- NHS E/I focussed on:
  - *effectiveness of the Board's meeting structures;*
  - *the Board's line of sight on material issues of concern;*
  - *adequacy of data and reporting of data;*
  - *adequacy of assurance for the purpose of meeting the Board's needs; and*
  - *alert handling practices in operation at the Trust*
- Recommendations were accepted by the Board
- Alongside NHSE/I's investigation, the Board also considered and agreed proposals by the Interim Director of Governance & Risk Assurance to develop quality governance and risk management practices at Stockport

Stockport NHS Foundation Trust

Governance Development: Progress to Date

- Re-engineered meeting structures with a proactive emphasis on forward planning safety and quality assurances for all relevant registration regulations
- Built and established a 12-month CPD programme for governance practitioners in the corporate team and also business groups which started in Jan ‘21 and will use learning sets and remote facilitated training events to cover required competencies
- Built a register of external visits/licencing accreditation inspections to proactive and better prepared for external scrutiny
- Drafted new standards for report writing – developed in partnership with Becky Southall.
- Re-purposed the Integrated Performance Report with input from the Making Data Count Team from NHSE/I – now in use

Stockport NHS Foundation Trust

Governance Development: Progress to Date

- Led by the Chair of the QC, Members have considered and determined their preferences for assurance priorities for the remainder of 2020/21
- Standards for report writing have been drafted with input from NHSE/I's national Quality Governance Lead. Templates in production. These standards remain subject to formal approval and testing in practice to be confident of their utility and value to the Board.

Stockport NHS Foundation Trust

Governance Development: Progress to Date

Risk and Safety Management

- Established a Risk Management Committee (RMC) in June 2020
- Delivered a series of 'Good Governance Masterclasses' to senior leaders and governance practitioners focussing on improving control, assurance and accountability
- Risk registers across all business groups and corporate functions have been reviewed, rebuilt and examined by the Risk Management Committee
- All reportable risks (i.e. those with a residual score of ≥10) have been kept under review by the RMC as part of rolling programme of reviews; and the Board fully informed and briefed on all significant risk exposures (i.e. those with a residual score of ≥15)
- An emergent risk horizon setting out six plausible risk scenarios has been developed and received at the Board as part of the Risk Report

NHS Stockport NHS Foundation Trust

Governance Development: Progress to Date

Risk and Safety Management

- Simplified the grading matrix and introduced use of relative frequency, where appropriate, to inform probability analyses
- Simplified and implemented the risk management process in line with the British Standard Code of Practice for Risk Management
- A four-stage process governing the handling of serious incidents has been introduced – re-engineered to provide leadership, increase engagement, strengthen oversight & accountability, support decision making, and improve compliance with NHS England's 2015 Serious Incident Framework
- Addressed and cleared the backlog of overdue serious incident investigations

Stockport NHS Foundation Trust

Governance Development: Progress to Date

Risk and Safety Management

- New SI handling procedures have been examined independently by Internal Audit and awarded a 'substantial assurance' rating
- Use of NHSE/I's 2015 SI framework has led to a reduction in numbers of serious incidents declared
- Commissioned, received and considered an independent review of Health & Safety Management. The Board agreed a development programme which is well underway.
- HSE Inspection on Covid-19 safety arrangements – positive outcome
- The Trust has appointed a competent Health & Safety Advisor to support the work on the Trust's Safety Management System

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Governance Development: Progress to Date

Risk and Safety Management

- Addressed gaps in the implementation of alerts assigned to Stockport NHS Foundation Trust that were overdue and continues to closely monitor.
- Developed internal arrangements for inquest handling to better prepare, support families and the Coroner's team
- There have been no *Prevention of Future Death* reports issued by the Coroner to Stockport NHS Foundation Trust since May 2020
- Rebuilt the Board Assurance Framework (subject to Board approval)

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Corporate governance actions/improvements

- Board “bring forward” developed to address key responsibilities
- Board development session on good governance, including Board’s statutory duties was held
- Fundamental redesign of the BAF to reflect strategic objectives and key risks – Audit Committee in March 2021
- ToR and membership of all assurance committees reviewed & approved
- Board and committee cycle revised to spread meetings across the month and support timely reporting
- Agreement to create Head of Corporate Affairs role to support corporate governance, include BAF development and maintenance
- Redesigned corporate admin. to support new governance structure

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Examples of Improvements Delivered

- Reduction in maternity diverts
- Reduction in 12 hour ED breaches
- Reduction in falls
- Reduction in infections including Clostridium Difficile
- Reduction in PFDs from HM Coroner
- Improvements in provision for mental health patients in ED
- Improvements in safe staffing levels
- Positive outcome following re-inspection of ED by CQC in August
- Positive outcome following HSE Inspection of Covid-19 Security

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Examples of Improvements Delivered

- Cleared backlog of overdue CAS Alerts
- Cleared backlog of overdue serious incident investigations
- Reduced exposure to serious incidents
- Visibility of material risks enhanced - significant risks presented to Board at each formal meeting
- Improved compliance with blood tracking and traceability
- Enhanced inquest handling, oversight, and support to families and staff
- Sustained progress to assure delivery of all must-do and should-do CQC recommendations

Stockport NHS Foundation Trust

Governance – Next Steps

There are a number of factors which indicate a further review at the current time would be beneficial:

- COVID 19 Command & Control structure has been in place for almost 1 year and runs alongside the Governance Assurance Framework, and in the current climate must be taken into consideration
- New Non Executive Directors, Chief Executive and members of the Executive Team with knowledge, experience and queries
- Timely to review in light of progress made following the NHSE/I report and support form NHSE/I programmes throughout the past year

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Governance Development: Next steps

- Review of assurance framework/meeting structures with new executive team by March 2021
- Review of the Control and Command Governance structure in conjunction with the above point
- Review of governance team structure by April 2021
- Review of Business Group structures and their governance processes
- Continuous triangulation of data & analysis through assurance framework
- Health & Safety Duty Holder's matrix, legal register and performance measures to be developed

Stockport NHS Foundation Trust

Governance Development: Next steps

- Continue to drive implementation and assure delivery of the CQC Improvement Plan
- Ensure incidents are reviewed, acted upon and closed in line with standards
- Ensure potential SI's have facts established and a decision on seriousness made within 48 hours of the discovery
- Refresh update & launch the Quality Strategy - refine and align key quality indicators to drive improvement that reflects the Board's ambition for delivery of excellent quality and safety

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 4 February 2021		**Report of:** Quality Committee
Date of last meeting: 26th January 2021		**Membership Numbers:** Quorate

1.	**Agenda**	The Committee considered an agenda which included the following:
		• Patient Safety and Quality Group Chair's Assurance Report
		  ○ Annual Cervical Screening Provider Lead Report
		  ○ Sepsis Assurance Report
		  ○ ED Safety Report
		  ○ Medicines Safety Report
		  ○ Notification of Serious Incident Report
		  ○ Report of the Safeguarding Group
		  ○ CQC Insight Tool Analysis
		  ○ CAS Alert Compliance Report
		  ○ Maternity Dashboard
		  ○ Post Covid Follow Up Services
		  ○ Cancer Quality and Service Improvement Group Report
		• CQC Implementation Assurance
		• Covid-19 Update
		• Infection Prevention and Control Update
		• Maternity Improvement /Ockenden update

	Assurance	*The Patient Safety and Quality Group meeting (13th January) was stood down due to operational pressures. The assurance reports had therefore not been discussed or assurance-rated by the Group before consideration by the Quality Committee.* **Sepsis Assurance Report.** The Committee received positive assurance with respect to performance data for December. Compliance for timely recognition was 76% and compliance for antibiotic administration was 87% and are within the agreed trajectory. The Committee reiterated the requirement for further assurance on performance from benchmarking and review of the compliance targets. **ED Safety Report:** Positive and negative assurance was received in relation to ED safety. An improving picture wrt quality metrics but areas of concern. **Infection Prevention and Control Update**: The report provided an overview of current IPC activities, surveillance, and safety improvement and included Covid-19 associated risks, issues and ongoing actions. The Committee were assured that there was good overall control and systems and requested further assurance in relation to antimicrobial stewardship. *Infection Prevention and Control Group***:** Positive and negative assurance was

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		received in relation to the IPC Group report. *C.difficile* rates remained low, improvements made in cleanliness (nursing), and positive external feedback on IPC BAF. No assurance was provided by the Water Safety Group and concerns raised by Decontamination Group in relation to out of date policy and equipment library set-up. **Notification of Serious Incidents (SIs)**. Positive and negative assurance was received in relation to SI exposure as there were 4 serious incidents declared in December. The Committee was satisfied that there is good control and positive assurance with respect to SI handling. No reports were overdue to the CCG and overdue action plans reduced further 13 to 12. **Management of Falls.** The report provided inconclusive assurance in relation to the management of falls. Progress towards target 10% reduction in total falls in slightly off-track, and falls moderate or above are below target 10% reduction. **Learning from Deaths:** Deferred until February **CAS alert Compliance:** Positive assurance received. Q3 alerts all closed within timeframes and no overdue alerts. **Post-Covid Follow-Up Services:** Positive assurances received through the report of the Respiratory Team. There are no patients waiting or exceeding their follow date as per national guidance. The Committee has requested assurance on follow-up provision for post-covid patients requiring other specialties such as renal and haematology. **Maternity Improvement Plan / Ockenden Report.** The Committee received an update on maternity safety and progress against standards set out in the Ockenden Report. Out of the 7 immediate and essential actions the Trust is compliant with 5 of these and partially compliant with 2. Assurance was inconclusive. **Maternity Dashboard**: The Committee received inconclusive assurance from the maternity dashboard. Areas that are outside expected goals were, C- Section total rate, Apgar less than 7 @5 min, VBAC, Number of term babies admitted to SCBU, Term neonates deaths < 7 days, Number of SIs. **CQC Improvement Plan:** Positive and negative assurance was received in relation to the CQC Improvement Delivery Plan (October). • 163 (62%) of actions received assurances supported by evidence confirming three consecutive months of compliance (Blue); an increase of 9% on the reported position for December 2020. • 96 (37%) of actions are *on-track (Green)*; a decrease of 8% on the December reported position. 3 (>1%) actions are problematic (Amber); a decrease of 1 action compared to December position. • 1 (>1%) of actions are overdue for completion (red) a decrease of 2% from the December report. Outstanding/problematic actions were discussed by the Committee which included: i) Competency assessments for nursing staff. The chief nurse is re-evaluating the action. ii) Continued pressures in relation to patient flow through ED and hospital.
	Alert	•

	Advise	•		
2.	Risks Identified	The Committee agreed that: • There is a risk to cancer quality and standards and elective recovery due to the ongoing response to the Covid pandemic.		
3.	Actions to be considered at the *(insert appropriate place for actions to be considered)*			
4.	Report Compiled by	Marisa Logan-Ward	Minutes available from:	Committee Secretary

Stockport NHS Foundation Trust

Board of Directors Key Issues Report

Report Date: 04/02/21		**Report of:** Finance & Performance Committee
Date of last meeting: 21/01/21		**Membership Numbers:** The meeting was quorate.
1.	**Agenda**	The Committee considered an agenda which included the following: • Operational Performance • Operational Plan Update • Financial Performance • Contracts Report • Agency Utilisation • Review of Agency Controls • Pharmacy Shop – Financial Position • Update on Capital Bids • X Ray Room Procurement • Fourth CT Scanner Business Case • Key Issues from Reporting Groups: - Capital Programme Management Group
	Alert	The Committee wished to alert the Board to the following: • Impact of Covid Wave 3 on 2020/21 outturn and exit trajectories. • Endoscopy continues to present a challenge in terms of backlog and capacity – outputs from deep dive exercise to February Board. • Extra-ordinary Board proposed to consider / approve 2021/22 Plan. • Committee noted update on capital bids – implications to be considered at Board. • X-Ray Room Procurement – recommended for Board approval. • Fourth CT Scanner Business Case (Healthier Together funded) – recommended for Board approval.
	Assurance	• Executive Oversight Group established to oversee planning and strategy. • Operational Performance: Noted pressure on key performance targets. Chair invited comments on Operational Performance Report to submit to Ms J

		McShane for responses to Committee. • Committee received the Operational Planning Update. Noted financial arrangements to roll over to Q1 of 2021/22, and planning round suspended until further notice. Executive Oversight Group have considered internal planning approach and delivery timeline ahead of 1 April 2021. Extra-ordinary Board proposed ahead of 2021/22 in order to consider plans. The Committee considering extra-ordinary Committee meeting ahead of Board, acknowledging tight timescales. • Assurance received regarding 2020/21 financial performance to year end based on current forecasts. Noting risks to operational delivery and the financial regime as stated, and cash regime from 2021/22. Committee noted the Trust's forecast outturn in the context of the GM forecast position. • Review of use of agency usage received – including forecast to the end of the financial year for assurance. Noted that the forecast outturn for 2020/21 has improved again during M9 – acknowledging opportunities to improve this trajectory further into 2021/22. Noted controls are being reviewed through WIGG and JCNC. • Committee noted update on capital bids – noting mitigations in order to utilise external funding during 2020/21.		
	Advise	•		
2.	**Risks Identified**	• Wave 3 of Covid – impact noted under Operational Performance Report. • Commissioning landscape – in context of contracts, planning and performance from 2021/22. • LIMS system risk raised as part of CPMG key issues report.		
3.	**Report Compiled by**	Malcolm Sugden	Minutes available from:	Deputy Company Secretary

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 14/01/2021		**Report of:** People Performance Committee
Date of last meeting: 10/12/2020		**Membership Numbers:** Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Workforce Risks and Audit Priorities • Workforce KPI Report • Culture and Engagement Update • CD and New Consultant Development Programme
	Alert	The Committee would like to alert the Board of the presentation on the review of the 24 month Culture and Engagement Pilot Study sponsored by NHSI/E. Important to note that the work started will still continue and the qualitative and quantitative diagnostics will be used to improve our performance. Staff identified a larger proportion of disablers than enablers in relation to achieving a positive culture. Progress has been made but there is still much more to do before our culture enables us to achieve our mission and values. The Committee would like to alert the Board that the new Medical Director has identified that one of his areas of focus is to develop a pipeline of future medical leaders as he has identified this is an area of weakness at the moment.
	Assurance	
	Advise	The Committee would like to advise the Board that the figures for the Flu Vaccination are 78.5% of staff to date who have received their vaccination compared to the 72% position in the previous year The Committee would like to advise the Board that the COVID Hub has performed exceptionally well and all concerned should be very proud of their achievements. 69 vaccinators have been trained and of those 40 are fully complete and participating in the hub. In addition we are working with a number of partner organisations for them to provide us with vaccinators to release our own staff for the front line. Given the change in policy re the second dose the hub has successfully re-booked over a 1000 appointments, one of the best performances in GM. The Committee would like to advise the Board of the staff survey participation results, although not as good as last year, 51.1% is an increase compared with the national average of 49%. A really good performance given the challenging circumstances. The Committee wish to advise the Board that Internal Audit themes were discussed for 21/22 and the Committee focussed on looking at VFM in relation

		to a suite of staff areas given that 72% of Trust expenditure is in the area. It was suggested that job planning, safe staffing and control of medical agency/bank should be the three themes concentrated on in this wide ranging topic area. The Committee would like to advise the Board that despite the suspension of Medical Appraisals due to COVID 89.23% have been achieved and it is anticipated that circa 95% will be achieved in the next 6 months. The Committee would like to advise the Board that there is a plan in place to incorporate some of the revised Workforce KPIs into the IPR to improve Board line of sight on workforce risks.		
2.	Risks Identified	The Committee would like to draw the attention of the Board to the ongoing risk surrounding the insufficiency of staff and therefore an over reliance on Bank and Agency and the cost of this i.e. a forecast of £8.1 million more than last year.		
3.	Actions to be considered at the *(insert appropriate place for actions to be considered)*			
4.	Report Compiled by	Mrs C Anderson	Minutes available from:	Committee Secretary

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 04/02/21		**Report of:** Audit Committee
Date of last meeting: 28/01/21		**Membership Numbers:** Quorate (via Webex)
1.	**Agenda**	The Committee considered an agenda which included the following: • Committee Work Plan • Patient Clinical Letters Review – Outstanding Management Response • Internal Audit Progress Report • Review of Internal Audit Plan 2020/21 • Development of the 2021/22 Internal Audit Plan • Anti-Fraud Progress Report • External Audit Plan • Review outstanding implementation of recommendations with significant / fundamental status • Accounts Timetable and Annual Reporting Manual Update • Pharmacy Shop – Audit Exemption • EPR – Lessons Learnt Review • Items of Audit Committee interest from Board Committees • Review of meeting effectiveness
	Alert	• National Annual Report and Accounts year-end timetable extension. Key national judgements remain outstanding relating to accounting treatments, Going Concern – also noting Value for Money conclusion changes. Relaxations for Annual Report requirements consistent with 2019/20 (performance analysis and Quality Report). Additional disclosures around equality of access, and diversity and inclusion. • The Committee noted moderate assurance for IT Critical Systems Review (Advantis) and limited assurance for the IT Backup Device and Configuration Control Review.
	Assurance	• MIAA internal audit report received and progress against work plan noted. Approved carry forward e-rostering review into Q2 of 2021/22 – acknowledging NHSE/I national review to be considered at next Audit

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		Committee. Acknowledged Covid-19 audit now at draft stage – noting substantial assurance subject to finalisation. The Committee noted substantial assurance for the Complaints Management Review. • Outstanding response to the Patient Letters report presented by Directors of Operations, having recently come into post – outlining a plan to provide an update to May Audit Committee. • The Committee received Internal Audit Draft Plan for 2021/22 for discussion. Views of Executive and Non-Executive Directors are being sought in formulating plan. Discussion held in order to consider areas to provide line of sight across statutory and regulatory responsibilities of Board. • MIAA Counter Fraud Report received and progress against work plan noted. • Mazars External Audit Plan received and noted. Drawing particular attention to Land & Building Valuation, Going Concern basis of accounts preparation, and Value for Money assessments. • EPR Lessons Learnt report noted. Discussion around embedding lessons learnt, leading on to discussion on Trust's internal due diligence exercise undertaken for Emergency Care Campus Business Case to be brought to Committee.		
	Advise	• Small companies audit exemption for Stepping Hill Healthcare Enterprises Ltd (Pharmacy Shop) for recommendation to Board.		
2.	Risks Identified	• Risks highlighted by MIAA review for IT Critical Application Review and IT Backup Device & Configuration. The Committee have requested an accelerated review of management actions which were reported as due by January 2021.		
3.	Actions to be considered at other Committees	-		
4.	Report Compiled by	David Hopewell, Chair	Minutes available from:	Deputy Company Secretary

NHS Stockport NHS Foundation Trust

Report to:	Trust Board	**Date:**	4 February 2021
Subject:	Policy for the Approval of Non-Audit and Additional Services by the Trust's External Auditors		
Report of:	Director of Finance	**Prepared by:**	Associate Director of Finance

REPORT FOR APPROVAL

Corporate objective ref:	C3a, C3b, C7c
Board Assurance Framework ref:	S03
CQC Registration Standards ref:	CQC Well Led KLOE 6
Equality Impact Assessment:	☐ Completed ☒ Not required

Summary of Report

This paper describes the policy the Trust would apply in the event that additional services were sought to be undertaken by the Trust's external auditors.

The establishment of this policy has been recommended as best practice following a self-assessment exercise conducted by Audit Committee. There are no plans at present to undertake any such additional services.

The Council of Governors has endorsed this policy, given that it is the Council which is responsible for the appointment of external auditors, and recommend it to the Board of Directors for approval.

Attachments: none

This subject has previously been reported to:

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

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NHS Stockport NHS Foundation Trust

POLICY FOR THE APPROVAL OF NON-AUDIT AND ADDITIONAL SERVICES BY THE TRUST'S EXTERNAL AUDITORS

1. INTRODUCTION

NHS Foundation Trust auditors are required to comply with the National Audit Office's Code of Audit Practice and the NHS Act 2006.

The statutory responsibilities and powers of the auditor are set out in the 2006 Act. In discharging these specific statutory responsibilities and powers, auditors are required to carry out their work in accordance with the Code.

The NHS Foundation Trust Code of Governance states that the Audit Committee should:

"Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm"

This is based upon the requirement contained within the UK Corporate Governance Code published by the Financial Reporting Council. The Code was revised in 2018, with the new Code applicable from 1 January 2019.

This paper describes the policy the Trust will adopt in agreeing any further additional services with its external auditor that falls outside its statutory audit responsibilities.

2. PURPOSE OF POLICY

The purpose of this policy is to ensure compliance with the Revised Ethical Standard of 2016 for Audit and Assurance as issued by the Financial Reporting Council (FRC). This sets out principles covering non-audit and additional services provided by external auditors which are outside the scope of the statutory audit. This ethical standard has regard to the non-audit work undertaken by external auditors but also covers the subject of internal auditors and taxation or other services supplied, setting out what safeguards are required.

The ethical standard applies to all statutory external audit (or assurance) engagements; the purpose being to ensure the audit opinion (or assurance statement) is professionally sound and objective. This should in turn, enhance the credibility of information covered by the audit opinion (or assurance statement).

For NHS Foundation Trusts, the external auditors issue an audit opinion on the Statutory Accounts (Financial Statements) and an opinion on the annual Quality Report. These are requirements of NHS Improvement and are linked to the Trust's licence to operate.

The standard limits the amount of non-audit work or services an external auditor can provide in order to avoid potential conflicts of interest from arising. Should a conflict of interest arise, this could create a potential risk that the external audit is unduly influenced by other factors. Further guidance is provided in the National Audit Office: 'Auditor Guidance Note 1 (AGN 01)'.

The users of the financial statements or quality report (including the general public) require confidence that the external auditor is independent of the Trust, impartial and unbiased. Whilst the audit firm in question may be satisfied itself that it is independent, given any particular condition or relationship with the client, the users of published information may draw a different conclusion.

The standard sets out the ethical rules and guidance necessary to ensure that the users of published information have the required assurance that the auditor is professionally independent.

NHS Stockport NHS Foundation Trust

3. SCOPE

This document applies to Executive Directors, Senior Managers and budget holders who are authorised to commit resources directly i.e. by the approval of contracts or the ordering of goods.

This policy applies specifically to non-audit work and any other additional services carried out for the Trust by the appointed external auditors.

This policy also applies to the Trust's external auditors.

4. FRAMEWORK

The standard sets out that the fundamental objective of any audit engagement is that users trust and have confidence that the audit or assurance opinion is professionally sound and objective. This in turn should enhance the credibility to users of the information that the opinion covers. It should also enhance the intended users' understanding of the underlying 'subject matter'.

Users' interest in the audit engagement usually arises because they have an actual or prospective stake in an entity (e.g. patients, staff, governors, regulators or the general public) but do not have direct access to the subject matter.

Although auditors are reporting to users, they are engaged to do so by the Trust whose information they are reporting on. Accordingly their 'contractual client' (the Trust) is different to their 'beneficial client' (users). These principal (the user) agent (Trust and auditor) relationships give rise to potential for conflicts of interest that need to be addressed if the user is to have trust and confidence in the audit process. Regulation and oversight of audit practitioners, including professional and ethical codes and standards, addresses the need for trust and confidence between users and practitioners.

The National Audit Office Guidance Note AGN 01 is the NAO's interpretation of the Ethical Standard as applied to the public sector. Links to this document, along with the FRC ethical standard are included at the end of this Policy. These provide more details on the specific requirements designed to achieve the confidence described above.

The ethical standard places various duties upon the external audit firm with regard to both the external audit itself and other services. These include:

- Rotation of audit partners after a maximum of 5 years
- Having a different partner (not the external audit partner) to lead any additional work
- No one from the external audit firm can have a key management position at the client (the Trust) or membership of the Audit Committee
- If any close family member of the engagement partner takes a role at the client this must be subject to review

The National Audit Office AGN 01 provides further guidance on the limits to non-audit services provided by the external auditor. It includes the prohibitions list in the ethical standard and prescribes a 70% cap on other permitted non-audit services.

Permitted non-audit services carried out by the external auditor are defined as work that is: not relating to the financial statements and/or financial controls, is not integrated with the external audit work plan nor performed by the existing audit team.

The external audit firm are prohibited from providing the following non-audit services:

- Tax services, including preparation of tax forms and the giving of tax advice
- Any services that include taking part in the key management decision making process of the audited entity
- Book keeping and preparation of accounting records

- Payroll services
- Designing or implementing internal controls
- Actuarial or litigation services
- The client entity's (the Trust) internal audit process
- Human resource services

Such non-audit services must be communicated to those charged with governance. The Audit Committee must be informed of any non-audit work to be carried out by the external auditor in order for it to be reviewed for compliance with the above standard. The cap is defined as: the total fees for non-audit services to the audited entity (the Trust and its controlled entities) in any one year should not exceed 70% of the total external audit fee (including subsidiaries and quality report) for the same year.

The NAO AGN 01 defines some exclusions from what is included in non-audit services; this includes audits of subsidiaries (as this is part of the external audit process), the audit of the Quality Report (for the same reason) and any other services required by law or the parent body (NHS Improvement).

The ethical standard also refers to internal auditors, by default these are not suppliers of the external audit, therefore they may supply other services, such as taxation services or consultancy advice, so long as separate partners lead those processes and there is no cap quantified. The ethical standard does place certain conditions and prohibitions on what the internal auditors can do: for example internal audit cannot be part of the key management decision making process of the entity (the Trust).

5. DUTIES

Responsibilities for the review and approval of non-audit services provided by auditors are outlined in the Trusts' Scheme of Reservation and Delegation and Standing Financial Instructions. To ensure the Trust and its appointed auditors continue to meet the ethical standards, more detailed responsibilities are set out below;

5.1 The Council of Governors

The Council of Governors is asked to endorse this policy, given that it is the Council which appoints the external auditors.

5.2 Board of Directors

Approve the overall policy regarding non-audit and additional services by the external auditor.

5.3 Audit Committee

Commissioning additional services from the external auditors by the Trust's Audit Committee, will be on the understanding that:

- the Audit Committee is responsible for agreeing additional work to be undertaken;
- the Audit Committee considers whether external audit or another organisation is best placed to provide the service, based on such factors as relevant experience and expertise in that particular area;
- the Audit Committee confirms that the external auditor's ability to undertake its statutory responsibilities will not be compromised by the undertaking of this work;
- the Audit Committee agrees an Engagement Letter with the external auditor covering each piece of additional work, which will specify the scope of the work, timetable for delivery and fee. The Letter will also explain how the work does not compromise the independence of the external auditor;
- any additional work will be included in the Annual Report and the external auditor's Management Letter as reported to the Board of Directors and Council of Governors; and
- the Audit Committee will report to the Council of Governors as soon as possible if there are any matters arising from any such additional work, which raise significant concerns.

5.4 Director of Finance
The Director of Finance has responsibility for ensuring this policy is adhered to and for ensuring that the policy remains up to date and appropriate. The Director of Finance is required to oversee and authorise any non-audit expenditure with the External Auditors, and should maintain a log of all requests for non-audit services to record decision-making processes undertaken, enabling appropriate monitoring of compliance with this policy.

5.5 Budget holders and managers
All staff within Stockport NHS Foundation Trust are responsible for ensuring that the principles outlined within this policy are universally applied.

For the avoidance of doubt, the Audit Committee requires the business sponsor of the proposed work to obtain a proposed scope and fee estimate before the work commences. The business sponsor should also seek written confirmation that the Auditor will be able to safeguard their independence in relation to the proposed work.

5.6 The Auditor
Auditors must carry out their work with independence and objectivity. The auditors' opinions, conclusions and recommendations should both be, and be seen to be, impartial. Auditors and their staff should exercise their professional judgement and act independently of the NHS foundation trust.

They should ensure that they maintain an objective attitude at all times and that they do not act in any way that might give rise to, or be perceived to give rise to, a conflict of interest.

Auditors must provide written confirmation that proposed appointments adhere with the relevant ethical guidelines and do not compromise independence and objectivity prior to undertaking any non-audit work.

6. IMPLEMENTATION & MONITORING

This policy and its associated procedures will be made available on the Trust intranet and will be disseminated to staff throughout the Trust.

Requests for non-audit services which are agreed by the Director of Finance will be reported to Audit Committee and the Council of Governors.

7. CONCLUSION & NEXT STEPS

This paper describes the policy the Trust would apply in the event that additional services were sought to be undertaken by the Trust's external auditors.

The Council of Governors has endorsed this policy, given that it is the Council which is responsible for the appointment of external auditors, and recommend it to the Board of Directors for approval.

8. REFERENCES

This document is drafted with reference to the following guidance, including national and international standards:

- Financial Reporting Council Revised Ethical Standard 2016 - Audit and Assurance
- National Audit Office Auditor Guidance Note 01
- NHS Foundation Trust Code of Governance
- National Audit Office's Code of Audit Practice
- Audit Firm Governance Code 2016, Financial Reporting Council
- UK Corporate Governance Code 2018, Financial Reporting Council
- National Health Service Act 2006 (the 2006 Act)