

BOARD OF DIRECTORS PUBLIC MEETING

7 JANUARY 2021

Making a difference every day.



Stockport
NHS Foundation Trust

Board of Directors Meeting Thursday, 7 January 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 – 3 December 2020	✓	A Belton
0950	6.	Action Log	✓	A Belton
0955	7.	Chair's Report	Verbal	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	Safe Staffing Report	✓	N Firth
1105	10.3	Winter Planning	✓	J McShane
1120	10.4	Covid <ul style="list-style-type: none"> Covid update 	✓	A Loughney / N Firth
1130	10.5	CQC Update	✓	P Moore
11. ASSURANCE				
1140	11.1	Reports from Assurance Committees <ul style="list-style-type: none"> Quality Committee Finance & Performance Committee People Performance Committee 	 ✓ ✓ ✓	Committee Chairs
12. CONSENT AGENDA				
	12.1	Nil items.		

13. DATE, TIME & VENUE OF NEXT MEETING

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

13.2 Resolution:

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

STOCKPORT NHS FOUNDATION TRUST

Minutes of a public meeting of the Board of Directors held remotely at 9.30am, on Thursday, 3 December 2020

Present:

Mr A Belton	Chair
Mrs C Anderson	Non-Executive Director
Mrs C Barber-Brown	Non-Executive Director
Dr G Burrows	Medical Director
Mrs N Firth	Chief Nurse
Mr J Graham	Director of Finance
Mr D Hopewell	Non-Executive Director
Mrs K James OBE	Chief Executive
Dr M Logan-Ward	Non-Executive Director
Mrs M Moore	Non-Executive Director
Mrs C Parnell	Director of Communications & Corporate Affairs *
Mr M Sugden	Non-Executive Director
Dr L Sell	Non-Executive Director
Ms S Toal	Chief Operating Officer
Dr C Wasson	Executive Medical Director

** indicates a non-voting member*

In attendance:

Mr A Bailey	Associate Director Strategy & Planning
Mrs S Curtis	Deputy Company Secretary
Ms D Forrest	Delivery Director
Ms S Hyde	Head of Midwifery & Women's Health
Ms S Ingleby	Interim Associate Nursing Director for ED and CDU
Mr P Linehan	Governance Advisor
Dr M Reddy	Associate Medical Director, ED
Ms A Stewart	Medical Student
Ms C Woodford	Director of Women, Children & Diagnostics Business Group

289/20 Apologies for Absence

Apologies for absence were received from Mr Bennett, Mr Moore and Mr Moores. Mr Belton welcomed Mr Bailey to the meeting who was attending in Mr Bennett's absence.

290/20 Declaration of Interests

There were no interests declared.

291/20 Opening Remarks by the Chair

Mr Belton welcomed all Board members and observers to the meeting, and made particular reference to Mrs James who was attending her first Board meeting since her appointment as Chief Executive.

He noted that this was the last Board meeting in 2020 and reflected on the extraordinary year. He commented that the focus of the meeting was about looking ahead in the context of ongoing challenges, including winter pressures, restoration of services and the risk of a third Covid wave, and anticipating risks, challenges and opportunities for the remainder of 2020/21.

292/20 Staff Story

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

Dr Burrows introduced the item and welcomed Ms Stewart to the meeting. She advised the Board that Ms Stewart, who was a fifth year medical student at Birmingham University, had supported the Trust with its Covid response during the first wave. The Board heard that a number of medical students had provided support by undertaking HCA duties on wards, supporting the setting up of a lobotomy hub and implementing virtual visiting.

Ms Stewart thanked Dr Burrows for inviting her to the meeting to talk about lessons learnt from the time she had spent at the Trust. She delivered a presentation entitled "Holistic care: lessons learned from volunteering in the Covid pandemic", which covered the following subject headings:

- Background,
- Meet Dora,
- Dora's journey,
- Power of a phone call,
- Lessons learned,
- Thank you Stepping Hill.

Ms Stewart highlighted the importance of including family and friends in patient care, from both the patient and their friends' and family's perspective. She noted that given the ongoing visiting restrictions due to Covid, the medical students had helped the Trust implement virtual visiting to enable patients to keep in touch with their loved ones via Zoom calls.

The Board heard about Dora, an 80-year old lady who had been in the hospital for five weeks with Covid, and Ms Stewart briefed the Board on the positive impact the daily zoom calls had had on her recovery. She highlighted the importance of protecting the relationships between patients and their families, particularly during these challenging times.

Mr Belton thanked Ms Stewart for the inspiring presentation.

In response to a question from Mr Graham, Ms Stewart commented that her experience of working on the virtual visiting had highlighted the importance of communications with family in enabling holistic care and that in her opinion the volunteering experience should be replicated for medical students going forward.

Dr Burrows advised that the Trust was in discussions with the Manchester Medical School about including the volunteering experience as part of their training, following requests made by medical students themselves.

Ms Toal thanked Ms Stewart for the moving presentation and noted a link between the “home first” concept of the Discharge to Assess and other similar schemes.

Mrs Firth thanked Ms Stewart for the presentation and commented that the volunteering experience would be valuable for all clinical professions. With regard to the zoom scheme, she noted that it was important that the Trust did everything possible to ensure that patients did not suffer from decompensation of skill, as it increased length of stay and risk of harm. She also commented that going forward there would be a need for a blended approach around virtual and face to face visiting.

Dr Wasson thanked Ms Stewart for the presentation and commended the way in which the medical students had stepped up to help the Trust during the first wave of Covid. He highlighted the potential for the Trust to empower its staff to make similar changes by flattening hierarchy.

Mrs Barber-Brown thanked Ms Stewart for the emotional presentation and commented on the importance of establishing creative solutions to problems and cascading the learning across the Trust.

In response to a question from Mrs Moore, Ms Stewart highlighted examples of how the virtual visiting platform could be used to include the family in clinical conversations.

The Board of Directors:

- Received and noted the staff story presentation.

Ms Stewart left the meeting.

293/20 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 5 November 2020 were agreed as a true and accurate record of proceedings.

294/20 Action Log

The action log was reviewed and annotated accordingly.

In response to a question from Mrs Barber-Brown, Mrs Firth agreed to circulate information about the maceration of commodes to Non-Executive Directors.

295/20 Chair's Report

Mr Belton presented a report providing his reflections on recent activities in relation to Board changes, the Insight programme, partnership working and the Council of Governors.

He briefed the Board on the content of the report and noted that this would be Ms Toal's last Board meeting before she commenced her secondment at Tameside and Glossop Integrated Care NHS Foundation Trust. He thanked Ms Toal for all her work during her time at the Trust and wished her the very best for the future.

Mr Belton also advised that Mr Bennett's secondment would conclude at the end of December 2020 and he thanked Mr Bennett for all his work during the past nine months.

He thanked Dr Wasson and Dr Burrows for agreeing to continue as Medical Directors until the end of December 2020, to help with the continuity of arrangements until Dr Loughney joined the Trust as Medical Director in January 2021.

Mr Belton made reference to discussions at the North West Chairs' meeting about the impact of Covid on hospitals and said that the Trust, its colleagues and communities had to remain vigilant regarding guidelines to ensure the hospital did not get overwhelmed in light of Covid and winter pressures.

He reflected on the unprecedented past nine months and, on behalf of the Board, thanked all staff and partner colleagues for their hard work in stepping up to the challenge.

The Board of Directors:

- Received and noted the report,
- Thanked all staff and partner colleagues for their extraordinary efforts during the past nine months.

296/20 Chief Executive's Report

Mrs James presented a report providing an update on national and local strategic and operational developments. She briefed the Board on the content of the report and thanked everyone for the warm welcome she had received since joining the Trust, noting that she had been really impressed with staff members' enthusiasm and vision.

She highlighted the importance of a whole system approach in addressing the operational challenges, particularly around patient flow, and noted that partnership working and formalising the associated arrangements was a key priority.

Mrs James advised the Board that the Care Quality Commission (CQC) were consulting on a revised strategy for future inspections, with a focus on system level provision rather than individual organisations, and noted that the Trust was feeding into the consultation process.

She reported that in response to the disproportionate impact of Covid on Black, Asian and Minority Ethnic (BAME) colleagues and communities, and to the Black Lives Matter movement, the North West NHS had taken the decision to establish a strategic advisory committee, also referred to as the Assembly. She said that the Trust welcomed this important development and looked forward to working closely with the Assembly.

Mrs James referred the Board to s5 of the report and was pleased to report that the Trust had been rated as the best general hospital in the country for survival rates for emergency laparotomies. She also reported that the Trust was working towards immunising at least 80% of its staff with the flu vaccination, noting that 74% of staff had received the vaccination to date.

In response to a question from Mrs Moore, Mrs James clarified that while it was being encouraged, there was no requirement for those receiving the Covid vaccine to have had the flu vaccine first.

Mr Sugden sought assurance about system working over the Christmas and New Year period, noting previous issues in this area, and commented that it was particularly important this year given the additional Covid pressures.

Mrs James said that the Executive Team considered this issue on a weekly basis and she was liaising with partners about the Christmas period. The Board heard that a facilitated joint session was scheduled for 14 December 2020 with colleagues from systems across Stockport and Tameside & Glossop to share learning and challenge to enable improvement.

Ms Toal reiterated Mrs James' comments and noted partner involvement with the Countdown to Christmas campaign and advised that the issue was discussed at the weekly governance meeting with system partners.

In response to a comment from Mrs Anderson who raised a concern about the SMBC staff availability for packages of care in the community, Ms Toal advised that the Trust had raised this requirement very early on and the Council was looking to commission additionality for pathway one. She added that the Trust had stressed the importance of resolving the issue.

The Board of Directors:

- Received and noted the report,
- Agreed that Mrs James would keep the Board updated on progress with regard to the system issues.

Ms Woodward and Ms Hyde joined the meeting.

297/20 Maternity Improvement Plan

Mrs Firth introduced this item and welcomed Ms Woodward and Ms Hyde to the meeting. The Board heard that several factors had contributed to the Trust's Maternity Improvement Plan, including the 2019 CQC report and the Trust's involvement in the national Maternity Safety Support Programme (MSSP). It was noted

that a maternity improvement group had been established and was meeting on a fortnightly basis, with a monthly highlight report presented to the Executive Team and the Board of Directors.

Ms Woodward and Ms Hyde delivered a presentation highlighting progress against the Maternity Improvement Plan, covering the following subject headings:

- Maternity Improvement Plan:
 - Context and drivers,
 - The aim,
- Progress data,
- Outcomes,
- Programme risks,
- SRO update.

The Board heard that 17 of the 19 actions were currently on track and Mrs Firth briefed the Board on mitigations against the two off-track actions, which related to the pausing of the performance meetings due to Covid.

Mrs Firth commended the enthusiasm of the staff and said that she looked forward to working with Ms Woodward and the team on developing the maternity strategy.

In response to a comment from Mrs Anderson regarding progress against the action plan, Mrs Firth agreed that future reports should include evidence to provide the Board with assurance rather than reassurance. Mrs James noted the need to agree outcome measures for all action plans.

In response to a comment from Dr Sell, Mrs Firth acknowledged the need to triangulate the data and provide a well-rounded, forward looking report to support the Board and its Assurance Committees.

Mr Sugden reiterated Dr Sell's comment and said that it would be helpful if information could be included in the next report about when the maternity service was expected to move out of the 'requires improvement' category.

In response to a question from Mr Sugden, Ms Woodford noted that the self-assessment tool was currently very detailed but agreed that it could be condensed for the Board to provide the necessary assurance.

Dr Logan-Ward thanked Ms Woodward and Ms Hyde for all their hard work and made reference to the inequalities highlighted in the MBRRACE report, and the concerning statistics regarding birth deaths of BAME mothers. She queried the Trust's progress with the implementation of the associated action plan and how the Board would receive routine assurance in this area.

Ms Hyde advised that the Trust was on track with implementing the four-point action plan and briefed the Board on progress in this area. The Board heard that a midwife had been appointed to specifically link in with the BAME population and the Trust was working across the GM on reducing variance.

In response to a suggestion from Mr Belton, it was agreed that the next maternity update report would be presented to the February Board meeting.

The Board of Directors:

- Received and noted the report,
- Agreed to receive the next update report at the February meeting.

Ms Woodward and Ms Hyde left the meeting.

298/20 Integrated Performance Report

Dr Wasson presented the Integrated Performance Report (IPR) and Mr Belton commented that there was still work to be done to make the IPR more forward looking, reduce its length and ensure a consistent narrative across the four domains.

Dr Wasson commented on the correlation between the narrative and the graphs in the report and highlighted the need to ensure consistent reporting to the Board and Committees, noting that the data in the report was for October but some of the narrative was more recent.

Quality

Dr Wasson made reference to the highlight report and noted that October had been a very challenging month, during which the running of the hospital had been reorganised and the Trust had increased the number of Covid wards from one to eight. He highlighted the associated challenges and the resultant adverse impact on flow, Emergency Department (ED) performance and Stroke specialist ward admissions, and briefed the Board on mitigating actions.

Dr Wasson noted the development of a virtual ward, which permitted up to 15 Covid positive patients to be monitored at home, with regular online check ups from clinical staff. He also highlighted critical care challenges due to expansions and commended the staff who had stepped up to undertake unfamiliar tasks.

Dr Wasson was pleased to report a reduction in the HSMR mortality rate. He briefed the Board on nine STEIS reported incidents and associated mitigating actions, noting that each incident was being reviewed to establish themes.

Mrs Firth commented that with the exception of Clostridium Difficile, the report did not include any trajectory information for infection prevention and control (IPC). She advised that target information would be included in future reports to provide greater clarity.

Mrs Firth highlighted a slight increase in MSSA infections, and said that while the performance was still within the control limits, root cause analyses were being undertaken for all cases.

She reported an improved performance regarding Clostridium Difficile infections, and highlighted the IPC improvement work as a key contributory factor.

Mrs Firth reported good progress regarding falls, noting that there not been any falls causing moderate harm.

The Board heard that there had been an increase in category two pressure ulcers linked to Covid, and while the slight increase was not unique to Stockport and the Trust's performance was still within trajectory, Mrs Firth was working closely with nursing and therapy teams to ensure improved performance in this area.

In response to a question from Mrs Anderson who queried the structure for the step change in some of the SPC charts and how the revised charts were providing assurance regarding good quality care, Mr Bailey agreed to seek further clarity regarding this issue and respond to Mrs Anderson.

In response to a comment from Mr Graham regarding 12-hour trolley waits, Dr Wasson noted that the Trust had learned from poor experience last winter and that the ability to deliver consistently good care even in extremis had been a focus of the ED development programme.

Dr Sell commented that it would be helpful if the emergency c-section report was triangulated with the maternity improvement plan and included some further narrative. Mrs Firth agreed to include this information in future reports.

Mrs James noted that further work was required regarding the SPC charts to clarify the information they were supposed to be providing.

Ms Toal noted that the peak in 12-hour trolley waits had coincided with the peak of the Covid second wave, and that the performance had to be triangulated with a number of factors and decisions taken to ensure patient safety.

Mrs Barber-Brown noted that the report should include explanations for patient safety and experience issues, such as the issue around 12-hour trolley waits as referred to by Ms Toal. With regard to the emergency c-section target, Mrs Barber-Brown noted that the Board had been advised that the target was not a relevant one to focus on, and highlighted the need to agree the necessary targets for tracking.

Operational

Ms Toal noted that in October the Trust had been focusing on the restoration of the elective programme and had been performing favourably in this area, particularly in comparison to its GM peers, but the Board heard that the progress had been adversely affected by the wave two of Covid.

Ms Toal said that going forward, recovery would be dependent on the rapid restart of the elective programme and having access to the GM independent sector and green sites, while preparing for a possible wave three of Covid.

The Board heard that the Trust was anticipating achieving pre-Covid levels for 62-day and 104-day cancer performance, two-week waits and diagnostics, with the exception of endoscopy. Ms Toal advised that an endoscopy deep dive had been commissioned, and the outcome would be reported to the Board.

Ms Toal reported that the Referral to Treatment (RTT) target would not be achieved by year-end due to the prioritisation of patients for more urgent cases. She also reported that the ED performance was dependent on the Discharge to Assess (D2A) and flow work.

In response to a question from Mrs Barber-Brown regarding the scope and cost of the PWC work around flow, Ms Toal noted that PWC had been asked to come back to tie off the previous work, including coaching staff to enable the embedding of the actions. Mr Graham confirmed that the cost for the defined piece of work was under £50,000 and Mrs Barber-Brown welcomed the work around culture change.

In response to a question from Dr Sell, Dr Wasson agreed that a summary report would be presented to the Quality Committee on the clinical prioritisation and the process for assessing associated harm.

In response to a question from Mr Belton, Ms Toal briefed the Board on cancer pathways, noting that the Trust was anticipating achieving pre-Covid levels for the two-week, 62-day and 104-day waits by the end of March 2021.

Dr Wasson highlighted the Trust's aspirations to commence the elective recovery programme as soon as possible, and Ms Toal briefed the Board on plans in this area, including utilisation of the independent sector and green sites. Dr Wasson added that the Trust's utilisation of the independent sector had been far more successful than some of its peers.

Workforce

Dr Wasson reported an improved position regarding the substantive staff in post and workforce turnover metrics.

Dr Burrows advised that the data relating to medical appraisals did not reflect the consequence of the national recommendation to pause appraisals during Covid. She advised that the correct figures reported performance in excess of 90% in this area.

Dr Wasson noted an improved performance regarding non-medical appraisals, and highlighted the importance of supportive appraisals in addressing staff wellbeing and resilience.

Mrs Barber-Brown commented that the People Performance Committee was undertaking deep dives into a number of areas, including reasons for leaving, recruitment processes, time to recruit, and the estates and facilities improvement plan. She advised that the Committee was also discussing the alignment of the workforce KPIs with the IPR to provide the Board with more detailed commentary.

Mrs Moore noted that further to a question she had raised at the previous Board meeting, the People Performance Committee would receive a report on the number of new starters lost due to the slow recruitment process.

Finance

Mr Graham reported that the Trust was still working in a hybrid financial regime, with a requirement to deliver a break even position for the first half of the financial year. The Board heard that the Trust had submitted a financial plan for the remainder of the financial year, and Mr Graham highlighted risks relating to winter preparedness, ongoing Covid issues and the delivery of efficiency savings.

The Board of Directors:

- Received and noted the report,
- Agreed that a summary report would be presented to the Quality Committee on the clinical prioritisation and the process for assessing associated harm.

299/20 Covid Update

Dr Wasson delivered a presentation providing an update on the current Covid position, risks and challenges. The presentation covered the following subject headings:

- Current position,
- Where next?,
- Length of stay,
- Elective surgery,
- Hospital acquired Covid,
- Staff mass testing,
- Vaccine,
- New NHSE/I standards,
- Summary.

The Board heard that there were currently 71 Covid positive inpatients in the Trust, and that the position had peaked in mid-November when the Trust had accommodated 160 Covid positive patients. Dr Wasson advised that the Trust had reduced the number of Covid wards from eight to four, with plans for further de-escalation, and critical care was returning to within its normal footprint. He briefed the Board on developments around the recommencement of some of the elective capacity.

Dr Wasson briefed the Board on projections and the need to plan for a potential third wave, and provided an overview of new NHSE/I IPC and testing standards and associated challenges.

With regard to priorities, he highlighted the reduction of length of stay as a key priority for the Trust as well as the re-starting of the elective programme and recognising the need for resilience support. The Board heard that the Trust was undertaking mass testing of staff to reduce the risk of outbreaks and that the Trust would be a hub site for vaccinations, which were due to commence the following week.

In response to a question from Mr Sugden regarding the use of the Nightingale hospital, Dr Wasson commented that the facility would be used as a backup if necessary, but as it required staffing, it would be more prudent to use the Trust's resources onsite while sufficient capacity was available.

In response to a question from Mr Belton, Dr Wasson highlighted the fantastic mutual aid and collaboration in the North West during the pandemic, particularly in the Greater Manchester (GM) area.

Mrs Barber-Brown commended the presentation, particularly the forecast information, and wished to record the Board's appreciation to all staff for their hard work. She referred to the earlier staff story and the focus that had gone into ensuring patients

were connected with their families during this time. She also recognised the need for staff to have a break over Christmas, and commended the fact that the Trust was a hub site for the first tranche of the Covid vaccine.

In response to a question from Dr Sell about staff resilience, Dr Wasson briefed the Board on work in this area, noting that the challenge would continue over the next few months and years while the recovery work took place. Mrs Firth noted that a blended approach was important in this area, and highlighted the importance of encouraging staff to take their annual leave.

The Board of Directors:

- Received and noted the report,
- Formally thanked staff for their hard work during the ongoing pressures.

300/20 Single Improvement Programme

Mr Bailey presented a highlight report providing an update on key areas of progress with the single Trust Improvement Programme. He briefed the Board on the content of the report and advised that the aim of the programme over a two-year period was to deliver a significant proportion of the Trust Strategy 2020/25 and support completion of the CQC action plan.

The Board heard that the Improvement Programme ensured alignment between individual work streams and projects to maximise the impact of improvement efforts, and had been developed around themes that were aligned with Board priorities for 2020/21.

Mr Bailey advised that an updated version of the Improvement Plan had been included in Annex A of the report, and the newly published Trust Quality Improvement (QI) approach in Annex B of the report. He noted that the first meeting of the Transformation Board had taken place on 6 November 2020, and reported that work was ongoing with system partners with a view to developing the plan into a single Integrated System Improvement plan.

Dr Logan-Ward said that it was good to see all the improvement programmes in one place with a clear status update. In response to a question from Dr Logan-Ward about the Trust's ability to align and triangulate all the various improvement programmes, Mr Bailey said that this was the focus of the Transformation Board, which was meant to serve as an oversight to ensure alignment of the plans. He noted, however, that it would be a challenge and would perhaps require realignment of some of the Trust's resources.

Mrs Anderson highlighted the need to manage the capability and capacity effectively, particularly as the SROs had responsibility for a number of themes. Mrs James advised that she was undertaking a review of the transformation capacity and would advise the Board of the outcome. In response to a question from Mr Belton, Mrs James expected that the resultant plan would be available in the next four weeks.

In response to a question from Mrs Barber-Brown, Mr Bailey advised that the delivery of the Clinical Strategy had not been achieved, and Mrs Barber-Brown acknowledged that the resource had been diverted to recovery planning.

In response to a further question from Mrs Barber-Brown about how the Board would receive progress updates against the Trust Strategy, Mrs James advised that further discussions were required with a view to establishing a different approach to Board reporting in this area.

The Board of Directors:

- Received and noted the report,
- Agreed to receive further updates on the transformation capacity and the approach for reporting Trust Strategy updates to the Board.

Mr Linehan joined the meeting.

301/20 CQC Improvement Action Plan

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

- 109 (40%) Blue actions (Blue – completed and fully embedded; an increase of 21% on the October reported position),
- 147 (55%) actions on track (Green – satisfactory progress; a decrease of 22% on the October reported position),
- 4 (2%) problematic actions (Amber – concern regarding delivery; an decrease of 1% on the October reported position),
- 6 (3%) overdue actions (Red – breached target date; an increase of 1% on the October reported position).

Mr James noted that good progress was being made, considering the number of actions required. She noted that the Quality Committee had reviewed the actions in detail, and suggested that the report should highlight the areas where expected progress had not been made.

Mr Linehan drew the Board's attention to Appendix C of the report, and provided an overview of progress made against all the CQC 'must do' actions, highlighting flow and the discharge of Covid positive patients as an area of concern.

In response to a comment from Mr Belton, it was agreed that future Board reports would be more streamlined and that the Quality Committee would continue to consider the detailed reports.

The Board of Directors:

- Received and noted the report,
- Agreed to receive streamlined reports in future.

Mr Linehan left the meeting and Ms Forrest, Ms Ingleby and Dr Reddy joined the meeting.

302/20 Stockport Improvement Board – ED Improvement Programme

Ms Toal introduced the item and welcomed the ED triumvirate to the meeting. She presented an ED Improvement Phase 2 Progress Report and highlighted the associated improvements made, which had also been recognised by the CQC. She requested that the frequency of Board updates be reduced to bi-monthly reporting.

The triumvirate members delivered a presentation updating the Board on progress with regard to the delivery of the ED Improvement Plan, and triangulation of quantitative measures with qualitative improvements and patient feedback. The presentation covered the following subject headings:

- Context,
- Improvement plan update,
- Risks for escalation,
- Environment,
- Governance,
- Mental health,
- Model of care,
- Patient safety,
- Safe staffing,
- Staff engagement,
- Quality improvement,

The Board heard that the phase two of the improvement programme was due to be completed in March 2021, and Ms Toal agreed to share an associated video clip with Board members outside of the meeting.

Mrs James thanked the team for the presentation and commended them for the progress made. She noted that the conversion rates were higher in comparison to GM peers, and also highlighted sepsis compliance issues and queried if the sepsis bundle formed part of the quality measures.

Dr Reddy confirmed that sepsis formed part of the safety bundle but was reported separately. Ms Ingleby highlighted some great work in this area, which she was happy to share outside of the meeting.

The Board of Directors thanked Ms Toal and the ED triumvirate for all their work to improve the position, and Dr Reddy wished to thank Ms Toal and Dr Burrows for their support.

The Board of Directors:

- Received and noted the report and the presentation,
- Commended the ED team for the improvements made,
- Agreed that further consideration would be given off-line to the frequency of Board updates in this area.

Ms Forrest, Ms Ingleby and Dr Reddy left the meeting.

303/20 Quality Report

Mrs Firth presented the Quality Report for 2019/20, which had also been considered by the Quality Committee and Audit Committee and was consequently recommended for Board approval.

The Board of Directors:

- Approved the Quality Report 2019/20.

304/20 Significant Risk Report

Mrs James presented a report providing an update on the aggregate account of current significant risk exposures and potential future risks and the proceedings of the most recent meeting of the Risk Management Committee. She noted that the Board Assurance Framework (BAF) was currently being refreshed, and that it would articulate the strategic risks against the strategic objectives for review by Board Committees.

Mrs James then referred the Board to s3.1 of the report and provided an overview of operational risks, noting that the risks as well as the associated mitigations were kept under review by the Risk Management Committee. Mrs Anderson noted that the Risk Management Committee was enabling better Board oversight of the key risks.

In response to a comment from Mrs Barber-Brown, there followed a discussion about the Board's risk appetite and tolerance and it was agreed this issue would require further consideration at a future Board meeting or development session. Mrs Anderson commented that the Risk Committee needed to develop its risk horizon scanning to be able to advise the Board regarding its risk appetite.

The Board of Directors:

- Received and noted the report,
- Agreed that further consideration was required regarding the Board's risk appetite and tolerance.

305/20 Reports from Assurance Committees

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

Quality Committee

Dr Logan-Ward referred the Board to the 'Assurance' section of the report and said that while the Committee recognised the Trust's focus on IPC, it was yet to see any real assurance regarding the impact of the improvement programme.

She then referred the Board to the 'Alert' section of the report and advised that the Committee had received a report on an externally commissioned audit of the health and safety processes and systems at the Trust. She noted that the Committee had

heard about mitigating actions in this area and taken assurance that the immediate risk to patients, staff and visitors was low.

Finance & Performance Committee

Mr Sugden reported that the Committee had highlighted the importance of ensuring that the operational and financial planning for 2021/22 was undertaken at pace. Mr Graham briefed the Board on developments in this area, noting that the formal planning guidance was still awaited.

People Performance Committee

Mrs Barber-Brown advised the Board that the Committee had considered an e-rostering KPI report, and had noted a decline in some of the metrics due to staff ward moves. She added that the Committee had heard about mitigations in this area.

She advised that the Committee had noted good progress with the Respect Campaign, and had considered an improved Workforce Risk Register.

Audit Committee

Mr Hopewell presented the report and noted that the Committee had taken substantial assurance from a serious incidents internal audit review.

The Board of Directors:

- Received and noted the reports from Assurance Committees.

306/20 Date, time and venue of next meeting

The next meeting of the Board of Directors would be held on Thursday, 7 January 2021, commencing at 9.30am via Webex.

307/20 Resolution

The Board resolved that:

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

Signed: _____ Date: _____

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Meeting	Minute reference	Subject	Action	Bring Forward	RO
09/07/20	151/20	International Nurse Recruitment	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The Board heard that an update regarding the establishment reviews was deferred to January 2021 to allow staff utilisation work to be completed.</p>	January 2021	<p>B Tabernacle-Pennington</p> <p>N Firth</p>
6/08/20	167/20	Risk Report	<p>Board to review risk appetite.</p> <p>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.</p> <p>Update 8 Oct 2020 – A suitable date was in the</p>	March 2021	P Moore

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			<p>process of being identified.</p> <p>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.</p> <p>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.</p>		
03/09/20	197/20	Risk Report	<p>Mr Moore agreed to arrange a regular series of risk deep dives for the Board, with the risk owners invited to present mitigations.</p> <p>Update 8 Oct 2020 – The Board heard that the plan was to commence the series of risk deep dives from December.</p> <p>Update 5 Nov 2020 – Mr Moore advised that two deep dives had been initiated regarding access standards and staffing.</p> <p>Update 3 Dec 2020 – Mrs Parnell agreed to speak to Mr Moore about suggested dates for the deep dives and consideration of the Board's risk appetite.</p> <p>Update for 7 Jan 2021 – Mr Moore has advised that the intention is to continue to operate deep dive analyses into significant risk exposures or cross cutting concerns at the Risk Management Committee and, depending on their linkage in the</p>	January 2021	P Moore

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			BAF, these analyses will flow to the relevant assurance Committee to scrutinise on behalf of the Board.		
08/10/20	223/20	Covid update	<p>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.</p> <p>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.</p> <p>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.</p> <p>Update 3 Dec 2020 – Mrs Parnell advised that this would be discussed as part of a Board development session in the New Year.</p>	To be agreed	P Moore
08/10/20	232/20	Quality Committee Report	<p>It was expected that the full report on the Fundamentals of Care work would be presented to the next Quality Committee meeting and the November Board.</p> <p>Update 5 Nov 2020 – The work was presented to the Quality Committee and will be on the agenda for the February Board meeting.</p>	February 2021	B Tabernacle N Firth
05/11/20	262/20	Integrated Performance Report	It was agreed that Mr Belton would formally raise the Board's concerns about the MOAT and D2A issues with the Chair of the Stockport CCG.	December 2020	A Belton

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			Update 3 Dec 2020 – Mr Belton advised that he had discussed the issue with his fellow system Chairs and noted that given Mrs James' recent appointment, it had been agreed that she would discuss the issue with the system Chief Executives prior to any formal escalation.		
05/11/20	264/20	Covid update	The Board noted the need to identify Covid related themes for monitoring and Mr Moore agreed to give further consideration to a Covid risk register and report back to the next Board meeting. Update 3 Dec 2020 – Mrs James advised that this would be discussed as part of the risk report.	December 2020	P Moore
05/11/20	273/20	Gastro Update	It was agreed that Board would receive a report at the conclusion of the programme in April 2021.	April 2021	S Toal
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
On agenda					
Not due					
Overdue					
Closed					

Report to:	Board of Directors	Date:	7 January 2021
Subject:	Chief Executive's Report		
Report of:	Chief Executive	Prepared by:	Mrs C Parnell

REPORT FOR NOTING

Corporate objective ref:	N/A	Summary of Report The purpose of this report is to advise the Board of Directors of national and local strategic and operational developments
Board Assurance Framework ref:	N/A	
CQC Registration Standards ref:	8	
Equality Impact Assessment:	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

Attachments:

This subject has previously been reported to:	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input type="checkbox"/> Executive Team <input type="checkbox"/> Exec Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> F&P Committee	<input type="checkbox"/> PP Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> 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 Transformation of urgent and emergency care

NHS England and NHS Improvement (NHSE/I) have published *Transformation of Urgent & Emergency Care: Models of care and measurement* - a consultation document linked to the clinically-led review of access standards. The report sets out a range of policy and measurement proposals aimed at transforming the entire urgent and emergency care pathway. The changes would have a far-reaching impact across the whole system and aim to:

- Change public behaviours and the role of NHS 111
- Optimise ambulance services and reduce wider service pressures
- Improve access, capacity and capability of urgent treatment centres
- Improve flow through hospitals: emergency departments and same day emergency care
- Better manage hospital occupancy

They include a proposed new bundle of clinically-led standards for the urgent and emergency care pathway. If implemented, these measures would mean a step away from the long-established four-hour A&E waiting time standard. NHSE/I are consulting on the proposals set out in the document and the consultation is due to close on 12 February 2021.

2.2 CQC's Provider Collaborative Reviews

The Care Quality Commission (CQC) has carried out a number of provider collaborative reviews to explore how providers are working together to deliver urgent and emergency care (UEC) services within the context of COVID-19.

The headline findings, published in December 2020, found that the quality of existing relationships between local providers played a major role in the coordination and delivery of joined-up UEC services to meet the needs of the local population. A national report with full findings of the review is expected to be published in January 2021.

3. TRUST NEWS

3.1 Covid-19 vaccination

We are proud to be only second site in Greater Manchester to start offering the Covid-19 vaccine, and there was a tremendous team effort from staff across the Trust to get ready to start the programme.

In the first week alone we were able to vaccinate around 1,000 patients over the age of 80, care home staff, and our own colleagues most at risk from the virus.

The programme was paused over the Christmas period, but re-started on 30 December when people began to return to the site for their second dose of the vaccine.

3.2 Maternity services

Our maternity services have been working with national colleagues on further improvements to the care provided to local mothers and babies. As part of the programme staff hosted a visit by Prof. Jacqueline Dunkley-Bent, Chief Midwifery Officer for England, where she heard about the challenges facing the team in consistently providing high quality care, and she also saw some of the services' examples of good practice.

The national maternity team are so pleased with the improvements our services is making that they will no longer be providing direct support and oversight, and instead have moved on to support other maternity services in England.

3.2 Charity support

Thanks to a donation from NHS Charities Together the Trust's charity was able to fund hampers for all our hospital and community teams shortly before Christmas. The hampers were a small token of appreciation for the tremendous efforts of our colleagues throughout the pandemic, and they were very well received by our staff.

This was just one of the ways our charity is providing extra support for staff health and wellbeing. Other initiatives have included funding more psychological support and mindfulness training, improving the restaurant's outdoor seating area, and providing re-usable water bottles for all staff. A number of schemes are also under consideration for spending the many donations we have received during the pandemic, and they include bike sheds at Stepping Hill and improved staff rest rooms for our hospital and community staff.

4. RECOMMENDATION

The Board of Directors is recommended to receive this report.

Integrated Performance Report

Integrated Performance Report

Reporting Period November 2020

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Integrated Performance Report

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

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Trust Highlight Report

Quality

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

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

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

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

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

Workforce

The Trust has been successful in securing £100,000 from NHSE/I to support future international nurse campaigns, plans to be developed.

Sickness absence levels have increased in November to 5.77% with an increase in COVID related sickness to 1.02%.

Bank and agency costs have again increased as the additional ward capacity has opened to support the plans for winter.

Medical appraisal rates have been taken from the PREP system this month in order to show compliance across the 2 year timeframe in accordance with the national guidance

Staff in post remains at a positive level; however, nursing vacancies have increased due to the planned increase in midwifery establishment

Turnover remains below target, although November has seen a slight increase in month

Operations

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

Non-electively, ongoing pressure with regards to patient flow as a result of covid-19 restrictions is continuing to adversely affect the Trust's performance against the four hour standard.

A significant increase in non-elective length of stay was seen in November, contributed to by COVID-19 wave-2 and the necessary ward moves required to enable appropriate and safe zoning.

Despite the impact of wave 2, the Trust continues to successfully maintain its level of Outpatient and diagnostic activity resulting in a significant reduction in month in the number of patients waiting > 6 weeks for Echocardiography, Dexa and NOUS tests

The third CT scanner has been formally handed over to the Trust and is on track to be fully operational in January.

Endoscopy capacity remains a key area of concern with waiting times for routine patients continuing to increase.

Finance

The Trust has delivered the planned financial position in November 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.

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Integrated Performance Report

Highlight Report

Matters of Concern or Key Risks to Escalate:

The second 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 will look to plan for a potential third wave of covid-19 in January.

Patient experience is continuing to be adversely affected by long waits in ED, which are in turn affected by patient flow through the hospital and into the community.

From an elective care point of view, there is a risk around the independent sector the Trust is currently making good use of, and the continuation of this in its current form given the decision at a Greater Manchester level. The potential impact of this will be felt most acutely in terms of patients on cancer pathways.

There has been an increase in hospital category 2 pressure ulcers during the second wave of Covid19 and investigations are in progress to determine the root causes. These will be reviewed at Harm free care panels.

Major Actions Commissioned / Work Underway:

A deep dive into Endoscopy and the longer term sustainability of the service, with a view to achieve the two week wait standard has been commissioned, with key actions and sub-groups identified to maximise any opportunity found within the current processes.

The Trust is launching a formal service restoration meeting, which will be held fortnightly, and will focus on recovery of theatres, outpatients and diagnostics against the pre-covid activity levels. Work is also underway to restore the surgical zone to 6 theatres by 21st December, supported by the required bed base

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

A lack of clear documentation relating to the systems and processes around infection prevention and control standards has been identified. The Chief Operating Officer and Chief Nurse have commissioned work to develop Trust action cards to mitigate this. The Trust is undertaking a review of the zoning system which is currently in place. A detailed review into the process for stranded and super-stranded (long length of stay) patients has also been commissioned.

Positive Assurances to Provide:

From a cancer waits point of view, the Trust has successfully reduced the numbers of long waiting patients (over 104 days) on the suspected cancer pathway, from 145 in July to 15 in November, which was in line with the Trust's trajectory. The Trust will continue to work to keep the numbers of long waiting patients on the cancer pathway to a minimum.

The Trust has completed the clinical prioritisation of the inpatient waiting list - to clinically review patients into categories P1 through to P6, as directed by the national guidance from NHS England and Improvement - and this work was completed on time.

There has been an improved position in sepsis both in timely recognition and antibiotic administration.

The C-difficile rate has continued to fall for the 5th consecutive month.

Decisions Made:

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.

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Summary Dashboard

Metric	Latest Performance			Target	
A&E: 12hr Trolley Wait	Nov-20		8		<= 0
VTE Risk Assessment	Oct-20		97.4%		>= 95%
Sepsis: Timely recognition	Nov-20		76%		>= 50%
Sepsis: Antibiotic administration	Nov-20		92.9%		>= 50%
Mortality: HSMR	Sep-20		1.04		<= 1
Mortality: SHMI	May-20		0.99		<= 1
Never Event: Incidence	Nov-20		0		<= 0
Serious Incidents: STEIS Reportable	Nov-20		4		
C.Diff Infection Rate	Oct-20		21.7		
C.Diff Infection Count	Oct-20		17 (cumulative)		<= 29 (cumulative)
MRSA Infection Rate	Oct-20		1.14		
MRSA Infection Count	Oct-20		0		
MSSA Infection Rate	Oct-20		7.42		
E.Coli Infection Rate	Oct-20		19.99		

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Summary Dashboard continued...

Metric	Latest Performance			Target	
E.Coli Infection Count	Oct-20		1		
Falls: Total Incidence of Inpatient Falls	Nov-20		584 (cumulative)		<= 592 (cumulative)
Falls: Causing Moderate Harm and Above	Nov-20		18 (cumulative)		<= 17 (cumulative)
Pressure Ulcers: Hospital, Category 2	Oct-20		56 (cumulative)		<= 85 (cumulative)
Safety Thermometer: Hospital	Mar-20		95.7%		>= 95%
Safety Thermometer: Community	Mar-20		97.1%		>= 95%
Emergency C-Section Rate	Nov-20		18.1%		<= 15.4%
Friends & Family Test: Response Rate	Oct-20		18.9%		
Friends & Family Test: Inpatient	Oct-20		98.1%		
Friends & Family Test: A&E	Oct-20		86.7%		
Friends & Family Test: Maternity	Oct-20		97.4%		
Complaints Rate	Nov-20		0.5%		
Complaints: Timely response	Nov-20		82.4%		>= 95%
Referral to Treatment: 52 Week Breaches	Nov-20		2340		<= 7500

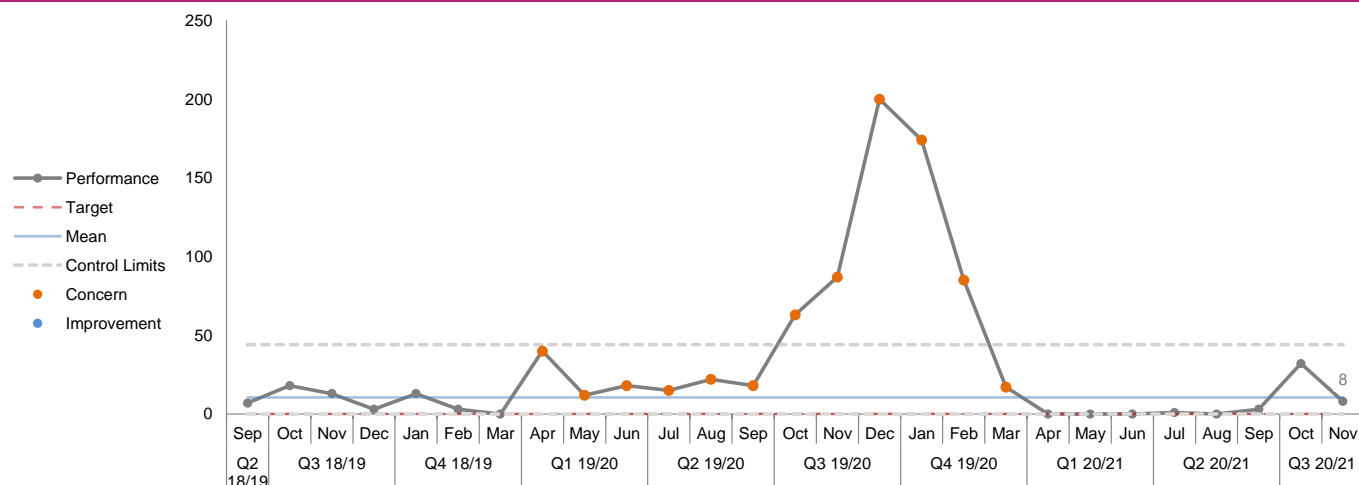


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Measure	A&E: 12hr Trolley Wait		
	Total number of patients whose decision to admit from A&E was over 12 hours from their actual admission.		
Performance of this measure over time			Variance Latest Month Nov-20  Actual 8 The data shows common cause variation, which suggests no significant changes in performance.
			Assurance  Target ≤ 0 Aside from a small number of months in the reporting period, performance consistently exceeds the target amount.
What the chart tells us	The chart shows that between April 2019 and March 2020 there is a significant increasing trend in the number of 12-hour trolley waits. The chart shows that in April, May, June and August 2020 we managed to achieve the target of 0 trolley waits, but we are still not consistently achieving on a regular basis.		
Narrative	Issues:	Actions & Mitigations:	
	<p>There has been a significant reduction in the number of 12 hour breaches from 32 in October to 8 in November.</p> <p>The reason for the 8 breaches in November was solely due to lack of flow across the organisation; there was a high number of beds that could not be utilised due to them being on a restricted or closed ward, as a result of covid-19 outbreaks.</p> <p>The reduction in ward outbreaks throughout November has positively impacted on the number of patients who have breached 12 hours.</p>	<p>There is an intensive focus across the organisation on the implementation of criteria to reside, which will lead to a reduction in the number of medically optimised patients.</p> <p>Use of our 'gold command' structure to closely manage ward allocations to ensure good alignment between demand and capacity has been critical.</p> <p>Within the Emergency Department, the focus continues to be on breach avoidance by ensuring all staff are following the relevant escalation processes at all times. At times of prolonged ED stay, there are mitigations in place, set out in the ED Improvement Plan, to ensure continued patient safety whilst patients are in the care of the department. The compliance with this plan is monitored at Executive level.</p>	

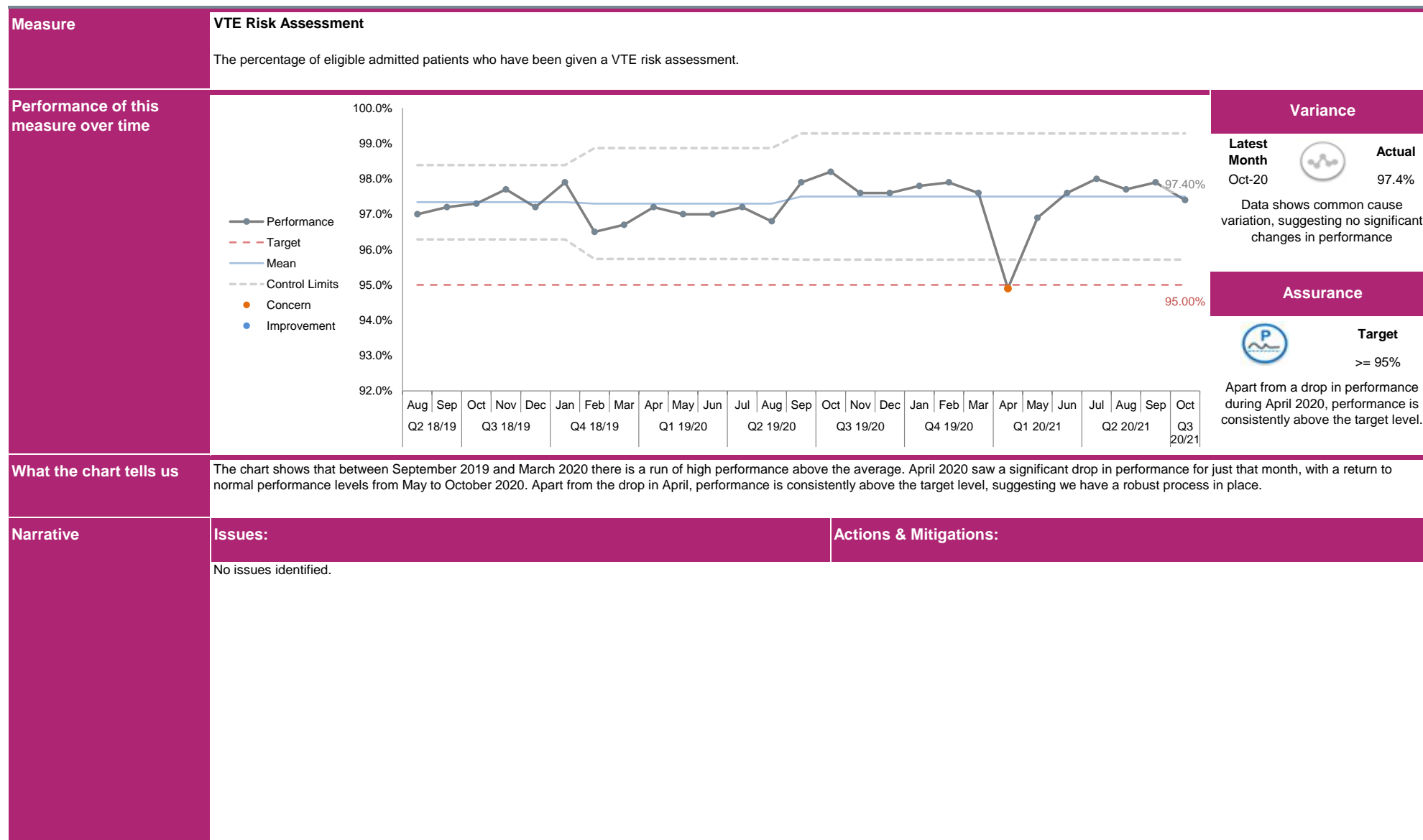
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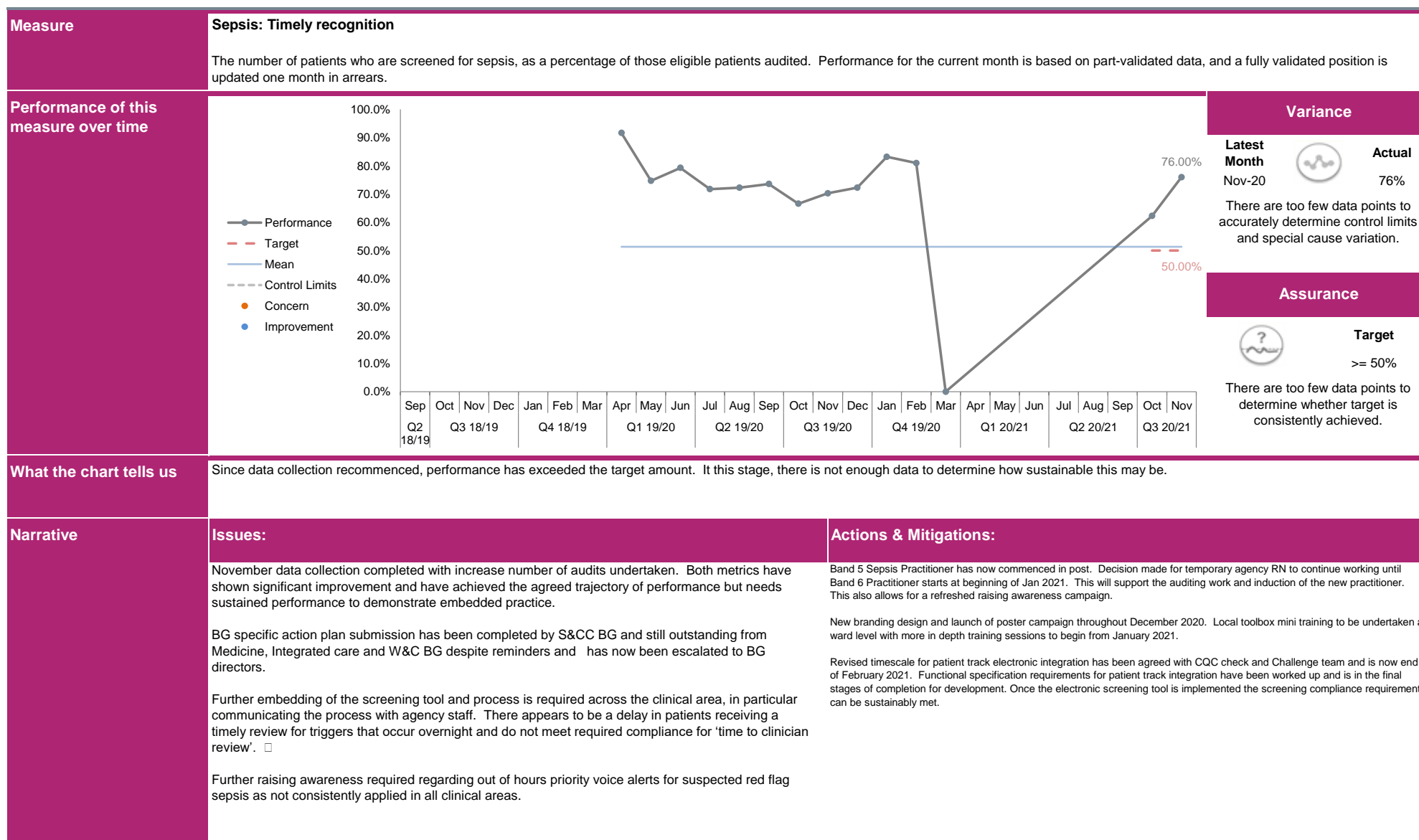
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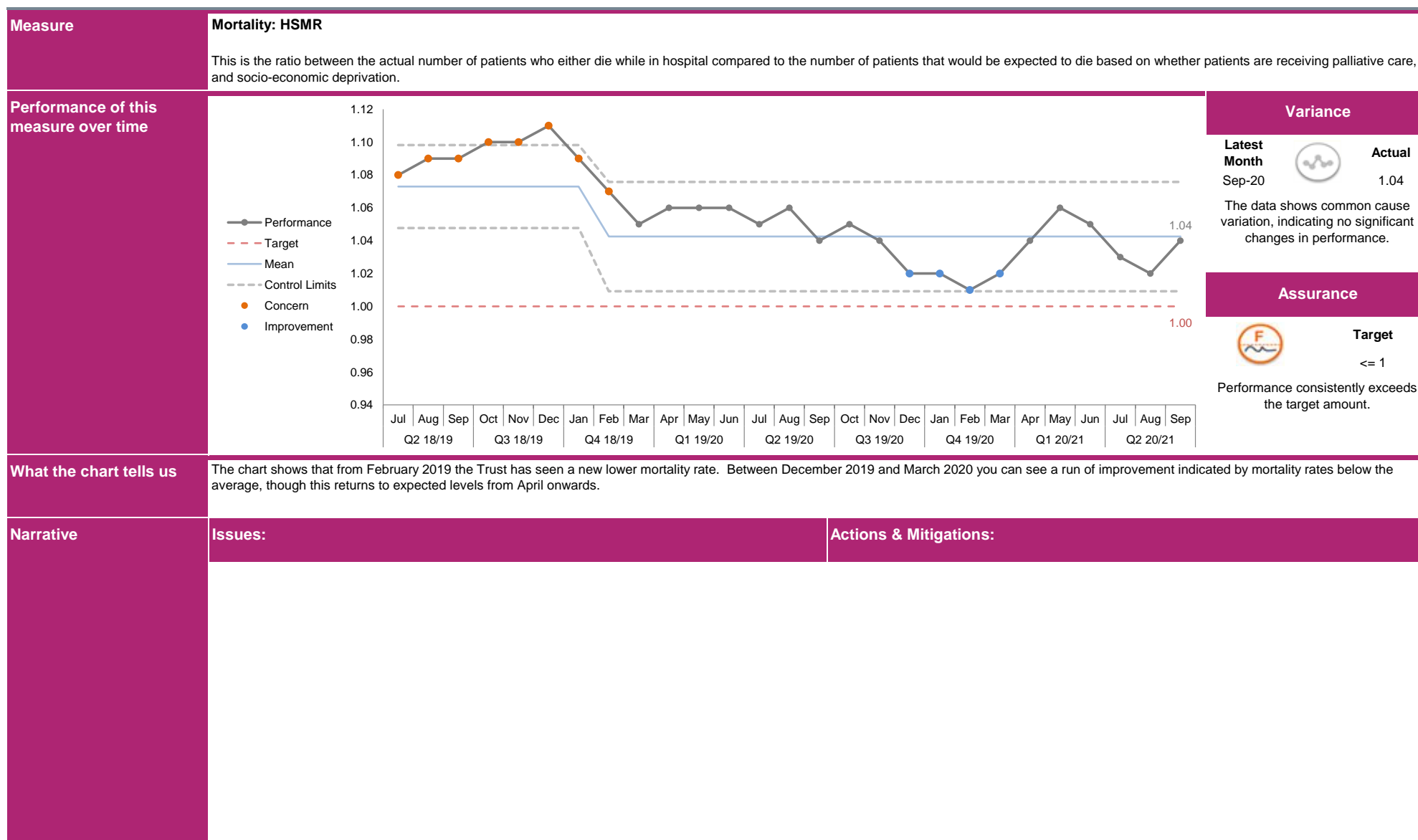
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Measure	<div>Sepsis: Antibiotic administration</div> <div>The number of patients who received IV antibiotics within agreed standards for sepsis patients, as a percentage of those eligible patients audited and found to have sepsis. Performance for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.</div>		
Performance of this measure over time	<div><div><div><div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></di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Integrated Performance Report



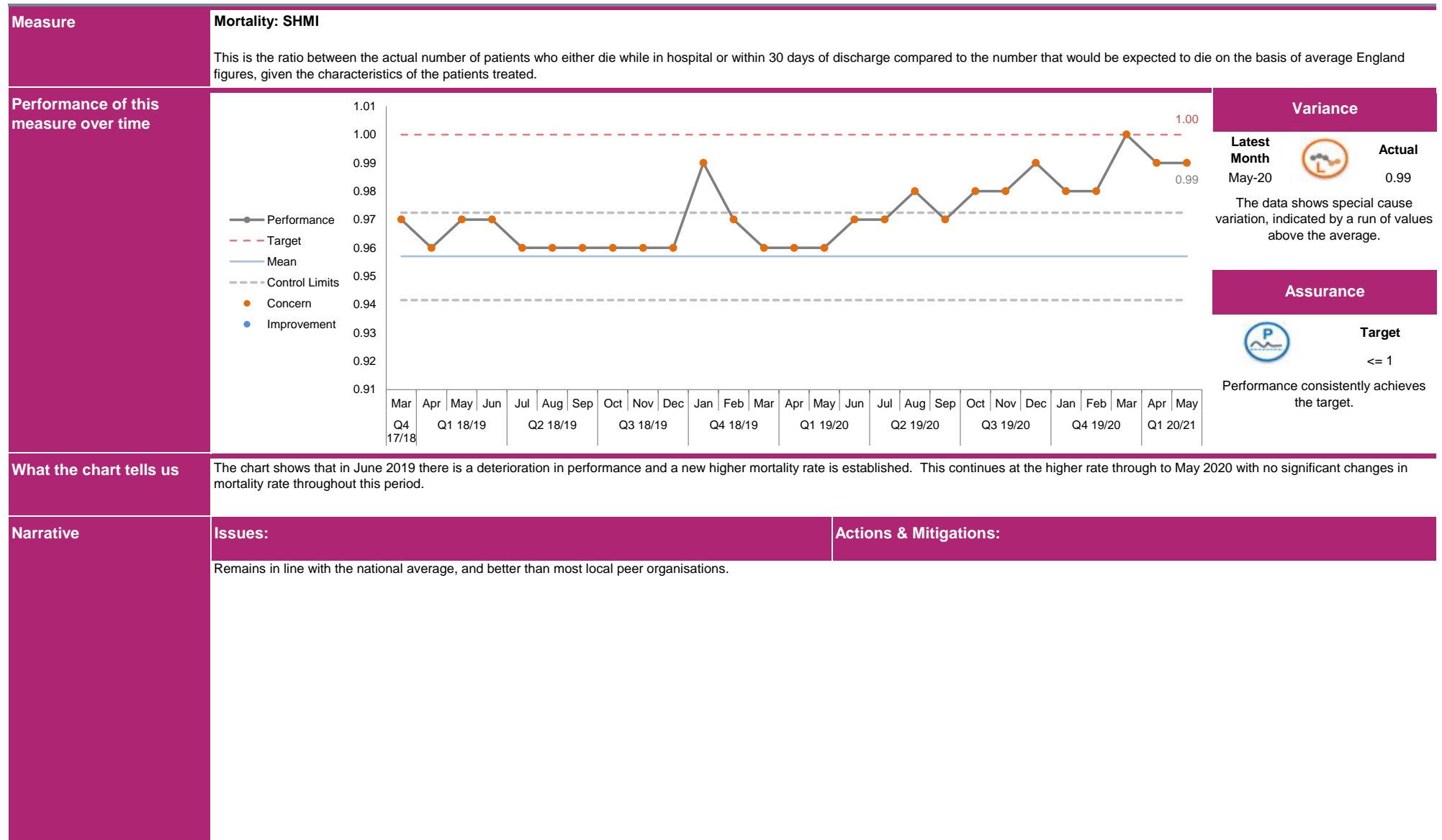
Quality

Operations

Workforce

Finance

Integrated Performance Report



Quality

Operations

Workforce

Finance

Integrated Performance Report

Measure	Never Event: Incidence	
	Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.	
Performance of this measure over time	<p> —●— Performance - - - Target — Mean - - - Control Limits ● Concern ● Improvement </p>	<div> Variance Latest Month Nov-20 Actual 0 The data shows common cause, indicating no significant changes in performance. </div> <div> Assurance Target ≤ 0 Although target is achieved for the majority of the reporting period, there have been 4 occasions where values exceed the target amount. </div>
What the chart tells us	The chart shows that between November 2018 and September 2019 there is a period of significant improvement where there were no occurrences of never events. October and November 2019 do show reported never events, but then another extended period between December 2019 and August 2020 show no further occurrences of never events.	
Narrative	Issues:	Actions & Mitigations:
	None noted.	

Quality

Operations

Workforce

Finance

Integrated Performance Report

Measure	<div>Serious Incidents: STEIS Reportable</div> <div>The total number of STEIS reportable incidents.</div>																																																																																																																																														
Performance of this measure over time	<div><table><tr><th>Month</th><th>Performance</th><th>Target</th><th>Mean</th><th>Control Limits</th></tr><tr><td>Sep Q2 18/19</td><td>14</td><td>20</td><td>17.5</td><td>32</td></tr><tr><td>Oct Q3 18/19</td><td>15</td><td>20</td><td>17.5</td><td>32</td></tr><tr><td>Nov Q3 18/19</td><td>17</td><td>20</td><td>17.5</td><td>32</td></tr><tr><td>Dec Q3 18/19</td><td>21</td><td>20</td><td>17.5</td><td>32</td></tr><tr><td>Jan Q4 18/19</td><td>17</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Feb Q4 18/19</td><td>12</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Mar Q4 18/19</td><td>15</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Apr Q1 19/20</td><td>18</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>May Q1 19/20</td><td>13</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Jun Q1 19/20</td><td>19</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Jul Q2 19/20</td><td>15</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Aug Q2 19/20</td><td>13</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Sep Q2 19/20</td><td>18</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Oct Q3 19/20</td><td>26</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Nov Q3 19/20</td><td>27</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Dec Q3 19/20</td><td>31</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Jan Q4 19/20</td><td>34</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Feb Q4 19/20</td><td>36</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Mar Q4 19/20</td><td>26</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Apr Q1 20/21</td><td>9</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>May Q1 20/21</td><td>7</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Jun Q1 20/21</td><td>8</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Jul Q2 20/21</td><td>3</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Aug Q2 20/21</td><td>4</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Sep Q2 20/21</td><td>9</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Oct Q3 20/21</td><td>9</td><td>20</td><td>17.5</td><td>30</td></tr><tr><td>Nov Q3 20/21</td><td>4</td><td>20</td><td>17.5</td><td>30</td></tr></table></div>		Month	Performance	Target	Mean	Control Limits	Sep Q2 18/19	14	20	17.5	32	Oct Q3 18/19	15	20	17.5	32	Nov Q3 18/19	17	20	17.5	32	Dec Q3 18/19	21	20	17.5	32	Jan Q4 18/19	17	20	17.5	30	Feb Q4 18/19	12	20	17.5	30	Mar Q4 18/19	15	20	17.5	30	Apr Q1 19/20	18	20	17.5	30	May Q1 19/20	13	20	17.5	30	Jun Q1 19/20	19	20	17.5	30	Jul Q2 19/20	15	20	17.5	30	Aug Q2 19/20	13	20	17.5	30	Sep Q2 19/20	18	20	17.5	30	Oct Q3 19/20	26	20	17.5	30	Nov Q3 19/20	27	20	17.5	30	Dec Q3 19/20	31	20	17.5	30	Jan Q4 19/20	34	20	17.5	30	Feb Q4 19/20	36	20	17.5	30	Mar Q4 19/20	26	20	17.5	30	Apr Q1 20/21	9	20	17.5	30	May Q1 20/21	7	20	17.5	30	Jun Q1 20/21	8	20	17.5	30	Jul Q2 20/21	3	20	17.5	30	Aug Q2 20/21	4	20	17.5	30	Sep Q2 20/21	9	20	17.5	30	Oct Q3 20/21	9	20	17.5	30	Nov Q3 20/21	4	20	17.5	30	<div>Variance</div> <div><div>Latest Month</div><div>Nov-20</div><div>Actual</div><div>4</div></div> <div>The data shows common cause variation, suggesting no significant changes in performance.</div>
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	<div>Assurance</div> <div><div>Target</div><div>There is no target for this metric.</div></div>																																																																																																																																														
What the chart tells us	The charts shows that between September 2019 and March 2020 there is a period where the number of STEIS reportable incidents is significantly higher. However, there is a consistent change in performance from April 2020 onwards indicated by a new lower level of reportable incidents.																																																																																																																																														
Narrative	Issues:	Actions & Mitigations:																																																																																																																																													
	4 Incidents reported to STEIS in the month of November. 2 incidents related to patient falls which resulted in the patients resulting in fractured hips. 1 incident relating to a patient attempting to get out of a window in the ward. 1 incident related to a delay in treatment resulting in the loss of sight for the patient	All incidents are in the process of being investigated																																																																																																																																													

Variance

Latest Month
 Nov-20
Actual
 4

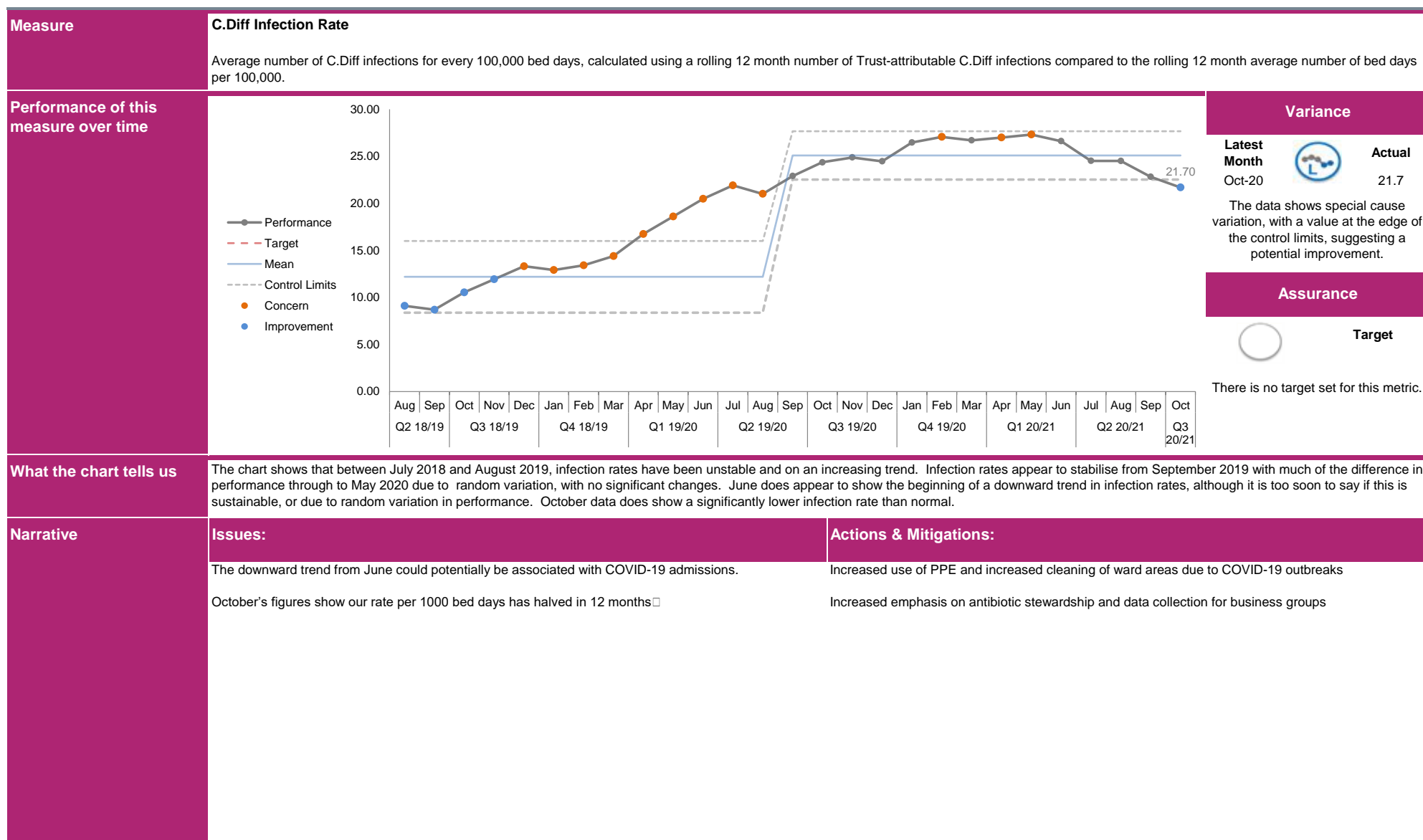
The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
 There is no target for this metric.



Integrated Performance Report



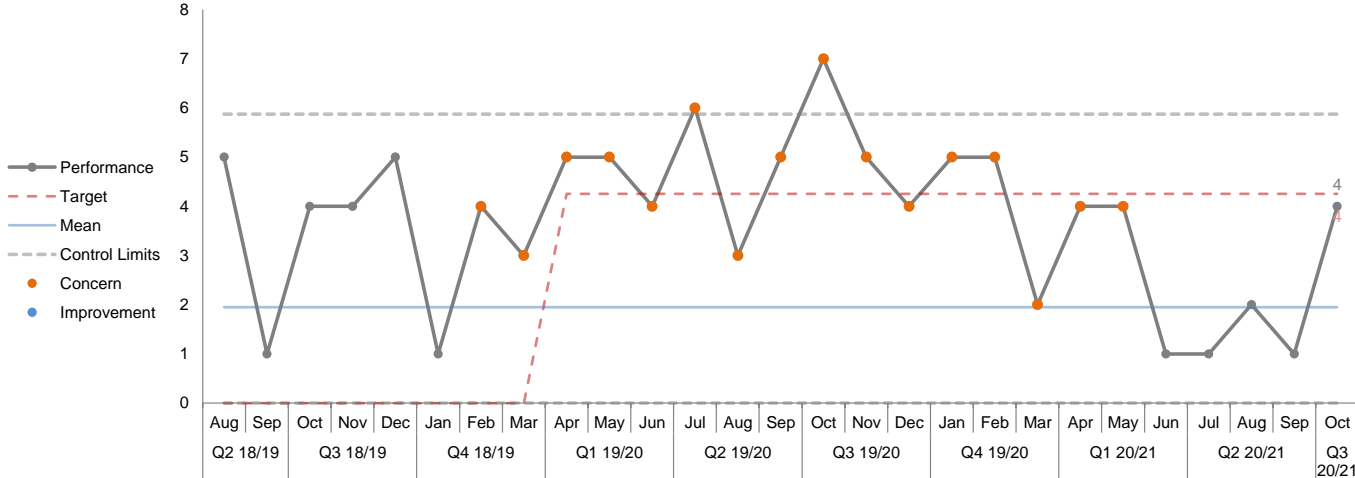
Quality

Operations

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Integrated Performance Report

Measure	C.Diff Infection Count Total number of C.Diff infections.																																																																																																																																														
Performance of this measure over time	 <table border="1"><thead><tr><th>Month</th><th>Performance</th><th>Target</th><th>Mean</th><th>Control Limits</th></tr></thead><tbody><tr><td>Aug 18/19</td><td>5</td><td>0</td><td>2</td><td>6</td></tr><tr><td>Sep 18/19</td><td>1</td><td>0</td><td>2</td><td>6</td></tr><tr><td>Oct 18/19</td><td>4</td><td>0</td><td>2</td><td>6</td></tr><tr><td>Nov 18/19</td><td>4</td><td>0</td><td>2</td><td>6</td></tr><tr><td>Dec 18/19</td><td>5</td><td>0</td><td>2</td><td>6</td></tr><tr><td>Jan 19/20</td><td>1</td><td>0</td><td>2</td><td>6</td></tr><tr><td>Feb 19/20</td><td>4</td><td>0</td><td>2</td><td>6</td></tr><tr><td>Mar 19/20</td><td>3</td><td>0</td><td>2</td><td>6</td></tr><tr><td>Apr 19/20</td><td>5</td><td>4</td><td>2</td><td>6</td></tr><tr><td>May 19/20</td><td>5</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Jun 19/20</td><td>4</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Jul 19/20</td><td>6</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Aug 19/20</td><td>3</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Sep 19/20</td><td>5</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Oct 19/20</td><td>7</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Nov 19/20</td><td>5</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Dec 19/20</td><td>4</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Jan 20/21</td><td>5</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Feb 20/21</td><td>5</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Mar 20/21</td><td>2</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Apr 20/21</td><td>4</td><td>4</td><td>2</td><td>6</td></tr><tr><td>May 20/21</td><td>4</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Jun 20/21</td><td>1</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Jul 20/21</td><td>1</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Aug 20/21</td><td>2</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Sep 20/21</td><td>1</td><td>4</td><td>2</td><td>6</td></tr><tr><td>Oct 20/21</td><td>4</td><td>4</td><td>2</td><td>6</td></tr></tbody></table>		Month	Performance	Target	Mean	Control Limits	Aug 18/19	5	0	2	6	Sep 18/19	1	0	2	6	Oct 18/19	4	0	2	6	Nov 18/19	4	0	2	6	Dec 18/19	5	0	2	6	Jan 19/20	1	0	2	6	Feb 19/20	4	0	2	6	Mar 19/20	3	0	2	6	Apr 19/20	5	4	2	6	May 19/20	5	4	2	6	Jun 19/20	4	4	2	6	Jul 19/20	6	4	2	6	Aug 19/20	3	4	2	6	Sep 19/20	5	4	2	6	Oct 19/20	7	4	2	6	Nov 19/20	5	4	2	6	Dec 19/20	4	4	2	6	Jan 20/21	5	4	2	6	Feb 20/21	5	4	2	6	Mar 20/21	2	4	2	6	Apr 20/21	4	4	2	6	May 20/21	4	4	2	6	Jun 20/21	1	4	2	6	Jul 20/21	1	4	2	6	Aug 20/21	2	4	2	6	Sep 20/21	1	4	2	6	Oct 20/21	4	4	2	6	Variance Latest Month Oct-20 Actual 17 The data shows common cause variation, suggesting no significant changes in performance.
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		Assurance Target <= 29 The number of infections has remained consistently below the target amount since April 2020.																																																																																																																																													
What the chart tells us	The chart shows that from February 2019 to May 2020 the Trust has seen an unusually high number of C.Diff infections, with a run of values above the average. Since June 2020 these infection rates have returned to normal lower levels.																																																																																																																																														
Narrative	Issues: The downward trend from June could potentially be associated with COVID-19 admissions. October's figures show our rate per 1000 bed days has halved in 12 months		Actions & Mitigations: Increased use of PPE and increased cleaning of ward areas due to COVID-19 outbreaks Increased emphasis on antibiotic stewardship and data collection for business groups																																																																																																																																												

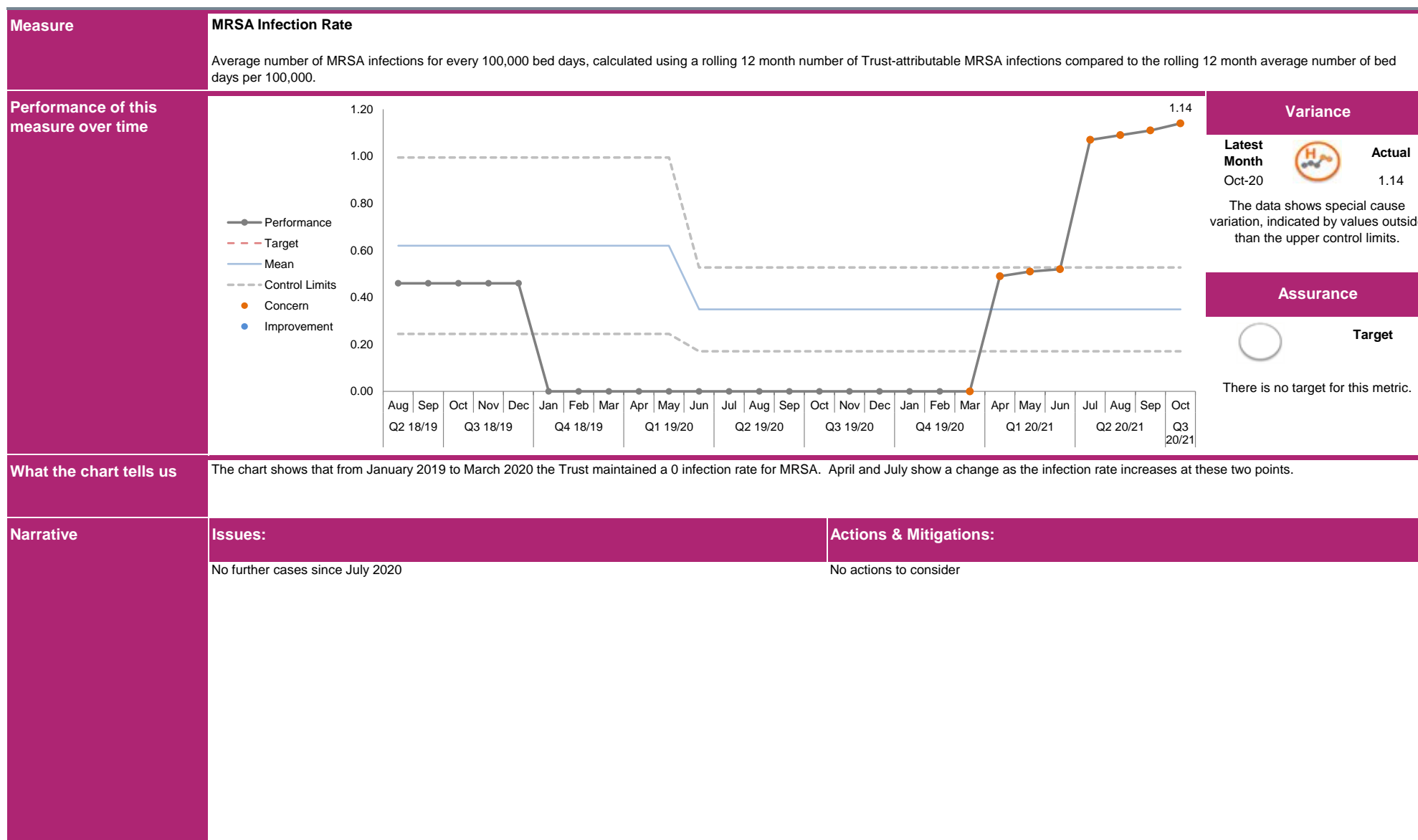
Quality

Operations

Workforce

Finance

Integrated Performance Report



Quality

Operations

Workforce

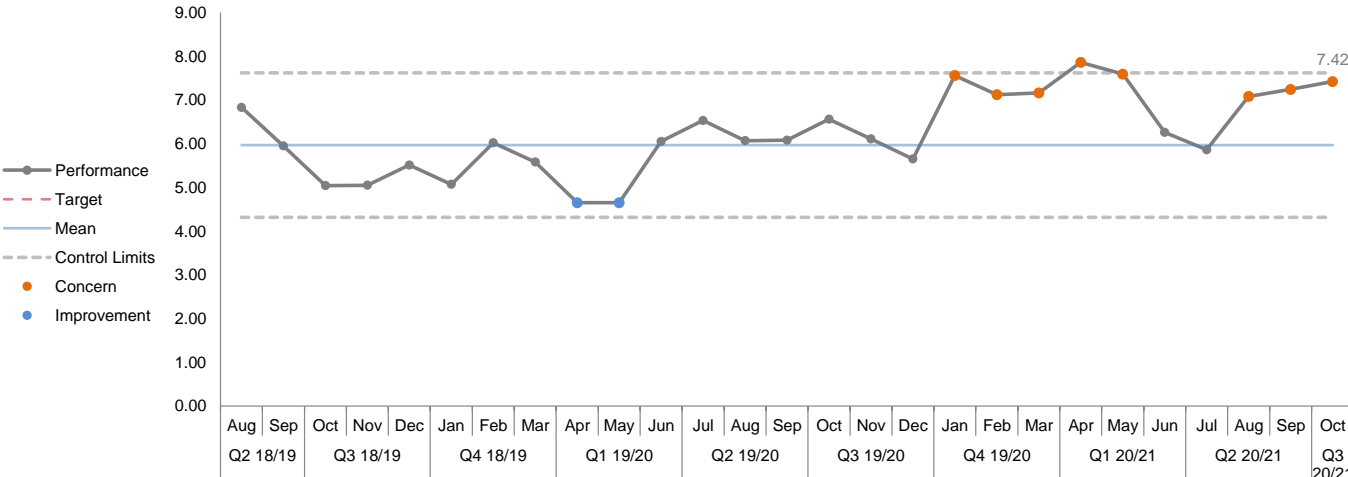


Finance

Integrated Performance Report

Measure	<div>MRSA Infection Count</div> <div>Total number of MRSA infections.</div>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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What the chart tells us	The chart shows that over much of the reporting period there are 0 MRSA infections. April and July 2020 show a change, with 1 infection reported in each of these months. August to October report 0 infections.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Narrative	<div>Issues:</div> <div>No further cases since July 2020</div>	<div>Actions & Mitigations:</div> <div>No actions to consider</div>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																



Integrated Performance Report

Measure	MSSA Infection Rate Average number of MSSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MSSA infections compared to the rolling 12 month average number of bed days per 100,000.	
Performance of this measure over time	 <p> —●— Performance - - - Target — Mean - - - Control Limits ● Concern ● Improvement </p>	Variance Latest Month Oct-20  Actual 7.42 The data shows special cause variation, shown by a value toward edge of the upper control limit, suggesting potential concern. Assurance  Target There is no target for this metric.
What the chart tells us	The chart shows that for much of the reporting period performance has been normal variation month to month, with an unusually lower rate of MSSA infection seen in April and May 2019. January 2020 seems to show a run of values at the edge of the control limits, indicating a potentially new higher rate of MSSA infection, and although this did return to normal levels in June and July 2020, August to October have seen a return to a higher rate of infection.	
Narrative	Issues:	Actions & Mitigations:
	Investigations not undertaken for MSSA infections to determine themes and trends	Developing an RCA document to enable investigations to commence

Quality

Operations

Workforce

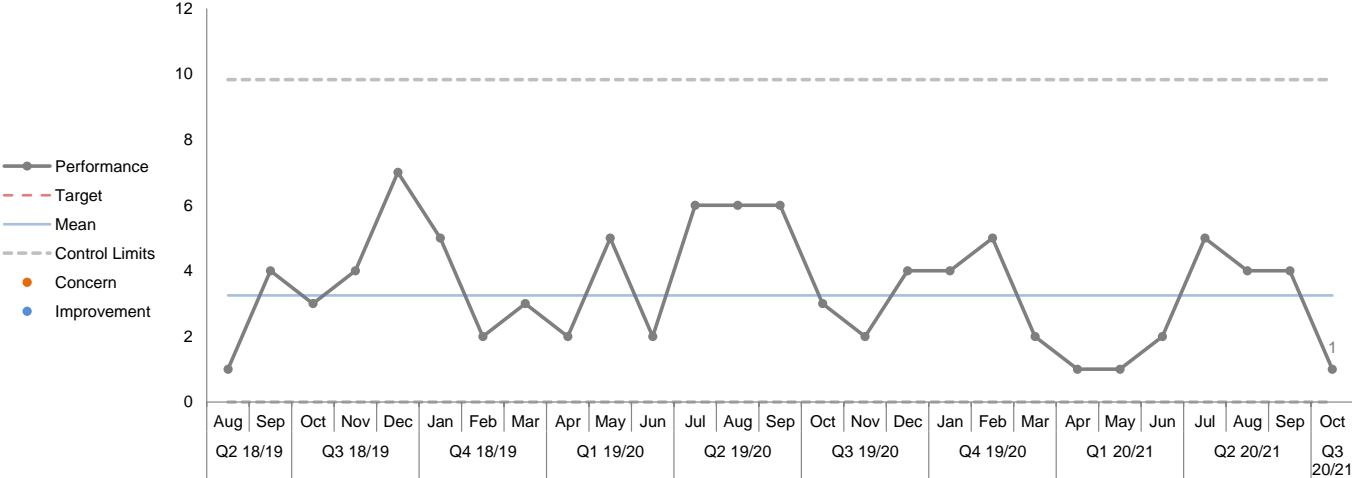


Finance

Integrated Performance Report

Measure	E.Coli Infection Rate	
	Average number of E.Coli infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable E.Coli infections compared to the rolling 12 month average number of bed days per 100,000.	
Performance of this measure over time		<div>Variance</div> <div> Latest Month Oct-20 </div> <div> </div> <div> Actual 19.99 </div> <div> Data shows common cause variation, suggesting no significant change in performance. </div> <div>Assurance</div> <div> </div> <div> Target </div> <div> There is no target for this metric. </div>
What the chart tells us	The chart shows that there has been a steadily increasing E.Coli infection rate up until October 2019. The infection rate appears to stabilise, albeit at a new higher level and there has been no significant change in infection rates since that point.	
Narrative	Issues:	Actions & Mitigations:
	Investigations not undertaken for Ecoli infections to determine themes and trends	Developing an RCA document to enable investigations to commence



Integrated Performance Report

Measure	E.Coli Infection Count Total number of E.Coli infections.		
Performance of this measure over time			<div> Variance Latest Month Oct-20  Actual 1 The data shows common cause variation, suggesting no significant change in performance. </div> <div> Assurance  Target The is no target for this metric. </div>
What the chart tells us	The chart shows that across the whole reporting period, there has been no significant changes in the number of E.Coli infections across the Trust.		
Narrative	Issues:	Actions & Mitigations:	
	Investigations not undertaken for Ecoli infections to determine themes and trends	Developing an RCA document to enable investigations to commence	

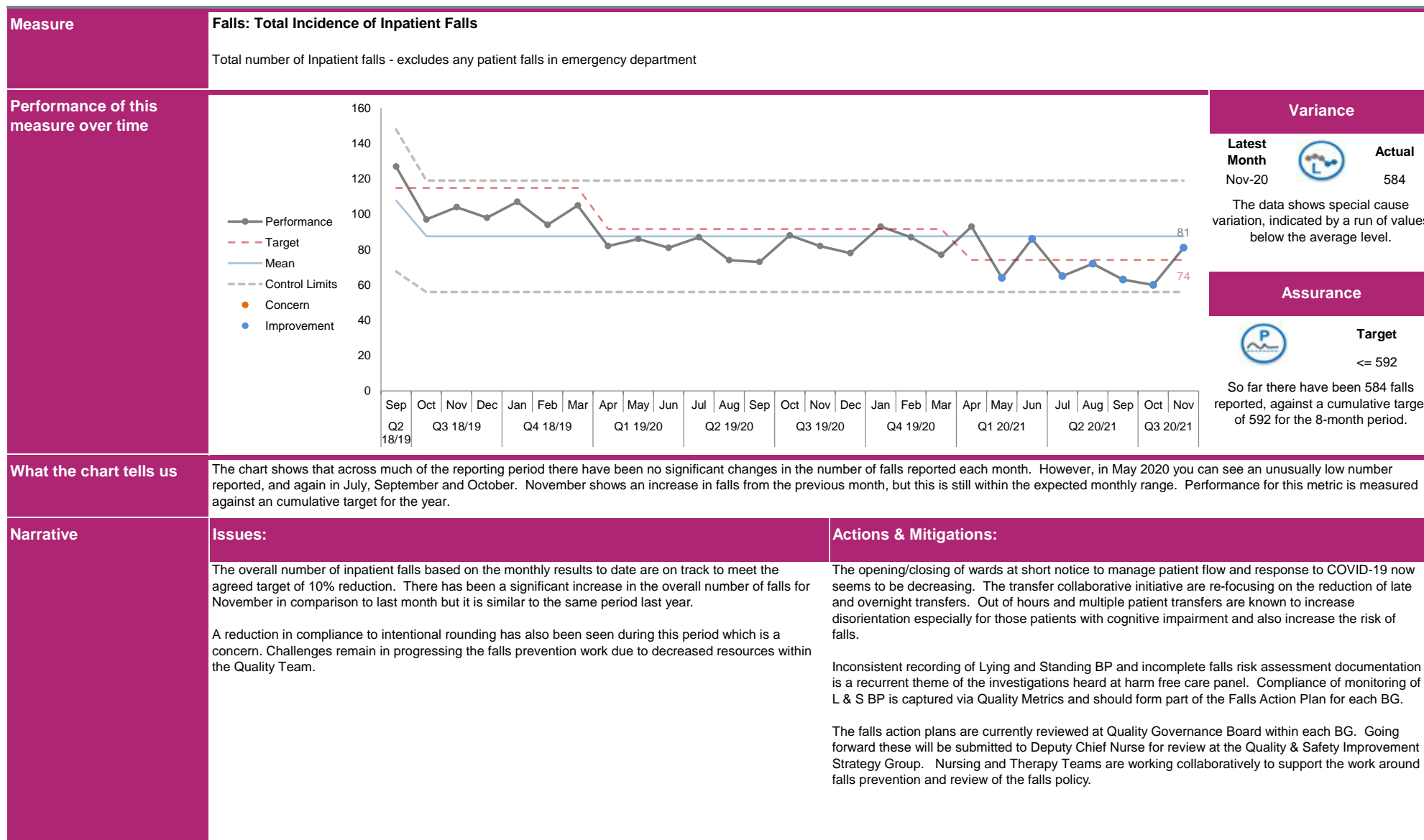
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Integrated Performance Report



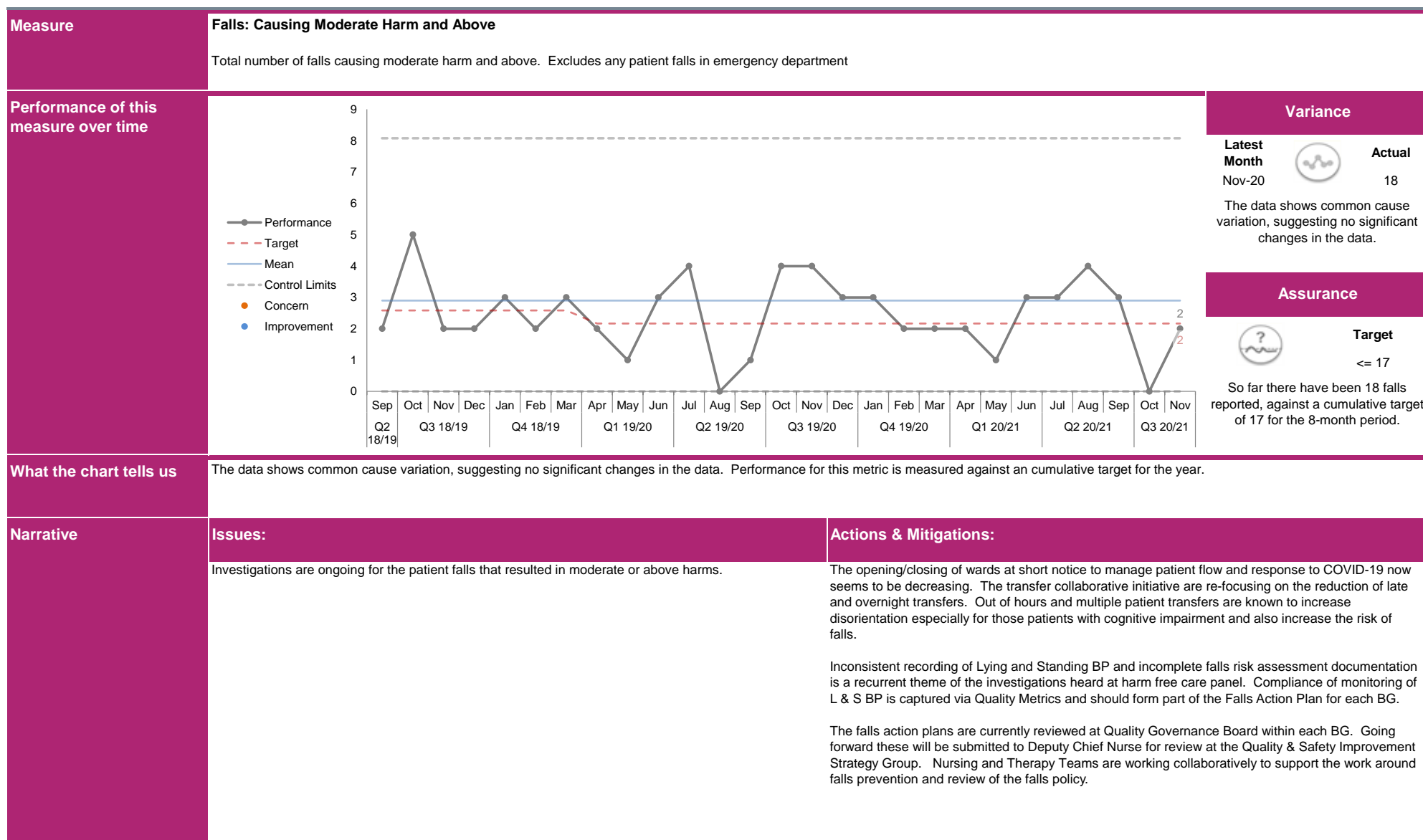
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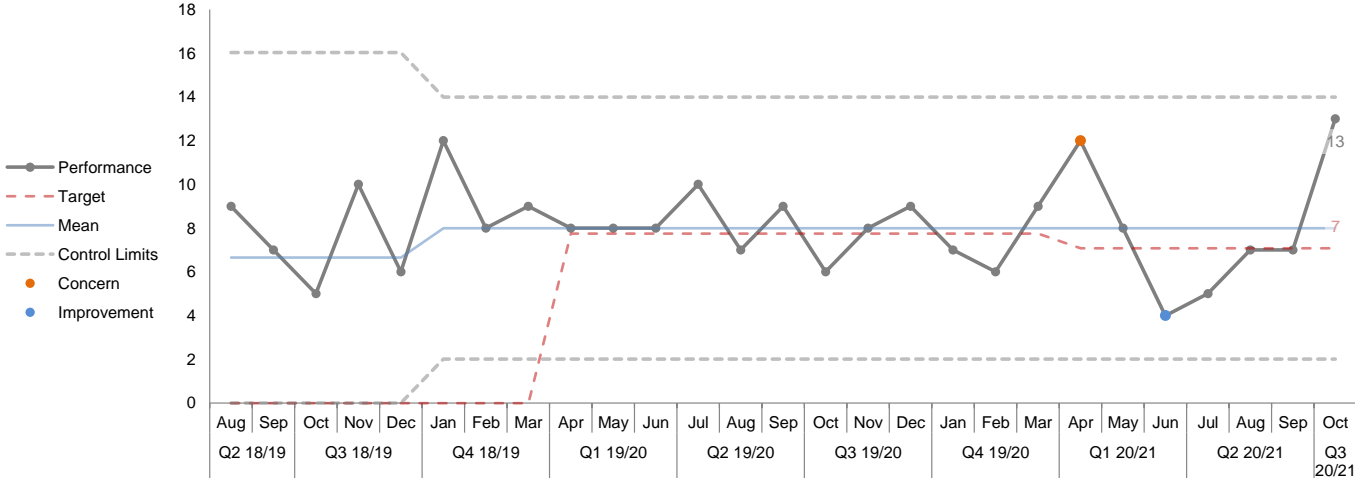


Quality

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Finance

Integrated Performance Report

Measure	Pressure Ulcers: Hospital, Category 2 Total number of category 2 pressure ulcers in a hospital setting.		
Performance of this measure over time		<div>Variance</div> <div><div>Latest Month Oct-20</div><div> Actual 56</div><div>The data show common cause variation, suggestion no significant changes in performance.</div></div> <div>Assurance</div> <div><div></div><div>Target ≤ 85</div><div>So far there have been 56 pressure ulcers, against a cumulative target of 85 for the 7-month period.</div></div>	
What the chart tells us	The data shows that across the whole reporting period there have been no significant changes in the number of category 2 pressure ulcers month to month. Performance for this metric is measured against a cumulative total for the year.		
Narrative	<div>Issues:</div> <div>The Trust set a target to reduce the overall number of Hospital acquired pressure ulcers (p u) by 10% over the forthcoming 12 months. This month (October data) we have had 13 category 2 pressure ulcers reported</div> <div>In the last 2 months new PU incidents have increased by more than 50% with the onset of the second wave of Covid.</div> <div>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.</div> <div>Actions & Mitigations:</div> <div>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.□</div> <div>A Matrons post new pressure ulcer checklist is to be devised, to support learning from pressure ulcer incidents quickly.</div>		

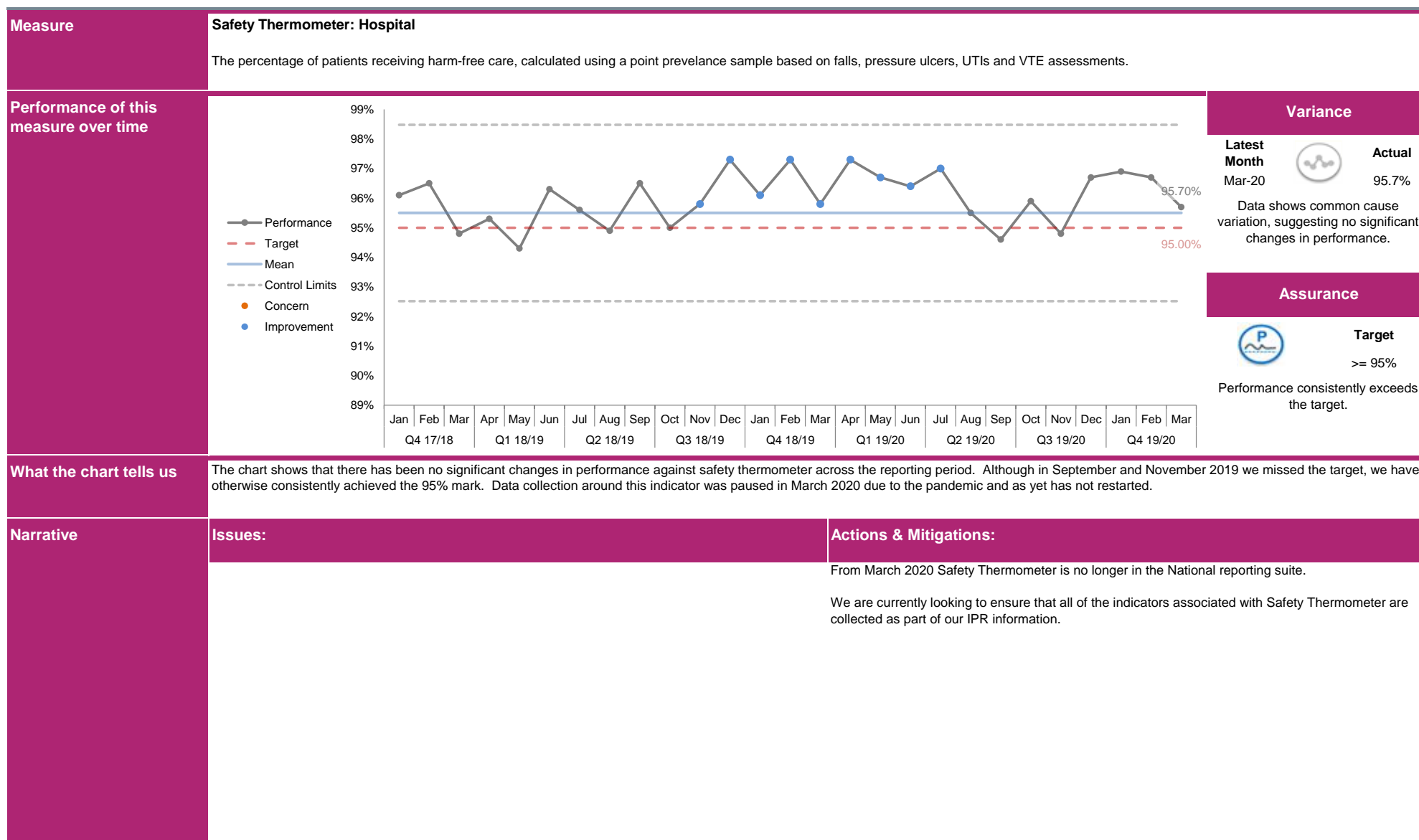
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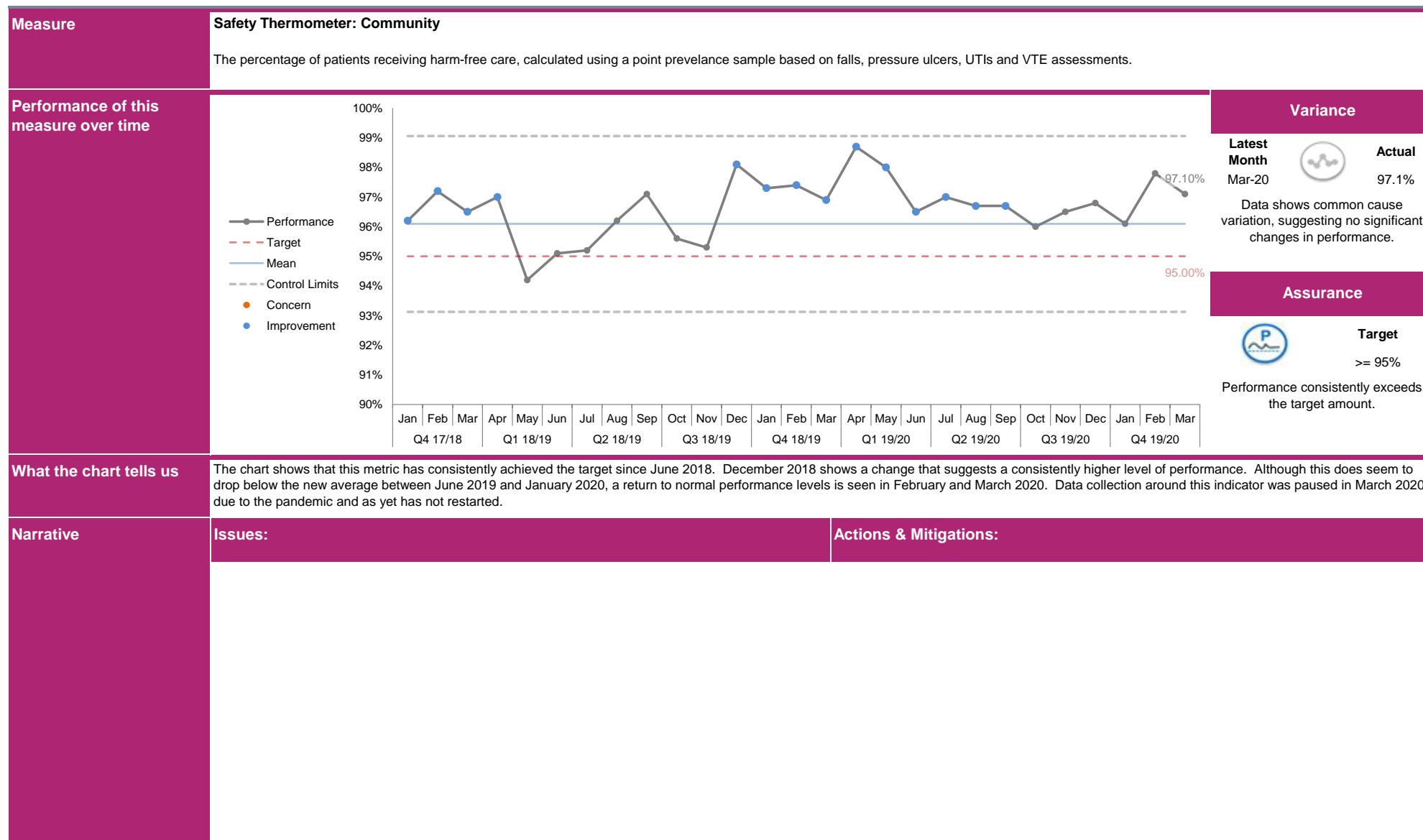
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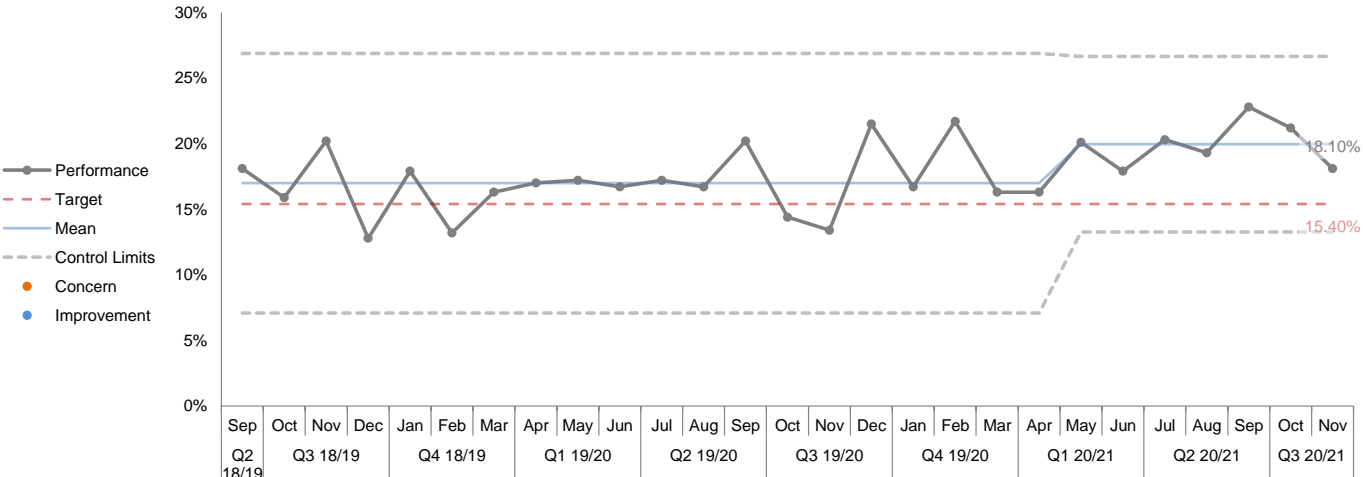
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Integrated Performance Report

Measure	Emergency C-Section Rate		
	The number of patients having an emergency c-section, as a percentage of all patients having registerable births.		
Performance of this measure over time			Variance
			<p>Latest Month Nov-20 Actual 18.1%</p> <p>The data shows common cause variation, suggestion no significant changes in performance.</p>
			Assurance
			<p>Target $\leq 15.4\%$</p> <p>The performance consistently exceed the target amount.</p>
What the chart tells us	The data shows that across the reporting period there have been no significant changes in performance. In May 2020 there is a change in the data, which now shows more consistent performance with less variation, though still above the target value.		
Narrative	Issues:	Actions & Mitigations:	
	The percentage of women undergoing emergency caesarean section has decreased to 18.1% in November.	<p>The emergency caesarean section rate is monitored within the business group. The emergency caesarean section rate needs to be taken into account alongside the increased complexities of women giving birth, compared to a few years ago, these women have a higher risk of emergency caesarean section and therefore as the percentage of these women increase, so will our Caesarean section rate.</p> <p>We are seeing an increase in C/S rates nationally ?due to the impact of SBLCBV2 and the introduction of new pathways e.g. Reduced Fetal movement and Fetal growth restriction guidelines, Higher acuity of women across the board e.g. Older women, women with co morbidities and we are monitoring pregnancies more closely to reduce poor outcomes in known vulnerable groups e.g. BAME/Vulnerable women.</p> <p>As a result of this the business group will be reporting caesarean section overall, rather than elective and emergency rates (These rates will continue to be documented but for information only)</p>	

Quality

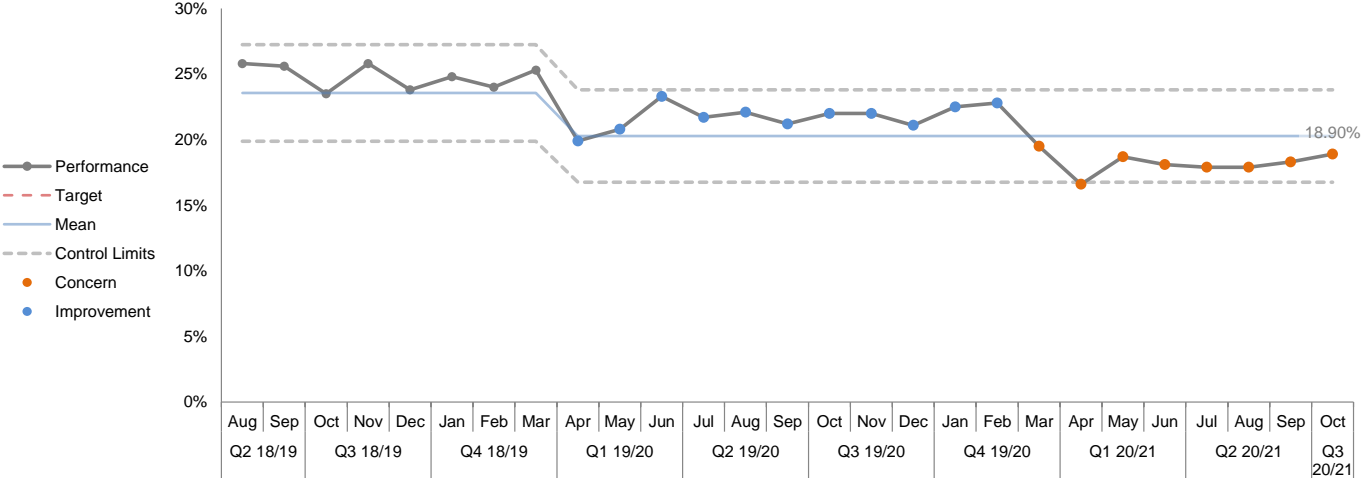


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Integrated Performance Report

Measure	Friends & Family Test: Response Rate The percentage of eligible patients completing an FFT survey.		
Performance of this measure over time			<div data-bbox="1890 347 1989 367">Variance</div> <div data-bbox="1805 395 2072 545"> <p>Latest Month Oct-20</p>  <p>Actual 18.9%</p> <p>Data shows special cause variation, indicated by a run of values below the average.</p> </div> <div data-bbox="1881 603 1998 622">Assurance</div> <div data-bbox="1823 651 1890 710">  <p>Target</p> <p>There is no target for this metric.</p> </div>
What the chart tells us	The charts shows that from April 2019 we see a new lower response rate that runs through to February 2020. March 2020 sees a new dip in response rates that continues through to the latest month with a run of values below the average response rate.		
Narrative	<div data-bbox="398 938 1252 957">Issues:</div> <p>Currently, local data is collected by SMS and voicemail (No national return due to COVID-19). National returns will recommence from December 2020.</p>		<div data-bbox="1261 938 2089 957">Actions & Mitigations:</div> <p>Quality and Patient Experience Team have worked with Healthcare Communications to develop resources and poster campaign to support the national new question format for FFT . An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. Raising awareness campaign of the new FFT questions and response formats will take place throughout November and December.</p>

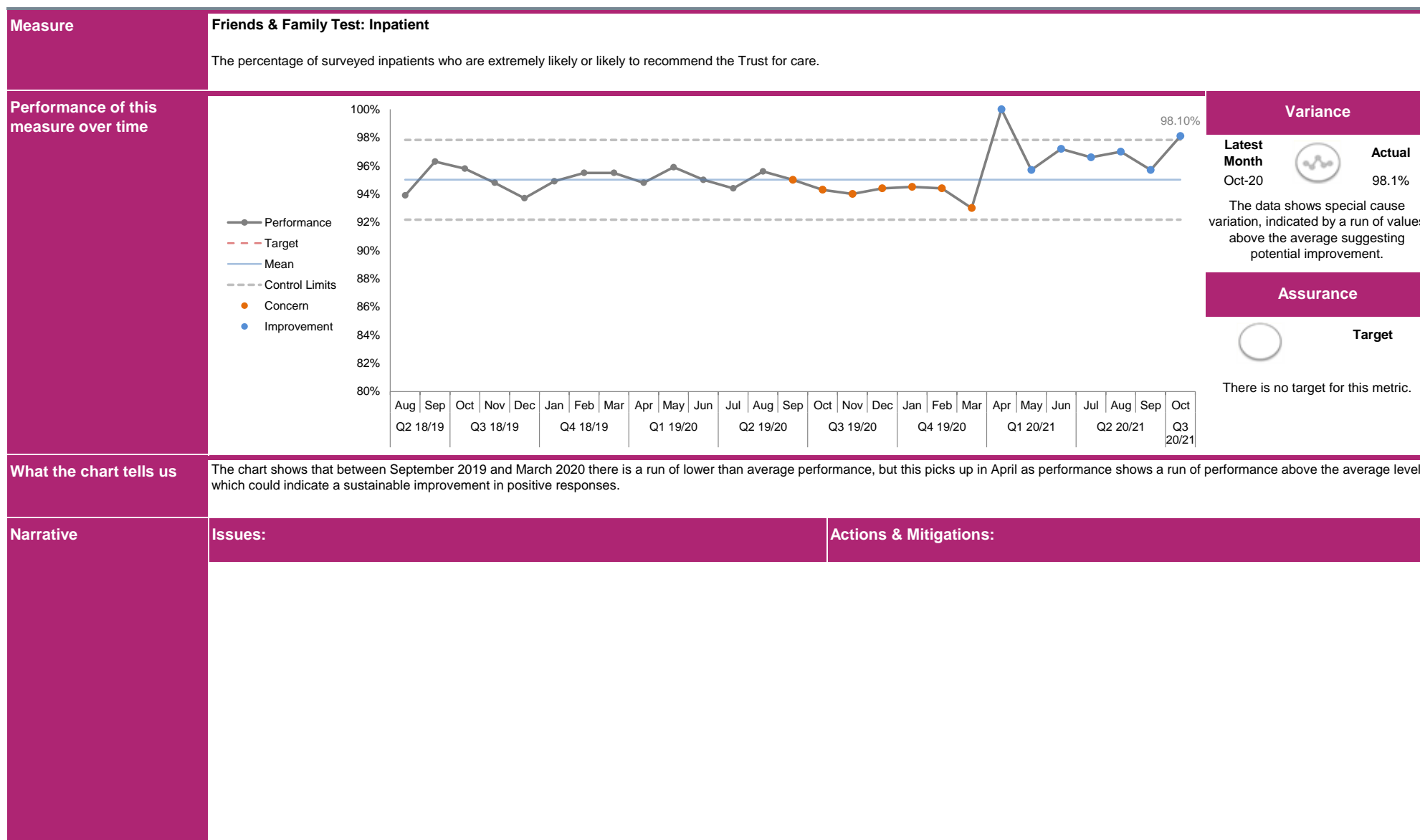
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Integrated Performance Report



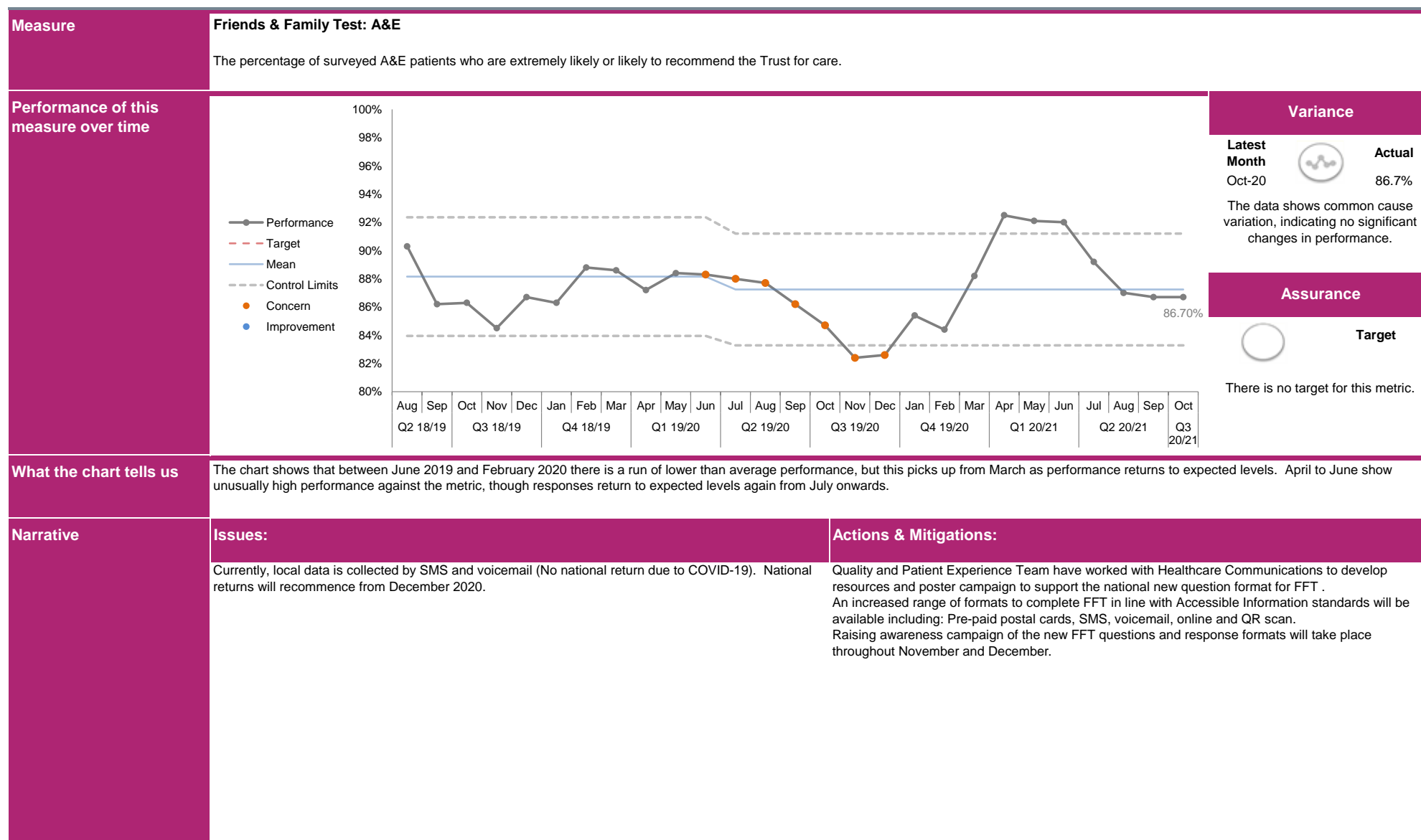
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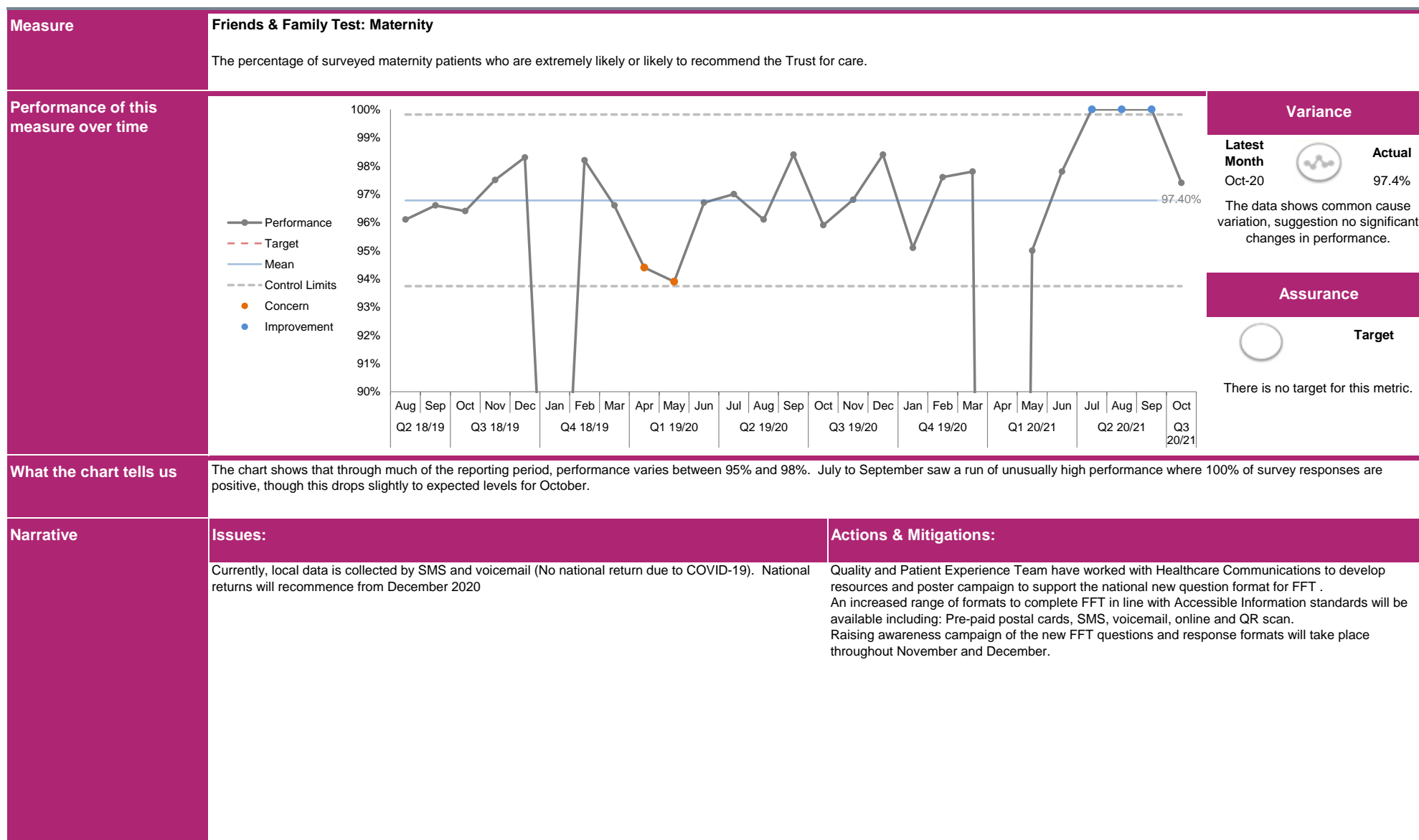
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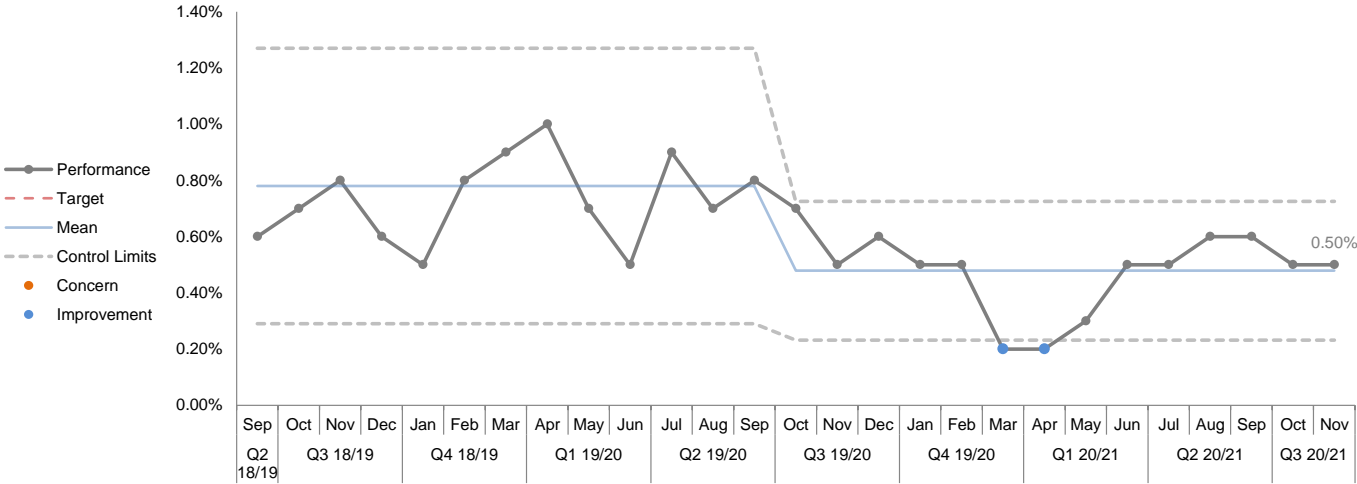
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Integrated Performance Report

Measure	Complaints Rate The total number of formal written complaints received compared with the whole time equivalent staff.		
Performance of this measure over time			<div data-bbox="1796 335 2096 389">Variance</div> <div data-bbox="1796 389 2096 580"> <p>Latest Month Nov-20</p> <p>Actual 0.5%</p> <p>Data shows common cause variation, suggestion no significant changes in performance.</p> </div> <div data-bbox="1796 580 2096 644">Assurance</div> <div data-bbox="1796 644 2096 829"> <p>Target</p> <p>There is currently no target set for this metric.</p> </div>
What the chart tells us	The chart shows that from October 2019 the Trust has seen a lower than average rate of complaints, reaching a low in March and April 2020. Although the chart shows that rates have increased through to June to November 2020, performance still remains within expected range..		
Narrative	Issues:	Actions & Mitigations:	
	25 formal complaints were received in November 2020: Integrated Care = 2, Medicine = 5, Surgery = 10, WCDS =6 and ED = 2	The Patient and Customer Services continue to focus on resolving concerns informally where appropriate with the hope to reduce the number of formal complaints.	

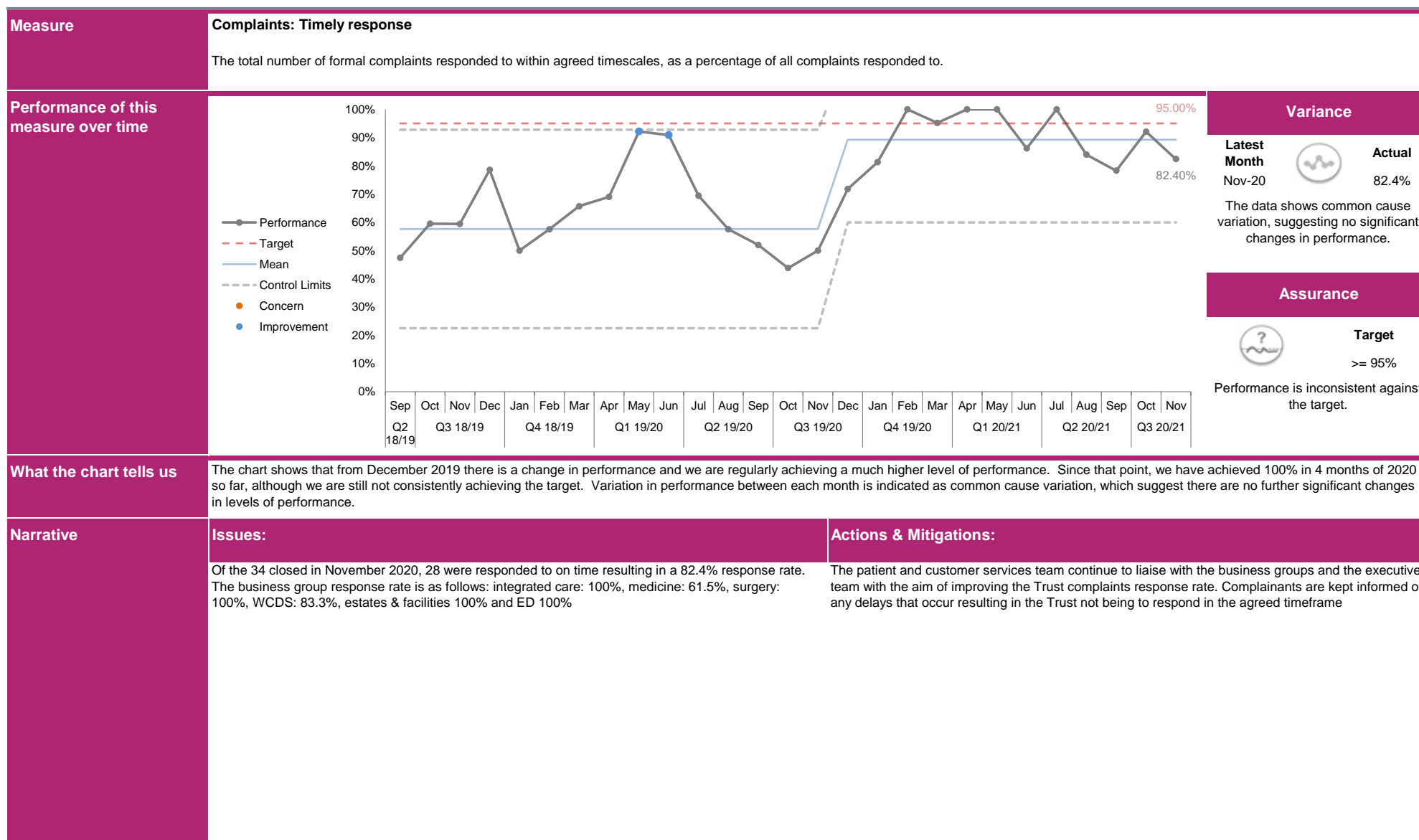
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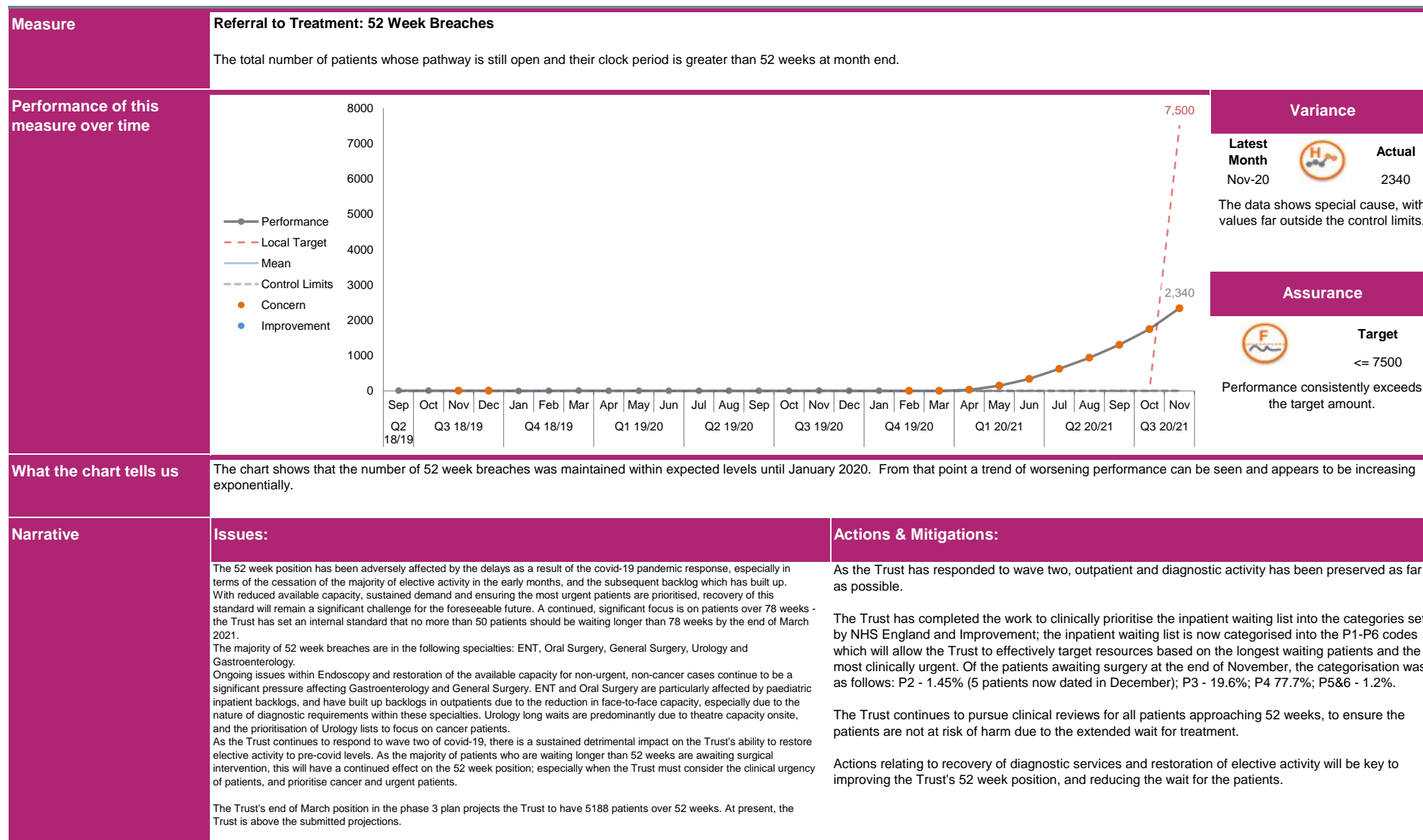
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Highlight Report

Matters of Concern or Key Risks to Escalate:

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

Non-electively, ongoing pressure with regards to patient flow as a result of covid-19 restrictions is continuing to adversely affect the Trust's performance against the four hour standard.

A significant increase in non-elective length of stay was seen in November, contributed to by COVID-19 wave-2 and the necessary ward moves required to enable appropriate and safe zoning.

Despite some progress with the extension to the National Contract for continued use of the Independent Sector, the same level of capacity is not guaranteed for Q4. Negotiations at GM level continue as this will pose a risk to the elective surgical recovery plan.

Endoscopy capacity remains a key area of concern with waiting times for routine patients continuing to increase.

Major Actions Commissioned / Work Underway:

A deep dive into the Endoscopy service has taken place, the outputs of which will inform the longer term capacity requirements to sustainably deliver diagnostic services within national access waiting time standards.

A new weekly ED improvement group has commenced, chaired by the Director of Operations.

A Same Day Emergency Care workshop is planned for January aimed at deflecting patients from ED to a more appropriate care facility.

The Medical Director and Director of Operations will be undertaking a joint piece of work to understand the medical model for the wards. This will link-in closely with the new matron for patient flow, concentrating on the medical wards.

A piece of work will be undertaken to understand the impact of the new UTC -lite and NHS 111 models on ED type 1 performance.

Positive Assurances to Provide:

A significant reduction in month in the number of patients waiting > 6 weeks for Echocardiography, DEXA and NOUS tests.

The third CT scanner has been formally handed over to the Trust and is on track to be fully operational in January.

The Trust maintained its performance against the cancer 31-day to first treatment standard in November.

Outpatient activity remained above plan, and delivered a 93.5% restoration rate compared to November 2019. Of particular note is the relatively high proportion of non-face to face activity that the Trust continues to deliver.

The Director of Operations has introduced a new fortnightly meeting with the Business group Triumvirates focusing on restoration of elective activity.

The Trust is working to restore further theatre capacity onsite, with a view to opening 6 theatres from 21st December 2020 and then working to incrementally increase to 11 in the New Year.

The first submission of the national clinical prioritisation programme was completed by the required deadline.

The UTC-lite /NHS111 model for the Emergency Department went live as planned.

Decisions Made:

The Trust accessed the GM Cancer hub surgical capacity to ensure timely treatment continued for Urology patients when our internal operating capacity was impacted during COVID- wave 2.

A business case to strengthen the ENT clinical establishment has been approved.

An additional Microbiology Consultant post has also been approved.

Quality
























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Summary Dashboard

Metric	Latest Performance			Target	
Diagnostics: 6 Week Standard	Nov-20		48.8%		<= 34%
Cancer: 62 Day Standard	Nov-20		64.4%		<= 79.7%
Cancer: 14 day standard	Nov-20		88.8%		>= 93%
Cancer: 31 Day 1st Treatment	Nov-20		97.3%		>= 96%
Cancer: 104 Day Breaches	Oct-20		4		<= 0
Referral to Treatment: Incomplete Pathways	Nov-20		58.8%		>= 65%
Referral to Treatment: Incomplete Waiting List Size	Nov-20		30509		<= 24637
Length of Stay: Non-Elective (UoR)	Nov-20		11.53		<= 9
Length of Stay: Elective (UoR)	Nov-20		2.31		<= 2.6
Long Length of Stay 7 Days	Nov-20		48.6%		<= 32%
Long Length of Stay 21 Days	Nov-20		20.5%		<= 11%
Medical Optimised Awaiting Transfer (MOAT)	Nov-20		70		<= 40
A&E: 4hr Standard	Nov-20		66.4%		>= 85%

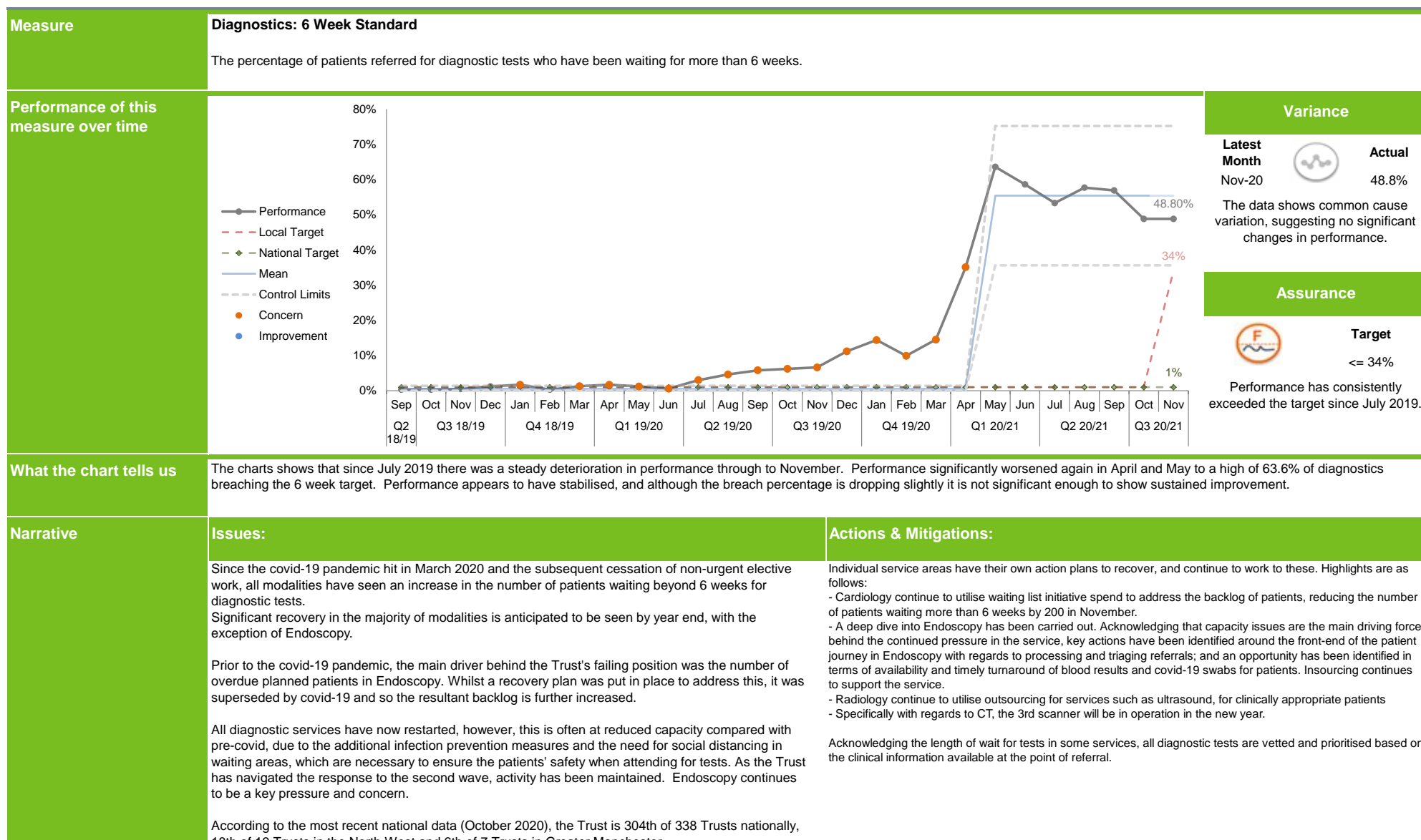
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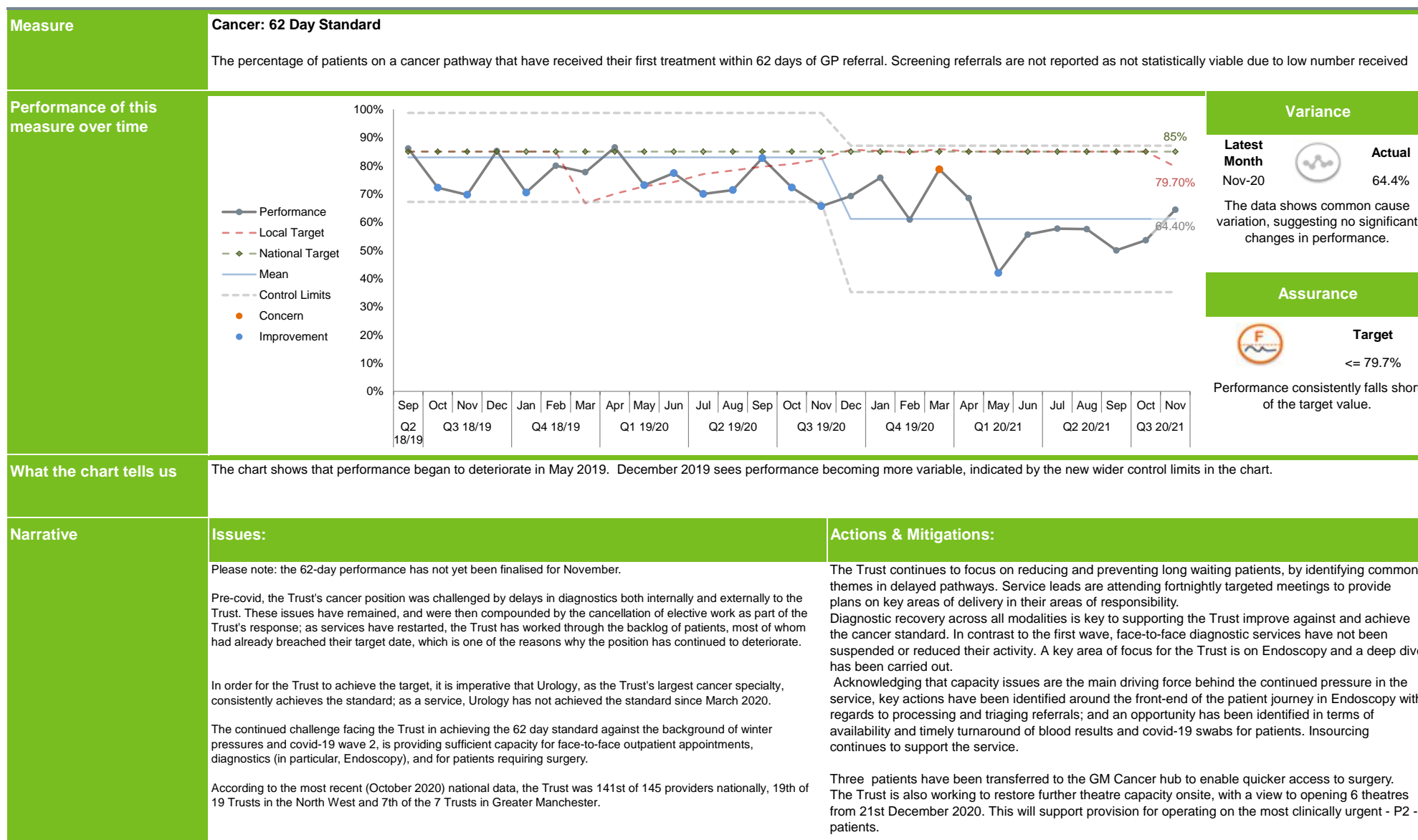
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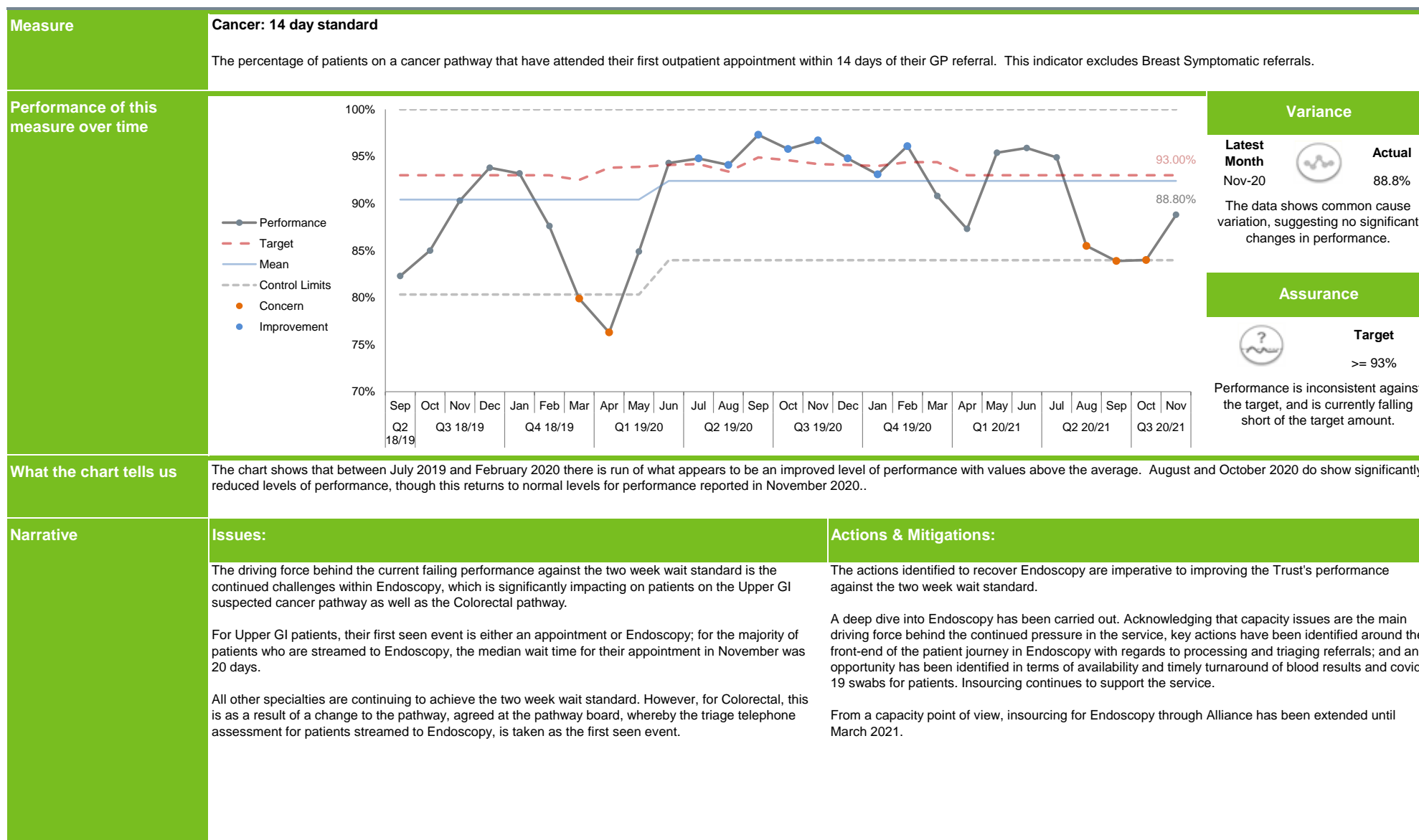
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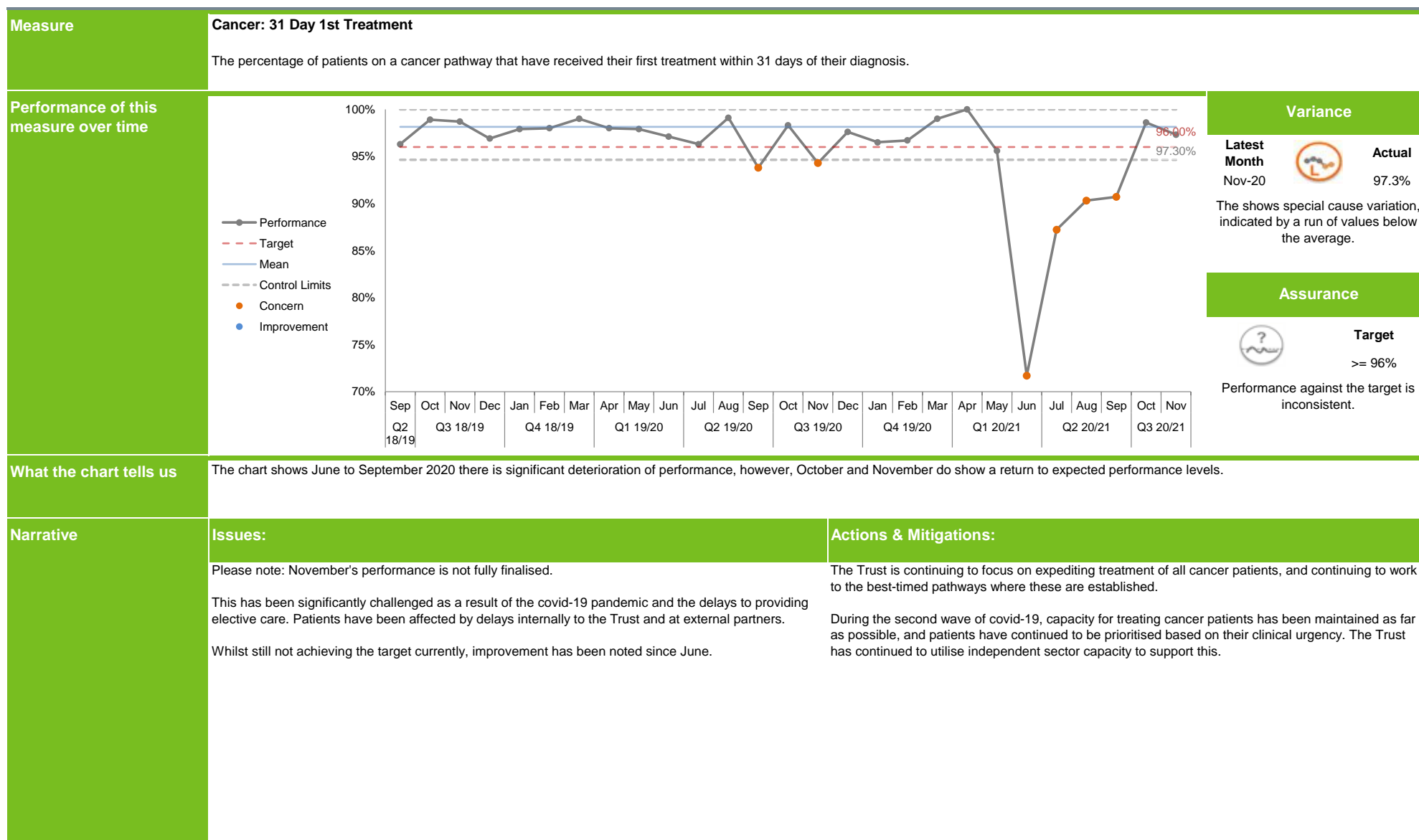
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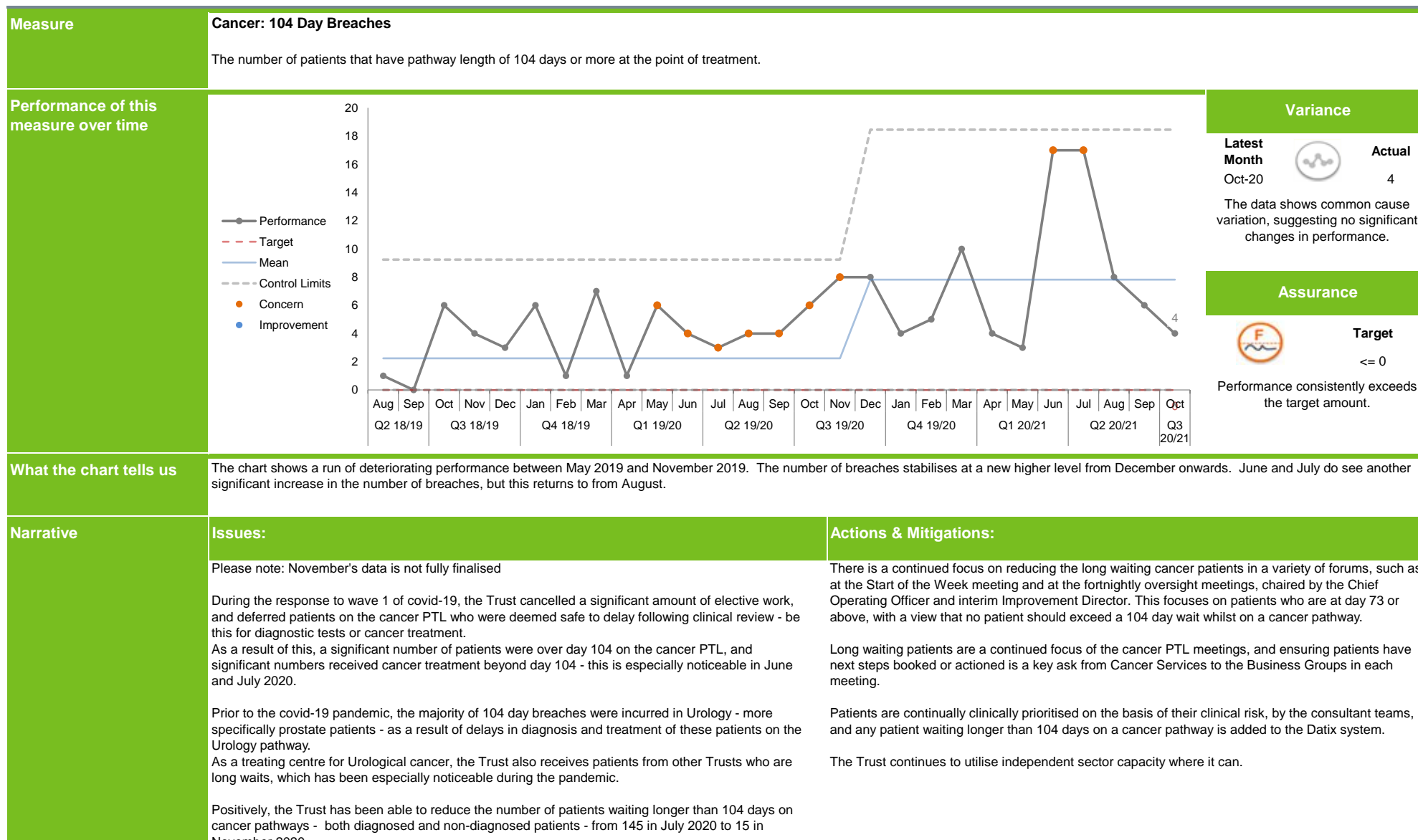
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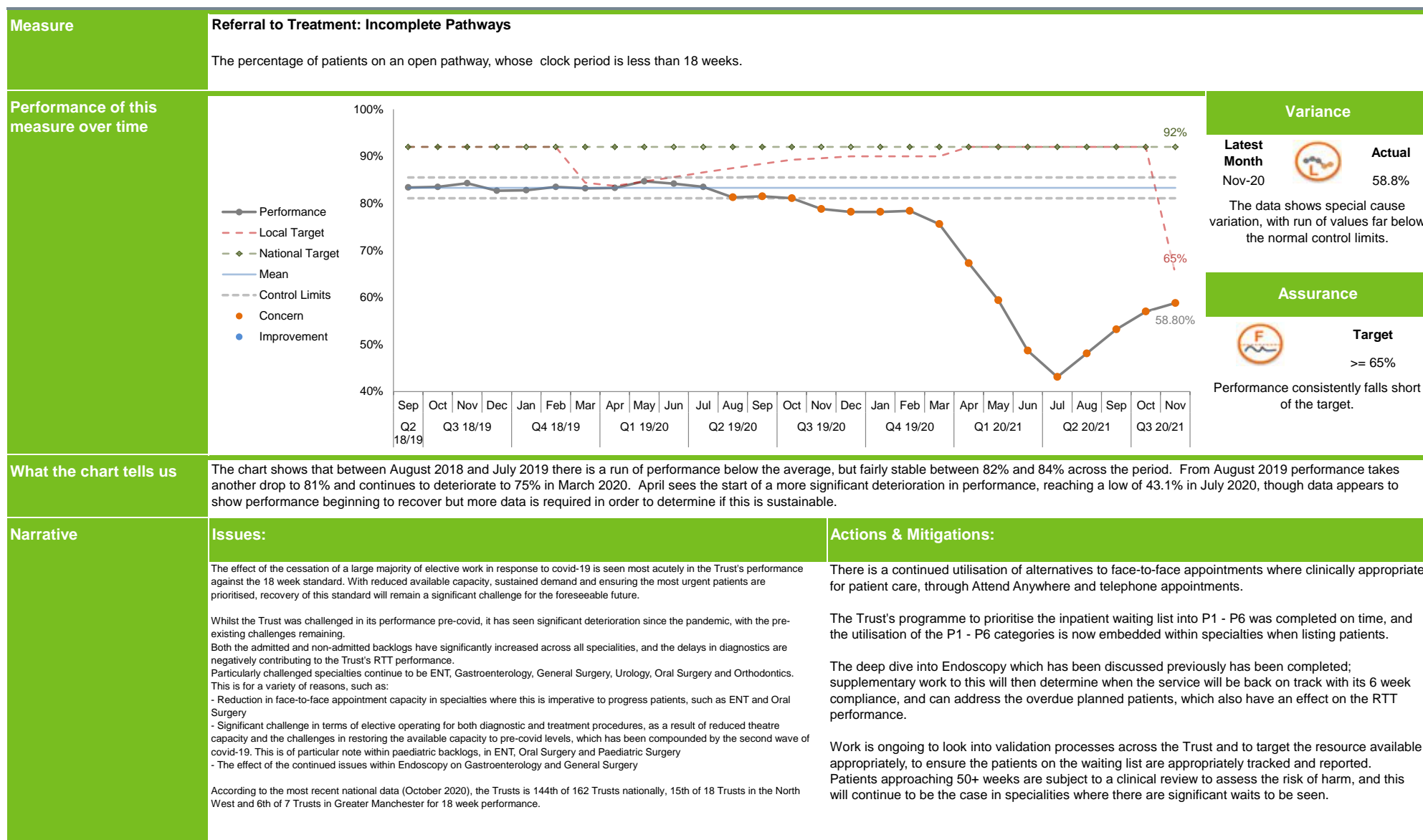
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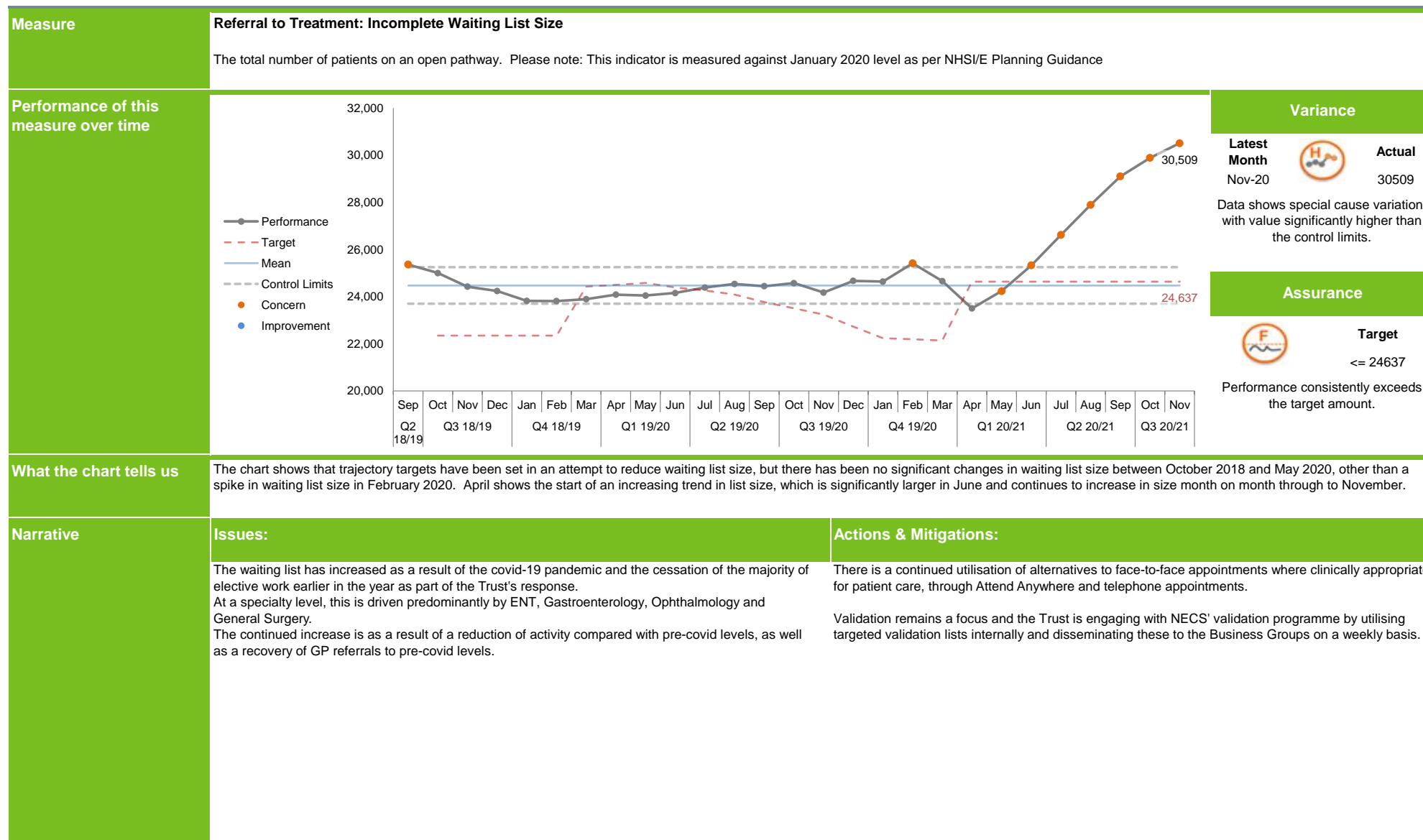
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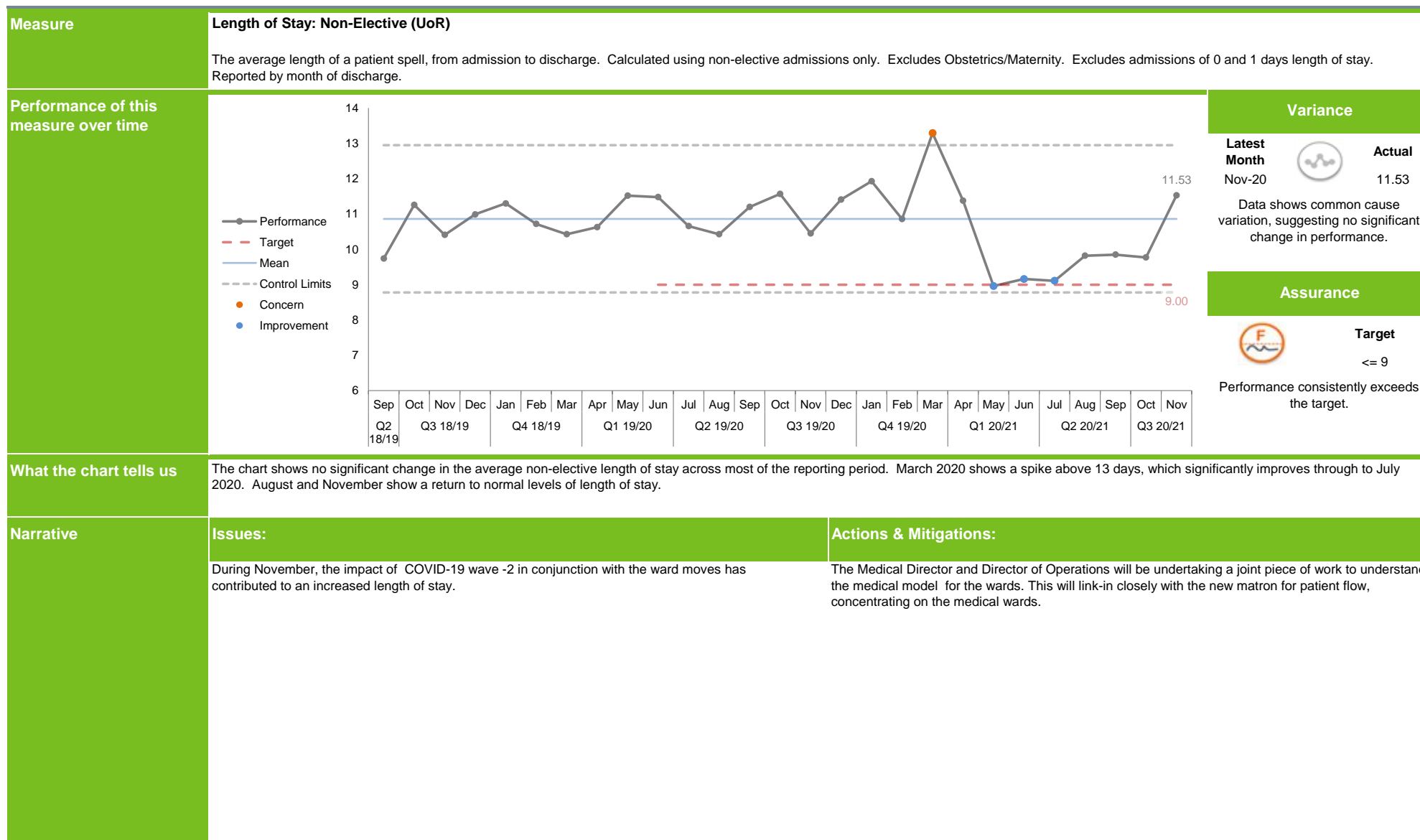
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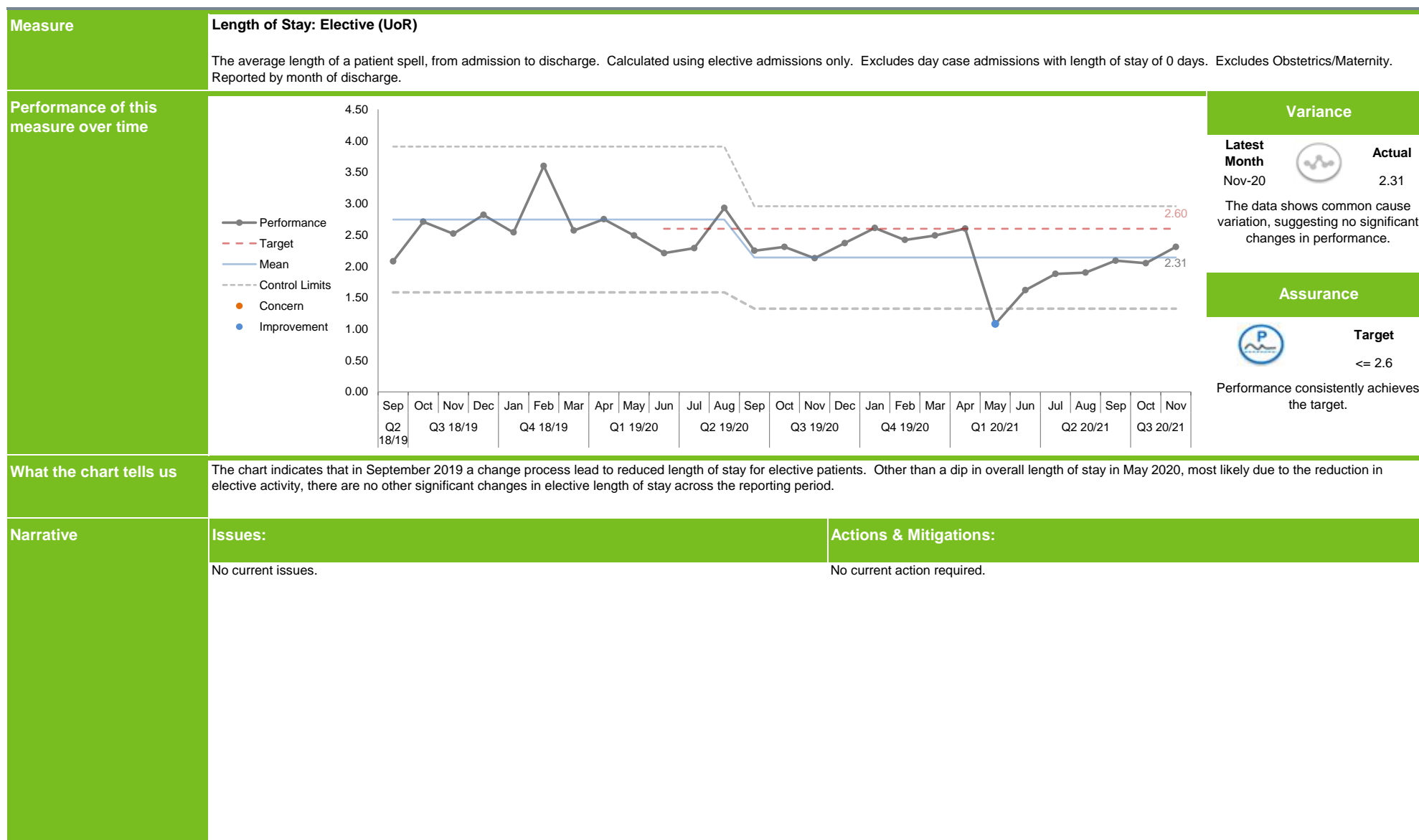
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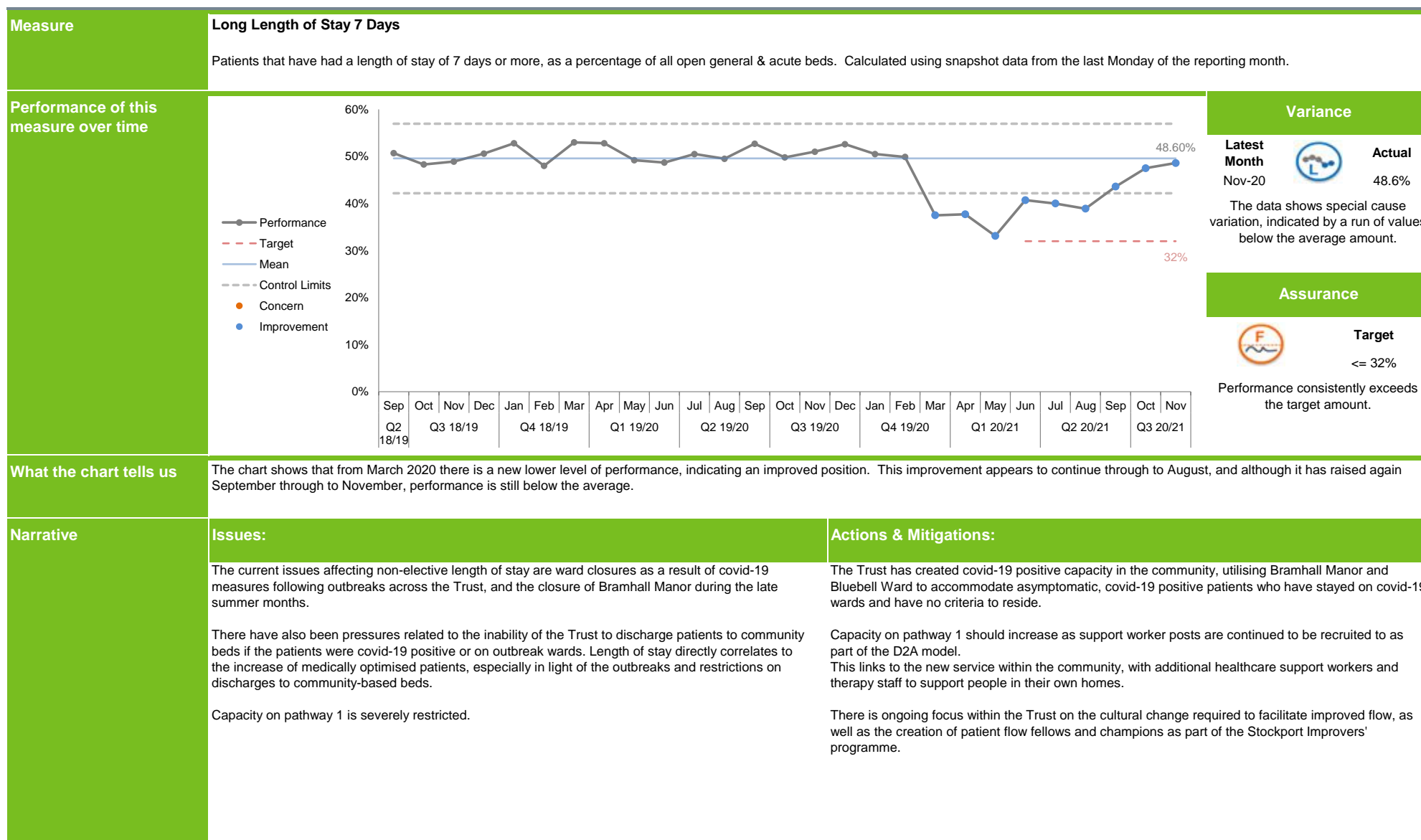
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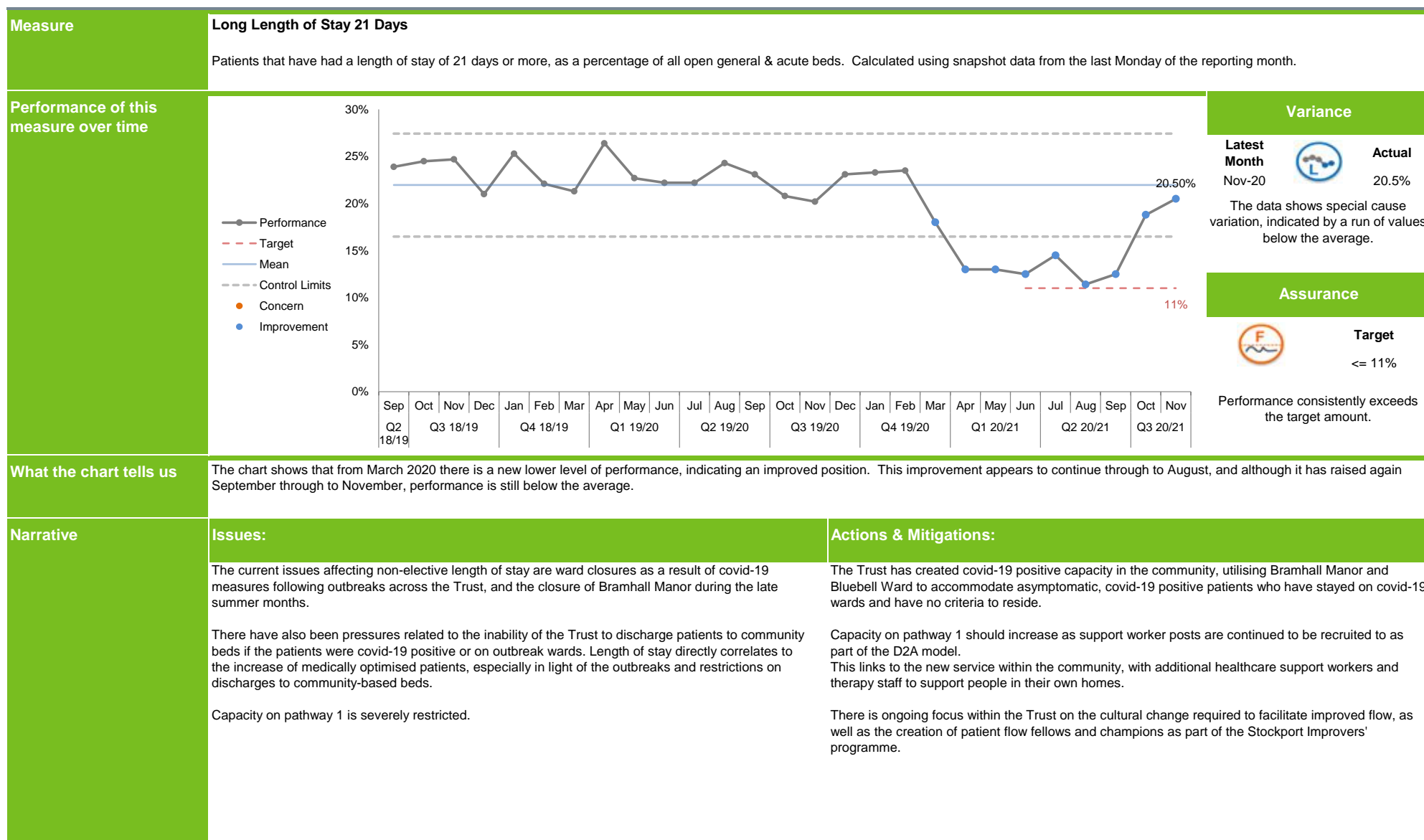
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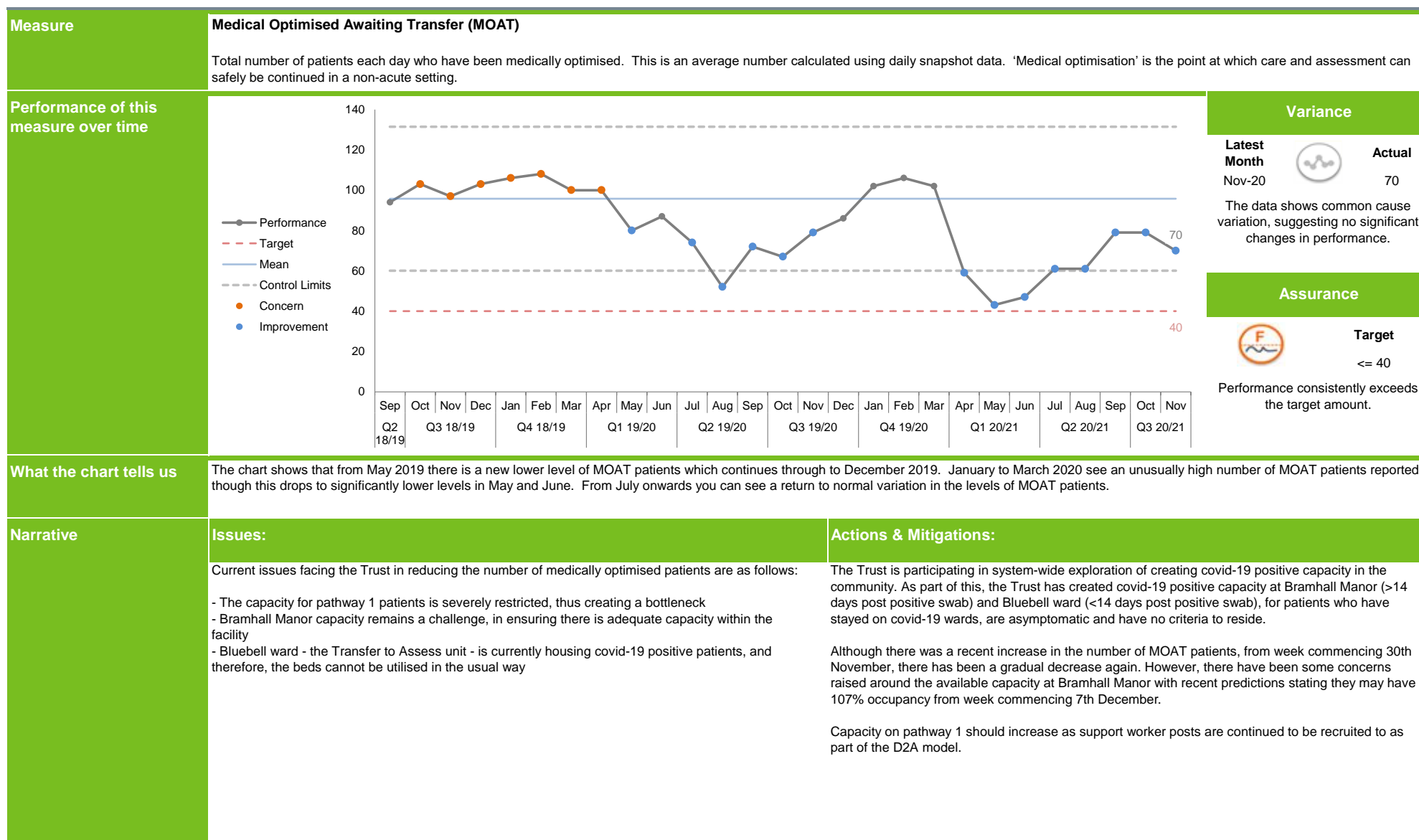
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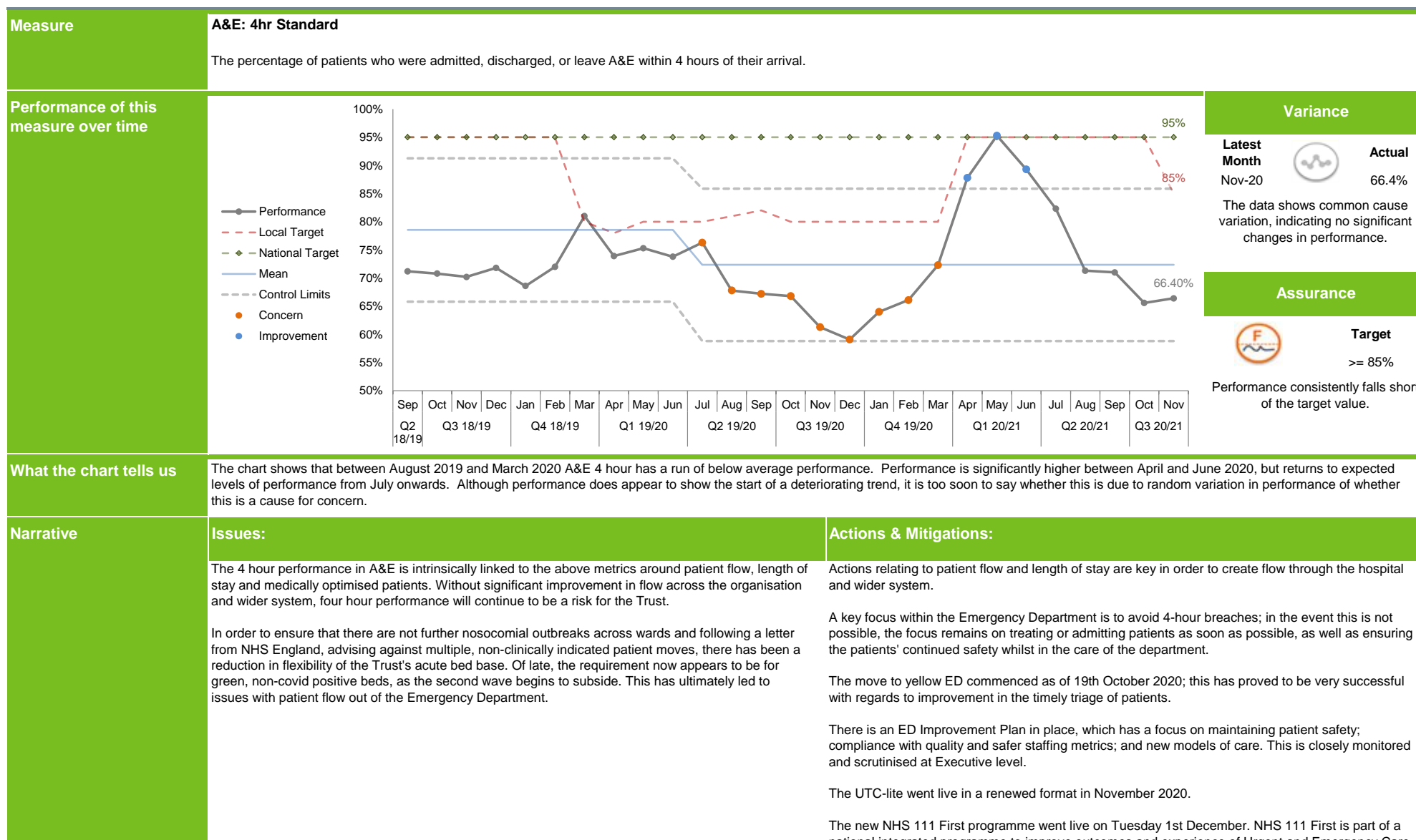
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Highlight Report

Matters of Concern or Key Risks to Escalate:

Sickness absence levels have increased in November to 5.77% with an increase in COVID related sickness to 1.02%.

Bank and agency costs have again increased as the additional ward capacity has opened to support the plans for winter.

Major Actions Commissioned / Work Underway:

Successful in securing £100,000 from NHSE/I to support future international nurse campaigns, plans to be developed.

Positive Assurances to Provide:

Staff in post remains at a positive level; however, nursing vacancies have increased due to the planned increase in midwifery establishment

Turnover remains below target, although November has seen a slight increase in month

The Trust has commenced delivering the COVID-19 vaccination programme to our vulnerable staff and patient groups.

























Decisions Made:

Medical appraisal rates have been taken from the PREP system this month in order to show compliance across the 2 year timeframe in accordance with the national guidance



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Summary Dashboard

Metric	Latest Performance			Target	
Substantive Staff-in-Post	Nov-20		94.1%		>= 90%
Sickness Absence: Monthly Rate (UoR)	Nov-20		5.8%		<= 4.2%
Sickness Absence: Rolling 12-Month Rate (UoR)	Nov-20		5.1%		<= 4.2%
Workforce Turnover (UoR)	Nov-20		12.33%		<= 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	Nov-20		89.2%		>= 95%
Appraisal Rate: Non-medical	Nov-20		75.4%		>= 95%
Statutory & Mandatory Training	Nov-20		93.1%		>= 90%
Bank & Agency Costs	Nov-20		17.2%		<= 5%
Agency Shifts Above Capped Rates	Nov-20		2123		<= 0
Agency Spend: Distance From Ceiling (UoR)	Nov-20		56.5%		<= 3%
Flu Vaccination Uptake	Nov-20		75.9%		>= 80%

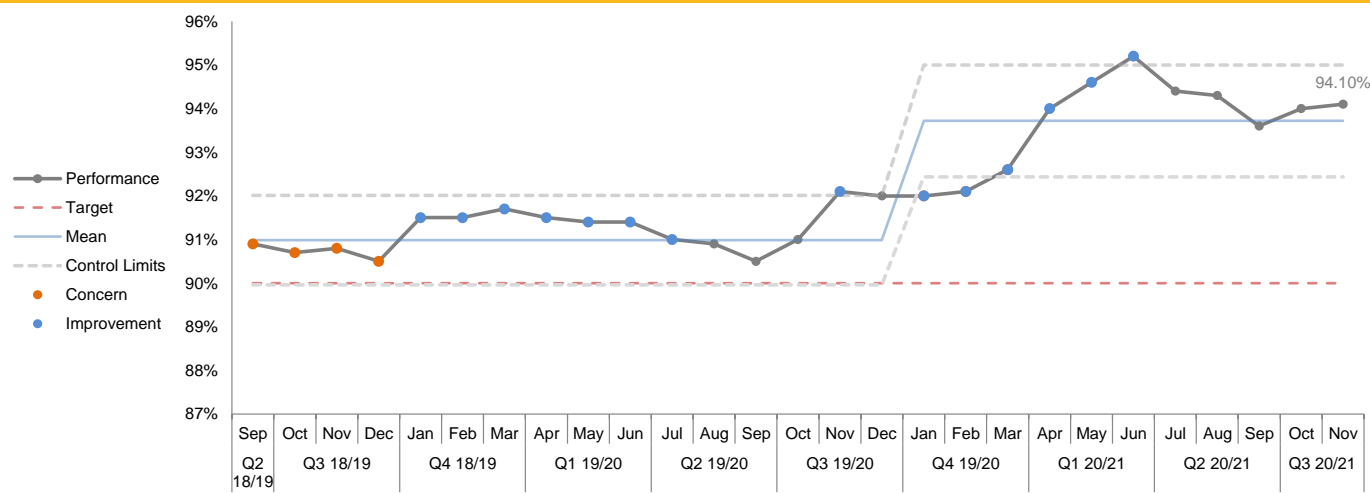
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Measure	Substantive Staff-in-Post	
	Total whole-time-equivalent (wte) staff-in-post, as a percentage of the current establishment.	
Performance of this measure over time	 <p>Legend:</p> <ul style="list-style-type: none"> Performance Target Mean Control Limits Concern Improvement 	<p>Variance</p> <p>Latest Month Nov-20</p> <p>Actual 94.1%</p> <p>The data shows common cause variation, suggesting no significant change in performance.</p> <p>Assurance</p> <p>Target >= 90%</p> <p>The target is consistently achieved and is below the control limits, which suggests there are stable processes in place regarding this metric.</p>
What the chart tells us	The chart shows a steady improvement in performance across the reporting period. October 2019 shows a significant shift in performance levels and an increasing trend that peaks in June 2020 with a performance above the normal levels of variation. Performance continues to be above average through to November 2020.	
Narrative	<p>Issues:</p> <p>The Trust staff in post figure for November 2020 is 94.1% of the current establishment. Actual FTE staff in post increased by 5.46 FTE. This increase has largely been seen in the Additional Clinical Services staff group.</p> <p>There has been an increase of 52 FTE vacancies for registered nurses, which is mainly due to the increase in establishment in midwifery posts.</p>	<p>Actions & Mitigations:</p> <p>International nurse recruitment - 81 nurses have joined so far and a number of pending offers are due to be made via NHSP.</p> <p>A bid for funding of £100K to support future international nurse recruitment via NHSE/I was successful and actions will take place to support this.</p> <p>Recruitment of a cohort of 60 HCA posts is currently in progress.</p>

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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	<p>Legend: Performance, Target, Mean, Control Limits, Concern, Improvement</p> <p>Approximate data points from chart:</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Sep 18/19</td><td>4.5</td><td>3.5</td></tr> <tr><td>Oct 18/19</td><td>4.5</td><td>3.5</td></tr> <tr><td>Nov 18/19</td><td>4.5</td><td>3.5</td></tr> <tr><td>Dec 18/19</td><td>4.8</td><td>3.5</td></tr> <tr><td>Jan 19/20</td><td>5.5</td><td>3.5</td></tr> <tr><td>Feb 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>Mar 19/20</td><td>4.5</td><td>3.5</td></tr> <tr><td>Apr 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>May 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>Jun 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>Jul 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>Aug 19/20</td><td>4.5</td><td>3.5</td></tr> <tr><td>Sep 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>Oct 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>Nov 19/20</td><td>5.2</td><td>3.5</td></tr> <tr><td>Dec 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>Jan 20/21</td><td>4.8</td><td>3.5</td></tr> <tr><td>Feb 20/21</td><td>4.8</td><td>3.5</td></tr> <tr><td>Mar 20/21</td><td>5.8</td><td>3.5</td></tr> <tr><td>Apr 20/21</td><td>8.0</td><td>4.2</td></tr> <tr><td>May 20/21</td><td>5.5</td><td>4.2</td></tr> <tr><td>Jun 20/21</td><td>5.0</td><td>4.2</td></tr> <tr><td>Jul 20/21</td><td>4.5</td><td>4.2</td></tr> <tr><td>Aug 20/21</td><td>4.2</td><td>4.2</td></tr> <tr><td>Sep 20/21</td><td>4.5</td><td>4.2</td></tr> <tr><td>Oct 20/21</td><td>5.2</td><td>4.2</td></tr> <tr><td>Nov 20/21</td><td>5.8</td><td>4.2</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Sep 18/19	4.5	3.5	Oct 18/19	4.5	3.5	Nov 18/19	4.5	3.5	Dec 18/19	4.8	3.5	Jan 19/20	5.5	3.5	Feb 19/20	4.8	3.5	Mar 19/20	4.5	3.5	Apr 19/20	4.8	3.5	May 19/20	4.8	3.5	Jun 19/20	4.8	3.5	Jul 19/20	4.8	3.5	Aug 19/20	4.5	3.5	Sep 19/20	4.8	3.5	Oct 19/20	4.8	3.5	Nov 19/20	5.2	3.5	Dec 19/20	4.8	3.5	Jan 20/21	4.8	3.5	Feb 20/21	4.8	3.5	Mar 20/21	5.8	3.5	Apr 20/21	8.0	4.2	May 20/21	5.5	4.2	Jun 20/21	5.0	4.2	Jul 20/21	4.5	4.2	Aug 20/21	4.2	4.2	Sep 20/21	4.5	4.2	Oct 20/21	5.2	4.2	Nov 20/21	5.8	4.2	<p>Variance</p> <p>Latest Month: Nov-20 Actual: 5.8%</p> <p>Data shows common cause variation, suggesting no significant changes in performance.</p> <p>Assurance</p> <p>Target: $\leq 4.2\%$</p> <p>Performance consistently exceeds the target amount, and is unlikely to achieve consistently without a review of processes related to this metric.</p>
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What the chart tells us	Data shows that on average sickness levels have been maintained with no significant variation throughout until February 2020. April 2020 sees a spike in sickness absence levels, but from May onwards sickness absence returns to normal levels. Sickness levels do appear to be rising between September and November, but it is too soon to say whether this is a trend or just normal variation.																																																																																					
Narrative	<p>Issues:</p> <p>The in-month sickness absence figure for November 2020 is 5.77%; an increase of 0.6% compared to the previous month's adjusted figure of 5.17%. COVID-related sickness has increased from 0.58% to 1.02%.</p> <p>The cost of sickness absence in November 2020 is £732K; an increase of 38.6K from the previous month.</p> <p>Sickness overall has increased again in November 2020 (5.77%), including an increase in Covid related absence. Looking at the trend data sickness in November 2020 is 1.24% higher than November 2019 when there was no Covid related sickness recorded. Covid sickness accounted for 1.02% and non Covid 4.73%. The number of Covid related absence episodes has increased from 65 in September to 99 in October and 164 in November, presumably due to the introduction of the lateral flow staff testing which is identifying asymptomatic staff. All Business Groups have seen an increased in month with the exception of Women, Children & Diagnostics, Estates & Facilities and Corporate.</p>	<p>Actions & Mitigations:</p> <p>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 KIT meetings regarding available support to staff who are struggling with their resilience and working with lower staff numbers due to staff on restricted duties and absences. Staff have been encouraged to take their annual leave where service provisions allow, to ensure that they are taking breaks from work and focus on their health and wellbeing. The OD team are further supporting the Trust in terms of supporting staff's health & wellbeing. □ All of the usual actions relating to the supporting attendance policy continue.</p> <p>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 43 positives, of which OH have so far confirmed 17 of these. 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. The reporting mechanism has been slightly amended to make it easier for staff to record information and communications have been sent reminding staff of their responsibility to undertake and record tests.</p>																																																																																				

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Measure	Sickness Absence: Rolling 12-Month Rate (UoR)		
	The total number of staff on sickness absence, as a percentage of all staff-in-post whole time equivalent. Calculated as a 12-month rolling average.		
Performance of this measure over time	<p>Legend: Performance (solid line with dots), Target (dashed red line), Mean (solid blue line), Control Limits (dashed grey lines), Concern (orange dot), Improvement (blue dot).</p> <p>Performance consistently exceeds the target amount.</p>		<p>Variance</p> <p>Latest Month Nov-20 Actual 5.1%</p> <p>Data shows special cause variation with a trend of values outside the control limits, indicating a potential concern.</p> <p>Assurance</p> <p> Target $\leq 4.2\%$</p>
What the chart tells us	Data shows that performance has been on an increasing trend across the reporting period. From April 2020 we see a spike in sickness absence above the normal levels which has continued through to November 2020. The chart suggests that as the target is below the control limits that it is unlikely that we will achieve it consistently without a review of current processes around sickness absence.		
Narrative	Issues:	Actions & Mitigations:	
	The 12-month rolling sickness percentage for the period December 2019 – November 2020 is 5.12%.	As above	

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Measure	Workforce Turnover (UoR)	
	The percentage of employees leaving the Trust and being replaced by new employees.	
Performance of this measure over time	Figure	Variance
	<p>Legend: Performance (solid line with dots), Target (dashed red line), Mean (solid blue line), Control Limits (dashed grey lines), Concern (orange dot), Improvement (blue dot).</p> <p>Y-axis: 10.0% to 18.0%. X-axis: Sep 18/19 to Nov 20/21.</p>	<p>Latest Month Nov-20 Actual 12.33%</p> <p>Data shows special cause variation, with a value below the control limits, indicating a potential improvement in performance.</p> <p>Assurance</p> <p>Target ≤ 12.6%</p> <p>Performance has against target is inconsistent.</p>
What the chart tells us	The charts shows that between June 2019 and May 2020 there is a run of values above the average, indicating a level of worsening performance. March 2020 onwards shows performance on an improving trend, with October and November showing the lowest percentage of workforce turnover across the whole reporting period, below the target amount for the first time since May 2019.	
Narrative	<p>Issues:</p> <p>The rolling 12-month unadjusted permanent headcount turnover figure is 12.33% (adjusted is 11.29%), which is a 0.14% increase from last month. The top known leaving reasons are: Voluntary Resignation – Work life Balance (20.31%), Voluntary Resignation – Relocation (17.19%) & Retirement Age (15.63%). Registered nursing turnover has increased by 0.18% to a 12 month rate of 12.55%. All other clinical staff groups have also increased except for Add Prof & Tech (decreased by 1.04%) and Additional Clinical Services (increased by 0.46%). Additional Clinical Services and Medical & Dental are above the Trust target of 12.6%</p>	<p>Actions & Mitigations:</p> <p>The reduction in turnover has been contributed to with focused work on retention and the impact of NHS staff working through the pandemic. Increased support for staff relating to health & wellbeing and ensuring safer staffing levels is essential to maintain this level of improvement.</p>

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Measure	Staff Friends & Family Test: Recommend for Work The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust as a place of work.																					
Performance of this measure over time	<p>Legend: Performance (solid line with dots), Target (dashed line), Mean (solid line), Control Limits (dashed line), Concern (orange dot), Improvement (blue dot).</p> <table><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Sep-19</td><td>53.2</td></tr><tr><td>Dec-19</td><td>53.9</td></tr><tr><td>Mar-20</td><td>53.9</td></tr><tr><td>Jun-20</td><td>51.3</td></tr><tr><td>Sep-20</td><td>51.9</td></tr><tr><td>Dec-20</td><td>51.9</td></tr><tr><td>Mar-21</td><td>54.8</td></tr><tr><td>Jun-21</td><td>54.8</td></tr><tr><td>Sep-21</td><td>51.2</td></tr></tbody></table>	Month	Performance (%)	Sep-19	53.2	Dec-19	53.9	Mar-20	53.9	Jun-20	51.3	Sep-20	51.9	Dec-20	51.9	Mar-21	54.8	Jun-21	54.8	Sep-21	51.2	<div><div>Variance</div><div><div>Latest Month</div><div>Sep-20</div></div><div><div>Actual</div><div>51.2%</div></div><div>There are insufficient data points to determine special or common cause variation.</div></div> <div><div>Assurance</div><div><div>Target</div></div><div>There is no target set for this metric.</div></div>
Month	Performance (%)																					
Sep-19	53.2																					
Dec-19	53.9																					
Mar-20	53.9																					
Jun-20	51.3																					
Sep-20	51.9																					
Dec-20	51.9																					
Mar-21	54.8																					
Jun-21	54.8																					
Sep-21	51.2																					
What the chart tells us	The chart suggests that this quarterly metric fluctuates between 51% and 55%. There are current insufficient data points to be able to identify proper control limits or special cause variations.																					
Narrative	<div>Issues:</div> <p>The most current data we possess for staff recommending Stockport FT as a place to work comes from the 2019 Staff Survey and stands at 54.9% up 0.4% from the previous year's survey.</p>	<div>Actions & Mitigations:</div> <p>During the Covid19 pandemic there has been a suspension of data collection. The Trust however has continued with staff engagement through focus groups, pulse check/check ins and through survey monkey questionnaires. The OD team is supporting individual business groups to engage with staff and review their latest data in order to action plan and make improvements within their areas. An FFT was launched on 10th September 2019.</p>																				

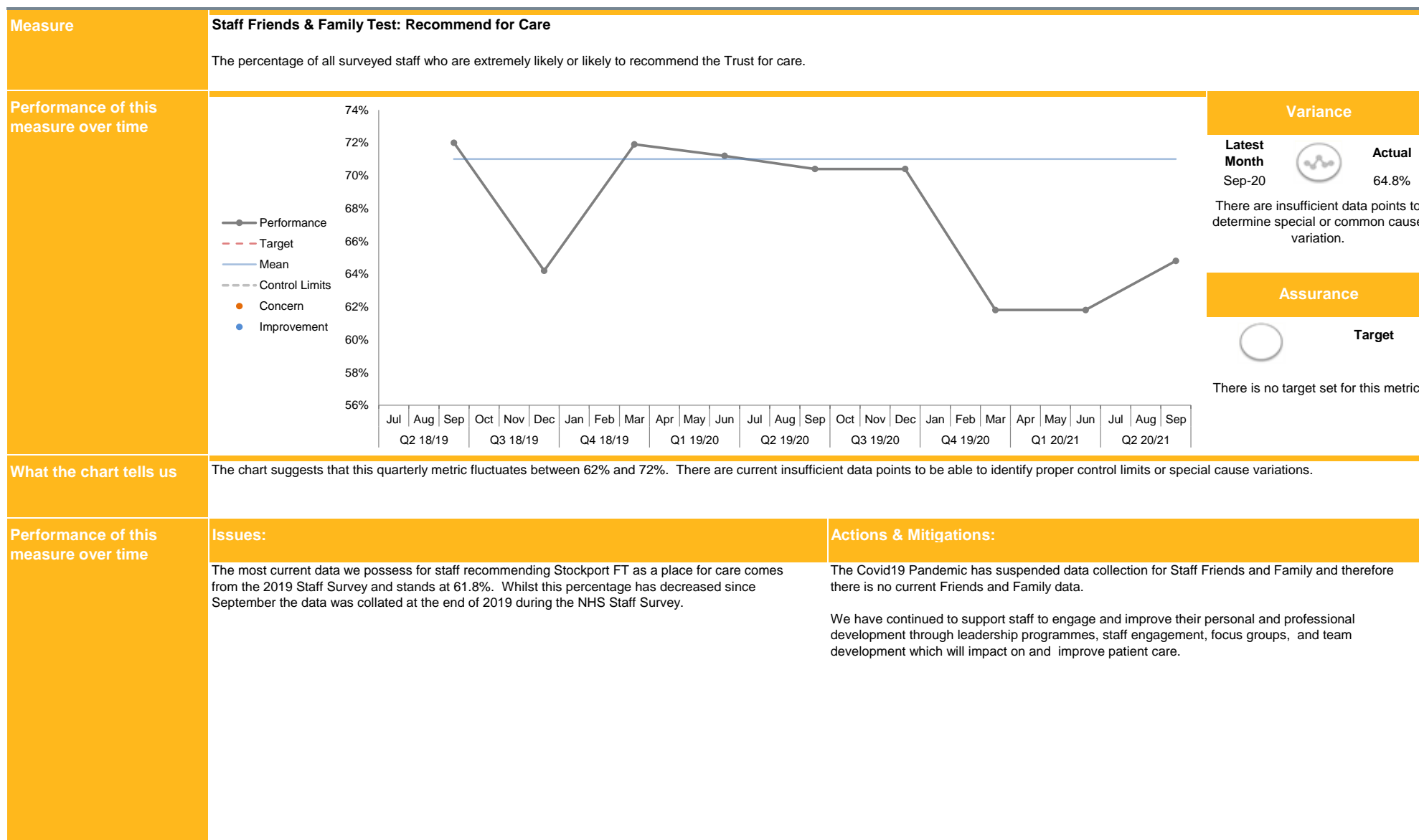
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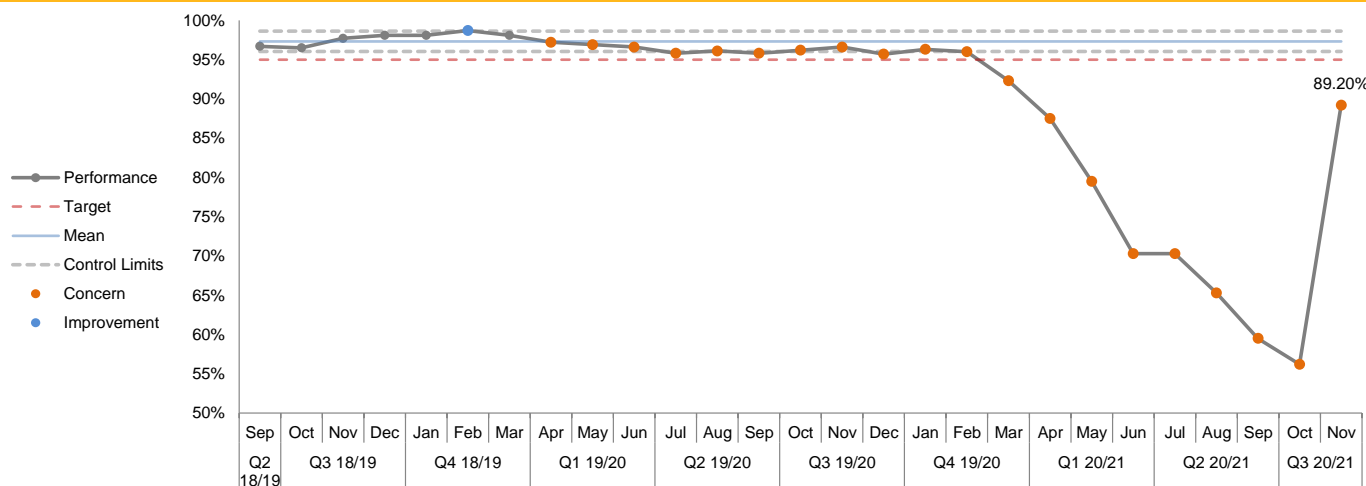


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Appraisal Rate: Medical

The percentage of medical staff that have been appraised within the last 15 months.

Performance of this measure over time



Variance

Latest Month
Nov-20

Actual
89.2%

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

Assurance

Target
>= 95%

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

What the chart tells us

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

Narrative

Issues:

The November medical appraisal rate is 89.23%

Actions & Mitigations:

Due to ESR's inability to appropriately record the extended national timeframe to undertake medical appraisal, the figures for November have been taken from the PREP system in order to show compliance across the 2 year timeframe. This shows that the medical appraisal rate is 89.23% in November.

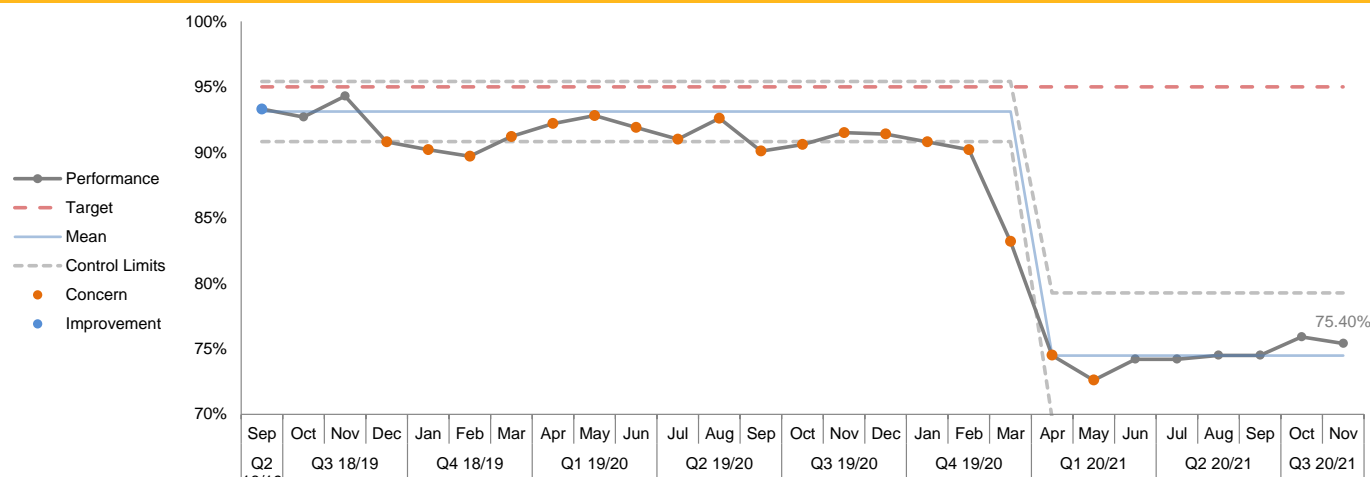
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Measure	Appraisal Rate: Non-medical		
	The percentage of non-medical staff that have been appraised within the last 15 months.		
Performance of this measure over time			Variance
			<p>Latest Month Nov-20</p> <p>Actual 75.4%</p> <p>Data shows common cause variation, suggesting no significant changes in performance.</p>
			Assurance
			<p>Target $\geq 95\%$</p> <p>Performance consistently falls short of the target throughout the reporting period.</p>
What the chart tells us	The charts shows performance varies between 90% and 95% until August 2019. September 2019 to February 2020 show a run of values below the average, indicating a potentially concerning decline in performance. March 2020 then saw a further more significant drop in performance and performance has been maintained between 74% and 76% through to November 2020.		
Narrative	Issues:	Actions & Mitigations:	
	The Trust's current appraisal rate stands at 75.4% which has decreased by 0.05% and is still below the target of 95%. All business groups remain below the target.	In order to support Business Groups with improving their compliance rate, the OD has been producing suggested appraisal orders for teams with the greatest deficit. Performance Appraisal and How to Prepare for You Performance Appraisal are being delivered in order to support appraisers and appraisees alike.	

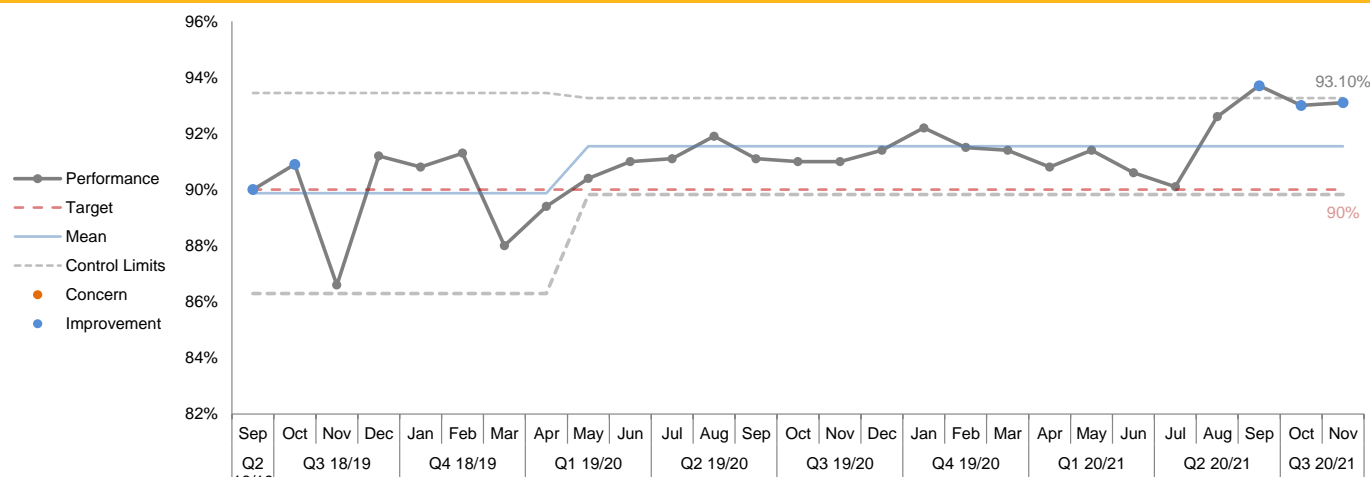


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Measure	Statutory & Mandatory Training		
	The percentage of statutory & mandatory training modules showing as compliant.		
Performance of this measure over time			Variance Latest Month Nov-20  Actual 93.1% The data shows special cause variation, indicated by 3 values at the high end of the control limits.
			Assurance  Target >= 90% Since May 2019, performance consistently achieves the target level.
What the chart tells us	The chart that from May 2019 onwards a more stable process around Statutory and Mandatory training has been established, and variation in performance ranges between 91% and 92% through to June 2020. July 2020 saw a dip in performance to just above the target level, but performance appears to have improved from August.		
Narrative	Issues:	Actions & Mitigations:	
	Staff are continuing to complete mandatory training despite service pressures, and enhancements to ESR are supporting staff to use self-service ways to do this	Progress made to ensure online provision for sessions previously face to face, whilst ensuring quality teaching is still in place.	

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Measure	Bank & Agency Costs	
	The total bank & agency cost as percentage of the total pay costs	
Performance of this measure over time	<p> Performance Target Mean Control Limits Concern Improvement </p> <p>17.20%</p> <p>5%</p> <p>Sep Q2 18/19 Oct Q3 18/19 Nov Q3 18/19 Dec Q3 18/19 Jan Q4 18/19 Feb Q4 18/19 Mar Q4 18/19 Apr Q1 19/20 May Q1 19/20 Jun Q1 19/20 Jul Q2 19/20 Aug Q2 19/20 Sep Q2 19/20 Oct Q3 19/20 Nov Q3 19/20 Dec Q3 19/20 Jan Q4 19/20 Feb Q4 19/20 Mar Q4 19/20 Apr Q1 20/21 May Q1 20/21 Jun Q1 20/21 Jul Q2 20/21 Aug Q2 20/21 Sep Q2 20/21 Oct Q3 20/21 Nov Q3 20/21</p>	<p>Variance</p> <p>Latest Month Nov-20</p> <p>Actual 17.2%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <p>Assurance</p> <p>Target ≤ 5%</p> <p>Performance consistently exceeds the target value across the reporting period.</p>
What the chart tells us	<p>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 November, 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.</p>	
Narrative	<p>Issues:</p> <p>The total bank and agency spend in November was £3.8M, which represents 17.23% of the total pay bill within the month. The business group with the highest bank & agency spend in November was M&CS (£1.2M).</p>	<p>Actions & Mitigations:</p> <p>Successful recruitment to nursing and medical vacancies.</p> <p>Increased scrutiny of high cost agency rates.</p> <p>Reduced use of high cost off-framework agency providers.</p>

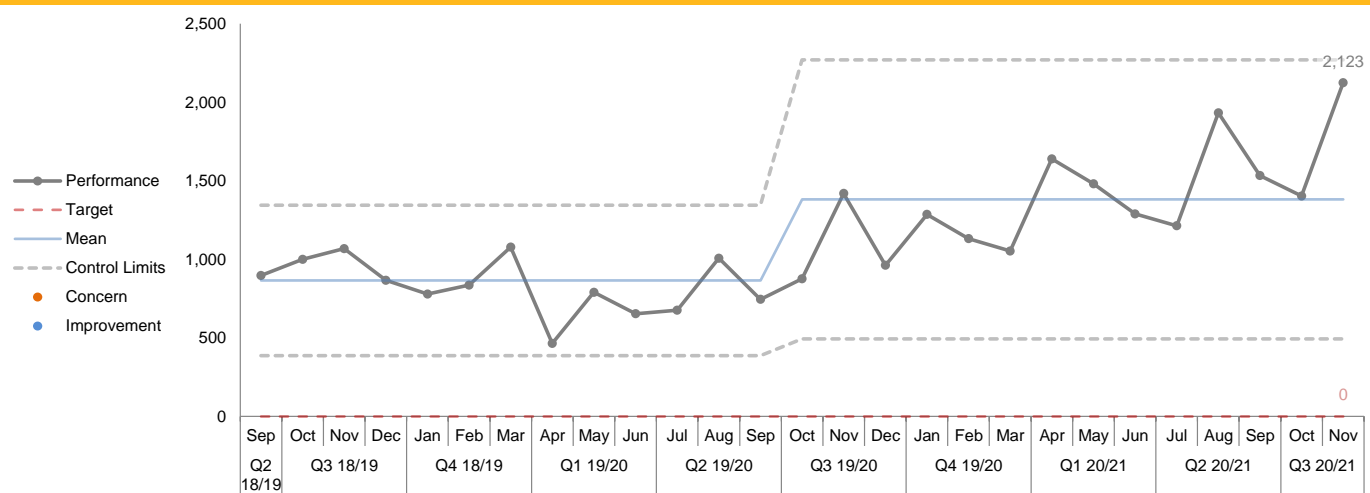
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Measure	Agency Shifts Above Capped Rates		
	Number of agency shifts above the provider spend cap.		
Performance of this measure over time	 <p>Legend: —●— Performance - - - Target — Mean - - - Control Limits ● Concern ● Improvement </p>		<p>Variance</p> <p>Latest Month Nov-20</p> <p>Actual 2123</p> <p>The data shows common cause variation, indicating no significant changes in performance.</p>
			<p>Assurance</p> <p>Target ≤ 0</p> <p>Performance consistently exceeds the target value across the reporting period.</p>
What the chart tells us	The chart shows that from July 2018 to October 2019, normal performance varies between 500 to 1000 shifts. Due to the erratic and variable nature of performance month to month, the limits of variation increase from October 2019. Although there does appear to be an increasing trend, the chart does not show any significant changes month to month. The target of 0 shifts above the capped rates is below the control limits, which suggests that it is unlikely to be achievable without a review of current processes.		
Narrative	Issues:		Actions & Mitigations:
	There were a total of 2,123 agency shifts paid above the NHSI cap rate during the 5 week period from 26th October to 29th November. This equates to an average of 424.6 shifts per week, which is an increase of 73.85 shifts per week compared to October's figures and an increase compared to the 284 shifts per week in November 2019. The highest number of agency breaches were in M&CS, SGI&CC and Integrated Care with a weekly average of 164, 95 and 71 shifts respectively, including medical and AHP shifts. Within this period there were 88 cap breaches relating to non-framework agencies - Raven (53) and Thornberry (35).		See above

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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	<p>Legend: Performance (solid grey line), Target (dashed red line), Mean (solid blue line), Control Limits (dashed grey lines), Concern (orange dot), Improvement (blue dot).</p> <p>Timeline: Sep Q2 18/19, Oct Q3 18/19, Nov Q3 18/19, Dec Q3 18/19, Jan Q4 18/19, Feb Q4 18/19, Mar Q4 18/19, Apr Q1 19/20, May Q1 19/20, Jun Q1 19/20, Jul Q2 19/20, Aug Q2 19/20, Sep Q2 19/20, Oct Q3 19/20, Nov Q3 19/20, Dec Q3 19/20, Jan Q4 19/20, Feb Q4 19/20, Mar Q4 19/20, Apr Q1 20/21, May Q1 20/21, Jun Q1 20/21, Jul Q2 20/21, Aug Q2 20/21, Sep Q2 20/21, Oct Q3 20/21, Nov Q3 20/21.</p>	<p>Variance</p> <p>Latest Month Actual Nov-20 56.5%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <p>Assurance</p> <p> Target ≤ 3%</p> <p>Since April 2020, performance consistently exceeds the target amount.</p>
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 November 2020.	
Narrative	<p>Issues:</p> <p>The total number of agency shifts worked in this period, including shifts under cap, was 3,707 – an average of 741.4 per week. This is an average increase of 135.9 shifts per week compared to October. There were a total of 307 shifts paid at or above £100 per hour, which required Chief Executive approval, which is an average of 61.4 shifts per week, compared to 46.25 shifts per week in October.</p> <p>Within this period a total of 1,307 shifts were reported as COVID-19 related (212 medical, 65 AHP & 1,015 nursing).</p>	<p>Actions & Mitigations:</p> <p>See above</p>

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Measure	Flu Vaccination Uptake																																					
	The percentage of staff receiving the flu vaccination.																																					
Performance of this measure over time	<table><thead><tr><th>Month</th><th>2019/20 (%)</th><th>2020/21 (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>Oct</td><td>60.40%</td><td>67.70%</td><td>80%</td></tr><tr><td>Nov</td><td>70.40%</td><td>75.90%</td><td>80%</td></tr><tr><td>Dec</td><td>75.60%</td><td></td><td>80%</td></tr><tr><td>Jan</td><td>75.40%</td><td></td><td>80%</td></tr><tr><td>Feb</td><td>77.20%</td><td></td><td>80%</td></tr><tr><td>Mar</td><td>80.00%</td><td></td><td>80%</td></tr></tbody></table>	Month	2019/20 (%)	2020/21 (%)	Target (%)	Oct	60.40%	67.70%	80%	Nov	70.40%	75.90%	80%	Dec	75.60%		80%	Jan	75.40%		80%	Feb	77.20%		80%	Mar	80.00%		80%	<table><thead><tr><th colspan="2">Performance</th></tr><tr><th>Latest Month</th><th>Actual</th></tr></thead><tbody><tr><td>Nov-20</td><td>75.9%</td></tr></tbody></table> <table><thead><tr><th>Target</th></tr></thead><tbody><tr><td>>= 80%</td></tr></tbody></table>	Performance		Latest Month	Actual	Nov-20	75.9%	Target	>= 80%
	Month	2019/20 (%)	2020/21 (%)	Target (%)																																		
	Oct	60.40%	67.70%	80%																																		
Nov	70.40%	75.90%	80%																																			
Dec	75.60%		80%																																			
Jan	75.40%		80%																																			
Feb	77.20%		80%																																			
Mar	80.00%		80%																																			
Performance																																						
Latest Month	Actual																																					
Nov-20	75.9%																																					
Target																																						
>= 80%																																						
What the chart tells us	The chart shows that the November position for Flu Vaccination uptake for all eligible staff continues to show improvement against the position this time last year.																																					
Narrative	Issues:	Actions & Mitigations:																																				
	A total of 4,541 staff have been vaccinated as at 30/11/20, this represents 75.87% of front line staff.	Clinics continue to be available and communications are sent out regularly. The Trust is urged to conclude the flu programme early in order to free up capacity required to undertake the Covid vaccine programme.																																				

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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 (NHSE/E) that is in excess of the control total position. The Trust continues to review the position with an aim to improve the forecast and support the system. To support this the Trust continues to review all expenditure assumptions and risk areas within the forecast:

- Cost Improvement Programme (CIP) delivery of 1.1% efficiency
- Grip and control of costs in winter months
- 2nd Covid-19 surge impact on elective activity
- Potential impact of vaccination programme costs, new cleaning standards and 3rd Covid-19 wave.
- Possible impact of Elective Incentive Scheme (EIS)

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

As yet unquantifiable is the impact of the on-going second and potential third Covid-19 waves. There has been limited guidance as to what impact this would have on the financial regime for Trusts, and whether there would be any further Covid-19 funding available.

NHS providers are still awaiting national guidance on the financial regime from April 2021.

Positive Assurances to Provide:

The Trust has delivered the planned financial position in November 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.

Major Actions Commissioned / Work Underway:

The Trust Executive team continues to review the prioritised list of expenditure items included in the forecast October 2020 to March 2021, including winter schemes, discharge to assess (D2A), and items on the Care Quality Commission (CQC) action plan. Spend against these various elements will be monitored on a monthly basis.

The Trust continues to review the position with an aim to improve the forecast and support the system, and the Director of Finance is in communication with the regional teams. To support this the Trust continues to review all expenditure assumptions within the forecast in addition to the above risk areas, primarily Covid-19 and winter cost management, alongside increased outsourcing costs to deal with the diagnostics backlog.

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

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.

Trust Senior Management Team (SMT) meetings chaired by Director of Operations will review Cost Improvement Programme (CIP) progress on a weekly basis to increase the pace of planning and delivery. Updates will then be reported weekly to the Trust Executive Team, and monthly to Finance & Performance Committee, Trust Board and NHS England/ Improvement (NHSE/I).

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Summary Dashboard

Metric	Latest Performance			Target	
Financial Controls: I&E Position	Nov-20		-1.4%		<= 0%
Cash	No Data		-		-
CIP Cumulative Achievement	No Data		-		-
Capital Expenditure	Nov-20		-13.2%		<= 10%
Financial Use of Resources	No Data		-		-

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Measure	Financial Controls: I&E Position The actual financial position, displayed as a percentage variance from the planned financial position. Negative values indicate a financial position above the planned amount.	
Performance of this measure over time	<p>Legend:</p> <ul style="list-style-type: none"> Performance Target Mean Control Limits Concern Improvement 	<div> Variance Latest Month Nov-20 Actual -1.4% </div> <p>The data shows special cause outside of the control limits, indicating an improved position for the month.</p> <div> Assurance Target ≤ 0% </div> <p>The target is consistently achieved through most of the reporting period, suggesting a stable process in place.</p>
What the chart tells us	The chart shows that across most of the reporting period, the target is achieved and the actual financial position is above the planned position. October and November 2019 do show the position changed and we dropped below the planned position, but the financial position returned to plan in December 2019. Data for March 2020 does suggest a vastly improved financial position. Data has been provided for November, which suggests the Trust financial position is above the planned amount.	
Narrative	Issues: Key points to note within this financial position are: <ul style="list-style-type: none"> The Trust is being monitored against a net planned loss of £8.9m between October 2020 and March 2021. This is after £18.8m of system support, £9.9m system Covid-19 funding, and £2.0m required CIP. The planned deficit of £2.6m to November 2020 has been delivered. □ Total pay costs are £22.3m in November, which is broadly in line with October's costs and is 71% of the Trust's total costs in month. Pay costs in the eight months April to November are £173m, of which £14.3m is reported specifically as gross Covid-19 costs. Temporary staffing costs are increasing and represent an increasing proportion of total pay costs; spend of £3.8m in November 2020 is the highest single month cost this year. This is a direct result of Covid-19 wave 2 and the start of winter schemes. At this stage in the second half of the financial year the forecast out-turn is in line with the submitted plan of £8.9m deficit. 	Actions & Mitigations: At this stage the financial year the forecast outturn is in line with the submitted plan of £8.9m deficit, but the Trust is reviewing the position to support the system. The national financial landscape from October onwards is challenging for the GM system, and the Stockport position within this represents £9m of the latest system challenge. The Financial Governance Advisory Group (FGAG) continues to meet twice weekly to review any proposed changes to the run-rate of expenditure.

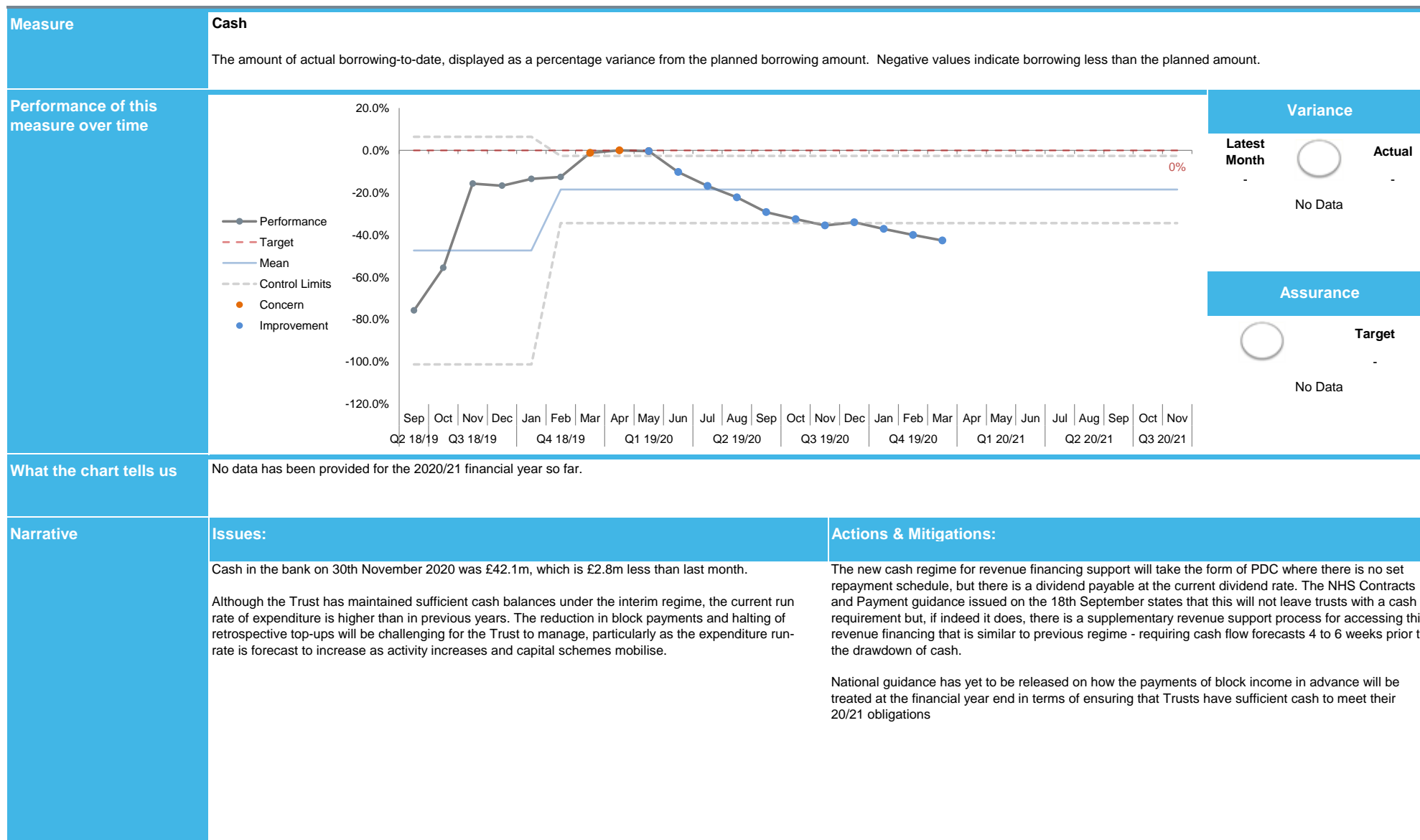
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Measure	CIP Cumulative Achievement The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement. Positive values indicate a CIP achievement above the planned amount.	
Performance of this measure over time	<div> <p>Variance</p> <p>Latest Month: - Actual: - No Data</p> <p>Assurance</p> <p>Target: - No Data</p> </div>	
What the chart tells us	No data has been provided for the 2020/21 financial year so far.	
Narrative	Issues:	Actions & Mitigations:
	<p>The Trust efficiency target of 1.1% for October to March equates to a target of £0.334m requirement each month, so £0.67m to date. As the Trust has delivered the required financial position the Cost Improvement Programme (CIP) has been delivered. This is being managed technically on a non-recurrent basis to allow operational focus on recurrent delivery and planning for 2021/22.</p>	<p>Business groups have been asked to focus on development of recurrent CIP schemes for 2020/21 and 2021/22. SMT meetings will review CIP progress on a weekly basis, which will then be reported weekly to the Trust Executive Team, and monthly to Finance & Performance Committee, Trust Board and NHS England/ Improvement (NHSE/I).</p>

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Measure	Capital Expenditure	
	The actual capital expenditure, as a percentage of the planned capital expenditure. Performance is displayed as a percentage variance from the planned amount. Negative values indicate a expenditure lower than the planned amount. Capital expenditure includes such things as buildings and equipment.	
Performance of this measure over time	<p>Legend: Performance (solid line), Target (dashed red line), Mean (solid blue line), Control Limits (dashed grey lines), Concern (orange dot), Improvement (blue dot).</p> <p>Y-axis: -80.0% to 20.0%. X-axis: Sep Q2 18/19 to Nov Q3 20/21.</p>	<p>Variance</p> <p>Latest Month Nov-20 Actual -13.2%</p> <p>The data shows common cause variation, suggestion no significant change in performance.</p> <p>Assurance</p> <p> Target <= 10%</p> <p>The target is above the control limits, suggesting that it is highly likely to remain consistently achievable.</p>
What the chart tells us	The data shows that capital expenditure was significantly lower than the planned expenditure in April and May 2019. For the rest of the reporting period we consistently maintained expenditure below the planned amount.	
Narrative	<p>Issues:</p> <p>The capital programme is behind plan by £1.8m in the eight months to 30th November 2020 – reflecting a catch up against the planned profile between September and November in line with forecast. The Trust has delivered £7.9m of the capital programme versus a plan of £9.1m.</p>	<p>Actions & Mitigations:</p> <p>The latest forecast (M08) is £19.9m, which has been updated to reflect the profile of now approved Healthier Together funding across 2021/22 – 2022/23. This profile reflects the delivery of Covid-19 estates capital schemes during Q4, and utilisation of £1.0m of Healthier Together funding during March 2021. Across Greater Manchester, the capital envelope is being reviewed and the Trust is engaging with providers to confirm expenditure plans for the remainder of the year.</p> <p>Capital Programme Management Group (CPMG) continues to manage the capital programme to ensure full utilisation of the Trust's internal resources, and externally funded schemes.</p>

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Integrated Performance Report

Measure	Financial Use of Resources A calculated score based on capital service capacity, liquidity, income & expenditure margin, distance from financial plan, and agency spend.																																																																																					
Performance of this measure over time	<p>Legend: Performance (blue bar), Target (red dashed line)</p> <table border="1"> <thead> <tr> <th>Period</th><th>Performance</th><th>Target</th></tr> </thead> <tbody> <tr><td>Sep Q2 18/19</td><td>3.00</td><td>3.00</td></tr> <tr><td>Oct Q3 18/19</td><td>3.00</td><td>3.00</td></tr> <tr><td>Nov Q3 18/19</td><td>3.00</td><td>3.00</td></tr> <tr><td>Dec Q3 18/19</td><td>3.00</td><td>3.00</td></tr> <tr><td>Jan Q4 18/19</td><td>3.00</td><td>3.00</td></tr> <tr><td>Feb Q4 18/19</td><td>3.00</td><td>3.00</td></tr> <tr><td>Mar Q4 18/19</td><td>3.00</td><td>3.00</td></tr> <tr><td>Apr Q1 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>May Q1 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Jun Q1 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Jul Q2 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Aug Q2 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Sep Q2 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Oct Q3 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Nov Q3 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Dec Q3 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Jan Q4 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Feb Q4 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Mar Q4 19/20</td><td>3.00</td><td>3.00</td></tr> <tr><td>Apr Q1 20/21</td><td>-</td><td>3.00</td></tr> <tr><td>May Q1 20/21</td><td>-</td><td>3.00</td></tr> <tr><td>Jun Q1 20/21</td><td>-</td><td>3.00</td></tr> <tr><td>Jul Q2 20/21</td><td>-</td><td>3.00</td></tr> <tr><td>Aug Q2 20/21</td><td>-</td><td>3.00</td></tr> <tr><td>Sep Q2 20/21</td><td>-</td><td>3.00</td></tr> <tr><td>Oct Q3 20/21</td><td>-</td><td>3.00</td></tr> <tr><td>Nov Q3 20/21</td><td>-</td><td>3.00</td></tr> </tbody> </table>	Period	Performance	Target	Sep Q2 18/19	3.00	3.00	Oct Q3 18/19	3.00	3.00	Nov Q3 18/19	3.00	3.00	Dec Q3 18/19	3.00	3.00	Jan Q4 18/19	3.00	3.00	Feb Q4 18/19	3.00	3.00	Mar Q4 18/19	3.00	3.00	Apr Q1 19/20	3.00	3.00	May Q1 19/20	3.00	3.00	Jun Q1 19/20	3.00	3.00	Jul Q2 19/20	3.00	3.00	Aug Q2 19/20	3.00	3.00	Sep Q2 19/20	3.00	3.00	Oct Q3 19/20	3.00	3.00	Nov Q3 19/20	3.00	3.00	Dec Q3 19/20	3.00	3.00	Jan Q4 19/20	3.00	3.00	Feb Q4 19/20	3.00	3.00	Mar Q4 19/20	3.00	3.00	Apr Q1 20/21	-	3.00	May Q1 20/21	-	3.00	Jun Q1 20/21	-	3.00	Jul Q2 20/21	-	3.00	Aug Q2 20/21	-	3.00	Sep Q2 20/21	-	3.00	Oct Q3 20/21	-	3.00	Nov Q3 20/21	-	3.00	<div> Variance Latest Month: - Actual: - No Data </div> <div> Assurance Target: - No Data </div>
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What the chart tells us	No data has been provided for the 2020/21 financial year so far.																																																																																					
Narrative	Issues:	Actions & Mitigations:																																																																																				
	The regulatory oversight framework is being reviewed in line with the overall reporting and administrative burden on the NHS, and as a result this metric has not been collated nationally for April to November 2020.																																																																																					

Quality

Operations

Workforce

Finance

Nursing & Midwifery Staffing Update Report

Board of Directors

Presenter: Nicola Firth, Chief Nurse

Purpose of report

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

Executive Summary

- Maintaining safe staffing levels to meet the current demands of services continues to be a significant challenge.
- Significant recruitment of registered nurses including international resulting in a decrease in the number of vacant posts
- Plans for continued recruitment and retention during 2021 are being actively deployed.
- Full review all baseline establishments & COVID 19 requirements by the Chief Nurse to ensure correct for 2021/22
- There is a continued focus on scrutiny of all types of incidents, complaints and patient feedback to triangulate & provide support where needed

Nursing & Midwifery Staffing

Nursing & Midwifery Staffing

Current situation and challenges:

Recruiting and retaining our valued staff is the fundamental driver to improving the nurse staffing position. Well-led, fully staffed, substantive teams have a direct impact on the quality of care that we can deliver for our patients.

The underlying nurse staffing position has improved with reduced level of vacancies and an improvement in turnover. Nurse staffing for the covid-19 pandemic remains challenging with the increased complexity of the ever changing picture. A review of a number of systems are in progress to provide assurance that safe nurse staffing across the organisation is a priority, in order to maintain patient quality and safety.

Establishments and rostering

It is imperative that the ward/department staffing establishments are fit for purpose and address the requirements of the clinical area alongside national guidance. By end Dec 2021 the Chief Nurse will have undertaken an exercise with nursing, HR and Finance colleagues to review all areas and confirm the required staffing levels which will ensure correct baseline budgeted establishments for 2021/22. These will be inputted into the HealthRoster system.

In conjunction with this review and in response to a staffing review undertaken by NHSE/I a number of actions are in place and are being monitored to ensure compliance with national guidance and an improvement:

Establishments & Rostering

- Full roster re-builds in clinical areas
- Programme of training new and existing users
- Chief Nurse led weekly meetings to review safe staffing with nursing leaders including use of rostering KPIs and appropriate challenge
- Staffing hub model in place to support staffing through COVID 19
- Oversight of the staffing position daily by the heatmap and roster reports
- Band 7 development programme which focuses on roster leadership
- Birthrate plus has been implemented in maternity
- Review of ward/dept headroom to bring in line with national requirements
- Work with NHSP and roster team to merge systems to ensure accurate information on nurse staffing fill rates and CHPPD
- Commencing work with NHSE/I (Jan 2021) on safe nurse staffing levels using the Safe Nursing Care Tool

Nursing & Midwifery Recruitment & Retention

- The Trust's overall vacancy rate for the registered workforce is 10.09% which remains below the National average of 11%. The turnover rate is currently 12.5%
- The current pipeline report identifies that the Trust currently have 97wte registered nurses in the recruitment process. This takes the vacancies down to 69wte which will further reduce the registered nurse vacancy level to 4.3%.
- The following schemes are in place to recruit and retain our staff:
 - International recruitment campaigns – The Trust have had 20 overseas registered nurses arrive at Stockport with a plan for a further 43 arriving over next 4 months. A further 32 have been interviewed and are awaiting start dates. The Trust has successfully secured funding from NHSE of 100K for further overseas recruitment.
 - Virtual recruitment event held in November - 12 external offers made to registered nurses.
 - Recruitment to fill all CSW vacancies scheduled for December 2020-January 2021
 - Nurse retention initiatives to enhance support with improved induction, preceptorship, mentorship and flexible options to reduce avoidable leavers. Itchy feet programme commencing Jan 2021
 - 126 live apprentices on 24 distinct programmes including Nursing Associate Advanced Clinical Practitioner

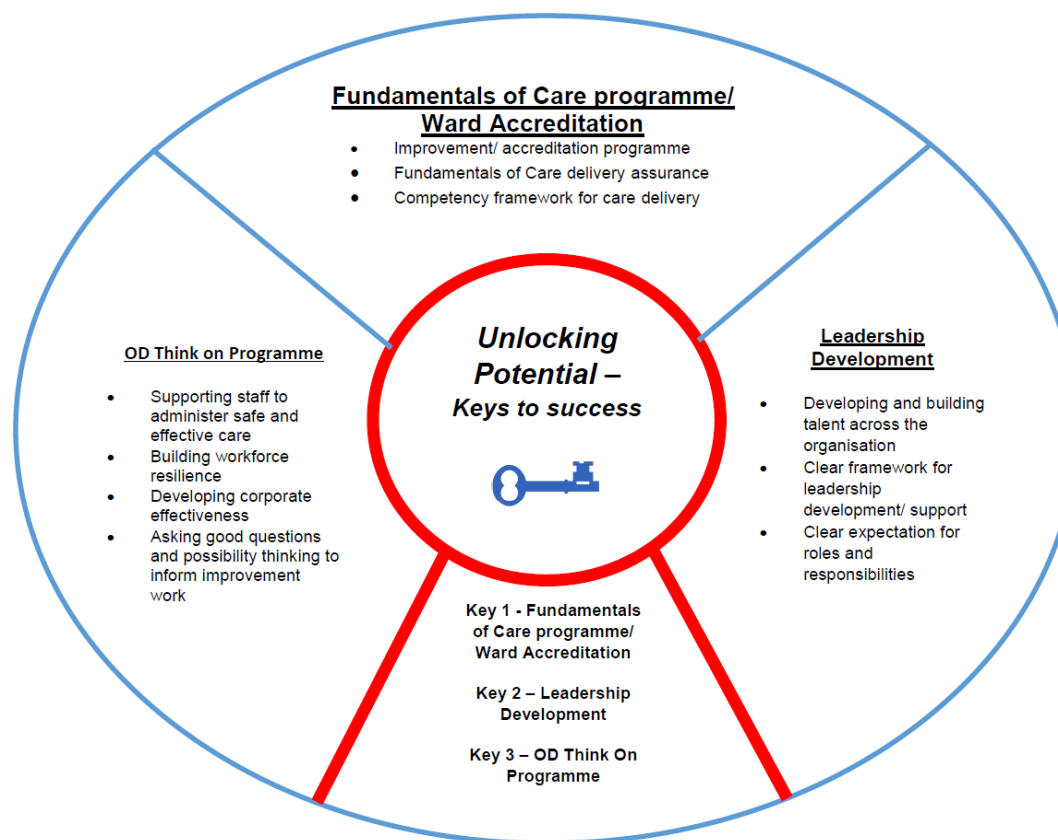
Safer Care Indicators

- Incident reporting and analysis of patient experience feedback including complaints enables triangulation with staffing
- There has been an increase in reported incidents related to COVID19 and these are addressed by the Infection Prevention and Control Team as part of the Improvement Plan using continual learning to raise awareness and update staff.
- For the month of November, 13 red flag incidents were raised. These are all reviewed by the Associate Director of Nursing for Workforce and addressed accordingly.
- 25 formal complaints were received in November 2020, this is the same as were received in October, although less than August and September. The response rate for the Trust in November was 82.4% which falls short of the target (95%). All Business groups are aware of their response rate and have an improvement trajectory which is addressed through their governance meetings.

Safer Care Indicators

- A number of patient stories have been captured during the COVID 19 pandemic and these are used to assist learning across the organisation and at assurance committees/board of directors to set the tone of the meeting and serve as a reminder as to the business of the Trust.
- Due to the current visiting restrictions, we have ensured that all of our clinical areas have access to electronic devices to offer regular virtual visits for patients and their families.
- Falls and pressure ulcers are monitored closely and are reported through the IPR to the Quality Committee. Overall numbers of falls has seen a decrease and falls with moderate/above harm is currently 1 over trajectory. Pressure ulcers remain within trajectory although has been identified as an area for further improvement

Fundamentals of Care



Fundamentals of care programme

Accreditation:

Plan to utilise the well established ward assessment & accreditation framework in place at the Northern Care Alliance from April 2021. This will allow 3 months lead in time to ensure the correct process is in place and staff are familiar with the requirements. Continued spot checks, triangulation of key indicators and reality rounding by senior nursing staff will continue during the implementation phase.

Think On:

Commenced Dec 2020

Leadership Development:

Programmes and competencies commenced

Staff Vaccination Programme Influenza & COVID 19

Staff vaccination, influenza

- The national ambition for 2020/21 is a minimum of 75% uptake of Health Care Workers with a 100% offer to staff.
- There is access to a flu vaccinator 24/7.
- Peer vaccinators have been identified and trained in all Clinical Areas.
- Collaboration with the communication team from the start to ensure that staff are updated through a number of methods regularly.

Staff Flu Vaccinations

Campaign Week 12:

14 Dec 2020 - 20 Dec 2020

All Staff



77%

of all staff have been vaccinated

56

This Week

19

Last Week

4616

To Date

4%

of all staff have DECLINED

3

This Week

0

Last Week

196

To Date

Frontline Staff



78%

of frontline staff have been vaccinated

48

This Week

15

Last Week

3629

To Date

3%

of frontline staff have DECLINED

3

This Week

0

Last Week

111

To Date

Vaccination, COVID 19

- Stockport NHS FT is one of the first 50 organisations to become a COVID 19 vaccination hub
- Pfizer vaccination is currently in use
- Pinewood House Education Centre is the Staff Hub. A fantastic response from HR, Estates and Corporate Teams has enabled a swift response and a safe environment in which to vaccinate staff from care homes and the Trust
- The Marjorie Warren Unit is the Hub for the patients who are over 80 and meet the criteria to have the vaccination

COVID VACCINATION PROGRAMME (correct at time of writing report)	
Care Home Staff	1270
NHS staff	2116
Patients	268

Health & Well Being

Staff health & Wellbeing

We are incredibly aware that our staff are under immense pressure and their health and wellbeing remains a top priority.

Our staff have been identified as potentially requiring support and help which is understandable due to the emotional and clinical demands of the COVID 19 pandemic, along side winter and the pandemic's disruption to usual family/home life. The senior leadership teams are supporting our teams through their clinical visible leadership and signposting staff to services within and outside of the organisation.

Thank you hampers, lunches, cards, and well being walk rounds with Chief Executive & Chief Nurse have been in place throughout December.

Staff Wellbeing



Staff Wellbeing Support



For further information visit the Health and Wellbeing and Learning and Development Microsites.
Or email healthandwellbeing@stockport.nhs.uk or OD@stockport.nhs.uk

Making a difference every day

www.stockport.nhs.uk

Health & wellbeing support for staff includes:

- Clinical Psychologist support
- Collaboration of MH Liaison Team
- Sanctuaries
- Support Pack including remote working, Leader's Packs, carers pack,
- Mindfulness facilitators
- Team Time (Schwartz)
- Staff Testing
- Staffing Hub
- Recognition initiatives.
- Risk assessments for all staff

Staff sickness/absence

- Sickness overall increased in November 2020 by 0.6% (5.77%), including an increase in COVID 19 related absence.
- According to the trend data, sickness in November 2020 is 1.24% higher than November 2019 (when there was no COVID 19 related sickness recorded).
- COVID sickness accounted for 1.02% and non COVID 4.73%. The number of COVID related absence episodes has increased from 65 in September 164 in November, attributable to the introduction of the lateral flow staff testing which is identifying asymptomatic staff. Over 5000 tests have been given out.
- All Business Groups have seen an increase in month with the exception of Women, Children & Diagnostics, Estates & Facilities and Corporate.

Report to:	Board of Directors	Date:	7 th January 2021
Subject:	Winter Planning		
Report of:	Director of Operations	Prepared by:	Improvement Director

REPORT FOR APPROVAL

Corporate objective ref:	N/A	Summary of Report Progress update on the Stockport NHS FT and system winter planning schemes, noting <ul style="list-style-type: none"> - progress to date. - implementation risks against the key schemes to support winter escalation. - key system wide schemes such as Bramhall Manor and discharge to assess are yet to yield benefits. - re-instatement of inpatient operating model to normal levels in place and will contain residual capacity for Covid management throughout winter. - Actions being taken to mitigate risks.
Board Assurance Framework ref:	N/A	
CQC Registration Standards ref:	N/A	
Equality Impact Assessment:	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

Attachments:

This subject has previously been reported to:	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input type="checkbox"/> Executive Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> F&P Committee	<input type="checkbox"/> PP Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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Stockport System Winter Planning - Update

Board of Directors Meeting – Thursday 7th January 2021

Report of: Jackie McShane, Director of Operations

Making a difference every day

Contents



Stockport
NHS Foundation Trust

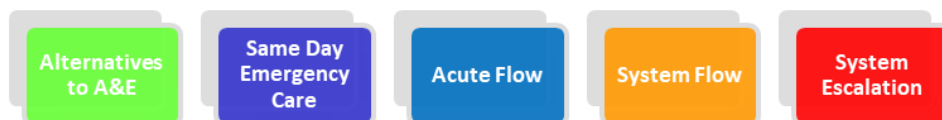
1	Approach to Winter Planning 2020/21
2	Current Position & Risks
3	Internal Plan
4	Financial Performance & Slippage
5	System Plans
6	System Risks
7	Summary
8	Questions
9	Trust Schemes in Summary

1. Approach to Planning

System Plan



- Jul 2020** Commencement of workshops / task & finish groups
- Aug 2020** Development of Urgent and Emergency Care Delivery Board plan on a page for 2020/21. This has a range of projects within five work streams.



- Nov 2020** System plan signed at Urgent & Emergency Care Delivery Board



Internal Plan



- Aug 2020** Winter Planning commenced
- Sep 2020** Check and Challenge carried out by Executive Team.
- Oct 2020** Board sign off to proceed at financial risk with 25 internal key schemes.
Schemes aimed at supporting patient flow and increase bed capacity
All schemes have been costed, measures of success in place and are RAG rated dependant on progress

2. Current Position & Risks

- **Continuing impact of COVID19** - Winter escalation beds are in place but are not being utilised to support traditional winter demand surge: escalation wards are contributing to managing CV19, routine acute and the re-instatement of elective operating demands.
- **Internal Plan** - At a programme management level, trust teams have made progress with all 25 agreed core schemes, fully implementing 19, 3 being delayed and 1 at risk. All delayed or at risk schemes due to workforce availability.
- **System Plan** - Five key work streams in place, monitored via whole system Urgent & Emergency Care Delivery Board. On-going delays to D2A fail to deliver the benefits at a capacity level in the plan.
- **Workforce** - volatility at both temporary and substantive level impacting operational sustainability for some internal schemes
- **Financials** - The forecast for all winter schemes is in line with the agreed allocation plan of £5.6m.

3. Internal Plan

Business Group	Stood Down	On Track	Delayed	At Risk	Total Schemes
Integrated Care	1	4	1	1	7
ED	-	5	-	-	5
Medicine & Clinical Support	1	3	-	-	4
Surgery	1	3	-	-	4
Women, Children and Diagnostics	-	1	1	-	2
Corporate	-	2	1	-	3
Total	3	18	3	1	25
	12%	72%	12%	4%	

Actions to Ensure Delivery

- Internal fortnightly winter meetings in place for Business Groups to update on progress and problem solve issues.
- Weekly system winter planning meetings in place to track progress.
- Fill rates of schemes is being collated to keep track of finances, efficiencies and affordability.
- Ability to recruit main cause of slippage / delayed schemes.
- Frailty scheme key to winter capacity and is being managed within the financial position

4a. Financial Performance



Stockport
NHS Foundation Trust

Ref	Category	Description	Bus Grp	Revised 09/12/2020 £000s	Movement from 14/10/2020 £000s	Actual to November 2020 £000s	Implementation Status
W20-25	Must do	ED RATS co-ordination	ED	128	(41)	27	Implemented
W20-43	Should do	ED Consultant Sunday (13:00 to 21:00)	ED	28	(7)	3	Implemented
W20-42	Should do	ED Consultant Monday – Friday 00:00 finish	ED	33	(10)	2	Implemented
W20-44	Should do	JCF – Monday – Sunday (18:00 – 02:00)	ED	91	(23)	125	Implemented
W20-37	Support	Rota Team - band 5 weekend cover	ED	5	2	0	Implemented
W20-05	Slippage	Fresh band 6 therapists	Int Care	108	108	2	On track 4/1/21
W20-21	Must do	Medicine additional x 2 wards - therapy support	Int Care	154	52	15	Implemented
W20-60	Addition	Acute consultant	Int Care	127	127	27	Implemented
W20-39	Should do	AMU Discharge Registrar	Int Care	34	(12)	11	Implemented
W20-40	Should do	AMU Physician of the Day SHO	Int Care	25	(8)	8	Resourcing gaps
W20-41	Should do	AMU Pharmacist Support	Int Care	-	(18)	-	Not in place
W20-49	Should do	AMU In reach medical	Int Care	103	48	6	Implemented
W20-34	Support	Weekend cover - Integrated Care	Int Care	17	(7)	1	Stood down
Sub-Total ED & Integrated Care				851	211	-	226
W20-23	Must do	Surgery additional 11 beds	Surgery	477	(212)	51	Implemented (CV19)
W20-32	Must do	Surgery WLI to weekend cover beds	Surgery	200	(269)	-	Resourcing gaps Stood down
W20-36	Support	Weekend cover - Surgery	Surgery	5	-	-	
Sub-Total Surgery				682	(481)	51	
W20-21	Must do	Medicine additional x 2 wards 42 beds	Medicine	2,103	420	297	Implemented (CV19)
W20-33	Must do	Medical cover at weekends	Medicine	169	4	41	Implemented
W20-24	Should do	Additional medical cover for outliers	Medicine	231	(25)	32	Implemented
W20-35	Support	Weekend cover - Medicine	Medicine	12	-	-	Stood down
Sub-Total Medicine				2,516	399	370	
W20-38	Must do	Radiology support	WC&D	262	(238)	-	Resourcing gaps
W20-50	Support	Fit testing team	Corporate	25	-	-	Not in place
W20-51	Support	Materials Management team	Corporate	22	-	-	Implemented
W20-61	Addition	Fogging	E&F	200	200	-	Implemented
Sub-Total Other				509	(38)	-	
Sub-total Agreed Winter Costs				4,557	91	647	
Funding Envelope Available				4,600	-		

Capacity utilised
differently from
Plan and with cost
impact:
supporting
CV19 response

In line with allocation

4b. Slippage Schemes

Scheme	BG	Revised	Movement	Implementation Status
WINTER Slippage Available/ (Over-Commitment)		43	(91)	
Home assessment and care	Int Care	344	(56)	Part implemented
Triage and co-ordination	Int Care	56	(163)	Part Implemented
ITT	Int Care	213	(725)	Part Implemented
Bramhall Manor Therapies	Int Care	206	206	Implemented
Other non pay costs (estimated)	Int Care	45	45	Part Implemented
Recruitment slippage	Int Care	-	556	
Sub-Total Discharge to Assess (D2A)		862	(138)	-
Funding Envelope Available		1,000	-	
D2A Slippage Available/ (Over-Commitment)		138	138	
Total Forecast Costs		5,420	556	-
Total Funding Envelope Available		5,600	-	
TOTAL Slippage Available/ (Over-Commitment)		180	47	

In line with allocation

5. System Plans

System Escalation	Alternatives to A&E	Same Day Emergency Care (including A&E)	Acute Flow	System Flow
<i>The healthcare system is well prepared for the additional winter capacity pressures</i>	<i>People are supported to stay safe at home and the use of alternative pathways that avoid unnecessary attendance at A&E is maximised</i>	<i>Alternative options to avoid unnecessary admissions into hospital are provided, including diagnosis, observation, treatment and rehabilitation not provided within the traditional hospital bed base or within the traditional outpatient services that can be provided across the primary/secondary care interface or in the community</i>	<i>Efficiency from admission to readiness to leave hospital is maximised</i>	<i>Efficiency is maximised from the point people no longer need care in an acute setting and are ready to leave hospital to the point they return to the place they consider their home, living as independently as possible.</i>
SRO: Emma Ince Clinical Lead: TBC	SRO: Margaret Malkin, Suzanne Curtis Clinical Lead: Shah Mian	SRO: Jen Freer Clinical Leads: Shah Mian, Darren Aspinall	SRO: Dawn Forrest Clinical Lead: Gill Burrows	SRO: Mark Fitton Clinical Lead: Lisa McIlvenny
Responsible Group: SRO s Meeting	Responsible Group: SRO s Meeting	Responsible Group: SRO s Meeting	Responsible Group: SRO s Meeting	Responsible group: SRO s Meeting
Delivery sub-group(s) include: 1. Urgent Care Operational Group 2. Partners round 3. Winter Planning Group	Delivery sub-group(s) include: 1. Frailty board 2. Mobilising neighbourhood teams	Delivery sub-group(s) include: 1. Emergency Care and Pathology Campus clinical meeting 2. UTC Lite 3. GM CAS workgroup 4. GM (UEC by appt) meeting	Delivery sub-group(s) include: 1. Manchester Patient Flow meeting – once weekly 2. MOAT Group 3. Urgent Care Operational Group 4. Reducing Days Away from Home Project	Delivery sub-group(s): 1. Manchester Patient Flow meeting – once weekly 2. Frailty Board 3. Urgent Care Operational Group 4. Intermediate Tier Bed Base Project
Outcomes: <ul style="list-style-type: none"> System wide winter plan agreed and communicated System response supporting wherever there is pressure in the system for example care homes, primary care, NWS Operational Pressures Escalation Levels (OPEL) reviewed, updated and effectively communicated Clear expectations around roles and responsibilities in response to surge pressures Lessons learned from previous escalations are incorporated into planning 	Outcomes: <ul style="list-style-type: none"> The number of patients who call 999 and don't need to be taken to A&E has reduced Unnecessary attendance at A&E has reduced People are supported to stay well longer and receive preventative or primary treatment before it becomes an emergency	Outcomes: <ul style="list-style-type: none"> Increased number of patients who can be treated without being admitted to hospital overnight via same day emergency care, resulting in a better experience for patients and reducing pressure on inpatient beds Streaming patients to the most appropriate service at the front door of emergency departments to ensure patients are managed by the correct service Reduced congestion so that patients can move through the system avoiding trolley waits with a subsequent improvement in patient experience Sustained reduced activity to 75% of pre-COVID level and improved A&E performance	Outcomes: <ul style="list-style-type: none"> Well and consistently run ward board meetings where patient EDDs and red/ green status are clearly visible to all ward staff to ensure successful acute patient flow. Patients are engaged in the discharge planning process and there are efficient processes for ordering medication (TTOs) and arranging patient transport Bed occupancy to be maintained below 85% across medical and surgical beds Sustained improvement in reduced long lengths of stay Sustained reduction in the % of beds occupied by MOATs 	Outcomes: <ul style="list-style-type: none"> Effective discharge processes are in place between Acute and Community settings to maintain improved flow Community beds are operated at a safe capacity to support system flow Capacity within all community based time-limited health and social care services meets expected demand

6. System Risks

Scheme	System Escalation	Alternatives to A&E	Same Day Emergency Care	Acute Flow	System Flow
Lead	SCCG	SFT	SFT	SFT	SMBC
Current Status					

Actions to Mitigate Risk

- Weekly system winter planning meetings in place to track progress. Revised focus on metrics to assess impact, agreed with SCCG.
- Clinician engagement event on SDEC taking place 06.01.2021. New report developed to support understanding, effectiveness and impact.
- Progress being made on revised D2A model with improved social care worker input. Improvement trajectory agreed with SMBC with system agreeing next steps on 12.01.2021.
- D2A System working to stretch to Derbyshire and East Cheshire
- Weekly focus on overall length of stay, particularly in acute medical beds & Bramhall Manor.

7. Summary

The Board of Directors are asked to note

- The contents of the winter plan
- The risk presented by the ongoing prevalence of COVID19
- Progress being made on D2A however the risk presented due to delay in delivery
- Under performance of system key work streams and actions being taken to mitigate
- Volatility in workforce availability resulting from COVID19 impacting on operational sustainability

8. Questions

9. Winter Schemes in Summary

Integrated Care

WORKSTREAM AIM

To support patient flow and increase discharges to allow for increased bed capacity between December 2020 and March 2021

WINTER SCHEMES

Acute Medicine <ul style="list-style-type: none"> Acute Consultant to support ED POD SHO – 09:00-17:00 Saturday and Sunday Twilight SHO 18:00-02:00 AMU Discharge Registrar 09:00-17:00 Saturday and Sunday 	26/10/20 07/11/20 Delay 07/11/20	Same Day Acute Frailty <ul style="list-style-type: none"> Locum Consultant Geriatricians x2 GP Locum SHO Coordinator, band 6 Locum Occupational Therapist Locum Physiotherapist Pharmacist 	Part Delay Part Paused Part Part Part
Acute Therapies <ul style="list-style-type: none"> FRESH x 2 Band 6 Therapists Monday – Sunday 08:00-20:00 Therapy provision supporting Winter Beds 	Part 01/11/20		
Other <ul style="list-style-type: none"> Senior Manager weekend and bank holiday cover 	01/11/20		

KEY MILESTONES

- FRESH Therapists – planned from **4/1/2021**
- Frailty Therapists – planned from **4/1/2021**
- Frailty Pharmacist – Individual identified internally with backfill and bridging of banding expected from **4/1/2021**
- Frailty Geriatrician – Deeksha joining – planned from **29/12/20**
- Frailty SHOs – keeping Abdul and Nav as JCFs and Teresa will work with the FIT team – planned from **29/12/20**

WORK STREAM CONCERNS

Scheme	Concern	Mitigation
Twilight SHO	<ul style="list-style-type: none"> Locum uptake very low 	<ul style="list-style-type: none"> Changed hours to 16:00 – 00:00, Friday – Tuesday effective from this 18.12.2020.
Same Day Acute Frailty	<ul style="list-style-type: none"> Awaiting full approval to recruit to this scheme as - discussed at ET on 7/12/2020, no formal written outcome. Geriatrician uptake – only one locum who is flying into the UK from India & potential Covid19 restrictions. GP – Viaduct interested but awaiting Procurement sign off on process to follow. Full impact of the scheme will only be realised once Acute Frailty Unit fully operational and full skilled workforce complement in place. 	<ul style="list-style-type: none"> Overall scheme is part implemented – operating from ACU. Geriatrician – Acute Medicine consultant interim cover (rota). GP – Acute Medicine experienced middle grade interim cover (Simonas).

Emergency Department

WORKSTREAM AIM

To maintain and sustain Emergency Department performance of 85% between December 2020 and March 2021

WINTER SCHEMES

- Band 6 Emergency Nursing - RATS Co-ordinator
- ED Consultant Sunday (13:00-21:00)
- ED Consultant Monday - Friday midnight finish
- JCF Monday - Sunday 1800-0200
- Band 5 Rota team - weekend cover

KEY MILESTONES

- Band 6 Emergency Nursing - RATS Co-ordinator – In place from **26/10/20**
- ED Consultant Sunday (13:00-21:00) – in place from **2/11/20**
- ED Consultant Monday - Friday midnight finish – in place from **2/11/20**
- JCF Monday - Sunday 1800-0200 – in place from **2/11/20**
- Band 5 Rota team - weekend cover – in place from **2/11/20**

WORK STREAM CONCERNS

- Key workforce availability risks at an operational level
- Impact of COVID19 to assessment space availability and flow
- Availability of locum

Medicine & Clinical Support

WORKSTREAM AIM

To support patient flow and increase discharges to allow for increased bed capacity between December 2020 and March 2021

WINTER SCHEMES

- Opening of additional ward capacity (42 beds) – wards and bed numbers to be confirmed following zoning proposal (from November to April)
- Additional consultants on weekends (2 additional cold consultants all day supported by junior staff each weekend from November to April)
- Outlier consultant post and supporting juniors
- 7 day working rota for senior team in medicine

KEY MILESTONES

- 7 day working rota for senior team in medicine – in place from **23/10/2020** – has been temporarily stood down
- Opening of additional ward capacity (42 beds) – wards and bed numbers to be confirmed following zoning proposal (from November to April) – In place from **November** – Wards B2 and B5
- Additional consultants on weekends (2 additional cold consultants all day supported by junior staff each weekend from November to April) – In place from **November**
- Outlier consultant post and supporting juniors – In place from **November**

WORK STREAM CONCERNS

Scheme	Concern	Mitigation
Opening of additional ward capacity (42 beds)	Costs are against B4 and B6	Business Group reviewing all cost centres at present alongside Business Group accountant

Surgery

WORKSTREAM AIM

To support patient flow and increase discharges to allow for increased bed capacity between December 2020 and March 2021

WINTER SCHEMES

- Surgery - 11 Escalation Beds – D6
- Medical Teams weekend cover – to provide in-reach, review and discharge of patients to support patient flow (this was based on the Covid rotas)
- Surgery - Silver command - weekend - Management Team

KEY MILESTONES

- Surgery - Silver command - weekend - Management Team – In place from **17/10/20** - Agreed to step down for the month of December in line with Gold – To re-instate in January 2021
- Indirectly opened additional capacity to support flow.

WORK STREAM CONCERNS

- Surgery - 11 Escalation Beds – Challenge with recruitment

Scheme	Concern	Mitigation
Surgery - 11 Escalation Beds - D6	Changed to NEL capacity in light of winter pressures	Currently being reviewed in line with wave 3 COVID response
Medical Teams weekend cover – to provide in-reach, review and discharge of patients to support patient flow (this was based on the Covid rotas)	Awaiting update from KH	Currently being reviewed in line with wave 3 COVID response

Women, Children & Diagnostics

WORKSTREAM AIM

To support patient flow and increase discharges to allow for increased bed capacity between December 2020 and March 2021

WINTER SCHEMES

- The need to ensure adequate capacity on the Paediatric unit to ensure good flow from ED and directly from GP referrals - Specific actions are:- 1. Ensure we have adequate Paediatric Nursing numbers as outlined by the CQC in the January 2020 "Must Do" action plan. 2. Consider maintaining 24 hour opening of the Paediatric Assessment unit, implemented during Covid19 surge 3. Options appraisal of paediatric nursing impact of these two actions.
- Radiology CT Capacity to support both the Emergency Department and In-Patient waiting times.

KEY MILESTONES

- Recruitment to new and existing vacancies of Paediatric nurses has started - mixture of both Band 5 and 6 post holders to attract candidates with experience and NQ.

WORK STREAM CONCERNS

Scheme	Concern	Mitigation
Radiology CT Capacity to support both the Emergency Department and In-Patient waiting times.	Lack of applicants -National issue with radiographer numbers in training falling - opening of CT 3 gives us further flexibility but spreading staff thinly until recruitment completed	Managing to cover additional radiographers and support overnight using agency, NHSP and WLI but concern about sustainability and impact on overall CT recovery.

Corporate

WORKSTREAM AIM

To support the Business Groups to achieve patient flow and increase discharges to allow for increased bed capacity between December 2020 and March 2021

WINTER SCHEMES

- Fit testing rota
- Materials Management Cover
- Fogging

KEY MILESTONES

Materials Management Cover – Band 3 and Band 2 started in **November 2020**
Fogging implemented, however IPC guidance changed

WORK STREAM CONCERNS

Scheme	Concern	Mitigation
Fit testing rota	Costing didn't cover enhanced shifts and had no rota pattern	A proposal paper to be produced

Report to:	Public board of directors	Date:	January 2021
Subject:	Covid update		
Report of:	Medical director / DIPC	Prepared by:	Dr Wasson

REPORT FOR INFORMATION

Corporate objective ref:	C7, C10	Summary of Report This report summarises the current and anticipated position with regards to the impact of covid in Stockport. Data updated to 24 th December. A verbal update will be offered at the board meeting. The update is provided for information and assurance.
Board Assurance Framework ref:	S1, S3	
CQC Registration Standards ref:	8, 9, 12,	
Equality Impact Assessment:	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

Attachments:

This subject has previously been reported to:	<input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input checked="" type="checkbox"/> Executive Team <input checked="" type="checkbox"/> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> People Performance Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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Covid update

Board of Directors

January 2021

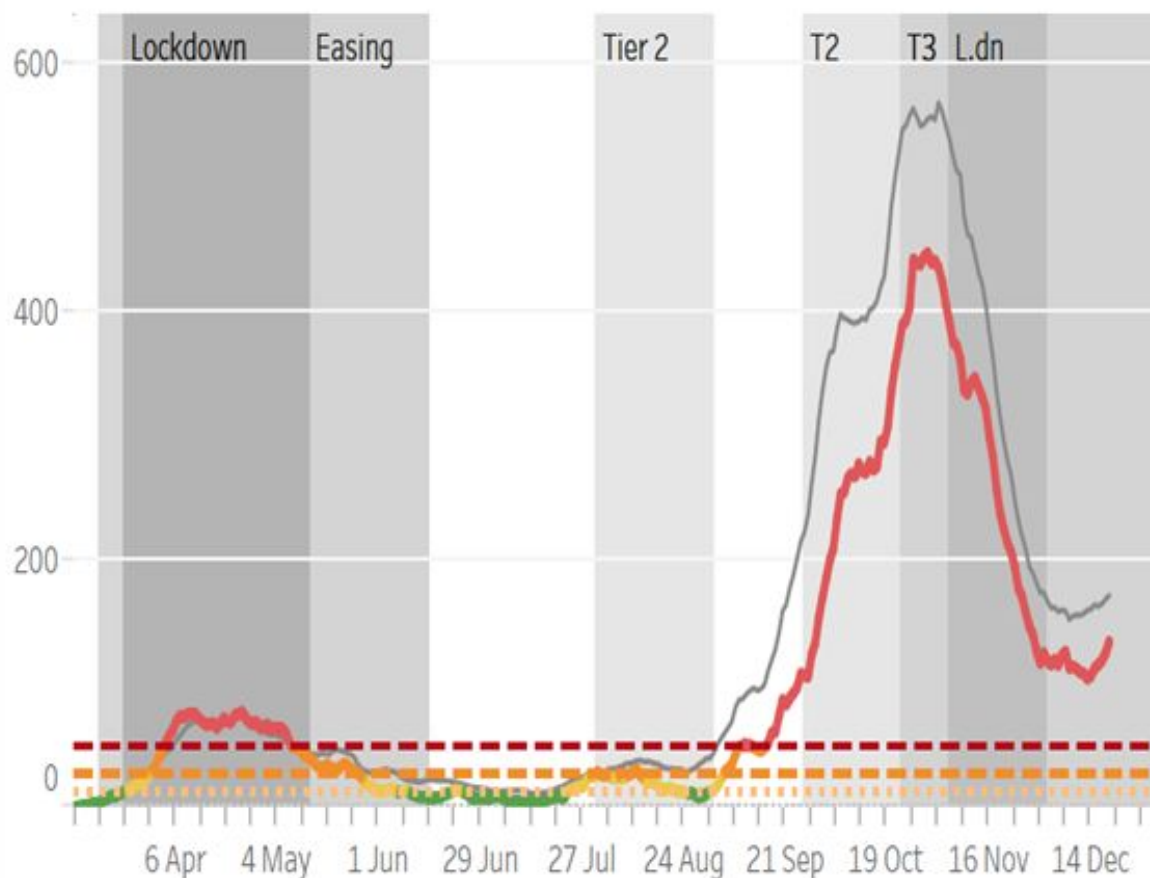
Current position



Stockport

NHS Foundation Trust

PHE confirmed cases (pillar 1 and 2): 11,648 total cases
58 cases reported on Sat 19 Dec 2020. Chart shows 7-day total cases per 100k.



There have been 392 confirmed cases in the last 7 days. An increase of 74 cases from the previous 7 days (23.3%).

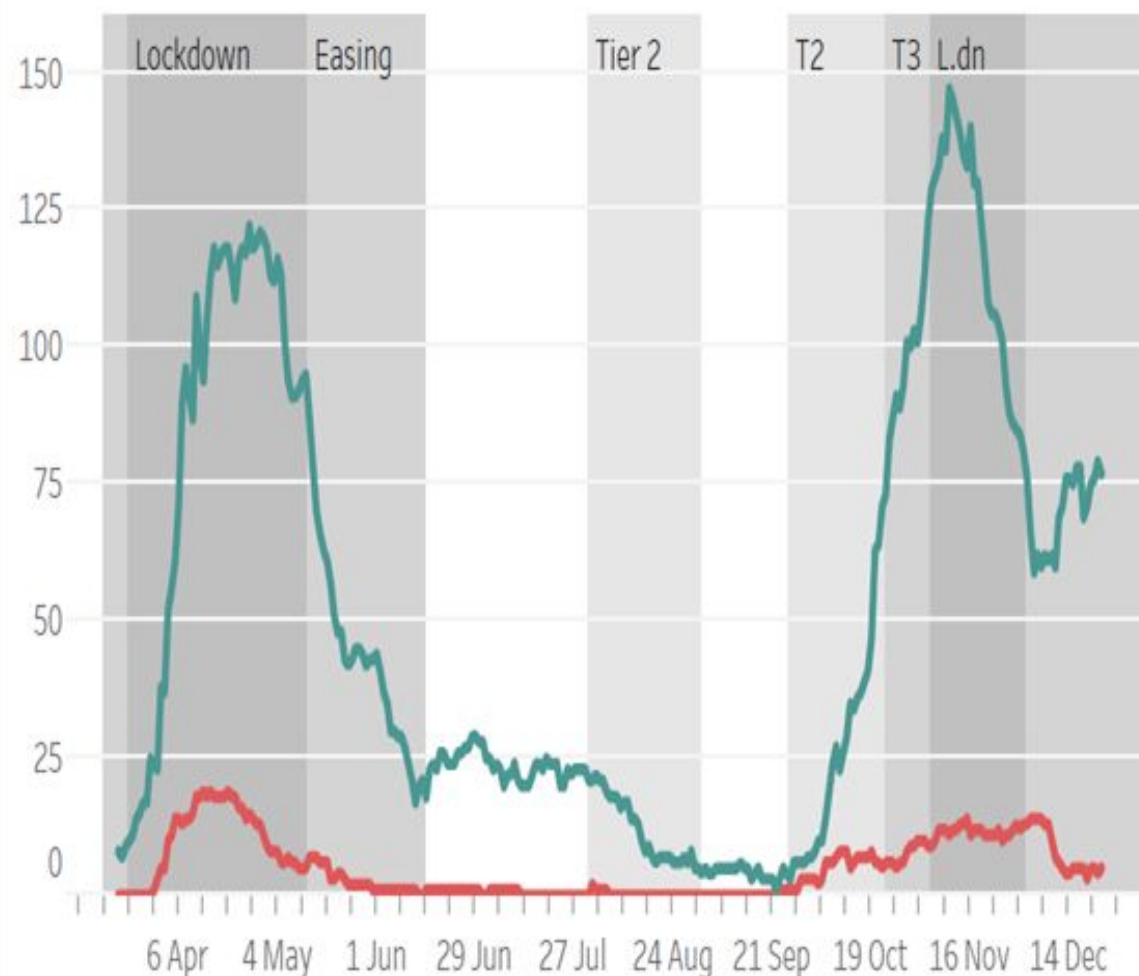
Current crude rate of infection is 133.6 per 100,000 population in the last 7 days (GM: 171.1, England: 318.9).

Note: The most recent 2 days of data may be underreported. Testing for anyone with symptoms was unavailable during 1st wave of infections.

Coloured line shows Stockport 7 day rolling cases per 100,000: **Stockport amber threshold**, **National amber threshold**, **National red threshold**. Grey line shows GM comparison.

SFT hospitalised cases: daily bed occupancy

77 Beds occupied | 5 Critical care beds occupied on Wed 23 Dec 2020



75 acute beds occupied on average in the last 7 days. An increase of 3 bed(s) on average from the previous 7 days (4.0%).

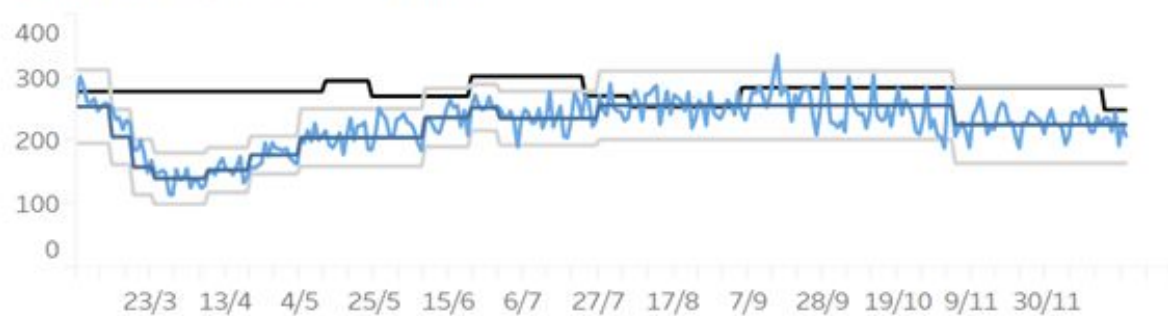
This is equivalent to 63.0% of the first covid peak (119 beds per day on average).

5 critical care beds occupied on average in the last 7 days. A decrease of 1 bed(s) on average from the previous 7 days (-11.1%).

This is 25.4% of the first covid peak (18 beds per day on average).

A&E attendances: 208 on Tue 22 Dec 20

SFT daily data | previous year values



Average daily A&E attendances have remained similar at 227 per day in the last 7 days.

Current average activity is 23 (-9%) less per day compared to the same period last year.

Ambulance conveyances: 76 on Tue 22 Dec 20



Average daily ambulance conveyances have remained similar at 82 per day in the last 7 days.

Current average activity is 2 (-2%) less per day compared to the same period last year.

Where next?

ICU demand:

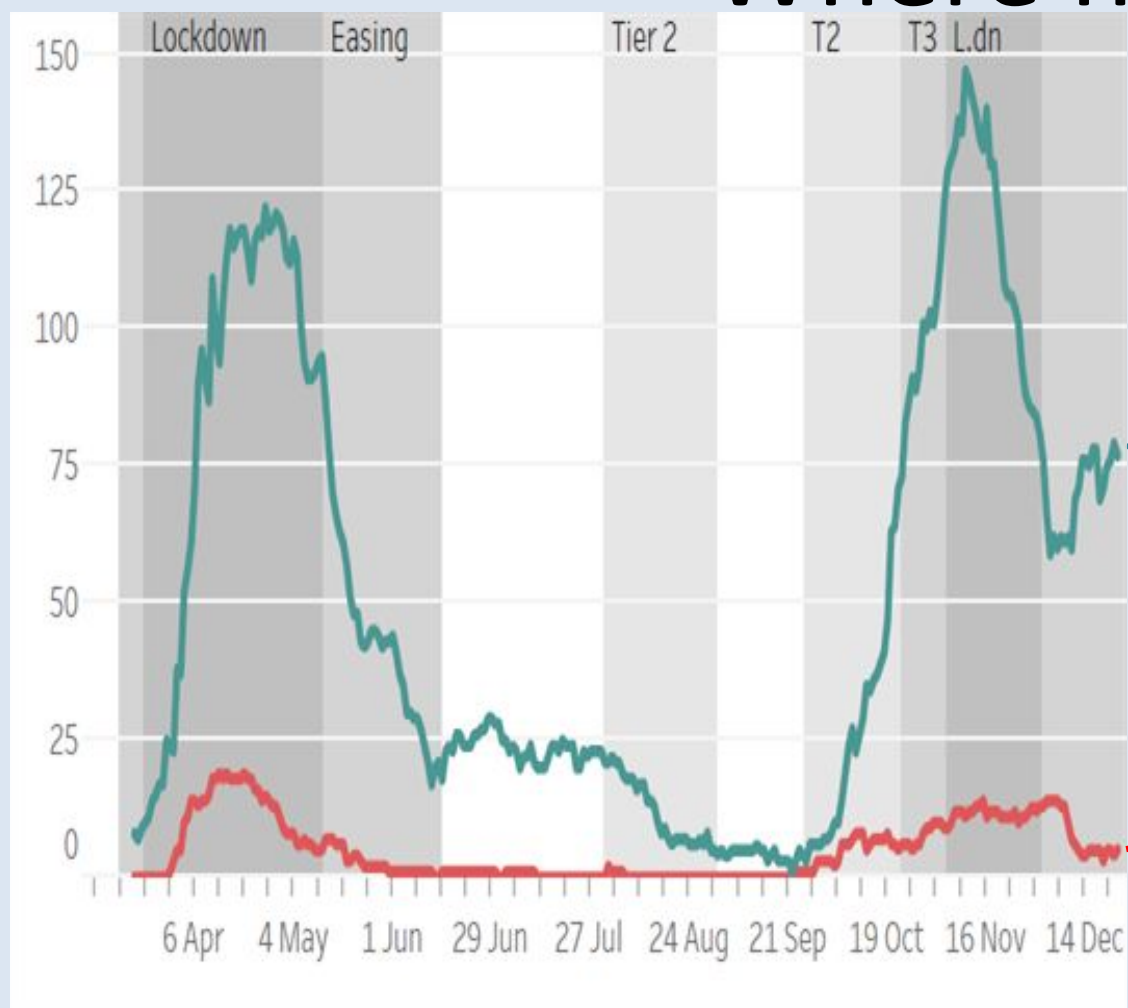
	Demand as per outputs from Python code			Capacity
Week	Worst-case	Likely-case	Best-case	ICU beds available
15/12/2020	11.1	5	5	
22/12/2020	10.05	4	5	
29/12/2020	9	3	4	
05/01/2021	9	3	4	
12/01/2021	7	3	4	
19/01/2021	6.05	2	4	
26/01/2021	7	2	4	

Acute ward demand:

	Demand as per outputs from Python code			Capacity
Week	Worst-case	Likely-case	Best-case	Acute wards beds available
15/12/2020	114	96	96	
22/12/2020	115.05	97.5	100	
29/12/2020	115.1	98.5	106.5	
05/01/2021	121.05	98.5	106	
12/01/2021	118.05	97	106	
19/01/2021	120.1	97.5	107.5	
26/01/2021	119.05	97	108	



Where next?



	Current position
Covid	A1, A3, HDU, HACA D4 (peak was 10 wards + HACA / HDU)
Non covid medical	A10, A11, E1, E2, E3, (Bluebell) B2, B3, B4, B5, C3, C4, C6, (trough was 5 wards + theatre ICU)
Non covid surgical	D1, D2, D5, D7, D8, Jasmine., Green HDU, ICU, D6, M4, (trough was 4 wards + green HDU)
Closed wards	B6

Hospital acquired covid

Swab Location	Days From Admission To Positive Result	HospitalOnsetCOVID19Timeband	Screened on admission	Compliant with Day 3 (Adm from 24/11/20)	Compliant with In-pt screening process (Day 5-7)	Comments
A11	14	Positive specimen date 8-14 days after admission to trust	Yes	Yes	Yes	3 neg swabs prior to positive result
B2	15	Positive specimen date 15 or more days after admission to trust	Yes	Yes	Yes	3 neg swabs prior to positive result
B2	26	Positive specimen date 15 or more days after admission to trust	Yes	Yes	Yes	5 neg swabs prior to positive result
B3	20	Positive specimen date 15 or more days after admission to trust	Yes	No	Yes	4 neg swabs before positive result. Swabbed day 4 not day 3
B3	12	Positive specimen date 8-14 days after admission to trust	Yes	Yes	No	3 neg swabs prior to positive. Day 5-7 done on day 9
B3	21	Positive specimen date 15 or more days after admission to trust	Yes	No	Yes	3 neg swabs before positive result. Swabbed day 4 not day 3
B3	26	Positive specimen date 15 or more days after admission to trust	Yes	N/A	Yes	3 neg swabs prior to positive result
B3	13	Positive specimen date 8-14 days after admission to trust	Yes	Yes	Yes	4 neg swabs before positive result.
B3	17	Positive specimen date 15 or more days after admission to trust	Yes	Yes	No	3 neg swabs prior to positive result. Day 5-7 done day 9
B3	25	Positive specimen date 15 or more days after admission to trust	Yes	N/A	No	Day 9 neg. 2 swabs prior to positive result
B3	8	Positive specimen date 8-14 days after admission to trust	Yes	Yes	No	3 neg swabs prior to positive result
B3/C3	18	Positive specimen date 15 or more days after admission to trust	No	Yes	Yes	3 neg swabs prior to positive result
C4	13	Positive specimen date 8-14 days after admission to trust	Yes	Yes	Yes	6 neg swabs prior to positive result
E2	16	Positive specimen date 15 or more days after admission to trust	Yes	Yes	Yes	4 neg swabs before positive result.
E3	21	Positive specimen date 15 or more days after admission to trust	Yes	No	Yes	2 neg swabs prior to positive result

- Weekly nosocomial report, with exec, sign off
- C3, C4 and B2 currently closed to admissions following outbreaks. – 47 patients isolated, 20 empty beds resultant.
- All outbreak patients have been screened multiple times, but further work underway to ensure consistency of day 3 and 6 swabs.

New NHSi standards

17 November 2020



Key actions: infection prevention and control and testing

Organisations

It is the board's responsibility to ensure that:

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

7 Staff testing:

- a. Twice weekly lateral flow antigen testing for NHS patient facing staff is implemented. Whilst lateral flow technology is the main mechanism for staff testing, this can continue to be used alongside PCR and LAMP testing.
- b. If your trust has a high nosocomial rate you should undertake additional targeted testing of all NHS staff, as recommended by your local and regional infection prevention and control team. Such cases must be appropriately recorded, managed and reported back.

8 Patient testing:

- a. All patients must be tested at emergency admission, whether or not they have symptoms.
- b. Those with symptoms of COVID-19 must be retested at the point symptoms arise after admission.
- c. Those who test negative upon admission must have a second test 3 days after admission, and a third test 5-7 days post admission.
- d. All patients must be tested 48 hours prior to discharge directly to a care home and must only be discharged when their test result is available. Care home patients testing positive can only be discharged to CQC-designated facilities. Care homes must not accept discharged patients unless they have that person's test result and can safely care for them.
- e. Elective patient testing must happen within 3 days before admission and patients must be asked to self-isolate from the day of the test until the day of admission.

Systems

Local systems must:

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

Vaccine



24th December update

NHS staff vaccinated	2196
LA/Care home/Social Care staff vaccinated	1515
Patients vaccinated	283
 Total	 3803

We recommence vaccinating on 30th December, when we will be starting to give 2nd vaccinations.

‘ Just been, so excited about getting vaccinated!
They seemed super slick, calm and organised, big well
done to them 😊’

Heather Constable
Consultant / Clinical Director

Lateral flow testing

Date	Results to Date (cumulative)					7 Day Rolling Figures		
	Total number of tests submitted	No of Positives	% Positives	OH Tests	OH confirmed positives	Total number of tests submitted	No of Positives	% Positives
23/12/20	18,135	59	0.33%	25	17	4,552	20	0.44%

- Good uptake of test kits.
- Over half of staff not submitting results twice weekly.
- Slightly cumbersome data submission platform being adapted to improve return rate.
- Number of staff testing positive remains small (0.44%)
- Of those testing positive, 30% test negative on the more sensitive pcr test.
- 30 asymptomatic staff who would have otherwise been in work have been successfully isolated.

Summary

- Covid numbers currently slowly rising, but slower than elsewhere in the country.
- Ward allocations have had a period of relative stability.
- We are anticipating a third wave in January.
- Plans in development for how to ‘flip’ green to blue while minimising patient ward moves.
- Vaccine and lateral flow testing well established
- Currently non complaint with second swab prior to ward moves (separate board submission)

Report to:	Trust Board	Date:	7 January 2021
Subject:	CQC Improvement Action Plan – Update and Exception Report		
Report of:	Interim Director of Governance & Risk Assurance	Prepared by:	Paul Moore, Director of Governance & Risk Assurance Paul Linehan, Governance Adviser

STATUS - REPORT FOR ASSURANCE

Corporate objective ref: ALL	Summary of Report The CQC improvement action plan contains a total of 265 actions at time of report (15 December 2020); a reduction of one from the total reported in November 2020. <ul style="list-style-type: none"> 136 (51%) actions received assurances supported by evidence confirming three consecutive months of compliance (Blue – completed action fully embedded into practice); an increase of 11% on the reported position for November 2020. 118 (45%) actions are on-track (Green – satisfactory progress); a decrease of 10% on the November reported position. 4 (1%) actions are problematic (Amber – concern regarding delivery) which is unchanged from the November reported position. 7 (3%) actions are overdue for completion (breached target date RED) an increase of 1% from the November report. <ul style="list-style-type: none"> Appendix A provides a tracked overview of CQC action plan progress July to December 2020. Appendix B provides a summary by exception of those actions rated at risk (RED) in December 2020. The Board are invited to: <ul style="list-style-type: none"> note the continuation of steady progress to deliver CQC improvement actions in accordance with the plan; consider and where necessary discuss corrective actions to bring the CQC Action Plan back on track for those actions which are rated at risk at time of report; and advise on any further action or assurances required by the Board. 												
 ALL													
CQC Registration Standards ref: ALL													
Equality Impact Assessment: <input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required													
Attachments: Appendix A – CQC Action Plan Progress Tracking Chart Appendix B – Exception Report (Highlight December Embedded at risk Red actions)													
This subject has previously been reported to:	<table border="0"> <tr> <td><input type="checkbox"/> Board of Directors</td> <td><input type="checkbox"/> People Performance Committee</td> </tr> <tr> <td><input type="checkbox"/> Council of Governors</td> <td><input type="checkbox"/> Charitable Funds Committee</td> </tr> <tr> <td><input type="checkbox"/> Audit Committee</td> <td><input type="checkbox"/> Exec Management Group</td> </tr> <tr> <td><input type="checkbox"/> Executive Team</td> <td><input type="checkbox"/> Remuneration Committee</td> </tr> <tr> <td><input checked="" type="checkbox"/> Quality Committee</td> <td><input type="checkbox"/> Joint Negotiating Council</td> </tr> <tr> <td><input type="checkbox"/> Finance & Performance Committee</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Board of Directors	<input type="checkbox"/> People Performance Committee	<input type="checkbox"/> Council of Governors	<input type="checkbox"/> Charitable Funds Committee	<input type="checkbox"/> Audit Committee	<input type="checkbox"/> Exec Management Group	<input type="checkbox"/> Executive Team	<input type="checkbox"/> Remuneration Committee	<input checked="" type="checkbox"/> Quality Committee	<input type="checkbox"/> Joint Negotiating Council	<input type="checkbox"/> Finance & Performance Committee	<input type="checkbox"/> Other
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<input type="checkbox"/> Finance & Performance Committee	<input type="checkbox"/> Other												

CQC ACTION PLAN UPDATE REPORT - POSITION AS AT 15 DECEMBER 2020**1. PURPOSE**

- 1.1 This [abridged] report provides members of the Board with a briefing on the progress of the CQC action plan and to highlight by exception any elements of the plan that are not sufficiently controlled; at risk of not being completed; or breaching target dates for implementation. The full Report has been reviewed and examined on behalf of the Board by the Quality Committee at their meeting held on 22nd December 2020.

2. BACKGROUND OR CONTEXT

- 2.1 The CQC Action Plan brings together the actions required to address the CQC compliance concerns identified following the inspection of 27 January to 28 February 2020 (CQC report on inspection published 15 May 2020).
- 2.2 The action plan was submitted to CQC in June 2020 and takes account of: (i) all the 'must do' and should do' recommendations contained within the inspection reports; and (ii) some improvement interventions identified locally as immediate quality priorities by the Trust. After sufficient progress has been made the plan will evolve to incorporate matters highlighted as high risk within the Quality & Risk Profile for Stockport NHS Foundation Trust and develop into the tactical plan to drive and deliver the Trust's Quality Strategy.
- 2.3 The CQC Action Plan has implications for NHS Improvement's enforcement undertakings and, in this regard, the Trust is committed to demonstrating, no later than 31 April 2021, that: (i) it has addressed all the 'must do' and 'should do' recommendations to the CQC, NHSI and CCG satisfaction; and (ii) has demonstrably improved against all CQC domains or core services rated as inadequate or requires improvement when compared to the CQC's inspection findings

3. ANALYSIS

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

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

- 3.2 The Trust has developed a quality improvement action plan to address all concerns identified by the CQC. The quality improvement action plan has 265 specific actions/work-plans for implementation on or before 31st April 2021.
- 3.3 The delivery of the quality improvement action plan is reviewed monthly and performance reported through the Quality Committee and to the Board of Directors until directed otherwise
- 3.4 The current status ratings for all actions is contained in Table 1 below.

Table 1 - Must and should do actions total (15 December 2020)				
Theme	Blue = Action Completed and embedded (BAU) Assurances received and supported by evidence confirming 3 consecutive months of compliance	Green = Action Completed and/or within date with satisfactory progress made. Assurances received - Awaiting 3 consecutive months of compliance evidence	Amber = Action is at risk A concern regarding delivery	Red = Action has breached target completion date
Culture	6	3	0	0
Dignity and Respect	6	0	0	0
Environment	2	12	0	0
Equipment	13	5	0	0
Finance	3	2	0	0
Governance	32	14	0	4
Patient Care	14	15	0	0
Performance	2	3	4	3
Safe Staffing	22	26	0	0
Staff Engagement	6	0	0	0
Strategy	1	9	0	0
System Partners	2	10	0	0
Training	27	19	0	0
Total:	136	118	4	7

4. CQC ACTION PLAN PROGRESS (at 15 December 2020)

- 4.1 Table 1 summarises the current position of the CQC action plan following completion of the monthly confirm and challenge meetings. Of the total 265 actions 118 (45%) are progressing as planned and 136 (51%) are completed and embedded in practice. A total of 4 actions (1%) are problematic, but with recovery actions/plans in place; and there are 7 actions (3%) overdue for completion.
- 4.2 Appendix A provides a chart tracking the overall progress of the CQC action plan against target across the first 3 months of implementation.

5. COMPLETIONS/EXCEPTIONS and TRAJECTORY

- 5.1 Appendix A demonstrates a consistently high-level of control over implementation of the CQC improvement programme and its component actions.

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

- 6.1 Risks (associated with failing to deliver the CQC action plan) include:
- I. Service users may be exposed to unacceptable levels of harm arising from inadequate compliance with CQC fundamental standards of care;
 - II. The Trust may fail to comply with CQC Registration Regulations and has its Certification of Registration revoked; and/or

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

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

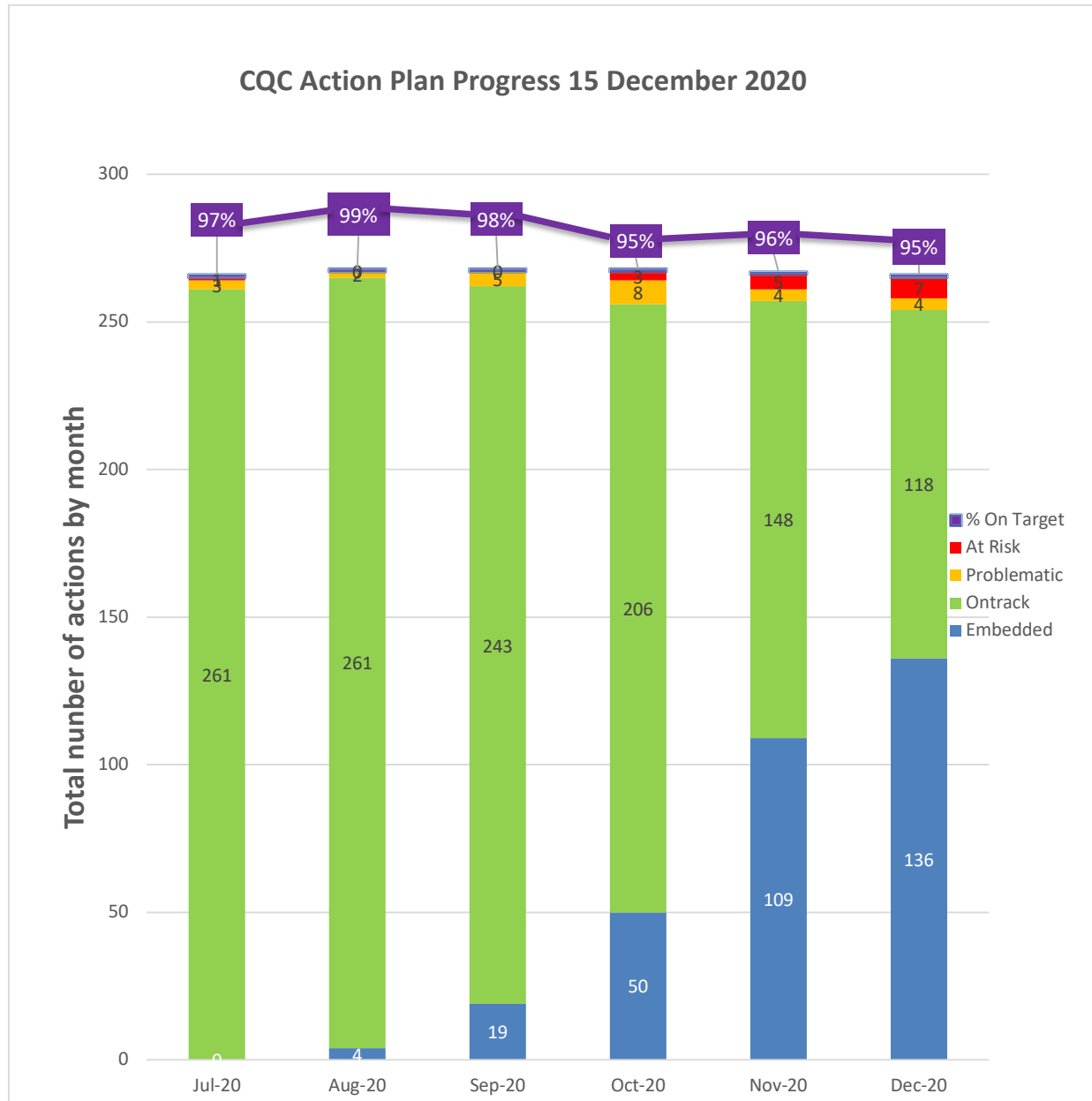
7. RECOMMENDATION

7.1 The Board of Directors are invited to:

- I. note that steady and good progress overall is being made to address CQC recommendations and improvement actions;
- II. note that a full assurance report in respect of CQC action plan delivery has been examined and scrutinised on the Board's behalf by the Quality Committee at their meeting held on 22nd December 2020;
- III. consider and where necessary discuss any corrective measures required to bring the CQC action plan back on track for those actions escalated to Board (itemised in Appendix B); and
- IV. advise on any further action or assurances required.

Paul Moore
Director of Governance & Risk Assurance
29/12/2020

APPENDIX A – CQC Action Plan Tracking Chart (15 December 2020)



APPENDIX B: Exception Report – New at risk actions (at 15 December 2020)

Reference Number	Core Service	CQC Issue	Progress Notes	Status	SRO	Action Owner	Target Date
MD_01.13	Trust level	<u>Specific Issue</u> Implement competency assessments programme for Nursing staff	12/12/2020 – Chief Nurse reviewing efficacy of competency framework specifically duplications in regard to mandatory and role specific training		Chief Nurse	Deputy Chief Nurse	31/10/2020
MD_02.06	Trust level	<u>Specific Issue</u> Rebuild Board Assurance Framework	11/12/2020 – In progress. Completion date revised to January 13 th 2021.		Director of Communication & Corporate Affairs	Director of Communication & Corporate Affairs	30/10/2020
MD_02.07	Trust level	<u>Specific Issue</u> Realign BAF for year ahead (2020/21)					
MD_03.03	Trust level	Improving patient flow <u>Specific Issue</u> 'Obtain buy-in from all System partners and establish a weekly improvement cycle. -D2A in line with covid response guidance	16/11/20 - D2A interim model in place awaiting agreement of system commissioned model in Dec 2020. Pathway 1 (Patient assessed at home) current capacity isnt large enough. Pathway 2 (Bed base capacity) issue around patients restrictions due to covid-19. Hope to get agreement on commissioning in Dec 2020, action turned red until that agreement. Winter plan also not yet fully agreed as is dependent on well established D2A model. 14/12/20 - System winter plan now agreed and signed off. Test of change being tested this week for feedback at the next check and challenge.		Chief Operating Officer	Delivery Director	31/12/2020

MD_10.03	Urgent & Emergency Care	<p>Quality improvement and risk management</p> <p><u>Specific Issue</u></p> <p>Develop and synthesise risk profiles into a focussed set of risk scenarios which become the spine of the Board Assurance Framework. These risk scenarios inform the development of meeting agendas for the Board of Directors and sub-committees, and enable non-executive directors to determine assurance priorities accordingly.</p>	<p>13/11/20 - Six risk scenarios have been developed and been available for inclusion in BAF since June 2020.</p> <p>11/12/2020 - Draft BAF policy presented to RMC on 9th Dec 20 for feedback by 18th Dec 20. Aim of policy is to ensure organisational clarity about the purpose of the BAF, roles & responsibilities, as well as annual development schedule. Further discussion to be had at executive directors on 14 Dec about alignment of strategic objectives with key strategic risks, plan for final draft of BAF policy with draft BAF to Risk Committee on 13 January.</p>		Interim Director of Governance & Risk Assurance	Director of Communication & Corporate Affairs	31/12/2020
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Ongoing At Risk Actions (at 15 December 2020)

Reference Number	Core Service	CQC Issue	Progress Notes	Status	SRO	Action Owner	Target Date
MD_18.01	Maternity	<p><u>Component Issue</u> Improve quality and safety of women and babies using the service.</p> <p><u>Specific Issue</u> Review and implement maternity dashboard to ensure safety and quality metrics are measured and routinely reported through PSQG and Quality Committee</p>	<p>Action redesigned to take account of inability to conduct performance review meetings. 15/12/20 - Change to specific action as follows: Original action - review and implement maternity dashboard to ensure safety and quality metrics are measured and routinely reported through BG performance review meeting. Revised action - <i>Review and implement maternity dashboard to ensure safety and quality metrics are measured and <u>routinely reported through PSQG and Quality Committee.</u></i></p> <p>This results in actions MD_18.02 consolidated into a single action, MD_18.01.</p>		Interim Director of Governance & Risk Assurance	Business Group Director - WC&D	31/10/2020
MD_14.01	Medical Care	<p><u>Component Issue</u> The trust must take appropriate actions to ensure to systems and processes are operated effectively to assess, monitor and improve the quality of care and experience of service users, and mitigate the risks associated with delivering the service. <u>This action is linked in the CQC inspection report to the absence of executive oversight of issues impacting on patient care and patient experience</u></p>	<p>13/11/20 - Agreement with SRO to turn action red due to target date breached. 11/12/2020 - Draft BAF policy presented to RMC on 9th Dec 20 for feedback by 18th Dec 20. Aim of policy is to ensure organisational clarity about the purpose of the BAF, roles & responsibilities, as well as annual development schedule. Further discussion to be had at executive directors on 14 Dec about alignment of strategic objectives with key strategic risks, plan for final draft of BAF policy with draft</p>		Director of Communication & Corporate Affairs	Director of Communication & Corporate Affairs	30/10/2020

		<u>Specific Issue</u> Tracked through action MD.02 <i>Review, repurpose and approve Terms of Reference for all standing committees/Groups (subject to the Board's preference for meeting structure) Rebuild Board Assurance Framework Realign BAF for year ahead (2020/21)</i>	BAF to Risk Committee on 13 January.				
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Board of Directors' Key Issues Report

Report Date:		Report of: Quality Committee
Date of last meeting: 22 December 2020		Membership Numbers: Quorate
1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Business Group Quality Update – Integrated Care • Patient Story • Patient Safety and Quality Chair's Assurance Report • Oversight of Cancer Waiting – deep dive • CQC Implementation Assurance • Covid-19 Update • Quality and Safety IPR • Infection Prevention and Control Update and IPC BAF • Never Event Investigation/Learning
	Assurance	<p>CQC Improvement Plan: Positive and negative assurance was received in relation to the CQC Improvement Delivery Plan (October).</p> <ul style="list-style-type: none"> • 136 (51%) actions received assurances supported by evidence confirming three consecutive months of compliance (Blue – completed action fully embedded into practice); an increase of 11% on the November reported position. • 118 (45%) of actions are on-track (Green – satisfactory progress); a decrease of 10% on the November reported position. • 4 (2%) actions are problematic (Amber – concern regarding delivery); unchanged from the November reported position. • 7 (3%) of actions are overdue for completion (breached target date RED) an increase of 1% on the November report. <p>Outstanding actions were discussed by the Committee which included:</p> <ol style="list-style-type: none"> i) Competency assessments for Nursing Staff. The Chief Nurse is now reviewing action re duplication wrt mandatory and role specific training. ii) Business Group review of maternity quality and safety metrics (dashboard) at performance review meetings. iii) The deadline for the receipt of the Board Assurance Framework (BAF) has been exceeded. Draft BAF scheduled for Risk Committee 13/1/2021 <p>The Committee wishes to bring to the Board's attention the ongoing problematic actions specifically in relation ED flow / system-wide flow. The Committee were concerned that these actions were at risk of breach of target date of completion (31/12/2020).</p>

		<p>Sepsis Assurance Report. The Committee received positive assurance with respect to the sepsis action plan and performance metrics. Compliance for timely recognition is 76% and compliance for antibiotic administration is 93% - both are improvements on November position and within the agreed trajectory. The Committee requested further assurance on performance from benchmarking and also requested clarification on 'stepped' target of 80% compliance.</p> <p>ED Safety Report: Negative assurance was received in relation to ED safety due to declining metrics (safety checks, Mental Capacity Act). This was triangulated with negative assurance received regarding performance against the 4-hour target.</p> <p>Infection Prevention Report: Inconclusive assurance was received in relation to IPC. The Committee received the updated IPC Board Assurance Framework and a sample reporting tool on alert organism surveillance and assurance on standard universal precautions. The Chief Nurse will continue to develop the IPC dashboard following feedback from the Committee.</p> <p>Notification of Serious Incidents (SIs). Positive assurance was received in relation to SI exposure as there were 4 Serious incidents declared in November. There is good control and positive assurance with respect to SI handling. No reports overdue to the CCG and overdue action plans reduced further from 16 to 13.</p> <p>Consent Audit. Negative assurance was received. The Committee were not satisfied with the results of the audit but noted the coordination of action plans to be reported in February 2021.</p> <p>Oversight of Cancer Waiting. The Committee engaged in a deep-dive into the safety of patients waiting for cancer treatment. Positive assurance was received in relation to the management of the Cancer PTL process, recovery of standards, prioritisation and oversight. However, negative assurance was received in relation to risk on non-cancer pathways as waiting list size means undetected, and untreated disease will be significant. Process and assurance of prioritisation needs to be further developed.</p>
	Alert	•
	Advise	<p>The Committee wish to advise the Board on the following:</p> <ul style="list-style-type: none"> An update on maternity safety and progress against standards set out in the Ockenden Report will be provided to the Committee in January 2021.
2.	Risks Identified	<p>The Committee agreed/identified that:</p> <ul style="list-style-type: none"> Staffing levels and patient flow (exacerbated by covid zoning and social distancing) continue to pose a significant risk to operational performance, quality and safety. There is a risk to Cancer quality and standards and elective recovery due to the ongoing response to the Covid pandemic.

3.	Actions to be considered at the <i>(insert appropriate place for actions to be considered)</i>			
4.	Report Compiled by	Marisa Logan-Ward	Minutes available from:	Committee Secretary

Board of Directors Key Issues Report

Report Date: 07/01/21		Report of: Finance & Performance Committee
Date of last meeting: 17/12/2020		Membership Numbers: The meeting was quorate.
1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Operational Performance • Winter Plan Update • Financial Performance • Budgeting and Planning Approach for 2021/22 • Agency Utilisation • Integrated Impact Assessment Policy • System Partnership Issues • Emergency Care & Pathology Campus OBC Update • Items for 2021/22 Internal Audit Programme • Key Issues from Reporting Groups: <ul style="list-style-type: none"> - Capital Programme Management Group
	Alert	<p>The Committee wished to alert the Board to the following:</p> <ul style="list-style-type: none"> • Recovery Planning – Impact of Covid Wave 2 on 2020/21 outturn and exit trajectories being considered at Trust, GM and regional level. Endoscopy continues to present a challenge in terms of backlog and capacity. • Winter Plan signed off with update to be brought to the Board. Focus on assurance that steps have been taken to mitigate risks, particularly through improved local health partner relationships and in the context of future planning. • Trust response to Planning guidance & Regime anticipated in December 2020 to be brought to Board during March 2021. • The Committee received an update on the Emergency Care Campus Outline Business Case. Revised OBC to be brought to the Board for formal approval.
	Assurance	<ul style="list-style-type: none"> • The Committee received an Operational Performance Report in a new revised format which was well received by the Committee. <p>The Committee noted improvements around cancer and recovery of 18-week standard.</p>

		<p>ED continues to present a challenge to the Trust.</p> <p>Restoration of services work is now being progressed – with a series of meetings commencing w/c 21 December 2020, linking performance and finance in this forum at POD level.</p> <p>System working across providers and independent sector critical through Wave 2 and Wave 3 to ensure patient outcomes are not impacted by Covid.</p> <ul style="list-style-type: none"> The Committee received the Winter Plan update – noting implementation of schemes was on track, with key risks outlined. <p>Progress being made with system partners was noted by the Committee, specifically with regard to the Local Authority.</p> <ul style="list-style-type: none"> The Committee received reasonable assurance regarding the 2020/21 financial performance to year end and cash management to the end of 2020/21 based on current forecasts, noting risks to operational delivery and the financial regime stated. <p>The Committee noted SFT forecast outturn in the context of the GM forecast position.</p> <ul style="list-style-type: none"> Budgeting & Planning Approach for 2021/22 was noted. The Committee noted planning, commissioning and financial arrangements from 2021/22 were to be confirmed. Zero based approach to be adopted as far as possible across key areas. Review of use of agency was received, including forecast to the end of the financial year for assurance. The Committee noted nursing agency usage is the key area of agency spend, with steps being taken to improve the forecast. The Committee noted the forecast outturn for 2020/21 has improved during month 8. The Committee received a verbal update on System Partnership issues. The Committee noted work being undertaken at GM level in the context of partnership and changing financial regime, and development of commissioner / contracting relationships. Updates to be brought to Board as this work develops. The Committee considered an approach to identifying areas of risk for consideration as part of the Internal Audit Plan for 2021/22.
	Advise	<ul style="list-style-type: none"> Draft Integrated Impact Assessment Policy was formally approved.
2.	Risks Identified	<ul style="list-style-type: none"> Wave 2 and Wave 3 of Covid – impact noted across agenda items, including Winter Planning, financial forecast outturn and agency use. <p>Acknowledging the risks associated with workforce and capacity in the context of available resources.</p>

3.	Report Compiled by	Malcolm Sugden	Minutes available from:	Deputy Company Secretary
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Stockport
NHS Foundation Trust

Board of Directors' Key Issues Report

Report Date: 10/12/2020		Report of: People Performance Committee
Date of last meeting: 12/11/2020		Membership Numbers: Quorate
1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Workforce Risks • Workforce KPI Report • Guardian Report on Safe Working Hours for Junior Doctors in training • North West Black, Asian and Minority Ethnic Strategic Assembly • Attain Presentation • Estates and Facilities Deep Dive • Annual Organisational Audit (AOA) update • Agency Expenditure Report • Turnover and Reasons for Leaving Analysis • Time to Hire Analysis • Policies for Approval • Key Issues Reports: JLNC
	Alert	
	Assurance	<p>Assurance was given in relation to the Lateral Flow Kits which were distributed to 95% of all staff including temporary/agency/contractors, 13+ve out of 4742 = 0.27%.</p> <p>The committee would like to assure the Board that 76% of staff have received their Flu vaccination compared with 63% this time last year and are still aiming for over 80%.</p> <p>Assurance was received from Mr Reason for the deep dive into Estates and Facilities HR metrics and that they are awaiting the appointment of an Estates and Facilities Matron. Two key issues from the deep dive were the need to apply a targeted response to enable access to training for all Estates and Facilities staff and health and wellbeing given the demographics of the staff group (50% male and largest cohort in vulnerable 41-50 age group)</p>
	Advise	<p>The Committee would like to advise the Board that the final position for the staff survey was 47%, less than last year but 4% above national average.</p> <p>The Committee would like to advise the Board of the 81 international nurses recruited and in the pipeline will arrive over the next few months.</p> <p>The Committee would like to advise the board of the positive start for the Covid-19</p>

11.1

		<p>vaccination.</p> <p>The Guardian of Safe Working reported a reduction in exception reporting and a better closure rate but still room for improvement and that more staff have opted for TOIL rather than pay.</p> <p>The Committee would like to advise the Board on the strong response to the BAME Assembly Statement and the requirement for Execs to sign off on the 14 December.</p> <p>The Committee would like to advise the Board that vulnerable staff groups including BAME have been invited to take up the Covid-19 vaccine first.</p> <p>The Committee would like to advise the Board that the Attain presentation delivered had been an excellent piece of work undertaken by Attain on Workforce Transformation and Performance with 3 key priorities identified:</p> <ul style="list-style-type: none"> • Workforce Planning • E Rostering – moving accountability to Nursing Directorate • Culture, morale, health and wellbeing support and improved retention. <p>The Committee would like to advise the Board that the People Performance Non Executives are holding a briefing session to further understand the leavers and recruitment analysis.</p>		
2.	Risks Identified			
3.	Actions to be considered at the <i>(insert appropriate place for actions to be considered)</i>			
4.	Report Compiled by	Mrs C Anderson	Minutes available from:	Committee Secretary