NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

8 OCTOBER 2020

Making a difference every day.

Board of Directors Meeting
Thursday, 8 October 2020

Held at 9.30am in the Committee Room, Oak House / via Webex

(This meeting is recorded on Webex)

AGENDA

Time			Enc	Presenting
0930	**1.**	Apologies for absence		
	2.	Declaration of Interests	*Verbal*	
0930	**3.**	Opening Remarks by the Chair	*Verbal*	**A Belton**
0935	**4.**	Patient Story		**B Tabernacle**
0950	**5.**	Minutes of Previous Meeting – 3 September 2020	✓	**A Belton**
0950	**6.**	Action Log	✓	**A Belton**
0955	**7.**	Chair's Report	✓	**A Belton**
1000	**8.**	Chief Executive's Report	*Verbal*	**L Robson**
	9.	**STRATEGIC ISSUES**		
1010	9.1	Sustainable Healthcare – Our Green Recovery	✓	**S Bennett / D Crabtree**
	10.	**QUALITY AND SAFETY**		
1030	10.1	Covid Update	✓	**C Wasson**
1045	10.2	Performance Report	✓	**S Bennett**
1115		***Comfort Break***		
1125	10.3	CQC Update	✓	**P Moore**
1135	10.4	Stockport Improvement Board • ED Improvement Programme	✓	**S Toal**
1150	10.5	Significant Risk Report	✓	**P Moore**
1200	10.6	Ethical Issues	✓	**C Wasson**
1210	10.7	Women & Children's Business Group – Strategy for future of the service	✓	**B Tabernacle**
1220	10.8	Infection Prevention & Control Board Assurance Framework	✓	**B Tabernacle**
1230	10.9	Review of SLAs with Providers	✓	**J Graham**
1240	10.10	Reports from Assurance Committees		**Committee Chairs**
		• Quality Committee	✓	
		• Finance & Performance Committee	✓	
		• People Performance Committee	*To follow*	

		• Audit Committee	✓	
	11.	**PEOPLE ISSUES**		
1245	11.1	Zero Tolerance Campaign Update	✓	**G Moores**
	12.	**CONSENT AGENDA**		
1255	12.1	HEE NW Self-Assessment Report	✓	**C Wasson**
	12.2	Accountable Officer Controlled Drugs Report 19/20	✓	**C Wasson**
	12.3	WDES Action Plan 2020	✓	**G Moores**
	12.4	Quality Committee Terms of Reference	✓	**P Moore**
	12.5	Annual Report of the Audit Committee	✓	**D Hopewell**
	13.	**DATE, TIME & VENUE OF NEXT MEETING**		
	13.1	Thursday, 5 November 2020, 9.30am, Committee Room, Oak House / 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 September 2020

Present:

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

** indicates a non-voting member*

In attendance:

Mrs S Curtis	Deputy Company Secretary
Mr G Owens	Improvement Director

184/20 Apologies for Absence

There were no apologies for absence.

185/20 Declaration of Interests

There were no interests declared.

186/20 Opening Remarks by the Chair

Mr Belton welcomed all Board members and observers to the meeting. He advised that Dr Cheshire had concluded his term of office as Non-Executive Director on 31 August 2020 and he paid tribute to Dr Cheshire's contribution to the Board and the Trust over the past seven years. The Board of Directors wished him the very best for the future.

With regard to the refreshing of the Board, Mr Belton advised that substantive appointments had been made to the Medical Director and Chief Nurse positions, and interviews for two Non-Executive posts would be held on 10 September 2020.

In response to a comment from Mr Belton, the Board recorded its appreciation to the continued hard work of colleagues. Mr Belton noted that it had been pleasing to receive positive feedback from the CQC following their recent re-inspection, which was a testament to the hard work of the Trust's staff.

187/20 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 6 August 2020 were agreed as a true and accurate record of proceedings.

188/20 Action Log

The action log was reviewed and annotated accordingly.

189/20 CEO Update

Mrs Robson highlighted the significant operational challenges the Trust had faced for a considerable time, and which had been exacerbated by the Covid pandemic, but noted that it was also important to reflect on the Trust's achievements. She provided a verbal update about the Trust's improvement journey, highlighting the following points:

- The Trust's Use of Resources rating improved from 'inadequate' to 'requires improvement'.
- Examples of safe care and practice and improvements, including hip and knee surgery, stroke service, Stockport Family, virtual clinics, first echocardiography in the North West, first one stop clinic for inflammatory arthritis in GM, strong partnership working regarding frailty intervention, development of veterans passport for health and social care, securing of additional funding for scanners and endoscopy services, development and publishing of Trust Strategy through an engaged process, largest increase in country in Staff Survey participation, and significant recruitment in hard to recruit to clinical roles.
- The Trust's proactive approach to its improvement journey, including commissioning an NHSE/I governance review, creating a Director of Governance & Risk Assurance role to reset the governance and risk management approach for the Trust, and commissioning ECIST and PWC to undertake improvement work regarding patient flow.
- Inviting Ruth May's team to review the Trust's nurse establishment, initially focusing on the ED department and using a new tool to look at safe staffing across the organisation, with the outcome of the work to form part of the Trust's Single Improvement Plan.
- Work on fundamental standards of care, supported by NHSE/I.
- Inviting IPC intensive support team to examine the Trust's IPC practice in light of Covid.
- ED improvement journey, including significant work undertaken by the new leadership team with support from ECIST, which had been recognised by the CQC following their recent re-inspection. The Board heard that the CQC inspectors had invited the ED leadership team to share their learning, particularly around the scale of cultural change the team had achieved in such a short space of time.
- Amazing achievements of staff during the Covid pandemic, highlighting ICU mortality rates, which were better than the national average.

- Successful appointments of a substantive Chief Nurse and Medical Director.

Mr Belton thanked Mrs Robson for the verbal update and agreed that it was important for Boards to reflect on the learning and how the continuous improvement was embedded. He recognised the extraordinary work and achievements by Trust staff that had enabled the improvements in a relatively short space of time.

In response to a comment from Mr Graham, the Board of Directors formally recorded its gratitude to the Trust staff for their fantastic efforts.

The Board of Directors:

- Noted the verbal update
- Formally thanked the Trust staff for their fantastic efforts.

190/20 Covid Update

Dr Wasson provided a verbal update to the Board on the current Covid-19 position, risks and challenges. He was pleased to note that the rates of Covid in Stockport had reduced faster than elsewhere in the GM and as a result some of the local restrictions had been lifted this week. He also reported an improved position regarding the numbers of Covid patients in the hospital.

Dr Wasson highlighted the challenges around IPC to ensure safe delivery of activity in accordance with the stringent IPC guidance, noting that it was everyone's responsibility to ensure the guidance was embedded in everyday practice. He said that this was particularly challenging in the context of trying to implement normal flow and catch up with the backlog.

Dr Wasson also highlighted challenges around managing Covid outbreaks on the Trust's wards, noting the adverse impact on flow due to the loss of capacity. He also noted the impact of Covid on the whole health economy and the associated challenges regarding the ability to discharge patients. He reflected on the flow challenges, particularly in the context of the expected winter pressures, and briefed the Board on partnership work in this area.

Mr Belton thanked Dr Wasson, Dr Burrows and their team for all their hard work and queried if the Trust might wish to publish information about the infection rates in response to the public interest. Mrs Parnell advised that due to the ongoing tightly controlled national command and control situation it was not possible to publish such information at this moment in time.

In response to a question from Mrs Anderson about the cultural work to ensure everyone in the Trust accepted responsibility for flow, Dr Wasson commented that sharing the quality improvement piece in ED has been important as well as making escalation everyone's business. Ms Toal advised that the next stage in the improvement journey was to embed the system and hospital wide ownership of the solution regarding the overcrowding of ED. She briefed the Board on work in this area and highlighted the importance of the Board's role modelling to stop silo working and ensure the issue was owned by all staff.

Dr Burrows advised the Board that the Trust had reinstated twice-weekly flow meetings and highlighted the importance of timely discharge to enable safe patient care and flow through ED.

In response to a comment from Mr Belton about the challenge of sustaining and embedding the improvements, Mrs Robson commented that the Trust Strategy provided a good framework for this as one of the key strategic objectives related to the Trust being a learning organisation.

Mr Bennett advised that the sustainability of improvements was also a key element of the Single Improvement Plan. He commented that the ED team had highlighted the importance of culture and a consistent application of the QI methodology in order to make sustainable improvements, and Mrs Robson added that another important aspect of the improvement journey was the engagement of frontline staff.

In response to a question from Mr Belton, Mr Bennett advised that the Single Improvement Plan would be presented to the Board and the Stockport Improvement Board on a bi-monthly basis, with effect from the October Board meeting.

The Board of Directors:

- Noted the verbal update
- Agreed to receive updates on the Single Improvement Plan on a bi-monthly basis, with effect from the October Board meeting.

191/20 Performance Report

Mr Bennett introduced the report and advised that the edited interim Integrated Performance Report (IPR) was structured around the following four domains: Quality, Operations, Workforce, and Finance, and included a Trust level summary page to provide headlines for each of the four domains. He also noted that the number of indicators had been reduced from 108 to 59, but assured the Board that a full suite of indicators and supporting data was available to Board Committees if necessary.

Mr Bennett also introduced a prototype Workforce Report, which showed what the reformatted IPR would look like. He briefed the Board on the content of the report and sought feedback from Board colleagues on the report format, and proposed to meet with Non-Executive Director colleagues again to consider the format and next steps in more detail. He suggested that Quality should be the next domain to be presented in the new IPR format, and briefed the Board on further work by the Making Data Count team, including an offer for further training to Board members on the use of the IPR.

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

<u>Quality</u>

Dr Wasson highlighted one 12-hour trolley wait for July, which had been fully investigated and appropriate actions identified and progressed. He commented that while performance against this metric remained good compared to 2019/20, the one breach would had resulted in a poor experience for the patient, and he also highlighted continued challenges with regard to flow.

With regard to sepsis, Dr Wasson advised that the metric had been paused during Covid in line with national guidance but had recommenced again this month. He briefed the Board on a revised sepsis screening tool and procedures that had been cascaded to all wards and had been well received.

Dr Wasson briefed the Board on mortality statistics and noted an adverse trend in the HSMR metric. The Board heard that the mortality dashboard would be reinvigorated and the Quality Committee would receive in depth updates in this area.

Ms Tabernacle highlighted three cases of MRSA bacteraemia since April 2020, and advised that two of the cases had been assigned to the Trust and one to the CCG. It was noted, however, that a root cause analysis had identified significant learning opportunities for the Trust from all three cases, and the Board heard that the HCAI panel had found two of the cases to have been avoidable. Ms Tabernacle briefed the Board on mitigating actions and advised that the Quality Committee had considered the outcome of an associated deep dive.

With regard to falls, Ms Tabernacle noted that while there had been a reduction in falls, the rate of harm was still relatively high. She advised that the falls collaborative were undertaking an investigation in this area and briefed the Board on mitigating actions.

Ms Tabernacle advised the Board of a new national requirement that safety thermometer data should be included in the IPR, and noted that the Trust had started to collect the data accordingly.

Mr Hopewell made reference to the 12-hour trolley waits metric and highlighted the improvement from the 200 breaches in December 2019. Dr Logan-Ward also commended the improved performance but queried how the Trust would ensure reduction of harm to patients as a result of any trolley waits this winter. Dr Wasson advised that this was a core indicator in the ED improvement programme and that there were a lot of metrics to measure performance in this area. He also highlighted an improved oversight to minimise harm to patients. Ms Tabernacle noted zero tolerance focus by the team and Ms Toal highlighted the importance of addressing ED overcrowding, which in turn would reduce the trolley waits.

In response to questions from Mr Sugden, Ms Tabernacle explained that the way in which emergency c-section rates were being reported would be brought in line with other trusts. She also briefed the Board on improvement work to enable the best patient experience and to ensure the maternity unit was the destination of choice for expectant mothers. The Board heard that this work was supported by an intensive support team for maternity. In response to a follow up question from Mr Sugden, Mr Bennett commented that the maternity improvement plan formed part of the overarching Trust improvement plan, and suggested that a report considered at a recent Executive Team meeting be presented to the Quality Committee.

<u>Operations</u>

Ms Toal highlighted endoscopy capacity as a key operational challenge, which continued to impact on the Trust's delivery of cancer services, including the two week

and 62-day wait standards, 18 week Referral to Treatment (RTT) and the diagnostic six week standard. She briefed the Board on mitigating actions and highlighted the 62-day waiters as a particular area of focus.

The Board heard that the Trust was planning to open up to nine theatres and a day case theatre by the end of October 2020, which due to Covid turnaround times would provide 50% pre-Covid theatre capacity, and Ms Toal stressed the importance of transformational work in this area.

Ms Toal advised that throughout July, patient flow had been a key operational challenge following Covid outbreaks on a number of wards, including Bramhall Manor, which had adversely affected available bed capacity. She briefed the Board on work to resolve pathway issues, which in their current forms were unsustainable.

With regard to operational performance recovery, Ms Toal highlighted that the Board would need to make decisions about what was deliverable within the financial envelope to ensure winter resilience.

Mr Hopewell thanked Ms Toal for the helpful update and commented that it would be useful to have a discussion at the Finance & Performance Committee about what the future trajectory would look like with regard to targets, by a means of scenario planning.

In response to a question from Mrs Barber-Brown regarding the safety of those patients awaiting transfer, Dr Burrows briefed the Board on work in this area, including the Reducing Days Away from Home programme and PWC support, and highlighted improvements made since last winter. Ms Toal commented that the occupied bed days was a useful metric for the Board to measure performance against in the IPR. Mr Sugden noted his expectation for the trajectory information to be available for the October Finance & Performance Committee meeting to enable performance monitoring.

<u>Finance</u>

Mr Graham advised the Board that the Trust had delivered a breakeven income and expenditure position for the first four months of 2020/21, as required by NHSE/I. The Board heard that the current block payment arrangements had been extended until the end of September 2020, and that whilst the details of the financial regime from Month 7 onwards was still awaited, it was likely to be challenging for the Trust and a plan would be required to ensure the Trust could meet any adjusted control total.

Mr Graham advised that a longer term financial recovery plan was being developed to ensure a financially viable future for the Trust and he highlighted the challenge of getting the plan funded by partners. Mr Bennett stressed the need to have an integrated approach to improvement, to ensure quality, finance, and workforce plans all formed part of the overall Trust improvement plan.

<u>Workforce</u>

Mr Moores presented the new style workforce report and referred the Board to the substantive staff in post section. He reported that the overall vacancy rate was 5.6%, which was positive, but noted that there was variation in the detail. The Board heard

that the nurse vacancy rate was 10.8% but that the position was expected to improve following ongoing nurse recruitment, with 85 nurses expected to join the Trust.

Mr Moores reported improved performance regarding sickness absence and staff shielding due to Covid. He made particular reference to the improved sickness absence rates in ED, which was symptomatic of the positive changes in the department. He also reported a steady reduction in turnover rates, including nursing turnover.

Mr Moores advised that medical and non-medical appraisal rates remained below target as a result of the decision to pause appraisals during Covid. The Board heard that appraisals had recommenced again with effect from September 2020, so an improvement in compliance should be evident from next month.

Mr Moores was pleased to report that statutory and mandatory training had remained compliant despite Covid challenges. He also briefed the Board on the Trust's new leadership programme launched in August 2020, and noted that 25% of the applicants were from BAME background.

Mr Belton commended the revised layout of the report but suggested that a key for SPC would be useful in future reports. Mr Bennett acknowledged the comment and confirmed that a key would be included in the finalised IPR.

Mrs Barber-Brown also commended the new layout. She requested that the People Performance Committee be provided with a full understanding of how all the metrics correlate together, particularly the substantive staff in post and agency expenditure.

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

Mr Bennett concluded the discussion by briefing the Board on the continuing work to improve the IPR, noting that he would continue to work with Non-Executive Director colleagues in this area and that Quality would be the next domain of focus.

The Board of Directors:

- Received and noted the content of the report and the verbal updates provided by Executive Directors
- Endorsed the proposal that Mr Bennett would continue to lead the IPR improvement work, including linking in with Non-Executive Director colleagues, and that Quality would be the next domain of focus.

192/20 CQC Improvement Action Plan

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

- 4 (2%) Blue actions (Blue – completed and fully embedded)
- 261 (97%) actions on track (Green – satisfactory progress)
- 2 (1%) actions at risk (Amber – concern regarding delivery)
- 0 (0%) actions at risk (Red – breached target date).

Mr Moore briefed the Board on progress against the two amber rated actions, noting that they were expected to turn green by next month. He commented that a significant number of actions were due for completion in September, and in response to a question from Mr Graham, advised that currently there was a good level of confidence that the actions would be achieved by the due dates.

In response to a question from Mrs Anderson, Mr Moore briefed the Board on plans in place to ensure completed actions remained embedded in the long term.

Mrs Barber-Brown referred to the trajectories going forward and noted that a number of winter related actions were amber rated, including flow, changes to estate and health & safety, and queried if any of the actions could be brought forward. She sought clarity about the mitigations in these areas and suggested that perhaps this could be discussed in more detail at the Risk Committee.

The Board of Directors:

- Received and noted the content of the report.

193/20 Health & Safety Quarterly Update

Mr Moore advised the Board that interviews for a Health & Safety Advisor would be held on 14 September 2020, noting that there had been a strong response to the advert. The Board also heard that MIAA colleagues had commissioned an independent health and safety audit on the Trust's behalf, and Mr Moore briefed the Board on the timeline for the audit, including a site visit during the week commencing 14 September 2020.

The Board of Directors:

- Noted the verbal update.

Mr Owens joined the meeting

194/20 Winter Plan

Ms Toal presented a Winter Planning report and invited Mr Owens to deliver a supporting presentation to provide an overview of the system model drivers to best meet the challenges for winter, describe the challenges that we face as a system and as a Trust, describe the approach to winter so far, and to highlight the key risks and priority areas of focus for September 2020. The Board heard that Stockport CCG was leading on the system Winter Plan, which was yet to be finalised, and that there was still a lack of clarity regarding the funding for the winter schemes.

Mr Owens delivered a presentation covering the following subject headings:

- On the U&EC pathway patients have traditionally presented where care is readily accessible, generating queues.
- The joint system approach seeks to direct patients to services at the 'front of house' and divert avoidable attendances and admissions, and navigate where appropriate away from SFT front of house. Increasing Primary Care and Community Service access through winter and preventing some flow presenting to SFT whilst SFT avoid, where appropriate, admissions to back of house wards and discharge patients, when appropriate, from SFT and into community and social care.
- Success with this approach is even more critical this year.
- Winter 2020 Planning Assumptions: Covid impacts. Additional schemes in each model that manage any pressures caused by additional demand / Covid incidence.
- Estimated Covid hospital admissions based on the research by the Academy of Medical Sciences.
- SFT G&A capacity and demand picture.
- Winter planning approach so far and identification of schemes to mitigate known pressures.
- The Stockport Winter Plan – a whole system approach.
- Stockport NHS FT approach to the plan.
- System Priority Schemes.
- SFT Priority Winter Schemes.
- The major SFT risk – gap between inpatient capacity on G&A level
- Current risks to the plan:
    - System wide schemes do not deliver the required demand reduction required to maintain safe levels of occupancy,
    - The uncertainty of Covid and the impact on healthcare services as well as staffing resources,
    - Financial uncertainty as we head towards Quarter 3,
    - Discharge to Assess currently not agreed from a funding perspective and is not sustainable in the current format,
    - Frailty and changes to the front door model are not yet funded,
    - Time between decisions and implementation.
- 2020 Winter Planning: Immediate next steps to build assurance around system resilience
    - System wide working:
        - Confirm delivery risks and costs of CCG and SFT schemes,
        - System partner winter planning meetings to start September 2020,
        - Map the impact of schemes against actual performance,
        - Report back to Urgent and Emergency Care Delivery Board,
        - Report through to Stockport Improvement Board.
    - Stockport NHS FT:
        - Urgent review of 'go forward' bed model and challenge in core efficiency stretch,
        - Build on internal prioritisation programme to establish schemes that will deliver the greatest benefits,
        - Contribute to system wide winter planning to stress test initiatives against the varying scenarios,
        - Finalise and agree winter planning initiatives and move to implementation and delivery.

In response to a question from Mr Belton, Mr Owens noted that timely implementation would have the greatest benefit to the success of the Winter Plan. This comment was endorsed by Ms Toal who noted that the time between decision and implementation was key. She commented that the Board needed to agree what proportion of the Winter Plan schemes should be implemented at risk in light of the lack of clarity regarding funding.

Mr Graham commented that it was important to agree and prioritise the schemes for implementation, with priority given to the schemes that would provide the greatest benefit and value for money. He also noted the need to understand the associated workforce plan and the art of the possible.

Mr Sugden queried if it would be too late to wait until the October Board meeting to agree the prioritisation, given that some of the schemes had four to six weeks' delivery time frames. He also raised a concern about the system position and that yet again the system had been unable to progress the winter plan in a timely manner.

Mr Bennett commented that the proposals and the risks were multi-faceted, and he highlighted the failure to reach agreement with the Discharge to Assess funding, noting that the risk to the local population was significant. He added that the Board had to acknowledge the importance of resolving the position, and that if it could not be resolved with the CCG, it would be necessary to escalate it through the Stockport Improvement Board or the region.

Dr Wasson highlighted the gap between the beds available this winter compared to last year, with the Trust being 50 beds short this year.

Mrs Robson briefed the Board on discussions at the Urgent & Emergency Care Board and highlighted the urgency of the need to resolve the winter plan. She said that the issue would be a major area of focus at the forthcoming meetings of the Urgent & Emergency Care Delivery Board and Stockport Improvement Board, but she agreed with Mr Bennett's comments that the Trust had to prepare for escalation if the matter was not resolved imminently.

Mr Belton commented that it might be necessary to convene an extraordinary Board meeting to achieve a resolution in the month.

The Board of Directors:

- Received and noted the report and the presentation.
- Expressed concerns about the timeliness of the system Winter Plan and agreed to escalate the issue if necessary.

195/20 Stockport Improvement board – ED Improvement Programme

Ms Toal presented a report providing assurance of progress with the Emergency Department (ED) Improvement Phase 2 Plan. She briefed the Board on the content of the report and highlighted the significant cultural change in the department, which had also been recognised by the CQC. She referred the Board to s3.7 of the report and provided an overview of the actions to ensure sustainability of the improvements.

Ms Toal then briefed the Board on the three amber rated actions as detailed in s3 of the report and provided an overview of mitigating actions.

Ms Toal highlighted the changes to staff culture and models of care as key to sustainable improvement and Mr Moores briefed the Board on the OD tool and the positive feedback received from staff.

Dr Logan-Ward commended the significant progress with the ED improvement journey. She referred to a discussion at the Quality Committee, where Committee members had failed to get assurance around patient safety checks and of the oversight of patients during busy periods. Ms Toal briefed the Board on a new, more targeted approach to measuring the safety checks, which would provide greater assurance of the standard of the checks. Dr Wasson highlighted that the Trust now had a thorough assurance regarding falls and Ms Toal noted that the Quality Committee would continue to receive updates in this area.

The Board of Directors:

- Received and noted the report and commended the significant improvements achieved by the Emergency Department.

196/20 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 drew the Board's attention to the 'Alert' section of the report and advised that the Committee had received positive assurance in relation to the notification of serious incidents and noted an improved position in this area. She also advised that the Committee had received positive assurance regarding the CQC Improvement Delivery Plan.

The Board heard that the Committee had received inconclusive assurance regarding the prevention of further MRSA bacteraemia and had supported the corrective actions proposed. Dr Logan-Ward concluded her report by advising the Board that the Committee had received assurance regarding the Trust's commitment to improving Infection Prevention & Control (IPC) standards in collaboration with NHSE/I Intensive Support Team, and that the Committee had recommended that the Board should receive updates directly in relation to IPC improvement.

Finance & Performance Committee

Mr Sugden noted that all the key issues and risks had already been addressed in the meeting.

People Performance Committee

Mrs Barber-Brown advised the Board that the Committee had received positive assurance regarding the development of staff engagement and noted that the Board would see details of the design of the programme in the next two to three months.

She drew the Board's attention to the risk section of the report and advised that the Committee wished to highlight the significant risks on the risk register relating to staffing and had requested assurance on the detailed mitigating actions to bring these within the Board's risk appetite.

The Board of Directors:

- Received and noted the reports from Assurance Committees.

197/20 Significant Risk Report

Mr Moore presented a report that provided an update on the review of the risk register, significant risk exposures and potential future risks. He briefed the Board on the content of the report and provided an overview of the scrutiny of the significant risks by the Risk Management Committee, as detailed in s3.5 of the report.

He then referred the Board to s3.6 of the report and briefed the Board on an aggregate analysis of the Trust's risk profile, noting that the Risk Management Committee would explore whether to also add the Discharge to Assess risk to the risk profile.

Mrs Anderson concurred with Mr Moore's analysis and briefed the Board on the work of the Risk Management Committee. She noted that good progress was being made with the work to ensure a comprehensive grasp of risks and understanding of the mitigations. She commented that the Board now had a better line of sight on risk, particularly regarding the forward look and horizon scanning.

In response to a request from Mr Belton, Mr Moore agreed to arrange a regular series of risk deep dives for the Board, with the risk owners invited to present mitigations.

The Board of Directors:

- Received and noted the report.
- Agreed that Mr Moore would arrange a regular series of risk deep dives for the Board.

198/20 Infection Prevention & Control Report

Ms Tabernacle presented a report that provided an overview of the immediate work undertaken to address Infection Prevention & Control (IPC) issues, noting that the report had also been considered by the Stockport Improvement Board and the Quality Committee.

She briefed the Board on the content of the report, highlighting the Trust's commitment to improving IPC standards, initially in collaboration with NHSE/I Intensive Support Team, immediate work undertaken to address IPC, and the allocation of the Director of IPC role to Ms Tabernacle.

Mrs Robson advised the Board of discussions at a recent Senior Leadership Group meeting to highlight the importance of IPC being a fundamental part of the Trust's values, and therefore everyone's responsibility. She also advised that the national team would be drawing together the learning from their work with the Trust for sharing nationally, and noted that the Trust also had a responsibility to share that learning with GM partners, and particularly with other similar organisations with Nightingale wards where IPC challenges were particularly challenging.

The Board of Directors:

- Received and noted the report and the good progress made with regard to IPC.

199/20 Maintenance Agreement for Radiology Equipment

Mr Graham presented a report seeking Board approval for a three-year maintenance agreement for radiology equipment for 1 September 2020 to 31 August 2023.

In response to a question from Mr Hopewell who queried why the Board was asked to approve the agreement after the commencement date, Mr Graham noted that this had been due to a combination of events but agreed that such renewal agreements needed to come to the Board for approval prior to their commencement date.

The Board of Directors:

- Approved the Direct Award for a three-year maintenance agreement for radiology equipment to Althea UK via a Waiver for the sum of £785,383 (inc VAT) for a period of 1 September 2020 to 31 August 2023.

200/20 Sustainable Healthcare – Our Green Recovery

It was agreed to defer this item to the October Board meeting.

201/20 Consent Agenda

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

- **Audit Committee Terms of Reference**

  The Board of Directors approved the Audit Committee Terms of Reference subject to amending the membership section to reflect the separation of the Chief Nurse and Director of Quality Governance posts.

202/20 Date, time and venue of next meeting

The next meeting of the Board of Directors would be held on Thursday, 8 October 2020, commencing at 9.30am.

203/20 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
7/4/2020	54/20	Integrated performance report	Non-Executive Directors and Mrs Griffiths would review the proposed standards and forward any additions to Mrs Parnell **Update 14 Apr 2020 –** Mrs Parnell noted that this action linked with the discussion on quality standards, and advised that she had forwarded any comments / information she had received to Ms Lynch and Dr Wasson. **Update 4 Jun 2020 –** Mrs Robson advised that Mr Bennett would describe the full approach during consideration of the Integrated Performance Report. **Update 9 Jul 2020 –** Mr Bennett estimated that the work on improving the IPR might take approximately four to six months, and proposed to arrange a workshop with Mrs Griffiths and Non-Executive Directors to trim down the current IPR as an interim measure. **Update 6 Aug 2020** – IPR being updated, starting with workforce indicators that will be shared at next meeting. **Update 3 Sep 2020 – Action complete.**		S Bennett
27/02/20	49/20	Chief Executive's Report	Mr Sugden made reference to the mental health issue and queried whether there was a risk of similar issues in other areas where the Trust was dependent on other partners for the delivery of services. Mrs Robson highlighted mental health		

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			issues as a significant area of concern, but noted that the Trust needed to review the SLAs with other providers to establish any issues, including any adverse impact on patient flow. **Update 4 Jun 2020 –** Mr Graham agreed to pick this action up and present a report to the July meeting. **Update 9 Jul 2020 –** Mr Graham briefed the Board on GM-wide work in this area and agreed to present the outcome to the September Board meeting. **Update 3 Sep 2020 –** Mr Graham briefed the Board on progress regarding this action and advised that a report would be presented to the October Board meeting.	October 2020	J Graham
09/07/20	147/20	Operational Performance Summary and Cancer Management Update	In response to a question from Mr Belton, Mrs Robson suggested that it would be helpful to bring a discussion paper to the Board on the ethical issues. **Update 3 Sep 2020 –** Dr Burrows advised that a report would be presented to the October Board meeting.	October 2020	G Burrows
09/07/20	151/20	International Nurse Recruitment	Mr Moores confirmed that a recovery workforce plan would be presented to the Board in August 2020, and the wider nurse recruitment business case would follow from that work, and would be presented to the Board in October 2020. **Update 3 Sep 2020 –** Mr Moores confirmed that the full nurse recruitment business case would be presented to the Board in October 2020, and Ms Tabernacle briefed the Board on nurse recruitment	November 2020	B Tabernacle-Pennington

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			forward look. **Update 8 Oct 2020 –** Deferred to November 2020 meeting to allow review of staff utilisation by Ruth May's team to be completed to inform the business case.		
6/08/20	157/20	Zero tolerance campaign	Progress updates to future meetings. **Update 3 Sep 2020 –** Mr Moores advised that the first update would be presented to the Board in October 2020.	October 2020	G Moores
6/08/2020	166/20	Reports from assurance committees	Winter plan to be discussed at next meeting. **Update 3 Sep 2020 –** On agenda. Action complete.	September 2020	S Toal
6/08/20	167/20	Risk Report	Board to review risk appetite. **Update 3 Sep 2020 –** Mr Moore advised that he was trying to find a suitable date on the Board development calendar for the risk appetite review.	November 2020	P Moore
03/09/20	188/20	Review of Action Log	Mrs Robson referred to the Board's concerns about Ward A1 and the lack of assurance that the actions put in place were not having the desired effect. It was agreed that the Board would receive an update at the October Board. *(on private agenda)*	October 2020	S Toal / G Burrows
03/09/20	190/20	Covid Update	Mr Bennett advised that the Single Improvement Plan would be presented to the Board on a bi-monthly basis, with effect from the October Board meeting. *(on private agenda)*	October 2020	S Bennett

Meeting	Minute reference	Subject	Action	Bring Forward	RO
03/09/20	197/20	Risk Report	Mr Moore agreed to arrange a regular series of risk deep dives for the Board, with the risk owners invited to present mitigations.	December 2020	P Moore

On agenda
Not due
Overdue
Closed

NHS
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Report to:	Board of Directors	**Date:**	8 October 2020
Subject:	Chair's Report		
Report of:	Chair	**Prepared by:**	Mrs C Parnell

REPORT FOR APPROVAL

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

Summary of Report

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

- The Year to Date
- Public Support
- Board Development
- Governance
- External news

Attachments:

This subject has previously been reported to:

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

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1. PURPOSE OF THE REPORT

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

2. THE YEAR TO DATE

It is some time since I presented a formal report to the Board of Directors as in March 2020 we rationalised our Board and Committee agendas to focus on key operational and strategic decision making to support the organisation through the first wave of Covid-19.

When we first implemented these temporary arrangements few of us could have envisaged that as we start to try to move our agendas back to "business as usual" that we would still be living with Covi-19, and in fact be once again in the position of seeing an increasing prevalence of the virus in our local communities, with a knock on impact on our services.

I have always been proud to be the Chair of Stockport NHS Foundation Trust but that pride in our colleagues and services has been amplified in recent months as we have witnessed the rapid transformation of many of our hospital and community services to cope with the demands of Covid-19. Colleagues have been at the forefront of changing services in a way we would not have previously thought possible, and many of those services will never go back to the way they used to be delivered.

People across the NHS will always step up in a crisis and we've seen numerous examples of that in recent months, but I understand the personal cost that can come from repeatedly going the extra mile over weeks and months. The resilience of NHS staff has undoubtedly been affected by the unprecedented situation that has faced the country, and colleagues here at Stockport FT are no different.

Our People Performance Committee has been looking at the impact of Covid on our colleagues, and also what support we have in place for them as we again face rising cases coupled with the pressures of winter and responding to the national drive to restore non-Covid services to pre-pandemic levels.

The limits placed on us by Covid-19 have meant that I have not been out and about as much as I would normally be in the Trust in recent months. I am looking at virtual ways that I and the other Non-Executive Directors can connect more with our staff across the hospital and community services to hear about their experiences and what more we can do to continue to support them.

One of the opportunities that have come as a result Covid-19 is the closer working between provider organisations, and across GM we have been an active partner as well as a welcome recipient of the benefit of working closely together on a common challenge. Banding together meant that we were able to consistently provide our colleagues with the PPE to keep them safe, and we're seeing more examples of provider organisations working together to restore services across the patch.

I am keen that we continue to play our part in that collaborative working across GM and the North West, and build on the partnerships that we have strengthened over the last year as a result of Covid-19.

I know that many colleagues will be concerned about coping with what could be seen as a perfect storm of increasing Covid levels, winter pressures and restarting the services many of our most vulnerable local people depend on. But I believe that the dedication, hard work and resilience our colleagues have shown over the last year, coupled with stronger partnership working across the region will help us through what is likely to be a challenging final six months of the year.

I would like to take this opportunity to formally record my personal thanks to all colleagues in Stockport FT for the way they have risen to the challenges of the last six months – none of us looking back on 2020 will ever forget the amazing work of everyone in health and social care, and the out pouring of support and gratitude we have seen for them from our local communities. The many pictures and drawing that line the glass corridor in Stepping Hill Hospital provide a snapshot of how much our local communities appreciate what our colleagues do every day – and everyone in the Trust should be proud of what they have continued to achieve despite the huge pressures.

3. PUBLIC SUPPORT

Over the last few months we have seen some very practical examples of support for our colleagues, from donations of hand creams, Easter eggs and garden furniture to the very popular Foodie Fridays offering free lunches, and the generous £75,000 donation from Stockport County Football Club. Every donation and offer of support has been truly appreciated, and they are not stopping.

Last week, thanks to the generosity of the readers of the Daily Mail, the national newspaper announced that the Trust is to receive more than £52,000 to buy a Kingfisher machine to automate part of the Covid testing process in our labs. Generating 96 samples an hour and saving up to four hours of hands-on lab time for the 15 strong microbiology team, the new kit will mean patients will get the care and treatment they need more quickly and it will save the team time to focus on other urgent work.

As a result of the pandemic we collected over £140,000 in donations and the Trust's charity is reviewing a number of bids to spend those extra funds on to support our staff. They range from extra psychological support for colleagues to creating a new outdoor eating area close to the refurbished staff restaurant, as well as cycle sheds and welcome packs for ward teams when they move bases as part of the zoning work.

4. BOARD DEVELOPMENT

Over the summer we have been busy making key appointments to our Board, including Mary Moore and Dr Louise Sell, who joined us as Non-Executive Directors earlier this month. Both have strong clinical backgrounds and experience, and their appointment is part of our drive to develop a clinical led managerially supported organisation.

I am sure they will work closely with our two new Executive Director appointees – Nic Firth, who will take up the role of Chief Nurse from the beginning of November, and Dr Andrew Loughney, who is due to join us shortly afterwards as Medical Director.

5. GOVERNANCE

In response to the CQC inspection in January and February this year we were required to carry out a Board/leadership review. NHSE/I has commissioned this on our behalf and as part of the ongoing process the reviewers have interviewed all Board members, key stakeholders and some of our governors. I would like to thank everyone who has contributed so far.

As part of the response to Covid-19 there was national advice to rationalise governance arrangements that impacted on the work of the Board and Committees. The Trust also introduced a number of advisory groups to support rapid decision making, which are likely to continue in some form for a period of time. As we begin to move back to "business as usual" for our Board and Committees I am planning a Board development session to reflect on our experiences and consider what lessons we could learn from those temporary changes.

6. EXTERNAL NEWS

There has been a host of national announcements, guidance and publications in recent months as a result of Covid-19, many of which our colleagues have had to digest and implement with very short notice. It would be impossible to capture all those in this report but some of the recent highlights include:

- The NHS People Plan for 2020-21, which sets out what NHS staff can expect from leaders and each other, actions to support transformation and look after each other, as well as actions to grow the NHS workforce.
- Launch of a £28m fund to support international nurse and midwives recruitment, which comes as the country has seen a huge rise in the number of people applying for university courses related to healthcare roles.
- A national campaign to encourage everyone in England and Wales to download the NHS Covid-19 app. Over 10m people have already download the app, which provides tools to check individual's risk from Covid-19 including contact tracing, local area alerts and venue check-in features.
- Launch of the national flu immunisation campaign, which is seen as even more important than ever this year.
- The roll out of 111 Live First, which aims to encourage people with urgent but not emergency conditions to call before going to A&E so that they can either be booked an appointment or directed to more appropriate treatment options. This will not affect people who need life saving or emergency care.

7. RECOMMENDATIONS

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

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Report to:	Board of Directors	**Date:**	8 October 2020
Subject:	Our Green Recovery		
Report of:	Executive Director of Strategy, Partnerships & Transformation	**Prepared by:**	David Crabtree Anaesthetist

REPORT FOR APPROVAL

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

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

This report provides a proposal for embedding environmental sustainability at the heart of Trust strategy and delivery. Our Green Recovery sets out a compelling proposition to develop an innovative crowdsourcing community underpinned by our robust QI methodology.

This report provides:

- Background and overview of why this is important.
- Options for consideration – advantages and disadvantages.
- A proposal to develop Our Green Community - an innovative crowdsourcing system to drive sustainability.
- Conclusion and recommendations.

The Board is asked to:

a) Consider the proposals contained in this report.
b) Declare a climate emergency.
c) Approve the development of Our Green Community - a crowdsourcing community managed through the Trust Transformation Board.
d) Recognise and support a future allocation of resources to support Our Green Recovery.
e) Identify a Board sponsor.

Attachments:

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

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1. INTRODUCTION

1.1 The overwhelming scale and scope of COVID-19 is having a devastating impact on the wellbeing of our communities, businesses, economies and global systems. The COVID-19 crisis is historic in magnitude, yet crises of its kind are likely to become more frequent and more debilitating as the impacts of climate change and biodiversity loss are increasingly felt. This crisis will set us back significantly but offers us a unique but narrow opportunity to reimagine, rebuild, and reposition our policies, regulations, practices and supply chains. It is a turning point that we cannot squander.

Our position as an anchor institution within Stockport affords us the opportunity, and the duty, to be at the forefront of environmental sustainability as we rebuild. We are significantly behind national and regional advances. Greater Manchester is forging ahead with its Green City goals and there is an opportunity for Stockport to be at the vanguard. The development of the system wide One Stockport programme also provides a timely moment for the Trust to lead the way with our partners to make a real difference for the people of Stockport.

The core of Our Green Recovery will be the innovative creation of Our Green Community, founded on proven crowdsourcing systems. By utilising NHS Large Scale Change methodology, with support from AQUA, we will develop and enact effective change to policy, practice and behaviours. The engine of this change will be our robust Trust QI methodology and system. We will bring staff and patients together and provide the tools and confidence they require to lead this vital change.

2. BACKGROUND

2.1 "Climate change is a medical emergency … It thus demands an emergency response"

Prof. Hugh Montgomery
Director of the University College London
Institute for Human Health and Performance

National

Climate change is causing evident and direct impacts on the provision of healthcare. The Lancet - Countdown on Health and Climate Change highlighted a number of key areas:

- Air pollution – excess 40,000 deaths a year due to air quality.
- Increased risk for the elderly population due to extreme weather conditions.
- Disruption of international supply chain.

The UK Climate Change Act was passed in 2008 and amended in 2019. It targets net-zero carbon emissions by 2050. The NHS represents 5% of the total carbon emissions of the UK. 'For A Greener NHS' was launched by Sir Simon Stevens. He stated: 'we are mobilising our 1.3 million staff to take action for a greener NHS'. 9 of 10 NHS staff support the initiative.

The NHS Sustainable Development Unit (SDU) has made the financial savings of sustainable healthcare clear:

- £79 million over 5 years through staff energy awareness e.g. carbon literacy.
- £5.1 million through telehealth systems supporting long term health conditions.
- £265 million across the NHS with active travel for staff.

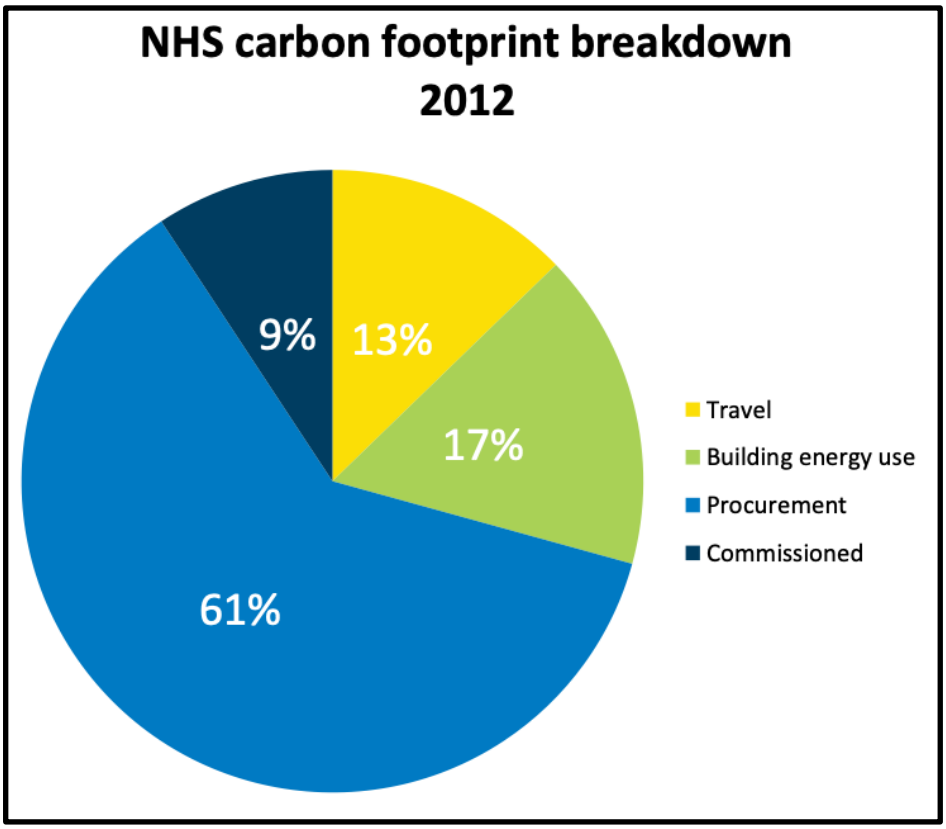
In England, the total cost to the NHS and social care of air pollution is up to £157m per year. Reducing our carbon footprint by 1 tonne of CO2 equivalent (tCO2e) is calculated to save between £140 and £200. This outweighs the cost of abatement. In other words, reducing carbon footprint is cost beneficial.

Sustainability is a domain of quality improvement (QI). The Centre for Sustainable Healthcare (CSH) has developed a QI Sustainability framework called SusQI which provides an approach to improvement through an environmental sustainability lens. While the application of the framework has a specific focus on environmental sustainability and resource stewardship, it draws on recognized QI best practice that is also reflected in and fully aligned with our Trust QI methodology. By integrating this into clinical care, for example through the Greener Wards competition, clear benefits have been noted by trusts:

- Improved quality of patient care.
- Carbon and social impact savings.
- Strong invest-to-save with on average £6 saved for every £1 spent.
- Team engagement strengthening Trust QI systems.
- Staff feeling valued and empowered.

All NHS Trusts are required to generate a Green Plan (previously a SDMP) and this forms part of the NHS Standard Contract requirements. It utilises the Sustainable Development Assessment Tool (SDAT) to snapshot carbon footprint and guide reductions.

As part of the CQC Strategy Priority 1, inspections have started to include sustainability within their reports. Recent examples of 'Well Led' trusts with strong sustainability plans include Great Ormond Street Hospital and North Bristol.



Traditionally, sustainability has been the remit of Estates and Facilities. While an important element, the sustainability agenda in the NHS goes beyond estates. We know that building

energy use comprises 17% of the total NHS Carbon Footprint and marked improvements have been made in this field. As shown in the pie chart above, the majority, 61%, arises from the supply chain such as pharmaceuticals and equipment. This highlights the importance of adopting a broader view and integrating healthcare practices into strategic sustainability decisions moving forward.

Regional

Greater Manchester is committed to becoming a Green City Region. In March 2019 the '5 Year Environment Plan for Greater Manchester' was released. The key aims included:

- Carbon neutral by 2038.
- Air quality - WHO standards by 2030.
- Recycling - 65% of municipal waste by 2035.
- Natural environment - environmental net gain.
- Resilience and adaptation to climate change.

In July 2019 Manchester City Council passed the Climate Emergency Declaration. Key commitments included:

- Declare a Climate Emergency (the first council to do this in the UK).
- Ensure that everyone in the council receives carbon literacy training by the end of 2020.
- Work with suppliers to green their supply chains and support local production.
- Encourage involvement in all wards by April 2020.

Local

Stockport Metropolitan Borough Council has recently launched One Stockport - "a campaign where, by working in collaboration, Stockport can become united and encouraged to build a better future for everyone by supporting the local economy, connecting communities and promoting health & wellbeing."

This represents a timely and key opportunity to align Trust and Council values and to play our part as a major anchor institution.

Current Sustainability at Stockport NHS FT

The Trust has had a Carbon Management Implementation Plan (CMIP) led by Estates and Facilities (E&F) since 2008. This is reported annually as part of the 'Annual Report and Accounts'. Achievements include:

- Automatic Meter reading rollout.
- Local waste collection contracts.
- Development of a Green Travel Plan.
- Sustainable procurement commitments.

There is currently no Board level sponsorship for sustainability at Stockport NHS FT.

There is no specific named lead within E&F to provide coordination and leadership of this important agenda. It is understood that they are currently considering creating this post or bringing in external consultants.

At a specialty level, trainee feedback from Anaesthetics has highlighted a lack of clear

sustainability measures. Through their rotations, trainees provide an excellent opportunity for learning from other sites, however, we currently have no mechanism to utilise this.

Feedback from staff indicates that there is a real appetite to drive forward and get involved in this agenda. The Theatre QI Team has identified a number of opportunities to create 'greener theatres' and a 'waste warriors' improvement project has been established to take this forward. In one area, a survey of 30 staff (and 1 patient) provided the following findings:

- 28 expressed an interest in sustainability;
- 21 had specific ideas to improve sustainability. These included:
    - Local produce sourcing in the food areas.
    - Reduced consumable use in theatres.
    - Developing site green spaces.
    - Improved recycling.
    - e-scooter/bikes.
    - electric car charging points onsite.

While limited to a small area, this indicates that there is an appetite for change and a potential wealth of ideas for how to get there. There is an opportunity to develop a system to tap into this and support staff in bringing forward their energy.

3. PROPOSAL

3.1 There is the need, the purpose and the desire for us to lead the way in tackling environmental sustainability in Stockport.

To support and enable this we will utilise our Trust QI methodology, with support from the Transformation Team and AQuA. We will develop and enact effective change to policy, practice and behaviours. The engine of this change will be our robust Trust QI system. We will use rapid testing techniques to enable multiple projects to progress concurrently.

We cannot undertake this task alone. Many people, trusts, business and regions understand the vital importance of sustainable healthcare. Key to success is our active involvement in engaging with other communities and businesses. AQuA, the Centre for Sustainable Healthcare and The Carbon Literacy Project have offered their support to this proposal. They share the belief that this groundbreaking proposal has the potential to make profound and important changes within the NHS.

To take this forward the following options are proposed for consideration:

- Maintain the current approach
- Formulate a Green Committee
- Build on COVID - 19 learning
- Establish Our Green Community

3.2 <u>Maintain the existing approach</u>

If we continue with our current sustainability plans we can expect the following outcomes:

- Continued estates carbon reduction in line with the Carbon Reduction Strategy of

2009 focusing on:
    - Gas/electric supply/use.
    - Estates renovation.
- Green Plan publication by April 2021 in line with NHS Standard Contract.

This will be insufficient in isolation to achieve the carbon neutral targets set by NHS England.

3.3 Formulate a Green Committee

A number of NHS trusts have adopted Green Committees in various guises including MFT and SRFT. Their Green plans are championed by Trust board members and these are formal structures that report quarterly to the Trust Board. These are led from within the Estates departments.

Advantages	**Disadvantages**
Strong stakeholder engagement	Minimal engagement at staff level outside traditional estates
Board level support and formal oversight	Poor connectivity with clinic practice
Clear accountability	Minimal patient or community engagement
Changes in line with the SDAT	Lack of innovation and channel to progress new ideas
Enables fundamental policy change through established Trust governance structures	Limited to estates focus and misses broader opportunities
Minimal disruption using tried and tested traditional structures	

Typically Green Committees have focused on key issues including:

- Green Travel
- Asset management & Utilities
- Green Spaces
- Corporate approach

There have been important carbon savings made as a result of this approach but in isolation they are insufficient to achieve our carbon neutral targets. If all current Health and Care social sector actions were applied concordantly and successfully then we would achieve, at best, a 60% reduction from the 1990 baseline. A system is needed with the built in capacity to learn, generate novel ideas and adapt rapidly to shifting challenges.

3.4 Capture and make use of COVID-19 operational changes

COVID-19 management has resulted in phase shifts in our day to day practice. These have been both beneficial and harmful to sustainability. Obvious examples include a marked reduction in face to face consultations and thus reduced buildings usage and staff/patient travel. Conversely, there have been vast increases in disposable equipment use, particularly PPE. This carries a high carbon cost and represents a difficult waste problem.

We need to learn to live well with COVID. This option focuses on incorporating an increased awareness and understanding of the environmental impact of our post COVID changes and practices. Firstly, this involves capturing, quantifying and displaying the impact of current changes and carbon literacy can play a big part in this. Carbon literacy is an awareness of the carbon dioxide costs and impacts of everyday activities, and the ability and motivation to reduce emissions, on an individual, community and organisational basis. By developing our staff literacy we can empower a sustainability informed COVID recovery. The Carbon Literacy Project is a Greater Manchester based initiative. They are releasing an online tool for NHS staff. They are keen to support Our Green Recovery and have agreed to allow access to the product.

Advantages	**Disadvantages**
Opportunity for learning	Training costs
Staff training/awareness	Staff time
Recognised NHS programme	Does not involve patients

3.5 <u>Establish Our Green Community using a crowdsourcing platform</u>

Crowdsourcing is a way to find solutions to problems by asking a large group of people to contribute information, ideas, data, and content.

> "decisions taken by a large group, even if the individuals within the group aren't smart, are always better than decisions made by small numbers of experts".
>
> James Surowieck
> *The Wisdom of the Crowds*

Crowdsourcing is used extensively in private industry to drive innovation. It has been proven to reduce costs, empower staff and create links with service users. It has never been used in the NHS to drive sustainability. We would be breaking new ground.

NHS Horizons have been at the forefront of using this technology in the NHS. AQuA has worked with them in the past and they have offered their support and experience to this project. There is the opportunity to be the first to create a crowdsourcing community of NHS staff and patients that will work together to generate innovative sustainability approaches.

Examples of existing crowdsourcing communities include:

- Continental Idea Management:
  - Saved 125 million euros in 2015 through crowdsourced innovation.
  - 596 euros per employee.
- MIT Climate CoLab:
  - 120,000+ members;
  - 'To harness the collective intelligence of thousands of people from all around the world to address complex societal problems, starting with global climate change'.

- NHSchangechallenge:
    - Time limited challenges created to tackle defined problems.

Advantages	**Disadvantages**
Strong staff engagement and motivation	Currently untested in the Trust
Staff and patient interaction in line with host institution principles	Requires adaptation to a new way of working for all
Potential model to address other complex problems eg. Inclusivity	No control over member recruitment and retention
Allows and encourages idea development in an innovative unconstrained way	Requires an online crowdsourcing platform
Emergent phenomena with unexpected benefits learnt from the process	

Crowdsourcing communities do not only generate ideas. When built correctly and afforded an adaptive space they can evolve and enact previously unthought of ways of working. This means that there does not need to be a precise road map set in place at the beginning. Instead, the community can be self-generating and self-sustaining. This shifts the paradigm of change, creating a pull dynamic rather than change being a top-down or push exercise.

> ‘people don’t resist change, they resist being changed.’
>
> Peter Senge
> The Fifth Discipline

Our role as facilitators is to:

- Articulate the shared purpose
- Set strategic objectives
- Share context/strategy
- Create an adaptive and inclusive crowdsourcing space

The community can and will:

- Crowdsource who will be involved
- Generate ideas
- Discuss possibilities
- Develop & share proposals
- Convert ideas to projects

Online crowdsourcing platforms also allow the rapid capture and audit of key metrics including:

- Member numbers
- Member profiles
- Ideas generated
- Member satisfaction
- Projects initiated/undertaken

Each project generated will be measured on quality indicators plus the Triple Bottom Line metrics of cost savings, carbon reduction and social impact.

4. CONCLUSION

4.1 It is recommended that we establish Our Green Recovery programme. The core of which is the innovative Our Green Community crowdsourcing platform. We can generate and deliver sustainability projects, drawing on the wisdom of staff and patients, recognized best practice, external expertise and support aligned to the One Stockport initiative.

The aims of this programme are:

- To be a carbon neutral Trust by 2038 with sustainability inherent in our values and behaviours.
- To be an NHS community crowdsourcing leader. By 2025, at least 50% of staff and 10% of patients will be members of Our Green Community.

To enable this to be a success, we would:

Cycle 1 (30 days)

- Identify Board and NED sponsors to lead and direct the programme.
- Declare a Climate Emergency.
- Establish Our Green Recovery team - including key internal and external stakeholders that is accountable to the Transformation Board and reports quarterly to the board.
    - This includes engaging with partners in Stockport and Greater Manchester.
- Develop the outline business case detailing specific resource requirements.

Cycle 2 (60 days)

- Develop a programme, using the Trust QI methodology with support from AQUA, to coordinate existing traditional approaches with proposed new ways of working.
- Build a crowdsourcing platform supported by an effective communication campaign linked to the One Stockport initiative.
- Recruit members using face to face, online and patient channels.

Cycle 3 (60 days)

- Build capability and awareness through carbon literacy training aligned to the Carbon Literacy Project.
- Embed our Trust QI throughout our delivery aligned to Sustainable QI (SusQI) with AQuA/CSH expertise and support.

Throughout

- Generate ideas, new ways of working and effect culture change through Our Green Community.
- Measure the impact of our work by capturing:
    - CO_2 impact reduction
    - Cost saving

- Social impact
- Staff satisfaction and retention
- Patient satisfaction
- Engagement and culture change

It is recognized that to successfully deliver this programme of work, resources in terms of capacity and time, platform development, communications material etc will be required. Resource requirements will be identified as part of the detailed planning for this work. Specific resource allocation requests will be provided as part of the next stage of development within the next 30 day cycle.

5. RECOMMENDATIONS

5.1 The Board of Directors is asked to:

a) Consider the proposals contained in this report.
b) Declare a climate emergency.
c) Approve the development of Our Green Community - a crowdsourcing community managed through the Trust Transformation Board.
d) Recognise and support a future allocation of resources to support Our Green Recovery.
e) Identify a Board sponsor for the programme.

Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	8th October 2020
Subject:	Covid update		
Report of:	Medical Director	**Prepared by:**	Medical Director

REPORT FOR INFORMATION

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

Summary of Report

The national challenge presented by Covid 19 is widely covered in the media. A rising rate of infection is seen across the country, with Greater Manchester amongst the worst affected.

The competing priorities of responding to the increased waiting time of patients requiring clinical review, investigations or interventions, will need to be balanced against the risks associated with a surge in non elective demand through covid.

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

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

Attachments:

This subject has previously been reported to:

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

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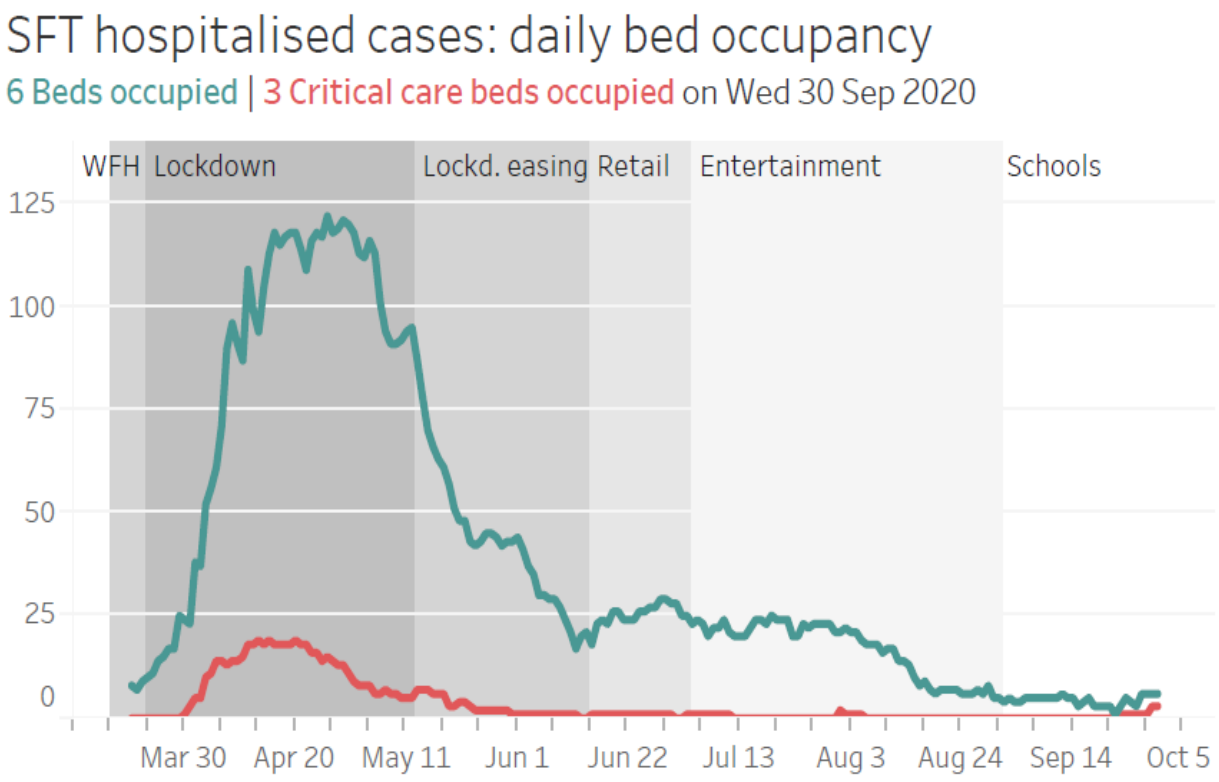
1.0 INTRODUCTION

The national challenge presented by Covid 19 is widely covered in the media. A rising rate of infection is seen across the country, with Greater Manchester amongst the worst affected.

A particular challenge is presented in this second phase, by in increased urgency in many of the elective investigations and treatments that have been delayed during the first wave of covid 19. Many of these patients now have considerable urgency to their required treatments. Redirecting elective resources to enhance our covid response will carry considerable consequences for some of those patients awaiting critical treatments.

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

2.0 BACKGROUND



Our current position is shown above (covid wards in green, covid ICU in red)

Phase 1 of our covid response focused upon preparing for and managing the 'first' surge following the development of widespread infection in the community we served. Early predictions considered the pattern of infections seen in other countries, and projected a 'worst case scenario' to facilitate planning. These projections proved to have overstated the potential impact, but did serve to assist with the scale of preparations required to manage the demand that occurred. (See 4.0 below).

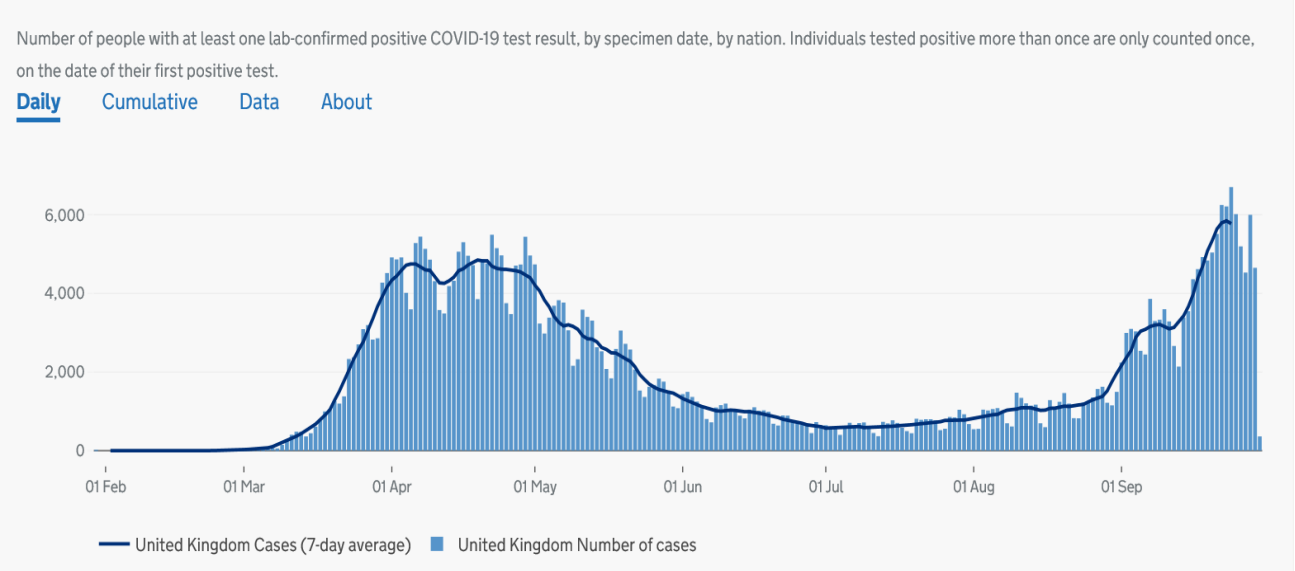
This summary document collates much of the information relating to covid, with the goal of providing an overview of the current position, a view of the possible future position, and a summary of the competing pressures and emergent risks that will be faced.

3.0 CURRENT POSITION

3.1 NATIONAL COVID RATES

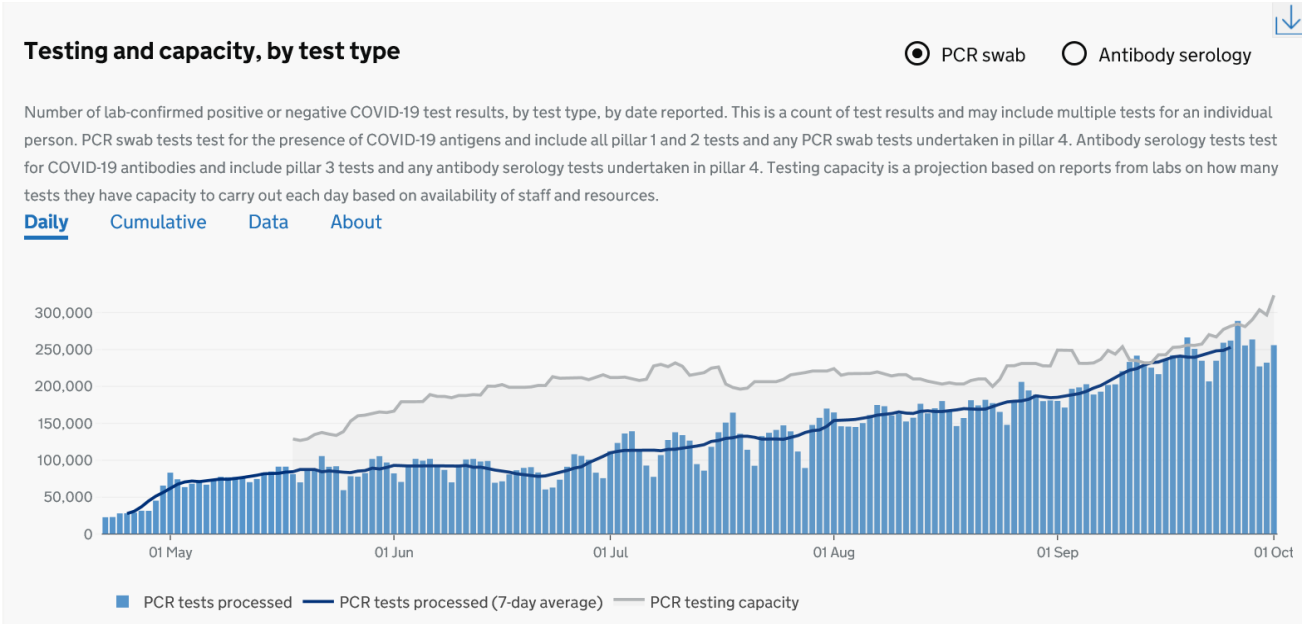
The 7-day rate (to 27th Sept) of infection in Stockport is in the national 'red zone' at 85.9 per 100k population compared to 165.6 per 100k across GM and 57.3 nationally.

3.1.1 **The second surge? -** Total covid cases (national) **-** Data from 30th September

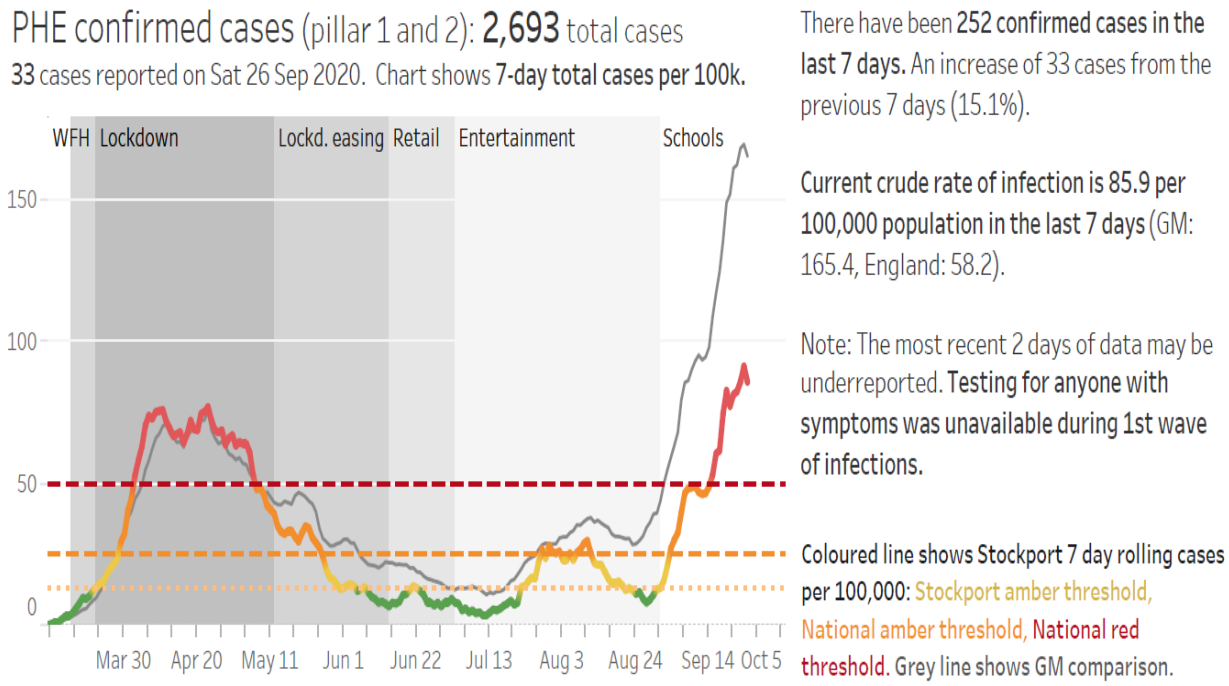


The graph 3.1.1 shows a positive test result rate equal to the peak of the first surge. This must be taken in the context of the increase in testing. In April, there were only 25000 tests being undertaken per day, compared with our current rate of clost to ten times this. In this context, it is impossible to know how we fare relative to that first surge. We can however undertake an active comparison with July, where over half our current testing capacity was in place, but positive test results were only 1/8th of our currnet position. This is clear evidence that the 'true' rate of covid is rapidly climing, even in the context of increased testign capacity.

3.1.2

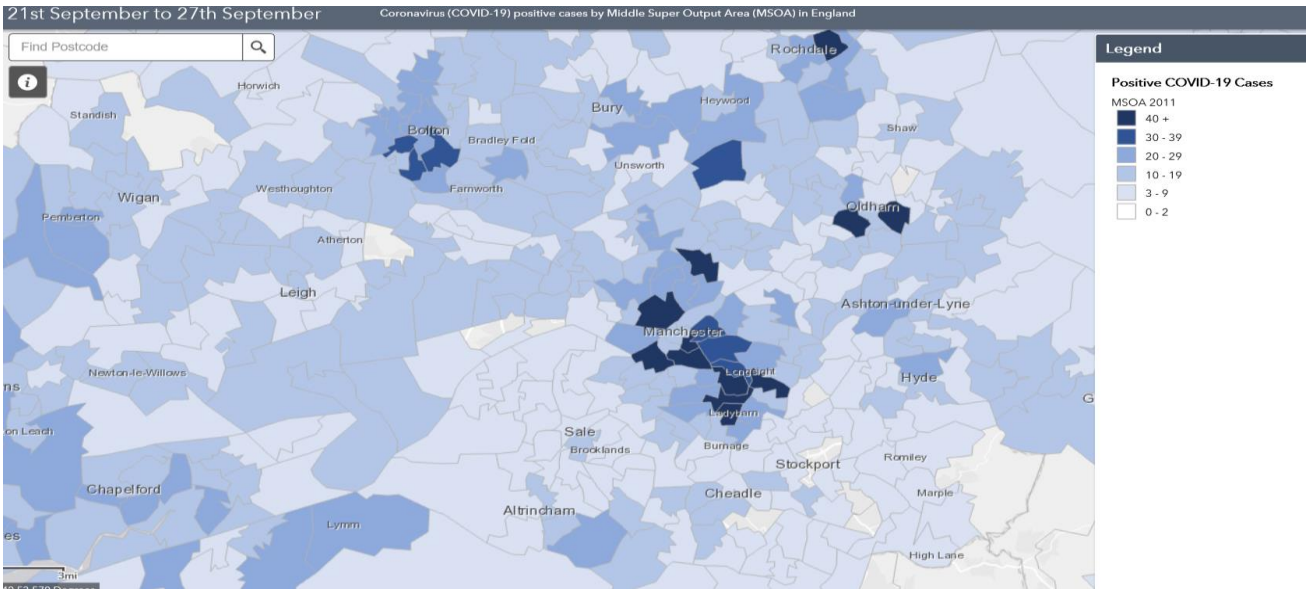


3.1.3 **RATES IN STOCKPORT AND GM**



Thus far, the impact upon Stockport has been less than seen to the North of the city (Bolton / Oldham).

3.1.4 **Postive tests in the past seven days.**



3.1.5 **<u>Total cases (so far) per 100K population</u> –**

Regional average 1180

Stockport 954

Trafford 1024

Manchester 1148

Tameside 1365

Bolton 1694

Oldham 1865

While Stockport remains high relative to the national mean, relative to our GM peers, we have been relatively spared, both in terms of current infection rates, and total positive rates so far. Our trajectory is mirroring that seen in these more affected areas, and we heed their experiences for our planning and projections.

3.2 **IN HOSPITAL COVID CASES IN STOCKPORT**

Through July, August and September, we saw a continual reduction in the numbers presenting to the organisation with Covid 19, and with almost no critical care requirement. In the past ten days, we have seen the previous decay begin to reverse in earnest.

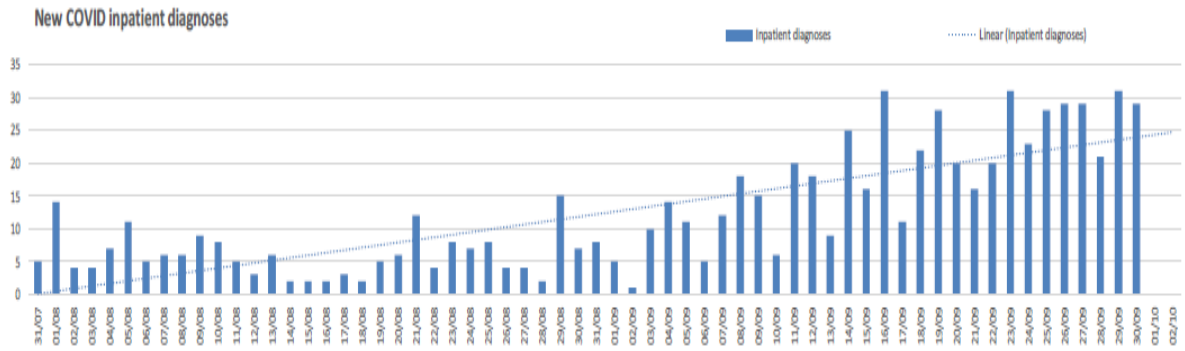
From to 31st May to 28th September, we had a maximum of one patient in the ICU with Covid 19 at any time. We currently have 6.

Over the same period, we averaged five in patients with covid across the whole hospital.
We currently have 11.

3.2.1

Updated	Inpatients	Discharged	RIP	Total
18/Sep/2020	4	485	253	**742**
19/Sep/2020	4	487	253	**744**
20/Sep/2020	4	488	253	**745**
21/Sep/2020	4	488	253	**745**
22/Sep/2020	2	489	254	**745**
23/Sep/2020	4	490	254	**748**
24/Sep/2020	7	490	254	**751**
25/Sep/2020	6	492	254	**752**
26/Sep/2020	5	493	254	**752**
27/Sep/2020	8	493	254	**755**
28/Sep/2020	8	493	255	**756**
29/Sep/2020	10	494	255	**759**
30/Sep/2020	10	495	255	**760**
01/Oct/2020	11	495	255	**761**

3.2.2 Data for GM mirrors this progression over the past 2-3 weeks.



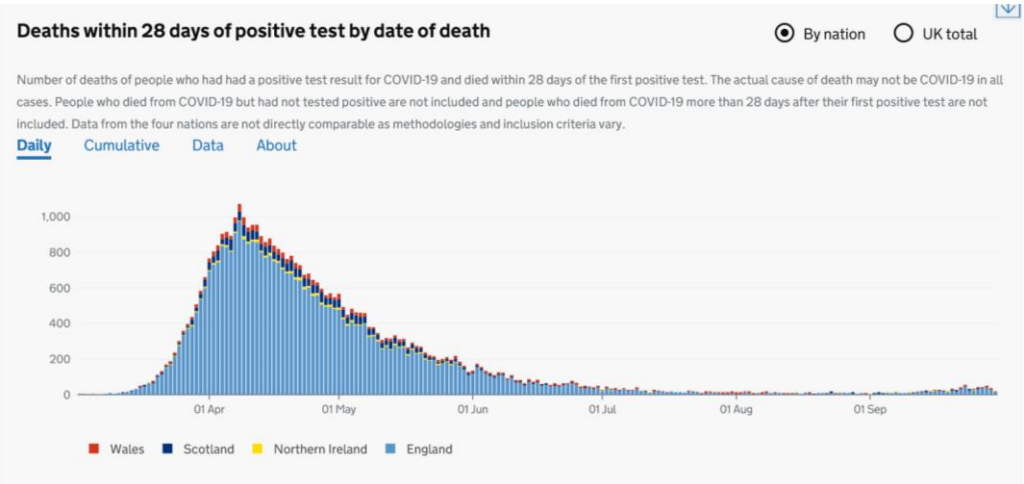
3.2.3 **DEATHS**

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

One aspect of the recent increase in covid rates has been a relatively limited impact (as yet) upon covid related deaths. In Stockport we have had one death a week for the past fortnight. This is thought to reflect a different age distribution of the current infections. Behaviour differences are marked between people of differing age and risk profiles, with those at least risk most likely to breech social distancing rules (including through school or university attendance) than older, or higher risk patients, many of whom continue to maintain fairly stringent personal infection prevention strategies.

Infection rates amongst the young are at significant risk of transmission into their older personal contacts. Once again, recognising this risk should be considered in our planning. We would hope that the infection prevention

measures now in place in residential and nursing homes will significantly reduce the risk of the endemic spread through many homes seen in wave 1.



National reporting of Stockport Covid Deaths

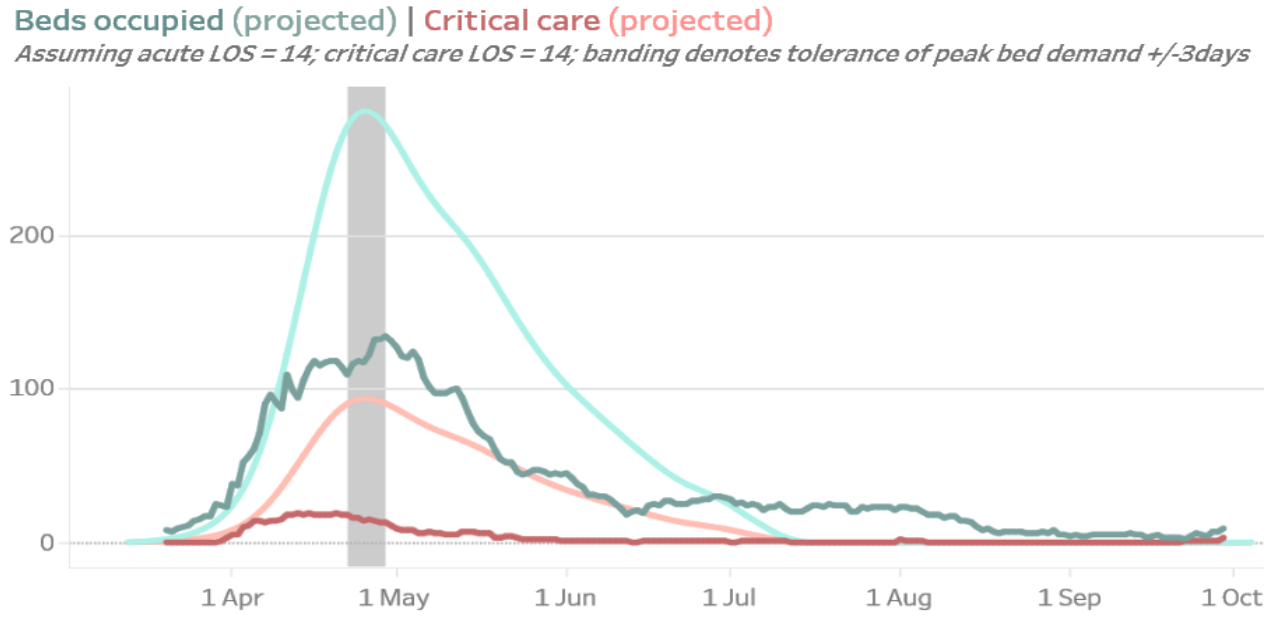
Local delays in reporting of covid deaths in our organisation were raised as an issue on two occasions prior to July. Following investigation, and new process has been developed, which makes use of the new Medical Examiner and Medical Examiners Officer in ensuring that accurate reporting of covid deaths is ensured. As an additional measure, daily covid deaths are now a standing agenda item on our daily gold command meetings.

Enhanced local rescrictions across GM – Stockport included from 26th September

4.0 PROJECTIONS

Projections can assist with planning, but must always be taken with the inaccuracy that they inevitably carry. There are so many factors that will influence the coming weeks, that accurate predictions are impossible. This is perhaps best illustrated by reflecting upon the first wave predictions. These were incredibly helpful in terms of our planning, but overstated the projected impact by some measure – particularly for critical care.

4.1



With these limitations in mind, we do need to speculate as to the magnitude of what we face, as without this planning is hampered. One example of projections is included here for illustration

4.2 Acute ward demand:

Week	Worst-case	Likely-case	Best-case	Acute wards beds available
29/09/2020	20	18	13	535 (total G&A)
06/10/2020	27	22	20	535 (total G&A)
13/10/2020	42	32	24	535 (total G&A)
20/10/2020	60	49	26	535 (total G&A)
27/10/2020	93	76	27	535 (total G&A)
03/11/2020	140	122	27	535 (total G&A)

4.3 ICU demand:

Week	Worst-case	Likely-case	Best-case	ICU beds available
29/09/2020	5	2	3	13 (new baseline 14)
06/10/2020	6	3	4	13 (new baseline 14)
13/10/2020	8	4	4	13 (new baseline 14)
20/10/2020	11	6	4.5	13 (new baseline 14)
27/10/2020	14	8	5	13 (new baseline 14)
03/11/2020	19	11	5	13 (new baseline 14)

These projections suggest a worst case that could return us to a similar scale of challenge to the first surge (compare worst case figures above with the first wave graph in 4.1). It is worthy of note that we currently sit in the worst case trajectory for ICU, but in the best case scenario for covid ward bed demand.

The actual trajectory will depend upon a multitunde of variables, including political decision making and public response. Implementation of the local enhanced measures for GM, with Stockport included from 26th September may assist with delivering the amber or green trajectories shown above.

4.4

Social contact restrictions

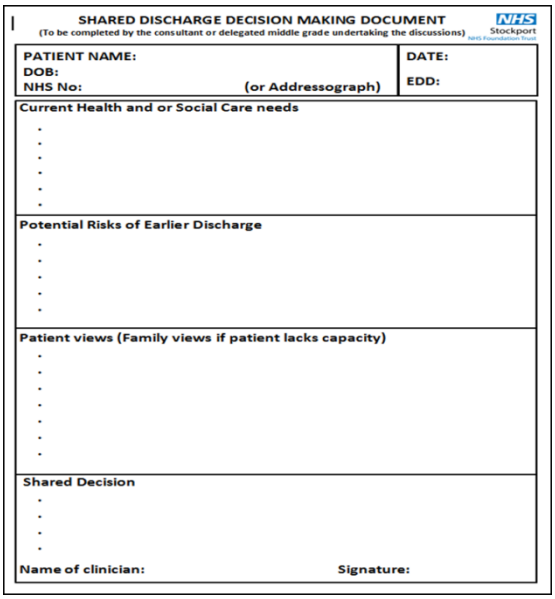
If you live in one of the affected areas, in order to help prevent the spread of coronavirus you must not:

- host people you do not live with in your home or garden, unless they're in your support or childcare bubble
- meet people you do not live with in their home or garden, whether inside or outside the affected local areas, unless they're in your support or childcare bubble

Your household is defined as the people you live with and any support or childcare bubble.

5.0 HOSPITAL CAPACITY – CURRENT BED POSITION

In the first surge of covid, there was an unprecedented public fear of covid, and by association, of hospitals. Patients who were in hospital wanted to leave, patients who were unwell at home did not seek help. There is considerable evidence of patients coming to harm through failing to seek medical interventions. Additionally, the impact of the mass hospital exodus upon infection rates within residential care facilities during wave one is well documented. We would not seek to replicate these impacts.



SHARED DISCHARGE DECISION MAKING DOCUMENT
(To be completed by the consultant or delegated middle grade undertaking the discussions)
NHS Stockport NHS Foundation Trust

PATIENT NAME:
DOB:
NHS No: (or Addressograph)

DATE:
EDD:

Current Health and or Social Care needs

Potential Risks of Earlier Discharge

Patient views (Family views if patient lacks capacity)

Shared Decision

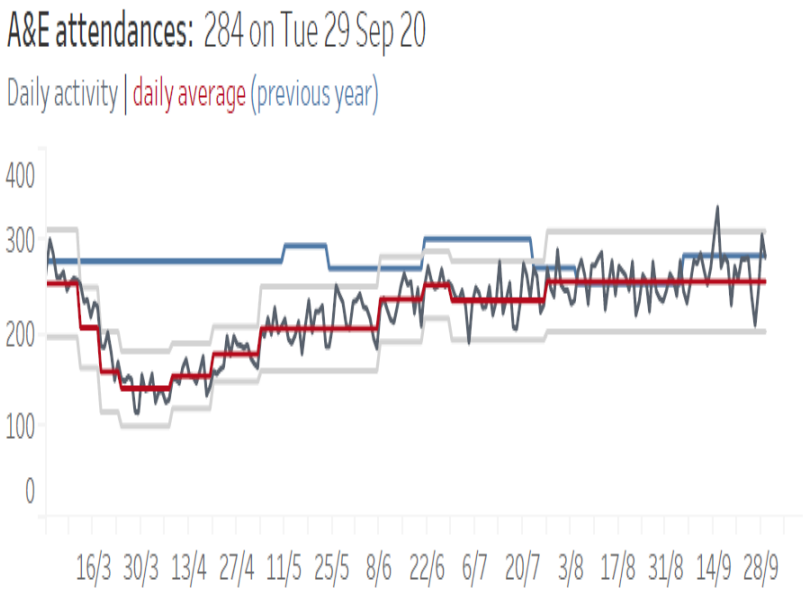
Name of clinician: Signature:

5.1 It is however important to recognise that in times of covid surge, there are increased risks with residing in a hospital environment, even with optimal infection prevention measures. Ensuring that these risks are considred with the patient and that the patients and their families are encouraged to make an informed choice about the best location for their ongoing care.

5.2 Additionally, in considering our response to a second surge, it is important to recognise that we are not seeing any exodus from hospital, and may not see this occur. This will impact on our escalation capacity.

In spite of the local increase in covid infections, there is little current evidence of the change in behaviour mirroring that seen in the first surge.

5.2.1

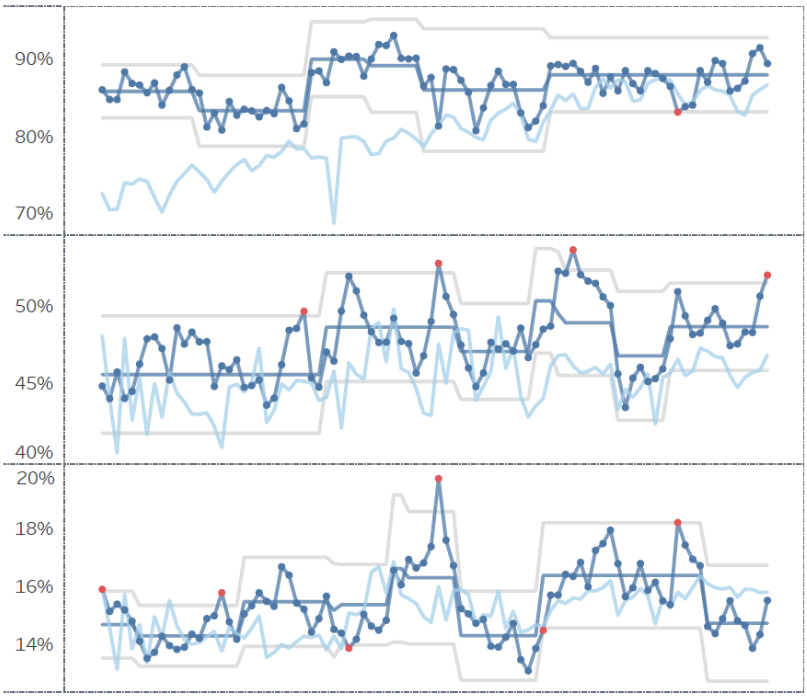


Average daily A&E attendances have **remained similar at 257 per day in the last 7 days.**

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

The graph in 4.2.1 clearly shows the impact of patients not presenting during the first surge, 4.2.2 shows how the return to longer hospital stays has resumed over the past three months, and finally how the number of patients medically opimised but in hospital has climbed over recent weeks.

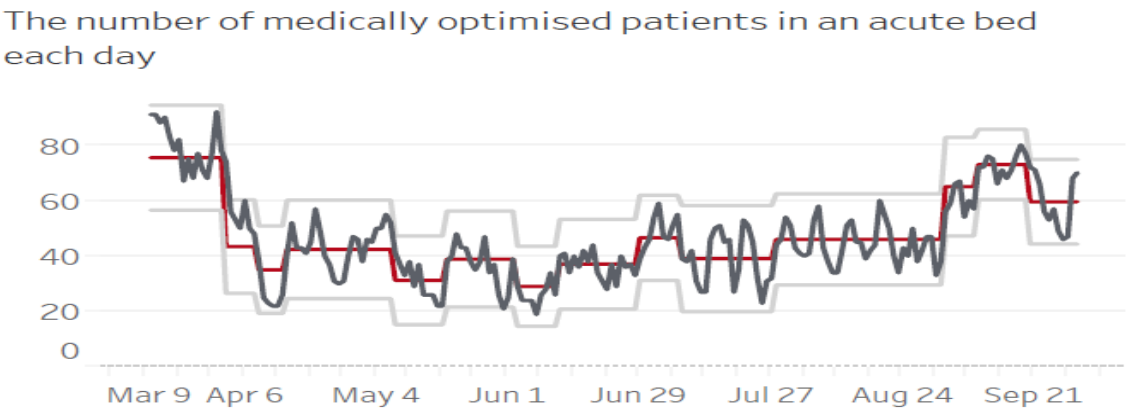
5.2.2



Acute bed utilisation

Patients over 7 days

Patients over 21 days

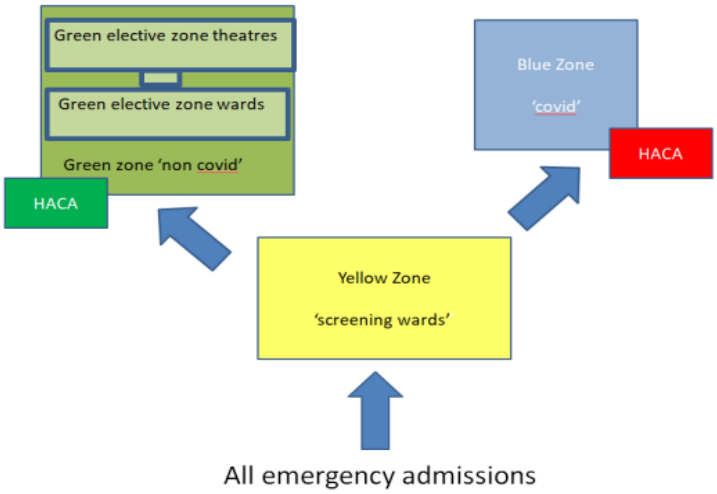


5.3

ZONING AND INFECTION PREVENTION

We have previously reported about the challenges faced in July and early August, as we implemented ward restrictions to contain a number of covid ward outbreaks, both on our site and in our discharge to assess facility in Bramhall Manor.

We have had no further outbreaks since, and are now closed. Considerable work has been done on maintaining the key infection prevention standards that are fundamental to minimising the risk of in hospital transmission.



The impact of outbreaks cannot be overstated. Closure of whole wards, or our discharge to assess facilities to facilitate containment of an outbreak has a very significant impact upon our overall capacity, and flow through the organisation.

We continue to manage our wards in the five hospital zones, and anticipate the reconfiguring of these zones to meet the changing demand of a second surge to be one of our key challenges of the coming weeks.

Blue Zone	**Covid positive patients**
Red Zone **(Higher risk acute care area)**	**Covid positive patients** undergoing higher risk, aerosol generating procedures. Higher risk Acute Care Area – HACA
Yellow Zone	**Covid status unknown** Non elective admission awaiting covid swab result Currently includes higher covid risk (D4) and lower covid risk (AMU)
Green Zone	**Covid negative patients** (swab –ve and low clinical suspicion), **Post covid patients** (14 days post proven infection, symptoms settled), **'Shielded'[#] patients** (swab –ve, in a side room)
Green Elective Zone	**Elective surgical ,screened and self isolated patients** (swab –ve, asymptomatic & self isolated pre admission)

HACA – We have not required a covid + HACA for the past two months. Plans to facilitate this in the CCU, have been delayed by the A11 upgrade. Once in place, the CCU has a maximium of six HACA beds. In the face of surge, we may need to reconsider a larger HACA, such as by reprovision in AMU as was facilitated in the first surge.

Green elective zone – We have a considerable ward allocation to our green elective zone. Full use of this facility has been limited by our nurse staffing constraints. Contingency plans for a phased withdrawal from the green elective zone are under development, should our covid response demand this. We will defer use of this contingency as long as patient safety will allow.

Bed contingency planning – transitioning beds between the zones will be one of our key challenges. Currently we have some partial bed utilisation within the green elective zone, and we have two wards out of use. This gives us a very limited 'headroom' for expansion in the face of increasing demand. Rationalisation of some of our medically optimised patients into more suitable facilities out of the hospital is likely to be required, and displacement of surgical activity is also at risk.

Surgical capacity – the threat posed by the first surge carried sufficient uncertainty, and adverse potential, that elective work discontinued relatively early in the escalation process. The context now is different, with many patients having already waited for investigations and treatment. By way of example, it is anticipated that the current achievements in clearing through the endoscopy backlog will unearth 180 colorectal cancers requiring major surgery (across GM) – and such surgical capacity cannot easily be deferred.

The perceived risks of undertaking surgery during a covid pandemic have reduced, as process for self isolation, screening and experience of managing surgical patients in this context has grown. Where capacity can be maintained, and staffing identified, it is likely that surgery will continue.

- To aim to continue elective activity on all acute sites until up to 35% of acute beds are utilised for covid patients.
- To maintain three 'green sites' in GM, that do not have an emergency department and can be used to facilitate surgery for all trusts.
- To maximise the use of the private sector resource to maintain urgent surgery.

Taken in the context of our bed utilisation, and opportunities for additional capacity, the challenge of maintaining our elective program until 35% of acute beds are utilised for covid patients is a significant challenge**.**

5.4 CRITICAL CARE CONTINGENCY PLANNING

Our critical care response to the first surge was extremely good, with over 20 ICU patients (three times our usual maximum capacity) managed at the peak. We have learnt from this experience and propose a slightly different approach. We recognise a number of areas that can be utilised as critical care capacity, but rather than a prescriptive escalation plan, we will retain each of these 'options' to consider as our circumstances develop. Changing patterns of demand, infection rates and staffing constraints will all impact upon the most sensible deployment, and we propose to 'plan as we go', using this portfolio approach.

Portfolio of Options

Area	Number of Beds	Number of Nurses per shift*	Number of Doctors
ICU Bed 8 (side room)	1	1 Nurse	
ICU Beds 1-7	7	1 supernumerary 4-7 nurses 5 to 9	1 Consultant 2 Residents
HDU Beds 9-12; 14-23	12	2 supernumerary 6-12 nurses 7 to 14	1 Consultant 3 Residents
D block recovery	8	1 supernumerary 4-8 nurses 5 to 9	1 Consultant 2 Residents
Theatres 16 & 17 (other theatres would accommodate 6 patients)	8	1 supernumerary 4-8 nurses 5 to 9	1 Consultant 2 Residents
CPL room	4	1 supernumerary 2-4 nurses 3 to 5	1 Consultant 1 Resident
MOT recovery	5	1 supernumerary 2-5 nurses 3 to 6	1 Consultant 1 Resident
D7 "Ultra Green HDU"	4 level 2 only	2 Nurses, with D7 support	

*Nurse staffing ratios are quoted as a range: all level 2 patients (lowest number); all level 3 patients (highest number). In the first wave, national guidance allowed the usual ratios, staff: patients for level 2 and 3 patients to be relaxed – we would follow the current national guidance regarding staffing.

5.5 COVID TESTING

One of the greatest constraints to the effective flow of patients through the hospital, and into the most appropriate clinical area for their care, is knowing their covid status.

In addition, the impact of symptomatic staff and staff family upon attendance rates, is also massively impacted upon by timely testing.

In September, we saw the national 'pillar 2' testing becoming close to overwhelmed. Some staff seeking a covid test were being referred to testing sites hundreds of miles from home, and test results were taking up to four days to return.

We were fortunately early on, to procure the ability to do 25 rapid (4 hour turnaround) tests per day. These have been invaluable. In addition to this, we have now got the facilities to undertake an additional 90 swabs per day on site (turnaround likely to be approximately 24 hours). These will prove invaluable in the coming months and will reduce our need for 'amber' zone wards, by more rapidly streaming to blue or green wards as appropriate.

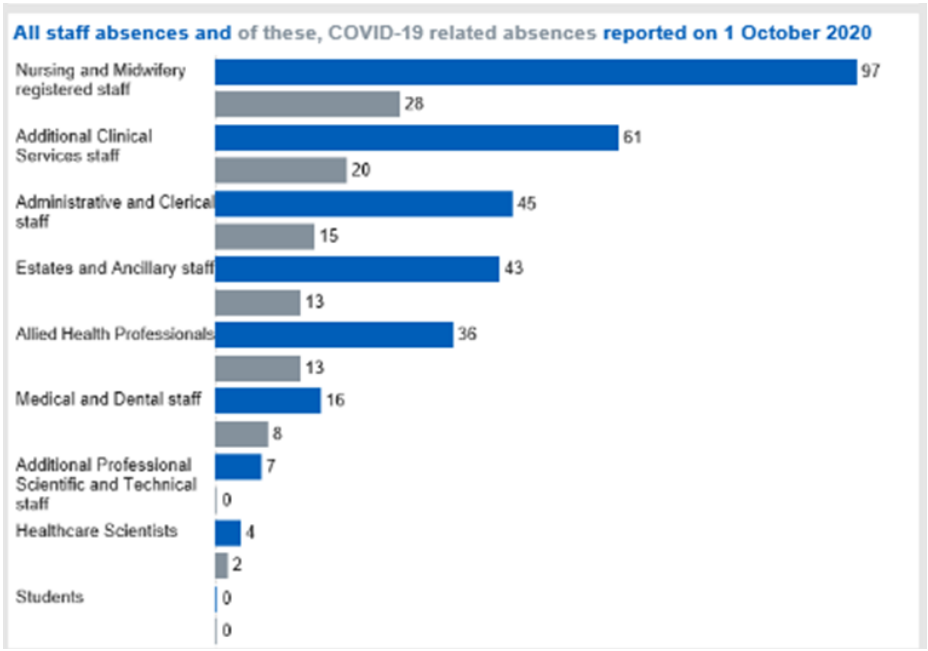
6.0 STAFFING OPTIMISATION

It is well recognised nationally, that maintaining staff resilience and wellbeing will be one of the greatest challenges in the face of a second wave. Fear, uncertainty, disruption to normal working patterns, domestic pressures, childcare challenges, changes to team dynamics and locations and pressure to work 'over and above all conspire to put considerable pressure upon our staff

At last months PPC a summary of the approach to staff wellbeing was shared, with a number of initiative all hoping to contribute to sustaining our staff.

With the return of schools in September, we have seen the number of staff forced to be off while viral illness in them or their 'bubble' has covid excluded.

We currently have 99 staff off work through covid related absence. To put this in context, at our peak of the first surge we had over 500 staff off.



Taken in the context of our existing nurse vacancies, and those staff who are in work, but limited to non patient facing duties, the restructions staff numbers place upon our resilience are considerable.

6.1 PPE

one of the greatest sources of stress and anxiety during the first surge, was the potential to 'run out' or need to restrict PPE. Our clinical advisory group played a pivotal role in ensuring consistent interpretation and implementation of national guidance, such that PPE was available for use where it was needed.

PPE availability and resilience of supply is now much improved, and we have far greater assurance of meeting the needs of our staff.

6.2 SOCIAL DISTANCING AND INFECTION PREVENTION DISCIPLINE.

Possibly our greatest missed opportunity in wave 1, was the recognition of the risk of cross infection between staff. Patients were well recognised as presenting a risk, but staff to staff transmission was not give sufficient focus. Social distancing and mask wearing will now greatly reduce the risk of staff to staff transmission. Implementation of these basic rules of engagement is everybodys business.

6.3 CLINICAL LEADERSHIP AND RAPID EFFECTIVE DECISION MAKING

In wave 1, clinical leadership flourished. There were a lot of changes to practice over a short space of time, requiring senior decisions to be made in quick succession. A considerable number of clinical leaders stepped forward to meet that need.

Non clinical support staff ensured that management support continued through the weekends. Our procurement team, estates team and our domestic services offered particularly notable support. Development of a staffing hub, communications hub and a covid hub meant that each of these areas was well managed.

The development of the three advisory groups – clinical advisory group, financial advisory group and workforce advisory group (CAG, FAG, WAG), meant that senior decisions could be easily accessed quickly and approval given for changes in practice, workforce or planning. By way of example, the Clinical Advisory Group has just reviewed its 480th submission, each one using a standardised documentation, reviewed by a broad based group of senior clinicians and clearly logged for future reference.

CAG, WAG and FAG has been extremely well received by our clinicians.

The future of CAG, WAG and FAG is currently under discussion, but we hope to take the learning from this experience and ensure that the benefits of this approach are not lost, during a second surge or beyond.

7.0 SUMMARY OF RISKS

This paper has summarised much of the available data, and current challenges facing the trust;

- A second surge is upon us, the ultimate magnitude of which remains uncertain.
- The hospital is currently working at close to 'normal' in patient capacity with limited surge capacity. The reduction in demand seen in the first surge shows little sign of being repeated.
- Return of children to school has led to increased levels of staff absence. Nurse staffing constraints are likely to limit our ability to expand to full capacity.
- Loss of elective activity to facilitate covid escalation should be deferred as late as possible. All opportunities to work collaboratively over GM green operating sites, with partner organisations and in the private sector must be undertaken.
- Staff resilience, morale and engagement will be pivotal in delivering the best possible response

8.0 CONCLUSION

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

9.0 RECOMMENDATION

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

Report To:	Trust Board	**Date:**	08 Oct 2020
Subject:	Integrated Performance Report		
Report of:	Executive Director of Strategy, Planning and Transformation	**Prepared by:**	B.I. and Performance Teams

REPORT FOR ASSURANCE

Corporate Objective Ref:	SO2, 2a, 2b, 3a, 3b, 5a, 5c, 6a
Board Assurance Framework Ref:	SO2, SO3, SO5, SO6
CQC Registration Standards Ref:	10, 12, 17 & 18
Equality Impact Assessment:	☐ Completed ☑ Not Required

Summary of Report

The Board is asked to note the performance against the reported metrics, particularly noting the key areas of change from the previous month.

NB) In line with national, regional and local decisions some metrics have not been updated in month allowing staff to focus on Covid related activity.

Attachments:

This subject has previously been reported to:

☐ Board of Directors	☐ SD Committee
☐ Council of Governor	☐ Charitable Funds Committee
☐ Audit Committee	☐ Nominations Committee
☐ Executive Team	☐ Remuneration Committee
☐ Quality Committee	☐ Joint Negotiating Council
☐ F&P Committee	☐ Other
☐ PP Committee	

Introduction

This report is the Trust Board Integrated Performance Report which includes metrics for;

- Quality
- Performance
- Workforce and
- Finance.

The Trust is currently changing the format of the Integrated Performance Report which will focus on the presentation of SPC charts based on the national format for Making Data Count. This will fundamentally shift the emphasis from RAG rating to trend analysis and points of variation enabling the Trust to focus on forward actions and improvement. The development of the Integrated Performance Report is being supported by the national NHSE/I lead for Making Data Count.

The first stage of development has been identifying key metrics which is now complete and represented in this report. These metrics have been identified based on national and Regional best practice for Board level oversight and assurance. More detailed metrics are reviewed at Board sub-committees and exceptions will be highlighted to the Board through the sub-committee reports.

The development of the new IPR format has now been completed for Workforce and Quality metrics. The next priority is to present the Operational metrics in the new format and to undertake coaching sessions on how to write effective narrative which is planned for October.

Introduction

The Board report layout consists of three sections:

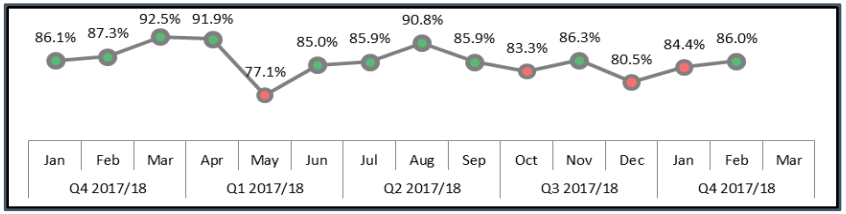
Trust Headlines: Provides a high level summary of key issues and risks for each section of the report, split by Quality, Operations, Workforce, and Finance.

Section Summary: Provides a summary of indicator level performance for each section. For each indicator, performance against target is shown at both Trust and Business Group level, where applicable. Page numbers on this level of the report will advise on which page of the report the detailed information for each indicator can be located.

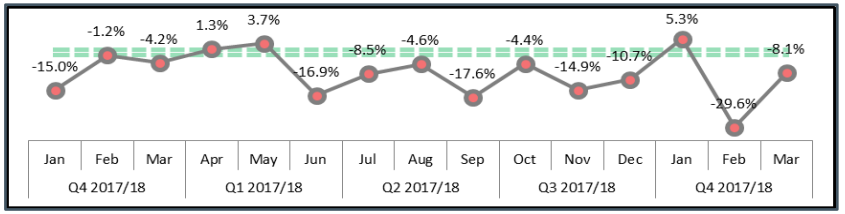
Indicator Detail: Provides detailed information for each indicator. This includes clear descriptions of the indicator, a chart representing the performance trend, and narrative describing the actions that are being undertaken to either maintain or improve performance.

Chart Summary

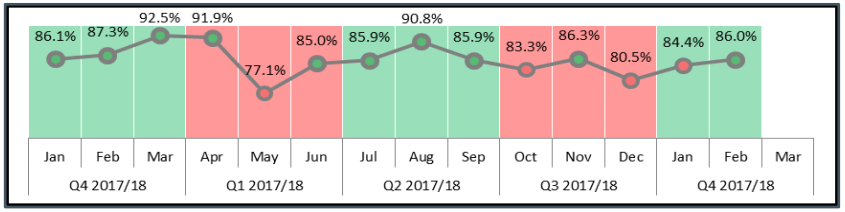
The following chart types are in use throughout the report:



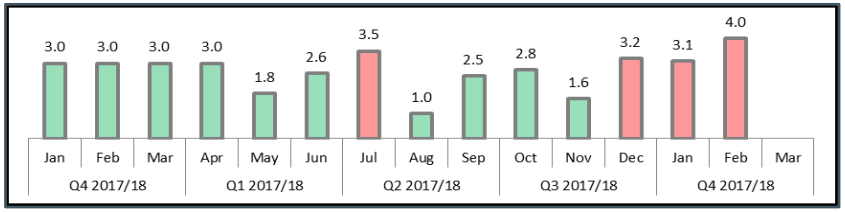
Trends are represented as a line where possible, with each monthly marker coloured to indicate achievement or non-achievement against target.



For indicators measured against a target variance, the green dotted lines indicate the target "safe-zone".



Where applicable, quarterly performance is indicated as coloured columns behind the main trend line.



Where a trend line is not as appropriate, column charts are used to display information on indicator counts and totals.

Performance PAT Rating

Please note, for indicators that have an asterix attached to their target, the PAT rating applies to the current YTD value, not the in-month value

Trust-level Headline Summary

Quality

The number of 52 week RTT breaches continues to increase as forecast. The Trust is currently working up a programme to understand the requirements to recover ENT, Urology, Gastroenterology and Oral Surgery specifically. Scrutiny from the national team on patients waiting over 78 weeks has increased, with the Trust providing plans at patient level.

Long waiting patients are subject to a clinical review to assess the risk of harm due to the extended wait – for those specialties with significant numbers, a programme of work has commenced to support these teams to ensure patients are reviewed.

There were zero 12-hour trolley waits reported for August.

The Trust is now in a position to report provisional sepsis figures for September following implementation of the new sepsis tool. The provisional figures are: 61% for timely identification and 92% for timely treatment of sepsis.

There were zero never events reported in August, however there was 1 reported for September, which is under full investigation.

Operations

A key pressure in recovery of the diagnostic, cancer and RTT positions is recovery of the Endoscopy position. Insourcing is due to commence in late September to increase throughput of lists and provide more diagnostic capacity.

There are a number of schemes that have been put through for consideration for the winter plan that are out with the current run rate. The Board is being asked to sign off at risk the recruitment of staff to open the escalation wards and D2A pathways. There are a number of other schemes to ensure enhanced 7-day and out of hours cover that will build in further resilience during winter. These schemes have not been financially approved.

Patient flow continues to be a key operational pressure, as reflected in the performance against the 4-hour standard and the breach analysis. To address the challenges, the Trust is continuing to embed the work carried out in conjunction with PwC and is addressing the cultural change required by introducing patient flow fellows and champions into the Business Groups through Stockport Improvers' Programme.

The Trust is on track to achieve the September trajectory set to reduce patients waiting past 104 days on the cancer PTL to pre-covid levels. For specialties which are particularly challenged, oversight meetings are being chaired with the teams by the Chief Operating Officer.
With regards to 62-day performance, this is reliant on key diagnostic services operating at pre-covid levels; the restoration of pre-covid levels of elective theatre capacity will also support the Trust's improvement in cancer performance.

Workforce

Sickness absence rates continue to reduce from the peak that was seen in April 2020.

Workforce turnover continues to reduce as the programmes to support retention further embed.

Appraisal rates remain below target which is the consequence of the suspended activity during the peak of the pandemic. Appraisals have restarted and work with Business Groups is underway to bring this back to pre-covid levels.

Bank and agency costs remain high as extra staff and staff to cover absence have been used at premium rates. Agency usage and controls and currently being reviewed in order to reduce this spend. However, it is recognised that this spending pressure may continue as winter plans are approved.

Finance

The Trust has delivered a break even financial position after five months of the financial year, as required nationally by NHS Improvement/NHS England (NHSI/E).

Key points to note within this breakeven position are:
The Trust's block and top-up income to date is £123.8m. The Trust has also accounted for £14.5m from non-NHS sources (including SMBC), Health Education England (HEE), Research & Innovation (R&I), and Pharmacy Trading Units. Income is £10.9m higher than the Trust's draft plan for 2020/21.

The Trust shortfall of income v expenditure has been accrued as a Covid-19 debtor totalling a further £7.4m for five months. August is the first month where the Covid-19 debtor required to achieve breakeven is broadly equal to the gross Covid costs incurred.

Total pay costs of £21.4m in August, which is £0.4m more than last month, and £2.2 more than August 2019. Pay costs in the five months are £5.3m higher than in the Trust's draft plan, however this is £5.8m higher than NHSI's funding basis.

Non-pay costs to date are £2.0m less than in the Trust's draft plan. As departments across the Trust enter the recovery phase non-pay costs have started to increase to pre-Covid-19 levels.
The Trust Cost Improvement Programme (CIP) target for April to August 2020 was £5.0m, against which no CIP has been transacted.

The underlying £43m deficit for the Trust has therefore not improved and full year forecast costs are in excess of this level.

Section Summary

NHS Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Quality													
A&E: 12hr Trolley Wait	Responsive	Aug-20	<= 0	0							1		8
VTE Risk Assessment	Safe	Dec-19	>= 95%	97.6%							97.4%		8
Sepsis: Timely Identification	Safe	Sep-20		61.0%							61.0%		9
Sepsis: Timely Treatment	Safe	Sep-20	>= 90%	92.3%							92.3%		9
Mortality: HSMR	Effective	Jun-20	<= 1	1.05									10
Mortality: SHMI	Effective	Mar-20	<= 1	1.00									10
Never Event: Incidence	Effective	Aug-20	<= 0	0							0		11
Serious Incidents: STEIS Reportable	Responsive	Aug-20		4							31		11
C.Diff Infection Rate	Safe	Aug-20		25.09							26.21		12
C.Diff Infection Count	Safe	Aug-20	<= 21 *	2							12		12
MRSA Infection Rate	Safe	Aug-20		1.12							0.73		13
MRSA Infection Count	Safe	Aug-20		0							2		13
MSSA Infection Rate	Safe	Aug-20		7.25							7.00		14

* Target/performance applies to the cumulative YTD value, not the in-month value

Section Summary

NHS Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Quality													
E.Coli Infection Rate	Safe	Aug-20		21.74		↓					21.93		14
E.Coli Infection Count	Safe	Aug-20		4		↓					13		15
Falls: Total Incidence of Inpatient Falls	Safe	Aug-20	*<= 458 **	72		↑					380	△	15
Falls: Causing Moderate Harm and Above	Safe	Aug-20	*<= 10 **	3		→					12	△	16
Pressure Ulcers: Hospital, Category 2	Safe	Aug-20	*<= 85 **	7		↑					37		16
Safety Thermometer: Hospital	Safe	Mar-20	*>= 95%*	95.7%		↓					96.2%	△	17
Safety Thermometer: Community	Safe	Mar-20	*>= 95%*	97.1%		↓					97.0%		17
Emergency C-Section Rate	Effective	Sep-20	*<= 15.4%*	22.8%		↑					19.5%		18
Friends & Family Test: Response Rate	Caring	Jul-20		17.9%		↓					17.9%		18
Friends & Family Test: Inpatient	Caring	Jul-20		96.6%		↓					96.8%		19
Friends & Family Test: A&E	Caring	Jul-20		89.2%		↓					91.3%		19
Friends & Family Test: Maternity	Caring	Jul-20		100.0%		↑					97.1%		20
Complaints Rate	Caring	Aug-20		0.6%		↑					0.4%		20

* Target/performance applies to the cumulative YTD value, not the in-month value

Section Summary

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Quality													
Complaints: Response Rate 45	Caring	Aug-20	>= *95%*	84.0%							92.6%		21
Referral to Treatment: 52 Week Breaches	Responsive	Aug-20	<= *0*	940							2092		21

* Target/performance applies to the cumulative YTD value, not the in-month value

Section Summary

NHS Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Operations													
Diagnostics: 6 Week Standard	Responsive	Aug-20	<= 1%	57.7%							54.9%		22
Cancer: 62 Day Standard	Responsive	Aug-20	>= 85%	55.7%							56.8%		22
Cancer: 14 day standard	Responsive	Aug-20	>= 93%	85.3%							91.8%		23
Cancer: 31 Day 1st Treatment	Responsive	Aug-20	>= 96%	90.2%							86.7%		23
Cancer: 104 Day Breaches	Responsive	Aug-20	<= 0	8.0							49.0		24
Referral to Treatment: Incomplete Pathways	Responsive	Aug-20	>= 92%	48.1%							52.8%		24
Referral to Treatment: Incomplete Waiting List Size	Responsive	Aug-20	<= 24637	27894									25
Length of Stay: Non-Elective (UoR)	Effective	Aug-20	<= 9	9.86							9.63		25
Length of Stay: Elective (UoR)	Effective	Aug-20	<= 2.6	1.96							1.77		26
Long Length of Stay 7 Days	Effective	Aug-20	<= 32%	38.9%							38.1%		26
Long Length of Stay 21 Days	Effective	Aug-20	<= 11%	11.4%							12.8%		27
Medical Optimised Awaiting Transfer (MOAT)	Effective	Aug-20	<= 40	61							271		27
A&E: 4hr Standard	Responsive	Aug-20	>= 95%	71.3%							84.4%		28

* Target/performance applies to the cumulative YTD value, not the in-month value

Section Summary

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Workforce													
Substantive Staff-in-Post	Well-Led / Efficient	Aug-20	>= 90%	94.3%							94.5%		28
Sickness Absence: Monthly Rate (UoR)	Well-Led / Efficient	Aug-20	<= 4%	4.1%							5.4%		29
Sickness Absence: Rolling 12-Month Rate (UoR)	Well-Led / Efficient	Aug-20	<= 4%	5.1%									29
Workforce Turnover (UoR)	Well-Led / Efficient	Aug-20	<= 13.94%	13.1%									30
Staff Friends & Family Test: Recommend for Work	Well-Led / Efficient	Mar-20		54.8%							53.6%		30
Staff Friends & Family Test: Recommend for Care	Caring	Mar-20		61.8%							65.4%		31
Appraisal Rate: Medical	Well-Led / Efficient	Sep-20	>= 95%	59.5%							72.1%		31
Appraisal Rate: Non-medical	Well-Led / Efficient	Sep-20	>= 95%	74.5%							74.1%		32
Statutory & Mandatory Training	Well-Led / Efficient	Aug-20	>= 90%	92.6%							91.1%	Δ	32
Bank & Agency Costs	Effective	Aug-20	<= 5%	16.8%							15.8%		33
Agency Shifts Above Capped Rates	Well-Led / Efficient	Aug-20	<= 0	1932							7554		33
Agency Spend: Distance From Ceiling (UoR)	Well-Led / Efficient	Aug-20	<= 3%	51.4%							51.4%		34
Flu Vaccination Uptake	Safe	Mar-20	>= 80%	80.0%								Δ	34

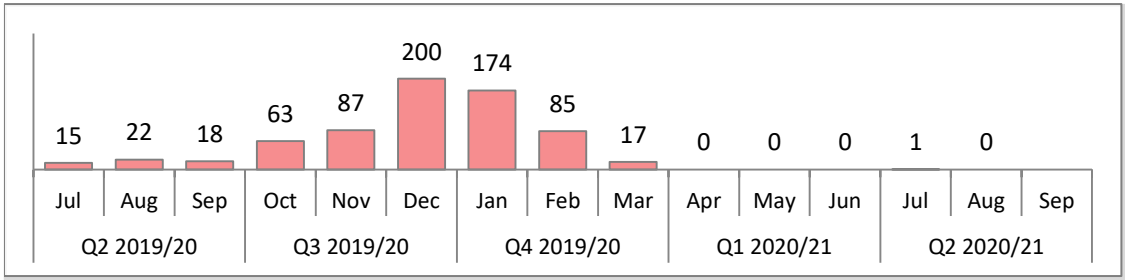
* Target/performance applies to the cumulative YTD value, not the in-month value

Section Summary

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Finance													
Financial Controls: I&E Position	Well-Led / Efficient	Aug-20	<= 0%	0.0%									35
Cash	Well-Led / Efficient	Aug-20	<= 0%	0.0%									35
CIP Cumulative Achievement	Well-Led / Efficient	Aug-20	>= 0%	0.0%									36
Capital Expenditure	Well-Led / Efficient	Aug-20	+/- 10%	0.0%									36
Financial Use of Resources	Well-Led / Efficient	Aug-20	<= 3	0									37

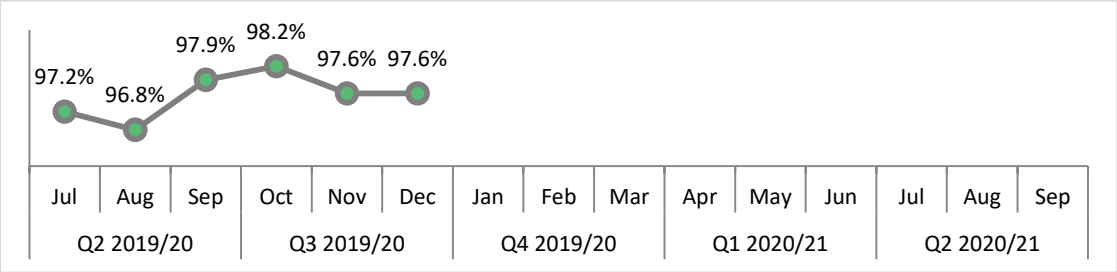
* Target/performance applies to the cumulative YTD value, not the in-month value

Aug-20	A&E: 12hr Trolley Wait
0	Total number of patients whose decision to admit from A&E was over 12 hours from their actual admission.
Target	There were no 12 hour breaches in August 2020, in comparison to the same period last year when there were 22 twelve hour breaches.
<= 0	



Actions
To continue to ensure the continued safety of patients within the Emergency Department by ensuring there are no 12 hour trolley waits. The challenge of maintaining flow remains considerable, in particular with the increased infection prevention measures required during the Covid pandemic. The coming months will see flu and winter hit, and so ED performance remains an area of considerable concern.

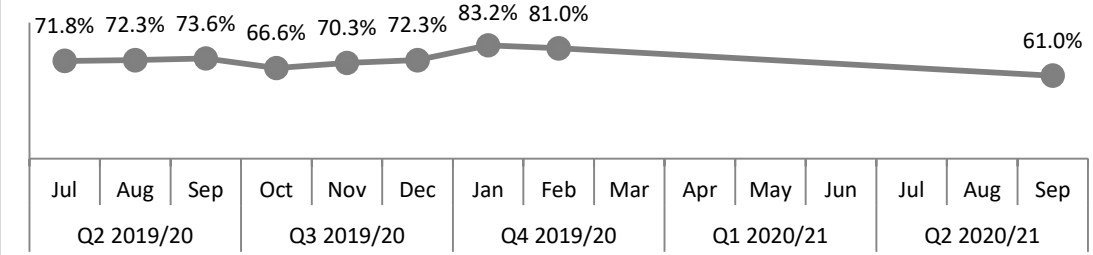
Dec-19	VTE Risk Assessment
97.6%	The percentage of eligible admitted patients who have been given a VTE risk assessment.
Target	The target is that >95% of agreed cohorts of patients admitted to the Trust receive an assessment relating to their individual risk of developing a venous thrombo-embolism (VTE).
>= 95%	



Actions
The target has been achieved in month.

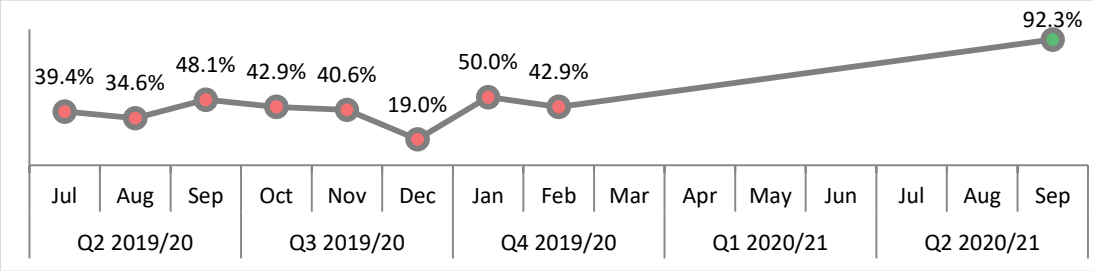
Indicator Detail

Sep-20	Sepsis: Timely Identification
61.0%	The number of patients who are screened for sepsis, as a percentage of all eligible patients who meet the criteria .
Target	Progress with our new process for sepsis flagging were rolled out from the beginning of September. Deployment of two sepsis practitioners remains unresolved, with successful recruitment of one of the two posts. An unvalidated position for September stands at 61% as a Trust; further validation of the data is ongoing.



Actions
A new screening tool was piloted in 3 wards across the trust, all wards were enthusiastic and welcomed the improved form and the trust aspiration. The new tool provided autonomy to the nurses enabling medics to focus on 'true' red sepsis. In response to feedback from the initial pilot, further improvements were made to the screening tool. This is now in place across the trust.

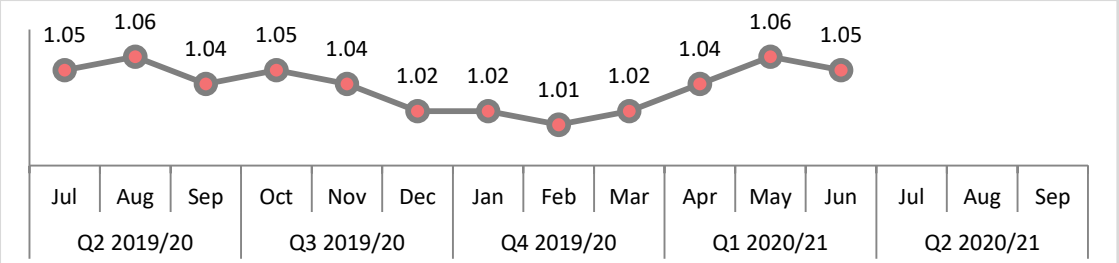
Sep-20	Sepsis: Timely Treatment
92.3%	The number of patients who received IV antibiotics within 1 hour, as a percentage of all eligible patients found to have sepsis.
Target	Competing priorities with COVID19 preparations are delaying our planned actions for the sepsis recovery plan. Data for September from the new sepsis tool is projecting 92% compliance with this metric; please note the data may be subject to further validation.
>= 90%	



Actions
The measures captured within the sepsis action plan had been on hold whilst resources are redistributed during the COVID pandemic. The introduction of the two new posts will greatly support the new trajectory for compliance with identification and treatment of Sepsis. During this time the new improved tool has been successfully tested and is planned to be introduced Trust wide. The Business Intelligence team have made significant progress in the development of a web based programme which will auto exclude patients who do not require screening, thus reducing the burden of audit. It will also improve data capture and facilitate advance reporting mechanisms.

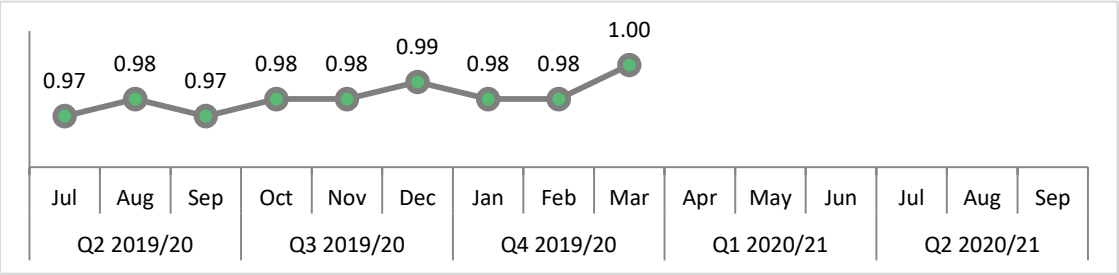
Indicator Detail

Jun-20	Mortality: HSMR
1.05	This is the ratio between the actual number of patients who either die while in hospital compared to the number of patients that would be expected to die based on whether patients are receiving palliative care, and socio-economic deprivation.
Target	HSMR remains static.
<= 1	



Actions
All diagnostic codes which are flagged are under investigation. Our mortality dashboard is being revised for our October quality committee.

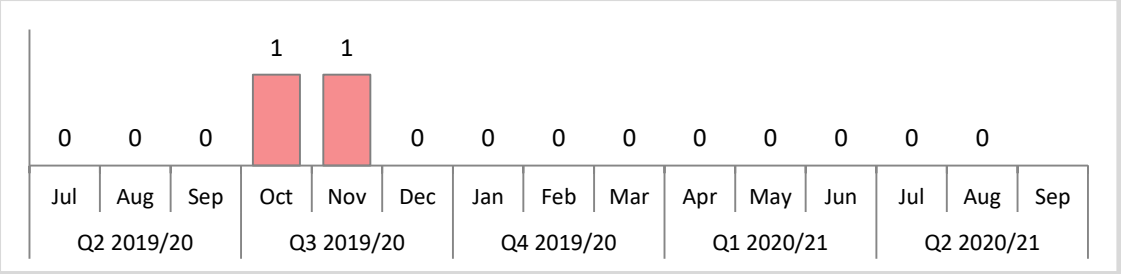
Mar-20	Mortality: SHMI
1.00	This is the ratio between the actual number of patients who either die while in hospital or within 30 days of discharge compared to the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated.
Target	Slight upward trend in our SHMI over the past twelve months. Remains in line with national average.
<= 1	



Actions
Mortality dashboard will be presented to the quality committee in October.

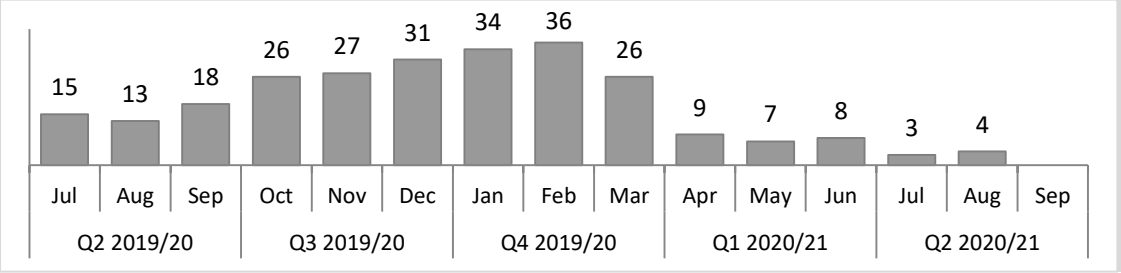
Aug-20	Never Event: Incidence
0	Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
Target	There have been no Never Event incidents reported in August 2020
<= 0	

Actions
There have been no incidences of Never Event occurrences since November 2019

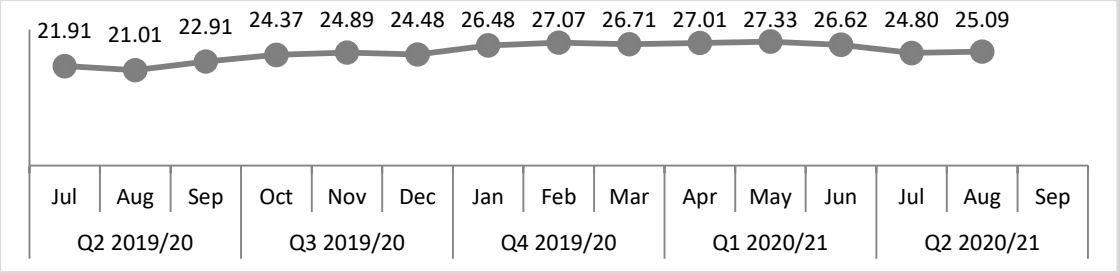


Aug-20	Serious Incidents: STEIS Reportable
4	The total number of STEIS reportable incidents.
Target	There were four incidents reported on StEIS in August 2020

Actions
The incidents reported to StEIS were; 1 incident where a patient fell and sustained a fractured neck of femur 1 incident of a neonatal death 1 incident of an intrapartum stillbirth 1 incident where 2 patients developed category 3 pressure ulcers

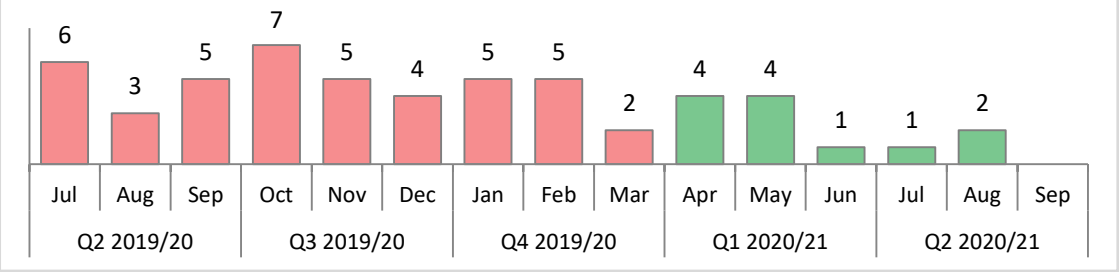


Aug-20	C.Diff Infection Rate
25.09	Average number of C.Diff infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable C.Diff infections compared to the rolling 12 month average number of bed days per 100,000.
Target	The average number of Clostridium difficile infections for every 100,000 bed days, calculated using a rolling 12month number of Trust –attributable Clostridium difficile infections compared to a rolling 12 month average number of bed days per 100,00.



Actions
The trust remains concerned about our Clostridium Difficile numbers. Antibiotic stewardship group recommenced. The Business Case has been agreed to support cleaning out of hours and from a rapid response perspective to support C.Diff management moving forward. This also includes the purchase of HPV machines to support fogging in all areas.

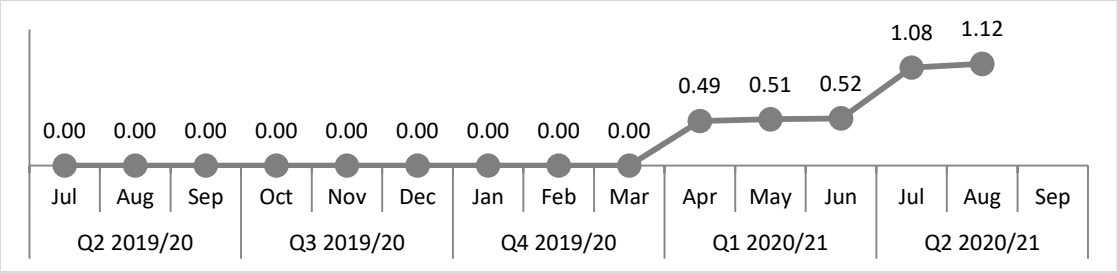
Aug-20	C.Diff Infection Count
2	Total number of C.Diff infections.
Target	There has been no trajectory set by the Department of Health for hospital acquired Clostridium difficile toxin positive cases for 2020-21
<= 21 *	



Actions
During July there was 1 case of Clostridium difficile Business group currently investigating for presenting to HCAI panel next week

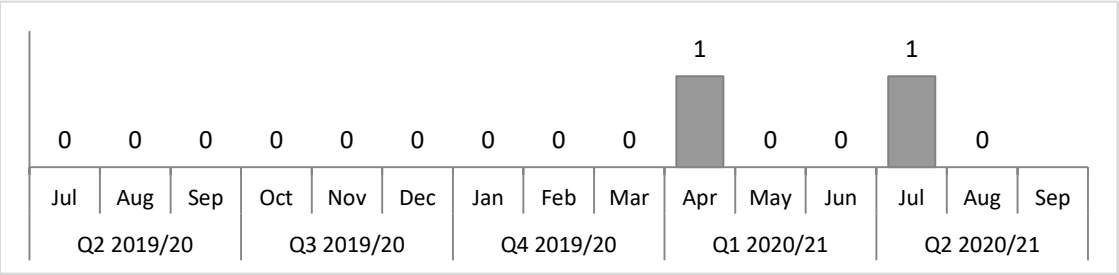
Aug-20	MRSA Infection Rate
1.12	Average number of MRSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MRSA infections compared to the rolling 12 month average number of bed days per 100,000.
Target	Rolling 12-month count of all MRSA infections as a proportion of the average 12 month rolling occupied bed days per 100, 000 population

Actions
In July there was 1 case of MRSA The target is monitored through the infection prevention & control group which has been changed to monthly Presented to HCAI panel and found to be avoidable due to lack of care and management of line. The Trust is looking at documentation around VIP scores to ensure these are in-line with the National recommendations in managing lines.



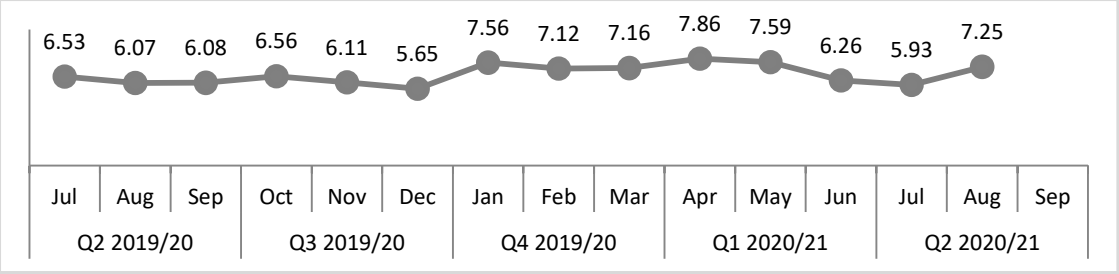
Aug-20	MRSA Infection Count
0	Total number of MRSA infections.
Target	

Actions



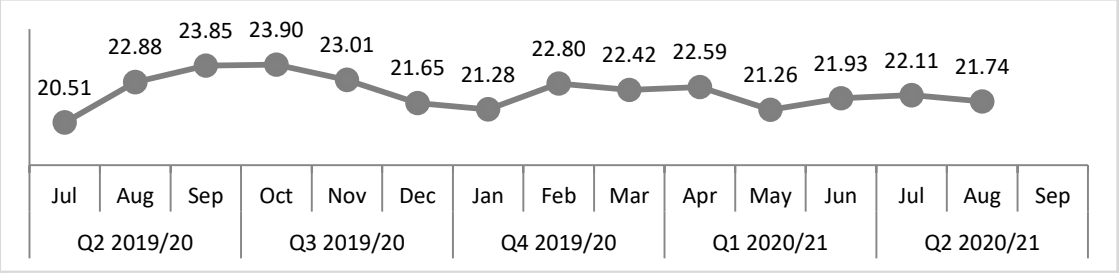
Indicator Detail

Aug-20	MSSA Infection Rate
7.25	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.
Target	Rolling 12-month count of all MSSA infections as a proportion of the average 12 month rolling occupied bed days per 100, 000 population



Actions
The MSSA infection rate is monitored as a whole health economy. The figures represented within this report are Trust acquired cases This is monitored through the Infection prevention & control group The development of a pro-forma to undertake concise investigations is under development due to IP&C teams pressures during the pandemic.

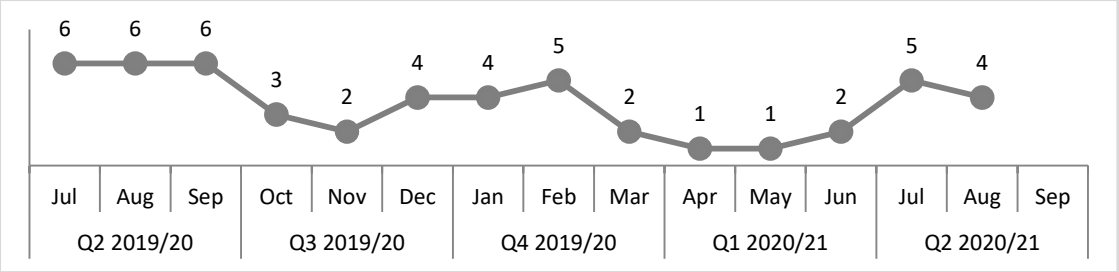
Aug-20	E.Coli Infection Rate
21.74	Average number of E.Coli infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable E.Coli infections compared to the rolling 12 month average number of bed days per 100,000.
Target	Rolling 12-month count of all E. coli infections as a proportion of the average 12 month rolling occupied bed days per 100, 000 population



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

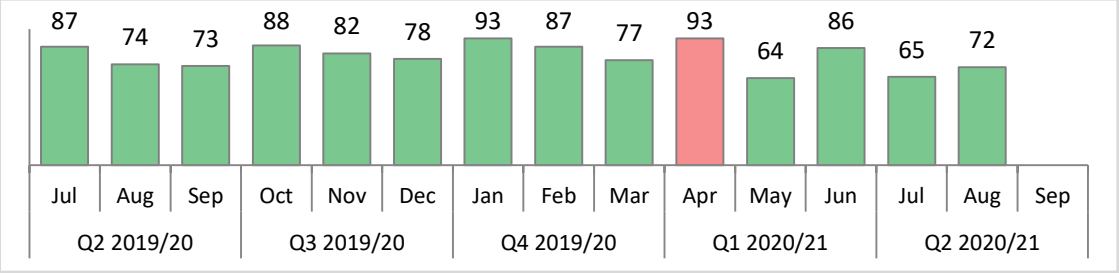
Aug-20	E.Coli Infection Count
4	Total number of E.Coli infections.
Target	The E Coli infection count is monitored as a whole health economy with no target. The figures represented within this report are trust acquired cases

Actions
This is monitored through the Infection prevention & control group The development of a pro-forma to undertake concise investigations is under development due to IP&C teams pressures during the pandemic.

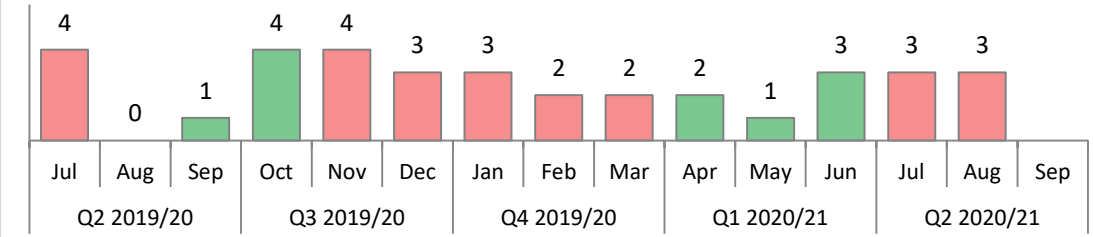


Aug-20	Falls: Total Incidence of Inpatient Falls
72	Total number of Inpatient falls
Target	There have been a total of 72 inpatient falls in August 2020.
<= 458 *	

Actions
Total falls for this year is 380. This is a slight increase in comparison to last month's total of 65 and similar to August 2019 (74) Improved YTD position 2020 = 380 compared to this point 2019 = 410



Aug-20	Falls: Causing Moderate Harm and Above
3	Total number of falls causing moderate harm and above.
Target	There have been 3 falls resulting in moderate of above harm levels in August 2020.
<= 10 *	

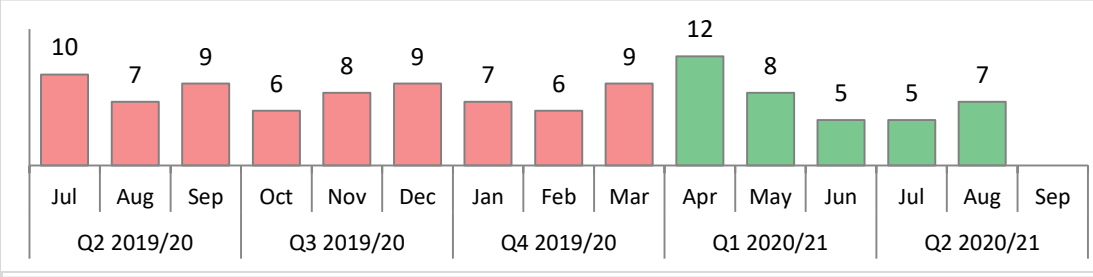


Actions

There were 3 falls with moderate harm or above.
1 patient cared for on Ward B4 sustained a small haemorrhage and fracture to Zygomatic arch & orbital floor (confirmed on CT scan) and a wrist fracture to radius and ulna (confirmed on X Ray)
1 patient cared for on Ward B3 sustained a closed greater trochanter hip fracture (confirmed by X-ray.)
1 patient cared for on Ward C6 sustained a fractured Neck of Femur (confirmed by X ray)
Investigations are ongoing.

NB - Additional fall with harm now confirmed for July 2020
Patient cared for on A3 sustained hip fracture (Identified on CT scan following 2 previous Xrays).

Aug-20	Pressure Ulcers: Hospital, Category 2
7	Total number of category 2 pressure ulcers in a hospital setting.
Target	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 (July data) we have had 5 category 2 pressure ulcers reported
<= 85 *	

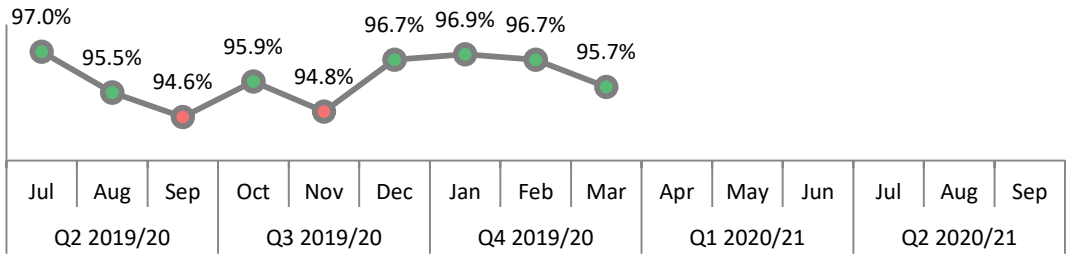


Actions

July continues to see a reduction in the overall numbers of pressure ulcers (PU) reported within the acute hospital trust from what was reported in April. Action plans for improvement are ongoing and includes the roll out of daily skin inspection stickers for all patients identified as being at risk within inpatient areas. Pressure ulcer prevention training programme, including tissue viability link meetings have recommenced. The medical device task and finish group has been re-established and is looking at specific training/pathways around the management and care of patients who require application of Thomas splints.

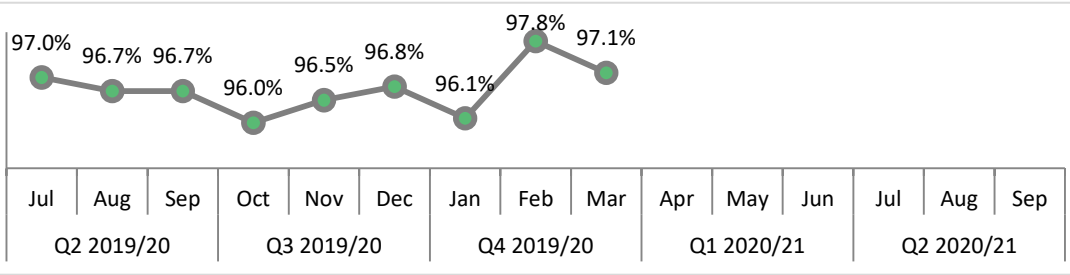
Indicator Detail

Mar-20	Safety Thermometer: Hospital
95.7%	The percentage of patients receiving harm-free care, calculated using a point prevelance sample based on falls, pressure ulcers, UTIs and VTE assessments.
Target	A decision was taken to suspend the collection of Safety Thermometer data following the outbreak of Covid-19. The point of prevalence snap shot audit data collected through this methodology is replicated and reported within other metrics.
>= 95%	



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

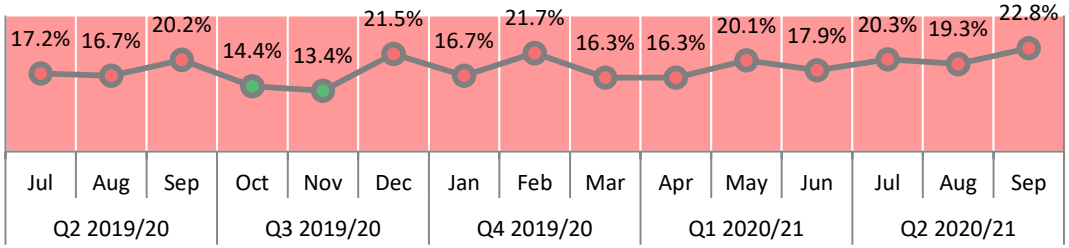
Mar-20	Safety Thermometer: Community
97.1%	The percentage of patients receiving harm-free care, calculated using a point prevelance sample based on falls, pressure ulcers, UTIs and VTE assessments.
Target	A decision was taken to suspend the collection of Safety Thermometer data following the outbreak of Covid-19. The point of prevalence snap shot audit data collected through this methodology is replicated and reported within other metrics.
>= 95%	



Actions

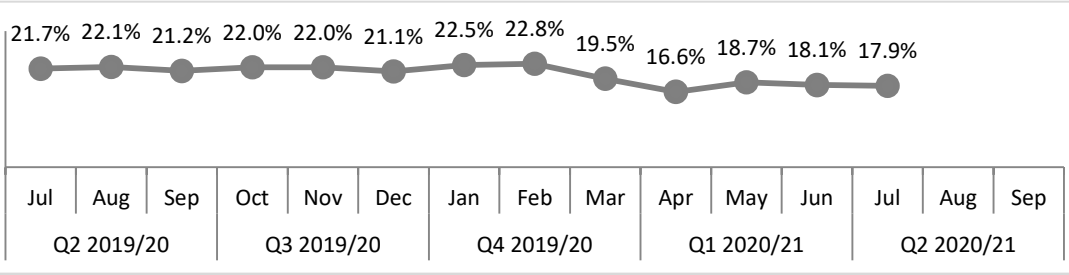
Indicator Detail

Sep-20	Emergency C-Section Rate
22.8%	The number of patients having an emergency c-section, as a percentage of all patients having registerable births.
Target	Th percentage of women undergoing emergency caesarean section decreased to 19.3% in august
<= 15.4%	



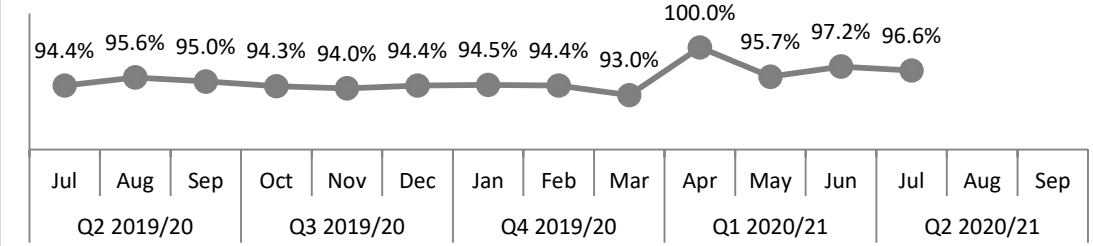
Actions
The emergency caesarean section rate is monitored within the business group. The emergency caesarean section rate needs to be taken into account alongside the increased complexities of women giving birth, compared to a few years ago, these women have a higher risk of emergency caesarean section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

Jul-20	Friends & Family Test: Response Rate
17.9%	The percentage of eligible patients completing an FFT survey.
Target	Friends and Family responses have been a challenge due to significant restrictions for visitors in Covid. We are committed to implementing GM guidance to increase visiting where possible.



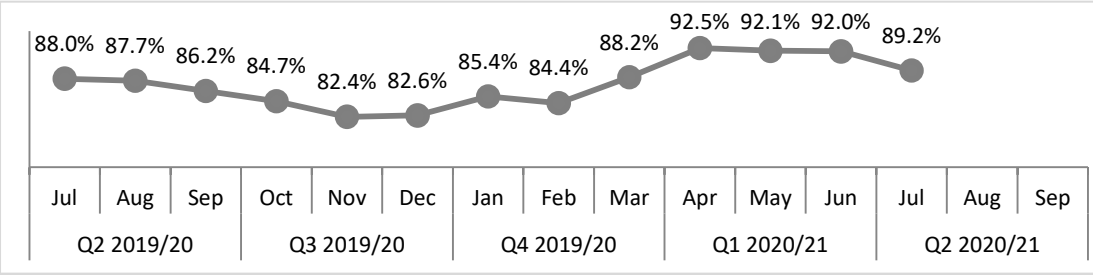
Actions
From April 2020, the requirements around the collection and analysis of FFT changed and we are currently working to ensure we are in-line with those requirements.

Jul-20	Friends & Family Test: Inpatient
96.6%	The percentage of surveyed inpatients who are extremely likey or likely to recommend the Trust for care.
Target	



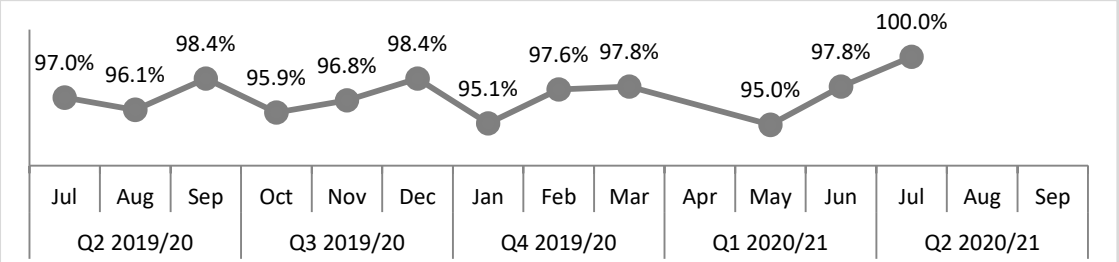
Actions

Jul-20	Friends & Family Test: A&E
89.2%	The percentage of surveyed A&E patients who are extremely likey or likely to recommend the Trust for care.
Target	



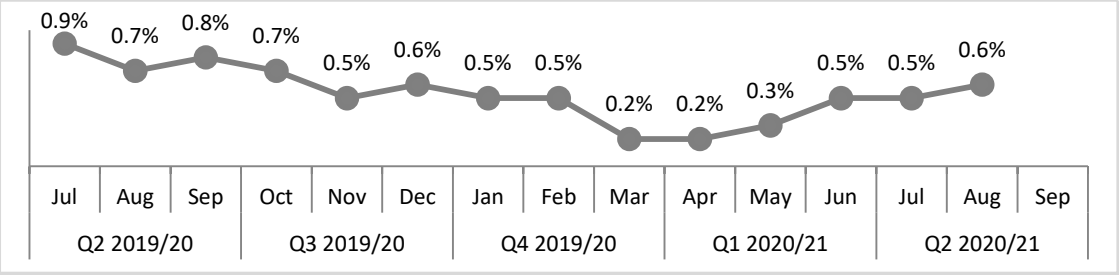
Actions

Jul-20	Friends & Family Test: Maternity
100.0%	The percentage of surveyed maternity patients who are extremely likey or likely to recommend the Trust for care.
Target	



Actions

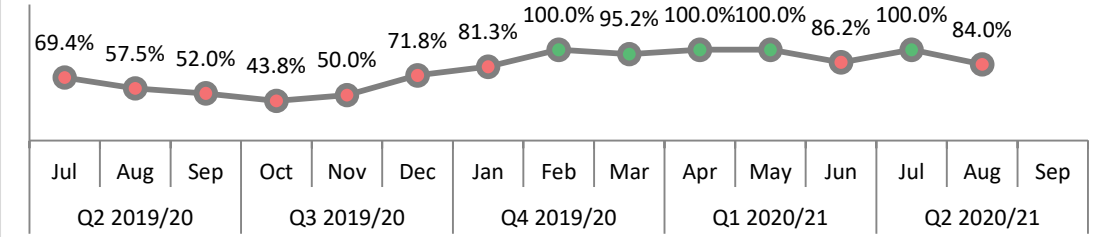
Aug-20	Complaints Rate
0.6%	The total number of formal written complaints received compared with the whole time equivalent staff.
Target	August 2020 - 29 formal complaints were received in August 2020: Integrated Care = 6, Medicine = 7, Surgery = 7, WCDS = 5, and Emergency Department = 4



Actions

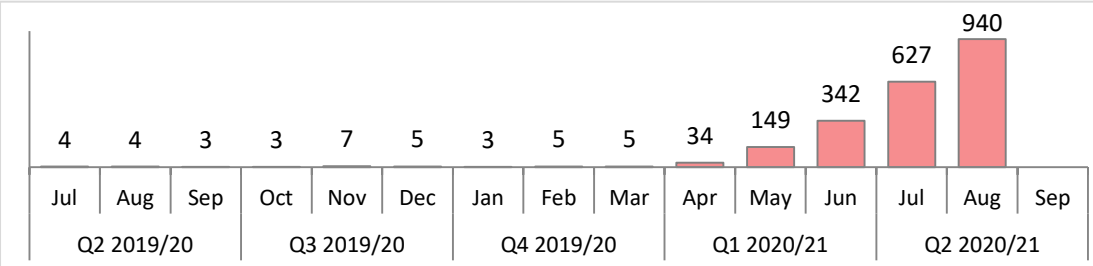
Stockport NHS Trust lifted the pause on its formal complaint process due to Covid-19 some time ago on 28 May 2020. This was earlier than the agreed date of 30 June 2020 which was set by the national complaint manager's forum. Therefore almost all of the complaints received during the pause have now been investigated and responded to.

Aug-20	Complaints: Response Rate 45
84.0%	The percentage of formal complaints responded to within 45 days.
Target	Of the 25 closed in September 2020, 21 were responded to on time resulting in a 84% response rate. The business group response rate is as follows: integrated care: 66.6%, medicine: 72.7%, surgery: 100%, WCDS: 100%, ED 100% and estates & facilities: 100%
>= 95%	



Actions
The patient and customer services team continue to liaise with the business groups and the executive team with the aim of improving the Trust complaints response rate. Complainants are kept informed of any delays that occur resulting in the Trust not being to respond in the agreed timeframe.

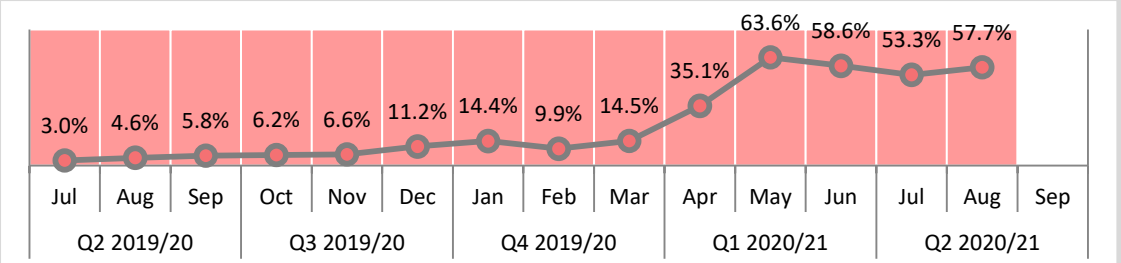
Aug-20	Referral to Treatment: 52 Week Breaches
940	The total number of patients whose pathway is still open and their clock period is greater than 52 weeks at month end.
Target	The number of patients waiting over 52 weeks on their RTT pathway has significantly increased to 940 at the end of August. The specialities with the highest numbers of 52+ week breaches are: Oral Surgery, ENT, Urology, General Surgery and Gastroenterology. Furthermore, the Trust's forecast number of 52 week breaches by the end of March mark it as an outlier against other GM Trusts.
<= 0	



Actions
The Trust is currently working up a programme to understand the requirements to recover ENT, Urology, Gastroenterology and Oral Surgery specifically. All other areas have developed profiles that provide assurance that 52 week breaches will be minimised. The recovery timeline for the four specialties will move through Q3&Q4 to ensure that the Trust is reversing the growth trend and reducing the overall projection of 52 weeks below 5,188 as submitted within the P3 plan. The Trust is also currently reviewing its paediatric surgical operating model to establish opportunities to generate safe and effective capacity for paediatric patients, a number of which will be listed for ENT and Oral surgery procedures.

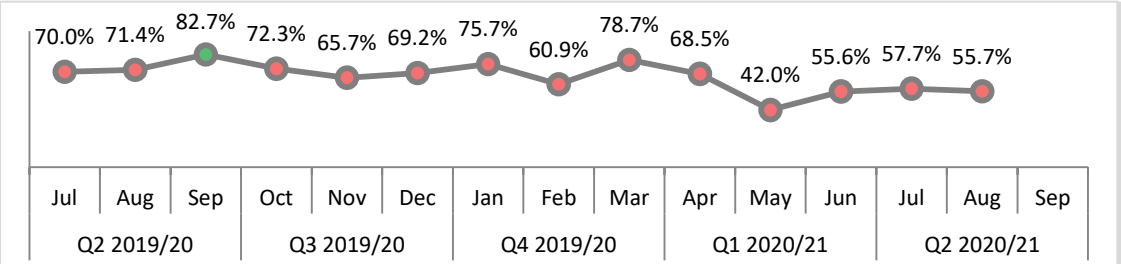
Indicator Detail

Aug-20	Diagnostics: 6 Week Standard
57.7%	The percentage of patients refered for diagnostic tests who have been waiting for less than 6 weeks.
Target	For August, the Trust saw slight deterioration in performance against the 1% diagnostic target, from 53.3% to 57.7%, with Endoscopy being the main driver. The Trust is 268th of 335 Trusts nationally, 21st of 22 Trusts in the North West and 7th of 7 Trusts in Greater Manchester for diagnostic performance according to the most recently published national data.
<= 1%	



Actions
The diagnostic working group is continuing to operate to support recovery of key diagnostic services. Each modality has been asked to develop a recovery trajectory by the end of October, to regain compliance with the standard. The senior operational team will meet weekly to review progress and provide support accordingly. A particular focus is on Endoscopy and recovery of this service.

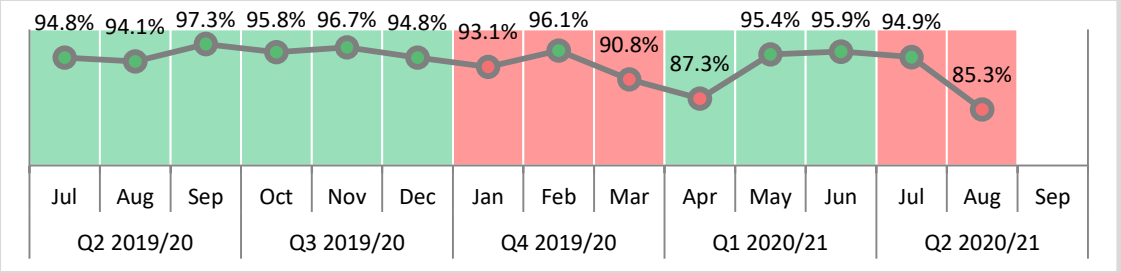
Aug-20	Cancer: 62 Day Standard
55.7%	The percentage of patients on a cancer pathway that have received their first treatment within 62 days of GP referral. Screening referrals are not reported as not statistically viable due to low number received
Target	The latest performance for August is 55.7% against the 85% standard. This is in line with previous months' performance. According to the most recently released national data, the Trust ranks 142nd of 147 Trusts nationally, 18th of 20 Trusts in the North West and 7th of the 8 Trusts in Greater Manchester.
>= 85%	



Actions
Diagnostic improvements are key to improving the cancer 62 day position, so the actions outlined in the diagnostics section apply here. Of particular effect on cancer is the Endoscopy insourcing. As a Trust, the focus currently continues to be on reducing long waiting cancer pathway patients, with targeted meetings in place to focus on key areas and maintain the reduction of backlogs in key areas. As Urology is the biggest cancer specialty within the Trust, their achievement of the cancer standard is pivotal to the Trust's achievement, and within this specialty there is a focus on increasing capacity for specialist diagnostics. The plan to return to 14 elective operating theatres by the end of November will also support cancer recovery.

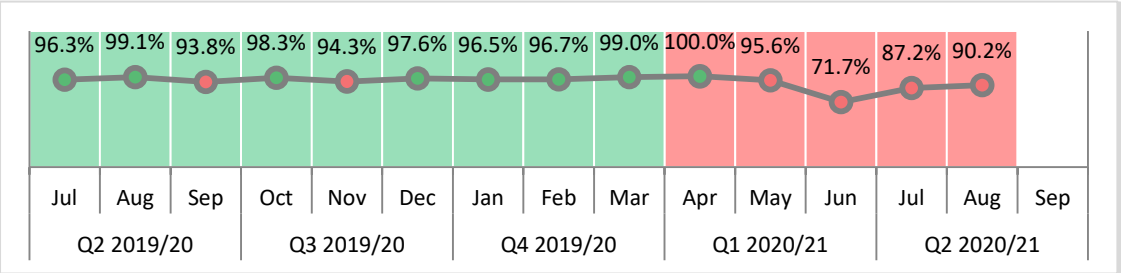
Indicator Detail

Aug-20	Cancer: 14 day standard
85.3%	The percentage of patients on a cancer pathway that have attended their first outpatient appointment within 14 days of their GP referral. This indicator excludes Breast Symptomatic referrals.
Target	As anticipated, the Trust did not achieve the two week wait standard in August 2020 due to continued pressure in Endoscopy and the subsequent effect of this on the straight-to-test pathways within Colorectal and Upper GI.
>= 93%	



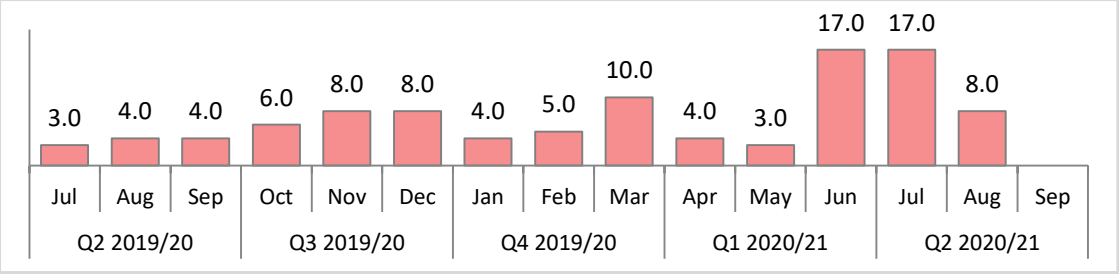
Actions
Diagnostic recovery is key to recovery of the two week wait position, especially within Endoscopy. Commencement of insourcing at the end of September will decrease the backlog of outstanding urgent and cancer requests. A pathway change in Colorectal has resulted in the two week wait position in this specialty returning to compliance in September, but it is envisaged the delays in Endoscopy for Upper GI will continue to affect patients' pathways until at least October. Other specialties across the Trust are continuing to achieve the two week wait standard, and maintain this.

Aug-20	Cancer: 31 Day 1st Treatment
90.2%	The percentage of patients on a cancer pathway that have received their first treatment within 31 days of their diagnosis.
Target	Performance against the 31-day standard continues to improve as capacity within the Trust and at Tertiary centres is restored
>= 96%	



Actions
The Trust continues to work to treatment within 31 days of diagnosis. Theatre capacity should be restored to pre-COVID levels by the end of November which will further support treatment within these timescales for surgical procedures carried out on site.

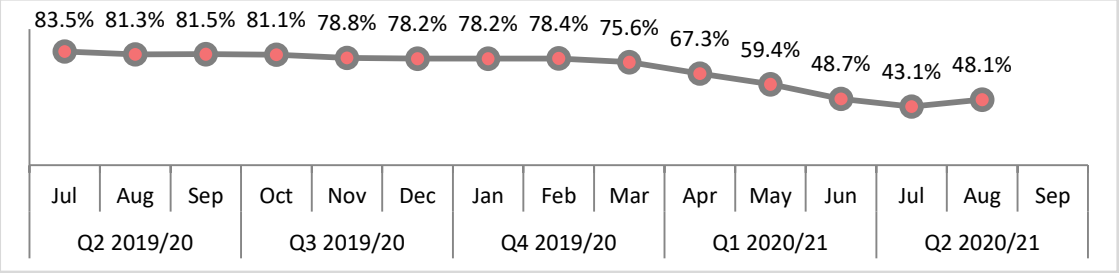
Aug-20	Cancer: 104 Day Breaches
8.0	The number of patients that have pathway length of 104 days or more at the point of treatment.
Target	The Trust reported 17 patients with cancer treated beyond day 104 of their pathway.
<= 0	



Actions

Significant progress has been made in expediting patients through their pathway. The number of cases waiting > day 104 has reduced from 145 in mid-July to 36 at the time of writing, of whom 5 were confirmed cancers. The Trust continues to work towards the recovery plan which has been developed to reduce the number of patients beyond day 104 to pre-covid levels by November. This is currently on track to be met. Speciality areas with high numbers of long waiting patients are subject to particular focus and fortnightly oversight meetings, chaired by the COO, are held to ensure progress is continuing.

Aug-20	Referral to Treatment: Incomplete Pathways
48.1%	The percentage of patients on an open pathway, whose clock period is less than 18 weeks.
Target	Trust performance against the national standard of 92% remains significantly challenged, at 48.1% for August. According to the most recently available national data, the Trust is 123rd of 174 Trusts nationally, 12th of 18 Trusts in the North West and 5th of 7 Trusts in Greater Manchester.
>= 92%	



Actions

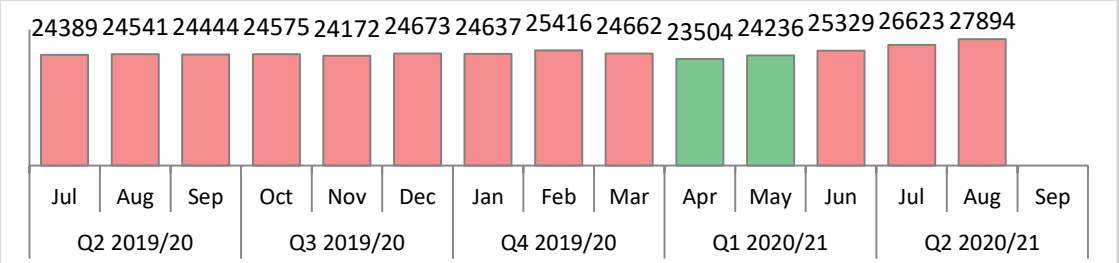
Director-led task and finish groups are in place for ENT, Urology, Gastroenterology and Oral Surgery as these areas are experiencing the longest waiting times.

The Trust is currently reviewing its paediatric surgical operating model to establish opportunities to generate safe and effective capacity for paediatric patients.

Plans to restore further elective theatre capacity are in train with the aim of restoring all 14 elective theatres by the end of November.

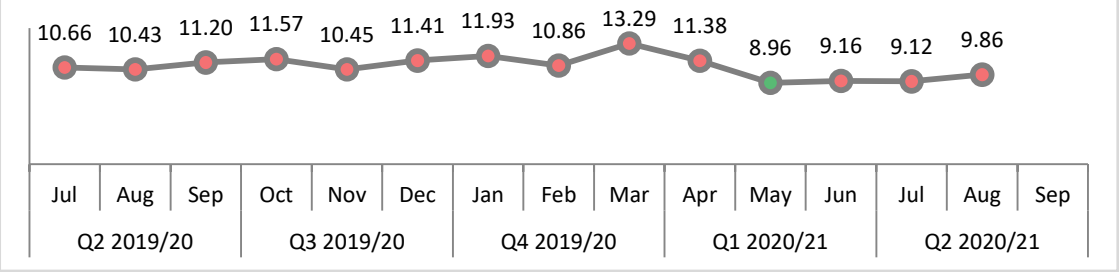
The Trust is also engaging with the national validation programme being run by NECS, which may offer some opportunity in terms of waiting list size.

Aug-20	Referral to Treatment: Incomplete Waiting List Size
27894	The total number of patients on an open pathway. Please note: This indicator is measured against January 2020 level as per NHSI/E Planning Guidance
Target	The Trust waiting list size increased as envisaged, and is expected to further increase in September. This is as a result of increased referrals and decreased activity, and the cessation of the majority of elective work earlier in the year.
<= 24637	



Actions
The Trust is establishing a strategically led intervention initiative within ENT, Urology, Gastroenterology and Oral Surgery as these areas are experiencing the longest waiting times. The Trust is currently reviewing its paediatric surgical operating model to establish opportunities to generate safe and effective capacity for paediatric patients. Plans to restore further elective theatre capacity are in train with the aim of restoring all 14 elective theatres by the end of November The Trust is also engaging with the national validation programme being run by NECS, which may offer some opportunity in terms of waiting list size.

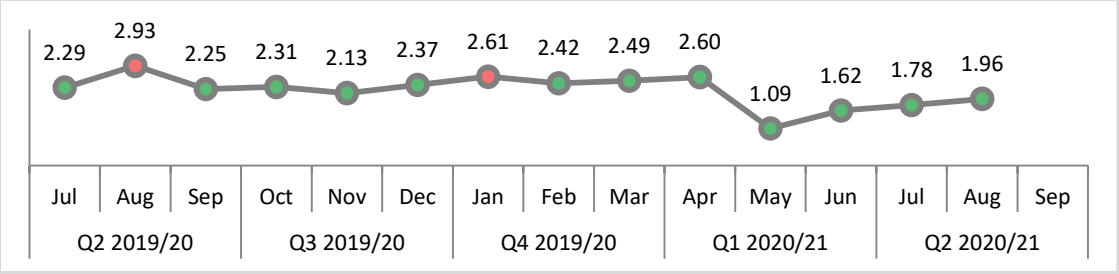
Aug-20	Length of Stay: Non-Elective (UoR)
9.86	The average length of a patient spell, from admission to discharge. Calculated using non-elective admissions only. Excludes Obstetrics/Maternity. Excludes admissions of 0 and 1 days length of stay. Reported by month of discharge.
Target	Non-elective length of stay saw a slight increase in August 2020 compared to previous months; but is still reduced compared to the same period last year.
<= 9	



Actions
The Trust focus remains on expediting discharges where possible and working with system partners to enhance discharge processes; this is in relation to patients identified as MOATs in particular. Internally, work is continuing with PwC to embed Advantis Site and good discharge practice into ward areas and to realise the full benefits of the system. Through the Improvement Programme, sustained and embedded cultural change will be achieved by the Stockport Improvers initiative of having three patient flow fellows and ten patient flow champions to drive the change, per Business Group.

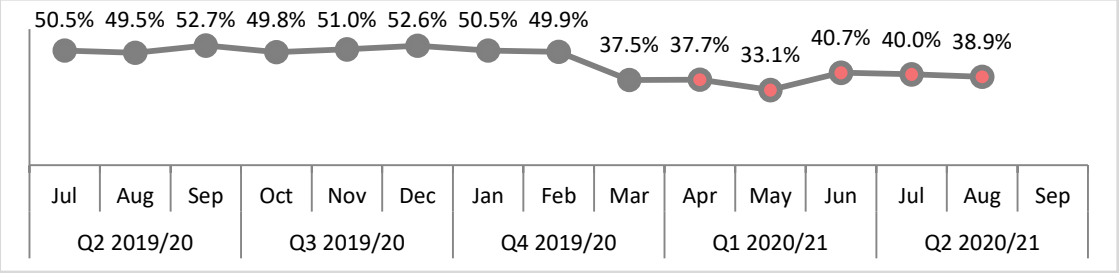
Indicator Detail

Aug-20	Length of Stay: Elective (UoR)
1.96	The average length of a patient spell, from admission to discharge. Calculated using elective admissions only. Excludes day case admissions with length of stay of 0 days. Excludes Obstetrics/Maternity. Reported by month of discharge.
Target	Elective length of stay remained below 2 days in August. The Trust's elective capacity is still running at reduced levels compared to pre-covid however the increased capacity made available in September and further planned for the end of October will have an impact on this metric.
<= 2.6	



Actions
Partnership working continues with independent sector colleagues to continue to provide ultra-green capacity off-site, as well as the work to increase the in-house capacity.

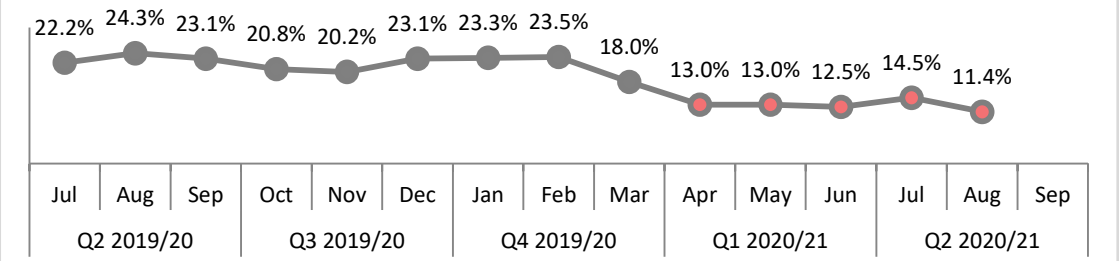
Aug-20	Long Length of Stay 7 Days
38.9%	Patients that have had a length of stay of 7 days or more, as a percentage of all open general & acute beds. Calculated using snapshot data from the last Monday of the reporting month.
Target	There has been a slight improvement in the number of patients over 7 days, however, this is still a challenge.
<= 32%	



Actions
A refreshed Reducing Days Away From Home bi-weekly Task and Finish group has been restarted. The main functions of the group are: -To ensure a co-ordinated approach to reducing the number of patients over 7 days -To provide a forum to escalate issues, barriers and opportunities; and to resolve, where appropriate, or agree escalation route. -Identify themes and trends which impact patient length of stay -To provide strong, senior clinical leadership as a system to enable real sustainable change

Indicator Detail

Aug-20	Long Length of Stay 21 Days
11.4%	Patients that have had a length of stay of 21 days or more, as a percentage of all open general & acute beds. Calculated using snapshot data from the last Monday of the reporting month.
Target	There has been a reduction in the percentage of patients with a length of stay of over 21 days.
<= 11%	



Actions
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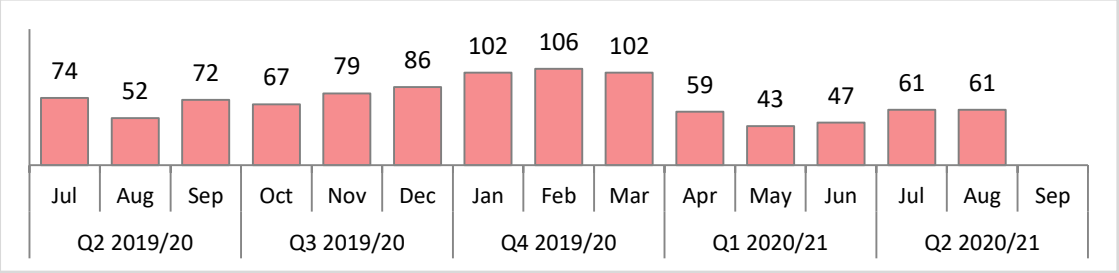
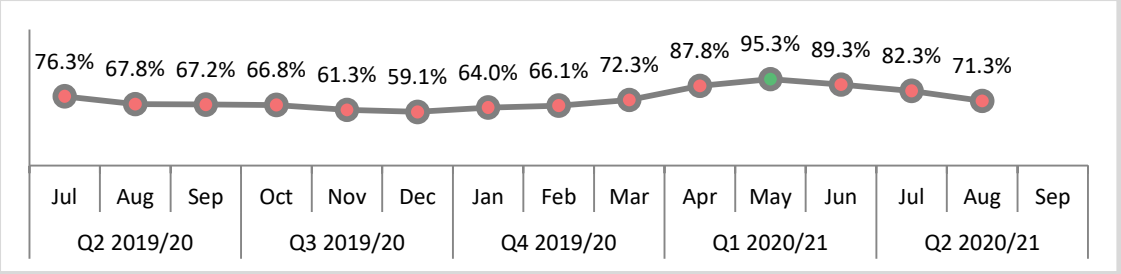
Aug-20	Medical Optimised Awaiting Transfer (MOAT)
61	Total number of patients each day who have been medically optimised. This is an average number calculated using daily snapshot data. 'Medical optimisation' is the point at which care and assessment can safely be continued in a non-acute setting.
Target	As put forward last month, continued non-commissioning of the Discharge to Assess bed- and home-based services are restricting discharges on pathway 1 to patients' homes. Pathway 2 remains uncommissioned.
<= 40	



Actions
Discussions are ongoing regarding the specification for commissioning of the service in line with the HM Government guidance for hospital discharge models. Without the commissioning of these services, discharges of pathway 1 and 2 patients will remain a challenge. A four-week piece of work has been commissioned by the system to develop specification of need and solutions to commissioning to meet the new discharge guidance and better enable discharge to assess. This work is expected to be completed by early October.

Indicator Detail

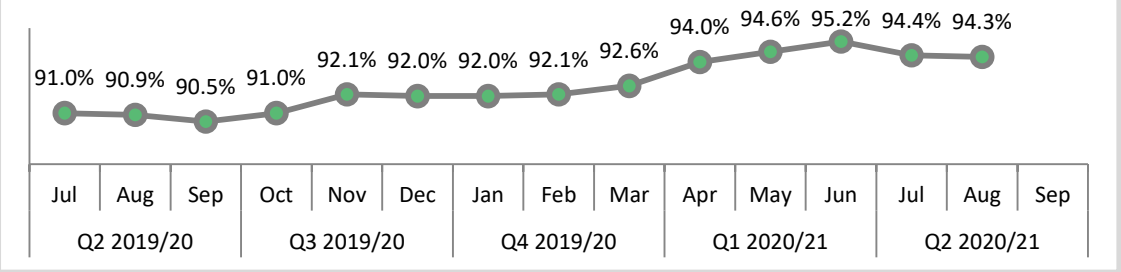
Aug-20	A&E: 4hr Standard
71.3%	The percentage of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival.
Target	There has been a deterioration in the 4-hour standard within the Emergency Department. This is in the main due to lack of flow across the system. A large part of this is due to the outbreak of covid-19 across the internal wards and Bramhall Manor and also the lack of timely swab results causing a delay in patients' moves. Furthermore, attendances at ED are at pre-pandemic levels, and mirroring the pattern seen last year. According to the most recent national data, for Type 1 A&E departments, the Trust ranks 106th of 114 nationally, 17th of 19 Trusts in the North West and 7th of the 7 Trusts in Greater Manchester.
>= 95%	



Actions

There are a number of schemes that have been put through for consideration for the winter plan that are out with the current run rate. The Board is being asked to sign off at risk the recruitment of staff to open the escalation wards and D2A pathways. There are a number of other schemes to ensure enhanced 7-day and out of hours cover that will build in further resilience during winter. These schemes have not been financially approved.
To have a significant focus as a system on the improvement in flow across and out of the Trust, by:
A full review of discharge process for patients discharged via pathways 1-3
Review of Discharge to Assess model following latest guidelines
Refresh of Reducing Days Away From Home project
Embed PwC recommendations for improved flow via technological solutions
Continued focus on achieving ED standards of triage within 15 minutes, being seen by a doctor within an hour and management decision of referral by 2 hours and transfer out of department within 4 hours - this is of course flow dependent as a congested department leads to delays.

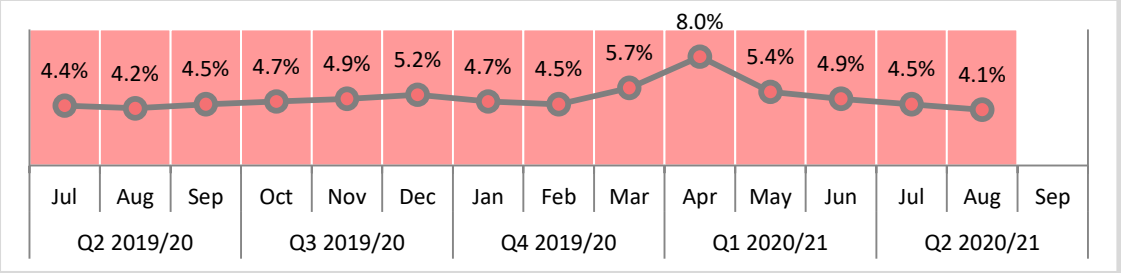
Aug-20	Substantive Staff-in-Post
94.3%	Total whole-time-equivalent (wte) staff-in-post, as a percentage of the current establishment.
Target	The Trust staff in post figure for August 2020 is 94.30% of the current establishment. Actual FTE staff in post decreased by 13.98 FTE. The changes were not specific to any staff groups or business groups.
>= 90%	



Actions

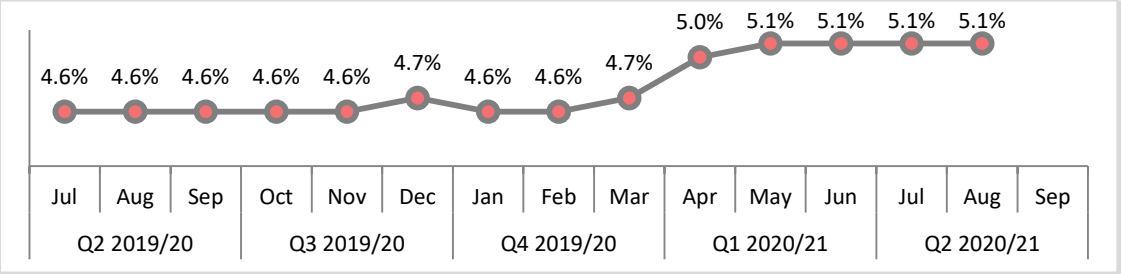
International recruitment for registered nurses – currently working with NHSP for 80 nurses.
International recruitment for hard to fill medical posts.
Recruitment of aspirant nurses and midwives.

Aug-20	Sickness Absence: Monthly Rate (UoR)
4.1%	The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.
Target	The in-month sickness absence figure for August 2020 is 4.14%; a decrease of 0.33% compared to the previous month's figure of 4.47% (adjusted for late input). This reduction brings the Trust closer to more usual levels of sickness for this time of year.
<= 4%	



Actions
The cost of sickness absence in August 2020 is £524K; a decrease of 68K from the figure of £592K in the previous month. This level of sickness matches the reduced trend seen with COVID related absence. All the clinical Business Groups have seen a decrease in sickness absence. However Estates & Facilities have seen an increase from 5.49% to 6.38% in month. On 1 August 2020 staff previously shielding returned to the workplace where possible. In a minority of cases some staff whow were unable to return to work have reverted to sickness absence. Non-covid related absences continue to be managed in line with the Trust policy. Regular promotion of staff Health and wellbeing support initiatives through Facebook and the staff communications. This supports staff to remain well and in work. COVID testing for staff continues to aid swift self-isolation to avoid unnecessary spread of the virus.

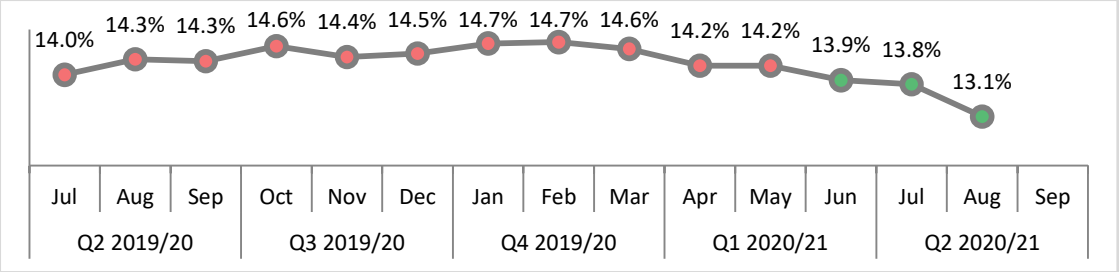
Aug-20	Sickness Absence: Rolling 12-Month Rate (UoR)
5.1%	The total number of staff on sickness absence, as a percentage of all staff-in-post whole time equivalent. Calculated as a 12-month rolling average.
Target	The 12-month rolling sickness percentage for the period September 2019 – August 2020 is 5.08%.
<= 4%	



Actions
As above

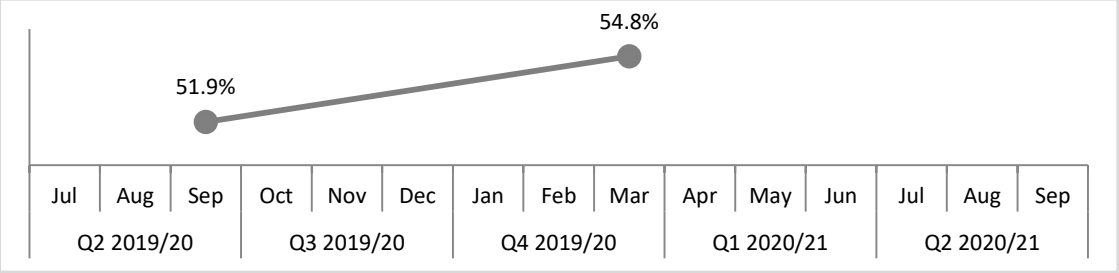
Indicator Detail

Aug-20	Workforce Turnover (UoR)
13.1%	The percentage of employees leaving the Trust and being replaced by new employees.
Target	The rolling 12-month unadjusted permanent headcount turnover figure is 13.08% (adjusted is 11.59%), which is a 0.71% decrease from last month. The top known leaving reasons are: Voluntary Resignation – Work life Balance (21.72%), Voluntary Resignation – Relocation (15.99%) & Retirement Age (13.64%)
<= 13.94%	



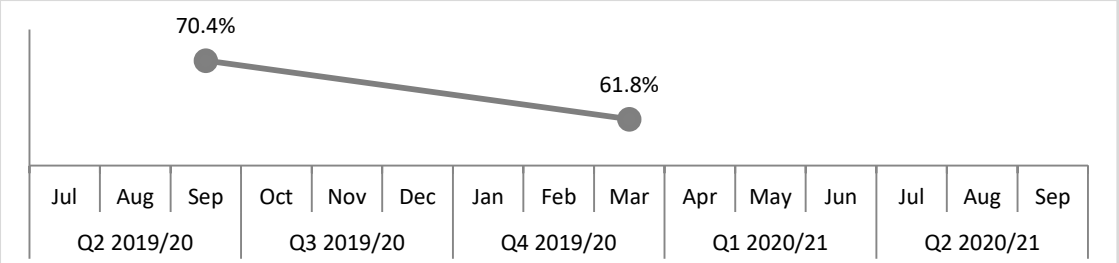
Actions
Turnover has remained stable and we continue to support the retention of our staff with increased mentorship, preceptorship and practice based education. Hospital zoning has also reduced the level of staff moves which was a significant source of dissatisfaction. Recommencing training and education opportunities post pandemic will also contribute to improved levels of morale. A focussed piece of work on improving culture within teams has also commenced which will contribute to making the Trust a great place to work and improving retention of staff

Mar-20	Staff Friends & Family Test: Recommend for Work
54.8%	The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust as a place of work.
Target	The most current data we possess for staff recommending Stockport FT as a place to work comes from the 2019 Staff Survey and stands at 54.9% up 0.4% from the previous year's survey.



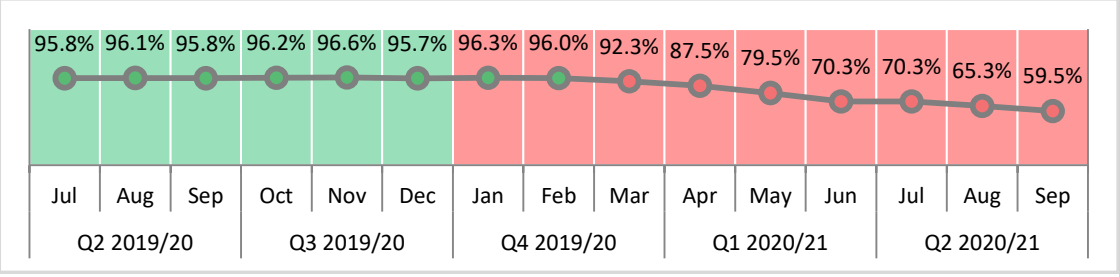
Actions
During the Covid19 pandemic there has been a suspension of data collection. The Trust however has continued with staff engagement through focus groups, pulse check/check ins and through survey monkey questionnaires. The OD team is supporting individual business groups to engage with staff and review their latest data in order to action plan and make improvements within their areas. An FFT was launched on 10th September 2019.

Mar-20	Staff Friends & Family Test: Recommend for Care
61.8%	The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust for care.
Target	The most current data we possess for staff recommending Stockport FT as a place for care comes from the 2019 Staff Survey and stands at 61.8%. Whilst this percentage has decreased since September the data was collated at the end of 2019 during the NHS Staff Survey.



Actions
The Covid19 Pandemic has suspended data collection for Staff Friends and Family and therefore there is no current Friends and Family data. We have continued to support staff to engage and improve their personal and professional development through leadership programmes, staff engagement, focus groups, and team development which will impact on and improve patient care.

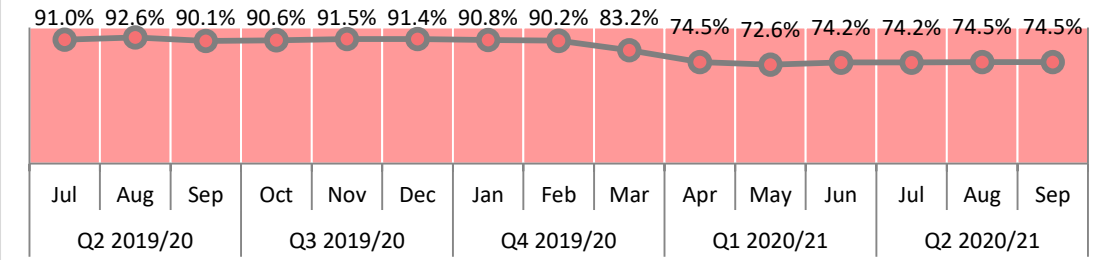
Sep-20	Appraisal Rate: Medical
59.5%	The percentage of medical staff that have been appraised within the last 15 months.
Target >= 95%	The medical appraisal rate has decreased by 5.80% to 59.50% in August, this is below the Trust target of 95%. This reflects the pause of medical revalidation during the pandemic



Actions
All appraisals, including medical appraisals due to expire will be deferred. This arrangement was in place until 31 August 2020; the recommencement of revalidation will demonstrate an improved trajectory to recover performance. Medical appraisals have now restarted and so this figure will start to improve.

Indicator Detail

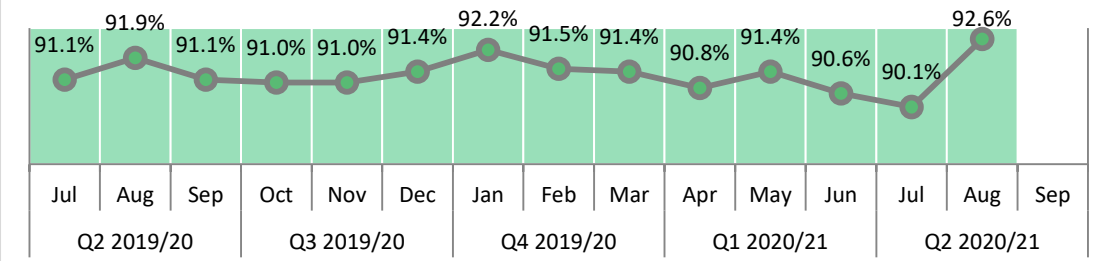
Sep-20	Appraisal Rate: Non-medical
74.5%	The percentage of non-medical staff that have been appraised within the last 15 months.
Target	The Trust Appraisal rate currently stands at 74.5% which although an increase from the previous month is still below the target of 95%. Over 300 appraisals were input by the Pinewood Administration Team during the month of August 2020.
>= 95%	



Actions

The OD team is still working with teams to help increase the number of appraisals using targeted information. Business Groups leaders receive a monthly email which contains a RAG rating for each outlining the number of appraisals which are outstanding. The OD team continue to offer Performance Appraisal Training for appraisers and Preparing for Your Performance Appraisal training for appraisees.

Aug-20	Statutory & Mandatory Training
92.6%	The percentage of statutory & mandatory training modules showing as compliant.
Target	Due to the COVID-19 Pandemic, the requirement to complete Mandatory Training has been suspended until 31st August 2020. Compliance for Mandatory Training remains stable.
>= 90%	



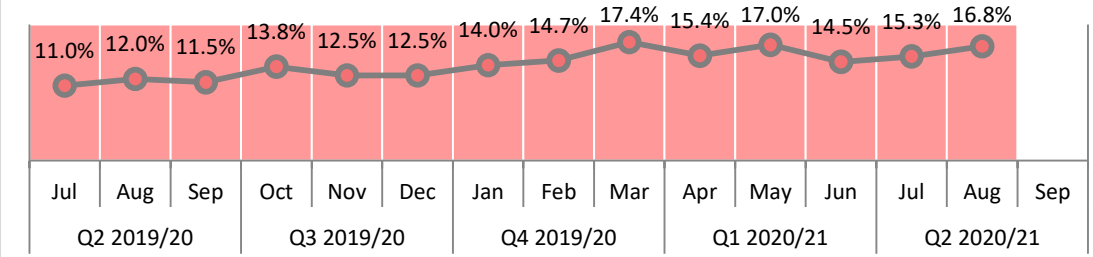
Actions

The Learning & Organisational Development Team are using text messaging, email and social media, as well as presence in CQC Action plan and governance meetings to reinforce the requirement, inform all levels of management of compliance and provide extra support when needed. Improvements in process are being included as business as usual to build the robust service required to improve compliance further. Staff required to work from home (as a departmental decision, or due to shielding) were expected to be 100% compliant for their mandatory e-learning as this could be completed offsite. As of 1st September the existing requirements are back in place and new approaches are being used to target staff. There are specific plans in place to address our hotspot areas below:

Foundation Doctors
Estates & Facilities
Medicine & Clinical Support Business Group

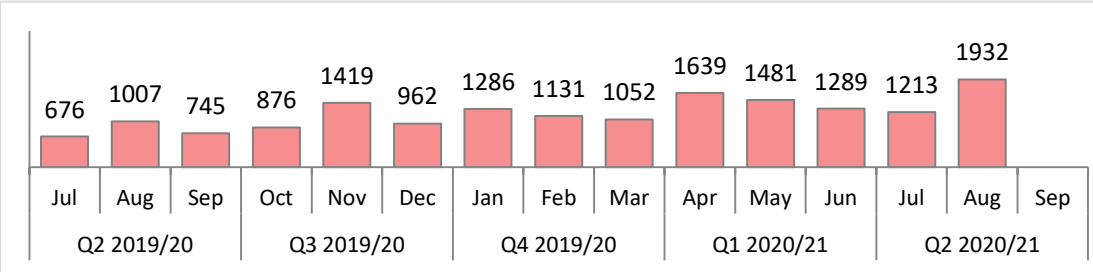
Indicator Detail

Aug-20	Bank & Agency Costs
16.8%	The total bank & agency cost as percentage of the total pay costs
Target	The total bank and agency spend in August was £3.6M, which represents 16.84% of the total pay bill within the month. The business group with the highest bank & agency spend in July was Medicine & Clinical Support (£1.1M).
<= 5%	



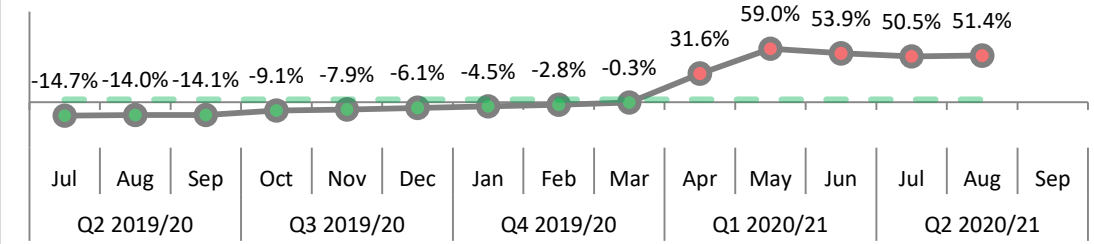
Actions
See Below

Aug-20	Agency Shifts Above Capped Rates
1932	Number of agency shifts above above the provider spend cap.
Target	There were a total of 1,932 agency shifts paid above the NHSI cap rate during the 5 week period from 27th July 2020 to 30th August 2020. This equates to an average of 386.4 shifts per week, which is an increase of 83.15 shifts per week compared to July's figures and an increase compared to the 185 shifts per week in August 2019.
<= 0	



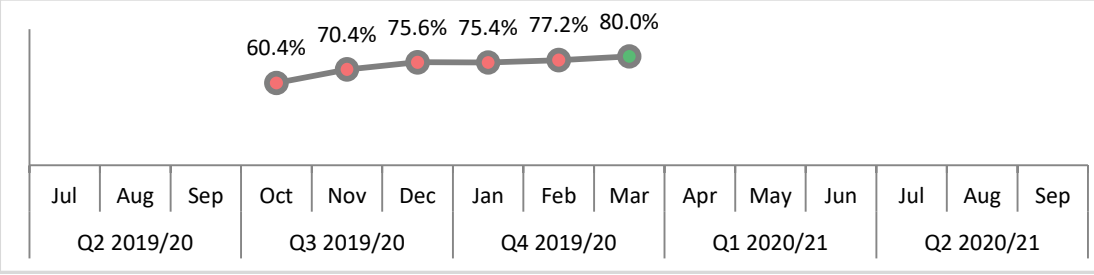
Actions
The highest number of agency breaches were in M&CS, Surgery and ED with a weekly average of 140, 93 and 86 shifts respectively, including medical and AHP shifts. Within this period there were 130 cap breaches relating to non-framework agencies - Raven (33) and Thornberry (97). Actions Recruitment to registered nurse vacancies Agency improvement process for nurse usage Benefits of roster improvement work on agency use Winter and the second pandemic wave will present staffing challenges that will continue to challenge the agency ceiling

Aug-20	Agency Spend: Distance From Ceiling (UoR)
51.4%	The percentage variance between Trusts expenditure on agency and external locums across all staff groups and the cap set by NHSi.
Target	The total number of agency shifts worked in this period, including shifts under cap, was 3,075 – an average of 615 per week. This is an average increase of 58 shifts per week compared to July. There were a total of 194 shifts paid at or above £100 per hour, which required Chief Executive approval, which is an average of 39 shifts per week, compared to 31 shifts per week in July.
<= 3%	



Actions
As above

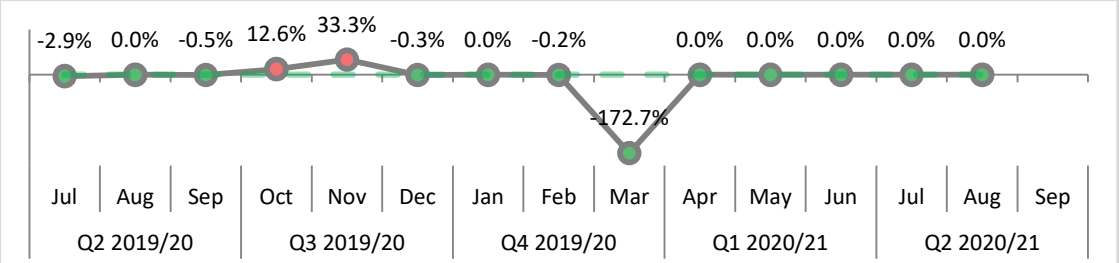
Mar-20	Flu Vaccination Uptake
80.0%	The percentage of staff receiving the flu vaccination.
Target	The Trust achieved its target of 80% of frontline staff vaccinated, releasing the associated CQUIN payment.
>= 80%	



Actions
Target achieved. The flu campaign is due to begin again in September.

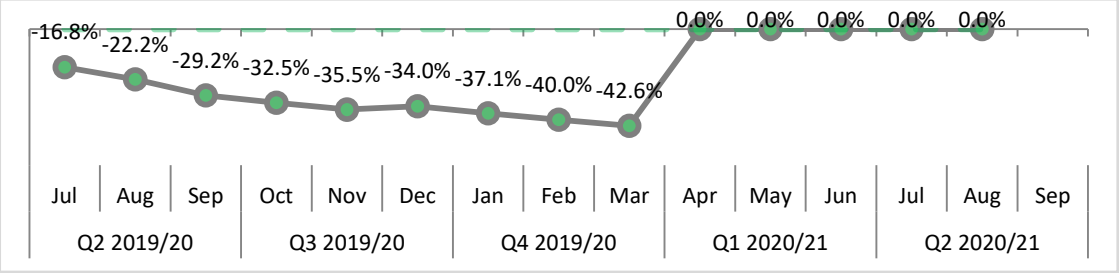
Indicator Detail

Aug-20	Financial Controls: I&E Position
0.0%	The percentage variance between planned financial position and the actual financial position.
Target	The Trust has delivered a break even financial position in the first five months of the financial year, as required nationally by NHS Improvement/ NHS England (NHSI/E). However expenditure, and therefore income, is higher than planned.
<= 0%	



Actions
•Income is £10.9m higher than the Trust's draft plan for 2020/21. •The Trust shortfall of income v expenditure has been accrued as a Covid-19 debtor totalling a further £7.4m for five months. August is the first month where the Covid-19 debtor required to achieve breakeven is broadly equal to the gross Covid costs incurred. •Total pay costs of £21.4m in August, which is £0.4m more than last month, and £2.2m more than August 2019. •Non-pay costs to date are £2.0m less than in the Trust's draft plan. As departments across the Trust enter the recovery phase non-pay costs have started to increase to pre-Covid-19 levels. •The underlying £43m deficit for the Trust has therefore not improved and full year forecast costs are in excess of this level.

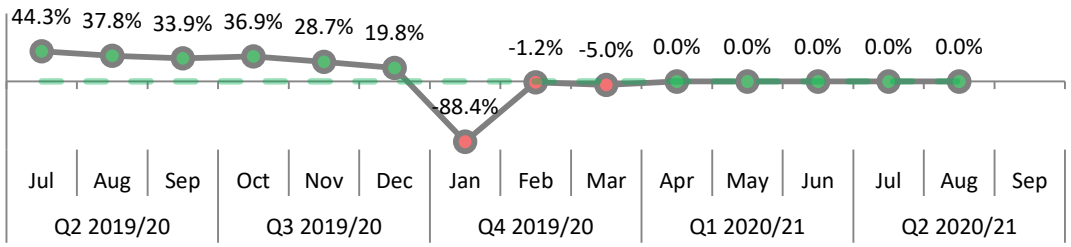
Aug-20	Cash
0.0%	The percentage variance between planned borrowing-to-date and the actual borrowing-to-date.
Target	Cash in the bank on 31st August 2020 was £49.6m, which is £0.4m less than last month.
<= 0%	



Actions
Under the revised financial arrangements from October 2020 there will no longer be a retrospective payment mechanism. Commissioners and NHS providers will continue to operate nationally calculated block contract arrangements, however these will be adjusted in line with the incentives (or penalties) linked to activity levels set out by NHSI/E in the Phase 3 letter. Although the Trust has maintained sufficient cash balances under the interim regime, the current run rate of expenditure is higher than in previous years. The potential adjustment of block payments and halting of retrospective top-ups will be challenging for the Trust to manage, particularly as the expenditure run-rate is forecast to increase as activity increases and capital schemes mobilise. Further guidance on the specific implications for cash is expected imminently.

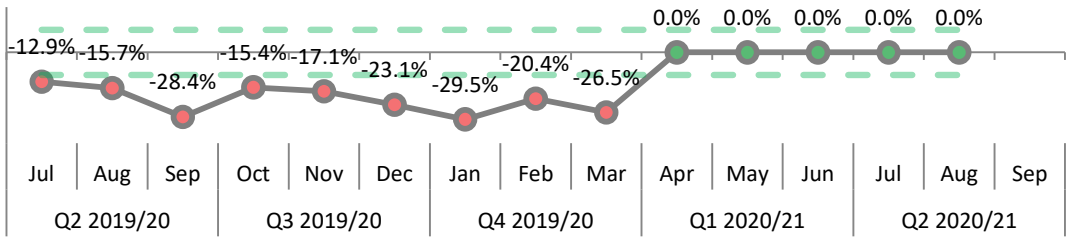
Indicator Detail

Aug-20	CIP Cumulative Achievement
0.0%	The percentage variance between planned CIP achievement and the actual CIP achievement.
Target	The Trust Cost Improvement Programme (CIP) target for April to August 2020 was £5.0m, against which no CIP has been transacted.
>= 0%	



Actions

Aug-20	Capital Expenditure
0.0%	The percentage variance between planned capital expenditure and the actual capital expenditure. Capital expenditure includes such things as buildings and equipment.
Target	Capital costs of £3.7m have been incurred to 31st August 2020.
+/- 10%	



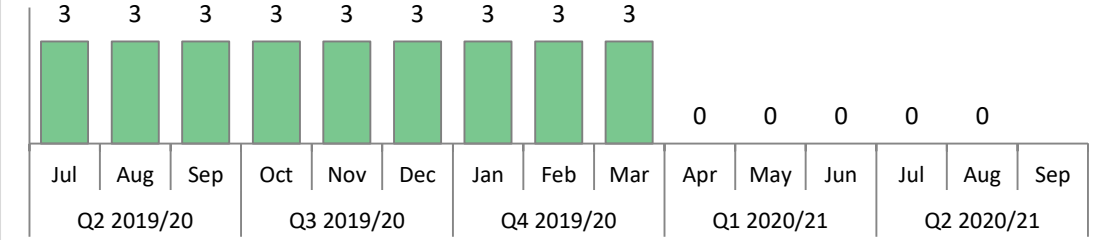
Actions

The Trust's capital programme for 2020/21 is £22.0m (including the release of Healthier Together Funding), and the normal process of managing internal schemes continues via Capital Programme Management Group (CPMG).

In addition, the Trust has made further capital bids totaling £26.8m via the GM Hospital cell for 2020/21.

Indicator Detail

Aug-20	Financial Use of Resources
0	A calculated score based on capital service capacity, liquidity, income & expenditure margin, distance from financial plan, and agency spend.
Target	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 August.
<= 3	



Actions

Safer Staffing Report - April 2020

The usual safe staffing report completed from data-sourced from the Unify (NHS Digital) submissions has been suspended nationally in month due to Covid situation a number of wards have been closed and surgical wards have been reallocated.

Nursing & Midwifery	Establishment FTE	NHSP Nurse FTE	Total Establishment	Sum of FTE Actual	NHSP Nurse FTE	Total Actual FTE	Sum of FTE Variance	Variance from Establishment %	Post Recruited to in TRAC FTE	Grand Total Variance from Establishment FTE
Corporate Services	65.69	0.00	65.69	64.51	0.00	64.51	1.18	1.79%	28.96	-27.78
Emergency Department	119.04	2.56	121.60	89.47	2.56	92.03	29.57	24.32%	0.00	29.57
Integrated Care	350.14	7.85	357.99	292.45	7.85	300.3	57.69	16.12%	34.24	23.45
Medicine & Clinical Support	311.47	7.99	319.46	264.65	7.99	272.64	46.82	14.66%	3.00	43.82
Surgery GI & Critical Care	426.21	12.28	438.49	360.23	12.28	372.51	65.98	15.05%	6.00	59.98
Women, Children & Diagnostics	354.6	3.16	357.76	348.32	3.16	351.48	6.28	1.76%	14.00	-7.72
Grand Total	**1627.15**	**33.84**	**1660.99**	**1419.63**	**33.84**	**1453.47**	**207.52**	**12.49%**	**86.20**	**121.32**

Additional Clinical Services	FTE Budgeted	FTE Actual	Variance From Establishment FTE	Variance From Establishment %
	794.00	818.09	-24.09	-3.03%
Grand Total	**794.00**	**818.09**	**-24.09**	**-3.03%**

DESCRIPTION	AGGREGATE POSITION	TREND	PERFORMANCE AGAINST PREVIOUS MONTH
RN safe staffing levels are supported by temporary staff (NHSP Bank and agency).	This is reported as demand versus NHSP and agency fill compared to substantive vacancies.	April RN rates indicate 222.3 WTE filled	Of the RN 222.3 WTE (Demand 324.9 WTE) The fill rate overall is 68.2% of the shifts requested. 40.6% are NHSP and agency 28.2%
Non-registered safe staffing levels are supported by temporary staff (NHSP Bank).	This is reported as demand versus NHSP and agency fills compared to substantive vacancies.	April non-registered rates indicate 149 WTE filled	Of the non-registered 149 WTE (Demand 242.6 WTE) the fill rate is 73.1%.

During April 2020 sickness levels increased combined with staff who were required to “shield” from patient facing duties due to Covid, impacted on staffing levels.

In order to ensure safe staffing levels in March 2020 a Staffing Hub, led by Corporate Nursing, was initiated covering 07:00–21:00 seven days a week. Business group matrons commenced a 7 day working pattern to support areas during the Covid impact.

Due to the sickness levels and shielding of temporary NHSP and 1st tier agency workers there were insufficient workers to fill the demand requested. Therefore authorisation was requested and approved to book “allocate on arrival” tier two agency RNs, and if necessary off-framework agency RNs to secure safe staffing for both the wards and Emergency Department. Insufficient cover was being provided by NHSP for non-registered support staff and authorisation was sought to cascade shifts during the Covid pandemic impact for non-registered agency staff.

In April the Trust received 68 applications from student nurses and midwives to work as a Band 3s and 4s. Approximately 30 have completed their induction and have been deployed into clinical areas. The Learning and Development Team are fast-tracking the remaining students.

Medical students have also been deployed working as non-registered support staff assisting in supporting safe staffing.

Shielded RNs are working in the Trust in non-patient facing roles such as Fit Testing and patient liaison roles.

In the Staffing Hub a “Heatmap” has been developed and is now fully operational providing clarity and assurance regarding staffing levels for all clinical wards, ED, ICU and Theatres. The nursing RAG rating is generated by reviewing established RN, Band 4 and non-registered staffing levels versus actual levels. The data also captures patient numbers and enables a professional over-ride RAG rating facilitated by matrons and Hub shift leaders to enable acuity factors to be considered.

The Hub has a ‘CommShare’ system to enable a retrospective clearly documented review of decisions made in relation to safe staffing. The Heatmap data is available to ensure the Board have daily access to up-to-date staffing levels.

CQUIN Report

Oct-20

Background

The national Commissioning for Quality and Innovation (CQUIN) payment framework allows Commissioners to reward excellence, by linking a proportion of a healthcare Providers' income to the achievement of quality improvement goals and innovations.

The Trust is required to provide its commissioning bodies with quarterly evidence submissions for each CQUIN indicator. This evidence demonstrates how the Trust has performed against the milestones set out within each CQUIN indicator.

Bi-monthly meetings are held with the Deputy Chief Nurse and CQUIN Leads to review progress and provide assurance. CQUIN updates are provided quarterly to the Quality & Safety Improvement Strategy Group (QSISG) and Quality Governance Group (QGG).

This report provides a summary of the confirmed achievement for Qtr 2 2019-20. It should be noted that the Qtr 1 position has recently changed due to some exclusion of results/payments by NHSE nationally.

KEY: **Green =** Achieved / Full Payment **Amber =** Part Payment **Red =** Not Achieved / No Payment

	CQUIN Indicator	Quarter 2 Final Position				
		Target	Result	Value	Value Secured	
1	**Antimicrobial Resistance -** Lower Urinary Tract Infections in Older People	90%	32%	£96,968	0%	£0
2	**Antimicrobial Resistance -** Antibiotic Prophylaxis in Colorectal Surgery	90%	98%	£72,726	100%	£72,726
3	**Frontline Staff Flu Vaccinations**	N/A	N/A	N/A	NA	N/A
4	**Alcohol and Tobacco** – Screening	80%	86%	£48,484	100%	£48,484
5	**Alcohol and Tobacco** – Tobacco Brief Advice	90%	50%	£48,484	0%	£0
6	**Alcohol and Tobacco** – Alcohol Brief Advice	90%	38%	£48,484	0%	£0
7	**Three High Impact Actions To Prevent Hospital Falls**	80%	51%	£193,936	47%	£91,679
8	**Same Day Emergency Care** – Pulmonary Embolus	75%	77%	£48,484	100%	£48,484
9	**Same Day Emergency Care** – Tachycardia with Atrial Fibrillation	75%	14%	£48,484	0%	£0
10	**Same Day Emergency Care**– Community Acquired Pneumonia	75%	74%	£64,645	96%	£62,059
11	**Medicines Optimisation**	N/A	PASS	£9,062	100%	£9,062
12	**National Dose Banding for Adult Intravenous Anticancer Therapy (SACT)**	95%	100%	£7,720	100%	£7,720
	Total	-	-	**£687,477**	**49%**	**£340,214**

NHS Stockport NHS Foundation Trust

Integrated Performance Report

Reporting Period August 2020

Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Introduction to this report

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

NHS Stockport NHS Foundation Trust

Quality

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

The C section rate remains above the national target, in this month quality report we have now included the maternity dashboard which further examines this area. Falls with harm remains a concern and further assurance is being sought in relation to the risk assessment process and the implementation of the falls management plans to support and prevent falls occurring.

Major Actions Commissioned / Work Underway:

Patients waiting over 52 weeks remains a significant issue for the organisation. The Harm review process for these patients has been fully reviewed and an audit of this process has been undertaken, following which the process has been refined.

Positive Assurances to Provide:

Decisions Made:

The safety thermometer information included in this report will be cross checked with out IPR information to ensure that all elements are captured in this report since the discontinuation of central collection in March 2020.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

Metric	Latest Performance			Target	
A&E: 12hr Trolley Wait	Aug-20		0		<= 0
VTE Risk Assessment	*Dec-19*		*97.60%*		*>= 95%*
Sepsis: Timely Identification	*Feb-20*		*81.00%*		
Sepsis: Timely Treatment	*Feb-20*		*42.90%*		*>= 90%*
Mortality: HSMR	Jun-20		1.05		<= 1
Mortality: SHMI	Mar-20		1.00		<= 1
Never Event: Incidence	Aug-20		0		<= 0
Serious Incidents: STEIS Reportable	Aug-20		4		
C.Diff Infection Rate	Jul-20		24.80		
C.Diff Infection Count	Jul-20		10 (cumulative)		<= 17 (annual target)
MRSA Infection Rate	Jul-20		1.08		
MRSA Infection Count	Jul-20		1		
MSSA Infection Rate	Jul-20		5.93		
E.Coli Infection Rate	Jul-20		22.11		

Integrated Performance Report

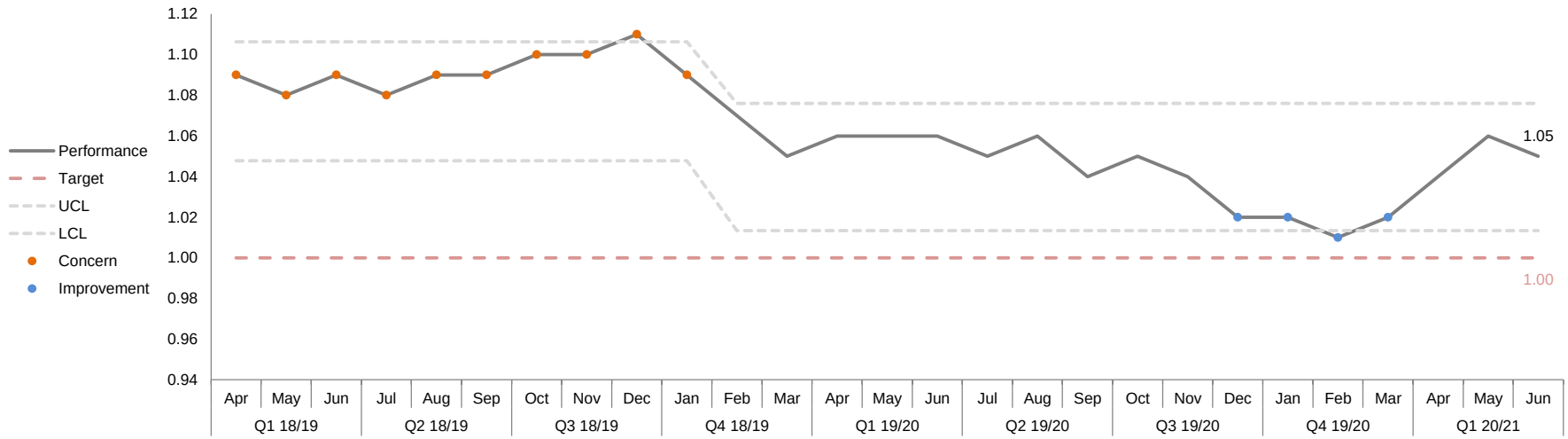
NHS Stockport NHS Foundation Trust

Summary Dashboard continued…

Metric	Latest Performance			Target	
E.Coli Infection Count	Jul-20		5		
Falls: Total Incidence of Inpatient Falls	Aug-20		380 (cumulative)	P	<= 458 (annual target)
Falls: Causing Moderate Harm and Above	Aug-20		12 (cumulative)	F	<= 10 (annual target)
Pressure Ulcers: Hospital, Category 2	Jul-20		30 (cumulative)	P	<= 85 (annual target)
Safety Thermometer: Hospital	*Mar-20*		*95.70%*	P	*>= 95%*
Safety Thermometer: Community	*Mar-20*		*97.10%*	P	*>= 95%*
Emergency C-Section Rate	Aug-20		19.30%	F	<= 15.4%
Friends & Family Test: Response Rate	Jul-20		17.90%		
Friends & Family Test: Inpatient	Jul-20		96.60%		
Friends & Family Test: A&E	Jul-20		89.20%		
Friends & Family Test: Maternity	Jul-20	H	100.00%		
Complaints Rate	Aug-20		0.60%		
Complaints: Response Rate 45	Aug-20		84.00%	F	>= 95%
Referral to Treatment: 52 Week Breaches	Aug-20	H	940	F	<= 0

Integrated Performance Report

NHS Stockport NHS Foundation Trust

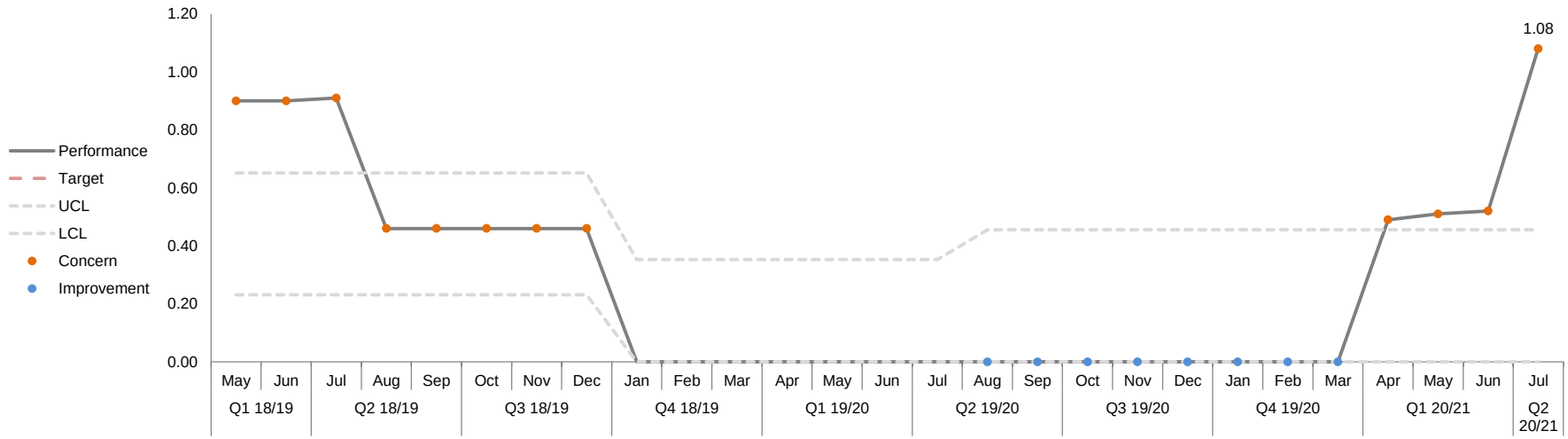
Measure	**Mortality: HSMR** This is the ratio between the actual number of patients who either die while in hospital compared to the number of patients that would be expected to die based on whether patients are receiving palliative care,
Performance of this measure over time	
What the chart tells us	The data shows that for a long period, the variation in monthly performance is normal, or common variation. Between December 2019 and March 2020 the shows special cause variation indicating a potential improvement against this mortality indicator, but April 2020 has seen a return to normal variation. The target of 1.0 is outside the lower limits of normal variation, so without further investigation and change to processes, achievement against this target is unlikely.

Narrative

Issues:	Actions:	Mitigations:
	All diagnostic codes which are flagged are under investigation. Our mortality dashboard is being revised for our October quality committee.	

Integrated Performance Report

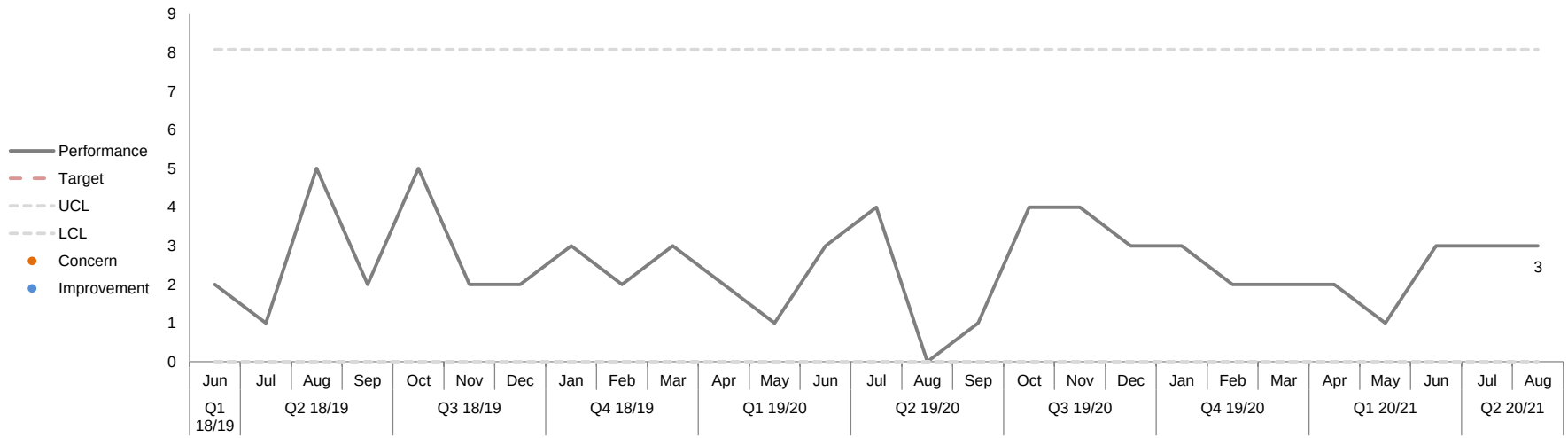
NHS Stockport NHS Foundation Trust

Measure	**MRSA Infection Rate** Average number of MRSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MRSA infections compared to the rolling 12 month average number of bed day
Performance of this measure over time	
What the chart tells us	The data shows successful achievement against target since January 2019. Since April 2020 the data shows special cause variation, indicating a potential concern with increasing infections outside the normal variation limits.

Narrative	**Issues:**	**Actions:**	**Mitigations:**
		In July there was 1 case of MRSA The target is monitored through the infection prevention & control group which has been changed to monthly Presented to HCAI panel and found to be avoidable due to lack of care and management of line. The Trust is looking at documentation around VIP scores to ensure these are in-line with the National recommendations in managing lines.	An audit of the VIP scores completed is being undertaken to see if there are any specific hot spots that can be supported. This is also being picked up through our practice educators in our clinical areas.

Integrated Performance Report

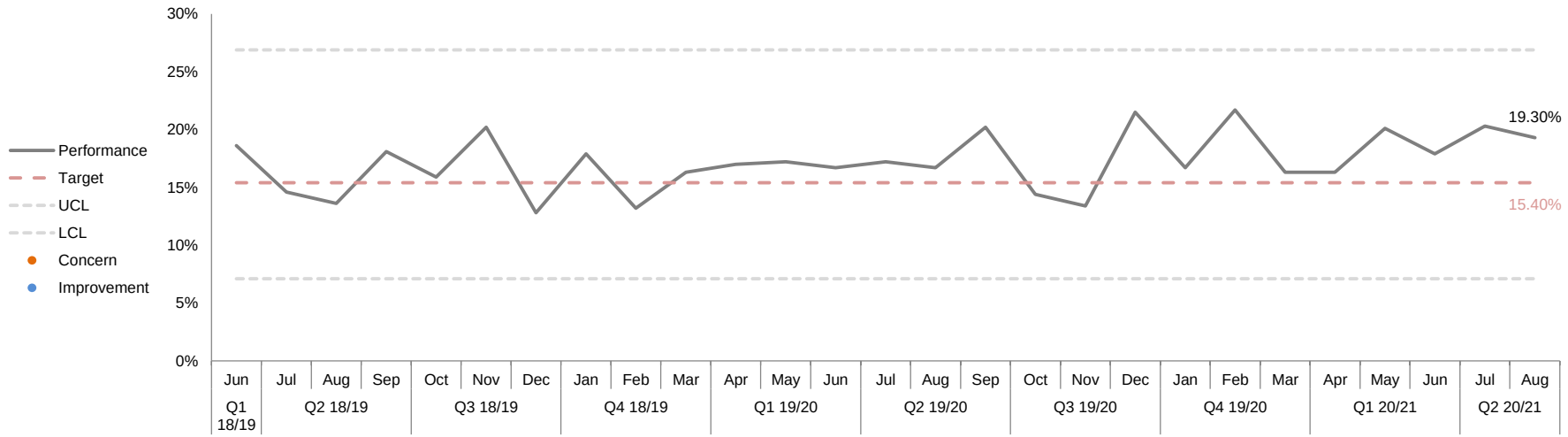
NHS Stockport NHS Foundation Trust

Measure	**Falls: Causing Moderate Harm and Above** Total number of falls causing moderate harm and above.
Performance of this measure over time	
What the chart tells us	The data shows that variation in the number of falls causing harm is within normal limits, although the wide control limits suggest that the data is inconsistent. This indicator is measured against an annual target of 10 falls causing moderate harm and above, and the Trust has had 12 since April 2020, therefore we are not achieving the target set for this metric.

Narrative	**Issues:**	**Actions:**	**Mitigations:**
		There were 3 falls with moderate harm or above. 1 patient cared for on Ward B4 sustained a small haemorrhage and fracture to Zygomatic arch & orbital floor (confirmed on CT scan) and a wrist fracture to radius and ulna (confirmed on X Ray) 1 patient cared for on Ward B3 sustained a closed greater trochanter hip fracture (confirmed by X-ray.) 1 patient cared for on Ward C6 sustained a fractured Neck of Femur (confirmed by X ray) Investigations are ongoing. NB - Additional fall with harm now confirmed for July 2020 Patient cared for on A3 sustained hip fracture (Identified on CT scan following 2 previous X-rays).	We are not seeing any improvement in relation to falls occurring with harm to our patients and the graph presents normal variation. Further assurance is being sought through examining the falls collaborative work in regard to risk assessments and prevention plans.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Emergency C-Section Rate** The number of patients having an emergency c-section, as a percentage of all patients having registerable births.
Performance of this measure over time	
What the chart tells us	The data for this metric shows common cause variation throughout. The big distance between upper and lower control limits suggest that performance against this metric is inconsistent, and although the target of 15.4% is within the control limits, we have consistently failed to achieve this target since December 2019.

Narrative

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

Integrated Performance Report

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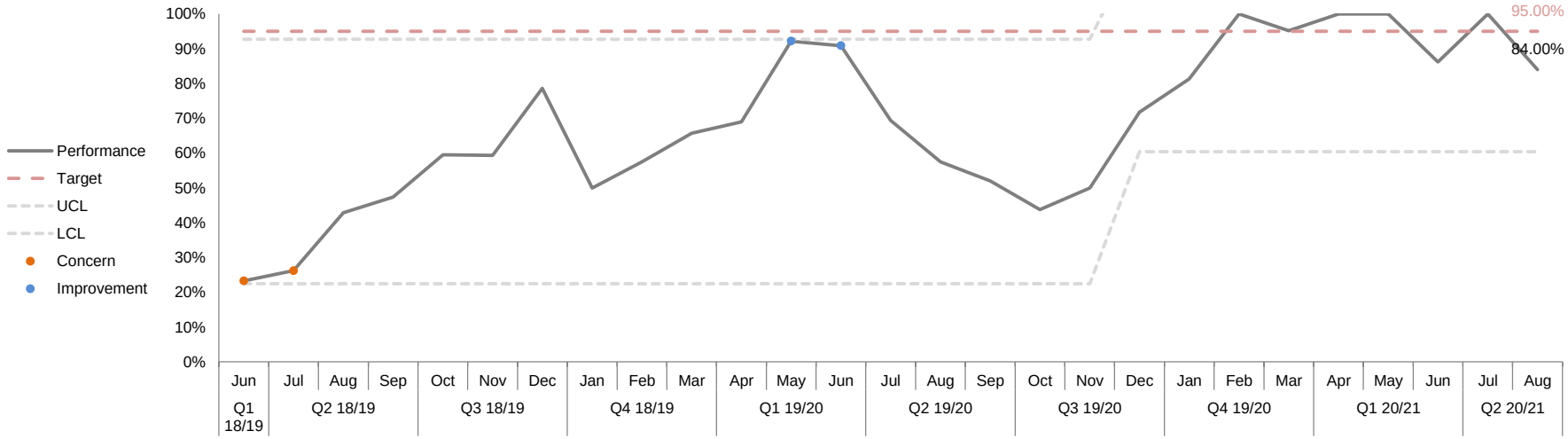
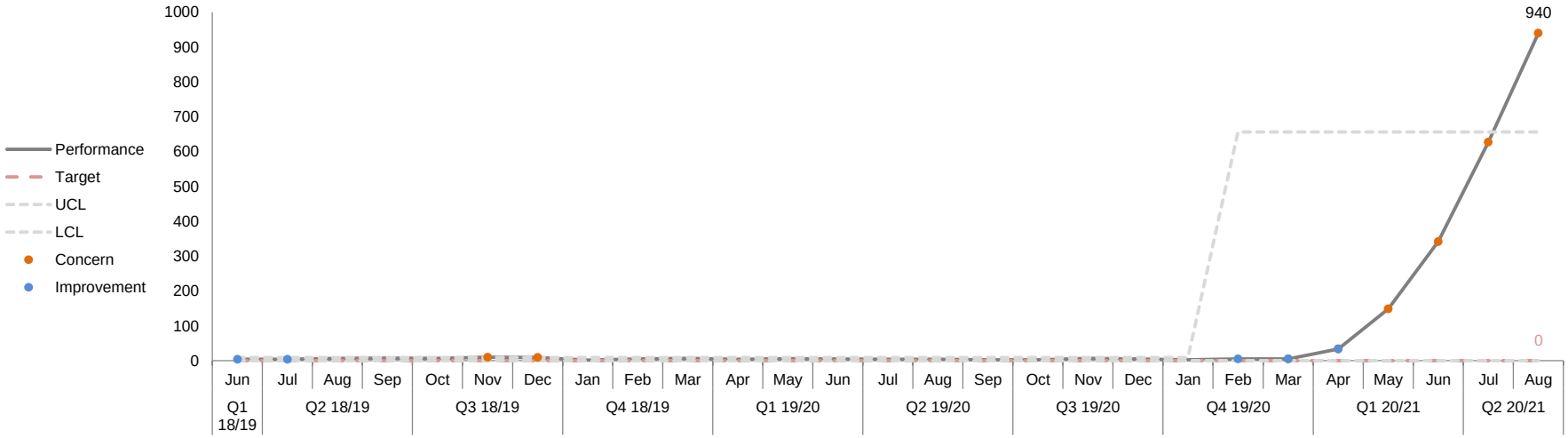
Measure	**Complaints: Response Rate 45** The percentage of formal complaints responded to within 45 days.
Performance of this measure over time	
What the chart tells us	The data provided for this metric suggests that a change in process back in December 2019 led to an improved performance, although the target is not currently being achieved consistently.

Narrative	**Issues:**	**Actions:**	**Mitigations:**
		The patient and customer services team continue to liaise with the business groups and the executive team with the aim of improving the Trust complaints response rate. Complainants are kept informed of any delays that occur resulting in the Trust not being to respond in the agreed timeframe.	The decrease in compliance from 100% on previous reporting months relates to 1 complaint that did not meet the response timeline agreed.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Referral to Treatment: 52 Week Breaches** The total number of patients whose pathway is still open and their clock period is greater than 52 weeks at month end.
Performance of this measure over time	
What the chart tells us	The data shows that between June 2018 and March 2020 normal variation in performance consistently fell between 0 and 9. From April 2020 the data shows special cause variation indicating concern.

Narrative

Issues:	Actions:	Mitigations:
The number of patients waiting over 52 weeks on their RTT pathway has significantly increased to 940 at the end of August. The specialities with the highest numbers of 52+ week breaches are: Oral Surgery, ENT, Urology, General Surgery and Gastroenterology. Furthermore, the Trust's forecast number of 52 week breaches by the end of March mark it as an outlier against other GM Trusts.	The Trust is currently working up a programme to understand the requirements to recover ENT, Urology, Gastroenterology and Oral Surgery specifically. All other areas have developed profiles that provide assurance that 52 week breaches will be minimised. The recovery timeline for the four specialties will move through Q3&Q4 to ensure that the Trust is reversing the growth trend and reducing the overall projection of 52 weeks below 5,188 as submitted within the P3 plan. The Trust is also currently reviewing its paediatric surgical operating model to establish opportunities to generate safe and effective capacity for paediatric patients, a number of which will be listed for ENT and Oral surgery procedures.	

NHS Stockport NHS Foundation Trust

Workforce

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Highlight Report

Matters of Concern or Key Risks to Escalate:

Reduction of sickness absence in month performance, however challenges with this translating to the 12month rolling performance; risk is presented for both sickness absence and all temporary staffing spend (including agency) performance metrics by winter and the second pandemic wave.

Appraisal performance has been impacted by the national pause on this activity; whilst plans are in place to restart this process there is a risk that this will be negatively impacted by winter and a second pandemic wave.

Major Actions Commissioned / Work Underway:

Flu campaign commences 28/09/2020

Staff Survey campaign commences 05/10/2020

Positive Assurances to Provide:

Turnover has remained stable and we continue to support the retention of our staff with increased mentorship, preceptorship and practice based education. Hospital zoning has also reduced the level of staff moves which was a significant source of dissatisfaction. Recommencing training and education opportunities post pandemic will also contribute to improved levels of morale. A focussed piece of work on improving culture within teams has also commenced which will contribute to making the Trust a great place to work and improving retention of staff

Decisions Made:

Integrated Performance Report

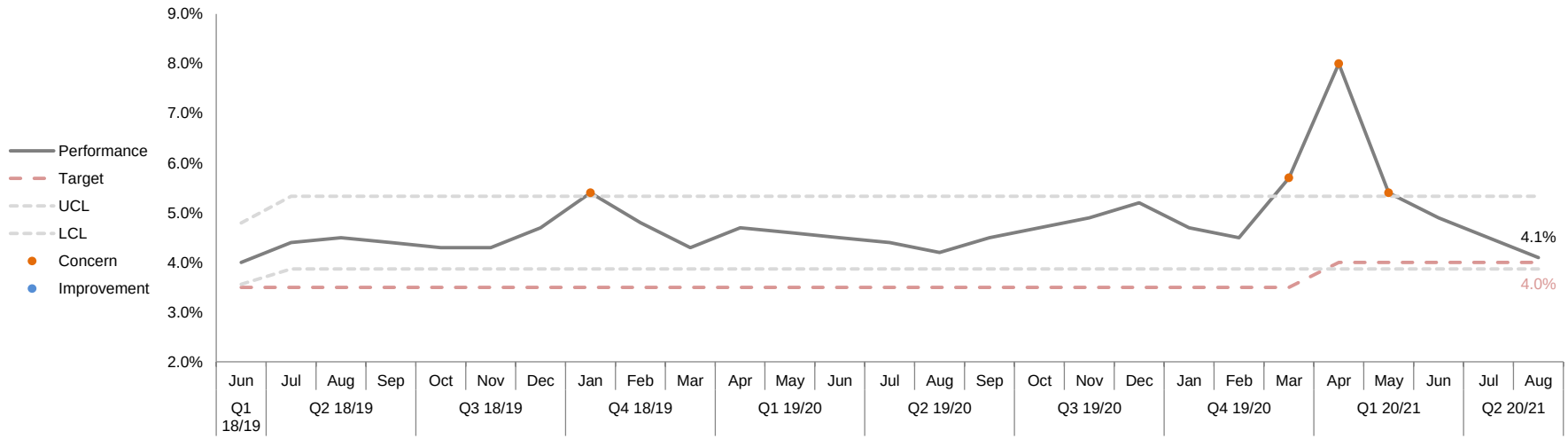
NHS Stockport NHS Foundation Trust

Summary Dashboard

Metric	Latest Performance			Target	
Substantive Staff-in-Post	Aug-20	H	94.30%	P	>= 90%
Sickness Absence: Monthly Rate (UoR)	Aug-20		4.10%	F	<= 4%
Sickness Absence: Rolling 12-Month Rate (UoR)	Aug-20	H	5.10%	F	<= 4%
Workforce Turnover (UoR)	Aug-20	L	13.08%	?	<= 13.94%
Staff Friends & Family Test: Recommend for Work	Mar-20		54.80%		
Staff Friends & Family Test: Recommend for Care	Mar-20	L	61.80%		
Appraisal Rate: Medical	Aug-20	L	65.30%	F	>= 95%
Appraisal Rate: Non-medical	Aug-20	L	74.50%	F	>= 95%
Statutory & Mandatory Training	Aug-20		92.60%	P	>= 90%
Bank & Agency Costs	Aug-20	H	16.80%	F	<= 5%
Agency Shifts Above Capped Rates	Aug-20		1,932	F	<= 0
Agency Spend: Distance From Ceiling (UoR)	Aug-20	H	51.40%	F	<= 3%
Flu Vaccination Uptake	Mar-20		80.00%	P	>= 80%

Integrated Performance Report

NHS Stockport NHS Foundation Trust

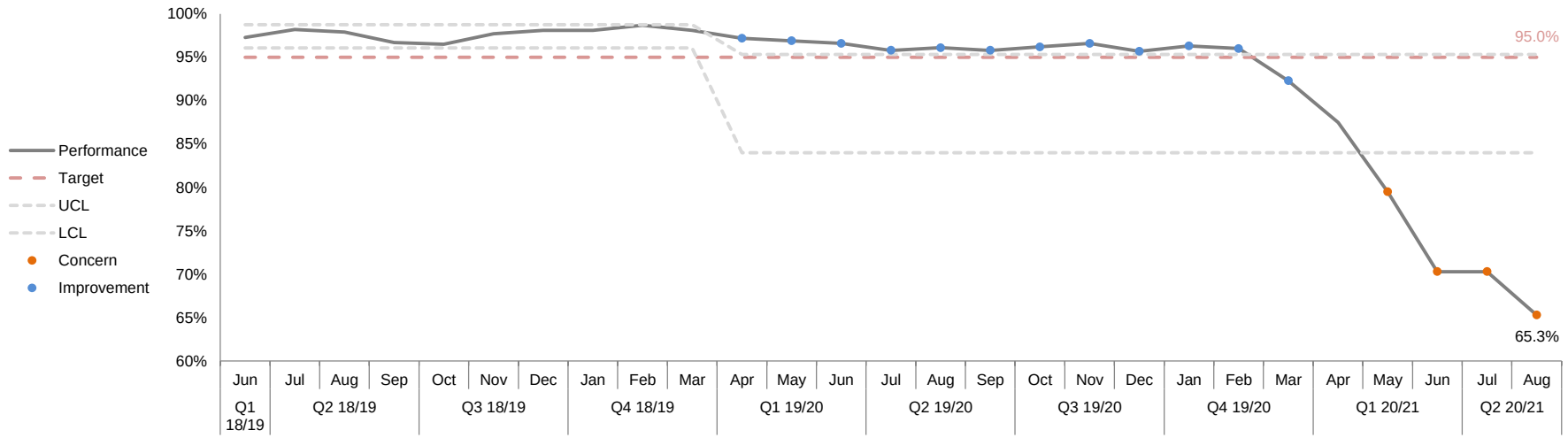
Measure	**Sickness Absence: Monthly Rate (UoR)** The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.
Performance of this measure over time	
What the chart tells us	The chart indicates special cause variation between March and May where sickness absence levels higher than is normal. June to date has seen a return to normal absence levels. The target absence level of 4% has been set from April 2020 onwards, which does bring target into the achievable range (between the upper and lower limits of normal variation) although the data still suggests that more needs to be done to consistently achieve the target absence level.

Narrative

Issues:	Actions:	Mitigations:
	Regular promotion of staff Health and wellbeing support initiatives through Facebook and the staff communications. This supports staff to remain well and in work. COVID testing for staff continues to aid swift self-isolation to avoid unnecessary spread of the virus.	On 1 August 2020 staff previously shielding returned to the workplace where possible. In a minority of cases some staff who were unable to return to work have reverted to sickness absence. Non-covid related absences continue to be managed in line with the Trust policy.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Appraisal Rate: Medical** The percentage of medical staff that have been appraised within the last 15 months.
Performance of this measure over time	
What the chart tells us	The chart shows special cause variation from May 2020 to date, showing lower than normal performance levels.

Narrative	**Issues:**	**Actions:**	**Mitigations:**
	Performance has been adversely impacted by the pandemic and national position pausing appraisals.	All appraisals, including medical appraisals due to expire have been deferred. This arrangement was in place until 31 August 2020; the recommencement of revalidation will demonstrate an improved trajectory to recover performance.	Medical appraisals have now restarted and so this figure will start to improve

Integrated Performance Report

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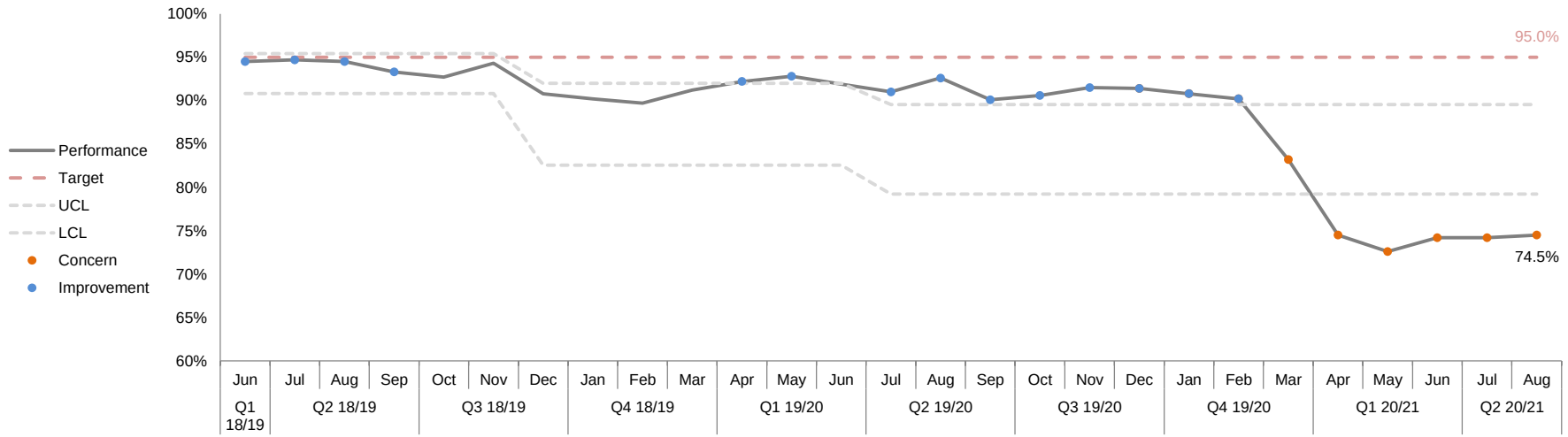
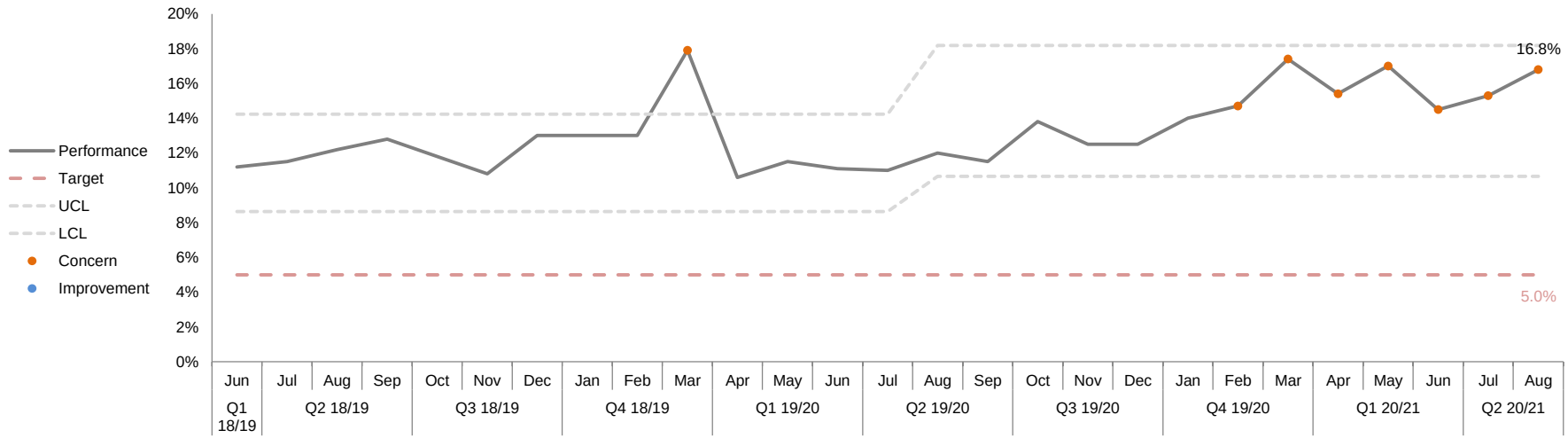
Measure	**Appraisal Rate: Non-medical** The percentage of non-medical staff that have been appraised within the last 15 months.
Performance of this measure over time	
What the chart tells us	The chart shows special cause variation from March 2020 to date, showing lower than normal performance levels. The target of 95% sits outside of the upper and lower limits of normal variation which suggests achieving the target is unlikely without a change to current process.

Narrative

Issues:	Actions:	Mitigations:
Performance has been adversely impacted by the pandemic and national position pausing appraisals.	The OD team is still working with teams to help increase the number of appraisals using targeted information. Business Groups leaders receive a monthly email which contains a RAG rating for each outlining the number of appraisals which are outstanding. The OD team continue to offer Performance Appraisal Training for appraisers and Preparing for Your Performance Appraisal training for appraises.	Appraisals have restarted and progress is being overseen via the monthly performance review meetings.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Bank & Agency Costs** The total bank & agency cost as percentage of the total pay costs
Performance of this measure over time	
What the chart tells us	The data is showing special cause variation between February and August 2020, highlighted because all data points are higher than the normal/average levels for the current process. The target of 5% has been outside the upper and lower limits of common cause variation since 2018/19, which suggests that target levels are not achievable without a change to the current process.

Narrative

Issues:	Actions:	Mitigations:
Winter and the second pandemic wave will present staffing challenges that will continue to challenge the agency ceiling	Recruitment to registered nurse vacancies Agency improvement process for nurse usage Benefits of roster improvement work on agency use	Continued oversight and approval processes through the workforce advisory group and associated ECP responsibilities.

Report to:	Trust Board	**Date:**	6 October 2020
Subject:	CQC Improvement Action Plan – Update and Exception Report		
Report of:	Interim Director of Governance & Risk Assurance	**Prepared by:**	Paul Linehan, Governance Adviser

STATUS - REPORT FOR ASSURANCE

Corporate objective ref:	ALL	**Summary of Report** The CQC improvement action plan contains a total of 267 actions at time of report (18 September 2020); the same total number as reported in August 2020. • 19 (7%) Assurances received and supported by evidence confirming three consecutive months of compliance **(Blue – completed action fully embedded into practice);** an increase of 5% on the August report. • 243 (91%) of actions are on-track (Green **– satisfactory progress);** a decrease of 6% on the August report • 5 (2%) actions are problematic (Amber – **concern regarding delivery**); an increase of 1% on the August report. • 0 (0%) of actions are overdue for completion **(breached target date RED**) no change on August report. Appendix A provides a tracked overview of CQC Action Plan progress July 2020 to September 2020 Appendix B provides a summary of September 2020 new embedded (Blue) actions and actions that are off-track and at-risk. Appendix C provides an assessment of progress and trajectory against all Must Do actions (regulatory breaches) identified in the CQC inspection report of May 2020. The Trust Board are invited to: • Note the progress being made to address CQC improvement actions; • Consider and where necessary discuss corrective actions to bring the CQC Action Plan back on track; and • Advise on any further action or assurance required by the committee.
	ALL	
CQC Registration Standards ref:	ALL	
Equality Impact Assessment:	☐ Completed ☐ Not required	
Attachments:		Appendix A – CQC Action Plan Progress Tracking Chart Appendix B – Exception Report (Highlight September Embedded (Blue actions) and (Off-track/at risk Amber and Red actions) Appendix C – Must Do Progress and Trajectory Report
This subject has previously been reported to:		☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☒ Quality Committee ☐ Finance & Performance Committee ☐ People Performance Committee ☐ Charitable Funds Committee ☐ Exec Management Group ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

Table 1 - Must and should do actions total (18 September 2020)

CQC ACTION PLAN UPDATE REPORT - POSITION AS AT 18 SEPTEMBER 2020

1. PURPOSE

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

2. BACKGROUND OR CONTEXT

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

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

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

3. ANALYSIS

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

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

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

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

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

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	0	9	0	0
Dignity and Respect	3	3	0	0
Environment	0	24	0	0
Equipment	0	15	0	0
Finance	0	1	0	0
Governance	5	48	0	0
Patient Care	4	23	0	0
Performance	0	5	5	0
Safe Staffing	4	43	0	0
Staff Engagement	0	7	0	0
Strategy	1	9	0	0
System Partners	0	12	0	0
Training	2	44	0	0
Total:	**19**	**243**	**5**	**0**

4.0 CQC Action Plan Progress – 18 September 2020

Table 1 summarises the current position of the CQC action plan following completion of the monthly confirm and challenge meetings. Of the total 267 actions 243 (91%) are progressing as planned and 19 (7%) are completed and embedded in practice. A total of 5 actions (2%) are at risk, but with recovery actions/plans in place; and there are 0 actions (0%) overdue for completion.

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

5. Completions/Exceptions and Trajectory.

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

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

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

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

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

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

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

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

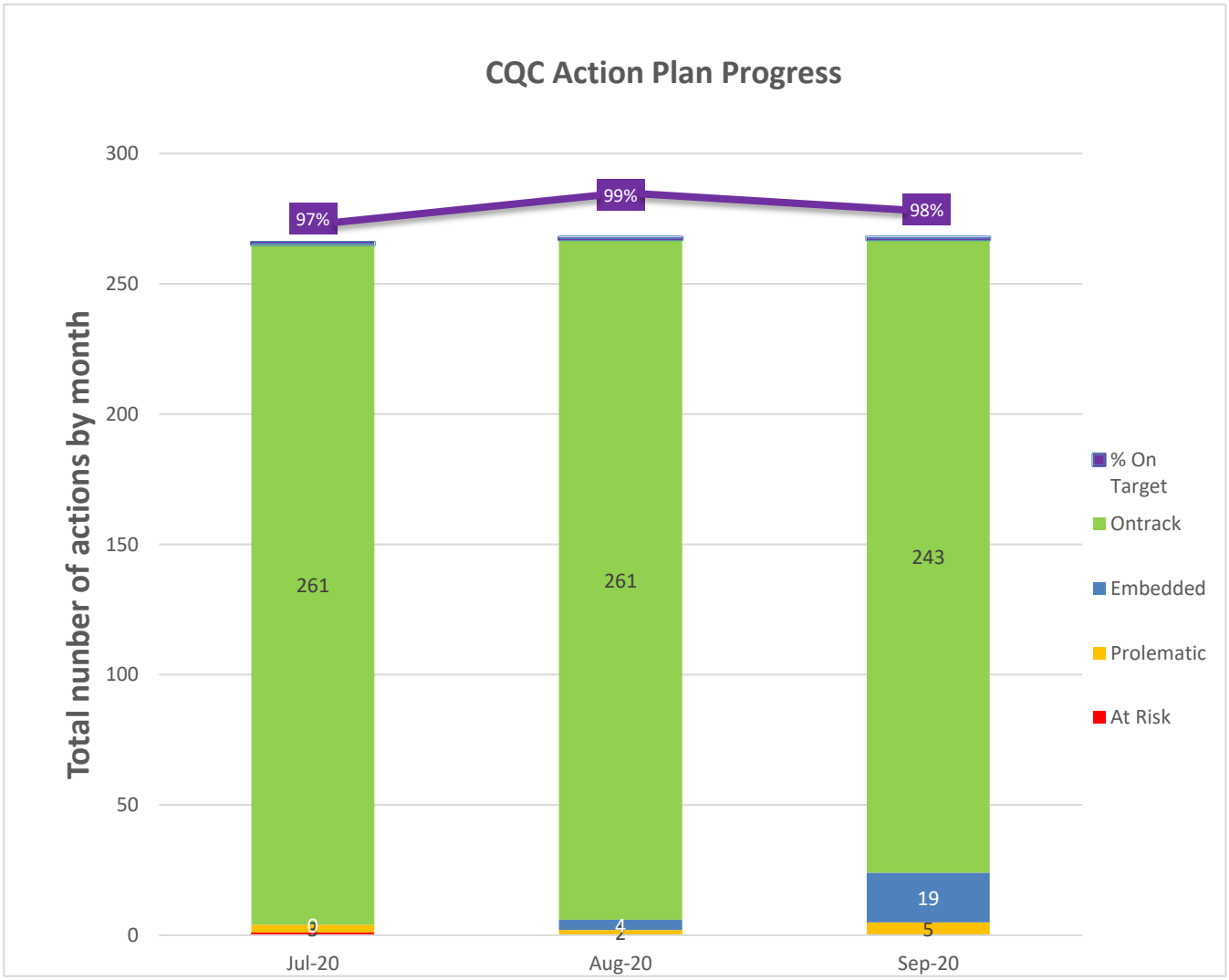
7. RECOMMENDATION

7.1 The Trust Board of Directors are invited to:

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

Paul Linehan
Governance Adviser
29/09/2020

APPENDIX A – CQC Action Plan Tracking Chart



APPENDIX B

Exception Report - Must Do & Should Do Actions

Reference Number	Core Service	CQC Issue	Progress Notes	Action Status	Action Owner	SRO	Target Date
MD_10.01	Urgent & Emergency Care	Component Issue The Trust must ensure systems are operated effectively to monitor and improve quality of care and patient experience and to mitigate risks Specific Issue Review risk registers in line with new approach to risks	08/07/20 - Review of risk registers completed for all business groups and major corporate functions. Risk profiles are now being received and reviewed by the Risk Management Committee which commenced in 06/20 Significant risks refreshed and reported to RMC and Board of Directors. These risks continue to evolve, and the Board have been advised to anticipate changes while registers are subject to examination and scrutiny by RMC. 11/09/20 - Action completed and embedded into practice	Complete	Interim Director of Governance & Risk Assurance	Delivery Director	30/09/2020

MD_11.01	Urgent & Emergency Care	Component Issue The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users; and that there is sufficient suitably qualified, competent, skilled and experienced staff provide safe care and treatment. Specific Issue Develop recruitment and retention plan	08/07/20 - Developed as part of ED improvement plan 14/08/20 - Presentation bi-weekly to ET report progress on recruitment plan. Position has considerably improved 11/09/20 - Recruitment and retention plan working effectively and seeing month on month improvement currently only 2 RN vacancies left to recruit to. Action now complete	Completed	Director of Workforce & OD	Delivery Director	30/06/2020
MD_11.02	Urgent & Emergency Care	Component Issue The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users; and that there is sufficient suitably qualified, competent, skilled and experienced staff provide safe care and treatment. Specific Issue Implement staffing escalation process	19/08/20 - Brand new tool adapted based on the Barnett tool and now in used within ED. ED surge tool. 11/09/20 - Staffing SOP strengthened to include a clearly articulated staffing escalation process. Use of the escalation process was seen by CQC inspectors and positive feedback received in feedback from the CQC team from ED assessment visit in August 2020.	Completed	Director of Workforce & OD	Delivery Director	30/06/2020

MD_11.03	Urgent & Emergency Care	<u>Component Issue</u> The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users; and that there is sufficient suitably qualified, competent, skilled and experienced staff provide safe care and treatment. <u>Specific Issue</u> Implementation of protocol within the rota system that provides protected time for training for completion or mandatory and role specific	28/07/20 - The rota system in ED now contains the facility to protect training time. However, further assurance is required on implementation of protected training time slots (need evidence that staff are using allocated slots for training time as scheduled) 28/07/20 - The rota systems in ED has a facility for identifying protected time which is used by the service. Additional assurance required to ensure that protected is used as allocated. 14/08/20 - Increase in stat and man training within the dept. which suggests allocation of training slots is having a positive impact on training figures. Keep as amber currently until next review as SRO. 19/08/20 - Taking assurance senior leadership team UEC. One training course has been cancelled since 03/20. Process developed to monitor uptake of training allocated to staff. Practise Based Educator post commence in role to support this process.	Completed	Director of Workforce & OD	Delivery Director	30/06/2020

			11/09/20 – Rota system in place and working effectively. Embedded into practice and action complete.				
MD_11.04	Urgent & Emergency Care	<u>Component Issue</u> The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users; and that there is sufficient suitably qualified, competent, skilled and experienced staff provide safe care and treatment. <u>Specific Issue</u> Implementation of 6-week advanced staffing rota in ED	08/07/20 – ED fully implemented 6-week advanced rota planning system 14/08/20 – 6-week rota plans are system sent weekly to the CQC (commenced in May 2020)	Completed	Director of Workforce & OD	Delivery Director	30/06/2020
MD_15.04	Medical Care	Implementation of a process for Email reminders to all staff where at least one training topic has expired. (Piloted March –May 2020).	14/08/20 - Implementation of text reminder system to alert staff of up-coming training 07/09/20 - Text reminders implemented in July 20. Action complete and rated as embedded on receipt of supporting evidence of full implementation.	Completed	Director of Workforce & OD	Deputy Director of Workforce and OD	30/06/2020

SD_17.01	Urgent & Emergency Care	Component Issue The trust should consider how it can improve staff availability for, and levels of attendance at, mandatory training courses Specific Issue Implementation of protocol within the rota system that provides protected time for training for completion or mandatory and role specific	04/08/20 - Currently time isn't protected within rota. Reviewing services on health roster and utilisation of the rota system. Currently in process of allocation of training time. System went live w/c 27/07 currently being run within a test mode to establish integrity. 19/08/20 - Taking assurance senior leadership team UEC. One training course has been cancelled since 03/20. Process developed to monitor uptake of training allocated to staff. Practise Based Educator post commence in role to support this process.	Completed	Director of Workforce & OD	Delivery Director	30/06/2020
SD_19.01	Urgent & Emergency Care	Component Issue The trust should consider how it can improve staff availability for, and levels of attendance at, mandatory training courses Specific Issue Implementation of appropriate numbers of safe staffing within wards which will increase availability of staff to respond to call bells	19/08/20 - Safer nurse staffing and escalation tool implemented. Also utilisation of the staffing hub. 11/09/20 - ECIST support have identified through a staffing model exercise that ED currently have the correct numbers of staff available and in turn will support the responsiveness of staff to call bells. Additional testing work with call bells from the estates team to ensure call bells are working.	Completed	Chief Nurse	Delivery Director	30/06/2020

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

SD_31.02	Urgent & Emergency Care	ED Safety checklist monitored through ED Governance Board	14/08/20 - ED Safety checklist is monitored through the relevant governance meetings.	Completed	Chief Nurse	Delivery Director	30/06/2020
SD_31.04	Urgent & Emergency Care	<u>Component Issue</u> The trust should ensure that staff are reminded to maintain basic standards of care, dignity and communication with patients at all times, even when demand is heavy. <u>Specific Issue</u> Ensure that patient experience is part of the planning and delivery of compassionate care	19/08/20 - Friends and family survey reported monthly. Recent months have shown satisfaction rates are around 90%. Discussed as part of monthly Governance Board. 11/09/20 - Implemented weekly friends and family test and obtain feedback and act upon that feedback. Additionally, implementing further patient experience feedback methods to try and obtain information around patients experience in the area of long waits.	Completed	Chief Nurse	Delivery Director	30/06/2020
SD_33.01	Urgent & Emergency Care	<u>Component Issue</u> The trust should consider how it minimise the distress caused to patients living with dementia or learning disabilities who attend during periods of heavy demand and activity <u>Specific Issue</u> appropriate implementation of systems to ensure staffing levels match demand will facilitate sufficient time to appropriately respond to the	19/08/20 - Safer nurse staffing and escalation tool implemented. 11/09/20 – Continued use of escalation tool and utilisation of the staffing hub.	Completed	Chief Nurse	Delivery Director	30/06/2020

		needs of patients with protected characteristics (Learning disabilities, dementia)					
SD_49.02	Services for Children and young people	<u>Component Issue</u> The provider should continue to complete incident records in a timely way and ensure all staff share in learning from incidents. <u>Specific Issue</u> Appoint to governance lead vacancy	05/08/20 - Appointment of band 7 governance and risk lead for paediatrics –FTC 12 months, to oversee and support policy review and update, improve feedback to clinical teams. Development of a monthly governance newsletter, work in progress to identify key messages. 14/08/20 - Newsletter now in place and evidenced. Require evidence for staff member in post. 04/09/20 - Action now completed and governance lead in post.	Completed	Interim Director of Governance & Risk Assurance	Business Group Director - WC&D	30/11/2020

Reference Number	Core Service	CQC Issue	Progress Notes	Action Status	Action Owner	SRO	Target Date
MD_01.17	Trust level	Component Issue The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users; and that there is sufficient suitably qualified, competent, skilled and experienced staff provide safe care and treatment. Specific Issue Reduce RN/RM vacancies by 10% (No greater than 153 vacancies)	12/08/20 - Current vacancy rate at 170 WTE. Approval received for 18 international nurses due to start with the Trust in September. 11/09/20 - Successful recruitment to International nurses - offered 20 places. Virtual recruitment campaign being built up and live in next few weeks. Action changed to amber as currently have around 170 RN/RM vacancies.	Problematic	Chief Nurse	Deputy Chief Nurse	31/12/2020
MD_03.02	Trust level	Component Issue The trust must improve the flow of patients through the emergency department and the hospital so that patients are assessed, treated, admitted and discharged in a safe, timely manner. Specific Issue Establish a clinically led System-wide programme focused on flow through the hospital system and beyond.	19/08/20 - PWC leading on this piece of work. They have been commissioned for a further 8 weeks. Roles and responsibilities across the trust relating to patient flow are being finalised and will then be disseminated. 11/09/20 - Dashboard has been development by PWC around measures. A need for this to be split between Medicine, WCD, Surgery. Not currently seeing outcomes/benefits from this piece of work as expected.	Problematic	Chief Operating Officer	Delivery Director	31/12/2020

			11/09/20 - Agreement with SRO that actions relating to system-wide flow are problematic currently due to pressures within the system/hospital. Winter plan in place with reduced bed base than last winter but with additional 71 community beds.				
MD_03.03	Trust level	<u>Component Issue</u> The trust must improve the flow of patients through the emergency department and the hospital so that patients are assessed, treated, admitted and discharged in a safe, timely manner. <u>Specific Issue</u> Obtain buy-in from all System partners and establish a weekly improvement cycle.	19/08/20 - Reducing days away from home programme now refreshed. Urgent Care Ops group also in place which include attendance from system partners. 21/08/20 - PWC leading on this piece of work. They have been commissioned for a further 8 weeks. 11/09/20 - RDAFH programme has been refreshed and Medical Director is leading on this piece of work. 11/09/20 - Agreement with SRO that actions relating to system-wide flow are problematic currently due to pressures within the system/hospital. Winter plan in place with reduced bed base than last winter but with additional 71 community beds.	Problematic	Chief Operating Officer	Delivery Director	31/12/2020

MD_03.04	Trust level	Component Issue The trust must improve the flow of patients through the emergency department and the hospital so that patients are assessed, treated, admitted and discharged in a safe, timely manner. Specific Issue Adopt a PDSA approach across the system to embed improvements and improve local ownership	21/08/20 - Utilising QI AQuA model approach. 11/09/20 - Agreement with SRO that actions relating to system-wide flow are problematic currently due to pressures within the system/hospital. Winter plan in place with reduced bed base than last winter but with additional 71 community beds.	Problematic	Chief Operating Officer	Deputy Chief Operation Officer	31/12/2020
MD_03.05	Trust level	Component Issue The trust must improve the flow of patients through the emergency department and the hospital so that patients are assessed, treated, admitted and discharged in a safe, timely manner. Specific Issue Evaluate progress each quarter and adapt approach accordingly.	21/08/20 - Request from COO as SRO to create additional action to be assigned to Delivery Director as action owner. 11/09/20 - Agreement with SRO that actions relating to system-wide flow are problematic currently due to pressures within the system/hospital. Winter plan in place with reduced bed base than last winter but with additional 71 community beds.	Problematic	Chief Operating Officer	Delivery Director	31/12/2020

APPENDIX C

Assessed Trajectory (Based on review of evidence and progress made to 18 September 2020) - Must Do Actions

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

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

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

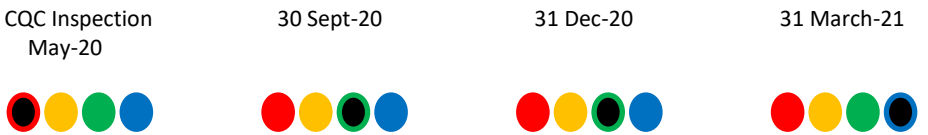
On-track: progress is positive, and performance is as expected.

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

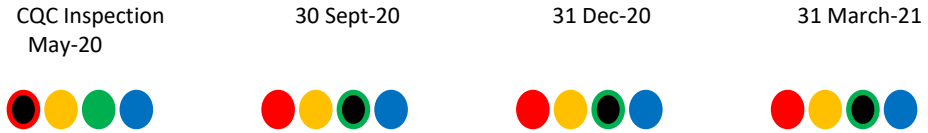
	CQC Inspection May-20	30 Sept-20	31 Dec-20	31 March-21
The trust must make significant improvements to ensure they have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment at all times,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

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

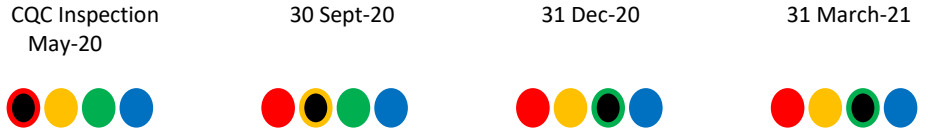
The trust must ensure that premises and equipment are suitable are safe to use and risks associated with ligature points have been identified and assessed.



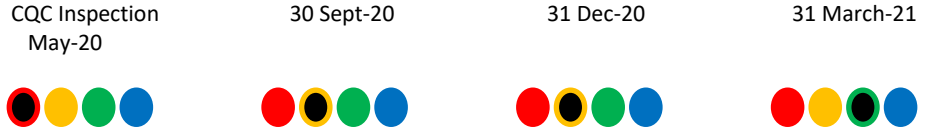
The trust must ensure that systems and processes are operated effectively to assess, monitor, improve the quality of care and experience of service users, and mitigate the risks associated with delivering the service.



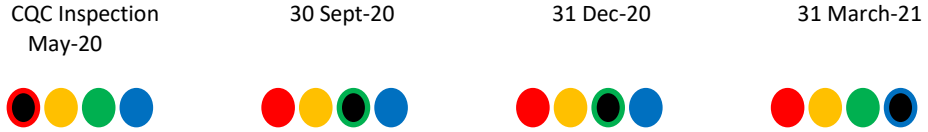
The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff provide safe care and treatment to service users.



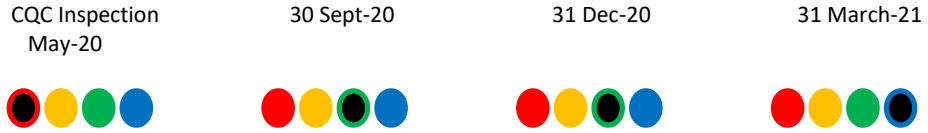
The trust must take appropriate action to continue to work with partners in the health economy to identify key drivers that affect access and flow on the medical care service so short- and long-term solutions improve the patient experience.



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



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



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

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

NHS
Stockport
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	8th October 2020
Subject:	ED Improvement – Phase 2 progress report		
Report of:	Chief Operating Officer	**Prepared by:**	Business Planning Manager, Business Change Manager and ED Triumvirate

REPORT FOR INFORMATION

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

Attachments:

This subject has previously been reported to:

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

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1. INTRODUCTION

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

2. BACKGROUND

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

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

The same assurance process is being followed with Bi-Weekly meetings with the ED triumvirate and planning, followed by bi-weekly SRO assurance meetings.

3. CURRENT SITUATION

There are currently 24 schemes within the ED Improvement Plan. The current status below shows the RAG rating for each theme.

Theme	**Blue**	**Green**	**Amber:**	**Red**
Theme Description	*Complete BAU - Improvement/ Action delivered*	*On track - Improvement on trajectory - not yet complete*	*Problematic - Delivery remains feasible issues / risk require additional intervention to deliver the required improvement*	*Delayed - Off track / trajectory - milestone / timescales breached. Recovery plan required*
Environment		1		
Governance		5	1	
Mental Health		2		
Model of Care		4	3	
Patient Safety		2		
Safe staffing		4		
Staff Engagement		2		
Total	**0**	**20**	**4**	**0**

The majority of schemes are on track for delivery. However there are four schemes which are amber status; these are:

Theme	**Detail**	**Further Information**
Governance	Estates work to be completed in Paediatric quiet room	The ligature assessment has been completed. The design has been completed and works are expected to be completed mid-November 2020
Model of care	Model of care: To develop and implement a UTC Lite model	UTC Lite has been implemented and is being delivered from Fracture Clinic. CCG have agreed

	with the Emergency Department.	to continue to commission (PCAT now known as UTC Lite) until the full procurement and tender process is completed
Model of care	Model of care: To develop and implement Yellow ED and to maintain a IP Provision	The wall in RESUS was erected on 4th September 2020. The stackers are due for implementation on the 14th October 2020 and all supporting equipment moves will be completed by this date. The move of HASU back into cold ED will be reliant greater flow through the hospital to ensure ED is compliant with social distancing requirements
Model of care	Model of care: Implementation of Frailty- In Hospital	Frailty implementation is dependent on the release of the Pacing Room which will be converted into a frailty assessment area, (due end of November 2020, subject to ET approval), and the use of Cath Lab recovery which will allow the extension of ACU and allow both units to work in unison.

4. Environment

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

Progress on this theme:

- A PLACE assessment has completed for ED which has highlighted a number of opportunities for improving the environment to support patients with dementia. Some of these opportunities have been implemented immediately, (e.g. changing of the cleaning procedure on the floors to ensure a matt, (not shiny), finish) and further opportunities, (including signage and wall colours) will require agreement with estates regarding the costs and priority of the works.

5. Governance

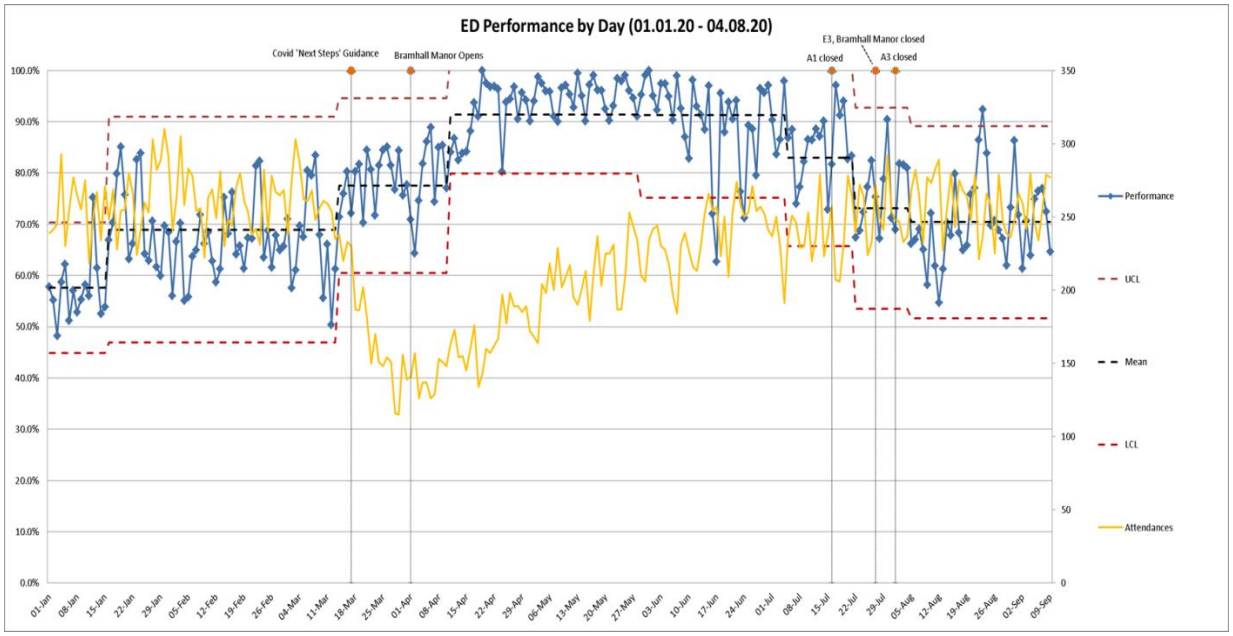
AIM: To ensure processes are in place to reduce breaches and the risk of incidents causing potential harm

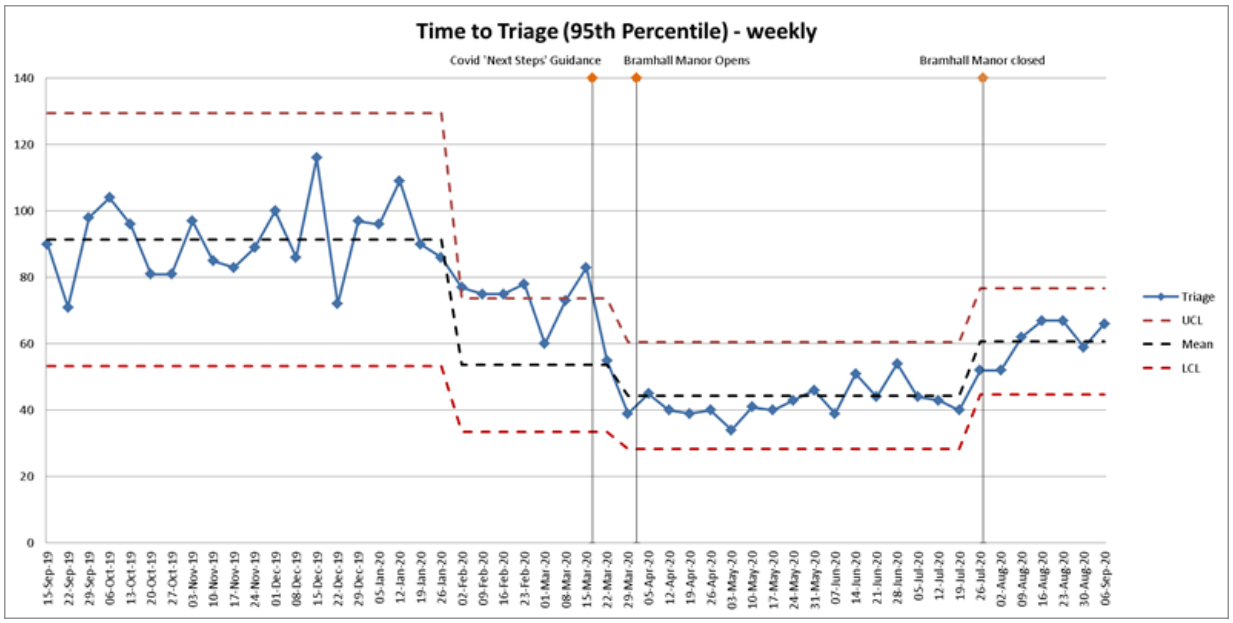
Progress on this theme:

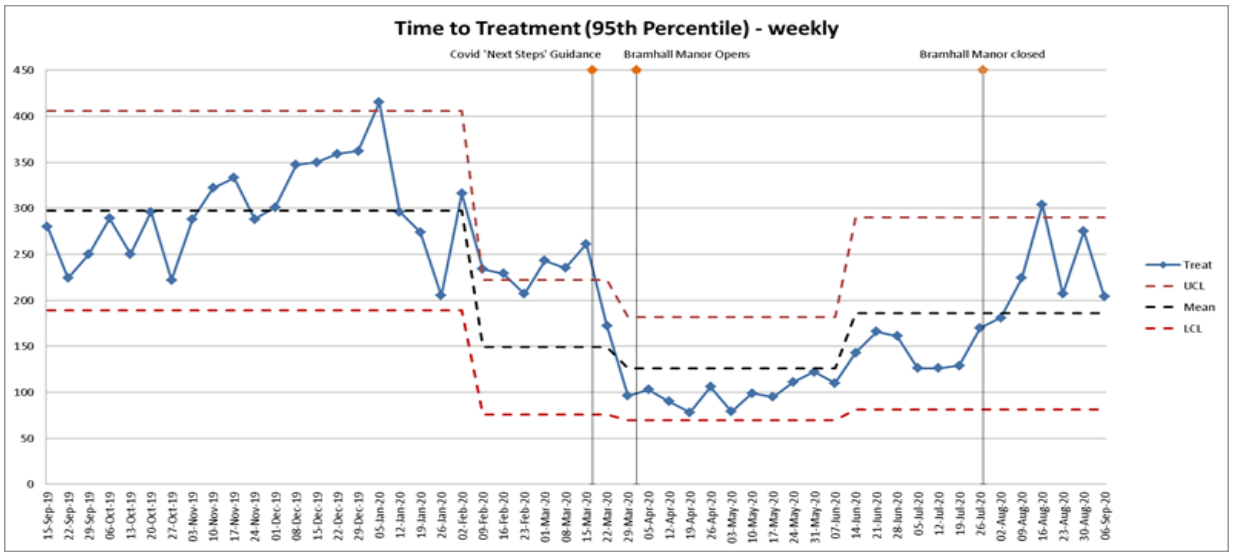
<u>Breaches</u>

- Weekly breach analysis remains a priority in the department. Recent analysis has highlighted the negative impact that a reduced bed capacity in and outside of the Trust has to the ED Team being able to effect sustainable change. The analysis shows a clear correlation between ED four hour performance decreasing, time to triage and treat increasing, when capacity in and out of the hospital is reduced, (e.g. when Bramhall Manor closed and A1, A3 and E3 closed). The graphs below clearly demonstrate this.
- Further deep-dive analysis of breaches across two specific days and analysis of shift reports has identified issues and barriers which are in the gift of ED to remove or reduce. There is a particular focus on improving the process and timescales between ED and Radiology; where there are three

separate quality improvement initiatives in progress or planned for October 2020.



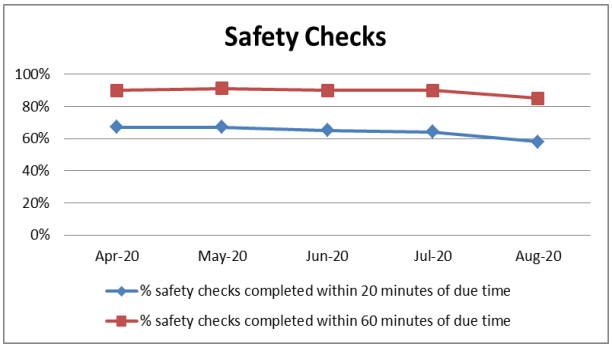




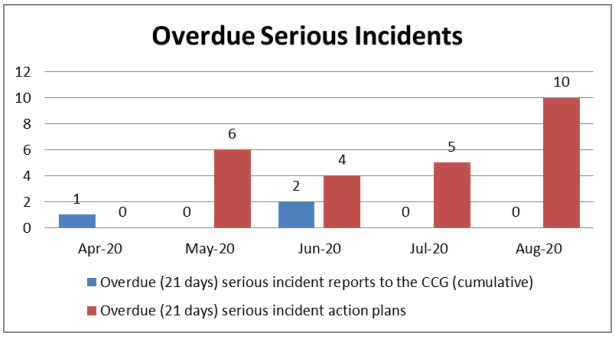
Quality Measures

- The below graphs show the department has opportunity to improve the number of patient safety checks completed against the standard; in particular against the 20 minute standard. Safety checks are being encouraged by senior nurse team and the newly appointed Education Facilitator is supporting the improvement of this standard. We are also looking to introduce Champions from the ED Team to lead the improvements in this area
- The response time for complaints and duty of candour against the deadline has remained at 100% from April 2020 to August 2020
- There were 10 overdue serious incidents in August 2020; however this has reduced to 2 overdue serious incidents in by 25th September 2020. It is expected that these will be closed by the end of September 2020
- Mental Health sample audits are showing at 100% compliance for paperwork being in place; but show opportunity to improve the quality of the paperwork and ensuring all areas of the paperwork are completed appropriately

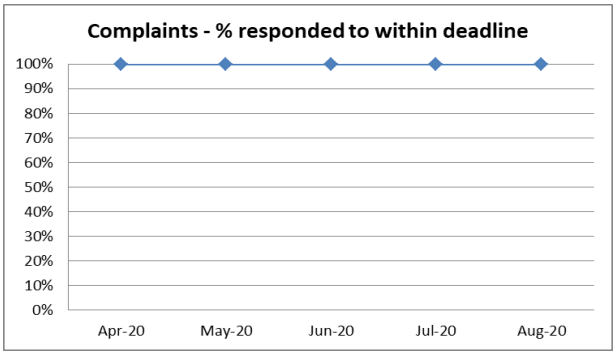
% Safety Checks Completed in Due Time



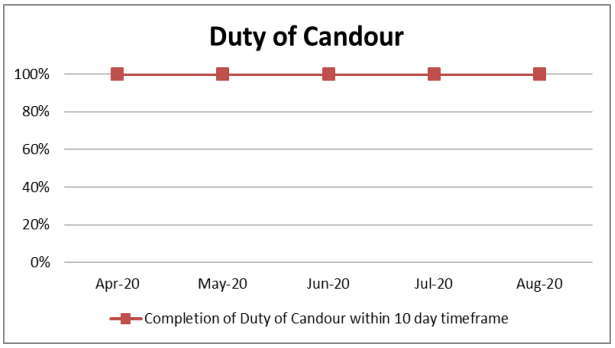
Overdue Serious Incidents



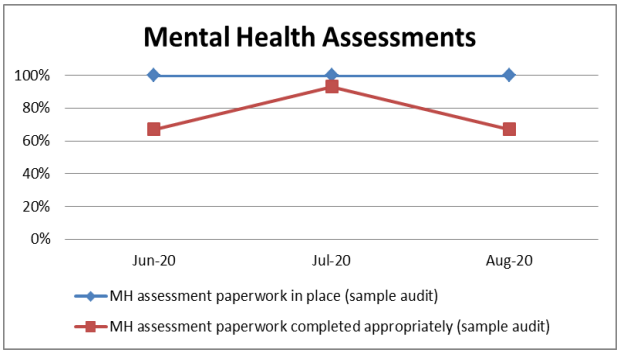
Complaints



Duty of Candour



Mental Health Assessments (sample audit)



6. Mental Health

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

Progress on this theme:

- The mental health escalation process has been improved and is currently in use in ED. The recent learning has shown this process did not allow for escalation to senior management. Pennine Care are being asked to provide detail on this next step escalation. This will be implemented in October 2020
- Estates changes to support patients with mental health needs are in progress. Although the current door on the mental health room is within acceptable guidelines, we have ordered a "platinum" quality mental health door which will provide an even higher level of safety, privacy and dignity for patients and staff. This door is to be fitted on the 6th October 2020
- There is a further opportunity for a safe haven for mental health patients within the ED footprint; however this is dependent on release of £600k central funding

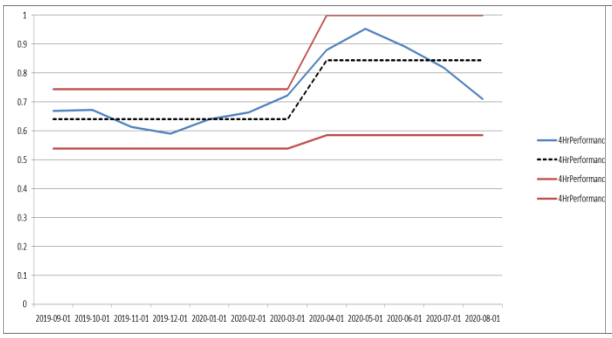
7. Model of care

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

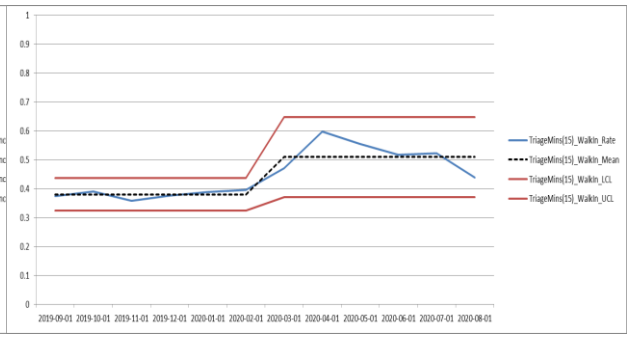
Progress on this theme:

- The ED Surge Tool went live in August 2020 and a 'study' session has been arranged for 6th October 2020 to learn from what has gone well and what can be improved. Following this, the team will engage with the Senior Manager on Call and Executive on Call roles to agree action cards on their role in mitigating surge
- All appropriate staff who undertake triage are now trained on the Manchester Triage Tool
- UTC Lite has been implemented and is being delivered from Fracture Clinic. CCG have agreed to continue to commission (PCAT now known as UTC Lite) until the full procurement and tender process is completed
- For Yellow ED, the wall in RESUS was erected on 4th September 2020. The stackers are due for implementation on the 14th October 2020 and all supporting equipment moves will be completed by this date. The move of HASU back into cold ED will be reliant greater flow through the hospital to ensure ED is compliant with social distancing requirements
- The below performance graphs show a drop in ED performance across all four measures. Some of the context for this is covered in Section 5. This analysis is set to be reviewed by the senior ED Team to identify what the priority issues are which can be tackled as quality improvement initiatives

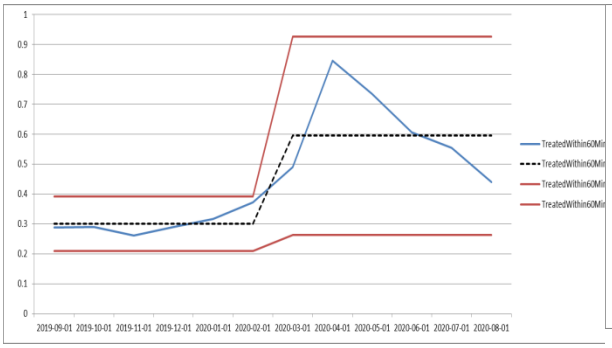
4 Hour Performance



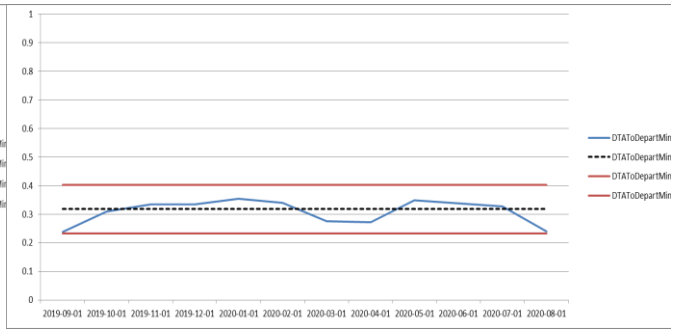
Time to Triage



Time to Treat



DTA to Depart



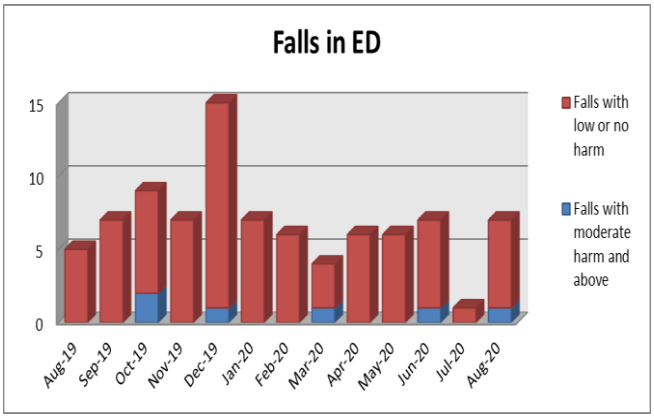
8. Patient Safety

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

Progress on theme:

- The performance charts show the number of falls remains low; (particularly when compared to the number of daily attendances). However the learning from these incidents is being fed back to staff
- The ED Department has had zero pressure ulcers caused in the department since April 2020

Falls



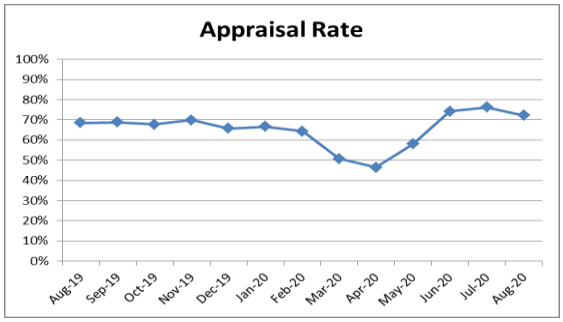
9. Safe Staffing

AIM: To improve staffing levels to ensure the right care is being given to all patients

Progress on this theme:

- Review of ED Nursing staffing model is complete and a model is being implemented. The vacancies in the department have reduced and the Lead Nurse has started in post and Associate Director of Urgent Care is set to join the team in November 2020. Rolling recruitment continues in the department and e-roster continues to be set six weeks in advance. Although staffing is improving, there have been challenges due to sickness and those needing to self-isolate; in particular due to dependents
- The appraisal rate has improved since March 2020 and HR are working closely with the department to improve HR practices and procedures

Appraisal Rate



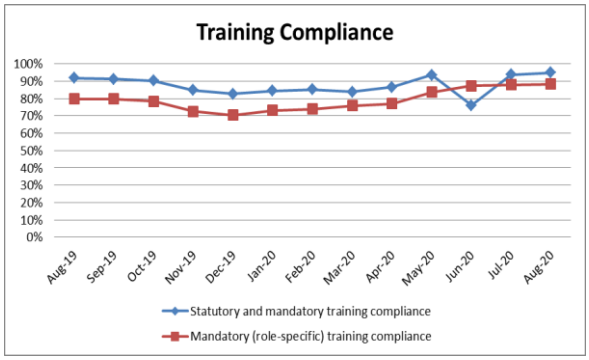
10. Staff Engagement

AIM: To improve staff engagement ensuring full compliance with mandatory training by working closely with the teams

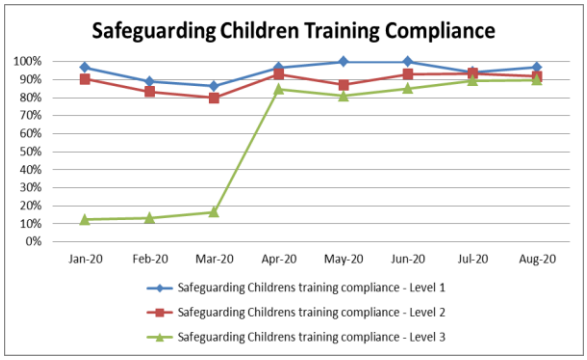
Progress on this theme:

- Education facilitator is now place
- The training compliance remains high across mandatory, role specific and safeguarding children training (all levels)
- Dignity champions are being trailed
- Wellbeing continues to be a priority in the department. The latest initiative was an ED Breakfast which was held on 22nd September 2020

Training Compliance



Training Compliance: Safeguarding Children



11. WINTER PREPARATION

Whilst the improvement plan is already placing the emergency department in a much better starting position which will already have made us more resilient for winter, the ED Triumvirate would like to advise ET that in order for the department to be in its best possible shape and resilient in preparation for winter then the following will also be in place although currently some of these schemes are reliant on additional funding.

The Triumvirate are aware that there is limited funding for winter schemes and that the total schemes requested far outweigh the available funding but would ask ET that the following schemes be prioritised if at all possible.

Extra medical and nursing cover:

The schemes that we would require to be prioritised that require funding are:

ED Consultant – 1.00pm to 9pm every Sunday
ED Consultant – Monday to Friday midnight finish
JCF – Monday to Sunday 6pm to 2.00am

The above three schemes will ensure that we have senior cover overnight which will ensure that there is senior decision makers on overnight and extra cover on Sunday which is evidenced to be a high attendance time in ED. The adverts for the JCF would need to go out as a matter of urgency.

B6 Emergency Nurse RATS Co-Ordinator
B5 Emergency Escalation Nurse 2pm -10pm 7 days
B5 Emergency Escalation Nurse 4pm to 12 midnight 7 days
B3 Outstanding Actions Nurse 10am to 10pm 7 days

The above four schemes will ensure that patients are seen in a timely manner and that all investigations and quality/safety checks are undertaken even when the department reaches maximum congestion. The adverts for the additional nursing posts would need to go out to advert as a matter of urgency.

Implementation of UTC Lite:

UTC Lite has been implemented and is being delivered from the Fracture Clinic. CCG have agreed to continue to commission (PCAT now known as UTC Lite) until the full procurement and tender process is completed,

From October 1st the current Primary Care Assessment & Treatment (PCAT) service co-located with ED will be known as UTC-Lite and is funded for 18months to allow for a full procurement and tender process of a final UTC model. The fundamental difference with UTC-Lite is the ability to pre-book patients from 111/CAS services in line with the GM programme of UEC by appointment which aims to see a 25% reduction in self presentation at ED. Stockport will be transferring to Adastra for booking in all self-presenting patients with Clinical Leaders providing the Standard Operating Procedure to quickly refer patients to ED with higher acuity presentations.

Success of the scheme will see up to 25 patients a day redirected before attending ED or streamed to co-located primary care services a day reducing demand on ED; waiting room congestion and reserving

ED clinical time for higher acuity presentations. The current planned start date for Stockport is 27th October subject to CCG financing the interim data capture changes required. This has been agreed but Mastercall are awaiting formal CCG sign off.

There are also a number of schemes that are being worked up within the successful bid of the £3.6 million which will support the smooth running of the ED during the winter period but these schemes are unlikely to be in place until the end of January 2021. An update will be given on these at a future ET meeting once timescales have been agreed.

7 Day Senior Cover over Winter:

As during the height of COVID the team have organised a rota to ensure that there is 7 day cover at a senior level for the emergency department thorough the winter period.

12. RISK & MITIGATION

The following programme risks remain:

Risk	Mitigation
Unless System wide & Urgent Care improvement plans also deliver, there is a risk that the Emergency Department Improvement Plan will not achieve its aim to improve ED patient outcomes, 'delivering quality and effective safe care and sustaining a performance of 95% against the 4hour ED quality standard'	Assurance and monitoring of wider system actions by partners and is done their via UCDB and Stockport Improvement Board Local processes regarding full breach analysis process will ensure appropriate escalation to system partners via Urgent Care Operational Group Immediate actions and themes will be monitored at weekly performance wall, monthly performance reviews, ED operational Group and a key issues report will be sent to Quality Governance committee
There is a risk that the impact of COVID-19 on the Emergency Department workforce, will impede the delivery of the Emergency Department Improvement Plan	Daily staffing preparation, review and escalation process as required, now in place working closely with the senior team Resilience with nominated deputy of key staff to cover sickness Additional agency staff have been requested
Testing the resilience of actions put in place now may not provide full assurance until the activity profile normalises.	Recovery actions should ensure processes that have been put in place within the ED department during COVID-19 continue as business as usual. Outcomes will be monitored at breach analysis meeting and ED operational group
The 4hour ED standard is impacted by reduced flow. In July flow has been impeded due to the outbreak across a number of wards and Bramhall Manor	Implementation of the zoning wards which is due to be implemented early September – the delay has been caused by the COVID outbreak on wards and in the IMC facility. The ED Surge tool will also support early identification of pressure within the emergency department. There is also a twice weekly focussed flow meeting chaired by the COO
Continued risk that D2A model not commissioned or funded – current position not sustainable	SMBC identified alternative out of hospital ring fenced capacity as temporary measure whilst Bramhall Manor closed – however this can't utilise current D2A model Urgent discussions re: agreeing a clear specification with system re: future model and commissioning

13. CONCLUSION

In conclusion the paper has provided assurance to the Executive team and highlighted the risks.

14. RECOMMENDATIONS

The Board are recommended to note the content of this progress report.

NHS
Stockport
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	8 October 2020
Subject:	**Risk Report**		
Report of:	Interim Director of Governance & Risk Assurance	**Prepared by:**	Deputy Director of Quality Governance

REPORT FOR ASSURANCE

Corporate objective ref:	N/A
Board Assurance Framework ref:	SO5
CQC Registration Standards ref:	17
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report
This report:

- updates the Board of Directors on the progress to review existing risk registers;
- updates the Board on proceedings of the Risk Management Committee
- outlines to the Board an aggregate account of significant risk exposures valid at the time of writing;
- gives an indication to the Board of potential future strategic risk considerations.

The Board are invited to consider the report and:

- note significant risk exposures as outlined, advising on any further actions required for control or assurance requirements;
- note the proceedings of the Risk Management Committee;
- consider and agree the recommendations; and
- advise on preferences for tolerance and any further actions required to enable the Board to achieve prudent control of risk.

Attachments:

This subject has previously been reported to:

☐ Board of Directors	☐ PP Committee
☐ Council of Governors	☐ Charitable Funds Committee
☐ Audit Committee	☐ Nominations Committee
☐ Executive Team	☐ Remuneration Committee
☐ Quality Committee	☐ Joint Negotiating Council
☐ F&P Committee	☒ Other (Risk Committee)

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1. INTRODUCTION

1.1 The purpose of this report is to:

i. update the Board of Directors on the progress to review existing risk registers;
ii. provide an aggregate account of current significant risk exposures valid at the time of writing;
iii. update the Board on the proceedings of the Risk Management Committee; and
iv. to give an indication to the Board of potential future risk considerations.

2. RISK REGISTER

2.1 The Trust continues implement a simplified risk process to improve the quality of risk registers and drive discussions and accountability for control. There is now a rolling programme of reviews established to ensure detailed examination of reportable risks from each Business Group and major corporate function. This rolling programme is entering it's second of four planned cycles as part of an annual plan of work.

2.2 Good governance masterclasses, led by the Interim Director of Governance & Risk Assurance, have been delivered to all business groups (in some cases several sessions provided), and within the last four weeks sessions have been provided with a particular focus on supporting major corporate functions. This session helps leaders to align the basic elements of governance, stress test the utilisation of governance practices within the service and determine improvements in order to underpin prudent control of risk and promote success.

OPERATIONAL RISK ANALYSIS

2.3 Based on analysis by the Interim Director of Governance & Risk Assurance and evidence submitted to the Risk Management Committee, for the immediate and shorter-term horizon the Trust is attempting to mitigate a set of strategic risks which, when combined, represent a material threat to the achievement of objectives for the remainder of 2020/21. These can be summarised as follows:

- acute shortages of clinical workforce; *and*
- lower G&A bed base (one third) going into Autumn/Winter 2020-21; *and*
- insufficient exit flow to pathway 1 and 2 D2A facilities; *alongside*
- control of infection constraints arising from guidance requirements and associated management of prolonged Covid-19 pandemic; *leading to*
- capacity constraints which may, if not mitigated, adversely impact on patient flows and/or effective recovery or maintenance of elective care priorities; *exacerbating*
- an unsustainable financial position.

3. SIGNIFICANT RISK EXPOSURE (valid as at 4/09/2020)

3.1 At the time of writing there are 379 live risks on the Trust's risk register, a reduction of 11 since the last meeting. Using impact and likelihood markers, these risks are distributed as follows:

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain	Total
1 - Negligible	**4**	**2**	**0**	**0**	**2**	8
2 - Minor	**4**	**20**	**20**	**13**	**12**	69
3 - Moderate	**12**	**57**	**72**	**37**	**2**	180
4 - Major	**26**	**40**	**30**	**13**	**1**	110
5 - Catastrophic	**4**	**3**	**4**	**1**	**0**	12
Total	**50**	**122**	**126**	**64**	**17**	379

3.2 On the spectrum of possible residual risk scores, the distribution of risk exposure is as follows:

40%						**54%**				**6%**			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
4	**6**	**12**	**46**	**6**	**77**	**53**	**72**	**15**	**67**	**6**	**13**	**2**	**0**

3.3 A significant risk is understood as a risk where the exposure [after risk treatment] is rated 15 or more using the Trust's grading matrix. 21 risks, which equates to 6% of all live risks, are currently rated as significant. At the time of writing the aggregate profile of current significant risks is as follows:

Rank	Nature of Risk Exposure	No. of Risks in Scope	Risk Identified	Residual Risk Range
1	Acute Shortages of Staff	9	*Nursing staffing, Medical staffing, Maternity, ENT*	(16-20)
1	D2A/Exit Flow	1	*Discharge to assess model failure*	(20)
2	Access Standards/Phase-3 Recovery	6	*4-Hour access target; Surgical waiting times, Gynaecology, CT scan, Urology, 18 weeks access target*	(16)
2	Compliance	2	*Regulatory Reform (Fire Safety) Order; CQC Ratings;*	(15-16)
3	Health and Safety	2	*Prevention of exposure to Covid 19; Provision of PPE*	(15)
3	Critical IT System Failure	1	*Telepath system outage*	(15)
	Total	**21**		

3.4 These risks are being mitigated but are not yet under the level of control required by the Trust Board in accordance with the Board's appetite for exposure. Risk owners are being supported and encouraged to explore all options to enhance control accordingly. The Risk Management Committee will lead and provide direction to senior leaders, including engagement with

system partners, to assist control.

4. RISK MANAGEMENT COMMITTEE

4.1 The Risk Management committee met on the 9 September 2020. The key decisions and actions agreed are summarised below:

The significant risk profile was examined and challenged by the Executive. The review resulted in:

- **(Risk 1004)** A clarification that the actions to enable a reduction in risk exposure for those matters concerning compliance with the Regulatory Reform (Fire Safety) Order, would not be complete until the end of October at the earliest at which point the residual risk would be reassessed by the Director of Estates & Facilities with input from the Fire Safety Advisor. Additional external support had been commissioned to accelerate assessment of risk across the site.
- **(Risk 162)** The risk associated with a potential further deterioration in CQC ratings had been reviewed resulting in a change in residual exposure from 16 to 15. The consequence was increased to from 4 to 5 to better reflect the potential impact should the risk materialise, and the likelihood changed from 4 to 3 (possible) in light of the progress being made to deliver the CQC action plan. This risk is under constant review.
- **(Risk 1402)** The risk associated with the nursing shortfall in Surgery, GI and Critical Care Business Group was acknowledged at a rating of 16. Mitigating actions include a range of recruitment initiatives, close monitoring of nursing vacancies, use of contingencies where appropriate such as NHSP/redeployment of personnel, ongoing review of staffing models and where appropriate use of alternative support roles.
- **(Risk 1561)** The risk associated with the lack of exit flow to discharge to assess facilities was acknowledged at a rating of 20. Mitigating actions include a range of measures to implement national guidance concerning the restoration of clinical services which includes national standards on discharge, local discharge policies and procedures, internal and external escalation mechanisms, attendance management control, weekly oversight meetings, staff training and support.

The following risk registers were reviewed in detail:

- The Medicine and Clinical Support Business Group
- Corporate Nursing
- Governance

The following reports were received:

- Emergency Planning and Preparedness status report. The Risk Committee were advised that the Trust has an EPRR lead in place, but not an EPPR Team. Given the demands placed upon the EPRR function during the Covid-19 pandemic, demands which look likely to continue and possibly intensify, further consideration would be given to evaluating resource requirements support an ongoing Covid-19 response.

5. STRATEGIC RISK ANALYSIS

5.1 An understanding of potential future risk continues to evolve. Six primary risk scenarios have been developed that may illustrate the risks facing Stockport NHS Foundation Trust. These risk scenarios stand in the future and give an indication of potential prospective risk. Based on the Trust Board's strategy, Covid-19 recovery ambition and taking into account current internal and system-wide challenges, the future risk scenarios which are interlinked are currently expressed as follows:

A. **Unsatisfactory standard of patient care** (resulting in *multiple incidents of severe, avoidable harm, sub-optimal clinical outcomes, poor patient experience*);
B. Growth in demand for care that exceeds available capacity (expanding waiting lists and unsatisfactory delays for care internally and across the local health system);
C. **A critical shortage of clinical workforce** (arising from increased competition for staff, attractiveness as an employer, levels of attendance and staff satisfaction at work);
D. **An impactful major incident which results in severe and prolonged disruption across business groups** (such as utility failure, penetrating cyber-attack, persistent pandemic, fire/flood or security event, critical infrastructure failure, extreme weather events, supply chain failure/interruption or collapse of care home provider);
E. A loss of stakeholder confidence (as a consequence of ineffective strategic relationships, material breach of compliance with regulations and standards of care, sustained adverse publicity, leadership instability, prolonged regulatory intervention and/or ability to meet public expectations);
F. **Expanding financial deficit,** income volatility or financial loss on a scale which puts at risk long term financial sustainability.

6. RECOMMENDATIONS

6.1 It is recommended that:

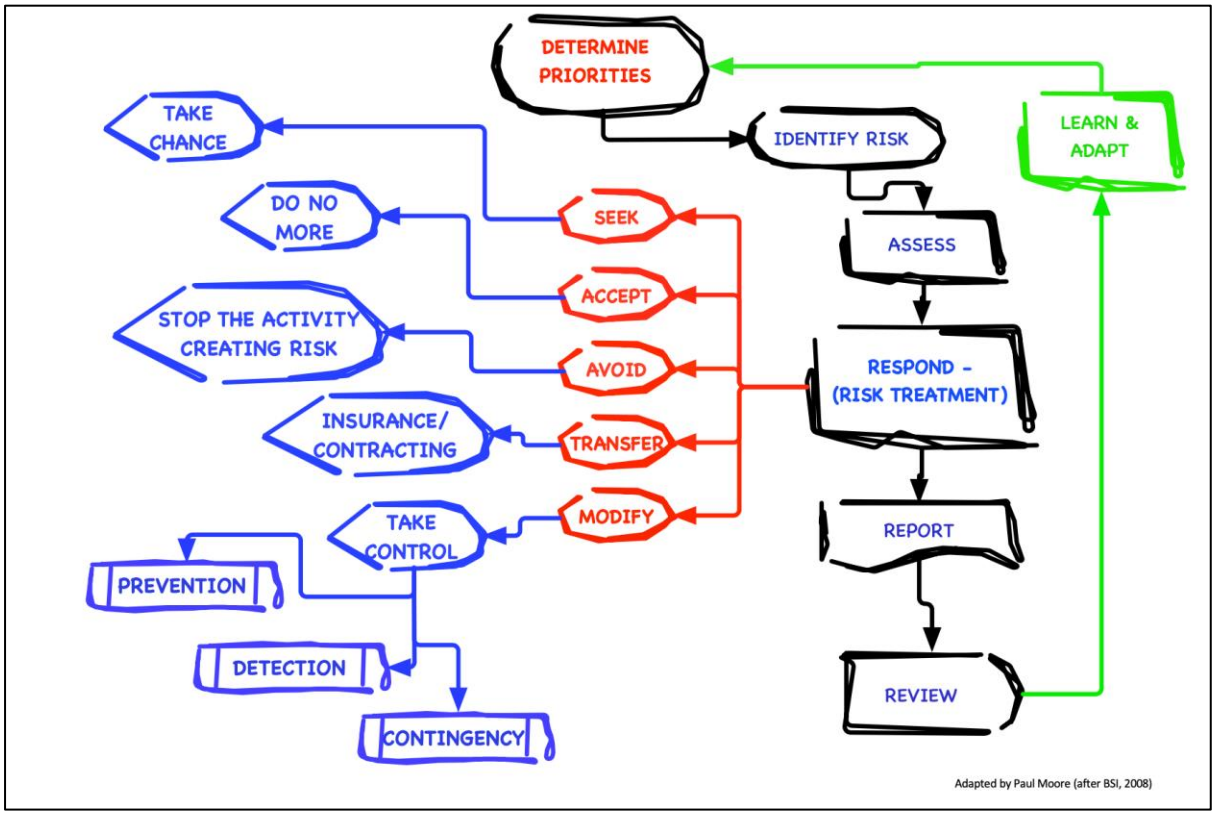
i. Board consider the extent to which the six risk scenarios identified continue to reflect the Board's view of the primary strategic risks facing Stockport NHS Foundation Trust for the foreseeable future;
ii. Board continue to support and encourage ongoing development to shape risk registers and the Board's emergent risk horizon, both of which will continued to be examined by the Risk Management Committee.

7. ACTION/ DECISION REQUIRED

7.1 The Board are invited to consider the report and:

i. note significant risk exposures as outlined, advising on any further actions required for control or assurance requirements;
ii. note the proceedings of the Risk Management Committee;
iii. consider and agree the recommendations; and
iv. advise on preferences for tolerance and any further actions required to enable the Board to achieve prudent control of risk.

Appendix 1
Risk Treatment



Ratings

SEVERITY MARKERS		LIKELIHOOD MARKERS		
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely	No effective control; or ≥1 in 5 chance within 12 months
4	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Directorates; Extended service closure	4	Somewhat Likely	Weak control; or ≥1 in 10 chance within 12 months
3	Moderate harm – medical treatment required up to 1 year; £100k – £1m loss; Temporary disruption to one or more Directorates; Service closure	3	Possible	Limited effective control; or ≥1 in 100 chance within 12 months
2	Minor harm – first aid treatment required up to 1 month; £50k - £100K loss; or Temporary service restriction	2	Unlikely	Good control; or ≥1 in 1000 chance within 12 months
1	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Extremely Unlikely	Very good control; or < 1 in 1000 chance (or less) within 12 months

Stockport NHS
NHS Foundation Trust

Report to:	Public board of directors	**Date:**	8th October 2020
Subject:	Ethics panel		
Report of:	Medical Director	**Prepared by:**	Medical Director

REPORT FOR APPROVAL

Corporate objective ref:	C10
Board Assurance Framework ref:	S03, S04
CQC Registration Standards ref:	9, 11, 12, 13, 17
Equality Impact Assessment:	☐ Completed ☒ Not required

Summary of Report

During the first wave of the covid pandemic, we formalised an approach to reaching and supporting difficult ethical decisions.

The approved arrangements have now been in place for four months, but have only been used on one occasion.

The approach was initially proposed as a short term solution. It is proposed that this be made permanent.

Attachments: Appendix 1: Terms of reference, tier five ethics committee.

This subject has previously been reported to:

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

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1. INTRODUCTION

During the first wave of the covid pandemic, we formalised an approach to reaching and supporting difficult ethical decisions through a series of ethical tiers. The approved arrangements have now been in place for four months, but were only proposed as a short term solution. It is proposed that this approach be made permanent.

2. BACKGROUND

The first wave of covid 19 threated to overwhelm clinical services, and there was anxiety that clinicians could be forced to prioritise care between patients. It was in this context that we formalised our approach to ethical decision making. Fortunately, although our resources were severely challenged by the covid first wave, resources did meet the needs of all our patients, and staff were never forced to 'choose between patients'.

Difficult ethical decisions are core to the practice of medicine, and they are made every day across all hospitals. Such decisions are core to medical practice, and an expectation of all clinicians. In most cases, these decisions are made by the clinical teams delivering care, and through shared decision making with our patients and their families. Some decisions are of sufficient challenge that a wider clinical consensus is required so as to be confident that the correct decision is reached. On occasion this decision making will include the clinical executives, and for some it is appropriate to ensure wider board involvement through our non executive directors.

Ethics panels are a familiar feature in clinical research centres. Such panels set out to question, if there is justification to undertake clinical trials where uncertainty relating to proposed treatment exists. Such panels are typically large, multidiscipline and include lay members. We are not seeking to replicate a clinical research panel here, nor to use this panel to approve unproven clinical treatments.

For the sake of clarity, these proposals relate to the resolution of clinical dilemmas, and not management decisions relating to policy, strategy or risk. We seek to formalise a means of escalation that will lead to effective timely clinical decision making, under written by a proportionate consensus.

4. CURRNT POSITION

Our current approach to ethical clinical decisions is explained in appendix A.

Most decisions are made at ward level, by individual clinicians, with second opinions, or a consensus group formed as required (tiers 1-3). For more difficult decisions, a clinical panel including our Medical Director and Chief Nurse will review the decision (tier 4). Where the decision is of sufficient magnitude, a fifth tier, including an independent clinical advisor and two Non Executive Directors will review the advice of the tier 4 clinical panel on behalf of the board of directors.

An interim board approval for a 'fifth tier' ethics panel was agreed in principle by our board of directors in May 2020. This was intended as a short term solution to serve as cover for the covid19 pandemic. It is proposed that this now become our permanent solution.

5. CONCLUSION

A permanent five tier approach to ethical decision making is proposed.

6. RECOMMENDATIONS

The board of directors is recommended to approve this structured approach to escalating difficult clinical, ethical decisions.

Tier 5 Ethics Panel for Decision-Making

Terms of reference

Authority	The clinical decisions made at Stockport NHS FT are the responsibility of the managing clinician, and at board level the Medical Director.
Purpose	Ethical dilemmas can represent some of the most difficult challenges of clinical practice. While most decisions are made by our clinicians, some are of such magnitude, or such difficulty, that they need to be escalated for a wider consensus, or for senior support. Most ethical decisions will be made at ward or departmental level using our first three ethical tiers; **Tier 1**: Clinical senior decision maker (usually senior doctor or nurse) **Tier 2**: Second senior clinician opinion. (usually consultant or matron) **Tier 3**: Group / MDT approach to decision making (3 or more consultants or senior nurses) Where these measures have failed to conclude, or feel that escalation of a particular ethical dilemma is required, the issue can be brought before the **Tier 4** – the Clinical Advisory Group (CAG). The CAG is made up of a diverse group of senior clinicians from a broad range of specialties, and includes the Chief Nurse and Medical Director. It is anticipated that in most cases, the CAG will make an ethical recommendation, undertake a quality impact assessment and a risk score, and notify the team of their decision. In the case of decisions at particular risk of future challenge, or of adverse publicity, the CAG will ask for the issue to be escalated to the **Tier 5 -** This will be made up of two non executive directors, and an independent senior clinician with management experience. Issues for review by tier five will be presented by one of the Medical Directors or the Chief Nurse, along with the recommendation of the CAG. The tier five members will review the evidence presented and consider if they support the proposed course of action. Such decisions can then be notified to the board of directors.
Membership	The members of the panel will be: • Non executive directors x 2 • Independent clinician with management experience • Medical Director. • Chief Nurse

Quorum	The quorum will consist of all of the designated members and **must** include the Medical Director. If unavailable, up to one designated member can be replaced by a suitable representative.		
Attendees	Others may attend as agreed by the committee chair as necessary.		
Frequency of meetings	The ethics panel shall meet on an ad hoc basis, as and when a specific issue arises. Meetings can be held virtually or in person, with discussions carried out by e-mail and by telephone calls to the Medical Director as necessary.		
Duties	The role of the ethics panel will be to discuss the relevance of each decision in the context of the impact to the wider population, to the individual and whether it represents a fair or just decision. The Medical Director, and by extension the clinicians at Stockport NHS Foundation Trust, will use the panel's advice to help them decide upon their course of action.		
Reporting and review	The Medical Director will be responsible for escalating any relevant issues to the board of directors, or other external bodies, as required.		
Meeting administration	The Medical Director will minute discussions on the Medical Directors drive for future reference.		
Date approved by the board	TBA	**Date of next review**	September 2022

NHS
Stockport
NHS Foundation Trust

Report to:	Board of Directors	**Date of Meeting:**	8 October 2020
Subject:	Maternity Service overview and Improvement Programme		
Report of:	Interim Chief Nurse	**Prepared by:**	BG Director WCD Head of Midwifery Associate Director Strategy

REPORT FOR ASSURANCE

Corporate objective ref:	**Summary of the report** The purpose of the report is to provide an overview of the service, highlighting some of the key areas which are proposed to form part of the Trust's maternity Improvement Programme This includes an update of progress against the CQC must and should do actions as well as highlighting other work streams the service is working towards. In line with adopting a more formalised programme approach, the Board of Dirctors will continue to be updated on progress on a regular basis.
Board Assurance Framework ref:	
CQC Registration Standards ref:	
Equality Impact Assessment:	☐ Completed ☒ Not required

Attachments:

Annex A – CQC Action Plan – current progress against actions
Annex B – Draft Maternity Improvement Programme approach

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

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1. INTRODUCTION

1.1 The purpose of the report is to provide an overview of the service, highlighting some of the key areas which are proposed to form part of the Trust's maternity Improvement Programme, which include involvement in the national Maternity Safety Support Programme (MSSP) and supporting the service to develop a clinical strategy.

2. NATIONAL CONTEXT

This section outlines the national drivers for maternity services and our current position

2..1 Saving Babies Lives Care Bundle

2.1.1 There is a need for the service to consider an increase in on site sonography services in line with the Saving Babies Lives Care Bundle which aims to reduce the number of still births by 20% by 2020 and 50% by 2030. In line with this, there is a drive to train midwives in the skill of sonography to support this third trimester scanning which will in turn support maternity services to achieve the national agenda.

2.1.2 A gap analysis against the key standards identified for the Saving Babies Lives Care Bundle V2 has been completed. There are a number of areas that demonstrate compliance but further work is required to ensure a robust risk assessment for all women who are at risk of preterm birth is completed at antenatal booking which is element 5 of the bundle. This is being scoped by the Strategic Clinical Network with a view to a pan Manchester approach. However, the recommendation is for the maternity services to review internal processes for antenatal risk assessments and progress this action.

2.2 Maternity Transformation Programme

2.2.1 In line with Better Births (2016 Improving outcomes for maternity services in England – a Five Year forward view) NHS England established the Maternity transformation programme. In order to implement the transformation programme and deliver continuity of carer there will need to be an increase in midwifery staffing.

2.2.2 A target of 20% of women booked on a Continuity of carer (CoC) pathway was in place for March 2019 with a plan to increase to 35% in March 2020 and expected to further increase to 51% in March 2021.

2.2.3 The service achieved 20% as required and was working towards 35%, however, due to the Covid-19 pandemic all maternity transformation deadlines and targets were suspended.
The maternity service continue to work towards increasing the number of women booked onto a CoC pathway and now have 5 CoC teams within the community and achieved 31.2% booked on in August 2020.

2.2.4 The maternity transformation team has communicated revised targets for the CoC pathway and has included women from a BAME background and vulnerable women. The target is 35% of all women to be booked onto a COC pathway by March 2021 and 75% of the services BAME/vulnerable women to be booked onto the pathway by March 2022. In order to achieve this and establish CoC for women on more complex pathways e.g. Diabetes, the service will require an increase in the midwifery establishment to enable the development of the teams.

2.3 **Financial Modelling for Continuity of Carer and Saving Babies Lives**

2.3.1 Greater Manchester and Eastern Cheshire Strategic Clinical Network (SCN) have been working alongside our provider, commissioning and national partners to work through the financial requirements to successfully roll out CoC and SBLCBv2. The idea has been to work with CCG colleagues to provide a recurrent platform to support Trusts, to be able to deliver the long term clinical and financial benefits to the Greater Manchester and Eastern Cheshire economy.

2.3.2 Due to the COVID-19 outbreak, work on the financial aspects was paused as a result of the redistribution of SCN resources to support local health economies. This pausing of work occurred at the time the SCN were working with Trusts and CCG colleagues to finalise figures to present to senior commissioning executives for a decision on funding levels. The SCN are now looking to continue this piece of work and as such have requested our information is submitted by 25 September 2020.

2.3.3 The Head of Midwifery, Matron's and SBL Champion are working with the BG Business accountant and Craig Marshall, Finance lead for Better Births SCN to ensure timely submission of the data.

2.4 **Clinical Negligence Scheme for Trusts incentive scheme (CNST)**

2.4.1 Maternity safety is an important issue as obstetric claims represent the schemes biggest area of spend – The NHS spends £560 million per annum on compensation families for negligence during maternity care.

2.4.2 NHS Resolution is operating a third year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to improve outcomes for women and families. Members will contribute an additional 10% of the CNST maternity premium to the scheme creating the maternity incentive fund. Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution.

2.4.3 Trusts that do not meet this standard will not recover their contribution but may be eligible for a small discretionary payment from the scheme to help them make progress against actions they have not achieved. In 2019 Stockport was only complaint with 8 out of the 10 standards and we have been awarded £100k which is only 35% of the CNST premium in 2019/20.

2.4.4 Following an offer from NHS England/Improvement to all Trusts who are still working towards meeting the 10 safety actions, the trust is receiving support from one of their Maternity Improvement Advisors in working towards achieving the 10 safety actions for year 3.

2.4.5 The 10 safety actions (context for the actions not fully complaint is provided in *red text)* identified are:

Safety action 1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	**COMPLIANT**
Safety action 2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	**COMPLIANT**
Safety action 3	Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	**COMPLIANT**

Safety action 4	Can you demonstrate an effective system of clinical* workforce planning to the required standard? *We do not currently have a dedicated team for electives and this has been put on the risk register. There are frequent delays for the elective cases due to emergency workload on delivery suite and staff shortages.*	**PARTIALLY COMPLIANT**
Safety action 5	Can you demonstrate an effective system of midwifery workforce planning to the required standard? *The obstetric unit midwifery labour ward coordinator does not have supernumerary status (defined as having no caseload of their own during that shift) to enable oversight of all birth activity in the service.*	**PARTIALLY COMPLIANT**
Safety action 6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2? *Refer to section 2.1 for context*	**PARTIALLY COMPLIANT**
Safety action 7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services? (Inc. written confirmation from MVP chair that they are suitably remunerated)	**COMPLIANT**
Safety action 8	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	**COMPLIANT**
Safety action 9	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?	***Needs a board champion identifying***
Safety action 10	Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?	**COMPLIANT**

2.4.6 In order to be eligible for payment under the scheme, trusts must submit their completed Board declaration for to NHS Resolution by 12 noon on Thursday 17 September 2020.

3. CQC

3.1 The CQC visited the Trust in January 2020 and conducted a review of a number of the core services, including maternity services. Since the CQC report was published the East Cheshire maternity services have diverted their intrapartum services to Stockport NHS Foundation Trust and this has subsequently been extended to the end of March 2021.

3.2 The review of maternity services identified a number of concerns and downgraded the rating for maternity services from Good in 2018, to Requires Improvement in 2020.

Safe	Effective	Caring	Responsive	Well Led	Overall
Requires Improvement 2020	Good 2020	Good 2020	Requires Improvement 2020	Requires Improvement 2020	Requires Improvement 2020
Requires Improvement 2018	Good 2018	Good 2018	Good 2018	Good 2018	Good 2018

3.3 The CQC identified 4 'Must do' actions from the Jan 20 inspection:

- The trust must ensure that they ensure there are enough trained and competent staff to provide safe care to women and babies and that there is always a supernumerary labour ward co-ordinator at all times. (Regulation 18)
- The trust must ensure that safety procedures, designed to improve safety for mothers and babies, such as the World Health Organisations five steps to safer surgery are carried out regularly to adhere to national recommendations (Regulation 17)
- The trust must assess, monitor and improve quality and safety of women and babies using the service. (Regulation 17)
- The trust must work to reduce closing the unit to improve access and flow for women using the service. (Regulation 9)

3.4 The CQC also identified 5 'should do' actions from the Jan 20 inspection:

- The trust should consider monitoring when community when staff are moved from one clinical area to another to facilitate targeted improvement work.
- The trust should consider monitoring when staff have been redeployed from planned mandatory study days to work in the clinical area in order to facilitate targeted improvement work.
- The trust should work to reduce the increasing number of instances where the service is closed to admissions.
- The trust should consider monitoring the times that staff were redeployed from the birth centre in order to target improvement work.
- The trust should consider developing a documented vision and strategy.

3.5 An update on current progress is reflected in Annex A (extract from CQC action plan).

3.6 National Support Programme

3.6.1 Further to the internal approach on delivering against the CQC action plan, additional resource has been sought from the regional team to actively support improvements. This includes participation the national Maternity Safety Support Programme (MSSP).

3.6.2 MSSP is a national NHSI/E programme developed to support Maternity services through an improvement journey to be the best they can. Inclusion into the programme for Stockport is due to the move from 'Good' to 'Requires Improvement' (RI) following our CQC inspection.

There are 6 key areas of focus:

- Leadership
- Patient voice
- Staff engagement
- Governance
- Active quality improvement approach
- Safety culture

And 6 phases of the programme:

- Induction
- Implementation
- Diagnostic
- Improvement
- Sustainability
- Exit

3.6.3 The programme offers a self-assessment tool to support the improvement in our maternity service from RI to good, which is part of the exit criteria from the programme. The tool allows us to assess ourselves against national standards, guidance and regulatory requirements and will inform our quality improvement and safety plan.

11 trusts have successfully completed the programme, with 6 emerging themes

- Directorate infrastructure and leadership
- MDT team dynamics
- Governance infrastructure and ward to board accountability
- Application of national standards and guidance
- Safety culture across the division and trust
- Comprehension of business and impact on quality

4. MATERNITY STAFFING BUSINESS CASE

4.1 A midwifery staffing business case, developed in response to the inspection in 2018 was approved recently approved by the Board of Directors in August 2020. This business case supports and establishment of 124.74 WTE midwives and will enable the labour ward coordinator to be supernumerary at all times.

4.2 The team are currently working through staffing numbers and rotas to finalise current establishment excluding management positions. The service is already over established so it is not anticipated that the gap to the approved 124.74 WTE will be substantial, however the service does have some midwives expected to retire in the next couple of years and with staff turnover the service must plan to recruit to minimise any risk.

4.3 Many of the CQC must and should do actions relate to midwifery staffing levels. The approval of this business case will support the service to put these actions into place over the coming months.

5. FINANCIAL POSITION

5.1 The Women and Children's (W&C) services of Obstetrics, Gynaecology, Paediatrics and Neonates are co-dependent on one another predominantly through the medical model of care therefore consideration of financial position should be viewed across the specialities.

5.2 Considering financial contribution demonstrates that the specialities of Paediatrics and Gynaecology make a positive contribution whilst Obstetrics and Midwife episodes do not. This is not unusual within W&C services and a service review of obstetrics in 2018 suggested that the negative contribution decreased once the service delivers 4000 births, as some of the workforce and estates overheads remained the same as delivering 3200 births.

5.3 The patient level costing for the service for 2018/19 shows that the Obstetrics service line makes a loss of £3.0m as per the table below

Service Line	Total Income	Total Cost	Total Surplus/(Deficit)	Spell/Attendance Count	Average Cost
	£15,217,539	**£18,208,768**	**£-2,991,228**	**25,327**	**£719**
Obstetrics	£15,217,539	£18,208,768	£-2,991,228	25,327	£719

5.4 Community midwifery income versus plan is a concern in 2019/20 – a QI project has highlighted that there is a potential c. £150k opportunity to ensure the community midwives input data in a timely and agile manner – this would require investment in mobile IT devices and software adding

both timeliness to activity recording but also reducing travel costs and inefficiencies as currently the midwives travel back to SHH to input patient records.

5.5

In terms of financial position the service has these main areas to consider:-

1. Not meeting the 10 standards of the CNST incentive scheme loses a potential £160k in additional funding this year.
2. Getting to 4000 births "shifts" the financial contribution bubble closer to Green
3. Community Midwifery IT mobile solution could increase income with potential £150k opportunity.
4. Gynaecology makes a positive contribution – both the East Cheshire opportunity and link between gynaecology and obstetrics offers increased income to this service with very little additional investment.
5. Paediatrics and Neonates makes a positive contribution – the services are intrinsically linked and will also grow with increased births.

6. COVID

6.1 East Cheshire temporary changes

6.1.1 At the start of the COVID 19 pandemic our neighbouring Trust in East Cheshire (Macclesfield DGH) took the decision to close their intrapartum maternity service on the grounds of protecting anaesthetic cover for intensive care provision. With 48 hours' notice the service closed both its intrapartum service and neonatal unit transferring all care to 3 neighbouring "Host" sites – Stockport FT, MFT (Wythenshawe site) and Mid Cheshire. The initial split of work was predicted 50% of the deliveries would come to Stockport, which are around 750 additional births per annum.

The following changes have occurred as a result of this temporary move:-

- The host sites received a percentage of the workforce, both medical and nursing, resulting in 10 WTE midwives and 12 PA's of Consultant O+G posts moving to Stockport.
- An additional 1.5 (average) births per day
- The provision of planned 3 x week Elective section lists in maternity theatre

6.1.2 The increased establishment is temporary as the plan is to move the service back to East Cheshire at the end of March 2021. If this does not occur, we need to consider a revision of the Birth Rate+ exercise to re-base our staffing establishment for midwifery.

6.2 Aspirant midwives

6.2.1 As a result of interruption of student midwives training programmes we have ten 2nd year and eleven 3rd year aspirant midwives allocated to our unit.

6.2.2 The RCM are predicting that the interruption to training programmes will leave a gap in newly qualified midwives between now and the Autumn of 2022 – with qualified midwife turnover being an average of 9.4% (15 headcount) this will result in 30+ vacancies between now and September 2022.

6.2.3 Additionally the age demographic for our qualified midwives suggests a high number of retirements over the next 2 years, with 14 midwives currently over the age of 60. The service has recently recruited 9 WTE midwives (form a cohort of newly qualified student midwives) due to start in early October 2020.

6.2.4 Overall this means without action we will have a predicted gap in midwifery workforce by September 2022 of 45+ posts which is likely to impact on safety, patient care and staff morale

leading to a reliance on temporary and agency workforce.

6.2.5 The service has had to respond to rapid change during the covid pandemic including changing the way some services are delivered. The team have worked efficiently to bring back aspects of the service as it has been safe to do so, such as home births and face to face antenatal and post-natal visits.

7. PERFORMANCE

7.1 Currently the maternity metrics are reported through the maternity dashboard within the Business Group and the Integrated Performance Report (IPR) to the Quality Committee. The metrics reported within the IPR are:

- Induction of Labour rate
- Smoking at the time of delivery
- Term admissions to the neonatal unit
- Emergency Caesarean Section

7.2 It is recognised that the IPR requires updating to report Emergency Caesarean Section at full dilatation rather than just Emergency Caesarean Section, and 1-1 care in labour as this would provide an increased oversight and further metrics for assurance. Additionally, a recommendation would be for the maternity dashboard to be received at the Patient Quality and Safety group.

7.3 The maternity dashboard is also monitored quarterly through the SCN dashboard meeting which offers the opportunity to benchmark and peer review all indicators.

8. STRATEGIC DIRECTION

8.1 Highlighted as one of the 'Should Do' actions from the CQC inspection report was that 'the Trust should consider developing a documented vision and strategy' for maternity services.

8.2 Following the recent launch of an updated Trust strategy, the next stage is to develop an overarching clinical strategy followed by individual service line strategies. There is a need to advance development of a service specific maternity strategy alongside development of an overarching Trust strategy.

8.3 It is vital our clinicians shape our overall clinical service line strategies with achieving financial and clinical sustainability as a key objective. Specifically for maternity will be to develop longer terms plans for collaboration with East Cheshire.

8.4 One of the key drivers for a maternity strategy will be to address the falling birth rate and implicit safety risks that come from not having safe midwifery staffing numbers. Early work with East Cheshire Trust suggest that @ 900 births could come to SHH – whilst this would currently bring us to just over 4000 births per annum, 2019/20 birth figures suggest a year end position of just under 3100 births and it continues to fall. In order to stem this reduction in births we need to:-

1. Invest in safe midwifery staffing – first step to make the delivery suite co-ordinators supernumerary
2. Consider investment and upgrade of our maternity estate – first impressions/kerb appeal is not attractive; and
3. Market the service – our social media presence is not positive and influential sites like "Mumsnet" are very critical of our estate and delays to induction and elective sections

8.5 A plan is being developed to support a draft maternity strategy being ready by the end of March in line with the overall approach to improvement work in the next 6 months.

9. RISKS

9.1 A number of risks are deemed significant in relation to progress with the maternity improvement work, these are:

- Capacity of the Maternity Triumvirate and senior team to support the programme, make the changes and continue to operationally run the service.
- Resilience of the Maternity Senior team to maintain their health and well-being during the improvement work.
- The uncertainty around the future of the East Cheshire Maternity and Neonatal services – planning for service provision up to and beyond April 2021 is a challenge in terms of the different scenarios to consider.
- Increased external scrutiny in light of the Covid19 pandemic, the CQC inspection outcomes and the East Cheshire situation puts additional pressure on the service to balance communications and relationships with GM and National regulators and professional bodies.
- Future investment in workforce is likely to be defined within the improvement programme in order to meet the aspirations to be a growing and high quality service fit for the future.
- The current estate does not support a positive kerb appeal to a service user who is spoilt for choice within Greater Manchester and East Cheshire – investment in the building and development of services go hand in hand with the transformation work.

10. CONCLUSION & NEXT STEPS

10.1 The intention of the paper was to draw together all of the components parts that we will come under the umbrella of a single Maternity improvement programme. Many of which will be captured under involvement in the MSSP.

10.2 The proposed approach is to develop a single improvement plan (akin to the Emergency Department) supported by strategy, planning and PMO, QI resources and other corporate functions as necessary.

This work will be clinically and managerially led by the service. Similar to the model effectively used to support improvement work with ED and Gastroenterology, it is proposed that the Executive Team receive regular highlight reports on a monthly basis with progress and assurance also reported to the Board of Directors

10.3 The Board of Directors are recommended to;

- note the content of this update
- support the arrangements set out for development and future reporting of the maternity improvement programme.

CQC Must & Should Do Action Plan

20200911v1.0

DRAFT

Subject to change

	Complete
	On track
	Problematic
	Delayed - Off track

Action ID	Core service	Regulatory activity	Theme	Domain	Component Issues to be addressed	Specific actions to be implemented	Progress	How will we measure this has been achieved?	Evidence Log	RAG Rating	SRO	Action Owner	Target date	Archive target dates
MD_16.01	Maternity	Regulation 18	Safe Staffing	Safe	The trust must ensure that they ensure there are enough trained and competent staff to provide safe care to women and babies and that there is always a supernumerary labour ward co-ordinator at all times.	Re-submit Midwifery staffing business case to Executive Team and Trust Board for approval	07/07/20 - Business Case currently with John Graham to take to Trust Board on 09/07/20. 11/08/20 - Went to Board on 06/08/20 which was approved. Next step is to meet finance teams to review staffing establishment. 04/09/20 - Finance team agreed establishment with BG. next action is for rotas to be reflected of establishment. Work to be concluded w/e 11/09.	Evidence of midwifery staffing BC to ET/Board		On track	Chief Nurse	Business Group Director - WC&D	25/09/2020	30/08/2020
MD_16.02	Maternity	Regulation 18	Safe Staffing	Safe	The trust must ensure that they ensure there are enough trained and competent staff to provide safe care to women and babies and that there is always a supernumerary labour ward co-ordinator at all times.	Initiate recruitment process against enhanced staffing model	11/08/20 - Aspirant nurses are classed as independent midwives. Meeting 12/08 with Finance to review gaps in establishment for recruitment to progress. Out to advert once cost codes agreed. 04/09/20 - Currently 8 midwives over establishment. Recruitment will commence for any vacant posts identified.	Evidence of recruitment		On track	Chief Nurse	Business Group Director - WC&D	31/10/2020	
MD_16.03	Maternity	Regulation 18	Safe Staffing	Safe	The trust must ensure that they ensure there are enough trained and competent staff to provide safe care to women and babies and that there is always a supernumerary labour ward co-ordinator at all times.	Proactively recruit through the 'opt in' of midwives as soon as they qualify to reduce vacancies	04/09/20 - Successful recruitment to 10 aspirant midwives, some of which are now starting in post.	Evidence of opt in midwives taking posts	SB Query recruitment can screenshot from Trac	On track	Chief Nurse	Business Group Director - WC&D	31/10/2020	
MD_17.01	Maternity	Regulation 17	Governance	Safe	The trust must ensure that safety procedures, designed to improve safety for mothers and babies, such as the World Health Organisations five steps to safer surgery are carried out regularly to adhere to national recommendations.	Implement a routine safer surgery audit process for interventional procedures in Maternity - NatSSIPs and LocSSIPs audit	07/07/20 - Meeting taken place with the audit team. Re-audit showed some improvement but still work is still to continue. 11/08/20 -Safer surgery now implemented,, Audited on a monthly basis and being reported through to BG Quality Board. 04/09/20 - Assurance on progress with safe staffing Included within audit report at QB	Evidence of audit Improved compliance	Quality board minutes August - SB Requested from Ros Audit report section - D Kershaw, SB	On track	Chief Nurse	Business Group Director - WC&D	31/10/2020	
MD_17.03	Maternity	Regulation 17	Governance	Safe	The trust must ensure that safety procedures, designed to improve safety for mothers and babies, such as the World Health Organisations five steps to safer surgery are carried out regularly to adhere to national recommendations.	Establish improvement actions where required through PDSA model	11/08/20 - PDSA cycle completed in response to Junes data. Update on improvements identified in the next check and challenge meeting. 04/09/20 - Assurance on progress with safe staffing Included within audit report at QB	Evidence of PDSA if required		On track	Chief Nurse	Business Group Director - WC&D	31/10/2020	
MD_18.01	Maternity	Regulation 17	Governance	Safe	The trust must assess, monitor and improve quality and safety of women and babies using the service.	Review and implement maternity dashboard to ensure safety and quality metrics are measured and routinely reported through BG performance review meeting.	07/07/20 - RCOG dashboard in place and this currently goes through relevant governance meetings. 11/08/20 - RCOG dashboard to be reviewed at Quality Board. RCOG Dashboard also sent to performance review meetings 14/08/20 - Awaiting access to WCD evidence folder to populate evidence log with RCOG dashboard and BG performance review papers. 04/09/20 - To include September KIR as evidence. Forward plan to have agenda item within performance review meetings. 15/09/20 - agreed to change date to	Evidence of maternity dashboard submitted to Business Group Performance Review each month Evidence of escalation of metrics outside tolerance being reviewed and, where necessary, escalated to parent committee. Evidence of management decision and action to address underlying performance or quality problems.	MD_18.01a_KIR Maternity and Gynaecology Services August 2020 To copy detailed evidence log in linked actions into this evidence log	On track	Interim Director of Governance & Risk Assurance	Business Group Director - WC&D	31/10/2020	
MD_18.02	Maternity	Regulation 17	Governance	Safe	The trust must assess, monitor and improve quality and safety of women and babies using the service.	Metrics to be discussed at BG Performance review meeting and quality board	11/08/20 - Additional work being undertaken at GM level to review metrics. Currently work in progress. 14/08/20 - Awaiting access to WCD evidence folder to populate evidence log with RCOG dashboard and BG performance review papers. 04/09/20 - To include September KIR as evidence. Forward plan to have agenda item within performance review meetings.	Evidence within minutes	MD_18.01a_KIR Maternity and Gynaecology Services August 2020 To copy detailed evidence log in linked actions into this evidence log	On track	Interim Director of Governance & Risk Assurance	Business Group Director - WC&D	31/10/2020	
MD_18.03	Maternity	Regulation 17	Governance	Safe	The trust must assess, monitor and improve quality and safety of women and babies using the service.	Areas of improvement to be identified and actions implemented	11/08/20 - subject to review within 18.02.	Evidence of escalation within high risk areas	Minutes and action log	On track	Interim Director of Governance & Risk Assurance	Business Group Director - WC&D	31/12/2020	31/10/2020
MD_19.01	Maternity	Regulation 9	Performance	Safe	The trust must work to reduce closing the unit to improve access and flow for women using the service.	Tracked through MD_16 *Re-submit Midwifery staffing business case to Executive Team and Trust Board for approval* *Re-submit Midwifery staffing business case to Executive Team and Trust Board for approval*	07/07/20 - 1 divert since March. Due to East Cheshire midwives being transferred over during Covid-19 pandemic. 11 Aspirant Midwives currently being recruited to. 14/08/20 - Business case went to Board on 06/08/20 which was approved. Meeting the finance team to review staffing establishment and recruitment process will commence following this. Confirmation that offers have been sent to 10 aspirant midwives 04/09/20 - Finance team agreed establishment with BG. next action is for rotas to be reflected of establishment. Work to be concluded w/e 11/09. Currently 8 midwives over establishment. Recruitment will commence for any vacant posts identified. Successful recruitment to 10 aspirant midwives, some of which are now starting in post.	Evidence of midwifery staffing BC to ET/Board		On track	Chief Nurse	Business Group Director - WC&D	31/08/2020	
SD_42.01	Medical Care - Maternity		Governance	Well-Led	The trust should take appropriate actions to identify risks and mitigate action in a timely manner.	Implementation of the new risk management approach	04/08/20 - Complete refresh of risk management approach. Risk report presented at risk management committee and risks within BG now reviewed and rebuilt. New way of working within BG so specialities now present own risks.	Evidence of implementation of risk management	Paper to risk management committee - SB request from L Murch	On track	Interim Director of Governance & Risk Assurance	Business Group Director - M&CS	30/09/2020	
SD_43.01	Maternity		Safe Staffing	Safe	The trust should consider monitoring when community when staff are moved from one clinical area to another to facilitate targeted improvement work.	Develop a monitoring system for when community staff are move from one clinical area to another	11/08/20 - SFT in the process of implementing Safe Care Live system for use with the Health Roster. 17.6.20, onwards meetings between health roster & ward managers to ensure rosters appropriate and correct in relation to rotational staff 16.7.20, Safe care live commenced as a pilot within the trust-maternity not included at this time. To commence in maternity when evidence that the rosters correctly capture the staff 29.7.20, Monthly meetings commenced to ensure roster correct and completed at the correct time- setting the baseline for safe care live. 04/09/20 - Currently sit rep system in place for twice daily review, provides monitoring of moving staff.	Evidence of monitoring system	3 day sit rep	On track	Chief Nurse	Business Group Director - WC&D	30/09/2020	
SD_44.01	Maternity		Safe Staffing	Safe	The trust should consider monitoring when staff have been redeployed from planned mandatory study days to work in the clinical area in order to facilitate targeted improvement work.	Develop a monitoring system for when staff have redeployed from planned mandatory study days to work in a clinical area	11/08/20 - 22.6.20 Designate a champion for training in each area. Signed register to be sent to each champion 1.8.20, Commencement of new training database which is updated by the ward managers on a monthly basis to collect data regarding non-attendance including reason. Awaiting commencement of safe care live which will capture DNA in real time-see above. 04/09/20 - Currently sit rep system in place for twice daily review, provides monitoring of moving staff.	Evidence of monitoring system	3 day sit rep	On track	Director of Workforce & OD	Business Group Director - WC&D	31/08/2020	
SD_45.01	Maternity		Safe Staffing	Safe	The trust should work to reduce the increasing number of instances where the service is closed to admissions.	Tracked through MD_16 *Re-submit Midwifery staffing business case to Executive Team and Trust Board for approval* *Re-submit Midwifery staffing business case to Executive Team and Trust Board for approval*	There has been only 1 occasion in the past 6 months when the maternity service at SFT has been closed to admissions despite changes in practice related to the covid 19 pandemic and reduced staffing levels with staff shielding & isolating. This is in part due to the following increased awareness and monitoring of acuity: 16.6.20 Escalation form devised. To be trialled week commencing 22.6.20 Staffing escalation form completed 2x daily and sent to HOM and Matrons Successful recruitment to vacancies and 8.6 WTE of BS midwives (previously aspirant midwives) Midwifery staffing Business case to recruit to in line with Birth Rate Plus agreed at Board 6 August, review of staff rosters and establishment to identify recruitment opportunities.		SD_45.01a_Maternity Unit status report	On track	Chief Operating Officer	Business Group Director - WC&D		
SD_46.01	Maternity		Safe Staffing	Safe	The trust should consider monitoring the times that staff were redeployed from the birth centre in order to target improvement work.	Develop a monitoring system for when staff were redeployed from the birth centre	11/08/20 - SFT in the process of implementing Safe Care Live system for use with the Health Roster. 17.6.20 onwards, meetings between health roster & ward managers to ensure rosters appropriate and correct in relation to rotational staff 16.7.20, Safe care live commenced as a pilot within the trust-maternity not included at this time. To commence in maternity when evidence that the rosters correctly capture the staff 29.7.20, monthly meetings commenced to ensure roster correct and completed at the correct time- setting the baseline for safe care live. 04/09/20 - Currently sit rep system in place for twice daily review, provides monitoring of moving staff.	Evidence of monitoring system		On track	Chief Nurse	Business Group Director - WC&D	30/09/2020	

	Complete
	On track
	Problematic
	Delayed - Off track

Action ID	Core service	Regulatory activity	Theme	Domain	Component Issues to be addressed	Specific actions to be implemented	Progress	How will we measure this has been achieved?	Evidence Log	RAG Rating	SRO	Action Owner	Target date	Archive target dates
SD_47.01	Maternity		Strategy	Well-Led	The trust should consider developing a documented vision and strategy.	Development of service line strategies	11/08/20 - Session on Trust strategy due to take place on 12/08/20. On going discussions with East Cheshire around Maternity. 04/09/20 - Strategy session took place 12/08/20. Further individual team sessions also took place 03/09, 24/09. Interlinked to clinical service strategy but decision to progress Maternity strategy asap.	Evidence of service line strategies		On track	Director of Strategy, Partnerships & Transformation	Business Group Director - WC&D	31/03/2021	
SD_47.02	Maternity		Strategy	Well-Led	The trust should consider developing a documented vision and strategy.	Review of enabling strategies with a programme timetable for periodic review in line with the Trust strategy and Clinical strategy	11/08/20 - Dependant task on 46.01.	Evidence of review of enabling strategy		On track	Director of Strategy, Partnerships & Transformation	Business Group Director - WC&D	31/03/2021	