NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

MEETING HELD IN PUBLIC

1 JUNE 2022

Making a difference every day.

NHS Stockport NHS Foundation Trust

Board of Directors Meeting
Wednesday, 1 June 2022
Held at 9.30am at Pinewood House Education Centre
(This meeting is recorded on Webex)
AGENDA

Time			Enc	Presenting
0930	**1.**	Apologies for absence		
	2.	Declaration of Interests		**All**
	3.	Staff Story		**N Firth**
0940	**4.**	Minutes of Previous Meeting – held on 7 April 2022	✓	**T Warne**
0945	**5.**	Action Log	✓	**T Warne**
0950	**6.**	Chair's Report	✓	**T Warne**
1000	**7.**	Chief Executive's Report	✓	**K James**
	8.	**Performance**		
1010	8.1	Integrated Performance Report • Quality • Operational Performance • Workforce • Finance	✓	**K James / Executive Directors**
	9.	**Strategy**		
1040	9.1	Transformation Programme Progress	✓	**K James**
1055	9.2	Quality Strategy Progress	*Presentation at the meeting*	**N Firth / H Howard**
	10.	**Governance**		
1110	10.1	Year End Declarations 2021/2022: - Going Concern - Annual Governance Declarations/Self Certifications	✓ ✓	**J Graham**
1125	10.2	Use of Common Seal 2021-22	✓	**J Graham**
	11.	**Standing Committee Reports**		
1130	11.1	Board Committees – Key Issues & Assurance Reports: • Finance & Performance Committee • People Performance Committee • Quality Committee (*Including Annual Health & Safety Report)* • Audit Committee *(Verbal – Audit Committee Key Issues & Assurance Report from 26th May to be provided to Board in August 2022*)	✓ ✓ ✓	**Committee Chairs**
1150	**12.**	**Closing Matters**		
	12.1	Proposal for Trust Meetings	✓	**Chair**
	12.2	Any Other Business		

	13.	Date, Time & Venue of Next Meeting		
	13.1	Thursday, 4 August 2022, 9.30am, Pinewood House Education Centre		
	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".*		
		Close		

STOCKPORT NHS FOUNDATION TRUST

Minutes of the meeting of the Board of Directors held in public on Thursday, 7 April 2022 9.30am in Lecture Theatres, Pinewood House, Stepping Hill Hospital

Present:

Mrs C Anderson	Non-Executive Director
Mr A Bell	Non-Executive Director
Ms A Bromley	Director of Workforce & OD
Mrs N Firth	Chief Nurse
Mr D Hopewell	Non-Executive Director
Mrs K James	Chief Executive
Dr M Logan-Ward	Non-Executive Director / Deputy Chair
Dr A Loughney	Medical Director
Mrs J McShane	Director of Operations
Mrs M Moore	Non-Executive Director
Ms J Newton	Associate Non-Executive Director*
Mr J O'Brien	Director of Strategy & Partnerships
Mrs C Parnell	Director of Communications & Corporate Affairs*
Dr L Sell	Non-Executive Director

** indicates a non-voting member*

In attendance:

Mr Paul Elms	Freedom to Speak Up Guardian
Mrs R McCarthy	Trust Secretary
Mrs K Wiss	Deputy Director of Finance

Apologies:

Prof T Warne	Chair
Mrs C Barber-Brown	Non-Executive Director
Mr J Graham	Director of Finance / Deputy Chief Executive

Observing:

Sue Alting	Lead Governor
Howard Auston	Public Governor
Jordan Howard	Acacium Group
Helena Vesty	Manchester Evening News

Ref	Item	Action
44/22	**Welcome & Apologies for Absence** Dr Louise Sell, Non-Executive Director, welcomed everyone to the meeting and confirmed that, in the absence of the Trust Chair, Professor Tony Warne, she would chair the meeting. She confirmed that this was the first meeting of the Board of Directors meeting where Board members were not required to wear masks. Apologies for absence were noted as above.	
45/22	**Declaration of Interests** There were no declarations of interest.	
46/22	**Patient Experience Presentation** The Board of Directors received a presentation from Emma Rogers, Matron for Patient Experience & Quality Improvement and Aoife Isherwood, Patient Experience & Involvement Facilitator. The presentation included an overview	

	of the Patient Experience Team, how the Trust learned from patient experience, the patient experience journey, best and worst performing themes and future plans. In response to a Non-Executive Director seeking further assurance with respect to the gathering of patient experience from patients/carers from a broad range of demographic groups, the Matron for Patient Experience & Quality Improvement confirmed the team worked closed with the Equality, Diversity & Inclusion (EDI) Manager, and that Carer Opinions, the website utilised to collect patient experience, had recently employed an EDI lead, through which further engagement would take place to ensure the views of patients from communities served were listened to. In response to the Medical Director querying the level of engagement with medical colleagues, the Matron for Patient Experience & Quality Improvement commented that engagement was positive with doctors of various grades, particularly noting the positive engagement in the Stockport Accreditation & Recognition System (StARS). The Director of Operations noted the improvements for patients following feedback from patients, such as the Sound Ears. She emphasised the importance of paying attention to patient experience when the expansion of urgent care commenced. A Non-Executive Director applauded the focus on patient property, and contribution to the quality of care patients received. On behalf of the Board of Directors, the Chief Nurse acknowledged the breadth of work undertaken by the Patient Experience Team and expressed thanks for their contribution.	
47/22	**Minutes of the previous meeting** The minutes of the previous meeting of the Board of Directors held on 3 February 2022 were agreed as a true and accurate record of proceedings.	
48/22	**Action Log** The action log was reviewed and annotated accordingly.	
49/22	**Chair's Report** Dr Louise Sell, Non-Executive Director presented the Chair's Report, prepared by Prof. Tony Warne, reflecting on his recent activities within the Trust and the wider health and care system. On behalf of the Chair, the Non-Executive Director acknowledged the Trust's solidarity with the people of Ukraine and all those impacted by the conflict and confirmed that the Trust, along with partners, had well-established, effective and collaborative ways of working to ensure that refugees and/or asylum seekers coming to the area have their health and social care needs appropriately met. **The Board of Directors:** • **Received and noted the report.**	
50/22	**Chief Executive's Report** The Chief Executive presented a report providing an update on local and national strategic and operational developments. She briefed the Board on the content of the report and highlighted the following areas:	

	• Integrated Care Board (ICB) Chief Executive appointed • Urgent and emergency care campus • Stockport Improvement Board to stand down • Maternity incentive scheme • Top JAG rating • Our commitment to no smoking • Public Sector Catering Awards • Army support • 1000th robotic prostrate surgery • National CNS Day • Apprentice of the Year A Non-Executive Director sought further view regarding the work of the CURE Team and alignment with the Trust's commitment to no smoking, noting both patients and visitors were seen smoking on site. The Chief Executive confirmed that the CURE Team were relaunching the Consultant led programme, acknowledging there was more to do to improve outcomes for patients in line with the Trust's commitment to no smoking. **The Board of Directors:** • **Received and noted the report.**	
51/22	**Integrated Performance Report** The Chief Executive introduced the Integrated Performance Report (IPR), which included exception reports for areas of most significant note. She highlighted significant operational challenges including difficulty in discharging patients despite support from partners, with increasing attendances to A&E impacting the Trust's ability to restore elective services. <u>Quality</u> The Medical Director and Chief Nurse presented the quality section of the IPR and highlighted performance and mitigating actions around sepsis, mortality, hospital onset covid, C.difficile, maternity continuity of carer and written complaints rate. The Deputy Chair acknowledged that patients were found to be Covid-19 positive as an incidental finding following attendance at A&E, and queried potential impact on patient outcomes should these patients be treated on a Covid-19 ward, rather than speciality ward. The Chief Nurse confirmed that a risk-based approach was now being adopted, with each patient considered individually. She confirmed patients were often remaining in a speciality ward and treated by colleagues in relevant PPE. A Non-Executive Director acknowledged the change in mortality data reporting and queried if further detail would be provided regarding change to performance as a result of this. The Medical Director confirmed the new data system would support further interrogation of data, that would be provided in due course. A Non-Executive Director recognised the increase in written complaints and queried if any further analysis had been undertaken to understand this. The Chief Nurse confirmed that the Deputy Director of Quality Governance was leading further investigation into this, with update to be included in a subsequent Patient Safety Report (quarterly). She added that communication was the most common theme and more recently, increase in concerns regarding waiting times. The Chief Executive echoed this comment, confirming that she personally signed off all responses, with a significant number concerning communication during the pandemic, particularly notable when visiting was restricted.	

	Operational The Director of Operations presented the operational section of the IPR and highlighted the continued operational pressures and the consequent adverse impact of the Covid surge on the Emergency Department (ED) 4-hour target. A Non-Executive Director acknowledged the daily variation in A&E performance and sought further information regarding this. The Director of Operations confirmed there was a pattern of days with increased demand, however the ability to flex the available space, and thus the workforce, to accommodate the peaks in attendances was limited. She added that this further supported the need for the Emergency & Urgent Care Campus. Notwithstanding the fluctuations in A&E performance, the Director of Operations provided assurance that the Emergency Department managed patients based on clinical need, with the Trust having the best Type 1 performance in Greater Manchester (GM) during 2021/22. The Medical Director echoed this comment, and added that, in addition to fluctuations in numbers attending, the acuity of those patients also impacted on performance. The Associate Non-Executive Director noted that Stockport NHS Foundation Trust (SFT) had been an outlier in GM for overall waits. She queried if this remained the position and, if so, plans were in place to address this. The Director of Operations provided contextual information regarding the Trust position which remained an outlier, noting that SFT did not have a backlog pre-pandemic. She confirmed that the Trust had focussed on elective recovery through access to the independent sector and green sites. The Director of Operations confirmed further scope for improvement in elective recovery, with plans in place for 2022/23 based on the protection of the elective bed base and business case to support opening of an additional ward. A Non-Executive Director recognised that theatre utilisation was below trajectory and queried if the opening of an additional ward would support improvement in this. The Director of Operations confirmed that the provision of a surgical bed base should support an improvement in theatre utilisation. She confirmed the collection of data was robust and would allow benchmarking when scheduling a full elective programme. The Director of Operations reminded the Board of Directors of the planning assumptions, including a return to pre-Covid conditions, noting such conditions were essential for recovery to thrive. Workforce The Director of People & Organisational Development (OD) presented the workforce section of the IPR and highlighted performance and mitigating actions around sickness absence, appraisals, and agency costs. A Non-Executive Director referred to workforce turnover and sought further information regarding the revised approach to exit interviews as a mitigating action. The Director of People & OD commented that the revised approach would enable the Trust to further understand the nuances of people leaving, noting categories in ESR were high-level. In response to a Non-Executive Director querying if divisions experiencing the highest bank and agency costs was related to staff turnover, the Director of People & OD commented that the Trust continued to recruit to turnover in divisions, with bank and agency usage primarily due to staff absence. Finance The Deputy Director of Finance presented the finance section of the IPR and advised that the Trust had achieved a break-even position at Month 11, after discounting £0.4m from the sale of assets and was also forecasting to break even at year end. The Deputy Director of Finance confirmed that Cost	

	Improvement Programme (CIP) plans had been achieved, albeit predominantly through non-recurrent means during an extremely challenging financial year. The Associate Non-Executive Director acknowledged the capital and revenue position, as discussed in detail via the Finance & Performance Committee, and commended the Finance Team in achieving the break-even position during exceptional operational and financial challenges. **The Board of Directors:** • **Received and noted the Integrated Performance Report**	
52/22	**Learning from Deaths Report** The Medical Director presented the Learning from Deaths Report, providing the Board with information about the Learning from Deaths process in the Trust, summarising the learning that had been gained in the last quarter and high-level information about the actions that had been taken in response. In addition, the Medical Director confirmed the refreshed Learning from Deaths Policy had been ratified. In response to a Non-Executive Director seeking further information regarding the theme identified in relation to learning disability patients, the Medical Director provided further information regarding this learning point, noting that there was no apparent deficit in care, however potential improvement in documentation to ensure appropriate level of detail was provided. A Non-Executive Director fully supported this comment, noting broader themes discussed via Quality Committee in relation to patients with a learning disability. A Non-Executive Director welcomed the report and encouraged future reports to triangulate learning and improvement with clinical outcomes. **The Board of Directors:** • **Noted the processes that the Trust has in place that allow it to learn from deaths** • **Confirmed the actions arising from that process had been appropriate**	
53/22	**Safer Care Report** The Chief Nurse presented the Safer Care report, providing the Board with the latest position in relation to key care staffing assurances. She highlighted current challenges regarding maintaining safe staffing levels, alongside the actions being taken to mitigate risks identified. The Chief Nurse confirmed safely staffing clinical areas remained the focus of all operational discussions to ensure the Trust can safely deliver care for patients, with a continued focus on scrutiny of all types of incidents, complaints and patient feedback to triangulate & provide support where needed. A Non-Executive Director acknowledged the assurances provided in the report and emphasised the value of Executive walkarounds, providing Board visibility and leadership. **The Board of Directors:** • **Received and confirmed action being taken to maintain safe care.**	
54/22	**Staff Survey Report** The Director of People & OD presented the 2021 NHS Staff Survey Results in alignment with the NHS People Plan & People Promise. She confirmed that in 2021 the Trust undertook a full census survey with 2392 responses received, which is 43% of eligible staff and falls below the national average of 46.4%.	

	The Director of People & OD confirmed that the Trust's results had been benchmarked against 126 Acute and Acute and Community providers and presented highlights and lowlights. The Director of People & OD commented that there had been a general decline in results, specifically in the North West and Greater Manchester (GM) regions. She acknowledged that the results had been comprehensively discussed via the People Performance Committee and reflected on the disappointment of colleagues at this time. The Director of People & OD expressed her view that the results should be considered in the context of when the survey was completed during the height of the pandemic, and that when comparing Stockport NHS Foundation Trust results with those across England, Stockport was in the category of the most improved five hospitals in England. The Director of People & OD concluded that, following the removal of the embargo on 30th March 2022, the results would be widely shared with Divisional Leadership Teams, and colleagues to share the findings and to shape the actions / required responses. The Chief Executive reflected on the discussion and reemphasised that, notwithstanding focused areas for improvement over the coming year, benchmarking data demonstrated that the Trust was one of only 5 hospitals in country that had improved overall. Acknowledging the above comments, a Non-Executive-Director sought further view regarding the Trust's aspirations more broadly with respect to the Staff Survey. The Director of People & OD commented that the Trust aimed to be above national average and within the upper quartile. Furthermore, the Non-Executive Director referred to the question regarding adequate materials to do work and sought further detail regarding this. The Director of People & OD commented that the Values into Action engagement sessions sought to further understand the detail of questions. She confirmed action sessions were being rolled out to all areas of Trust over next 12 months, listening to staff, and exploring specific areas such as the types of equipment/materials that colleagues are not able to access and how this can be addressed. The Deputy Director of Finance highlighted the significant work undertaken over the year to communicate opportunities to access equipment/materials, with significant investment during the year. She recognised the positive journey that had commenced and anticipated improvements. The Medical Director further emphasised the importance of communication to ensure colleagues understood the opportunities for investment, and ensuring investment was prioritised appropriately. A Non-Executive Director reaffirmed discussion at People Performance Committee regarding the raw data and commended the Trust on the comparative position. She supported the further work, again as discussed at People Performance Committee, to be undertaken at divisional level, including disaggregation of results to enable a localised focus on areas for improvement. **The Board of Directors:** • **Received the 2021 NHS Staff Survey results for Stockport NHS Foundation Trust and confirmed that the results would be considered by the Divisional Leadership teams for review and action.**	
55/22	**Freedom to Speak Up Report** The Freedom to Speak Up Guardian presented the Freedom to Speak Up Report, providing an update of activity in relation to the Trust's Freedom to Speak Up Guardian, emergent themes and trends and plans for the developments of the Speaking Up agenda. Furthermore, the Freedom to	

	Speak Up Guardian provided regional and national context in relation to Freedom to Speak Up. Noting the relatively low levels of reporting, the Associate Non-Executive Director queried levels of confidence that colleagues felt comfortable in speaking up. The Freedom to Speak Up Guardian expressed confidence, noting there was not a culture of not reporting in the Trust. He confirmed that discussion had taken place regarding the role of Freedom to Speak Up champions, to further encourage colleagues to raise issues. A Non-Executive Director referred to the theme identified regarding fear of detriment and sought further information regarding this. The Freedom to Speak Up Guardian commented that this was also a national issue, noting that there had been occasions when an individual had raised an issue yet wished to remain anonymous. The Freedom to Speak Up Guardian confirmed that this matter had been discussed with the Chief Executive, and subsequently a message had been communicated from the Chief Executive to highlight that detriment would not be tolerated. The Chief Nurse commented that this linked to the civility save lives agenda, noting that visibility and communication from the Board was key to role model and support this. The Director of Communications & Corporate Affairs added that the Freedom to Speak Up Guardian was one mechanism by which colleagues could raise issues and/or concerns, with other avenues also in place. She added that the number and type of concerns raised was comparable with other organisations and supported the work of the Freedom to Speak Up Guardian in raising visibility across the organisation. **The Board of Directors:** • **Received and noted the report**	
56/22	**Equality, Diversity & Inclusion Strategy** The Director of People & OD presented the Equality Diversity and Inclusion (EDI) Strategy 2022-25 that had been developed following evidence deriving from our Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap and results from the NHS Staff Survey 2020. The Director of People & OD commented that metrics show that inequalities exist for colleagues with protected characteristics, reporting higher levels of poorer experience including harassment, bullying or abuse at work; greater inequalities in access to employment, development, and progression; lack of equitable representation across entry, middle and senior level roles and lack of diversity in leadership positions. In this light, she confirmed the strategy would focus on four key aims to address the above and highlighted the work programme included in the strategy to deliver the aims. A Non-Executive Director welcomed the strategy, which reflected discussion from the Board development session. A Non-Executive Director referred to the challenging targets included within the strategy, and queried confidence levels in achieving those targets, including those that may prove most challenging. The Director of People & OD acknowledged the ambitious approach. She expressed her view that objectives regarding disability may prove most challenging, noting scope for improvement in ensuring appropriate adjustments for colleagues with a disability or long-term condition and ensuring colleagues were comfortable in sharing information regarding a disability/long term condition that may impact on their work. A Non-Executive Director sought further information regarding targets for Black & Minority Ethnic (BAME) colleagues within clinical and non-clinical	

	positions. The Director of People & OD highlighted the importance of recruiting colleagues with protected characteristics, and importantly development and progression opportunities to ensure colleagues with protected characteristics across all bands in the organisation. The Medical Director commented that it was important to understand the source of bullying and harassment in order to make improvements. The Director of People & OD confirmed this would be part of the work programme and engagement events, to fully understand colleagues experiences and explore specific opportunities to address this. The Deputy Chair acknowledged the scope of the strategy focussed on the workforce and expressed view that the document may introduce a headline regarding work taking place for patients and communities in this regard. Furthermore, the Deputy Chair expressed view that the strategy did not include mention of colleagues from the LGBT community, suggesting also that this may be included. The Director of Communications & Corporate Affairs fully supported this comment. The Director of People & OD acknowledged these comments and confirmed a further iteration would be made and disseminated to Board members (ACTION). The Associate Non-Executive Director acknowledged that addressing health inequalities within the community was not within the scope of the strategy, however queried how this would be taken forward. The Director of Strategy & Partnerships confirmed this aligned with One Stockport plan and would be the focus of Provider Partnership in the coming months. **The Board of Directors:** • **Approved the Equality, Diversity & Inclusion Strategy subject to inclusion of the final amendments discussed.**	**Director of People & OD**
57/22	**Board of Directors Standards of Business Conduct:** • **Declarations of Interests** • **Non-Executive Director Independence** • **Annual Fit & Proper Person** The Trust Secretary presented the Standards of Business Conduct report providing detail regarding the declared interests of all Board members, including the current Register of Interests; the independence of Non-Executive Directors in line with the NHS FT Code of Governance (Provision B.1.2), including the outcome of declarations of independence, completed by the Chair and each Non-Executive Director; the Board's compliance with the Fit and Proper Person Requirements (FPPR) following an annual assessment of compliance completed in March 2022. **The Board of Directors:** • **Reviewed and confirmed the interests declared by the Board of Directors;** • **Reviewed independence declarations and confirmed that it considers the Chair and all Non-Executive Directors to be independent; and** • **Endorsed the Chair's annual assessment of the Fit and Proper Person requirements for the Board of Directors, subject to any further action to be taken with respect to annual update/DBS checks.**	
58/22	**Annual Review of FT Code of Governance** The Trust Secretary confirmed an annual review of Stockport NHS Foundation Trust's (SFT) compliance with the NHS FT Code of Governance had been undertaken. She stated that SFT complied with the Code's provisions, except for:	

	Provision B.6.2 *Evaluation of FT boards should be externally facilitated at least every three years.* The Trust Secretary stated that SFT's Annual Report 2021/22 would confirm compliance with the provisions of *the Code* and an explanation of the reasons for departure from B.6.2 on the basis that: An externally facilitated Board evaluation was completed by Deloitte LLP during 2014/15. In November 2017, a Well Led Review self-assessment was undertaken in anticipation of an externally facilitated evaluation during 2018/19. This was subsequently superseded by a CQC Well-Led Inspection in October 2018. In addition, an NHS England/Improvement Governance Review was undertaken in November 2019, with a further CQC Well-Led Inspection in February 2020. In light of the above, alongside avoidance of additional operational pressures during the pandemic, a full externally facilitated evaluation was not determined an effective use of resources during 2021/22. The Board supported an independently facilitated Well Led Mapping Review, conducted by AQuA (Advanced Quality Alliance). The review provided an independent overview of the Trust's evidence against the eight Key Lines of Enquiry (KLOEs) within the Well Led framework, and further developmental actions for the purpose of continuous improvement **The Board of Directors:** • **Reviewed and confirmed the outcome of the annual review of compliance with the FT Code of Governance.**	
59/22	**Appointment of Senior Independent Director** The Deputy Chair presented a paper regarding the appointment of a Senior Independent Director. She confirmed that the Code of Governance (July 2014) states that, in consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director. The Deputy Chair confirmed that the Chair had recently reviewed the allocation of lead roles and committee membership for all Non-Executive Directors, specifically within the context of their term of office. As the current senior independent director, Mrs Catherine Anderson, would stand down as a Non-Executive Director in December 2022, it was proposed that another Non-Executive Director fulfil this role to provide continuity beyond the end of the calendar year. The Deputy Chair highlighted the role of the senior independent director and confirmed that, in recognition of the range of skills and qualities and capacity to undertake the role, the Chair has approached Dr Louise Sell regarding this position. Dr Sell has confirmed her commitment to be appointed as senior independent director. The Deputy Chair confirmed that the above proposal for appointment was presented and supported by the Council of Governors at its meeting on 23rd February 2022. **The Board of Directors:** • **Approved the appointment of Dr Louise Sell as Senior Independent Director.**	
60/22	**Board Committees – Key Issues & Assurance Reports:** • **Finance & Performance Committee** • **People Performance Committee** • **Quality Committee *(Including Maternity Services Report)***	

	• **Audit Committee** People Performance Committee The Chair of People Performance Committee (Non-Executive Director) presented a key issues and assurance report from the People Performance Committee meeting held on 10th February 2022 and 10th March 2022. She briefed the Board on the content of the report. In response to a Non-Executive Director seeking further information regarding the role of the Chief Registrar, the Medical Director confirmed that this was a Trust-wide clinical leadership post, albeit with a focus on older people. He confirmed the positive work of the Chief Registrar engaging with operational groups, such as Out of Hours, and highlighted early discussion regarding expansion of this role. The Director of Operations confirmed the support of the Royal College of Physicians to such posts, and further acknowledged the positive engagement and support of the Chief Registrar to transformation programmes and operational planning. **The Board of Directors:** • **Reviewed and confirmed the People Performance Committee Key Issues & Assurance Reports, including actions taken.** Finance & Performance Committee The Chair of Finance & Performance Committee (Non-Executive Director) presented a key issues and assurance report from the Finance & Performance Committee meetings held on17th February 2022 and 17th March 2022. She briefed the Board on the content of the reports. **The Board of Directors:** • **Reviewed and confirmed the Finance & Performance Committee Key Issues & Assurance Reports, including actions taken.** Quality Committee The Chair of Quality Committee (Non-Executive Director) presented a key issues and assurance report from the Quality Committee meeting held on 22nd February 2022 and 22nd March 2022. She briefed the Board on the content of the report. Specifically, the Chair of Quality Committee confirmed that the committee had reviewed the Maternity Services Report including Ockenden Progress Report and the Maternity Sustainability Plan, as presented to the Board of Directors. **The Board of Directors:** • **Reviewed and confirmed the Quality Committee Key Issues & Assurance Reports, including actions taken.** • **Received and approved the Maternity Services Report (including Ockenden Progress Report and Maternity Services Sustainability Plan) following review and recommendation by Quality Committee.** Audit Committee The Chair of Audit Committee (Non-Executive Director) presented a key issues and assurance report from the Audit Committee meeting held on 24th March 2022. He briefed the Board on the content of the report. **The Board of Directors:** • **Reviewed and confirmed the Audit Committee Key Issues & Assurance Reports, including actions taken.**	
61/22	**Board Committees Annual Review: Including Terms of Reference and Work Plans for approval**	

	The Trust Secretary presented the outcome of the annual review of Board Committees (People Performance Committee, Finance & Performance Committee and Quality Committee) including a review of the Terms of Reference and Work Plans, which were presented for approval. The Trust Secretary confirmed the annual review of the Audit Committee and the Remuneration Committee would be presented to the Board in June/July 2022 for approval, following year-end meetings of the Committees. The Charitable Funds Committee Annual Review will be presented to the next meeting of the Corporate Trustees in June 2022. **The Board of Directors:** • **Reviewed and approved the Board Committee Annual Reviews 2021/22, including approval of the Terms of Reference and Work Plans for the following:** - **Finance & Performance Committee - Subject to addendum to the Work Plan to include System Financial Update.** - **People Performance Committee** - **Quality Committee**	
62/22	**Date, time and venue of next meeting** The next meeting of the Board of Directors held in public would be held on Wednesday 1 June 2022, commencing at 9.30am in the Lecture Theatres, Pinewood House.	
	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
01/04/21	87/21	IPR - Quality	Mental Health Strategy for Stockport to be presented to the Board. **Update 7 Oct 2021** – It was noted that the Mental Health Strategy would not be ready for the November Board meeting, and Dr Loughney agreed to advise on timescales. **Update 2 Dec 2021** – To be presented to the Board meeting in April 2022. **Update 7 April 2022** – Discussion re Mental Health strategy/plan via Quality Committee. To be presented to Quality Committee, May 2022. **Update 1 June 2022** – SFT Mental Health strategy to be presented to Quality Committee, June 2022.	Closed	A Loughney
07/10/21	232/21	Board Committee Assurance – Quality Committee	The Medical Director advised that a Research & Innovation Strategy was in the process of being prepared and would be presented to a future Board meeting. **Update 7 April 2022** – Development of Research Strategy in progress. To be presented July 2022.	July 2022	A Loughney
07/04/2022	56/22	Equality, Diversity & Inclusion Strategy	Director of People & OD to update strategy based on discussion and disseminate final version. **Update 1 June 2022** – EDI Strategy updated and disseminated to Board members.	Closed	A Bromley

On agenda
Not due
Overdue

Meeting	Minute reference	Subject	Action	Bring Forward	RO
Closed					

Stockport NHS Foundation Trust

Meeting date	1st June 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chair's Report					
Lead Director	Trust Chair		Author	Professor Tony Warne		

Recommendations made / Decisions requested

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

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
x	Well-Led		Use of Resources

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

		PR5	Critical shortage of skilled workforce with capacity and capability to meet service needs
		PR6	Failure to deliver agreed financial recovery plan
		PR7	A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment
		PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

This report advises the Board of Directors of the Chair's reflections on recent activities within the Trust and wider health and care system.

1. PURPOSE OF THE REPORT

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

2. EXTERNAL PARTNERSHIPS

As I write this report the invasion and war in Ukraine has been ongoing for over 89 days. It remains important that we continue to keep all those caught up in this war in our thoughts and prayers.

Despite the interruptions of annual leave and short weeks due to the Bank Holidays, I have continued to promote the work of our Trust with our partners in both health and social care. I was one of a small group of Chairs that participated in a national meeting facilitated by NHS England, the NHS Confederation and NHS Providers, at which, a number of proposed revisions to the system oversight framework (SOF) were discussed. Colleagues will recall the first SOF was published in July 2021 with a view to further developing an oversight framework with a systems lens. The ambition was to develop an approach that better reflected the various responsibilities for maintaining and managing performance improvements within Trust's, ICS's and NHSE. The current SOF has four '*support segments*' and every NHS organisation was assessed and placed on one of these levels of support. Stockport NHS FT was assessed at Segment 3. A reflection that at the time we were still receiving support from the NHS Regional Office in tackling the concerns and issues highlighted by the CQC assessment in 2020.

So, it was interesting to be part of this conversation and to draw on our experience as we moved away from regulatory oversight on our improvement journey to becoming an outstanding Trust. It was also an important opportunity to influence the shape of the revisions for the 2022/23 framework particularly on securing great flexibility at a system level to reflect improvements made at a local level. However, the existing framework and ratings will stay in place during 2022, and it is unclear whether a further assessment will be undertaken until 2023.

The Local Elections took place during May. Here in Stockport, Councillor Mark Hunter has been appointed as the new Council Leader. The new Cabinet Member for Adult Care and Health, formerly held by Councillor Jude Wells is Keith Holloway. He has a great deal of experience in this area of work, both at Stockport and across Great Manchester. I look forward to developing positive relationships with both these newly appointed colleagues.

I was able to meet with Judith Strobl (Public Health Consultant) who is leading on Stockport Councils development of their mental health strategy. It was part of the ongoing consultation exercise being undertaken to develop the next stage of the

strategy and operational plan. I was able to connect Judith with colleagues across our Trust who have also been working of developing our own response to caring for those patients who might present with a physical/mental health comorbidity.

I was also able to meet with Julie Jarman (Head of a Fair and Inclusive Stockport). Not only was I able to connect her with colleagues leading with on our Equality, Diversity and Inclusion strategy, but she provided me with some fairness challenges that I am exploring with Executive Director colleagues.

I met with the Interim Chair at Stockport CCG to discuss the Stockport FT and East Cheshire Trust 'Case for Change' proposals prior to this document being taken to the CCG Board for a decision.

I continue to actively use social media to promote and support the work of our Trust, and regularly feature my experiences as Chair of Stockport FT in my weekly blog. Since we last met, I have participated in two Chair and NED webinars hosted by the Good Governance Institute – these looked at: Re-conceptualising NHS Estates; and the Elephant at the door: preparing the ground for ICS Stakeholder Engagement. Both were interesting and challenging but it was the later one that I think was the more important one. It featured Paul Gilluley (Medical Director at East London FT). As a Trust, they have been in the forefront of community engagement and coproduction of service developments and improvements. I have him earmarked for one of our Board Development sessions as we start to work in earnest at developing our approach to place based care.

Finally in this section, early May saw our first face-to-face Board-to-Board meeting with colleagues from Tameside & Glossop Integrated Care Trust. It was co-hosted by me and Jane McCall, their Chair. As well as finding out a bit more about each other, it was an opportunity to share a wide range of existing collaborative activities we are engaged in together. A second meeting will be scheduled for late Summer.

3. TRUST ACTIVITIES

I have continued to meet with our Council of Governors both formally and informally. The Nominations Committee have agreed a short list for the interviews for new NEDs in June. We had 36 applications and almost all were of a high quality, and I'm confident we will be able to make some great appointments.

As Covid infections continue to fall, both at the hospital and in the wider community, it has been possible to reintroduce Board member visits clinical areas. During the period covered by this report I have limited opportunities to visit many clinical areas, but did celebrate International Nurses Day, and visited several wards, and

departments to see how colleagues chose to celebrate the day. The enthusiasm and pride on display was impressive.

4. STRENGTHENING BOARD OVERSIGHT

Our Board development journey continues. Although we had no Board development session during this last period, both Executive and Non-Executive appraisals have been undertaken, including my own. I would like to thank all those who contributed their thoughts and experiences to my appraisal. It made the process a very rich one indeed and gave me much to reflect upon. Colleague appraisals are an important part of ensuring we collectively achieve our Trust wide objectives for 2022.

5. RECOMMENDATIONS

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

Meeting date	1 June 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chief Executive's Report					
Lead Director	Chief Executive		Author	Director of Communications & Corporate Affairs		

Recommendations made / Decisions requested

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

This paper relates to the following Corporate Annual Objectives-

x	1	Deliver safe accessible and personalised services for those we care for
x	2	Support the health and wellbeing needs of our communities and staff
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Drive service improvement, through high quality research, innovation and transformation
x	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
	6	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
		PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline
		PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance
		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered
		PR2.1	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes
		PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented

		PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
		PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position
		PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
		PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards
		PR7.2	There is a risk that the Trust does not materially improve environmental sustainability
		PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
		PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy

Where issues are addressed in the paper-

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

7

Executive Summary

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

1. PURPOSE OF THE REPORT

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

2. NATIONAL NEWS

2.1 The Health and Care Bill

Since our last public Board of Directors meeting the Health and Care Bill has received Royal Assent. The act underpins the creation of integrated care systems (ICS) across England from July 2022, and it also includes measures to:

- establish the Health Services Safety Investigations Body,
- address disparities in oral health and obesity,
- ensure everyone working in health and social care has training in the care of people with autism and learning disabilities,
- support data sharing between health and social care services and deliver the Government's adult social care reforms.

2.2 NHS England leadership changes

Chris Hopson will also be joining NHSE/I as Chief Strategy Officer when he leaves his current role as Chief Executive of NHS Providers later this month. In his new role he will be responsible for NHSE/I's strategy and policy, communications and stakeholder activity, including its' formal sponsorship relationship with the Government, and delivery of the NHS's environmental sustainability commitments. Saffron Cordery, Deputy Chief Executive, will be Interim Chief Executive at NHS Providers.

Dr Amanda Doyle OBE is leaving her role as NHS/I's regional director for the North West after being appointed as the National Director for Primary Care and Community Services. Richard Barker, who is regional director for the North East and Yorkshire, will take on her current responsibilities in the North West from next month. The North West and North East and Yorkshire will continue to operate as separate regions under his leadership.

2.3 Next steps Covid-19 response to recovery

In December 2021 the NHS declared a level four (national) incident to help prepare the NHS for a predicted surge in Covid-19 cases linked to the Omicron variant. Since then the NHS has supported 730,000 patients with the virus treated in hospital and 123 million doses of the vaccine delivered.

With a sustained decline in the number of community and hospital inpatient cases of the virus – in part due to the success of the winter and spring boosters – the national team has decided to reclassify the incident to level 3 (regional) incident.

3. REGIONAL NEWS

3.1 Integrated Care System

Greater Manchester Combined Authority and the Greater Manchester Integrated Care Board have established a Joint Transition Board and a Shadow Joint Planning and Delivery Committee to establish arrangements to support the new integrated care system from 1 July 2022.

The committee has representatives from each of the localities, as well as provider organisations and the voluntary sector. I attend the committee on behalf of local care organisations.

At the most recent meeting we discussed a proposed ICB constitution, governance handbook, and scheme of reservation and delegation. Stockport NHS Foundation Trust will be a partner member of the ICB alongside other provider organisations, and Stockport Metropolitan Borough Council will also be a partner member alongside other local authorities.

3.2 Stockport Family

Earlier this year Ofsted visited the Stockport Family – local children's services that work in partnership with the Trust and other agencies - and the report of that inspection was recently published.

The services were rated as “good” across all areas of children in need of help and protection, children in care and care leavers, and the impact of leadership on practice.

Ofsted inspectors praised Stockport Family’s integrated and relationship-based approach to children’s social care, and recognised the contribution made by colleagues across the council and other agencies to meet the needs of children and families, reduce risk and improve their outcomes.

The inspection highlighted the innovative partnership working across Stockport, and the way in which listening to the views of children, young people and families supported co-production of services.

4. TRUST NEWS

4.1 Minister of Health discussion

I recently had a helpful discussion with Mr Edward Agar, Minister of State for Health, about our operational recovery plans, and the challenges we – and many other NHS organisations face – in tackling the waiting lists that have built up as a result of the Covid-19 pandemic. I had the opportunity to outline the many actions we are taking with partners to address the issues facing our local health and care system.

4.2 Trust Planning Update

We submitted activity and financial plans via the Integrated Care System (ICS) on 14 April 2022. The plans submitted were in accordance with those scrutinised and approved by the Board of Directors and through Board committees. No formal feedback has been received on activity and workforce following this submission. However, discussions on the financial position of the Trust and wider ICS continue, reflecting the deficit position planned for in the Trust and in the wider ICS as a whole.

Further work is being undertaken with system partners, via our finance team, to improve the financial position of both the Trust and wider ICS system. Committees and the Board will continue to be updated and involved with any amendments to our position.

4.3 Values into Action

For 2022 we have revised our approach to the Values into Action programme in response to feedback from colleagues.

We launched the programme last year as part of our People Plan with colleagues invited to attend informal meetings with executive directors. The discussions were enlightening and explored several key issues that were important to colleagues. Feedback indicated that colleagues valued the sessions, but wished that time was allocated and protected so that more colleagues could attend.

In response executive directors are now joining existing team and service meetings, both virtually and face-to-face, to engage with colleagues and listen to what it is like for them to work at Stockport NHS Foundation Trust. They will return later in the year to feedback on suggestions, ideas and issues raised in the discussions.

4.4 Hospital Catering of the Year Award

Our catering manager Duncan O'Neil was presented with the Hospital Catering of the Year Award at the recent Public Health Catering Awards in London.

He was also shortlisted in the Catering Manager of the Year category, while Head Chef Nick Roberts was up for the Hospital Catering Award and the whole team was shortlisted in the Team of the Year category.

Duncan received the national award for his hard work, innovation and dedication to improving staff morale during the pandemic, including working with local external food providers to run the popular Foodie Friday events. Under his leadership the catering department has been named as one of just 14 NHS national exemplar sites, and it works hard to provide good quality nutritional meals for patients, colleagues and visitors.

4.5 British Data Awards

Our Human Resources team were highly commented in the British Data Awards for the work it has done to roll out a new workforce IT system.

The online analytics system was installed in January 2021 and it provides colleagues across the organisation with easy to access workforce information to help them deliver their services more effectively.

The team was shortlisted in the Healthcare Organisation of the Year category of the national awards alongside innovative projects from a wide range of public and private sector organisations.

4.6 Making a Difference Everyday Awards

Su Livingstone is the latest recipient of one of our Making a Difference Everyday Awards – and it came as an unexpected retirement gift.

Su was retiring from her role as a case work in our patient and customer services team after 40 years in the NHS when she was surprised with the MADE award for the care she showed to a patient with cancer, one of the hundreds of people she has helped over the years.

MADE awards are given each quarter to colleagues who have shown outstanding commitment and care

Building on the success of these quarterly awards we are now encouraging colleagues to submit nominations for our annual awards programme. It will culminate in a gala evening in the Autumn when we will celebrate the great work of our teams and individuals working in clinical and support services, as well as some of volunteers and fundraisers who support us.

4.7 Activities and events

Our colleagues in hospital and community services have been busy in recent weeks celebrating the International Day of the Midwife, International Nurses Day, Patient Experience Week, and Mental Health Awareness Week.

Some of our midwives featured in films that were shared across the North West talking about what they love about their roles, while a display highlighting nursing through the years at Stepping Hill Hospital fascinated both colleagues and visitors to the site, and Helen Howard, our deputy director of nursing, attended the Florence Nightingale Service in Westminster Abbey as part of the national events to mark International Nurses Day.

Patient Experience Week marked the welcome return of pet therapy dog Pep to Stepping Hill Hospital to the delight of patients and colleagues, and we highlighted the wide range of mental health support available to our colleagues as part of Mental Health Awareness Day.

These were just some of the many activities planned to mark each of these important events in the annual calendar and we are also busy with plans for more activities to celebrate the Queens Platinum Jubilee this week. They include a themed menu for hospital patients, celebratory cakes for colleagues, special gifts for Jubilee babies born in our maternity services, tree planting, and a virtual beacon at Stepping Hill Hospital as part of the network of jubilee beacons being lit across the country over the weekend.

5. Recommendation

The Board of Directors is asked to note the content of this update.

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Stockport NHS Foundation Trust

Meeting date	1 June 2022	✓	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Integrated Performance Report					
Lead Director	Chief Executive		Author	Head of Performance		

Recommendations made / Decisions requested

Performance against the associated metrics for the last available month (April 2022 for the majority of indicators) is reported. Exception reports have been provided for areas of most significant note.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks	X	**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
		PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline
		PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance
		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered
		PR2.1	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs

	X	**PR3.1**	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes
		PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented
		PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
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		PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
		PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards
		PR7.2	There is a risk that the Trust does not materially improve environmental sustainability
		PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
		PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy

Where issues are addressed in the paper-

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

Executive Summary

The Integrated Performance Report is presented to provide Board oversight of:

- Performance against the identified key metrics
- Issues that are affecting performance
- Actions described to mitigate and improve performance in the exception reports

Stockport NHS Foundation Trust

Integrated Performance Report

Reporting Period April 2022

Quality | Operations | Workforce | Finance

8.1

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Trust Highlight Report

Introduction
This report provides the Trust Board with an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a dashboard that incorporates metrics from the Single Oversight Framework. The dashboard details the in-month and year- to- date performance for each metric along with an indicative forecast for next month.

Operational Highlights
Exception reports included this month relate to performance against **A&E , 6- Week Diagnostic, Cancer, RTT, NCTR, Activity v Plan** and **OP** and **Theatre Efficiency** metrics due to under-achievement in month.

It should be noted that despite the continuing pressures within urgent care, Stockport remained the top performing Trust for type 1 **A&E** attends in April.

Quality Highlights
Exception reports included this month relate to performance against **Sepsis, Mortality, C.*Difficile* , MSSA and Maternity Continuity- of- Carer** metrics due to under-achievement in month.

The **Written Complaints Rate** is 7.05 in month which remains slightly higher that the local benchmark of <5.2. The Patient and Customer Services team continues to focus on resolving concerns informally, where appropriate.

Workforce Highlights
Exception reports included this month relate to **Sickness Absence, Appraisal Rates, Turnover, Statutory & Mandatory training and Bank & Agency Costs** due to under-performance in month.

Financial Highlights
For 22-23 the Trust has submitted a plan with an expected deficit of £32m, although it should be noted that the plan has not been accepted by NHSEI at this point and a further plan submission is due in June.

At month- 1 the Trust position is in line with plan; i.e. a deficit of £1.9m.

Whilst pay costs are higher than expected due to ongoing winter pressures, non-pay costs have been lower than forecast due to the elective activity being lower than planned levels.

The CIP plan for 22-23 is £14.1m recurrently. The CIP plan for month -1 has been delivered; however, only 43% is recurrent at this point.

Higher than planned bank and agency costs are in part due to the incentive payment for bank staff to encourage them to take up additional shifts which was extended into April.

The Trust has maintained sufficient cash to operate during April.

The Capital plan for 22-23 is £43.9m. At month- 1 expenditure is behind plan by £1m; however, this spend will be reprofiled into future months.

Risks
CIP continues to be a challenge in 2022/23, with the recurrent target of £14.1m. Whilst the 2022/23 plans have been submitted there is likely to be ongoing pressure to increase this to reduce the deficit for GM overall.

Cost of inflation remains a high risk for the Trust and whilst the plans included some increase to address the pressure, costs continue to escalate for materials, food, and energy.

Cashflow: Based on the opening cash balance of £50m, a planned deficit of £32m and £13m of capital creditors, it is likely that by Q3 the Trust will need to apply for additional cash.

The increased emergency demand and the related impact on the financial position, including the elective recovery targets, will continue to be monitored. There continues to be a risk that income will be reduced from any underperformance and that the costs of emergency demand will be higher than planned.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

Performance
- Blue indicates that the measure has met the target.
- Orange indicates that the measure has fallen short of the target.

Target assurance
- Grey indicates that variation is inconsistently passing and falling short of the target
- Blue indicates that variation is consistently passing the target
- Orange indicates that variation is consistently falling short of the target

Forecast position
- Blue indicates that the measure is forecast to achieve the target next month
- Orange indicates that the measure is forecast to fall short of the target next month

Quality Metrics	Performance		Target assurance	Forecast
Mortality: HSMR (rolling 12-mth)	Feb-22	110	<= 100	
Mortality: SHMI (rolling 12-mth)	Jan-22	98	<= 100	
Sepsis: Timely recognition (rolling 12-mth)	Apr-22	94.2%	>= 95%	
Sepsis: Antibiotic administration (rolling 12-mth)	Apr-22	82%	>= 95%	
Hospital Onset Covid (HOC) Rate	Apr-22	64.7%	<= 78.55%	
Infection Rate - C. diff (rolling 12-mth)	Apr-22	40.14	<= 20.3697	
Infection Rate - MRSA (rolling 12-mth)	Apr-22	0.98	<= 0	
Infection Rate - MSSA (rolling 12-mth)	Apr-22	24.47	<= 7.94917	
Infection Rate - E. coli (rolling 12-mth)	Apr-22	105.24	<= 24.3443	
Medication Incidents: Rate	Apr-22	3.6	<= 3.76	
Never Event: Incidence	Apr-22	0	<= 0	
Serious Incidents: STEIS Reportable	Apr-22	3	<= 5	
Stroke: Overall SSNAP Level	Dec-21	A	>= C	
Falls: Rate of Moderate Harm and Above	Apr-22	0.06	<= 0.12	
Pressure Ulcers: Hospital, Category 2	Mar-22	86	<= 94	
Pressure Ulcers: Hospital, Category 3 and 4	Mar-22	14	<= 15	
Written Complaints Rate	Apr-22	7.05	<= 5.93	
Complaints: Timely response	Apr-22	97.6%	>= 95%	
Maternity: Continuity of Care, Booked	Apr-22	52.1%	>= 55%	
Maternity: Continuity of Care, Ethnic Minority	Apr-22	36.8%	>= 65%	
Maternity: Continuity of Care, Deprivation	Apr-22	62.9%	>= 65%	
Maternity: Continuity of Care, Receipt	Mar-22	3.6%	>= 55%	

Operational Metrics	Latest Performance		Target	Forecast
ED: 4hr Standard	Apr-22	60%	>= 95%	
ED: 12hr Trolley Wait	Apr-22	68	<= 0	
Diagnostics: 6 Week Standard	Apr-22	25.4%	<= 1%	
Cancer: 62-day standard	Apr-22	83.3%	>= 85%	
Cancer: 28-day standard (FDS)	Apr-22	58.5%	>= 75%	
Cancer: 14-day standard (2WW)	Apr-22	94.4%	>= 93%	
Referral to Treatment: Incomplete Pathways	Apr-22	52.2%	>= 92%	
Referral to Treatment: 52 Week Breaches	Apr-22	3455	<= 0	
No Criteria To Reside (NCTR)	Apr-22	108	<= 73	
Activity vs. Plan: Elective Inpatient and Daycase	Apr-22	-19%	>= 0%	
Activity vs. Plan: Outpatient	Apr-22	-11.3%	>= 0%	
Activity vs. Plan: ED Attendances	Apr-22	0.1%	<= 0%	
Outpatient DNA rate	Apr-22	8.3%	<= 5.8%	
Outpatient Clinic Utilisation	Apr-22	82.5%	>= 85%	
Patient Initiated Follow Up (PIFU)	Apr-22	2%	>= 2%	
Theatres: Capped Utilisation	Apr-22	69.6%	>= 90%	

Workforce Metrics	Latest Performance		Target	Forecast
Substantive Staff-in-Post	Apr-22	93.9%	>= 90%	
Sickness Absence: Monthly Rate	Apr-22	6.4%	<= 4%	
Workforce Turnover	Apr-22	15.3%	<= 11%	
Appraisal Rate: Overall	Apr-22	86%	>= 95%	
Statutory & Mandatory Training	Apr-22	90.7%	>= 95%	
Bank & Agency Costs	Apr-22	14.5%	<= 5%	

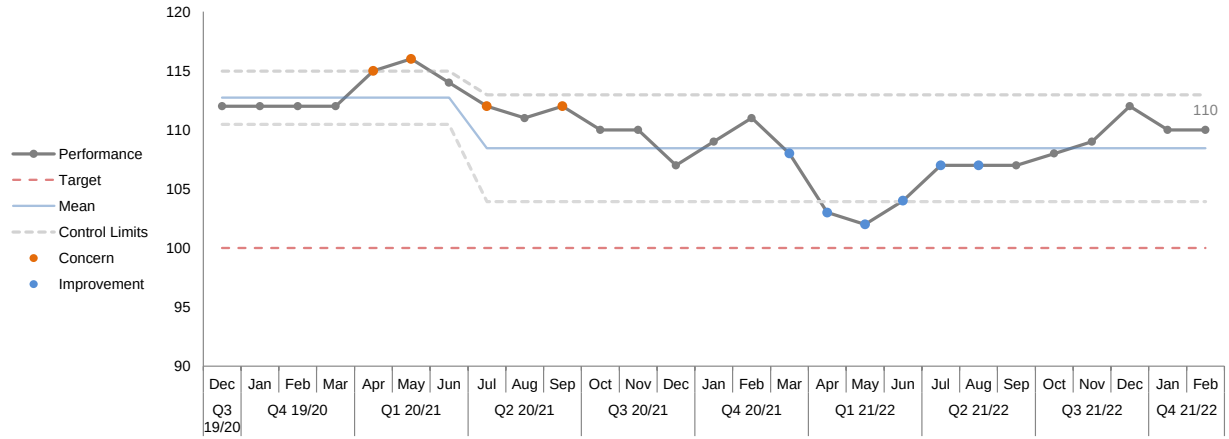
Finance Metrics	Latest Performance		Target	Forecast
Financial Controls: I&E Position	Apr-22	-0.7%	<= 0%	
Cash Balance	Apr-22	47.6		
CIP Cumulative Achievement	Apr-22	1.1%	>= 0%	
Capital Expenditure	Apr-22	-71%	<= 10%	

Quality | Operations | Workforce | Finance

8.1

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Mortality: HSMR (rolling 12-mth)** The Hospital Standardised Mortality Ratio (HSMR) shows the ratio of the observed to the expected number of in-hospital deaths at the end of a continuous inpatient (CIP) spell, multiplied by 100. Data sourced from the Healthcare Evaluation Data (HED) system.	**Latest Performance**	**Next Month Forecast**
Performance of this measure over time		**Variance** **Latest Month** Feb-22 **Actual** 110 Data shows common cause variation, suggesting no significant changes in performance **Assurance** **Target** <= 100 Performance consistently exceeds the target value	
What the chart tells us	HSMR has been above expected levels throughout the reporting period. Although still above the expected levels, between Mar 21 and Oct21 a period of improvement can be seen with mortality rates consistently below the average. There have been no further significant changes in mortality rate since.		
Narrative	**Issues:** HSMR is 110 for the period March 2021 to February 2022. The SHMI index is currently 99.23 (i.e. 0.77 index points better than the mean) for the period January 2021 to December 2021. HSMR is 10 points above the national mean but it should be noted that the HSMR is categorised as ' as expected' (i.e. 110 is within statistical control limits). No diagnosis groups are alerting as 'red' in HSMR, although a number are triggering 'amber' alerts (e.g. Septicaemia and Chronic Obstructive Pulmonary Disease).	**Actions & Mitigations:** Analyis of diagnosis groups with highest HSMR. Continue to implement changes in response to learning from the mortality- review process. Focus upon learning from COVID-19 deaths and from the review of septicaemia data. Improve capture of comorbidities through the roll out of the co-morbidity application. Explore the potential use of coding software.	

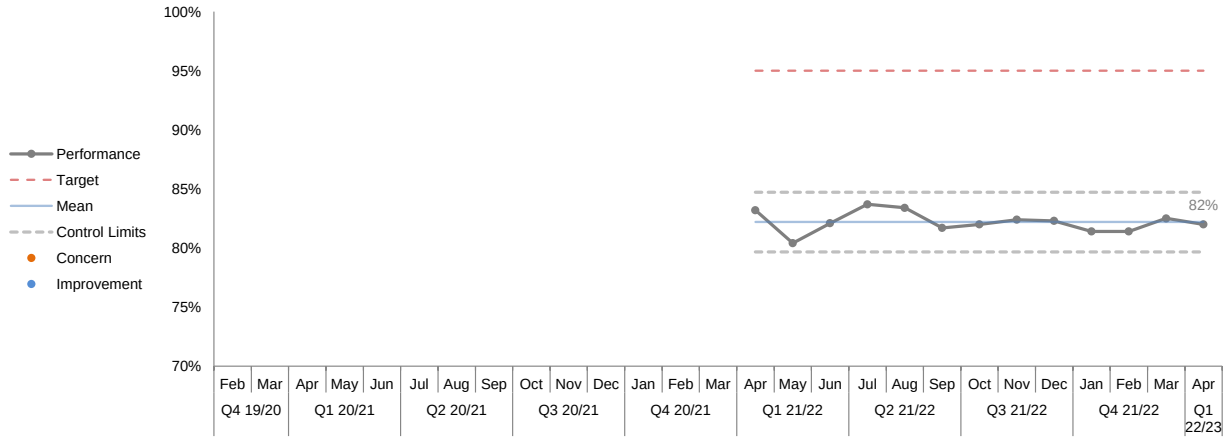
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sepsis: Antibiotic administration (rolling 12-mth)** The number of patients who received IV antibiotics within agreed standards for sepsis patients, as a percentage of those eligible patients audited and found to have sepsis. Performance is based on a rolling 12-month basis. Data for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Apr-22	82%

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

Assurance

Target
>= 95%

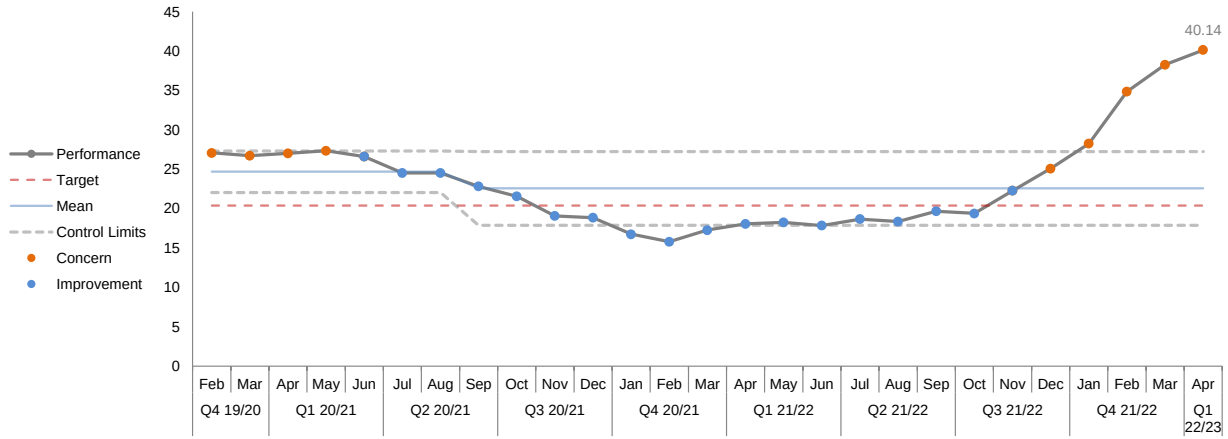
Performance consistently falls short of the target value

What the chart tells us	Performance for this metric is expressed as a rolling 12- month average. The chart shows that over the last 12 months performance has been maintained around the average of 82%. There have been no significant changes in performance across the period.

Narrative	Issues:	Actions & Mitigations:
	Lack of sepsis teaching across the Trust in March/April 2022 due to sepsis practitioner posts in recruitment process. Two practitioners in post as of 9th May. Antibiotic administration remains at around monthly average; however, below target of 95%. 22 patients required antibiotics for sepsis in month, of which 18 were compliant within time frame. Delayed clinical reviews/prescription of antibiotics OOH due to hospital demands.	Sepsis teaching/education to recommence across trust. Toolbox sessions to take place on wards; AIMS course for all new trust starters on clinical induction. Final sign- off for Sepsis 6 form on 9th May - form being developed to aid sepsis assessment already in Patientrack. Sepsis performance is reviewed as part of the StARS accreditation and contributes to the overall outcome of the assessment.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Infection Rate - C. diff (rolling 12-mth)** This indicator shows the count of hospital-onset *C. difficile* infections per 100,000 bed days for patients aged two years and older. The value shown is calculated from data across a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.
Performance of this measure over time	
What the chart tells us	The chart shows a significant rise in the infection rate from November 2021 through to AprII 2022. The latest four values are above the upper control limit.

Latest Performance | **Next Month Forecast**

Variance

Latest Month	Actual
Apr-22	40.14

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

Assurance

Target

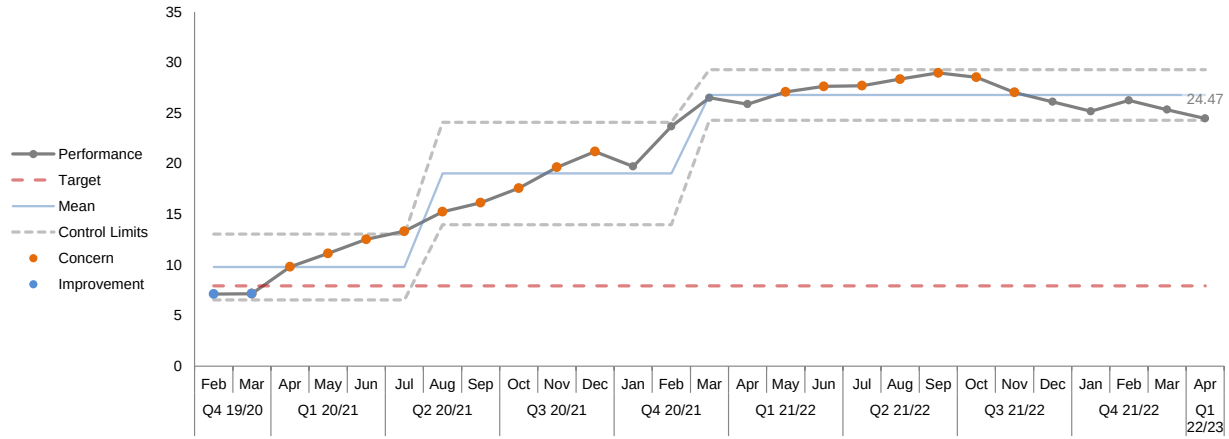
<= 20.3697

Performance consistently exceeds the target value

Narrative	Issues:	Actions & Mitigations:
	C.Diff: The Trust was over the proposed internal threshold for 2021-22, with a total of 77 cases. YTD 68 cases classed as unavoidable, 8 cases avoidable and 1 case remains outstanding on a decision as waiting for further clarification from the Division. There were eleven cases in April; one case has been presented at the HCAI panel and deemed unavoidable. The increase in clostridium difficile cases since November 2021 appears to correlate with the antimicrobial changes. E.Coli: The Trust was over the proposed internal threshold for 2021-22, with a total of 39 apportioned cases. There was five Trust apportioned and 2 Community Onset, Hospital Associated (COHA) cases totalling 7.	One case for Surgery remains outstanding from February 2022 and is currently being reviewed. With immediate effect Ceftriaxone has been removed from the antibiotic guidelines for sepsis, HAP and UTI. 2022-23 internal threshold for CDI is zero tolerance of avoidable cases, with an overall threshold of 41 cases.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Infection Rate - MSSA (rolling 12-mth)** This indicator shows the count of hospital-onset Meticillin-Susceptible Staphylococcus Aureus (MSSA) bacteraemia infections per 100,000 bed days. The value shown is calculated from data across a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.
Performance of this measure over time	
What the chart tells us	The chart shows that the MSSA infection rate has continued to rise throughout the reporting period, with significant increased seen throughout 2020/21 and again through Apr21 to Nov21. There have been no significant changes to the infection rate since then, although the latest five data points are below the mean.

Latest Performance	Next Month Forecast

Variance

Latest Month	Actual
Apr-22	24.47

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

Assurance

Target
<= 7.94917

Performance consistently exceeds the target value

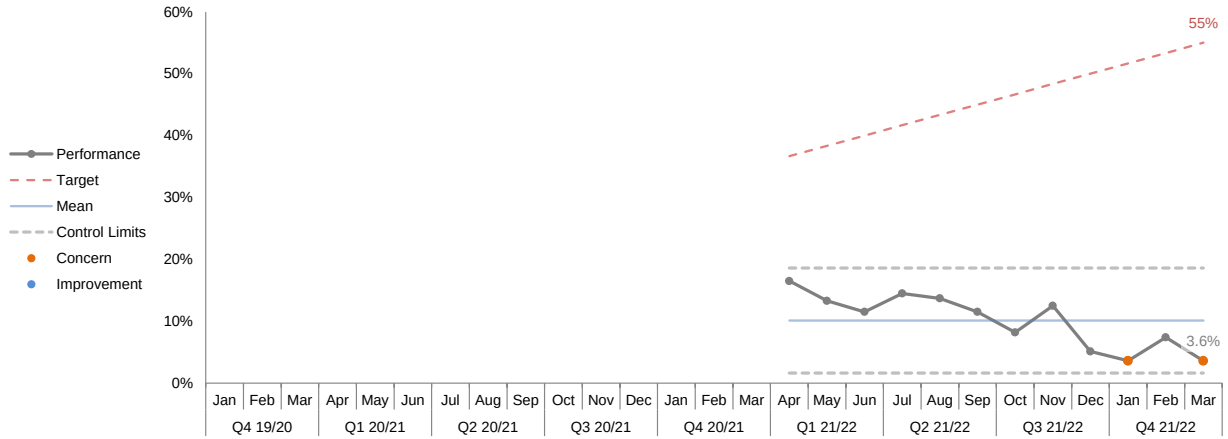
Narrative	Issues:	Actions & Mitigations:
	MRSA: The Trust was over the zero threshold for 2021-22 set by the Department of Health, as there were two cases attributed. The Trust had zero cases in April. MSSA: The Trust was over the proposed internal threshold for 2021-22, with a total of 19 hospital- attributed cases. The Trust had 3 cases in April.	An options appraisal for the reintroduction of universal MRSA screening will be presented at the IPC Group in May. 2022-23 internal threshold for MSSA is 16 cases; this equates to a 15% reduction on 2021-22 figures.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Maternity: Continuity of Care, Receipt Total number of women that birthed within the month that received ante- natal, inpatient, and post- natal care from their lead or buddy midwife (women who had >70% of all care from lead midwife supported by team, including intrapartum care), as a percentage of all women that birthed within the month that were booked on a Continuity- of-Carer pathway.	Latest Performance	Next Month Forecast

Performance of this measure over time



Variance

Latest Month	Actual
Mar-22	3.6%

The data shows special cause variation, indicated by 2 out of 3 values near the edge of the lower control limits.

Assurance

Target >= 55%

Performance consistently falls short of the target value

What the chart tells us

So far the average performance has bee 11% against a target of 55% or more. Latest reporting period (Mar22) is currently 3.6% but is still within the upper and lower control limits.

Narrative

Issues:

Last month it wasn't possible to maintain the on calls required for facilitating all risk intrapartum care due to staffing and this affected the ability to fulfil full receipt of MCoC for women booked onto a pathway.

The target around ethnic minorities has not been achieved this month despite ethnic minorities being inclusive to enhanced MCoC . There appears to have been a gradual change in demographics within caseloads. This incorporates families from ethnic minorities as more widespread within caseloads rather than polarised within specific caseloads and areas as previously noted.

A change of team structure and inclusion of new midwives could possibly have caused the small drop in performance.

We have also noted a reduction in asylum seeker and refugee families seeking antenatal care in Stockport.

Actions & Mitigations:

The development of an enhanced MCoC team in Stockport preceded the recent national focus. The team has recently been re-established to an all risk MCoC model which incorporates targeted help in pregnancy at the earliest opportunity Midwives support small caseloads to enable care and support throughout the pregnancy continuum.

The structure of the enhanced team has been recently adapted to facilitate referral in of any suitable women & families form ethnic minorities regardless of caseload and or area.

There is a refocus in community with key messages to prioritise ethnic minority women requiring additional support for referral to the enhanced team.

Deprivation continues to be the focus of the enhanced MCoC team providing relational care and early help to the most vulnerable families.

It is acknowledged that a full-scale approach reaching higher percentages of women in Stockport would realistically require increased staffing and redeployment. This remains within longer term plans and as the building blocks to a more sustainable model become established.

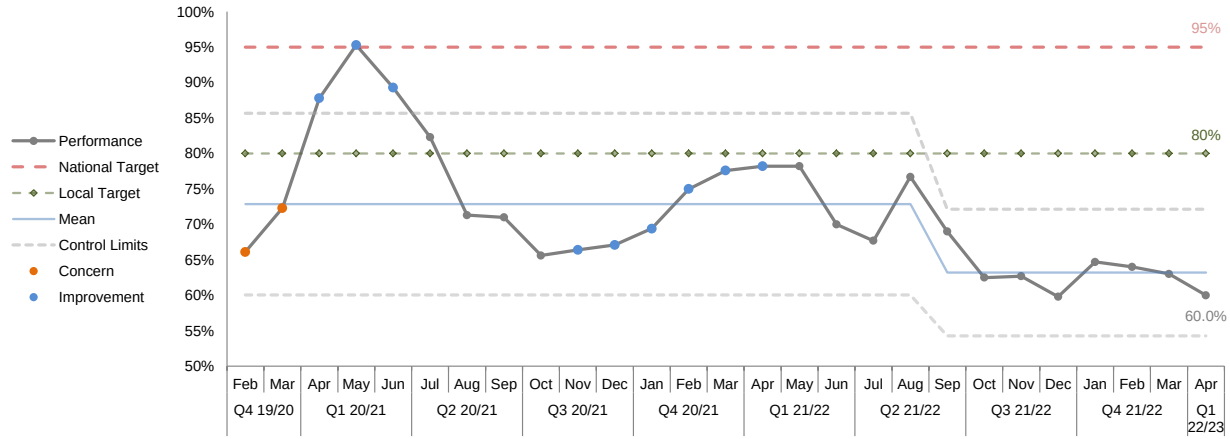
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**ED: 4hr Standard** The percentage of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival.

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Apr-22	60%

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

Assurance

Target

>= 95%

Performance consistently falls short of the target value

What the chart tells us	Performance since Jan22 has seen a gradual month- on- month decline and performance for the latest reporting period (Apr22) was 60.0%. Performance continues to be within normal control limits.

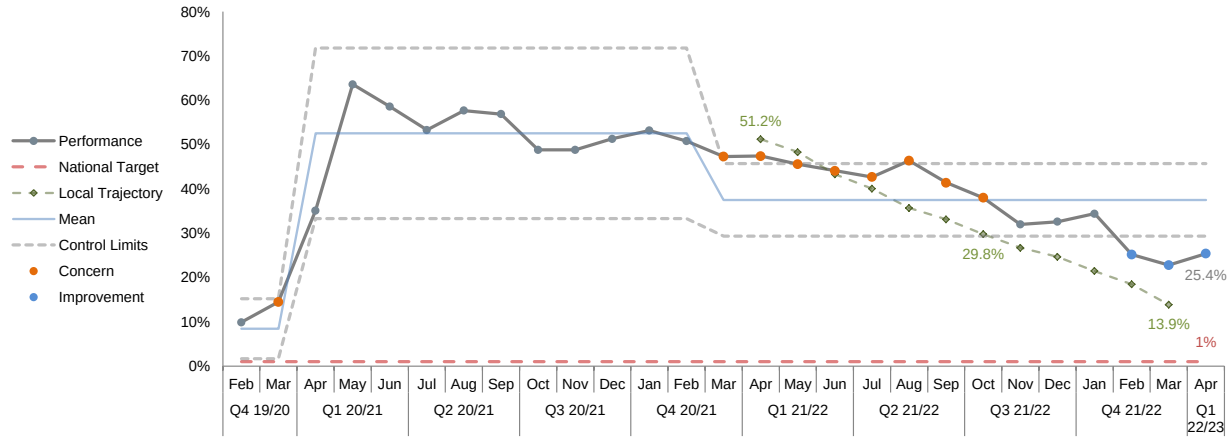
Narrative	**Issues:**	**Actions & Mitigations:**
	Stockport was the best performing trust for 4hr Type 1 ED in Greater Manchester. Stockport was also the best performing trust in GM for ambulance- handover performance. Performance has been affected by numerous factors: - Continued high levels of demand, 310 on average per day. - Pressures within hospital with high levels of bed occupancy leading to more patients clerked in ED and increased length- of- stay. - ED congested due to lack of discharges. - Nursing workforce challenges due to vacancies. - Increase in mental- health presentations. Sixty eight patients waiting in excess of 12 hours were reported in April due to no bed capacity.	Clinical Decisions Unit fully open. Locality working to mitigate the NCtR (No Criteria to Reside) position, which remains extremely challenging. Workforce review commenced in light of increased attendances in the Emergency Department. Transformational work continues on initial assessment, navigation, and triage to improve processes and performance against the 15- minute triage standard. Urgent Treatment Centre work commenced to view clinical pathways and workforce model. Board approval of the Business Case to support the UECC.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Diagnostics: 6 Week Standard The percentage of patients referred for diagnostic tests who have been waiting for more than six weeks.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month		Actual
Apr-22		25.4%

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

Assurance

Target

<= 1%

Performance consistently exceeds the target value

What the chart tells us

Performance has been improving steadily since May 2020, with a significant improvement seen from March 2021 onwards.

Narrative

Issues:	Actions & Mitigations:
At the end of April, 25.4% of patients were waiting 6+ weeks for a diagnostic procedure. Signifcant improvement can be seen in waits for endoscopy but more than 1,000 patients were waiting more than six weeks for echocardiogram.	Continuing to use MR capacity at UHSM with a mobile MR scanner also on site throughout May. Additional mobile vans will continue in future months to ensure adequate capacity to meet the required access standards. Echocardiography have increased internal capacity and are exploring options to secure further capacity to facilitate quicker access.

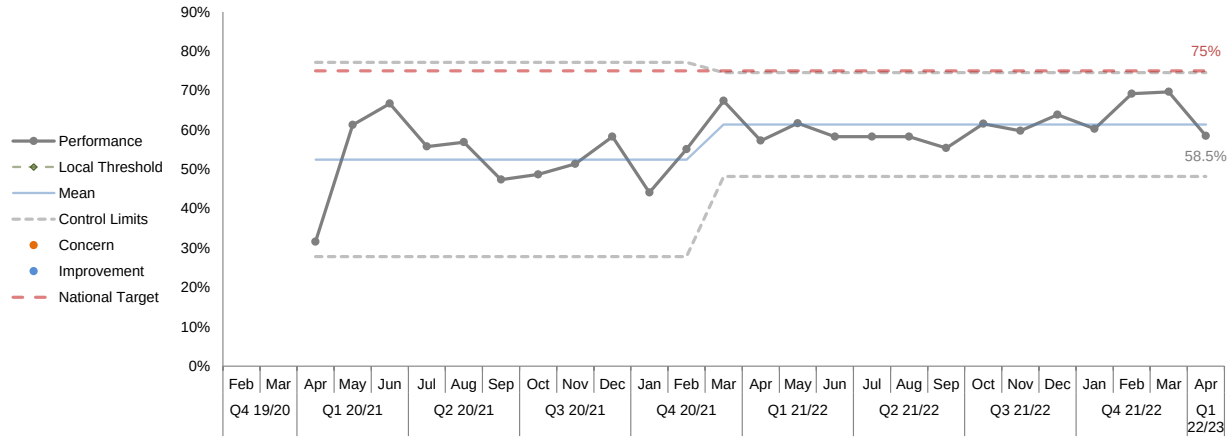
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Cancer: 28-day standard (FDS)** The percentage of patients that are notified whether or not they have cancer within 28 days from the date of referral. Also known as the Faster Diagnosis Standard.

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Apr-22	58.5%

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

Assurance

Target

>= 75%

Performance consistently falls short of the target value

What the chart tells us	The chart shows that in the 2021-22 there was a marked improvement over previous years with an average performance of 61%. Since then there have been no significant changes in performance.

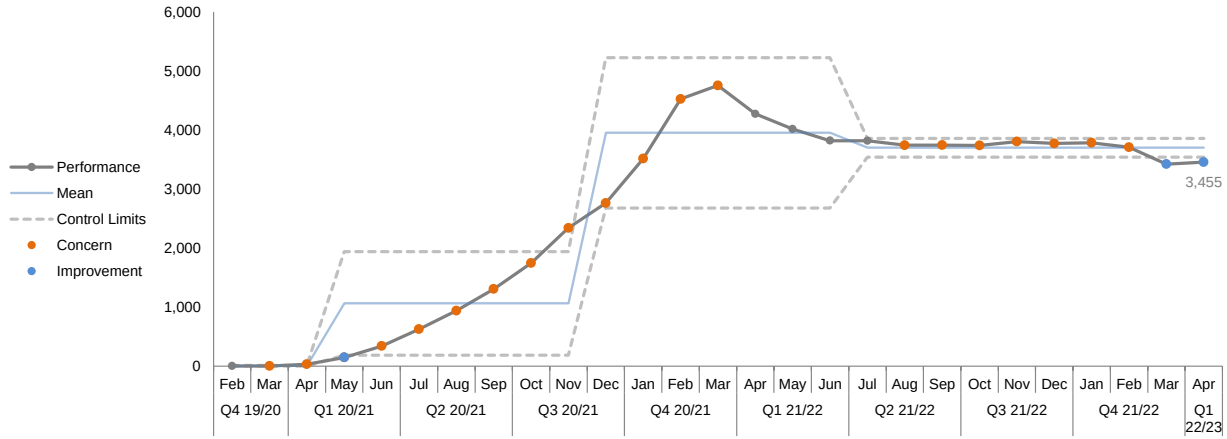
Narrative	**Issues:**	**Actions & Mitigations:**
	Performance against the 28- day standard was much improved in in February and March; however, compliance dropped in April to 58.5%. The main driver of the adverse position is the colorectal pathway due to the high volume of patients referred into this specialty service. Additionally, the highest recorded number of suspected cancer referrals were received in March 2022, and referrals have remained at an elevated level in April. Continuing non-elective pressures, and staff sickness absence levels, have impacted access times for some imaging and diagnostic tests. The subsequent impact of these challenges will be manifested in overall 62- day referral- to- treatment performance. The Trust continues to show strong performance against the '14- day referral to first seen' standard.	A Colorectal service review has taken place to identify requirements to support the 28- day Faster Diagnosis Standard. Best Timed Pathway workshops have been planned for relevant tumour groups. These are muti-disciplinary events with a focus on meeting this standard and associated CQUIN targets. The wider cancer transformation programme includes improvement plans across Radiology and the Clinical Divisions aimed at supporting delivery of the Best Timed Pathways. Monthly meetings with CCG colleagues are in place, with a focus on referral quality.

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 waiting time was greater than 52 weeks at month end.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Apr-22	3455

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

Assurance

Target

<= 0

Performance against the target has not been consistent in the last 6-month period

What the chart tells us

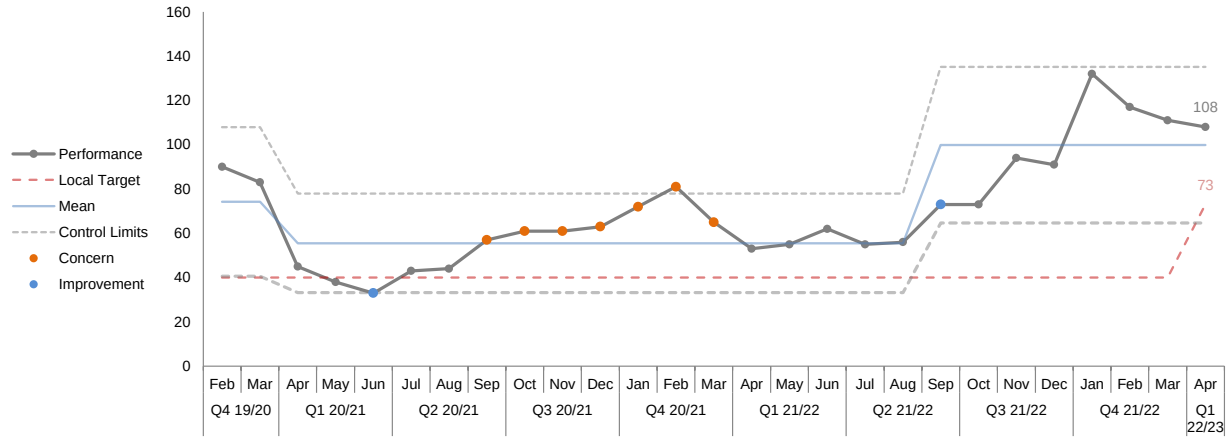
From the highest point in March 2021, the number of 52- week breaches has reduced to a new average of 3,700 from July 2021 onwards. The number of breaches recorded has remained consistently at this level until the latest month, when a significant drop was reported for the first time in 10 months.

Narrative

Issues:	Actions & Mitigations:
The number of patients waiting over 52 weeks for treatment remained steady in April. It should be noted that the Trust is significantly reducing the number of patients with particularly extended waits, 78 and 104 weeks, and is working towards zero 104+ waits by the end of June 2022. The Trust continues to work with partners within the locality to secure outpatient and surgical capacity for its longest waiting patients. Ongoing non-elective pressures, coupled with sickness absence levels, continue to constrain elective capacity leading to longer waits for non-urgent patients. The ENT service, in particular, has significant capacity pressures.	A step change in elective operating capacity will take place in May, following the opening of Ward M6. This move will facilitate the re-opening of the day-case unit and enable much higher throughput of routine elective cases. The ENT service successfully started to transfer patients to Beacon Medical Services and Manchester Surgical Services, thereby facilitating earlier access to appointments and treatment. A new weekly Executive-led Performance Meeting is now in place, with a focus on reducing the wait for routine treatment.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**No Criteria To Reside (NCTR)** The number of patients with 'no criteria to reside' (i.e. assessed as no longer needing acute care) is greater than the target. This metric is a mean average per day for each month.	**Latest Performance**	**Next Month Forecast**
Performance of this measure over time		**Variance** **Latest Month** Apr-22 **Actual** 108 Data shows common cause variation, suggesting no significant changes in performance **Assurance** **Target** <= 73 Performance consistently exceeds the target value	
What the chart tells us	September 2021 shows a significant increase in the number of patients with no criteria to reside, moving from an average of 56 to an average of 100 inpatients per day. From April 2022 a new improvement target has been introduced to help reduce the number patients.		

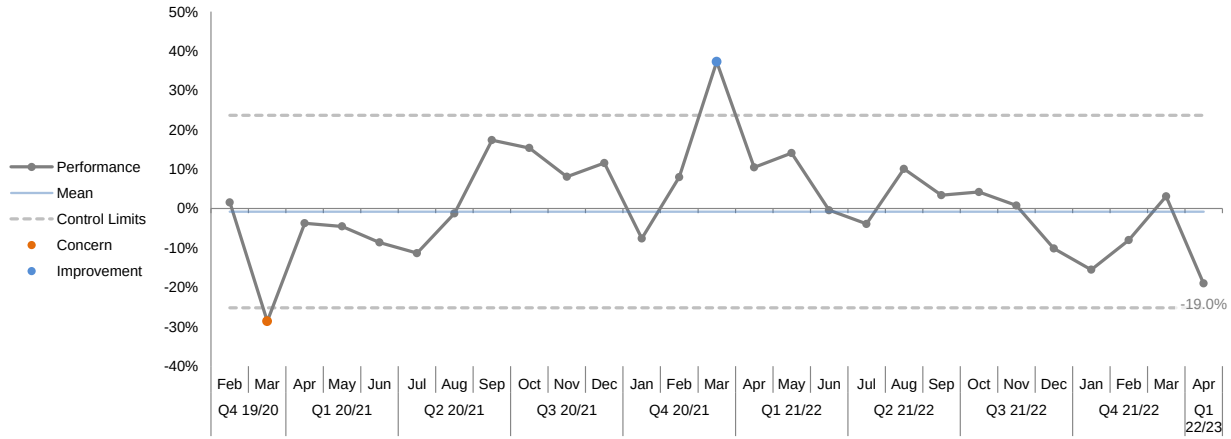
Narrative	**Issues:**	**Actions & Mitigations:**
	The number of patients with no criteria to reside in month remains higher than the target of 40, although the position is improving slightly. More community capacity has become available as the number of care homes having to restrict admissions, due to infection outbreaks (Covid and D&V) and staff shortages, has diminished. The intermittent closure of the Discharge to Assess (D2A) 71 bedded facility has impacted on the Trust's ability to discharge in a timely manner. Care in the community is also a challenge as access to capacity is difficult, although additional packages of care have been commissioned as a short- term measure from an independent provider. The number of Out of Area (OOA) patients is also high with other localities struggling to access community capacity. There are particular challenges with Derbyshire and East Cheshire.	Working alongside system partners supporting the discharge of Stockport patients on pathways 1 & 2, and tactical meetings remain in place to support mitigation of any blockages or barriers. Work with OOA partners to access placements continues; daily meetings with North Derbyshire and East Cheshire colleagues to support mitigating actions which prevent flow, although flow through these areas remains slow. Regular meetings in place with the SRO for Derbyshire. Escalation has taken place at an Executive level to support flow. Additional D2A beds specifically commissioned, until August, to support flow for OOA patients. Discussions with partners continue regarding capacity, particularly around winter resilience and additional spot purchase beds. A system Discharge to Assess Capacity Group has been established. The model and plan for discharge to asses capacity longer terms is taking place with specific modelling looking at capacity required on a seasonal basis. This work will inform the future provision; however, procurement of community capacity, and the aligned Trust staffing models to support delivery of care to commissioned beds, is a potential risk going forward if beds are spread across a number of sites.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Activity vs. Plan: Elective Inpatient and Daycase The percentage variance between the total elective activity (elective-inpatient and daycase) and the plan submitted for 2022/23. A value above 0% indicates that activity is above planned levels.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month		Actual
Apr-22		-19%

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

Assurance

Target >= 0%

Performance against the target has not been consistent in the last 6 month period

What the chart tells us

The chart shows that performance against the activity plan has been inconsistent across the year. Latest activity data for April shows the Trust at 19% under the planned activity level.

Narrative

Issues:	Actions & Mitigations:
Elective activity was 19% adverse to plan in month 1. Elective recovery remains challenging at the start of the year due to non-elective pressures on the elective bed base and the elevated staff sickness absence rate due to COVID-19. The overall adverse position against the OP plan in April was driven by the under-performance in follow-up activity. Ophthalmology was the key area of concern, being affected by the unforeseen loss of two Middle Grade doctors in month. New OP activity was over-plan by 1% in month. ED attendances were above plan in month; planning assumptions accounting for a 11.5% increase in attends from the 2019/20 baseline.	Ward M6 becomes operational in May, which will increase our elective bed base and operating capacity. Ophthalmology have secured locum provision to recoup the lost activity from month 1.

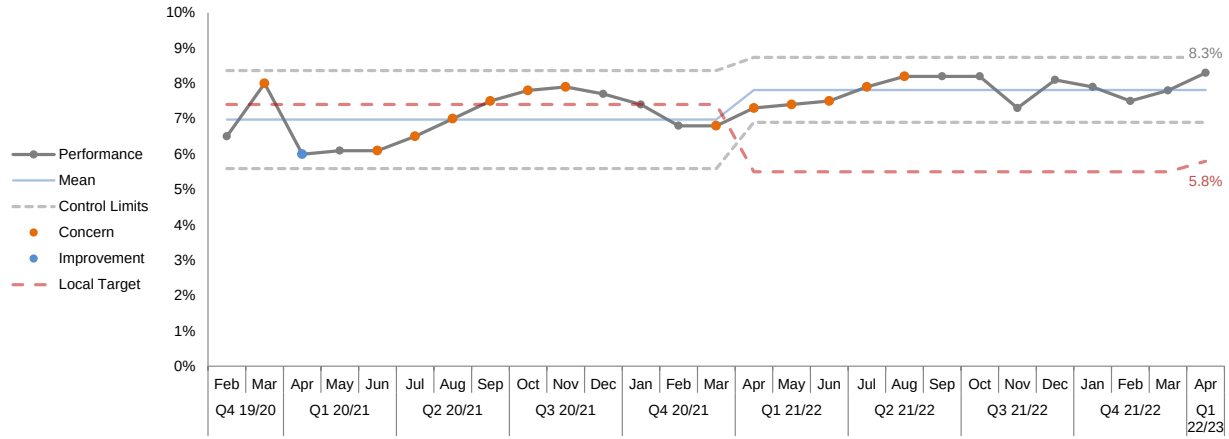
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Outpatient DNA rate** The percentage of outpatient appointments where the patient did not attend (DNA). This indicator combines new and follow-up appointment types. The latest target for this metric is based on the peer median performance for April 2021 in NHSEI Model Hospital.

Latest Performance	Next Month Forecast

Performance of this measure over time



Performance

Latest Month	Actual
Apr-22	8.3%

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

Assurance

Target
<= 5.8%

Performance consistently exceeds the target value

What the chart tells us

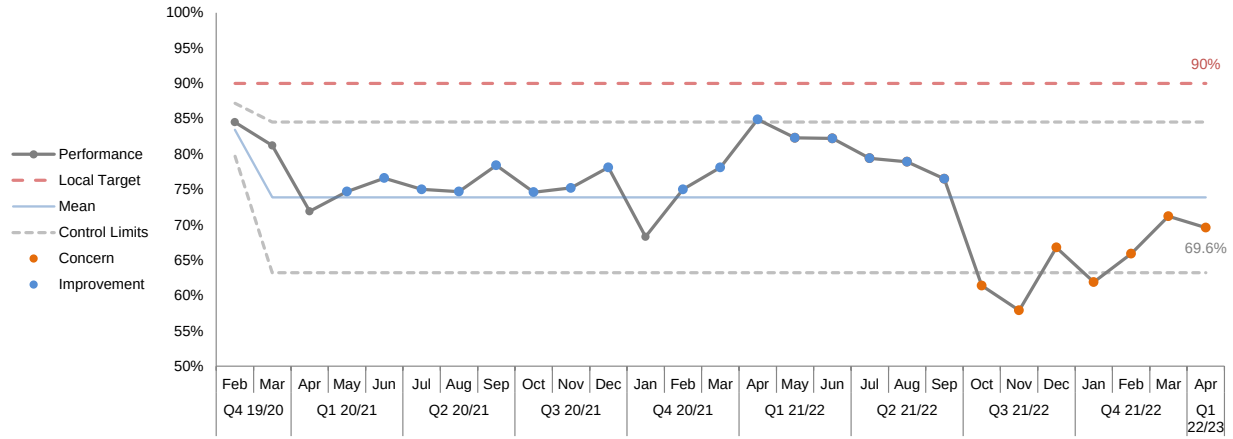
The data shows that since Apr21 there was a significant change in the DNA rate rising from 7% to 7.8%. DNA rates have been variable, but consistent with this average since then and there have been no significant changes.

Narrative

Issues:	Actions & Mitigations:
The DNA rate has increased in month to 8.3% The Trust however does continue to benchmark well compared to GM peers, remaining the top performer in the latest comparative data. Outpatient clinic utilisation is below expected levels. Areas of concerns on a month by month basis continue to be escalated to teams.	Stockport continues to be the best performing Trust in GM for discharge to PIFU rate. Where appropriate, services continue to encourage the use of PIFU within certain clinics and locations to negate high DNA rates.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Theatres: Capped Utilisation** The actual session times as a percentage of the planned session time. Based on the time from the start of the session to the end of the session unless it lasts longer than the planned session minutes in which case it is capped at 100%. Downtime between operations in a session is included in these utilised minutes. Excludes emergency/trauma sessions, obstetric and endoscopy activity. Planned session time based on delivered sessions only.	**Latest Performance**	**Next Month Forecast**
Performance of this measure over time		**Performance** **Latest Month** Apr-22 **Actual** 69.6% The data shows special cause variation, indicated by a run of values below the average. **Assurance** **Target** >= 90% Performance consistently falls short of the target value	
What the chart tells us	The chart shows that performance has been fairly consistent throughout the reporting period until Oct21 where a drop can be seen. Improvements can be seen, but the chart still flags this as a concern as we continue to show below average utilisation.		
Narrative	**Issues:** Theatre efficiency remains challenged due to the reduced elective bed base and staffing availability.	**Actions & Mitigations:** Ward M6 becomes operational in May, which will increase our elective bed capacity and facilitate efficiencies within the theatre complex.	

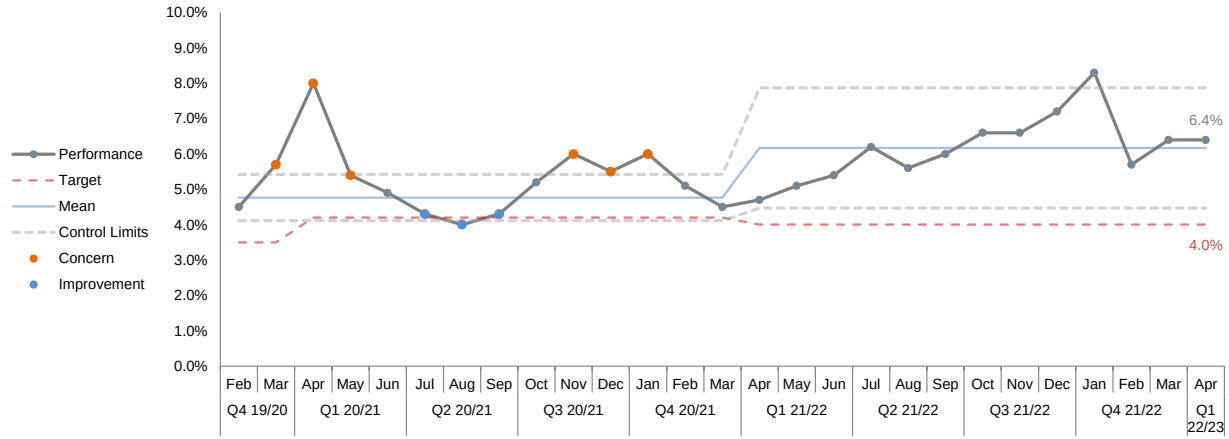
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sickness Absence: Monthly Rate** The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.

Latest Performance | **Next Month Forecast**

Performance of this measure over time



Variance

Latest Month	Actual
Apr-22	6.4%

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

Assurance

Target: <= 4%

Performance consistently exceeds the target value

What the chart tells us

A significant increase in sickness rates can be seen from April 2021 onwards as the average sickness rates increase from 4.7% to 6.2%. Apart from a spike in sickness levels in January 2022, with a rate of 8.4%, there have been no significant changes in the sickness levels.

Narrative

Issues:

The in-month sickness absence figure for April 2022 is 6.43%; a decrease by 0.11% compared to the previous month's adjusted figure of 6.54%. The cost of sickness absence in Apr 2022 is £894K; a decrease of approximately 84K from the previous month.

COVID-related sickness has decreased from 1.84% in Mar 2022 to 1.39% in Apr 2022. The number of Covid- related absence episodes has now shown a decrease again from Mar 2022 of 449 to 293 in April 2022.

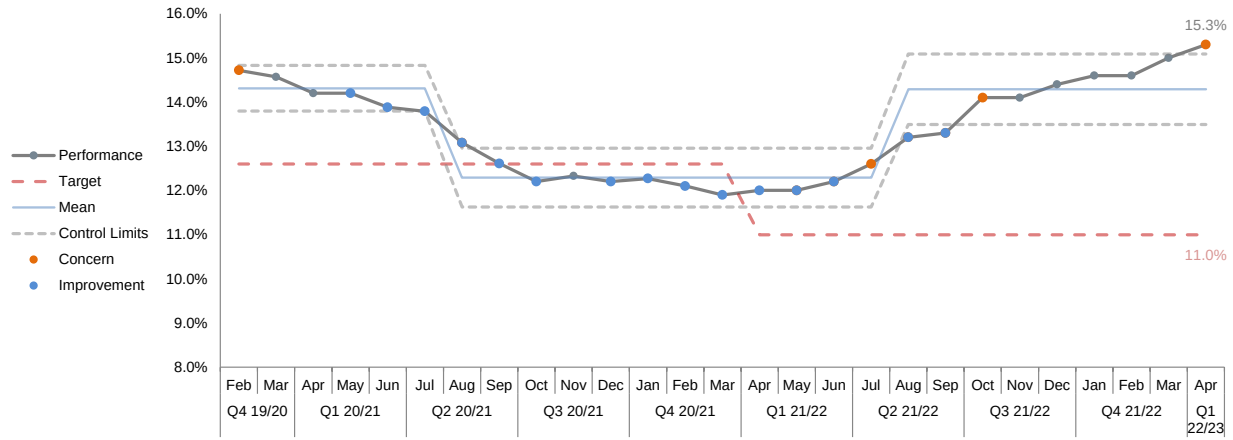
The 12-month rolling sickness percentage for the period May 2021 to Apr 2022 is 6.26%.

Actions & Mitigations:

Support continues for staff absent with long- covid symptoms, resulting in several staff returning to work with adjustments. Those who remain absent are being supported by OH and signposted to our health & wellbeing initiatives. These staff are now being managed on a case-by-case basis.
Divisions are continuing to regularly review sickness absence cases with support from the senior team and HR to manage complex cases.
Various health- and- wellbeing support initiatives and guidance documents are available for managers and staff including menopause support, dealing with child bereavement, domestic violence and pregnancy loss.

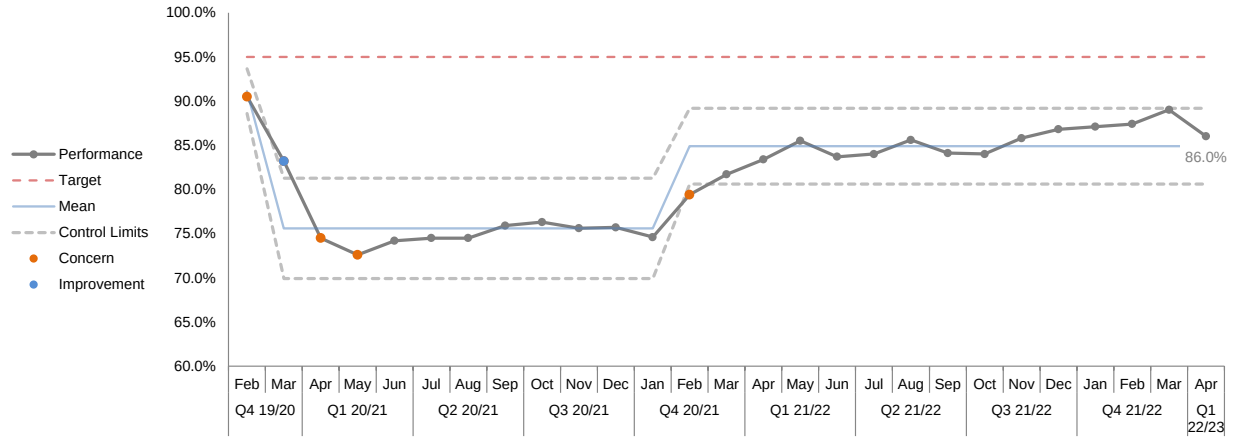
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Workforce Turnover** The percentage of employees leaving the Trust and being replaced by new employees.	**Latest Performance**	**Next Month Forecast**
Performance of this measure over time		**Variance** **Latest Month** Apr-22 **Actual** 15.3% The data shows special cause variation, indicated by a value outside the upper control limits. **Assurance** **Target** <= 11% Performance consistently exceeds the target value
What the chart tells us	Although for much of 2020/21 there is an improved turnover rate, Aug21 sees a significant increase is workforce turnover with a change from 12.3% average to 14.3% average. The last 5 months have been consistently above this average, with workforce turnover for the latest month being significantly higher at 15.3%.		
Narrative	**Issues:** The top known leaving reason is Voluntary Resignation: – Work Life Balance (15.03%) – Relocation (14.52%) – Retirement Age (12.17%).	**Actions & Mitigations:** A new working group (Attract, Develop & Retain) has begun to look at how we can increase staff retention by better engagement with staff. Membership includes Divisional and clinical workforce leads.	

Integrated Performance Report

NHS Stockport NHS Foundation Trust

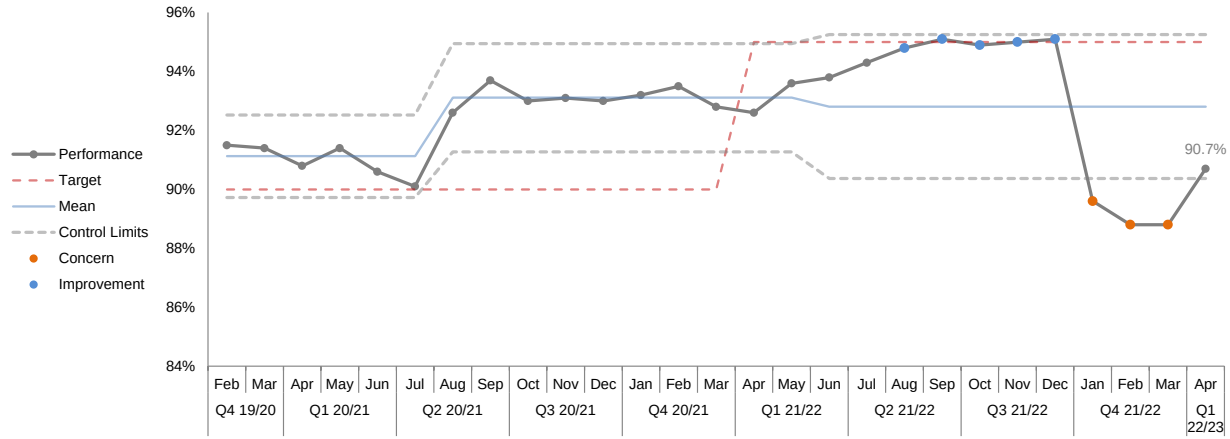
Measure	**Appraisal Rate: Overall** The percentage of overall staff that have been appraised within the last 15 months. Includes both medical staff and non-medical staff.	**Latest Performance**	**Next Month Forecast**
Performance of this measure over time		**Variance** **Latest Month** Apr-22 **Actual** 86% Data shows common cause variation, suggesting no significant changes in performance **Assurance** **Target** >= 95% Performance consistently falls short of the target value
What the chart tells us	The chart shows that from Feb21 onwards, there is a improvement in performance with a new average of 84.9%. There have been no significant changes changes in performance since then.		
Narrative	**Issues:** Non-Medical Appraisal Compliance is currently at 86%, which is an improvement from previous months. The medical appraisal rate has decreased very slightly from 93.43% in Mar to 93.11% in April which is now below the Trust target of 95%.	**Actions & Mitigations:**	

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Statutory & Mandatory Training The percentage of statutory & mandatory training modules showing as compliant.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Apr-22	90.7%

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

Assurance

Target

>= 95%

Performance against the target has not been consistent in the last 6 month period

What the chart tells us

A new target was introduced in April 2021, and performance continues to improve through to December 21. A significant drop in performance is seen between January 2022 and February 2022 but latest data for April 2022 shows a return to just over 90%.

Narrative

Issues:	Actions & Mitigations:
Mandatory Training still sits under the target at 90.7% following the inclusion of additional mandatory training levels in January 2022.	Increased scrutiny at performance meetings of all mandatory training and individual action plans are in place for divisions involving capacity, forward planning and monitoring of DNA / attendance.

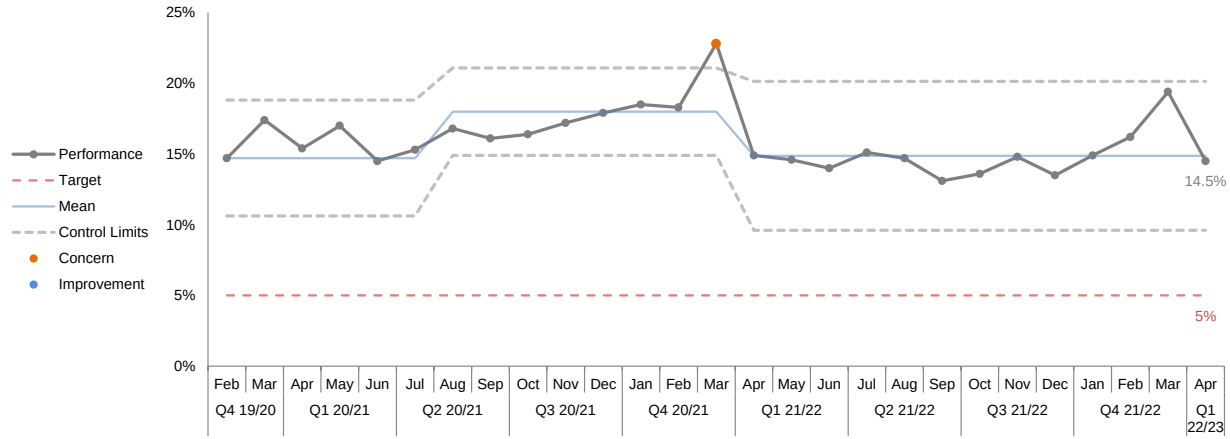
Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Apr-22	14.5%

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

Assurance

Target

<= 5%

Performance consistently falls short of the target value

What the chart tells us

From Apr21 the average bank & agency costs drop to 14.5%, which is lower than pre-pandemic levels. Since then bank & agency costs have been variable, but there have been no significant changes.

Narrative

Issues:

The total bank and agency spend in Apr 22 was £5.28M, which represents 14.49% of the total pay bill within the month and is £1706K lower than in Apr 22. The Division with the highest bank & agency spend in Apr 22 was M&UC (£1.15M), Followed by Surgery with £807K.

Actions & Mitigations:

Incentives for NHSP staff continued in April and up to the May bank holiday to increase bank fill to help minimise low staffing rates in ward areas. Escalated rates are also being offered in ward areas or shifts due to begin within 48 hours, with the approval of the Workforce Matron.

Discussions are also taking place to utilise existing framework agencies to offer higher rates for short notice shifts in an attempt to completely remove higher cost off-framework agencies such as Thornbury.

Meeting date	1 June 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Transformation Progress Report					
Lead Director	Karen James, Chief Executive		Author	Angela Brierley, Director of Transformation		

Recommendations made / Decisions requested

The Board of Directors is asked to review and confirm the Transformation Programme Report

This paper relates to the following Corporate Annual Objectives-

x	1	Deliver safe accessible and personalised services for those we care for
	2	Support the health and wellbeing needs of our communities and staff
	3	Develop effective partnerships to address health and wellbeing inequalities
x	4	Drive service improvement, through high quality research, innovation and transformation
	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
x	6	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
		PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline
		PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance
		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered
		PR2.1	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes
		PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not

			implemented
		PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
		PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position
		PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
		PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards
		PR7.2	There is a risk that the Trust does not materially improve environmental sustainability
		PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
		PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy

Where issues are addressed in the paper-

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

Executive Summary

The purpose of this report is to provide the Board of Directors with an update on progress in delivery of the Transformation programme during 2021/22, alongside key aims and programmes for 2022/23.

9.1

NHS Stockport NHS Foundation Trust

Transformation Programme 2021-22

Trust Board– Wednesday 1st June 2022

Prepared by:

Angela Brierley
Director of Transformation

Making a difference every day

PURPOSE

NHS Stockport NHS Foundation Trust

The purpose of this paper is to update the Board of Directors on progress with the transformation programmes across Stockport NHS Foundation Trust.

OUR APPROACH

NHS Stockport NHS Foundation Trust

We continue to use a plethora of tools and techniques for improvement

'One size doesn't fit all'

Standard steps in most improvement methodologies

1. Agree aim
2. Team
3. Understand
4. Define measures
5. Change ideas
6. Test changes
7. Measure impact
8. More PDSAs
9. Communicate and motivate
10. **Implement successful changes**

Publish & spread your work

Making a difference every day

TRANSFORMATION PROGRAMME 2021-22

NHS Stockport NHS Foundation Trust

STOCKPORT NHS FOUNDATION TRUST TRANSFORMATION PROGRAMME 2021/22

Division	Corporate			Surgery			Women, Children's & Diagnostics	
Programme	Out-of-Hours Programme	Results Governance – Test Tracker	Cancer Improving Outcomes Programme	Day Case Improvement Project	Endoscopy JAG Accreditation	Surgical SDEC	Radiology Improvement Project	
SRO	Dr Alison Jobling	Dr Andrew Loughney	Jackie McShane	Karen Hatchell	Karen Hatchell	Karen Hatchell	Stuart Cooper	
Objectives	To improve clinical leadership and safe provision of out-of-hours (OOH) medical services for inpatients	To ensure that patient investigations / tests are viewed, acted upon and recorded in a single patient record to inform appropriate and timely treatment and care	To implement recommended Best Timed Pathways (BTPs) To implement Personalised Stratified Follow Up Pathways for cancer patients	To increase the number of elective day case procedures. * the original theatre restoration programme was stood down at the end of 2021 due to the ongoing pandemic	To ensure the Trust achieves JAG Accreditation	To minimise/remove delays in the surgical emergency patient pathway, allowing services to care for urgent & emergency patients on the same day of arrival as an alternative to hospital admission	To improve productivity and efficiencies within the Radiology Service	

Division	Integrated Care					Medicine		
Programme	Acute Frailty Project	Mobilising Neighbourhoods	Intermediate Tier / Discharge to Assess (D2A)	AMU (Flow) Improvement	Medical SDEC	ED Improvement Programme	Out-Patients Improvement Programme	
SRO	Margaret Malkin	Margaret Malkin	Margaret Malkin	Margaret Malkin	Margaret Malkin	Nadine Armitage	Claire Woodford	
Objectives	To design & implement a model of care and pathway that will enable system-wide improved outcomes for frail people	To ensure people are supported to stay safe at home and the use of alternative pathways that avoid unnecessary attendance at A&E	Collaborate with, and act upon the system-wide review of intermediate tier services; Implement, embed and sustain the D2A model; Implement Advantis Task in D2A Hub	To ensure AMU is working as efficiently as possible to maximise outcomes for patients and support ED performance and flow.	All eligible / suitable non-elective medical patients will be seen and treated same day, reducing the need for an admission to a hospital bed overnight	To improve performance against the new standards of care measures for urgent & emergency care by focussing on flow through the department; commencing on arrival to ED	To improve patient experience of their OP journey, enhancing the efficiency and responsiveness of Trust OP services	

The following slides provide a brief summary / key highlights of some of the above transformation schemes

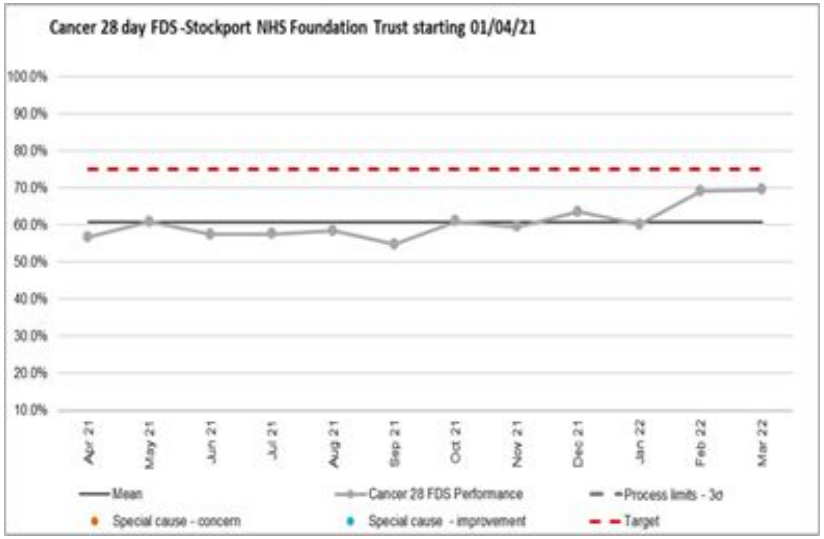
Making a difference every day

PROGRESS UPDATES / ACHIEVEMENTS

NHS Stockport NHS Foundation Trust

Cancer Improving Outcomes Programme:

- ENT, Urology, Haematology & Oral Surgery achieved the 28 days Faster Diagnosis Standard in March.
- ENT Neck Lump clinic commenced in February.
- Dedicated weekly step-down clinics implemented in Colorectal.
- Overall improving performance against the 28 Day Faster Diagnosis Standard
- Personalised Care workstream slightly behind plan due to external issues with system supplier across GM. Recovery plan in place



Emergency Department Improvement Project:

- Clinical Decision Unit opened on 7th April 2022
- Agreed internal escalation process for ambulance queuing
- Carried out a successful 'Golden Week' to support our focus on triage time and workforce modelling aligned to surge demand
- Implemented a triage dashboard to support monitoring and decision making
- Successful CQC inspection – very positive feedback for our improvement plan

Making a difference every day

PROGRESS UPDATES / ACHIEVEMENTS

NHS Stockport NHS Foundation Trust

Out-of-Hours Improvement Project:

- Successful business case to progress recruitment of additional Junior Clinical Fellow (JCF) posts in Medicine and Acute Care
- Test of change for a new standardised clinical handover process underway
- New process for e-Task implemented which has already had a positive impact on the quality and reduction of inappropriate tasks being handed over to the Out-of-Hours Team – very positive feedback from Junior Doctors

Radiology Improvement Project:

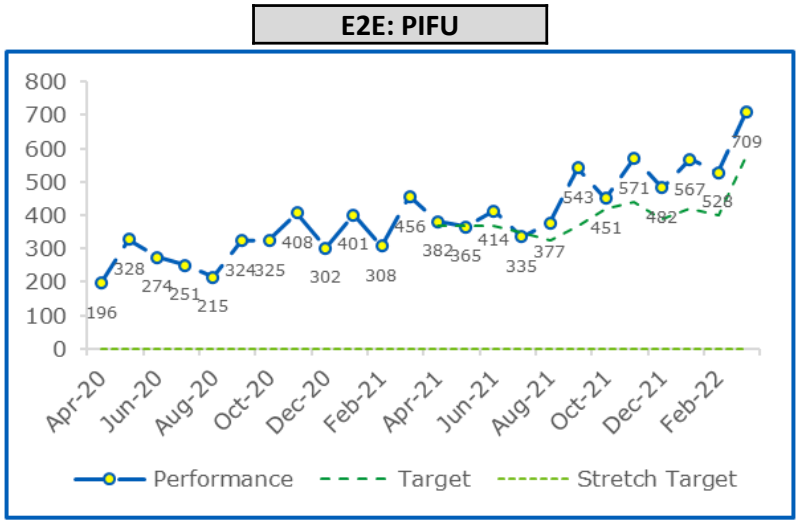
- Capacity & demand review completed for all modalities
- Benchmarked turnaround for in-patient scanning times
- Improving performance in turnaround times for some modalities; a rising demand of 2 week wait cancer referrals impacting on some modalities
- Remodelling of CT scanner utilisation
- Introduced paper-lite booking for ultrasound

PROGRESS UPDATES / ACHIEVEMENTS

NHS Stockport NHS Foundation Trust

Results Governance Project:

- Trust wide Results Governance Standards (SOP) agreed – pending approval by Patient Safety Group
- Consultation underway for Pathology paper switch off – plan to go live from July 22
- New Test Tracker to be launched from September 22
- Audit scheduled developed and agreed at Clinical Effectiveness Group
- Challenges remain with system supplier EMIS – in their willingness / ability to amend the EMIS system to meet our requirements



Outpatient Improvement Project:

- E-Clinic Outcome form being rolled out across all specialties
- Proposal to centralise out-patient booked process finalised
- Improving performance for Out-patient utilisation
- Increasing utilisation of Advice & Guidance and Patient Initiated Follow Up (PIFU) – both now above the national targets

Making a difference every day

NEW SCHEMES – 2021/22

NHS Stockport NHS Foundation Trust

The following projects commenced part way through the year and remain ongoing:

- **Tomorrow Hour Project** – this project aims to embed the use of an allocated hour (Tomorrow Hour) to highlight and prepare next day discharges and prepare all the necessary requirements to ensure discharge takes place within an agreed timeframe.
  Early tests of change are showing positive signs

- **Functional Activity Scale** – this project aims to implement an evidence based Functional Activity Scale (FAS) to target pain treatments in a more effective way, reducing the use of stronger opioid analgesia, improving patient safety and experience
  Launched in early April 22 – impact being monitored

ONGOING PROJECTS

NHS Stockport NHS Foundation Trust

The following projects are ongoing and remain as part of the transformation programme for 2022:

- Cancer Improving Outcomes Programme
- Pain Management – Functional Activity Scale (FAS)
- Results Governance Project
- Radiology Productivity & Efficiency Project
- Mobilising Neighbourhoods
- Out-patients Improvement Project
- ED Improvement Project
- Centralised Booking & Scheduling for Elective Waiting List Management
- Functional Activity Scale Project
- Tomorrow Hour Project
- Day Case Improvement Project

CELEBRATING SUCCESS

NHS Stockport NHS Foundation Trust

- **Acute Frailty Unit –** project successfully completed and now operationally business as usual. Attracting interest from across the country, including NHSE/I

- **HSJ Patient Safety Awards –** submitted 8 nominations from SFT. Finalists to be announced 20th June 22

HSJ PATIENT SAFETY AWARDS 2022

NHS
Stockport
NHS Foundation Trust

Questions?

Meeting date	1 June 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Going Concern Assessment					
Lead Director	Director of Finance		Author	Acting Associate Director of Financial Services		

Recommendations made / Decisions requested

The Board of Directors is asked to approve the declaration that, in accordance with International Accounting Standard 1 and the NHS Foundation Trust Annual Reporting Manual (ARM) 2021/2022, the Directors of the Trust have a reasonable expectation of the continued provision of Stockport NHS Foundation Trust's services and, for this reason, the Directors should continue to adopt the going concern basis in preparing the accounts for 2021/2022.

This paper relates to the following Corporate Annual Objectives-

	1	Deliver safe accessible and personalised services for those we care for
	2	Support the health and wellbeing needs of our communities and staff
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Drive service improvement, through high quality research, innovation and transformation
	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
X	6	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
		PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline
		PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance
		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered
		PR2.1	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes

		PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented
		PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
	X	**PR6.1**	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position
		PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
		PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards
		PR7.2	There is a risk that the Trust does not materially improve environmental sustainability
		PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
		PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy

Where issues are addressed in the paper-

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

Executive Summary

This paper will set out the considerations for the declaration of going concern status for Stockport NHS Foundation Trust based on the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The Audit Committee has considered the report and is recommending the Board of Directors to approve the going concern declaration, as detailed in s3.2 of the report.

1. Purpose

1.1 The International Accounting Standard 1 (IAS 1) requires the Trust to assess its ability to continue as a Going Concern as part of preparing the Annual Accounts.

1.2 There is no presumption of going concern status for NHS foundation trusts. Directors must decide each year whether or not it is appropriate for the NHS foundation trust to prepare its accounts on the going concern basis. The process for considering Going Concern should be proportionate in nature and depth to the risk being faced by the entity.

1.3 Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risks disclosures included in the wider performance report, but is a separate matter from the going concern assessment.

1.4 This paper will set out the considerations for the declaration of going concern status for Stockport NHS Foundation Trust based on the criteria set out in the ARM and asks the Board of Directors to support the declaration.

2. Current Situation

2.1 When concluding whether or not the accounts for 2021/22 should be prepared on a going concern basis, IAS1 requires that the Board of Directors will need to consider which of the following scenarios are most appropriate:

- The Trust is a going concern and it is appropriate for the accounts to be prepared on the going concern basis;
- The Trust is a going concern but there are material uncertainties regarding future issues which should be disclosed in the accounts to ensure a true and fair view;
- The Trust is not a going concern and the accounts will need to be prepared on an appropriate alternative basis.

2.2 The NHS Foundation Trust Annual Reporting Manual (ARM) 2021/22 sets out that the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.

2.3 The Trust's assessment of whether the going concern basis is appropriate for its accounts should therefore only be based on whether it is anticipated that the services it provides will continue to be provided with the same assets in the public sector. This is expected to be the case for NHS foundation trusts unless exceptional circumstances indicate otherwise; these should be discussed with NHS England and NHS Improvement. Where the continued provision of services in the public sector is anticipated to apply, there will not be any material uncertainties over going concern requiring disclosure.

3. Recommendation

3.1 Based on the criteria set out in the NHS Foundation Trust Annual Reporting Manual (ARM) 2021/2022 the Board of Directors is asked to approve the following declaration on going concern status:

3.2 After making enquiries, the Directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Stockport NHS Foundation Trust

Meeting date	1 June 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Annual Governance Declarations/Self Certifications 2021/22					
Lead Director	Caroline Parnell, Director of Communications & Corporate Affairs John Graham, Director of Finance		Author	Rebecca McCarthy, Trust Secretary		

Recommendations made / Decisions requested

Board of Directors is asked to:

- **Support the Audit Committee recommendation to endorse the Trust's position against the annual governance declarations and support the rationale for each of the confirmed statements**

This paper relates to the following Corporate Annual Objectives

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
x	Well-Led		Use of Resources

Where issues are addressed in the paper-

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

Executive Summary

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

Those declarations relate to the NHS Provider Licence:

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

Although there is no submission requirement, provider Boards must confirm that they understand clearly and can confirm compliance or otherwise with the above conditions. These requirements also support the assurances highlighted within the organisation's Annual Governance Statement.

The declarations within the pape have been comprehensively reviewed by the Audit Committee at its meeting on 26th May 2022, and are presented to the Board of Directors for approval.

1. Introduction and Context

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

Those declarations relate to the NHS Provider Licence:

- General Condition 6
- Continuity of Services Condition 7
- Corporate Governance statement FT4
- Governors' training.

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

2. Modification of Licence Conditions

2.1 As the Board is aware, the Trust is has continued to operate under modifications to its conditions of licence. These modifications were issued by NHS Improvement in December 2017 and specifically relate to: Additional Licence Condition 1 – Additional governance requirements.

2.2 The modification of the Licence Conditions requires the Licensee to ensure that it has in place:
a) An effectively functioning board and board committees
b) Sufficient capacity and capability to enable the Licensee to address the issues relating to specific issues including A&E performance, vision and strategy, financial recovery, board committee effectiveness and response to concerns highlighted by the CQC.

2.3 In considering the annual governance declarations, regard has been given to the modification of the additional licence conditions.

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

3.1 The Board of Directors is asked to confirm or not confirm its compliance with the following statement:
"that in 2021-2022 the Licensee took all such precautions as were necessary as to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution."

3.2 The nature of the declaration is both retrospective, in terms of arrangements in 2021-22, and prospective, in terms of continuation to meet the relevant criteria. The Boards of NHS Foundation Trusts are required to take all reasonable precautions against the risk of failure to comply with:

- the conditions of its licence,

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

Those steps include:

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

3.3 A management review has been undertaken of compliance with General Condition 6 of the NHS Provider Licence (Appendix 1).

3.4 Taking into account both the retrospective and prospective view required of this statement, and the management review undertaken, the Board of Directors is recommended to make a confirmed declaration *"that in 2021-2022 the Licensee took all such precautions as were necessary as to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution."*

4. Continuity of Services 7 (CoS7) – Availability of resources

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

4.2 The self-certification for this declaration is a forward look at the availability of resources or not during 2022-23. The Board of Directors must select one of the three options for certification as detailed below and provide a statement of the factors taken into account in making the relevant declaration.

The three statement options are:

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

Or

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

Or

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

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

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

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

- the Trust's approved financial plan 2022-23 developed in line with national guidance and as part of the Greater Manchester Integrated Care System (ICS)
- the submission for the Trust is a £32m deficit which includes CIP of £14.1m. At the time of writing the GM ICS is not balanced and discussions are ongoing.
- the Going Concern assessment presented to Audit Committee (to be agreed by the Board, June 2022)
- the implications of any planned or potential services changes in the context of resource availability to accommodate/service such changes,
- the likelihood of any unplanned changes emerging during financial year 2022-23

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

- risk associated with planning guidance assumptions regarding no activity growth for urgent care, noting continued growth at the start of 2022/23
- potential risk to income should elective activity projections not be achieved across GM system
- uncertainty around financing arrangements within the GM system for 2022/23

5. Corporate Governance Statement FT4

5.1 Condition FT4 within the Licence sets out provisions relating to principles, systems and standards of good corporate governance. The Corporate Governance Statement includes the provisions set out in Condition FT4. A description of the principal risks to compliance with Condition FT4, and actions identified to mitigate those risks, are included within the SFT Annual Governance Statement (which forms part of the Annual Report).

5.2 A management review of the Corporate Governance Statement has been undertaken. Please see Appendix 2.

5.3 In line with the management review, it is recommended that the Board of Directors makes a confirmed declaration for all statements.

6. Governor Training

6.1 The Board of Directors is required to determine whether during 2021-22 it provided the necessary training to governors to ensure they are equipped with the knowledge and skills to undertake their roles.

6.2 The continuing pandemic did impact on the Trust's ability to deliver its planned development and training programme at the start of 2021/22. However, a revised induction programme was delivered on a one to one basis for new governors, alongside an externally facilitated Induction & Core Skills Refresher for all new and existing governors in March 2022. Development opportunities continued to be built into the agendas of Council meetings, and monthly sessions were held to provide informal opportunities for governors to learn more about the Trust and their role via interaction with Non-Executive Directors. Furthermore, a schedule of virtual training and development sessions was developed in 2021/22.

6.3 In light of the above, the Board of Directors is recommended to confirm that *"it provided the necessary training to governors to ensure they are equipped with the knowledge and skills to undertake their roles."*

Appendix 1: General Condition 6 Management Review

General Condition 6	Current Arrangements/Evidence
The Licensee shall take all reasonable precautions against the risk of failure to comply with: (a) the Conditions of this Licence, (b) any requirements imposed on it under the NHS Acts, and (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.	Comprehensive annual business planning process in place, in line with national planning requirements and timelines. Draft plan (including operational, workforce and finance) reviewed via Finance & Performance Committee and Board of Directors ahead of submission to Greater Manchester & NHS England/Improvement (NHSEI) in April 2022. Outcome measures to ensure delivery of objectives approved by Board of Directors in May 2022. Regular monitoring of performance indicators and financial sustainability metrics reviewed bimonthly by the Board of Directors. Performance review process in place to support the trust to assure delivery of annual business plans throughout the year. Framework via which divisional oversight takes place, providing transparent means of understanding performance across the Trust. Domains of the Performance Review reflect those of the NHS System Oversight Framework (which bases its oversight on the NHS provider licence). Approved Scheme of Reservation & Delegation and Standing Financial Instructions in place. Refreshed regularly and ratified/approved by Audit Committee and the Board of Directors. During 2019-20 the Board asked NHSE/I to carry out a full governance review and in March 2021 the Board of Directors received a report that set out the significant progress made in addressing the areas for improvement highlighted by the review. At its May 2021 meeting the Board of Directors also agreed further changes to the current governance structure to further strengthen the position for 2021-22. During 2021-22, full refresh of terms of refresh undertaken for all Board established committees. Internal audit 'Committee Effectiveness' review provided substantial assurance regarding the operation of the Board assurance committees. The Board of Directors has an approved Risk Management Policy. The policy provides a framework for managing risks across the Trust and provides a systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation for the benefit of patients, staff, visitors and other stakeholders. All risks regardless of their nature or origin are managed via this process. Stockport NHS Foundation Trust (SFT) is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements, (detailed in the Annual Governance Statement). CQC Inspection of Emergency & Urgent Care Services, January 2023 – 'Good'. NHS Foundation Trust – Code of Governance Annual Review 2021/22 considered and approved by Board of Directors, May 2022. The SFT Annual Report 2021/22 will confirm compliance with the provisions of the Code and an explanation of why the Trust has departed from B.6.2. Corporate Governance Statement 2021/22 – Recommendation: *No material risks identified.*

Appendix 1: General Condition 6 Management Review

General Condition 6	Current Arrangements/Evidence
	Audit Committee considered and approved the Internal Audit Plan for 2021/22. The Internal Audit Plan was risk based, with an on-going programme of internal audits in finance, operations and governance. During the course of the year, Audit Committee monitored progress against the Internal Audit Plans and reviewed the work and findings of the Internal Auditor. The Internal Audit Assurance Framework Review 2021/22 confirmed that *'the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the organisation and clearly reflects the risks discussed by the Board.'* The Head of Audit Opinion received at the Audit Committee in May 2022, concluded that there is "substantial assurance" that the organisation has "a good system of internal controls designed to meeting the organisation's objectives, and they are generally being applied consistently." Audit Committee reviewed the work and findings of the External Auditor during 2021/22, including valuable insight and benchmarking information. SFT Annual Report and Annual Accounts 2021/22 – Prepared in accordance with NHS Foundation Trust Annual Reporting Manual for NHS Foundation Trusts. Submission of compliance reports to NHS Improvement as required.
Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include: (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and (b) regular review of whether those processes and systems have been implemented and of their effectiveness.	In line with the Risk Management Policy, the Board of Directors oversees the management of the Trust's significant risks, which are actively addressed via the Risk Management Committee, chaired by the Chief Executive. The Audit Committee, which is responsible for receiving and reviewing assurance on the overarching systems in place in the organisation to manage risk, receives report from the Risk management Committee. Through the Risk Management Committee systematic review, scrutiny and challenge of risk profiles across all divisions and major corporate functions is undertaken on a rotational basis. The Trust identified its corporate objectives and associated principal risks in a Board Assurance Framework (BAF). The Board Assurance Framework (BAF) is a key tool through which strategic risk to the achievement of the corporate objectives, that have been agreed by the Board, are managed and mitigated. The SFT Board Assurance Framework (BAF) is reviewed via the Board and Principal Risks are assigned to a relevant Board level committee. Key controls and assurances, and any identified gaps are reviewed, alongside actions, and relevant significant risks from the Trust's significant risk register. The outcome of the review is reported to the Board of Directors via the respective committee key issues and assurance report. The workplan of committees within the SFT assurance framework are linked so that the Board is assured that there is an aligned independent and executive focus on strategic risk and assurance. Routine referral of issues exists between committees ensuring a respective understanding of risk and assurance concerns. This includes report from all Board level assurance committees to Audit

Appendix 1: General Condition 6 Management Review

General Condition 6	Current Arrangements/Evidence
	Committee regarding matters pertinent to systems of internal control. An annual review of all Board level committees is undertaken, to confirm compliance with Terms of Reference. Furthermore, in 2021-22, an internal audit of Board level assurance committee effectiveness was undertaken, confirming: Substantial Assurance: *"There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently. The Finance and Performance, the Quality Committee and the People Performance Committee, have established processes in place which can enable them to deliver their duties as delegated to them. The Trust has an approved Scheme of Delegation and Reservation which clearly lays out the matters reserved for the Board and those that are delegated to each of the Committee's and which the Board rely on for assurance purposes."* A process to monitor progress against CQC Action Plans is in place, considered on quarterly basis by the Board's Quality Committee, alongside an overview of CQC enquiries received by the Trust, the outcome of CQC Engagement Sessions and review of the CQC Insight Report. Audit Committee review: − Counter Fraud Plans and Reports − Internal Audit Annual Programme, progress reports and audit outcomes − All risk and control related disclosure statements in particular the Annual Governance Statement, Corporate Governance Statement, together with the accompanying Head of Internal Audit statement and External Audit Opinion. Annual Governance Statement – To be reviewed by Audit Committee, May 2022 states: *"The processes described in this Annual Governance Statement including internal and external reviews, audits and inspections, provide sufficient evidence to state that no significant internal control issues have been identified and that Stockport NHS Foundation Trust has generally sound systems of internal control that support the achievement of its policies, aims and objectives."*

Appendix 2: Corporate Governance Statement FT4 Management Review

Corporate Governance Statement	Response Current Arrangements/Evidence	Risks and Mitigating actions
The Board is satisfied that Stockport NHS Foundation Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS	Confirmed − April 2022 - Annual review of NHS Improvement/England (Monitor's) NHS FT Code of Governance. − Established assurance framework with established governance committee structures in place. − Internal Audit Assurance Framework Review 2021/22 confirmed that the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board. − Systems of risk management in place, overseen by Risk Management Committee, Audit Committee, Board-level assurance committees and reported to Board. − Scheme of Delegation & Standing Financial Instructions in place.	No material risk identified
The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed − All corporate governance guidance and direction issued by NHSEI reviewed and implemented appropriately. − Regular updates to the Board on new guidance and / or consultations from NHSEI on corporate governance via Chairs Report. − Independent mapping review utilising the Well led Framework for Governance − April 2022 - Annual review of NHS Improvement/England (Monitor's) NHS FT Code of Governance.	No material risk identified
The Board is satisfied that Stockport NHS Foundation Trust implements: a) Effective Board and Committee structures; b) Clear responsibilities for its Board, for Committees reporting to the Board and for staff reporting to the Board and those Committees; and c) Clear reporting lines and accountabilities throughout its organisation	Confirmed − Board and approved executive committee structures in place. − Board approved terms of reference in place for all standing committees clearly stating responsibilities, reporting arrangements, membership. − Positive outcome of MIAA Internal Audit 'Committee Effectiveness' − Board routinely receives the Key Issues & Assurance Report of all standing Committees. − Divisional governance committee structures in place.	No material risk identified
The Board is satisfied that Stockport NHS Foundation Trust effectively implements systems and/or processes: a) To ensure compliance with the Licence holder's	Confirmed – Established systems of financial and quality governance in place. Statutory audits and reporting requirements fulfilled. – Integrated Performance Reports & performance dashboards	No material risk identified

Appendix 2: Corporate Governance Statement FT4 Management Review

Corporate Governance Statement	Response Current Arrangements/Evidence	Risks and Mitigating actions
duty to operate efficiently, economically and effectively b) For timely and effective scrutiny and oversight by the Board of the Licence holder's operations c) To ensure compliance with health care standards binding on the Licence holder including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licence holder's ability to continue as a going concern) e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; h) To ensure compliance with all applicable legal requirements.	in place enabling timely divisional and Board level scrutiny and oversight of all operations. – Systems and processes in place via established governance committees to ensure compliance with national and local healthcare standards - internal and external assurance systems in place. – Trust addressed concerns raised by the Care Quality Commission (CQC) during its inspection of Trust services that resulted in the issuing of a section 29a. The CQC returned to the Trust to carry out a follow-up inspection and confirmed that the organisation had addressed all concerns. Via Stockport Improvement Board, the CQC confirmed that the section 29a had been lifted. – CQC Inspection of Emergency & Urgent Care (January 2022) – 'Good'. – Detailed financial plans in place and approved by the Board of Directors. Regular review of performance against plan via Finance & Performance Committee & Board of Directors. Divisional oversight of financial metrics via Performance Review process. – Internal Audit Plan includes review of financial systems – Audit Committee and Board review of the Trust as a Going Concern. – Board and committee structures fully supported to ensure accurate, comprehensive, up-to-date information available for review. – Board Assurance Framework and Significant Risk Register in place that identifies and ensures appropriate oversight of all principal and material risks. Care Organisation/Corporate Risk Registers established. – Effective business planning arrangements in place, embedded within the corporate governance arrangements of the organisation. – Applicable legal requirements, against principal objectives and activities of the organisation reviewed and managed appropriately as part of the NCA's corporate governance arrangements.	
The Board is satisfied:	Confirmed – Board capability reviewed against strategic direction and	No material risk

Appendix 2: Corporate Governance Statement FT4 Management Review

Corporate Governance Statement	Response Current Arrangements/Evidence	Risks and Mitigating actions
a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; c) The collection of accurate, comprehensive, timely and up to date information on quality of care; d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; e) That Stockport NHS Foundation Trust including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and f) That there is clear accountability for quality of care throughout Salford Royal NHS Foundation Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	business plans. Recent Board level appointments made to support strategic direction. Appraisal and performance review arrangements in place for Executive & Non-Executive Directors. – Quality of care fully integrated within all planning and decision-making processes. Quality Impact Assessments are required for programmes of change, each reviewed by the Chief Nurse & Medical Director. – Integrated Performance Reports and committee specific dashboards in place to provide information and trends on quality of care. Routinely considered via Board level committees and Board of Directors. – Quality Strategy 2021-2024 approved by Board. – Stockport Accreditation & Assessment System (StARS) established. – Number of methods in place to ensure views of patients and carers are taken into account including Carers Opinion, Friends and Family Test, Patient Stories. – Active engagement between the Board and the Council of Governors (CoG)s. Directors attend CoG meetings and Chair and NEDs attend informal meetings wth CoG to ensure views are taken into account. Membership Strategy refresh underway. – Number of methods in place to ensure views of staff, including Values in Action programme. – Clear accountability for quality of care throughout the Trust, with systems for appropriate escalation to Board.	identified
The Board of Stockport NHS Foundation Trust effectively implements systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licence holder's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of its provider licence.	Confirmed – SFT's Constitution sets out required numbers for Board members. – Established Remuneration & Appointments Committees for Executive Director (ED) and Nominations Committee for Non-Executive Director (NED) with Terms of Reference, with responsibility for review of Board composition. – Code of Conduct and suitable contractual arrangements in place for Board members, incorporating requirements of the Licence condition relating to 'fit and proper persons'. – A number of posts on the Board have been successfully	No material risk identified.

Appendix 2: Corporate Governance Statement FT4 Management Review

Corporate Governance Statement	Response Current Arrangements/Evidence	Risks and Mitigating actions
	appointed to over the last 12 months, attracting highly experienced and skilled candidates. – Challenge of ensuring there is sufficient staff to provide safe services is common to all NHS organisations, and the Board monitors the position through regular safe staffing reports. – Board has continued to invest in its staff and over the last year it has invested in international nurses.	

Meeting date	1 June 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Use of Common Seal 2021/22					
Lead Director	Trust Secretary		Author	Deputy Company Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to note and confirm the use of the Common Seal during 2021/22.

This paper relates to the following Corporate Annual Objectives-

	1	Deliver safe accessible and personalised services for those we care for
	2	Support the health and wellbeing needs of our communities and staff
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Drive service improvement, through high quality research, innovation and transformation
	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
x	6	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
	Well-Led	x	Use of Resources

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
		PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline
		PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance
		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered
		PR2.1	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes
		PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented

		PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
		PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position
		PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
		PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards
		PR7.2	There is a risk that the Trust does not materially improve environmental sustainability
		PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
		PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy

Where issues are addressed in the paper-

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

Executive Summary

The purpose of this report is to report the use of the Common Seal to the Board of Directors during 2021/22.

1. INTRODUCTION

1.1 The purpose of this report is to report the use of the Common Seal to the Board of Directors during 2021/22.

2. USE OF COMMON SEAL

2.1 Authority to apply the Seal to relevant documents is detailed at Section 38 of the Trust's Scheme of Reservation and Delegation. Section 38 identifies that authority to apply the Seal is delegated to the Chair / Chief Executive or two Executive Directors. It is recognised good practice to report the occasions of use of the Seal to the Board of Directors on an annual basis.

2.2 During the period 1 April 2021 – 31 March 2022, the Trust's Common Seal was applied on a total of three occasions. These were:

Reg No	Date	Reason
138	29/09/2021	Contract for the supply of services – Mortuary services between Stockport Metropolitan Borough Council and Stockport NHS Foundation Trust
139	26/11/2021	Refurbishment of Clinical Decisions Unit
140	14/02/2022	O'Neil & Partners – Fire Precautions Contract (JCT Minor Works Building Contract)

2.3 A Register of Use of the Common Seal is maintained by the Trust Secretary and includes both authorisation signatures and details of the final distribution of the relevant documentation. The Trust Secretary is responsible for the safe custody of the Common Seal. The Board of Directors can be assured that compliance with the requirements of Section 38 of the Scheme of Reservation & Delegation is being maintained.

3. LEGAL IMPLICATIONS

3.1 There are no direct legal implications associated with the content of this report.

4. RECOMMENDATIONS

4.1 The Board of Directors is recommended to:

- Note the occasions of use of the Common Seal as detailed at s2.2 of the report.

Meeting date	1 June 2022	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Board Committee Assurance – Key Issues & Assurance Reports					
Lead Director	Committee Chairs	Authors	Soile Curtis, Deputy Company Secretary			

Recommendations made / Decisions requested

The Board of Directors is asked to:

- Review and confirm the key issues and assurance provided in the Committee Reports
- Confirm receipt of the Annual Health & Safety Report 2021/22 as recommended by the Quality Committee

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	N/A

Where issues are addressed in the paper-

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

Executive Summary

The Board of Directors has established the following Committees:

- Audit Committee
- People Performance
- Finance & Performance
- Quality

The Committees have no executive powers, other than those specifically delegated within their Terms of Reference, but they can make recommendations to the Board of Directors for approval. The Committees are to report to the Board of Directors by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.

A summary is provided for the Board of Directors of the key matters and decisions from the meetings of the Finance & Performance Committee, People Performance Committee and Quality Committee held on 21 April 2022, 19 May 2022, 12 May 2022, 26 April and 24 May 2022 respectively.

NB. The Audit Committee Key Issues & Assurance Report from 26 May 2022 will be provided to the Board of Directors on 4 August 2022.

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT *Finance & Performance Committee* *21 April 2022*				
The Finance & Performance Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Finance Report	The Committee received the Finance report for Month 12 of 21/22.	The Committee noted the finance report for month 12 and congratulated the Finance and Operations teams for managing the year-end position, particularly the delivery of the capital programme, which was a commendable result given the very challenging year.		
Opening Budgets	The Committee received the Opening Budgets for 2022/23	The Deputy Director of Finance briefed the Committee on the content of the report, including associated risks, and noted that as final negotiations had not concluded in the Greater Manchester (GM) Integrated Care System (ICS), the plan was still subject to change.	The Committee recommended the opening budgets to the Board of Directors, recognising that there may be changes in agreement of the final plan submission.	May 2022
Capital Programme	The Committee received a Capital Planning 2022/23 presentation.	The Committee received and noted the capital planning presentation and commended the significant effort from teams to enable the delivery of the 2021/22 capital plan.	The Committee agreed the need for an early Board level strategic discussion around the Community Diagnostic Centre, including its location, and a wider strategic estates plan.	TBC

Planning for 2022/23	The Committee received an update on the 2022/23 Trust planning submission. The Committee also received a Cost Improvement Programme (CIP) presentation.	The Committee heard that the Trust had made the final submission to GM ICS on 14 April 2022, and the final GM system submission was due on 28 April 2022. The Committee noted risks associated with the assumptions for activity planning, particularly around Covid and urgent care, uncertainty with regard to income and ongoing discussion regarding allocations and risk relating to required efficiency target. The Committee discussed the impact of the current plans on reducing waiting lists, and noted that the information would be reported in the Performance Report going forward. The Committee noted a key focus around recurrent CIP delivery.		
Emergency & Urgent Care Campus Full Business Case	The Committee received the Emergency & Urgent Care Campus Full Business Case.	The Committee recommended the Emergency & Urgent Care Campus Full Business Case to the Board of Directors for approval.	FBC for Board approval	May 2022
Operational Performance Report	The Committee received the performance report for Month 12.	The Committee noted the operational performance measures below plan, and the Director of Operations highlighted the continued non-elective pressures, no criteria to reside and the capacity for domiciliary care and intermediate bed base as significant areas of concern. The Committee requested that future reports include forecast information on cancer referrals given the increased numbers in this area. The Committee endorsed the suggestion to ask the Quality Committee to undertake a deep dive on Patient Initiated Follow Ups (PIFU).	Quality Committee to undertake a PIFU Deep Dive	TBC

Future MR Provision	The Committee received a progress report providing an update on the options being considered to enable a sustainable MR service.	The Committee heard that the Capital Programmes Management Group had considered the report and the division had been asked to undertake further work around options and revenue consequences and present the outcome to the group.	The Committee to receive a further update in July 2022.	July 2022
Capital Programme Management Group Key Issues Report	The Committee received the Capital Programme Management Group Key Issues Report.			
Policies for Approval	The Committee approved the following policies: • Data Protection & Confidentiality Policy • Secure Disposal of IT Assets Policy			

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT *Finance & Performance Committee* *19 May 2022*				
The Finance & Performance Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Finance Report	The Committee received the Finance report for Month 1 of 22/23.	The Committee received the finance report for month 1 and noted in particular the Trust's focus on recurrent Cost Improvement Programme (CIP) delivery. The Committee also considered issues around cash flow, inflation and the whole time equivalent staffing profile. The Committee heard that discussions continued at GM level to finalise revenue and capital plans.	The Committee requested further clarification on the technical adjustments.	June 2022
Annual Procurement Programme and Progress Report	The Committee received an Annual Procurement Programme and Progress Report	The Committee noted the report and commended the Head of Procurement and her team for all they had achieved during a busy and challenging year.		
Operational Performance Report	The Committee received the performance report for Month 1 2022/23.	The Committee noted the operational performance measures below plan, and the Director of Operations highlighted the continued non-elective pressures, no criteria to reside and the capacity for domiciliary care and intermediate bed base as significant areas of concern. The Committee received a deep dive into the factors affecting Emergency Department performance.		

Capital Programme Management Group Key Issues Report	The Committee received the Capital Programme Management Group Key Issues Report.			
Any Other Business	The Committee discussed the timely dissemination of Committee meeting papers.		The Executive Leads agreed to liaise with the Trust Secretary to come up with a proposal to ensure timely dissemination of papers going forward.	

KEY ISSUES AND ASSURANCE REPORT *People Performance Committee* *12 May 2022*				
The People Performance Committee draws the following matters to the Board of Director's attention				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Workforce Performance Report	The Committee considered the Workforce Performance Report and received an update on the following areas: mandatory training, sickness absence, appraisal, retention and turnover. Sickness absence and retention were highlighted as areas of concern and the Committee heard of mitigating actions. The Committee discussed turnover issues and it was agreed to bring back a turnover deep dive to a future Committee meeting.	The Committee received positive assurances from the Workforce Performance Report. The Committee noted triangulation between the Workforce Performance Report, the Health & Wellbeing Report, Safe Staffing Report and Employee Relations Report.	It was agreed to include an update on AIMS training in the next Workforce Performance Report. It was agreed to bring back a turnover deep dive to a future Committee meeting.	July 2022 TBC
Workforce Modelling and Planning	The Associate Director of Workforce Delivery delivered a Strategic Workforce Planning update presentation.	The Committee noted the workforce operational submission and actions detailed to complete the 2022-27 Strategic Workforce Plan.	Ongoing monitoring	
Health & Wellbeing	The Committee considered a Health & Wellbeing update report and noted ongoing work in relation to the Health & Wellbeing Pledge and the change required to shift the culture to a more person centred approach, and work taking place to support staff around sickness absence. The Committee discussed the Wellbeing Guardian role and associated reporting to the Board and it was consequently agreed that a quarterly report would be presented to the People Performance Committee	The Committee noted both positive and negative assurances in this area and triangulation with other reports.	A quarterly report would be presented to the Committee and the Board detailing activities of the Wellbeing Guardian.	July/August 2022

	and the Board detailing activities undertaken by the Wellbeing Guardian.			
Employee Relations and Exclusions Activity	The Committee considered an Employee Relations and Exclusions Activity Report, which summarised confidential staff matters dealt with through a formal process over the 12 months up to 31 March 2022. The position in relation to BAME staff entering formal procedures was also discussed and noted.	The Committee noted triangulation with other reports.	It was noted that ethnicity information is contained within the formal statutory WRES & /WDES Reports and will be monitored via both those submissions.	July 2022
Policies for Approval	The Committee reviewed the following policies for approval: • Adoption Leave Policy • Maternity Leave Policy • Shared Parental Leave Policy • Parental Leave Policy • Paternity Leave Policy • Policy for the Appointment of Specialty Doctors to Specialist Role The Trust Chair referred to the Policy for the Appointment of Specialty Doctors to Specialist Role and queried if the interview panel included both Executive and Non-Executive Director representation. The Associate Director of Workforce Delivery agreed to liaise with the policy author to ensure consistency around senior appointments and feedback to the Committee. Subject to the above action, the Committee recommended the policies for approval.		Associate Director of Workforce Delivery to liaise with the author of the Policy for the Appointment of Specialty Doctors to seek clarification on the inclusion of Executives as per the appointment process for consultants and feedback to the Committee	July 2022

Key Issues and Assurance Reports	The Committee received and noted the following key issues and assurance reports: • People, Engagement & Leadership Group • Equality, Diversity & Inclusion Group • Educational Governance Group			

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT

Quality Committee
April 2022

The Quality Committee draws the following matters to the Board of Directors' attention-

Issue	Committee Update	Assurance received	Action	Timescale
Patient Story	The Committee heard a patient story, the objective of which was to remind us why we are here and the values we have.	Positive assurance from patient story in relation to a patient who remained in bed for 10 days (PJ Paralysis) This demonstrated how we live our Trust and professional values		
Action Log	All outstanding actions for March 2022 were reviewed, with updates on progress or completion or on the agenda.	Not applicable.	Confirmation of date for Mental Health Strategy to be presented to Quality Committee.	April 2022 Deferred to May 2022
Transfusion Deep Dive	The Medical Director presented the Transfusion deep dive, providing information regarding the governance of transfusion at Stockport NHS FT, alongside data regarding blood traceability	There was positive assurance on data and information which did identify limited assurance in some areas with a number of actions still on going.	Quality Committee reviewed and confirmed the Transfusion Deep Dive, further updates to be reviewed through Patient Safety Reporting	Monthly
Stockport NHS Foundation Trust Mental Health Strategy	The Medical Director and Deputy Chief Nurse referred to discussion as part of the Action Log noting the strategy (plan) would be presented in May 2022	There was positive assurance by the CQC who requested SFT share the good work undertaken with Pennine Care in relation to mental health in Emergency Department.	Confirmation of date for Mental Health Strategy to be presented to Quality Committee.	May 2022 Differed to June 2022

Issue	Committee Update	Assurance received	Action	Timescale
Quarterly CQC Update	The Deputy Director of Quality Governance presented the CQC Update including an update on the following:	Positive assurance that CQC Enquiries and Engagement sessions are progressed expediently and appropriately.	Progress to be monitored by Quality Committee a per work plan	July 2022
Notification of Serious incidents	The Deputy Director of Quality Governance presented a report on data relating to serious incidents and a quarter report on Patient Safety Learning. The Committee received the comprehensive reports detailing number of incidents reported by type, themes and level of harm and a review of Serious Incidents.	The Committee received positive assurance on the process for reporting, investigating incidents, compliance with Duty of Candour and other reporting time frames The report confirmed in March 2022: • 9 serious incidents were declared to the CCG via StEIS. • Compliance with Duty of Candour by letter sent within 10 days was 100%. • There were no overdue reports to the CCG. • 10 investigations were completed and signed off through the Serious Incident Review Group. Actions identified to reduce the likelihood of the same incident happening againare in the process of being implemented. • There was 1de-escalation requested from the CCG. • There were no outstanding serious incident action plans. • The Trust received no new PFD notices from the Coroner in March 2022. Limited assurance on progress on missed diagnosis incidents Positive assurance that RCA's were progressing with lessons learnt and action plan	Update to next Quality and performance Committee as per work plan. Check re RCA refresh training and peer to peer learning with Tameside.	Monthly June 2022

Issue	Committee Update	Assurance received	Action	Timescale
		implementation.		
Maternity Services Report	The Divisional Director WCD and Deputy Head of Midwifery & Nursing presented the Maternity Services Report incorporating update on all improvement/action plans the service is currently working towards. This included: • CNST • Saving Babies Lives (SBL) • Continuity of Carer pathway (COC) • Ockenden Report • Maternity Safety Support Programme (MSSP)	There was positive assurance on progress against the works streams and that the sustainability plan had been submitted to the national team in anticipation of national step down from the programme.	Further report outlining action required following the Final Ockenden Report March 2022.	May 2022
Quarterly Patient Safety Learning Report	The Deputy Director of Quality Governance presented the quarterly Patient Safety Learning Report	Limited assurance on received however a robust discussion provided reassurance with much focused activity to reduce falls ongoing. A deep dive into this complex area to be explored and reporting of rates rather than numbers for falls and pressure ulcers ongoing.	Deep dive to explore key contributing factors of falls prevention (time of day of week location) and the effectiveness of action/intervention taken	May 2022
Clinical Effectiveness Group Key Issues and Assurance Report	Medical Director presented this report and quarterly Nice Guideline Update	Positive assurance on progress towards progress and engagement which had focussed on the quarterly divisional clinical audit progress report.	Committee reviewed and noted the report.	Q1,2 & 3, 2022/23
Stockport Accreditation & Recognition	The Chief Nurse presented the StARS Progress Report providing the Committee with an update.	Positive assurance received: Accreditation assessments since the implementation of the scheme.	Continue as planned.	Q1 2022/23

Issue	Committee Update	Assurance received	Action	Timescale
System (StARS) Progress Report		Progress against agreed trajectories. Key issues and themes identified. In addition, areas of good practice and areas for improvement were highlighted, alongside actions being taken to drive improvement. Positive assurance that process well embedded and on track with positive and limited assurance across the wards, with a focus on wards who are not demonstrating the required improvement.		
Key issues Reports	The Deputy Director of Quality Governance presented the Health & Safety JCG Key Issues The Deputy Chief Nurse presented the Patient Experience Key Issues & Assurance Report including update on the following: Safeguarding Group The Head of Safeguarding presented the Key	The assurance report included positive assurance on the following: • Development of the Bariatric Patient Process for Community • Staff Side Matters • Safety Performance Monitoring: Corporate Services/Divisions • Health and Safety Report February 2022 Data • Fire Safety Report • Health and Wellbeing Steering Group (Monthly) • Terms of Reference & Work Plan 2022/23 • Patient Experience – Quarterly Report • mental Health Partnership The Deputy Chief Nurse proposed to Quality Committee that oversight of mental health was now considered by the Safeguarding Group Approved TOR and work plan with assurances on progress monitoring and actions in relation to: • Adult Safeguarding	Work streams continue. Further consideration to how Mental Health sits within governance structures	On going

Issue	Committee Update	Assurance received	Action	Timescale
	Issues & Assurance Report from the Trust Integrated Safeguarding Group (TISG) including:	• Childnens Activity Performance • Early Help Data Q1-Q2 • MARAC SOP • Maternity Safeguarding Activity • Liberty Protection Safeguards • CCG Safeguarding Assurance		
Quality & Safety Integrated Performance Report (IPR)	The IPR Report was presented, reviewed, and noted. Assurance was reviewed and agreed, and further actions and focus agreed. Many of the metrics and assurances in the IPR have been addressed in previous papers on this agenda and not repeated here.	The Committee identified that the IPR triangulates with assurances on performance identified throughout the meeting, with remaining metrics considered by exception. There was positive assurance in relation to increased GP appointments for patients on elective waiting lists and actions to support Waiting Well, patient communication and the commencement of a Smart Triage pilot.		
Board Assurance Framework 2021/22: Principal Risk Review	The Trust Secretary presented the principal risks from the Board Assurance Framework 2021/22 assigned to the Quality Committee	Positive assurance that the BAF is maturing and a consideration to it being and agenda item earlier in the meeting in future. Recognition that it was not yet reflective of a dynamic BAF.	Further review of at next meeting for more detailed discussion focused each element of risk	May 2022

Assurance gained includes the Committee receiving evidence that:

i. The extent of the issue has been quantified;
ii. The impact is included in all internal and external reporting
iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

KEY ISSUES AND ASSURANCE REPORT

Quality Committee
May 2022

The Quality Committee draws the following matters to the Board of Directors' attention-

Issue	Committee Update	Assurance received	Action	Timescale
Patient Story	The Committee heard a patient story, the objective of which was to remind us why we are here and the values we have.	Positive assurance from patient story in relation to dementia awareness week and its particular positive outcome for a reluctant patient with dementia. This demonstrated how we live our Trust and professional values		
Action Log	All outstanding actions for April 2022 were reviewed, with updates on progress or completion or on the agenda.	Positive assurance received that the Mental health strategy is almost complete. Disappointment expressed at further delay, commitment to bring ahead of Next QC with prior circulation ASAP.	Confirmation of date for Mental Health Strategy to be presented to Quality Committee. Exceptional quality Committee to consider delayed MH Strategy.	April 2022 Deferred to May 2022 June 2022
Falls Deep Dive	This deep dive was presented by Deputy Chief Nurse and the Quality Matron	Assurance by way of a presentation received which was positive in respect of activity, celebration and recognition of the raised profile across the Trust. Limited assurance on improvement towards target with a request for more detailed metrics.	Detailed metrics to be presented to future QC	TBC
Divisional Governance Plan	Report presented by Deputy Director of Quality Governance	Positive assurance that report templates, formats, work plans and agenda's will be aligned and consistent across all Divisions.	Implementation of templates	June 2022
Board Assurance Framework 2021-	Two Principal Risks from the Board Assurance Framework 2021-22 were reviewed as	The committee was assured that the Assurance Framework was in a position to go to Board and	To re review the principle risks and	July 2022

Issue	Committee Update	Assurance received	Action	Timescale
22: Principal Risks Review	delegated to the Quality Committee for oversight. In addition, confirmation of the aligned 'Significant Risks' from the Corporate Risk Register was included for review to inform the prioritisation and actions to mitigate the principal risks.	that the proposed template addressed previous issues.	consider splitting the principle risks following the Risk Appetite workshop as tolerance for individual aspects may have changed.	
Patient Safety Group Key Issues & Assurance Report	The Key issues report was presented by the Medical Director	There was positive assurance of good representation of the subsidiary groups and the assurances received. There was clear identification of areas where further assurance was needed and work in progress.	Standing Item	June 2022
Notification of Serious incidents and Patient Safety Incident Quarterly Report	The Deputy Director of Quality Governance presented a report on data relating to serious incidents and a quarter reports on Patient Safety Learning. The Committee received the comprehensive reports detailing number of incidents reported by type, themes and level of harm and a review of Serious Incidents.	The Committee received positive assurance on the process for reporting, investigating incidents, compliance with Duty of Candour and other reporting time frames The report confirmed in April: There were 3 serious incidents were declared to the CCG via StEIS. There were 4 Patient Safety Investigation Reports (PSIR) were completed and approved by the Serious Incident Review Group. An update on progress regarding an outstanding incident involving structural alterations. The committee received positive assurance and recommended further improvements to the identification of root causes. Positive assurance that the step change in	Update to next Quality and performance Committee as per work plan. Check re RCA refresh training and peer to peer learning with Tameside.	Monthly June 2022

Issue	Committee Update	Assurance received	Action	Timescale
		improvement of overdue action plans continues. Pressure ulcers and skin conditions' were the highest reported incident type, whilst 'Administrative Processes (Excluding Documentation)' were the second highest. There was positive assurance in relation to lessons learnt and improvements to practice with limited assurance to triangulate with an overall reduction of the 10% target for these incidents. (category 2 and above remain on target)		
Maternity Services Report	The Divisional Director WCD and Deputy Head of Midwifery & Nursing presented the Maternity Services Report incorporating update on all improvement/action plans the service is currently working towards.	The Divisional Director WCD and Deputy Head of Midwifery & Nursing presented the Maternity Services Report incorporating update on all improvement/action plans the service is currently working towards. This included: • CNST • Saving Babies Lives (SBL) • Continuity of Carer pathway (COC) • Ockenden Report • Ockenden final report March 2022 • Maternity Safety Support Programme (MSSP) Continued positive assurance and additional positive assurance against the Ockenden final report. Decision based on recommendations to pause Continuity of Care	Insights visit by regional team	27 May 2022
Clinical Effectiveness Report		Not tabled	Exception report	Early June 2022
Research and Innovation (R&I)	Quality Committee is asked to receive and review the Research & Innovation Annual	Positive assurance recognised in respect of increased activity, increased recruits to studies		

Issue	Committee Update	Assurance received	Action	Timescale
Annual Report 2021/22	report 2021/22 and confirm the programme has been delivered appropriately throughout 2021/22 with the resource available, managed risks appropriately and are supportive of the plans for future sustainability and growth.	and increase in income generation and recruitment to newly created substantive posts		
Health & Safety Joint Consultative Group Key Issues & Assurance Report	Report presented by Chief Nurse and Deputy Chief Nurse	Overall full or partial assurances with the exception of no assurance from: Progress regarding the NHS England and Improvement “Growing Occupational Health” Initiative (no attendance/update) Staff side issues – no attendance/update)		
Health & Safety Annual KPI Report (2021- 2022)	This report provided a summary of principal activity and outcomes relating to the Key Performance Indicators (KPI) for health and safety within Stockport NHS Foundation Trust during 2021/2022.	Positive assurance on the focus and activity of the team all except two of the objectives were achieved with assurance on plans to rectify this.		
Quality & Safety Integrated Performance Report (IPR)	The IPR Report was presented, reviewed, and noted. Assurance was reviewed and agreed, and further actions and focus agreed. Many of the metrics and assurances in the IPR have been addressed in previous papers on	The Committee identified that the IPR triangulates with assurances on performance identified throughout the meeting, with remaining metrics considered by exception. There was positive assurance in relation to increased GP appointments for patients on elective waiting lists and actions to support		

Issue	Committee Update	Assurance received	Action	Timescale
	this agenda and not repeated here.	Waiting Well, patient communication and the commencement of a Smart Triage pilot.		
Patient Experience Key Issues & Assurance Report. Patient Experience Strategy	These two reports were considered together led by Chief Nurse	Positive assurance on the progress of work streams: • Patient Experience strategy • Walkabout Wednesdays • Patient Property task and finish • The Patient, Carers, Family and Friends Experience Strategy was presented with positive assurance of clear priorities for future work		
Draft Quality Accounts 2021/22	The report was presented as a first draft	Assurance was received that the report met the national requirements and conformed to the required template. The ambition to develop the report further next year was acknowledged.	Completion of reporting process and amendments and presentation to Board.	21 June 2022
Quality & Safety Integrated Performance Report (IPR)	The IPR Report was presented, reviewed, and noted. Assurance was reviewed and agreed, and further actions and focus agreed. Many of the metrics and assurances in the IPR have been addressed in previous papers on this agenda and not repeated here.	The Committee identified that the IPR triangulates with assurances on performance identified throughout the meeting, with remaining metrics considered by exception. Clarification on assurances for Medication Incidents and SHMI and HSMR		

Assurance gained includes the Committee receiving evidence that:

i. The extent of the issue has been quantified;
ii. The impact is included in all internal and external reporting
iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

Annual Health & Safety Report 2021-22

1. PURPOSE

1.1 The purpose of this report is to; provide the Trust Board with a summary of principal activity and outcomes relating to the Key Performance Indicators (KPI) for health and safety within Stockport NHS Foundation Trust during 2021/2022.

1.2 The Executive Chair of the H&SJCG, and director with delegated responsibility for Health & Safety within the Trust, continues with the Chief Nurse.

1.3 In addition to the progress made within the reported period, the H&SJCG has recommended a series of objectives for the 2022/2023 period that seek to further enhance the level of corporate responsibility the Trust attaches to its Health and Safety function.

1.4 Continuing objectives for 2022-2023 remain to;

- Develop and implement a robust Health and Safety Management System that delivers continuous improvement
- Ensure a Healthy and Safe working environment for staff, patients and visitors
- Develop and maintain a culture of safety that promotes; openness, continuous improvement, research, innovation and positively acts upon learning

2. INTRODUCTION

2.1 This report provides analysis of the delivery of KPI's for health and safety management throughout the Trust for the financial year 1st April 2021 to 31st March 2022. The Health and Safety at Work etc. Act 1974 provides a legislative framework to promote, stimulate and encourage excellent health and safety at work standards with delegated responsibility through the Chief Executive to implement systems that ensure Trust staff and contractors, work in a safe and compliant manner to protect themselves, patients and visitors from significant or avoidable harm.

2.2 In progressing the Health and Safety strategy of health and safety throughout the Trust, the Health, Safety and Risk Manager continues to observe the ISO 45001:2018 standard as a framework for our organization to document and improve our operational practices in order to prevent work-related injury and ill-health.

2.3 Compliance with ISO 45001:2018 will help the Trust to achieve its objectives and demonstrate that its health and safety management system is effective. The Trust's management system will help to translate its corporate objectives

to prevent incidents into a systematic and ongoing set of processes that are supported by the use of appropriate methods and tools that can reinforce commitment to proactively improving performance.

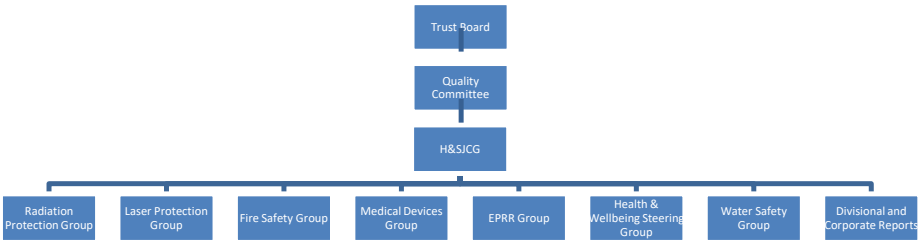
2.4 The Figure below illustrates ISO 45001 for the development of the health and safety management system, which uses the plan, do, check and act cycle to implement the process approach that delivers management system objectives, stakeholder requirements and staff safety;

2.5 Health and Safety Joint Consultative Group and supporting Groups

2.5.1 The H&SJCG has been established to plan, manage and monitor organisational compliance with statutory health and safety requirements and specific NHS duties. In this way compliance with external organisational requirements such as the HSE are managed.

2.5.2 The H&SJCG receives reports from its sub-committees and ratifies policies approved at sub-committee level.

2.5.3 The H&S supporting committees are structures as follows:



11.1

3. DELIVER OF THE KPI'S WITHIN THE HEALTH AND SAFETY STRATEGY

3.1 Audit and Inspection

An annual programme has been developed to identify what audit activity is required for the forthcoming year, and to ensure any areas of concern are addressed as soon as possible and that all regulatory requirements are met. The following methods of audit and inspection will be carried out:

3.1.1 Safety Management System (HSMS)

3.1.2 An annual audit of the HSMS will be carried out by the Health and Safety and Risk Manager. This audit is a methodical and documented assessment of the trust's systems and processes relating to Health and Safety Management. It will be measured against the ISO 45001 criteria. It will assess the following factors;

- The strengths and weaknesses of the current system
- How the system performs within the aims of the trust
- If the trust is fulfilling its legal obligations
- If a proper performance review system is in place

3.1.3 A report on the annual audit will be presented at the June 2022 meeting of the H&JCG.

3.1.4 100% of Business Groups has a local H&S Management plan in Place by end Q1 2021/22.

3.1.5 Monthly Inspections

3.1.6 Monthly inspections commenced from Q1 2021/22. These are completed by each ward/department and captured using the AMaT system currently being used for clinical audit, fire safety etc.

3.1.7 The KPI for all Divisions and Corporate function was to achieve 100% proactive monitoring in accordance with agreed plan. Commencing Q1 2021/22.

3.1.8 The compliance rates for financial year 2021-2022 for each Division and Corporate function were as follows;

	Audits Completed	% Compliance
Trust Level	881/1725	51.07%
Corporate Services	106/151	70%
Emergency Department	Jul-70	10%
Estates & Facilities	145/180	81%

Integrated Care	174/401	43.30%
Medicine & Clinical Support	159/343	46.30%
Surgery GI & Critical Care	104/209	49.70%
Women, Children & Diagnostics	186/371	50.10%

3.1.9 The overall Trust compliance of completion of the audits was 51.07%

3.1.10 Audit completions will remain as a KPI within the 2022-2023 Health and Safety Strategy.

3.2 Safety Metrics

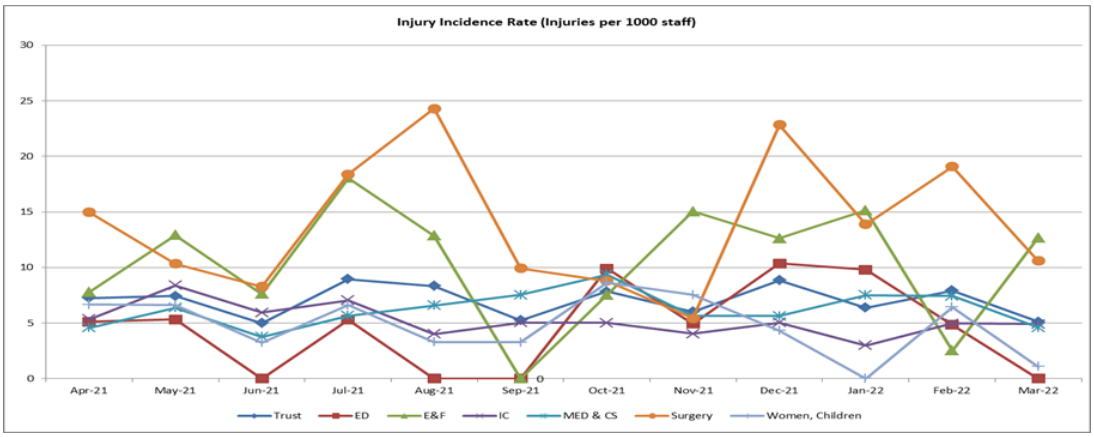
3.2.1 By the end of Quarter 4 2022 a target of a 30% reduction of incidents of 'harm' to staff was required for all Divisions and Corporate functions in relation to slips, trips and fall, needlestick/sharps, physical assaults, moving and handling and collision/contact with objects. The following table outlines the % increase or decrease for 2021-2022.

	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	%Change
Corporate	3	0	1	2	2	4	0	0	0%
Emergency Department	3	3	1	1	1	1	3	3	0%
Integrated Care	9	16	7	15	8	4	8	10	-36%
Medicine, Urgent Care and Clinical Support	21	9	24	17	11	14	14	12	-28%
Surgery	8	26	11	16	27	29	19	23	61%
Women Children and Diagnostics	7	9	10	11	12	9	15	7	16%
Estates and Facilities	8	5	11	6	9	6	9	6	0%
Trust	59	68	65	68	70	67	68	61	2%

3.2.2 By the end of Quarter 4 a target to *'achieve a month by month reduction in Lost time Injury Frequency Rate'*. Unfortunately lost-time injury data was not available during this period therefore could not be calculated. Work is ongoing with the Workforce team to explore how this could be extracted in the future. This will be removed as a KPI for 2022-2023.

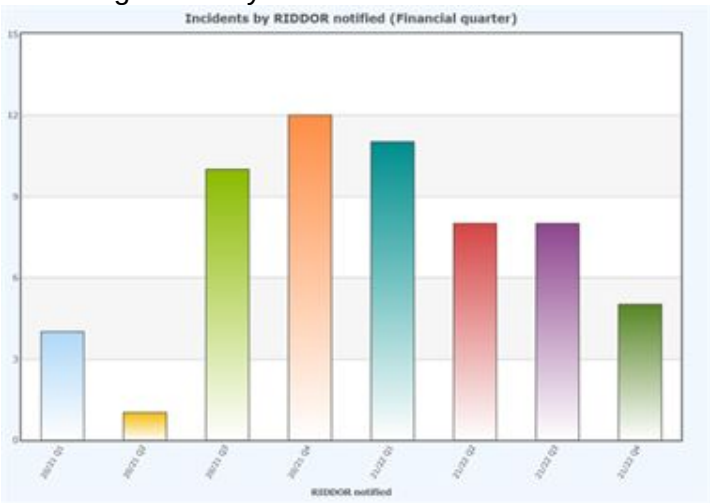
3.2.3 By the end of Quarter 4 a target to *'achieve a month by month reduction in Lost time Injury Incidence Rate'*. As the graph below shows there was no definite trend in the reduction, or indeed increase, of injury incidence rate during 2021-2022. There were periods in the year where all Divisions and corporate functions had an increase or decrease in the same month; however this does not provide any clear indicators why this was and did not happen consistently to draw any conclusions. One positive to take from this data is that all Divisions and corporate functions, with the exception of

Estates and Facilities, finished the year with a lower injury incidence rate than they had at the start.



3.3 RIDDOR Reporting

3.3.1 In financial year 2021-2022 there were 32 incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). This compares to 27 for 2020-2021. However as the graph below shows the trend of submissions has been downwards throughout the year.



3.3.2 By the end of Quarter 4 a target to ensure '*All serious incidents (RIDDOR and potential claims) are investigated within agreed timescales and lessons learned are communicated'* At the time of writing this report there were only 2 RIDDOR investigations outstanding, however these had been drafted and were awaiting review. All RIDDOR reportable incidents had been investigated at Level 1 and lessons learned communicated within their respective Divisions and at the H&SJCG via Divisional and Corporate function reports.

3.4 Claims

3.4.1 By the end of Quarter 4 a target to *achieve a reduction of EL and PL claims relating to workplace safety.* In 2020-2021 there were 11 Employment

Liability claims and 4 Public Liability claims received in the Trust. In 2021-2022 there were 7 Employment Liability claims and 5 Public Liability claims received. An overall reduction of 3 claims received by the Trust for 2021-2022.

3.5 Risk Management

3.5.1 By the end of Quarter 4 a target to ensure all significant Health and Safety Hazards identified within the Trusts Duty Holders Matrix to be included within the Trusts Risk Register Qtr. 1 2021/22.

3.5.2 Assurances received from Duty Holders in the period were as follows;
Estates and Facilities – Estates and Facilities are satisfied to sign off the duty matrix and it to be included in the assurance report, the effectiveness of the controls will be managed internally by the E&F SMT alongside the usual incident reporting/investigation processes.
Infection Prevention and Control – The assurances for each matrix remains the same with no further comment.

3.5.3 Areas of Risk were as follows;
No update has been received relating to the risk 'workplace stress'
COSHH - COSHH Inventories for each department/location and COSHH Risk Assessments require updating. COSHH training for staff is required. Local and central Safety Data Sheet libraries require updating. A task and finish group has been set up to address these areas.

3.5.4 The Duty Holders give assurance to the H&SJCG that the risks identified in the Duty Holder's Matrix have been fully evaluated, all persons who may be affected been identified, existing control measures are sufficient or whether more should be done. This will be required to be reported quarterly.

3.6 Legal Compliance

3.6.1 A target to provide assurance that the trust is either fully compliant with H&S legal requirements or has a SMART action plan in place to address noncompliance by end Q2 2021/22.

3.6.2 The Trust now has in place a legal register. This is currently being populated with evidence of compliance against respective legislation and where gaps are identified actions are put in place to rectify. At the time of writing this report there are no risks of con-compliance identified.

3.6.3 In October 2021 the Trust was visited by the Health and Safety Executive. This was part of a national inspection campaign to examine the management arrangement for violence and aggression and musculoskeletal disorders within care providers in the public sector. The HSE inspectors spent two days at the Trust and spent time interviewing staff and examining Trust documentation relating to the areas above. Following the inspection the Trust were advised that no formal notices would be issued, however a number of minor recommendations were received.

3.7 Consultation and Communication

3.7.1 Safety, including monitoring of the Duty Holder's Matrix is a continuous standing agenda item on Divisional and Directorate governance meetings. Meetings between staff-side representatives and the Health, Safety and Risk Manager are held monthly. Bulletins and briefings are sent out periodically to all staff to raise awareness of specific Health and Safety topics.

3.8 Safety Culture

3.8.1 As outlined in the Health and Safety plan a Safety Climate survey was to be carried out in 2021-2022. The purpose of a safety climate survey is to identify how safety is viewed and handled by staff within the Trust. This then would then provide insights into the Trusts safety climate and contribute to the strategies on improving. Unfortunately the climate survey was not carried out. This was due to the fact that a suitable method of data capture was still to be determined. As a result it will now be a priority on the 2022-2023 Health and Safety Plan.

3.9 Health and Safety Joint Consultative Group (H&SJCG)

3.9.1 For 2021-2022 the following targets were set in relation to the H&SJCG;

- 100% Monthly H&SJCG meetings held according to schedule.
- 100% staff side representation from all Business Groups.
- 80% membership attendance at H&SJCG.
- 100% Senior Management representative attendance for all business groups.

3.9.2 100% of meeting was not held there were two meetings cancelled in total. The reasons for the cancellations were; following discussions during December's H&SJCG meeting; the Chair confirmed that the next meeting due to take place on the 5th January 2022 is to be stood down. This was due to the holiday period at Christmas 2021. The February 2022 meeting was stood down due to the number of apologies received, alongside some deferral of papers.

3.9.3 100% Staff-side representation was not achieved during 2021-2022. Only representation from Unite union attended meetings during the period. Recruitment of members will remain a priority and will be included in 2022-2023 KPI's.

3.9.4 80% membership attendance was achieved during 2021-2022 with the exception of the February meeting.

3.9.5 100% senior management attendance was achieved. It was decided that one senior Manager will attend meetings on behalf of all Divisions.

3.10 Health and Safety Training

3.10.1 As of March 2022 the compliance of mandatory Health and Safety training is as follows;

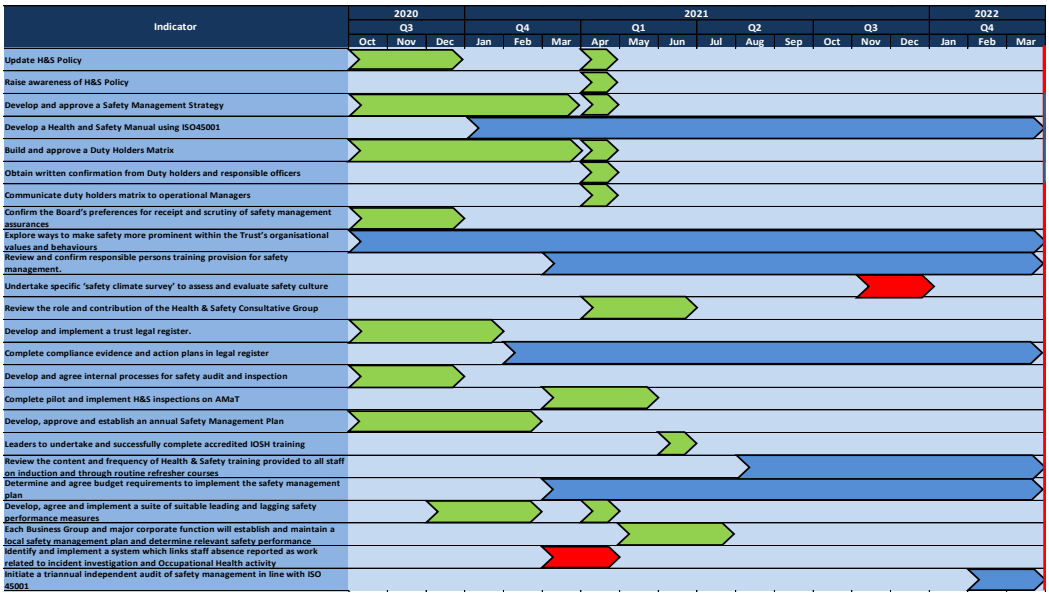
	Fire Safety - 3 Years|	Health, Safety and Welfare - 3 Years|	Moving and Handling - Level 1 - 3 Years|	Moving and Handling - Level 2 - 2 Years|	Conflict Resolution (England) - 3 Years|
Stockport NHS Trust	94.91%	94.49%	93.94%	82.34%	93.82%
Corporate Services	95.39%	96.44%	95.12%	76.00%	95.60%
Emergency Department	90.87%	88.94%	83.81%	79.80%	87.98%
Estates & Facilities	96.30%	95.65%	96.26%	100.00%	94.35%
Integrated Care	96.92%	96.92%	95.61%	84.27%	95.05%
Medicine, Urgent Care & Clinical Support	95.05%	94.16%	94.58%	84.55%	93.99%
362 Surgery	92.50%	92.39%	88.86%	82.34%	91.47%
362 Women, Children & Diagnostics (3)	94.90%	94.02%	94.54%	77.54%	94.71%

3.10.2 A target of 100% senior leaders training was not achieved in 2021-2022. This was due to the fact that only two courses were delivered and unfortunately some Managers were unable to attend. Further courses will be planned for 2022-2023.

4 HEALTH AND SAFETY PLAN 2020 – 2022

4.1 An independent audit of the health and safety arrangements of the Trust was carried out in September 2020. The aim was to assess compliance of current health and safety arrangements in place and to carry out a gap analysis and identify areas for improvement. The methodology used was to compare against a recognised ISO standard for Health & Safety (ISO45001). From the findings of the audit a Health and Safety Plan was developed to address gaps identified.

4.2 A summary of the progress of the Health and Safety Plan and Roadmap is as follows



4.3 All, except two of the indicators of the Health and Safety Plan for 2021-2022 were achieved or are ongoing. The areas that were not completed were; completion of the Safety climate survey as outlined in point 3.8 above and the identification and implementation of a system that links work-related absence to incident investigation and occupational health activity. At the time of writing this report discussions are ongoing with the workforce team on how best to capture work-related lost time incidents.

5 CONCLUSION

5.1 This report highlights the significant level of H&S focussed activity that has been undertaken during the 2020-2021 period, to improve the management of health and safety in the Trust. The H&SJCG continue to promote every facet of the Trusts H&S strategy while measuring each outcome against the declared objectives and associated metrics. This essential committee is supported by the Trust Executive Management while also relying heavily upon the frequency and quality of the reports received from its key sub committees, in support of a safe and compliant Health and Safety management system.

Meeting date	1 June 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Proposal for Trust Meetings					
Lead Director	Prof Tony Warne, Chair		Author	Deputy Company Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to support the proposal for future Board meetings.

This paper relates to the following Corporate Annual Objectives-

	1	Deliver safe accessible and personalised services for those we care for
	2	Support the health and wellbeing needs of our communities and staff
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Drive service improvement, through high quality research, innovation and transformation
	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
	6	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
	Well-Led		Use of Resources

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
		PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline
		PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance
		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered
		PR2.1	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes
		PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented

		PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
		PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position
		PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
		PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards
		PR7.2	There is a risk that the Trust does not materially improve environmental sustainability
		PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
		PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy

Where issues are addressed in the paper-

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

Executive Summary

As we move to a period of learning to live with Covid-19, it is timely to consider future arrangements for Board and Board Committee meetings.

It is proposed that future Board of Directors' meetings and Board development sessions take place face to face, with all Board members present. Guidance will be taken from the Chief Nurse/DIPC, and we will welcome observers back into the public Board meetings as soon as it is safe and possible to do so. We will also continue to enable observers to join virtually if they wish.

It is proposed that committees of the Board continue to take place virtually, as this has proved both efficient and effective and supported positive attendance of colleagues. Board committees will reserve the right to hold a face to face meeting onsite once or twice a year as determined.