NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

2 DECEMBER 2021

Making a difference every day.

NHS Stockport NHS Foundation Trust

Board of Directors Meeting
Thursday, 2 December 2021

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	*Verbal*	
	3.	Patient Story		**N Firth**
09.40	**4.**	Minutes of Previous Meeting – Held on 7 October 2021	✓	**T Warne**
	5.	Action Log	✓	**T Warne**
09.45	**6.**	Chair's Report	✓	**T Warne**
09.55	**7.**	Chief Executive's Report	✓	**K James**
	8.	**PERFORMANCE**		
10.05	8.1	Integrated Performance Report • Quality • Operational Performance • Workforce	✓	**K James / Executive Directors**
10.25	8.2	Finance & Activity Report	*Verbal*	**J Graham**
	9.	**QUALITY & IMPROVEMENT**		
10.35	9.1	National Inpatient Survey Results 2020	✓	**N Firth**
10.45	9.2	Learning from Deaths Report	✓	**A Loughney**
10.55	9.3	Safer Care Report	✓	**N Firth**
11.10		***COMFORT BREAK***		
	10.	**PEOPLE**		
11.20	10.1	Staff Health & Wellbeing Pledge and Action Plan	✓	**A Bromley**
11.30	10.2	Violence Prevention Reduction Strategy and Board Self-Assessment	✓	**A Bromley**
	11.	**STRATEGY**		
11.40	11.1	Digital Strategy	✓	**P Nuttall**
11.50	11.2	Stockport One Health and Care Plan Outcomes	✓	**T Warne**

	12.	**GOVERNANCE**		
12.00	12.1	Well Led Mapping Review and Development Plan	✓	**K James** **N Firth** **R McCarthy**
12.10	12.2	NHS System Oversight Framework Assessment	✓	**K James**
12.20	12.3	EPRR Core Standards - Statement of Compliance 2021/22	✓	**J Graham**
12.30	12.4	Board Committee Assurance – Key Issues & Assurance Reports • Audit Committee *(to follow)* • Finance & Performance Committee • Quality Committee • People Performance Committee	✓	**D Hopewell** **C Anderson** **M Logan-Ward** **C Barber-Brown**
	13.	**CLOSING MATTERS**		
	13.1	Any Other Business		
	14.	**DATE, TIME & VENUE OF NEXT MEETING**		
	14.1	Thursday, 3 February 2022, 9.30am, Pinewood House Education Centre		
12.45	14.2	Resolution: *"To move the resolution that the representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".*		

STOCKPORT NHS FOUNDATION TRUST

Minutes of a the meeting of the Board of Directors held in public on Thursday, 7 October 2021 9.30am in Lecture Theatres, Pinewood House, Stepping Hill Hospital

Present:

Prof T Warne	Chairman
Mrs C Anderson	Non-Executive Director
Mrs C Barber-Brown	Non-Executive Director
Mr A Bailey	Acting Director of Strategy & Partnerships *
Mr A Bell	Non-Executive Director
Ms A Bromley	Acting Director of Workforce & OD
Mrs N Firth	Chief Nurse
Mr J Graham	Director of Finance / Deputy Chief Executive
Mr D Hopewell	Non-Executive Director
Dr M Logan-Ward	Non-Executive Director
Dr A Loughney	Medical Director
Mrs J McShane	Director of Operations
Mrs M Moore	Non-Executive Director
Ms J Newton	Associate Non-Executive Director *
Mrs C Parnell	Director of Communications & Corporate Affairs *
Dr L Sell	Non-Executive Director

** indicates a non-voting member*

In attendance:

Ms T Aspin	District Nursing Team Leader (Tame Valley) *(for the staff story)*
Mrs M Malkin	Director of Integrated Care Division *(for the staff story)*
Mrs S Curtis	Deputy Company Secretary
Mrs R McCarthy	Trust Secretary

219/21 Apologies for Absence

An apology for absence was received from Mrs K James, Chief Executive. The Chairman welcomed Board members and observers to the meeting.

220/21 Declaration of Interests

There were no declarations of interest.

221/21 Staff Story – Community Services Presentation

The Board of Directors welcomed Mrs Malkin, Director of Integrated Care Division, and Ms Aspin, District Nursing Team Leader to the meeting. The Director of Integrated Care Division delivered a presentation on Stockport Community Services, which included the following subject headings:

- SFT Community Services
- Key Areas of Focus
- Development of Neighbourhood Working
- Discharge to Assess
- Frailty in Neighbourhoods
- Community Services – Assurance

The District Nursing Team Leader reflected on her long standing career in the district nursing service, and was pleased to highlight that district nursing had evolved into a highly skilled and collaborative service in Stockport.

The Board of Directors thanked the Director of Integrated Care Division and the District Nursing Team Leader for the presentation and the Chief Nurse thanked the District Nursing Team Leader for all her efforts in continuing to develop the service. The Medical Director commended the way in which the district nursing service continued to embrace evolution, including digital developments.

The Board of Directors:

- Received and noted the staff story.

222/21 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 5 August 2021 were agreed as a true and accurate record of proceedings.

In response to a comment from a Non-Executive Director about the new style of using titles instead of names in the minutes, the Trust Secretary agreed to give this further consideration and review other organisations' approach in this area.

223/21 Action Log

The action log was reviewed and annotated accordingly.

224/21 Chair's Report

The Chairman presented a report reflecting on recent activities within the Trust and the wider health and care system.

He briefed the Board on the content of the report and advised that Ms Pam Smith, Chief Executive of Stockport Metropolitan Borough Council, would be taking up a position as the Chief Executive of Newcastle Council in the New Year. On behalf of the Board of Directors, he wished Ms Smith the very best for the future and thanked the Trust's Chief Executive and Executive Team for all their work around building relationships with the Council.

The Board of Directors:

- Received and noted the report.

225/21 Chief Executive's Report

The Director of Finance / Deputy Chief Executive presented a report providing an update on local and national strategic and operational developments. He briefed the Board on the content of the report and highlighted the following areas:

- National appointments
- Continued operational pressures
- Trust news
  - New Hospitals Programme
  - Dying at work Charter
  - Awards

The Board of Directors:

- Received and noted the report.

226/21 Integrated Performance Report

The Director of Finance / Deputy Chief Executive introduced the Integrated Performance Report (IPR), which included exception reports for areas of most significant note.

QUALITY

The Medical Director and Chief Nurse presented the quality section of the IPR and highlighted performance and mitigating actions around sepsis and antibiotic administration, C.Difficile, complaints and falls.

In response to a question from a Non-Executive about sepsis, the Medical Director briefed the Board on actions in this area, including around antibiotic prescribing.

In response to a question from a Non-Executive Director about complaints and in particular about the quality of responses, the Chief Nurse briefed the Board on the complaints process, and acknowledged that there was scope for further work to seek feedback from complainants about the quality of responses. The Medical Director provided further context about clinical complaints, including quality assessment, and suggested that further consideration should be given to establish a quality tool for complaints going forward.

The Chairman referred to the mortality indicators and the consistency over HSMR and SHMI indicators and acknowledged the hard work in this area.

OPERATIONAL

The Director of Operations presented the operational section of the IPR and highlighted the significant numbers of attendees in the Emergency Department (ED) during August 2021. On behalf of the Board, she praised colleagues for their monumental response to the ongoing demand for emergency care at the Trust and for maintaining the quality and safety of services.

The Director of Operations briefed the Board on the adverse impact the ongoing operational pressures had on the following areas: ED 4-hour target, restoration, cancer and diagnostics. The Board heard that the Trust was seeking additional capacity with the GM cancer hub and independent sector to enable recovery around long waiters.

In response to a comment from an Associate Non-Executive Director who raised a concern about the outpatients did not attend (DNA) rate and suggested that the associated reporting could be made more meaningful, the Director of Operations agreed to discuss the reporting of the metric with the Director of IM&T and report the outcome through the Finance & Performance Committee.

In response to a question from a Non-Executive Director who queried about the impact of the outpatients transformation project, the Director of Operations provided further information about the project and highlighted the importance of embedding the changes to systems as well as culture in this area.

In response to further questions from Non-Executive Directors about the DNA target, the Director of Operations briefed the Board on the ongoing significant piece of work to cleanse the current clinical templates to ensure accuracy of reported performance measures, and mitigating actions in place to ensure DNAs were not causing patient harm.

The Senior Independent Director referred to the no criteria to reside metric and the emerging pressure with social care capacity and queried if this pressure was anticipated to continue into the winter period. The Director of Operations noted that social care colleagues were very much involved and engaged in the winter planning process, and that the acuity and volume of patients accessing the hospital and the consequent bed base issues were driving other pressures in the system.

In response to a question from a Non-Executive Director about ED performance and the associated trajectories, the Director of Operational provided further contextual information about the setting of the local improvement target of 80%, noting that the trajectory had been modelled for c300 daily attendances, which was considerably less than the current position.

WORKFORCE

The Acting Director of Workforce & OD presented the workforce section of the IPR and highlighted performance and mitigating actions against sickness absence, workforce turnover, appraisal and bank and agency costs.

A Non-Executive Director referred to the staffing challenges and queried whether there was a level of appetite for staff to delay retirement to help in this area. The Acting Director of Workforce & OD noted that the “retire and return” scheme was popular and that these discussions formed part of appraisal conversations. The Chief Nurse noted that as a result of the pressures of the pandemic, people were tired and were making different life choices and the Trust was working hard to support staff to enable them to stay in work. The Director of Finance also highlighted work around flexible working and health and wellbeing support to staff.

In response to further questions from Non-Executive Directors about staffing challenges, the Acting Director of Workforce & OD briefed the Board on further work

around retention, highlighting this as an area of focus for the People and Performance Committee.

FINANCE

The Director of Finance reported that the financial position remained on plan and the Trust was forecasting to deliver the H1 financial envelope. He highlighted concerns around recurrent CIP delivery, noting that this continued to be an area of focus particularly through the Finance & Performance Committee and divisional reviews.

The Director of Finance advised that while some H2 guidance had been published on 30 September 2021, there remained a lack of clarity around the full guidance, including the financial envelope for H2.

The Board of Directors:

- Received and noted the Integrated Performance Report.

227/21 Winter Capacity Planning

The Director of Operations provided a verbal update about the approach taken internally and with the system to prepare for winter 2021/22 and advised that a report on proposed 'must do' winter schemes would be presented to the October meeting of the Finance & Performance Committee.

In response to a question from the Chairman, who queried if the Finance & Performance Committee had delegated authority to sign off the winter schemes, the Director of Finance confirmed that the schemes would require Board sign off due to their value.

The Board of Directors:

- Noted the verbal update,
- Agreed to receive a report on 'must do' winter schemes at the November Board meeting.

228/21 Quality Strategy

The Chief Nurse presented the Quality Strategy 2021-2024. She advised that the strategy, which set out a three-year approach for the Trust to go from 'Requires Improvement' to 'Good' and with the aspiration of being an 'Outstanding' Trust, was based on four key aims that would be underpinned by annual metrics and objectives. The Board heard that following detailed consideration of the draft strategy, the Quality Committee was recommending it to the Board for approval.

The Senior Independent Director welcomed the larger font size in the strategy, noting that this issue had been highlighted by Governors on a number of occasions.

The Board of Directors:

- Received and noted the report,

- Approved the revised Quality Strategy for 2021-2024.

229/21 One Stockport Health and Care Plan

The Acting Director of Strategy & Planning presented the final version of Stockport's One Health and Care Plan, noting that the plan had been developed over the past nine months and was one of a suite of documents that would support the delivery of the One Stockport Borough Plan.

The Acting Director of Strategy & Planning briefed the Board on the content of the report and advised that the plan, which had been developed jointly by the Trust, Stockport Metropolitan Borough Council and the Clinical Commissioning Group, brought together the Health and Wellbeing Strategy, the Population Health Plan and the Locality Plan into one cohesive document. He highlighted extensive engagement of the plan, as detailed in s2 of the report and Appendix 2 of the plan, and noted that it would be presented to the next Health and Wellbeing Board meeting.

Non-Executive Directors commended the plan and the associated engagement process, and in particular welcomed the shared system-wide responsibility for the delivery of the plan.

In response to a question from an Associate Non-Executive Director about financial delivery of the plan, the Director of Finance highlighted the importance of embracing the different type of working with system partners to address the financial and operational challenges. In response to a follow up question from the Associate Non-Executive Director who queried when the Board would be sighted on the associated delivery plan, the Acting Director of Strategy & Planning advised that it was anticipated that the delivery plan and outcome measures would be presented to the Board in December 2021.

The Board of Directors:

- Received and noted the report and endorsed their support for the One Stockport Health and Care Plan,
- Noted the intention that the associated delivery plan and outcome measures would be presented to the Board in December 2021.

230/21 WRES and WDES Annual Reports

The Acting Director of Workforce & OD presented Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2020/21 Annual Reports, summarising the Trust's position around WRES and WDES and progress against the nine WRES indicators and ten indicators of the NHS Workforce Disability Equality Standard. She briefed the Board on the content of the reports and highlighted improvements made as well as a number of areas where further work was required.

There followed a detailed discussion during which Non-Executive Directors raised their disappointment with the reports, noting that there was still a long way to go to reach an acceptable position. They stressed that the reports should be amended to include greater emphasis of the Trust's acknowledgement that the current position was not acceptable.

In response to a question from a Non-Executive Director who queried why the Board had not been sighted on the 2020 WRES and WDES data, the Director of Communications and Corporate Affairs advised that there had been a pause to the collection of the data due to the pandemic.

The Medical Director agreed that the Trust should be aiming higher in its aspirations around WRES and WDES and the Acting Director of Workforce & OD commented that further clarity was required around the Trust's ambition for equality, diversity & inclusion (EDI) strategy. She also highlighted the need for cultural change in this area, noting that this would take time to embed.

The Director of Finance endorsed the comments and the need for an open discussion around the Trust's ambition for EDI. He also agreed that as public facing documents, the reports should be amended to highlight the Trust's aspirations, the associated improvement work and to acknowledge that the current position was not acceptable.

The Chairman highlighted forthcoming Board development sessions around the Trust's approach to EDI, on how we treat people and organisational culture, and stressed the importance of the Board's role modelling in this area.

The Board of Directors:

- Received and noted the WRES and WDES 2020/21 Annual Reports and raised their disappointment with the reports,
- Requested that the reports be amended to highlight the Trust's aspirations, the associated improvement work and to acknowledge that the current position was not acceptable,
- Agreed that the amended reports would be presented to the People Performance Committee on 14 October 2021 and circulated to the Board for virtual approval prior to the publication deadline.

231/21 Patient Experience Annual Report

The Chief Nurse presented the Annual Patient Experience Report, detailing activities and achievements during 2020/21, and advised that the report had also been considered by the Quality Committee. She briefed the Board on the content of the report highlighting the Trust's approach to patient experience, and in particular the response to support patients and families during the Covid pandemic. The Chief Nurse advised that the Trust's Patient Experience Strategy was in the progress of being reviewed, and would include clear aims that would be tracked via the Patient Experience Group.

The Chairman commended the report and noted that he had recently visited the Trust's hospital radio. He highlighted further work required to ensure a better coverage of the hospital radio on the Trust's estate.

The Director of Communications and Corporate Affairs commented that the visual sound ears implemented in all inpatient areas had been funded through the Trust's Charity, and noted that this was a good example on how the Trust used charitable funds.

The Board of Directors:

- Received and noted the report and the associated assurance.

232/21 Board Committee Assurance

Audit Committee Report

The Chair of Audit Committee (Non-Executive Director) presented a key issues and assurance report from the Audit Committee meeting held on 23 September 2021. He briefed the Board on the content of the report and highlighted moderate assurance received on an assessment against the National Data Guardian Standards.

The Board heard that the Committee had received the updated 2020/21 Auditor's Annual Report, with a commentary on the value for money arrangements, and that consequently the Trust's Annual Report & Accounts 2020/21 could now be laid before Parliament.

Finance & Performance Committee

The Chair of Finance & Performance Committee (Non-Executive Director) presented key issues and assurance reports from the Finance & Performance Committee meetings held on 19 August 2021 and 16 September 2021. She briefed the Board on the content of the reports and highlighted discussions around the use of Model Hospital data, capital programme and planning for H2, noting the challenges due to the lack of clarity in this area.

Quality Committee

The Chair of Quality Committee (Non-Executive Director) presented key issues and assurance reports from the Quality Committee meetings held on 24 August 2021 and 28 September 2021. She briefed the Board on the content of the reports and highlighted the Committee's consideration of results governance, PHE swabbing, ED, and the Research & Innovation Annual Report.

A Non-Executive Director highlighted the "Hello My Name Is" campaign and the need for the Board to model that behaviour. She also referred to the Patient Experience Annual Report and, on behalf of the Board, thanked the Patient Liaison Team for all their hard work during the pandemic.

In response to a question from the Chairman who queried if the Research & Innovation Annual Report should be presented to the Board, 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.

People Performance Committee

The Chair of People Performance Committee (Non-Executive Director) presented key issues and assurance reports from the People Performance Committee meetings held on 12 August 2021 and 9 September 2021. She briefed the Board on the content of the reports and highlighted the Committee's consideration of the Trust's coaching

approach, a report from the Guardian of Safe Working, results of the GMC trainee survey, and health roster.

A Non-Executive Director referred to the Trust's intention to establish a diverse coaching community across all staff groups, and highlighted the need to consider this as part of the Board development programme to ensure the Board's role modelling in this area.

The Board of Directors:

- Received and noted the Committee Reports.

233/21 Board Assurance Framework 2021/22

The Director of Finance / Deputy Chief Executive presented the Board Assurance Framework (BAF) 2021/22 and thanked the Trust Secretary and Executive colleagues for their contributions and work around the production of the BAF. The Chairman commended the BAF, noting that it was easy to read and track.

The Director of Finance / Deputy Chief Executive and the Trust Secretary briefed the Board on the content of the report, highlighting the 11 significant risks, the Board's risk appetite, the current and target scores, and the ongoing process for reviewing the BAF and integration with the risk management system.

In response to a question from an Associate Non-Executive Director who queried if the target scores for the finance risks were achievable, the Director of Finance / Deputy Chief Executive highlighted the hybrid financial system and noted that this was still work in progress given the lack of clarity about H2.

The Senior Independent Director commented that some of the targets did not just relate to this financial year but were longer term and also aspirational. She noted that the Board still had to have the conversation about risk appetite and the target scores. The Director of Finance advised that an outline planning timetable had been produced for 2022/23, but further clarity was required to ascertain whether the target scores remained applicable.

The Trust Secretary commented that the detailed discussions about the strength of our controls and actions would be held in the Board Committee meetings and noted that the BAF should be a dynamic document, reflecting the Board's discussions and risk appetite.

Further comments were made by the Non-Executive Directors about the controls, improved assurances, consistency about the time period the BAF and risks were supposed to cover, and the need to establish which risks needed a greater focus. It was noted that these areas would be discussed in Committee meetings and incorporated in the next iteration of the BAF.

The Board of Directors:

- Received and noted the report,
- Reviewed and approved the Board Assurance Framework 2021/22,

- Noted the current significant risk profile.

234/21 Date, time and venue of next meeting

The next meeting of the Board of Directors held in public would be held on Thursday, 2 December 2021, commencing at 9.30am in the Lecture Theatres, Pinewood House.

235/21 Resolution

The Board resolved that:

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

Signed:_____Date:_____

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.	TBC	A Loughney
06/05/21	116/21	BAF	The 2021/22 BAF would be presented to the June meeting. **Update 3 Jun 2021** – The Board would consider the prioritisation of risks at the September Private Board meeting, and the full revised BAF would be presented to the October Board meeting. **Update 7 Oct 2021** – On agenda. Action complete.	October 2021	N Firth
05/08/21	191/21	Integrated Performance Report	Further to a question from a Non-Executive Director about the increased pressure ulcers in Covid patients, the Chairman suggested this as an area for the Clinical Audit to review. **Update 7 Oct 2021** – It was agreed that the Quality Committee should progress this action, and report the outcome to the Board of Directors.	TBC	N Firth
05/08/21	192/21	Winter Planning	Mrs McShane agreed to present information about the operationalisation of winter schemes and escalation processes at the next Board meeting. **Update 7 Oct 2021** – On agenda. Action complete.	October 2021	J McShane
07/10/21	226/21	Integrated Performance Report	The Director of Operations agreed to discuss the reporting of the DNA metric with the Director of IM&T and report the outcome through the Finance & Performance Committee.	TBC	J McShane

Meeting	Minute reference	Subject	Action	Bring Forward	RO
07/10/21	227/21	Winter Capacity Planning	The Board of Directors agreed to receive a report on 'must do' winter schemes at the November Board meeting. **Update for 2 Dec 2021** – Report considered at the November Private Board meeting. Action complete.	November 2021	J McShane
07/10/21	229/21	One Stockport Health & Care Plan	The Acting Director of Strategy & Planning advised that it was anticipated that the associated delivery plan and outcome measures would be presented to the Board in December 2021.	December 2021	A Bailey
07/10/21	230/21	WRES & WDES Annual Reports 2020/21	The Board of Directors requested that the reports be amended to highlight the Trust's aspirations, the associated improvement work and to acknowledge that the current position was not acceptable. It was agreed that the amended reports would be presented to the People Performance Committee on 14 October 2021 and circulated to the Board for virtual approval prior to the publication deadline.	October 2021	A Bromley
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.	February 2022 (TBC)	A Loughney

On agenda
Not due
Overdue
Closed

Stockport NHS Foundation Trust

Meeting date	2 December 2021	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

Since we last met as a Board in public, I have been able to participate in two meetings of the Stockport Health and Wellbeing Board. These meetings are increasingly becoming focused upon the future delivery of the One Stockport Borough Plan, within which sits the One Health and Care Plan, a plan our Board signed off in October. At the November meeting, the first draft outcomes proposals were agreed for the One Health and Care Plan. These will draw upon existing NHS and LA data sets and form a more integrated set of outcome measures, reducing duplication and which, going forward, will be more focused upon measures of inequality reduction.

The last meeting also discussed the outcomes from the first Shadow Locality Board. Of note was the commitment to seek and harness local community voices in developing the work of the Locality Board and to be kept informed of, and contribute to, the developments across the Greater Manchester ICS. Members of our Council of Governors have been asked to join this 'task and finish' People and Community Voice Group.

Last week I joined other system leaders to take part in the inaugural Stockport Health and Care Awards. It was a fantastic celebration that saw some 300 nominations from across all health and care sectors and settings, including 19 nominations from SFT services. Our Mortuary colleagues won the Key Worker Award. We have much to celebrate, and I'm looking forward to our own award celebrations early in 2022.

We continue working closely with our South East Sector colleagues. Our monthly Board to Board meetings with East Cheshire continue and this month we had our first Board to Board meeting with Tameside and Glossop Integrated Care colleagues.

Together we serve a common population and I am excited about the opportunities still to come from working more closely together to meet the needs of local people and communities across the South East Sector.

Karen James and I were able met with Chris Hopson, Chief Executive of NHS Providers, and were able to discuss the many improvements achieved over the past year; the ongoing challenges of managing Covid, the recovery programmes and ensuring we look after our people's health and wellbeing as we do so. We discussed

the emerging shape and strength of relationships across our ICS, and plans for local, place based services. I was also able to attend the annual NHS Providers conference, which for the second year running was a virtual conference – but it was a positive and challenging two days to be part of, and provided much food for thought.

3. TRUST ACTIVITIES

I was privileged to participate alongside other colleagues, at this year's Remembrance service. Although due to Covid restrictions there was a limited number of colleagues and patients in the Chapel itself, the service was live streamed and over 100 colleagues and patients were able to participate in the service.

I was also fortunate to be able to spend time with our School Nurses as they were coming to the end of a 7 week schools vaccination programme for 12-15 year olds. What I saw was compassionate care at its best. They managed to vaccinate just under 7000 children and young people, contributing to the over 500,000 vaccinations given across Stockport over the past year.

I have met with our Council of Governors both formally and informally over the past two months. Sadly we said goodbye to a number of our Governors, including Roy Greenwood, Lead Governor. All had made a wonderful contribution to our improvement journey. We are truly fortunate to have governors with such an interest in the Trust and our services, who willingly give up their time to support us. Our new Governors have commenced in post and Rebecca McCarthy and I have started their induction programme.

Our Governors and other Trust member's attended our delayed Annual Members Meeting this month. I would like to acknowledge the work of all those who pulled together our annual report and accounts, not an easy job to do, but it was one done very well.

4. STRENGTHENING BOARD OVERSIGHT

Our Board development journey continues. Last month we participated in an externally facilitated session that helped us all better understand the kind of person we were at work, and more generally, and how we interact with others. It was an illuminating session, fun and provided a foundation for future sessions. The session plays into our equality, diversity, and inclusion ambitions, and our desire as a Board to promote kindness, respect and civility in all that we do.

5. RECOMMENDATIONS

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

Meeting date	2 December 2021	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Report from the Chief Executive					
Lead Director	Karen James OBE, Chief Executive		Author	Karen James OBE, Chief Executive		

Recommendations made / Decisions requested

The Board is invited to note the matters in 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
X	3	To work with partners to co-design and provide integrated service models within the locality and across 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
	7	Develop our Estate and IM&T infrastructure that is fit for purpose and meets 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		**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	3
Financial impacts if agreed/ not agreed	n/a
Regulatory and legal compliance	1, 3,4
Sustainability (including environmental impacts)	3

Executive Summary

The Report draws to the Board's attention topics that are not covered elsewhere in the Board Agenda.

Attention is particularly drawn to:-

- Establishing the New Integrated Care Board (ICB) for Greater Manchester
- Operational Challenges
- Human Tissue Authority
- External visits/inspections
- Recognition for Staff

1. Establishing the New Integrated Care Board (ICB) for Greater Manchester

1.1.1 Following the publication of national guidance on the establishment of NHS statutory bodies to be known as Integrated Care Boards, Greater Manchester is now in the process of developing the new ICB's Constitution and is engaging with system partners and stakeholders.

1.1.2 The ICB will be responsible for implementing the overall NHS strategy in Greater Manchester (GM), fulfilling all the NHS statutory functions as set out in the 2021 Health and Care Bill including:

a) setting strategy to achieve national priorities and GM priorities
b) allocation of NHS resources to support this strategy
c) overseeing the commissioning of primary and specialised care
d) ensuring the component programmes and organisations fulfil their collective and individual responsibilities for delivering their contribution to the GM aims as agreed in the planning process
e) assigning resources
f) securing assurance and ensuring - with our partners – that the right activities are focused on securing the best outcomes for our communities.

1.1.3 The engagement process will build on proposals previously shared with key stakeholders on proposals for the Greater Manchester Integrated Care System governance.

1.1.4 The ICB Constitution itself is largely nationally prescribed to reflect the need for clear and consistent process on the management of NHS resources and decision making. However, input is required for each ICB relating to the membership and size of the ICB in addition to the nationally mandated roles including the number of executives, non-executives, and partner members.

1.1.5 Proposals for shadow governance arrangements in Greater Manchester have already been shared and feedback is being sought on proposals for membership of the ICB. The proposals for membership of the Greater Manchester ICB are based on the proposals previously shared through the GM ICS Transition Board.

1.1.6 Under the Greater Manchester governance proposal, the ICB and ICP Board will also be supported by a Shared Executive Group. Development of committee arrangements will be further informed by the work ongoing in relation to the governance, statutory functions and spatial levels work streams. The final composition of the Board will be subject to agreement with NHS England.

1.1.7 There is a requirement to submit the first part of this constitution in relation to board membership to the NHS England and Improvement North West regional team for approval in November and then following additional engagement and review again in December.

2. Operational Challenges

2.1.1 The Trust continues to experience high levels of demand for all its services as we enter what is the busiest period of the year. I would like to take this opportunity to thank all our teams for continuing to respond with such commitment and professionalism to the challenges which have now been on-going for almost two years. The Board will, through other papers presented by colleagues, be able to identify the impact of these circumstances on operational performance, workforce and the associated risks.

2.1.2 Since the last Board, the Trust has continued to provide care to an increased number of Covid patients both in the hospital and the community. Combined with the high volume of attendances and admissions through our urgent and emergency care pathways this has resulted in increased pressure in the system which has been further compounded by a reduction in hospital discharges due to workforce issues within social care. These factors lead to high bed occupancy levels which in turn can create extended waiting times in the Emergency Department.

2.1.3 With regards to the restoration of planned services the Trust remains focused on treating those patients with clinically urgent conditions and those with the longest waiting times. In addition to the Trust maintaining its elective programme (which it has managed to do to date) patients are also being offered appointments in the Independent Sector and in some instances with other providers. We continue to work with providers across Greater Manchester (GM) to maximise the opportunities for treatment on behalf of our community.

2.1.4 The Trust has submitted its activity, financial and workforce plans for the remained of the financial year as required and these have been collated and incorporated within the GM Integrated Care System response to national colleagues.

3. Human Tissue Authority

3.1.1 Trusts with either a mortuary or body store have been requested to undertake a review of local operational procedures against the requirements set out in the Human Tissue Authority's(HTA) standards and guidance. The HTA is the regulator that sets licensing standards for mortuaries where post-mortem examinations are carried out, including those aspects of security relevant to their remit. Trusts were requested to complete a return through NHSI Estates & Facilities in regards to this by 16th November which I confirm was submitted and outlined the security measures in place at the Trust.

4. External visits/inspections

4.1.1. In early November the Care Quality Commission carried out an unannounced two day inspection of the emergency department at Stepping Hill Hospital.

4.1.2 Verbal feedback from the inspectors at the end of the visit highlighted no significant concerns for urgent action, and they commented on a number of areas of good practice including staff being caring and compassionate

towards patients, positive multi-disciplinary working, and little evidence of delays in ambulance handovers.

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4.1.3 Inspectors from the Health and Safety Executive also visited the Trust for two days in November as part of a national programme looking at NHS organisations' arrangements for manual handling, Covid-19 precautions, and violence and aggression.

4.1.4 The HSE commended the Trust for the openness and transparency of staff, a positive health and safety culture, the approach of the security team, and the improvements made by the Trust since inspectors last visited in December 2020. They also confirmed that no enforcement action was required.

5. Recognition for Staff

5.1.1 Our Acute Inpatient Pain Team have won a number of national awards at the national Acute Pain Symposium in recognition of their outstanding work. Consultant Tom Watson was named Acute Pain Consultant of the Year, and the team won first and third prizes for their presentation on areas of pain management.

5.1.2 Critical care consultant Dr Liz Thomas has been appointed as joint Medical Lead for the Greater Manchester Critical Care Network, helping to ensure the safety, quality and deliver of critical care in all 14 intensive care units in the area.

5.1.3 Our research and innovation team gave a presentation at the NIHR Clinical Research Network Great Manchester Evening of Excellence. This was a great opportunity to showcase the excellent research work going on both in the Trust and across the region.

5.1.4 Tracey Stockwell, Head of Procurement, was presented with the Health Care Supply Association's President's Award when Simon Walsh, a HCSA trustee, paid a surprise visit to her in the procurement department at Stepping Hill Hospital.

5.1.5 Tracey led the procurement team in setting up a seven day service during the Covid-19 pandemic to ensure staff had the PPE and other equipment they needed to care for patients. She did this while undergoing treatment for cancer.

5.1.6 In the award citation Lord Hunt of Kings Heath, HCSA President said Tracey was honoured for being "a dedicated and well respected Head of Procurement who by word and deed has worked tirelessly for her Trust, her region, and the NHS as a whole – even while continuing to have personal health challenges…her work and her personal and professional leadership reflect the very best of NHS procurement."

6. Recommendation

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

Stockport NHS Foundation Trust

Meeting date	2nd December 2021	✓	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 (October 2021 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-

✓	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
✓	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	
Financial impacts if agreed/ not agreed	Finance Section
Regulatory and legal compliance	All sections
Sustainability (including environmental impacts)	

Executive Summary

The Board is asked to note and challenge:

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

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Integrated Performance Report

Reporting Period October 2021

Quality | Operations | Workforce | Finance

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, Elective Restoration** and **OP and Theatre Efficiency** metrics due to under-achievement in month.

Despite the increase in urgent care pressures, the Trust delivered its overall **Elective activity** plan in month.

Quality Highlights
Exception reports included this month relate to performance against **Sepsis, Falls, Medication Incidents, Never Events, Hospital Onset Covid, C.Difficile** and **Complaints** metrics due to under-achievement in month.

There have been no further cases of **MRSA** reported since August. The year to date total for MRSA remains at one case.

The **Friends & Family** positive response rate is slightly below the median rate, however this does not indicate any significant change in performance.

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

Financial Highlights
An exception report is included for **CIP** due to under-performance in month.

The Trust reported a deficit of £0.1m in October 2021, which after discounting the £0.4m from the sale of assets, is an underlying deficit of £0.5m. This corresponds with the increase in the CIP plan (1/6 of £3.3m).

The Divisions have continued to manage their position within the budgeted run rate and have delivered against their **CIP** targets to month 7 albeit mainly non-recurrent savings. The increase and risk against the CIP target is held centrally as unidentified currently until the final plan to NHSI is approved and submitted.

The Trust has maintained sufficient **cash** to operate during October.

Capital expenditure continues to be behind Plan at the end of October, predominantly related to slippage on the Endoscopy building works and the Emergency Care Campus full business case. The Trust continues to forecast that the capital plan will be delivered in year.

The Trust is facing a significant financial challenge to meet the requirements of the additional CIP for H2 and this will require heightened financial governance to review all expenditure plans but particularly with regard to the costs of winter and recovery. The outlook for 22/23 is even more challenging.

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
VTE Risk Assessment	Aug-21	98.1%	>= 95%		
Sepsis: Timely recognition	Oct-21	94.4%	>= 95%		
Sepsis: Antibiotic administration	Oct-21	65%	>= 95%		
Medication Incidents: Rate	Oct-21	4.91	<= 4		
Mortality: HSMR	Jun-21	0.97	<= 1		
Mortality: SHMI	Apr-21	0.98	<= 1		
Never Event: Incidence	Oct-21	1	<= 0		
Serious Incidents: STEIS Reportable	Oct-21	6	<= 7		
Stroke: Overall SSNAP Level	Jun-21	A	>= C		
Hospital Onset Covid (HOC) Rate	Oct-21	44.8%	<= 16.01%		
C.Diff Infection Count	Sep-21	21	<= 20		
MRSA Infection Count	Sep-21	1	<= 0		
Falls: Causing Moderate Harm and Above	Oct-21	13	<= 11		
Pressure Ulcers: Hospital, Category 2	Sep-21	45	<= 47		
Pressure Ulcers: Hospital, Category 3 and 4	Sep-21	4	<= 7		
Maternity: Continuity of Care, Booked	Oct-21	50.9%	>= 46.67%		
Maternity: Continuity of Care, Ethnic Minority	Oct-21	64.7%	>= 52.5%		
Maternity: Continuity of Care, Deprivation	Oct-21	72.4%	>= 52.5%		
Maternity: Continuity of Care, Receipt	Sep-21	11.5%			
Friends & Family Test: Response Rate	Sep-21	19.9%	>= 18.7%		
Friends & Family Test: Positive Responses	Sep-21	90.6%	>= 91.6%		
Written Complaints Rate	Oct-21	6.42	<= 5.2		
Complaints: Timely response	Oct-21	100%	>= 95%		

Operational Metrics	Latest Performance		Target	Forecast
A&E: 4hr Standard	Oct-21	62.5%	>= 95%	
A&E: 12hr Trolley Wait	Oct-21	4	<= 0	
Diagnostics: 6 Week Standard	Oct-21	38%	<= 1%	
Cancer: 62 Day Standard	Oct-21	65.8%	>= 85%	
Cancer: 104 Day Breaches	Sep-21	1	<= 0	
Referral to Treatment: Incomplete Pathways	Oct-21	54.6%	>= 92%	
Referral to Treatment: 52 Week Breaches	Oct-21	3736	<= 0	
No Criteria To Reside (NCTR)	Oct-21	73	>= 92%	
Outpatient DNA rate	Oct-21	8.2%	<= 5.5%	
Theatres: Capped Utilisation	Oct-21	61.3%	>= 90%	
Outpatient Clinic Utilisation	Oct-21	80.9%	>= 90%	
Total Elective Activity vs. Plan (IP & DC)	Oct-21	3.9%	>= 0%	
Total Elective Activity Restoration (IP & DC)	Oct-21	87.3%	>= 95%	

Workforce Metrics	Latest Performance		Target	Forecast
Substantive Staff-in-Post	Oct-21	91.5%	>= 90%	
Sickness Absence: Monthly Rate	Oct-21	6.6%	<= 4%	
Workforce Turnover	Oct-21	14.1%	<= 11%	
Appraisal Rate: Overall	Oct-21	84%	>= 95%	
Statutory & Mandatory Training	Oct-21	94.9%	>= 95%	
Bank & Agency Costs	Oct-21	13.6%	<= 5%	

Finance Metrics	Latest Performance		Target	Forecast
Financial Controls: I&E Position	Oct-21	0%	<= 0%	
Cash Balance	Oct-21	35.1		
CIP Cumulative Achievement	Oct-21	-9.5%	>= 0%	
Capital Expenditure	Oct-21	-56.6%	<= 10%	

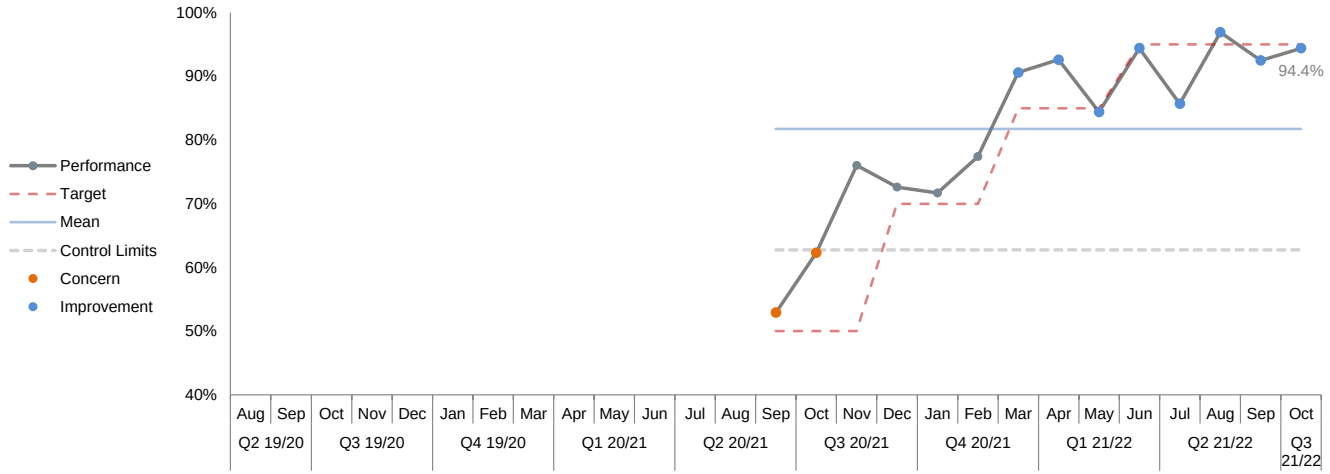
Quality Operations Workforce Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Sepsis: Timely recognition The number of patients who are screened for sepsis, as a percentage of those eligible patients audited. Performance for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Oct-21	94.4%

The data shows special cause variation, indicated by a run of values above the average.

Assurance

Target >= 95%

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

What the chart tells us

Since data for this metric started to be recorded in Sep20, performance has continued to climb, and has been maintained above the trajectory plan. Significant improvement can be seen in performance for April and May 2021. The stretch target was increased to 95% from Jun21 onwards, although monthly performance is still variable. The latest performance is below the 95% target.

Narrative

Issues:

Timely recognition:
The compliance to timely recognition this month is just under target at 94% for a total of 215 assessments.

Antibiotic Administration:
Over the last two months we have been able to undertake an increased number of audits, this has allowed us to review a higher number of possible amber and red flag sepsis triggers. Amber flag triggered in October achieved 100% compliance, however the overall combined compliance with timely antibiotic administration within agreed standards from the initial NEWS2 trigger is below target. This month there was a combination of delays in both prescribing and administration of antibiotics.

Actions & Mitigations:

Timely Recognition:
* Individual ward performance data is shared across the Divisions and the teams are reminded to communicate the correct escalation pathway to all permanent staff and agency workers. The agency staff induction checklist has been amended to include sepsis.
* Additional sepsis training is being provided, through Trust induction, Acute illness Management training and individualised toolbox sessions are being delivered at ward level.

Antibiotic Administration:
* All incidences of non-compliance continue to be reported via the Datix system for local investigation and a review of the themes are discussed at the monthly Sepsis Steering Group.
* A new task and finish group led by the Chief Clinical Information Officer has been set up to progress the nurse in charge bleep. this will support with the escalation and identification of patients who may have sepsis, automatically highlighting any patients to the nurse in charge.
* Phase 2 of the patient track development in relation to the sepsis 6 is also underway and the sepsis practitioners will continue to provide guidance for Doctors around the screening and escalation processes both in and out of hours.

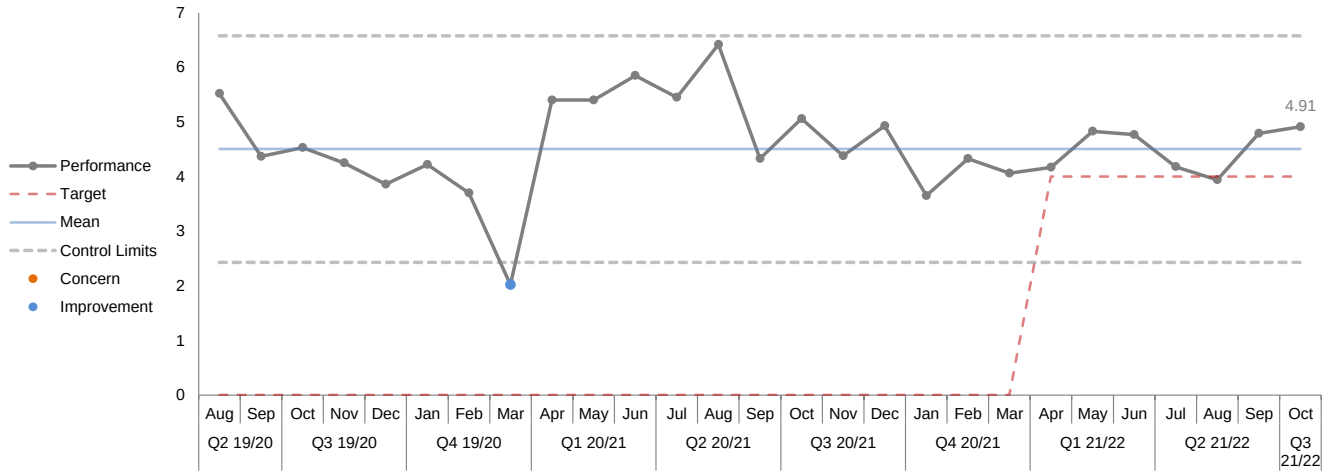
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Medication Incidents: Rate Rate of medication incidents, calculated as incidence per 1000 bed days. Target/benchmark based on the median performance for 2020/21 financial year.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Oct-21	4.91

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

The chart shows that for much of the reporting period performance is quite variable, and aside from the significantly lower rate of medication incidents in March 2019, there have been no significant changes.

Narrative

Issues:	Actions & Mitigations:
No concerns noted.	All medication incidents are reviewed at the Incident Review Group on a weekly basis and the Safer Medicines Group monthly.

Quality | Operations | Workforce | Finance

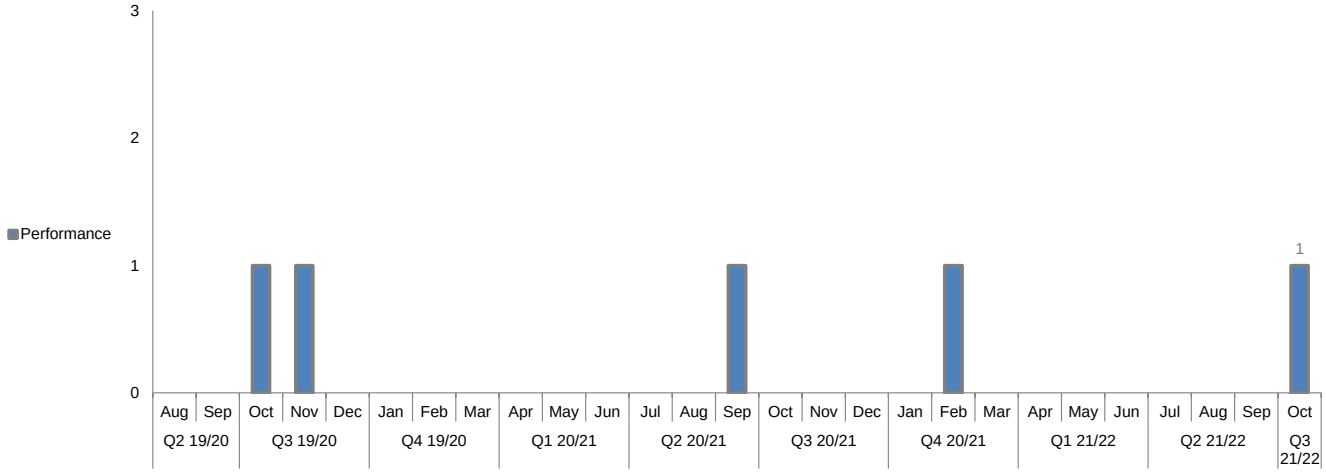
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Never Event: Incidence** Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Latest Performance | **Next Month Forecast**

Performance of this measure over time



Variance

Latest Month	Actual
Oct-21	1

N/A

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 there are a number of extended periods where no never events are reported, for 10 months and Nov18 and Sep19 and then again for 9 months between Dec19 and Aug20. The latest period was 7 months between Mar21 and Sep21. A new Never Event has been reported in October.

Narrative

Issues:	Actions & Mitigations:
The never event reported in October was a wrong site block undertaken in theatre area.	A Grand Round session has been presented by the Divisional Medical Director for Surgery in October with a focus upon Never Events. A serious incident investigation is also underway related to the incident declared.

Quality | Operations | Workforce | Finance

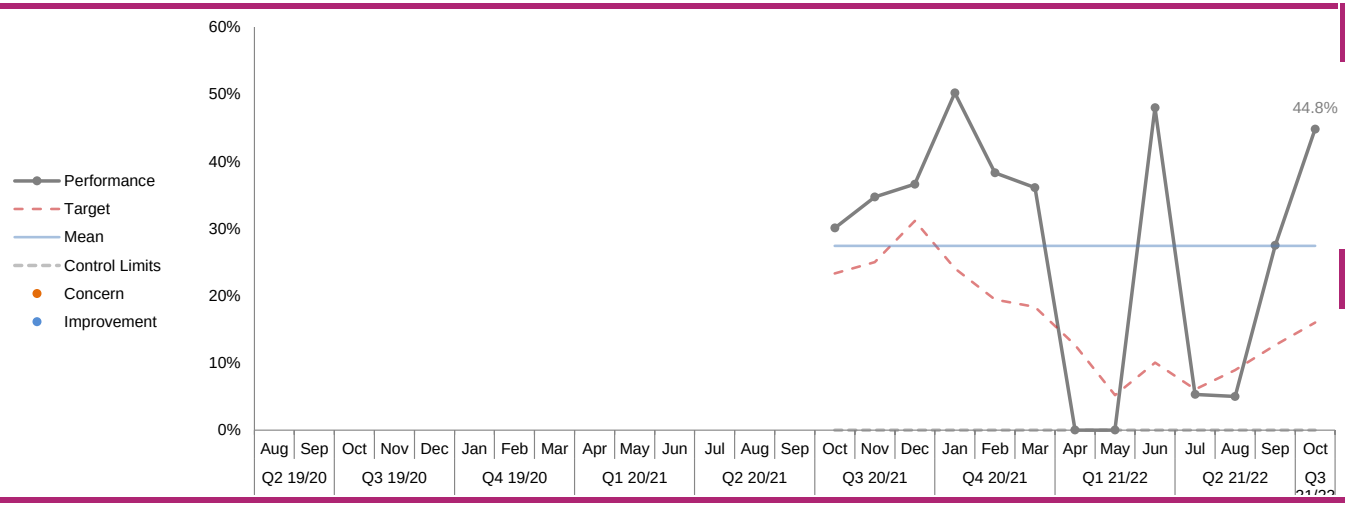
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Hospital Onset Covid (HOC) Rate** The number of patients diagnosed with probable and definite hospital onset covid-19, as a percentage of all patients diagnosed with covid-19. Patients diagnosed 8-14 days following admission are classed as probable HOC, and patients diagnosed 15+ days following admission are classed as definite HOC. The target for this indicator represents the regional average at the time of reporting.

Latest Performance | **Next Month Forecast**

Performance of this measure over time



Variance

Latest Month Oct-21

Actual 44.8%

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

Assurance

Target <= 16.01%

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

What the chart tells us	Although performance between Oct20 and Mar21 was consistently above the GM average, we saw an improvement in Apr21 and May21 with 0 hospital on-set Covid-19 infections. Performance spiked again in Jun21, but dropped back below the GM average for July and August. September shows an increase and a return to above the the GM average, and the rate continues to rise into October.

Narrative

Issues:	Actions & Mitigations:
The trust has reported 39 nosocomial infections in October. Looking across the Northwest the Trust was 4th worse at a rate of 44.8% against the northwest average of 16.01%.	For the October cases five cases have been presented to the HCAI panel, five were deemed unavoidable; seven have required re-scheduling due to limited information to enable the panel to determine the outcome and the others are scheduled for November. Day 3 and day 6 swabbing remains a common theme, Divisions have been provided with a task to provide a trajectory plan of how they will meet the 95% target.

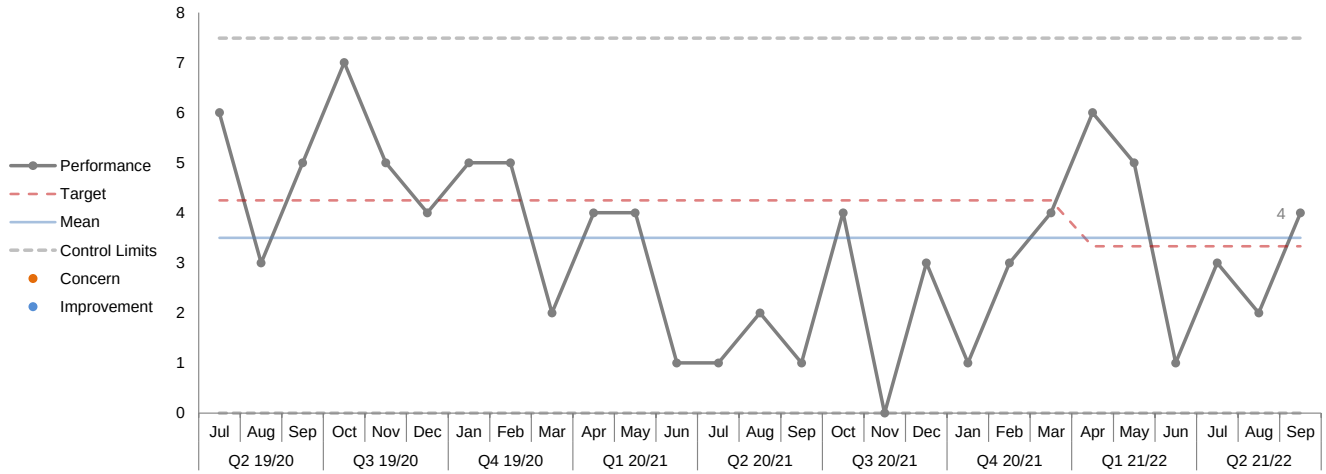
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**C.Diff Infection Count** Total number of C.Diff infections.

Latest Performance	Next Month Forecast

Performance of this measure over time



Variance

Latest Month	Actual
Sep-21	21

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

Assurance

Target
<= 20

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

What the chart tells us

The control limits in the chart are very wide, suggesting that month to month the number of infections reported is quite inconsistent and variable. The chart shows that performance for 2020/21 was below target. Targets have been lowered from April 2021 onwards but April and May have seen higher than average number of infections reported. This has dropped for June through to August, but returned to above average levels for September. The latest data show that the cumulative total for the Trust is currently above expected levels.

Narrative

Issues:

Internal trajectory for 2021-22 is 40 cases with each Division having an apportioned share of those cases

There were four cases in September; all four cases have been presented at the HCAI panel and were all deemed unavoidable.

The trust is just over the proposed internal trajectory for the end of September with a total of 21 cases. YTD 19 cases have been classed as unavoidable, 1 case avoidable and 1 case remains outstanding.

Actions & Mitigations:

During October the surgical division met with the DIPC and the AND for IPC to discuss their actions in reducing their clostridium difficile cases as the division is over trajectory.

Antimicrobial stewardship face to face ward rounds have commenced at 14.00 daily.

Quality | Operations | Workforce | Finance

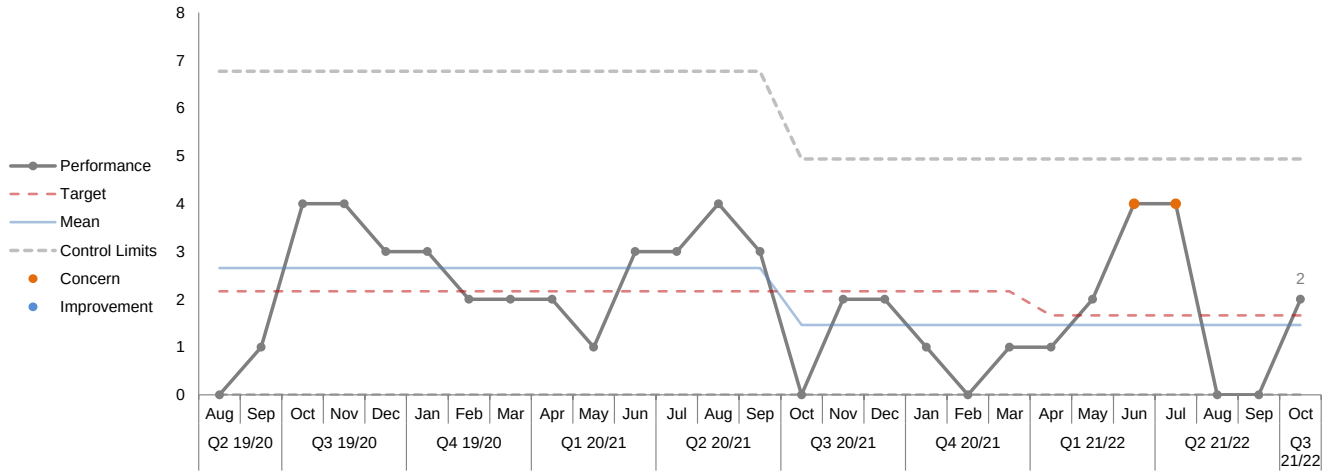
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Falls: Causing Moderate Harm and Above** Total number of falls causing moderate harm and above. Excludes any patient falls in emergency department

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Oct-21	13

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

Assurance

Target

<= 11

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

What the chart tells us

The chart shows no significant change in the number of falls causing moderate harm and above across the whole reporting period. Performance for this metric is measured against an cumulative target for the year, and a new lower target has been implemented from April 2021. The latest data show that the cumulative total for the Trust is currently above expected levels, although no falls were reported for August or September.

Narrative

Issues:

The Trust Quality Improvement target for 2021/2022 is a 10% reduction in both the overall number of falls, and those causing moderate or above harm.

The total number of falls in October 2021 was 90.

2 falls in October 2021 resulted in moderate or above harm within the inpatient wards.

10 falls were reported by the Emergency Department in September 2021 and, one of which were categorised as causing moderate or above harm.

Actions & Mitigations:

Nursing and Therapy teams are working collaboratively to support work around falls prevention.
Falls Prevention Improvement work includes:
- Expansion of the Quality Team including recent commencement of a Quality Matron who is the overall lead for falls reduction.
- Royal College of Physicians guidance of L+S BP has been incorporated into the falls risk assessment.
- Overarching Falls Action Plan for each Directorate will be monitored at the Quality & Safety Improvement Strategy Group.
- Introduction of 'at a glance' ward moves/transfers during current patient admission episode supporting decision making around patient transfers.
- Falls Sensors' programme – A pilot has commenced on Bluebell followed by M4 and E1.
- Bay Nursing is being reviewed, fall champions, along with the post-fall doctor checklist.
- A slipper socks have been rolled out and safety cross boards are awaiting to be placed.
- Introduced monthly falls newsletter, Certificates for 0 falls month areas, volunteer who helps every thursday for 2 hours and quarterly AMAT Audits for moderate and above harm falls.
- Staff knowledge and understanding around falls documentation is also monitored via the ward StARS Accreditation programme.

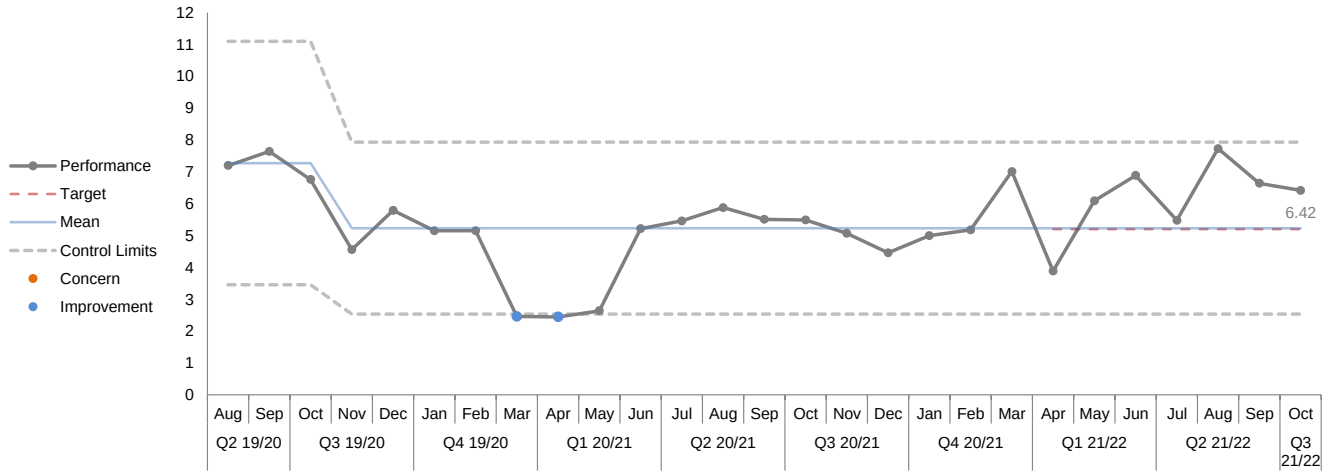
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Written Complaints Rate The total number of formal written complaints received, divided by the whole time equivalent staff per 1000. Calculation of this metric was modified for May 2021 in line with the Model Hospital definition.

Latest Performance	Next Month Forecast

Performance of this measure over time



Variance

Latest Month	Actual
Oct-21	6.42

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

Assurance

Target
<= 5.2

Performance consistently exceeds the target value

What the chart tells us

The chart shows that from Nov19 the Trust has seen a lower than average rate of complaints, reaching a low between March and April 2020. Complaints rate has been maintained on or around the average since then, with the latest data showing that in the last 6 months we have seen a higher than average level of complaints.

Narrative

Issues:

32 formal complaints were received in October 2021:
* Integrated Care = 10
* Medicine = 6
* Surgery = 7
* WCDS = 4
* Emergency Department = 5

Top five themes for formal complaints in October 2021 were as follows:
1. Communication
2. Clinical treatment
3. Patient care
4. Staff values & behaviours
5. Admissions & discharges

Actions & Mitigations:

The PALS & Complaints team continue to focus on resolving concerns informally where appropriate with the hope to reduce the number of formal complaints.

Quality | Operations | Workforce | Finance

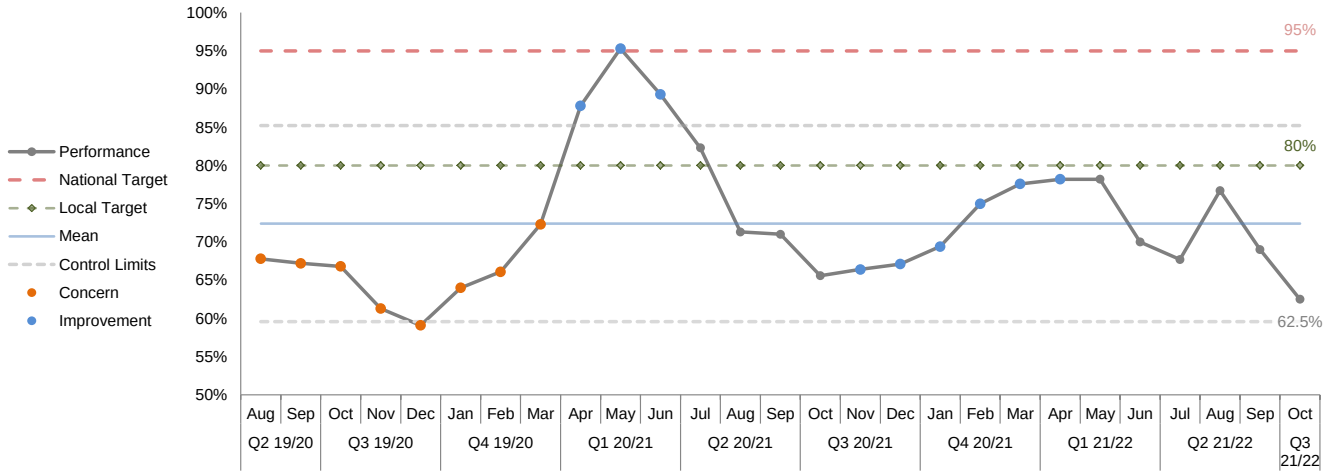
Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Oct-21	62.5%

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 performance is significantly improved between April and June 2020, but returns to normal performance levels around the average from Aug20 onwards. Performance between Oct20 and May21 did show an improving trend to a high of 78% in April and May, but latest performance show us with the lowest since January 2020.

Narrative

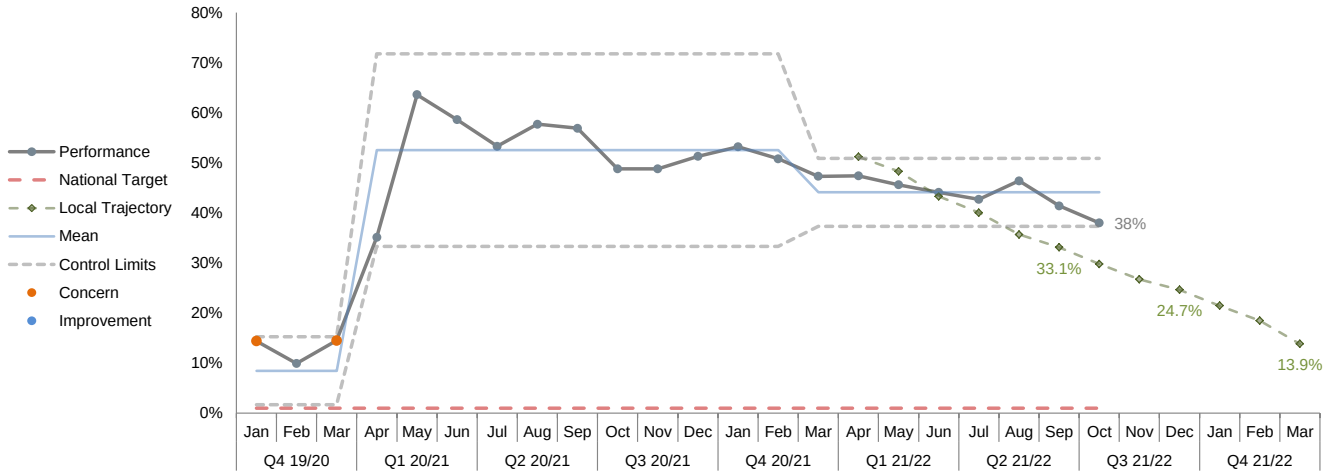
Issues:	Actions & Mitigations:
The month saw a very challenged urgent care performance and position. Drivers of the position were - high levels of demand, attendances are 13% higher year to date compared to the 2019/20 baseline (pre-COVID19) - increased acuity driving length of stay - a significant increase in patients with no criteria to reside due to infection issues in community beds and staffing challenges in social care. - substantial increase in COVID19 admissions reflecting the high infection rate within the Stockport locality. Despite the high demand, Type 1 performance remains better than most other acute providers across the Greater Manchester region. The Trust continues to be the best performing in Greater Manchester for ambulance handover times. Four 12hr trolley waits occurred in October due to the delay in the allocation of an inpatient beds. Three patients required a medical bed and 1 patient required a mental health bed.	Transformation work to reinstate the CDU facility within the emergency department continues as planned. Completion of this work is expected mid-December 2021. This will provide additional assessment capacity Locality working to mitigate the NcTR position remains challenging but ongoing. Mutli-agency discharges event re occurring monthly to enable flow and mitigate barriers to discharge.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Oct-21	38%

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

Assurance

Target

<= 1%

Performance consistently exceeds the target value

What the chart tells us

The charts shows that from July 2019 there was a steady deterioration in performance through to March 2020. Performance significantly worsened in April and May 2020 to a high of 63.6% of diagnostics breaching the 6 week target. Performance has been improving steadily since that point.

Narrative

Issues:	Actions & Mitigations:
The percentage of patients waiting more than 6 weeks for a diagnostic test has reduced over the last two months. Endoscopy continues to be the key driver of adverse performance, however pressures are also noted within CT and echocardiography. Both areas of which have had assertive actions undertaken in month to resolve.	A contract with DHC staff has been secured to support CT capacity and improve the trajectory. Estates work is underway to increase capacity within echocardiography. Continue to work with Independent Sector providers to increase endoscopy provision, including the possibility of a new provider.

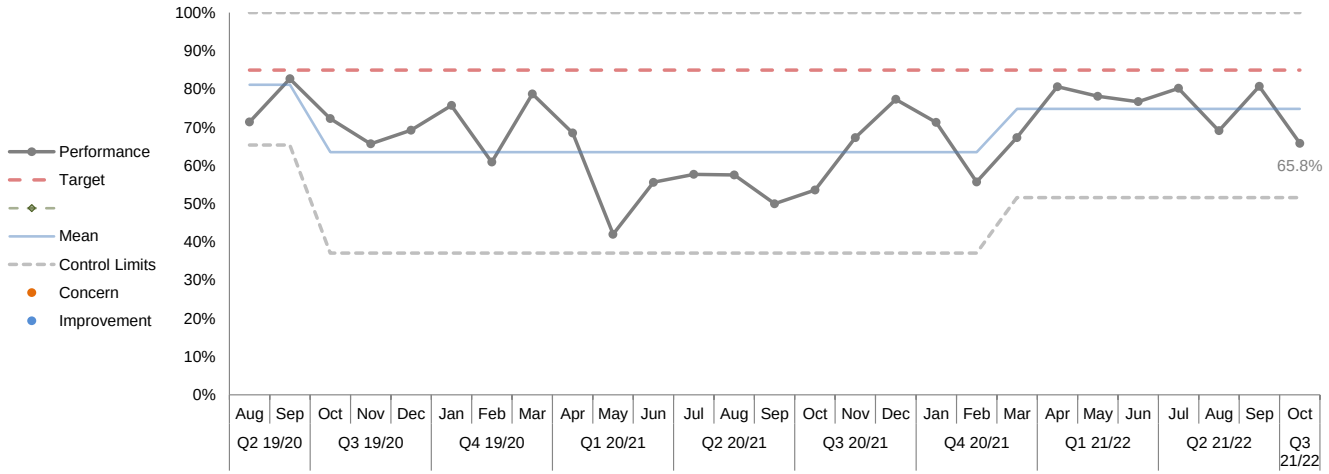
Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Oct-21	65.8%

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

Assurance

Target

>= 85%

Performance consistently falls short of the target value

What the chart tells us

For much of the reporting period, performance has been variable between 40% and 80% with an average of 63.5%. From Mar21 onwards there is a marked improvement in performance and a new average of 74.8% is being achieved. Performance has been above this average for 5 of the last 7 months.

Narrative

Issues:

The main issues affecting performance are:
- Time to Endoscopy for patients unsuitable to be triaged straight to test, which is impacting on the colorectal pathway.
- The inability to restore theatre capacity to pre-COVID levels and the impact of high urgent care demand on the elective bed base.
- Radiology access and reporting times

One patient commenced their treatment beyond day 104 on the cancer pathway in September.

This related to a patient on the lung pathway who required multiple investigations and on referral to the Christie was deemed unsuitable for chemotherapy and radiotherapy was planned instead. The patient was subsequently admitted to hospital and the decision of best supportive care was made.

Actions & Mitigations:

The Trust has commenced utilising operating lists at the Christie for both Urology and General Surgery patients.

The cancer transformation programme continues which includes improvement plans across Radiology and the clinical Divisions.

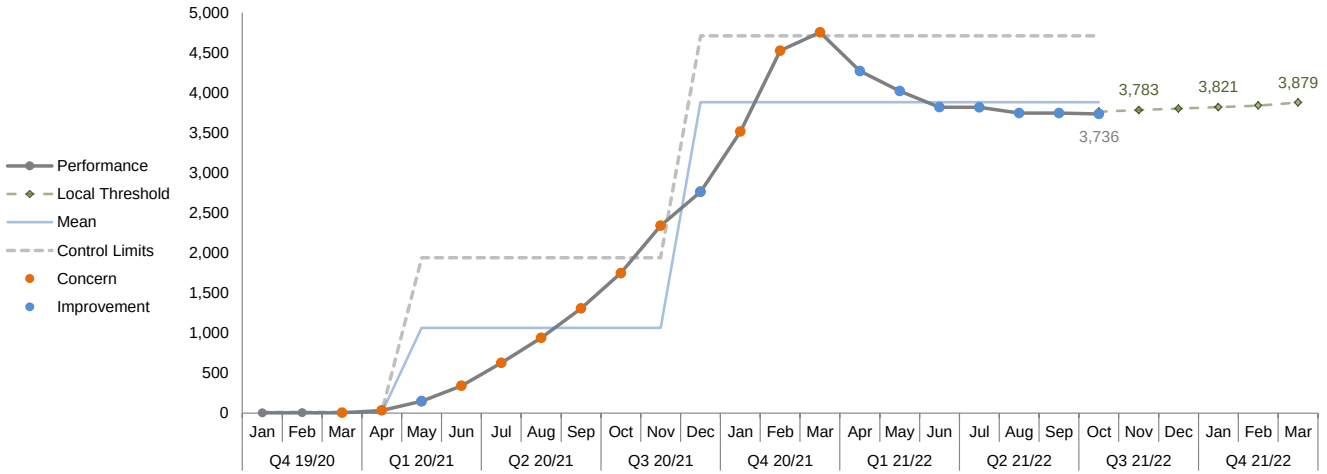
A peer review of processes is on-going with Tameside & Glossop I.C Trust to share and adopt best practice.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month		Actual
Oct-21		3736

The data shows special cause variation, indicated by a trend of decreasing values over the last 6 months.

Assurance

Target

<= 0

Performance consistently exceeds the target value

What the chart tells us

The chart shows that the number of 52 week breaches was maintained within expected levels until January 2020. From that point a trend of worsening performance can be seen, which continues through to March 2021. April 2021 sees a reduction in the number of 52 week breaches for the first time in 12 months, and is the start of a significant improvement in performance, with consistent reduction in waiting list size for the last several months.

Narrative

Issues:

Despite the continued impact of urgent demand on elective capacity, the number of patients waiting 52+ weeks has not increased for the last three months.

Challenges remain in terms of elective operating for both diagnostic and treatment procedures, both as a result of reduced theatre capacity compared to pre-Covid levels, and the continued high non-elective demand impacting on the elective bed-base.

Extended waits for endoscopy are the main contributor to General Surgery and Gastroenterology pressures.

The ENT service in particular has a long wait for first appointment and a significant number of patients waiting for routine surgical interventions

Actions & Mitigations:

Utilising operating capacity at the Christie for cancer patients to free up in-house capacity.

Prioritisation within endoscopy for patients who have waited the longest for routine investigations, and continued use of the GM assess at Fairfield. Further options for additional capacity are being explored.

Service development on a Walk-in – Walk-out model for paediatric is being developed. This will provide additional capacity.

Increase in face to face clinic capacity from October across the clinical services.

Participation in the National Data Quality programme to ensure accuracy within the 18 week dataset

Quality | **Operations** | Workforce | Finance

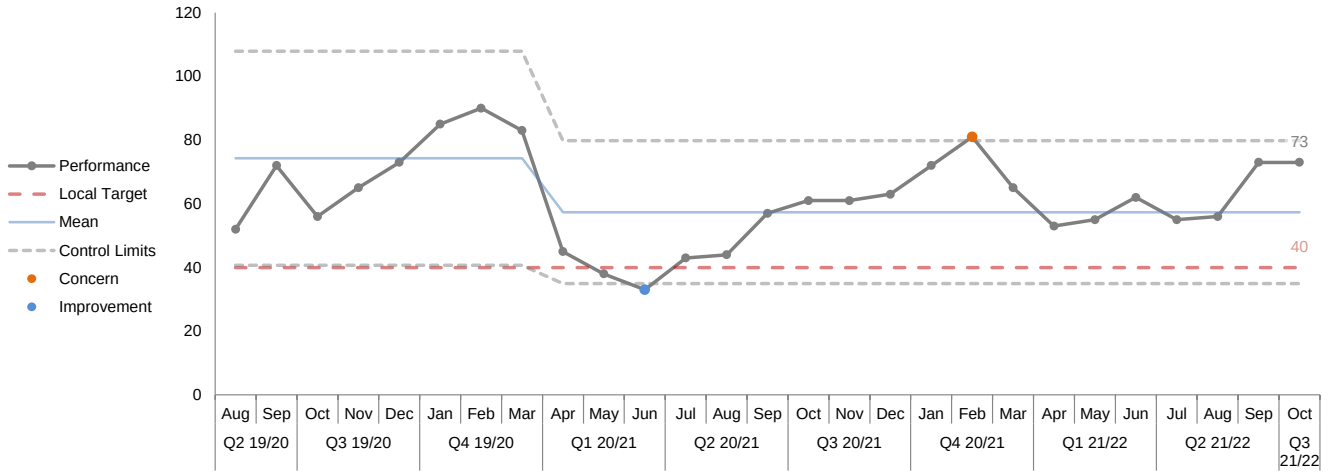
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**No Criteria To Reside (NCTR)** Number of patients with "No Criteria to Reside". 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	Actual
Oct-21	73

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

Assurance

Target

<= 40

Performance consistently exceeds the target value

What the chart tells us

The charts shows that from April 2020 there was a significant change, with a new lower average number of patients with No Criteria to Reside. May and Jun20 show a significantly lower number of patients, but between Sep20 and Mar21 there is a significantly higher trend of performance with higher numbers than average. April 21 onwards has seen a return to normal variation, and there have been no significant changes since then.

Narrative

Issues:

The number of patients with no criteria to reside in month was significantly impacted by the bed closures at Bluebell and Bramhall Manor. This being due to infection issues resulting from the high COVID19 infection rates in the Stockport locality. This has a significant impact on the Trusts ability to discharge into the community under the discharge to assess model.

Social Care capacity for patients requiring pathway 1 discharge support continues to be a theme, with workforce shortages the key constraint.

Actions & Mitigations:

Multi agency discharge events have taken place in October and are planned each month throughout winter. This will provide a locality response to the discharge of patients, to remove any blockages or barriers.

Discussions with partners continue regarding capacity for patients on pathways 1 & 2, particularly around winter resilience.

Longer terms work is being completed to model and plan for discharge to asses capacity longer terms with specific modelling looking at capacity required on a seasonal basis. This work will inform the future provision.

Quality | Operations | Workforce | Finance

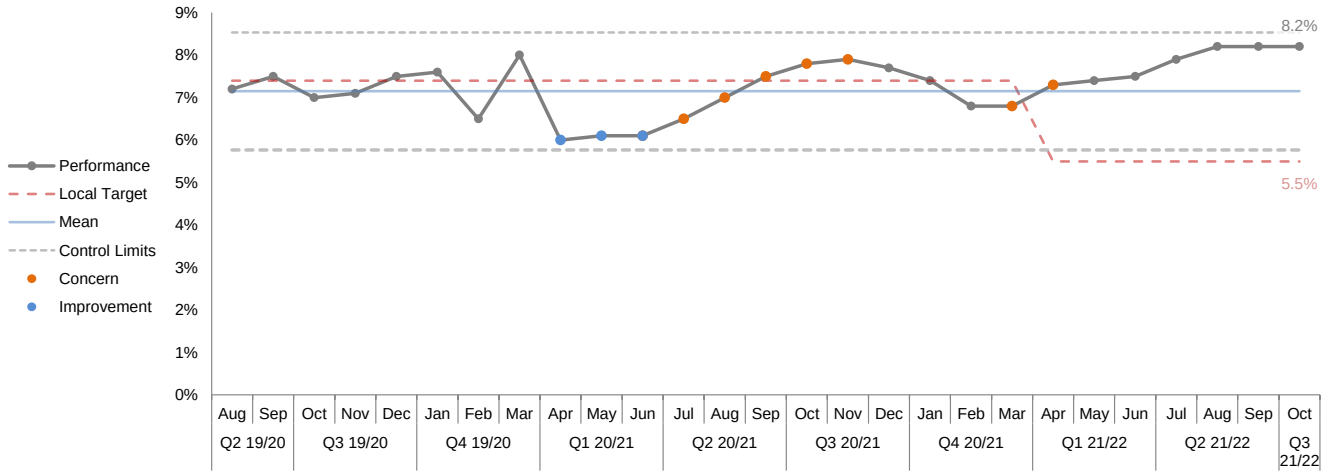
Integrated Performance Report

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



Variance

Latest Month	Actual
Oct-21	8.2%

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

Assurance

Target

<= 5.5%

Performance consistently exceeds the target value

What the chart tells us	A significant drop in DNA rates to 6% can be seen between April and June 2020 - this is likely due to the pandemic. Between Jul20 and Nov20 a trend of increasing DNA rates is seen as activity levels increase. This drops back to just below average for Feb and Mar21, but DNA rates do appear to have been consistently increasing again for the last several months.

Narrative

Issues:	Actions & Mitigations:
DNA rates currently benchmark higher than peers. Stark contrasts between services has been noted, along with the number of unrecorded mobile phone contact details for patients. Correlation between high community COVID19 infection rates and high DNA's rates has also been identified, especially in paediatrics. A higher DNA has been noted in non-consultant-led clinics. Outpatient clinic utilisation is also significantly below expected levels. Administration processes are contributing to under-utilisation figures as a number of redundant clinics remain within the database and not all cancelled clinics are being removed from the system.	Task and Finish groups have commenced across the services to look at improving both the DNA rates and clinic utilisation. Administrative cleansing of clinic templates has commenced with those no longer in use being removed. DNA rates have been reviewed with our text reminder service provider as a gap in service provision has been identified.. Operational teams are undertaking deep dives specifically in gynaecology and paediatrics. Looking at correlating the impact and correlation of community COVID-19 infection rates on the DNA rate.

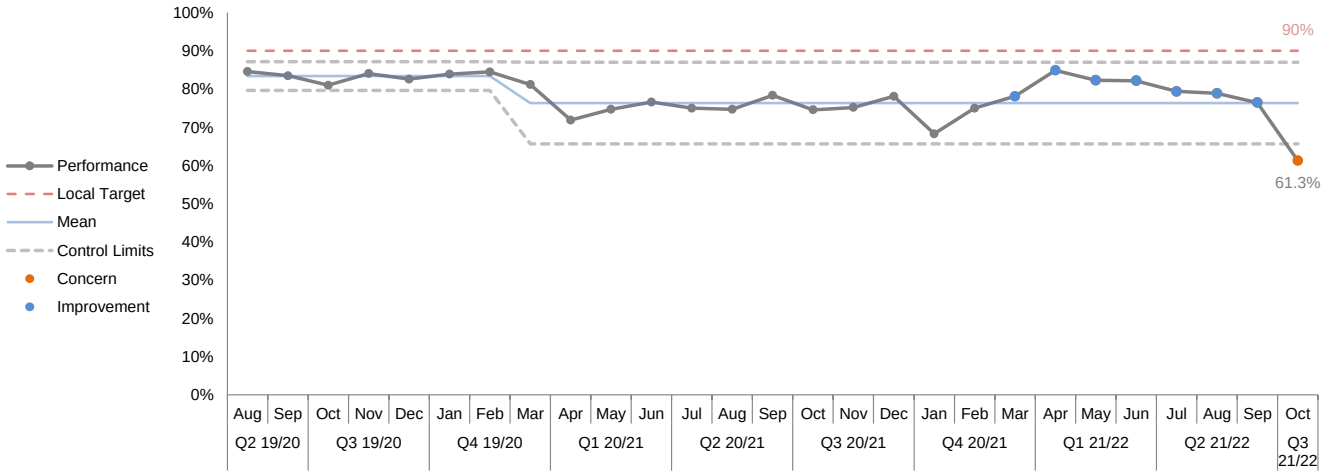
Integrated Performance Report

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



Variance

Latest Month		Actual
Oct-21		61.3%

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

Assurance

Target

>= 90%

Performance consistently falls short of the target value

What the chart tells us

The chart shows that before March 2020 we maintained an average utilisation of 83%. This drops in April 2020, but since then we maintained an average utilisation of 76.4%. March 2021 sees the start an improved performance with above average performance for 7 consecutive months, but this has dropped significantly for the latest performance in October.

Narrative

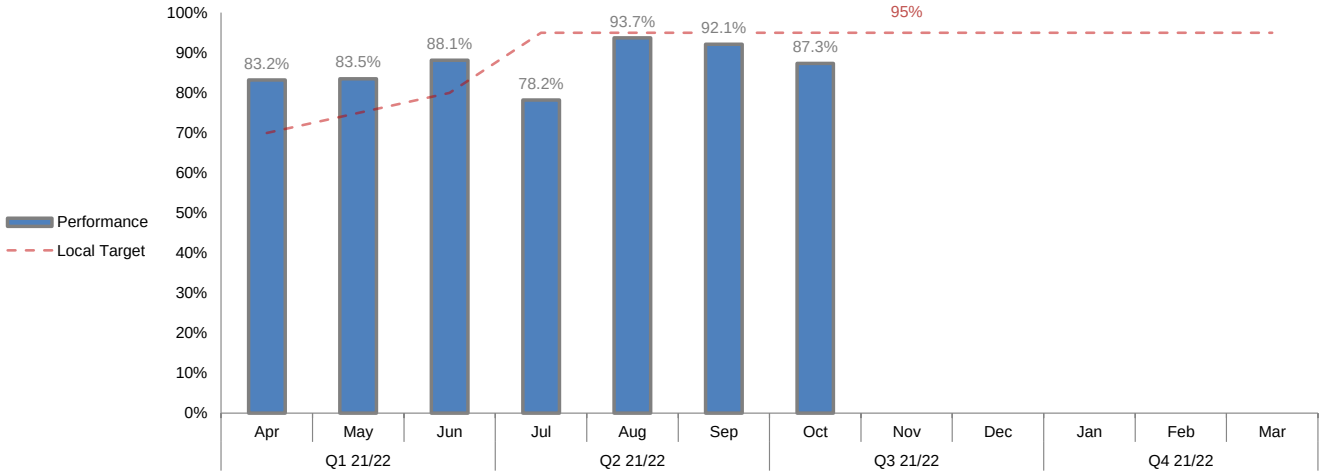
Issues:	Actions & Mitigations:
Non-elective demand on the elective bed-base has affected the ability to deliver in-patient activity in month. Due to high levels of NcTR and urgent / emergency care demand, elective beds have had to be converted to medicine. In the main this has resulted in less inpatient work being completed. It should be noted that day-case activity achieved plan in month.	Trust-wide focus on non-elective patient flow and levels of NcTR continues. This is the key enabler to enable a return to the required elective bed base. Longer term the business case to support additional elective beds will be considered by the board in December 2021.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Total Elective Activity Restoration (IP & DC) Total elective activity (Elective-Inpatient and Daycase) for 2021/22, as a percentage of total elective activity for 2019/20. Excludes Breast Surgery and Swanbourne House activity. Based on the flex/freeze position, not the SUS position.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Performance

Latest Month	Actual
Oct-21	87.3%

Assurance

Target >= 95%

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

What the chart tells us

Against the target trajectory set at the start of quarter 1, activity restoration was higher than expected. A new target of 95% restoration was introduced from Jul21 onwards, but restoration rates have been consistently below the target since that point, with the latest restoration rate for October being 87.3%.

Narrative

Issues:	Actions & Mitigations:
Non-elective demand on the elective bed-base has affected the ability to deliver in-patient activity in month. Due to high levels of NcTR and urgent / emergency care demand, elective beds have had to be converted to medicine. In the main this has resulted in less inpatient work being completed. It should be noted that day-case activity achieved plan in month.	Trust-wide focus on non-elective patient flow and levels of NcTR continues. This is the key enabler to enable a return to the required elective bed base. Longer term the business case to support additional elective beds will be considered by the board in December 2021.

Quality | Operations | Workforce | Finance

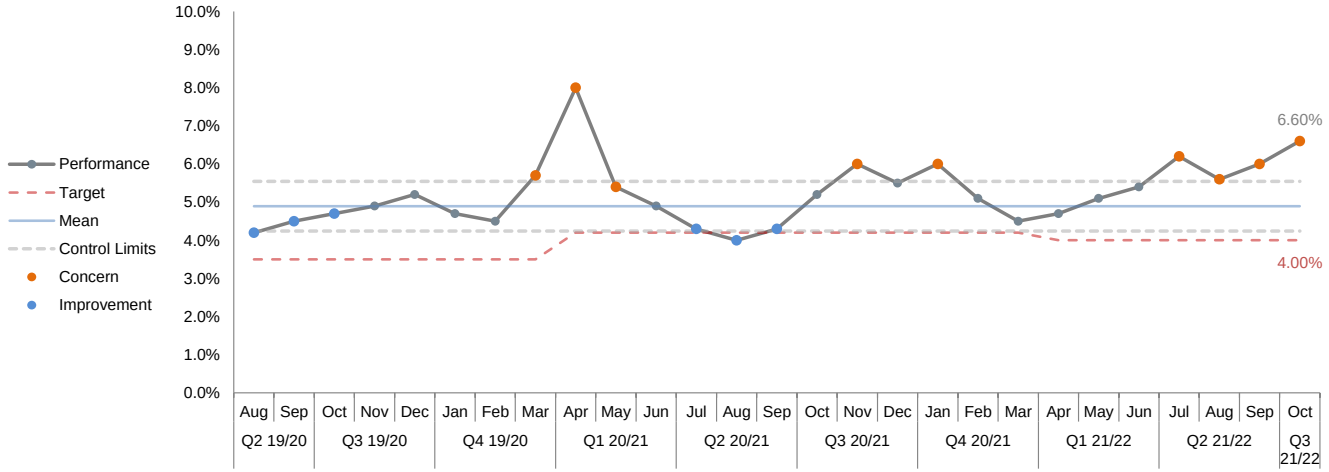
Integrated Performance Report

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
Oct-21		6.6%

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

Assurance

Target

<= 4%

Performance consistently exceeds the target value

What the chart tells us

During the period Mar20-May20 we saw an unusually high spike in sickness absence levels, but this returns to normal levels the following month, dropping to a new low of 4% in August. Sickness levels then significantly increase again Nov20 to Jan21, but return to normal levels between Feb and Mar21. However, Apr21 sees the start of another increasing trend, which continues through to the latest month at 6.6%, which is now at it's highest level since April 2020.

Narrative

Issues:

The cost of sickness absence in Oct 2021 is £941K; an increase of approximately 121K from the previous month.

Cold and Flu has shown an increase as the second highest sickness reason after Stress, Depression and Anxiety.
COVID-related sickness has this month increased from 0.51% in Sep to 0.66% in Oct. The number of Covid related absence episodes has now shown an increase from Sep of 102 to 139 in Oct.

The 12-month rolling sickness percentage for the period Nov 2020 to Oct 2021 is 5.55%.

Actions & Mitigations:

High levels of stress, anxiety, & depression absence remains a concern across the Trust and as a result Divisions are working closely with the L&D team to provide targeted health and well being interventions to support to staff in the workplace.

Promotion of the Covid booster and flu jabs remains a priority as we move into the winter months.

Divisions are continuing to monitor absences through monthly Director Led Deep Dive meetings and to support with the management of complex LTS cases. There is an increased focus on providing targeted health and well being interventions within those teams who are experiencing high levels of stress and anxiety.

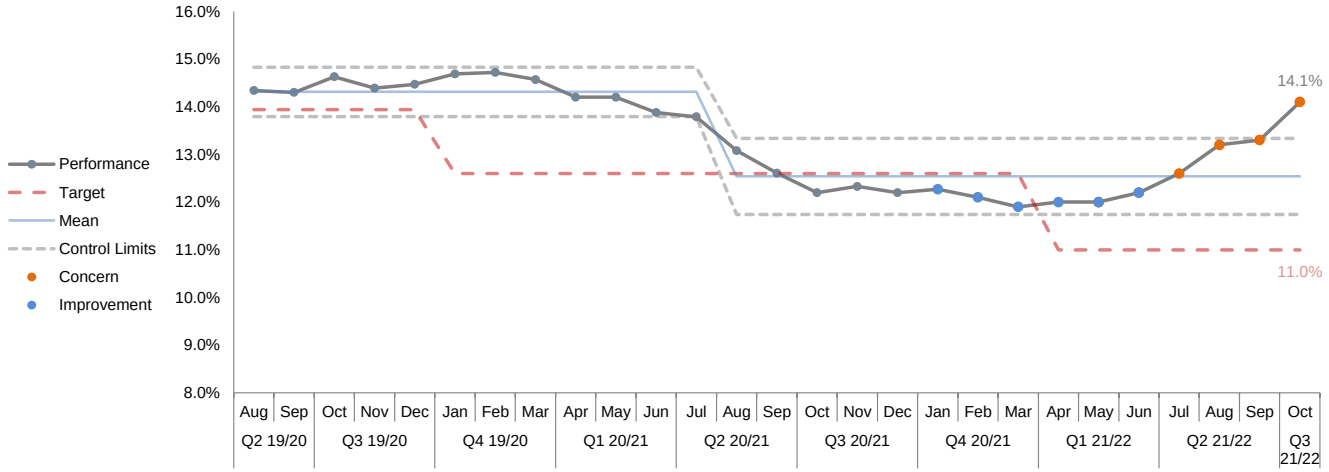
Integrated Performance Report

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	Actual
Oct-21	14.1%

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

Assurance

Target

<= 11%

Performance consistently exceeds the target value

What the chart tells us

May20 sees the start of an improving trend, which leads to a new lower level of workforce turnover consistently Oct20 onwards. A period of significant improvement can be seen between Dec20 and Jun21 with a run of performance below the average. From Apr21 a new turnover target was been introduced, but so far there have been no significant changes or improvements in line with the new target, with the latest data showing that turnover is increasing, and the chart flagging the latest data as a potential concern.

Narrative

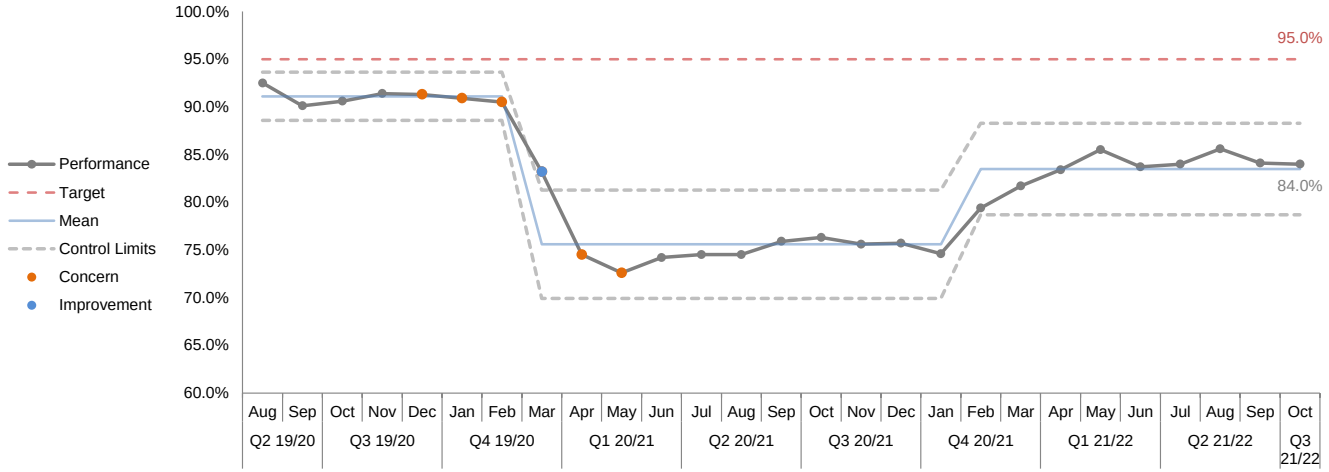
Issues:	Actions & Mitigations:
The rolling 12-month unadjusted permanent headcount turnover figure is 14.1% (adjusted is 13.02%), which is a 0.08% increase from last month. The top known leaving reasons are: - Voluntary Resignation – Work Life Balance (15.64%) - Relocation (14.51%) - Retirement Age (12.49%).	International recruitment continues. Increased career development routes. Increased support, supervision and mentorship. Trust wide promotion on Flexible working options. Revised process for Exit Interviews.

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	Actual
Oct-21	84%

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 the overall Trust appraisal rate was consistently around 85% up until Mar20. April and May 2020 see a significant drop in appraisal rates but these stabilise at a new average of just over 74%. From Feb21 onwards, there is a improvement in performance with a new average of 85%, and there has been no significant changes in performance since then.

Narrative

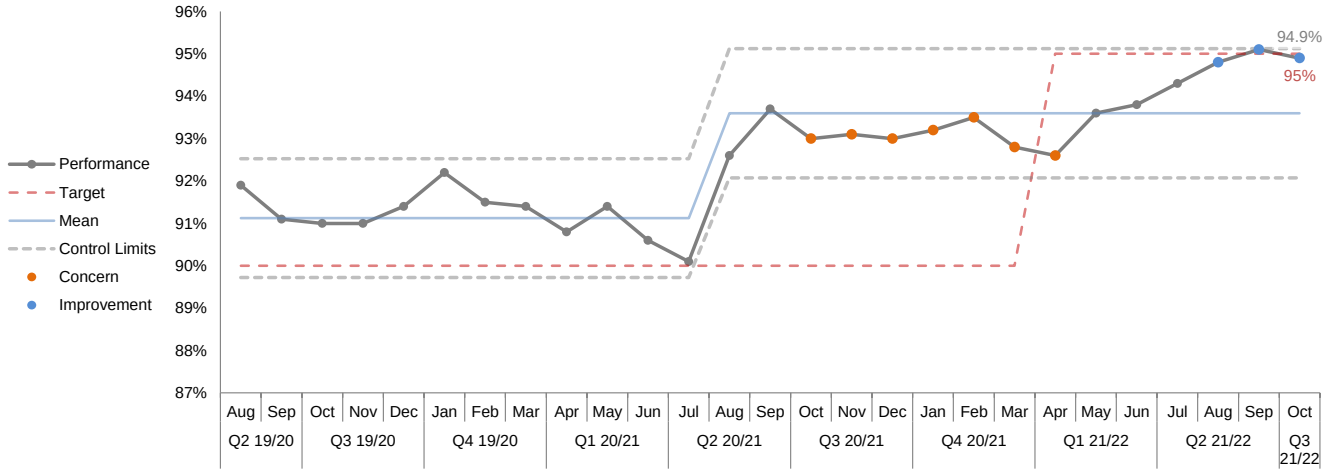
Issues:	Actions & Mitigations:
For non-medical appraisals, all divisions remain under the Trust target of 95% with the current overall compliance rate standing at 82.90%. For non-medical appraisals, the compliance rate is 93.6%. the combined appraisal rate for Oct 2021 is 83.62%	The OD and HR teams continue to support divisions by delivering appraisal training for managers and appraisees as part of the Stockport Leadership Programme and producing targeted reports which are run for each division to identify expiring and overdue appraisals. Divisions have produced trajectories to achieve compliance by the end of the financial year.

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
Oct-21	94.9%

The data shows special cause variation, indicated by values near the upper control limits.

Assurance

Target

>= 95%

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

What the chart tells us

Prior to July 2020, the chart shows performance between 91% and 92%. A new higher average level of performance is then seen from Aug20 onwards, varying between 92 and 95%. A new target was introduced in April 2021, and performance has continued to improve through to the last three months, where performance has been consistently just under or just over the target amount.

Narrative

Issues:

Actions & Mitigations:

Trust-wide communications are shared to ensure all staff are aware that there will be additional topics included in the overall Statutory & Mandatory Training compliance from January 2022 onwards.

Continued focus on Statutory & Mandatory training throughout induction, appraisal and performance meetings as well as adopting a blended approach to accessing training are documented ways the Trust can demonstrate to reach the new increased target.

Divisions have produced trajectories to achieve compliance by the end of the financial year

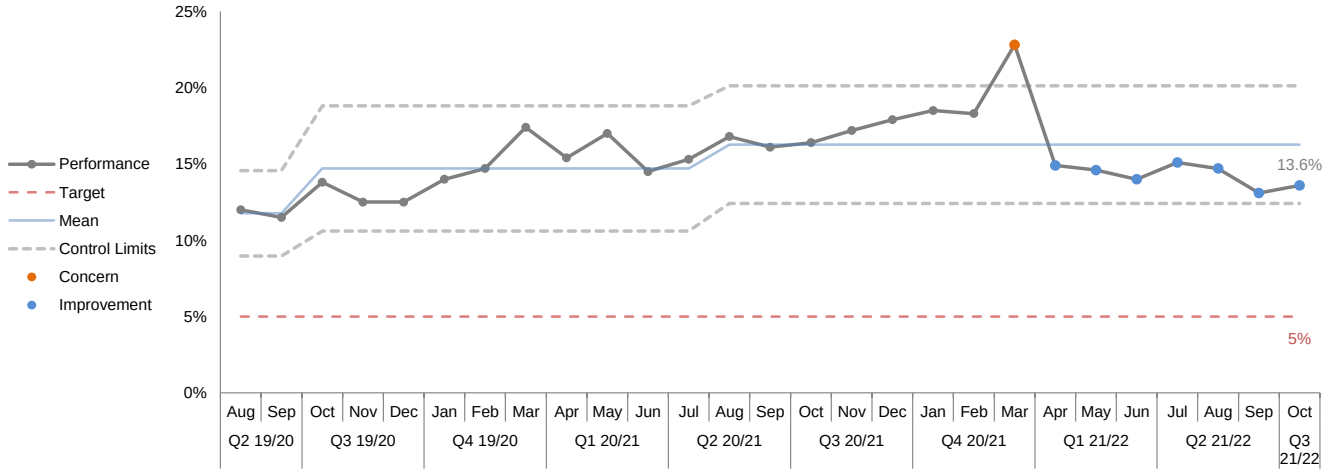
Integrated Performance Report

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: Oct-21

Actual: 13.6%

The data shows special cause variation, indicated by the run of 7 values below the average.

Assurance

Target: <= 5%

Performance consistently falls short of the target value

What the chart tells us	The chart shows that up to Sep19, normal performance varies between 10% and 13%. Oct19 shows the start of a new higher level of bank & agency costs, which runs through to Jul20. Another step increase in bank & agency costs can be seen starting from Aug20 through to Feb21, with the March position being significantly higher than that. Performance since April 2021 has continued to be below average, which is now shown as a significant improvement in the chart.

Narrative

Issues:	Actions & Mitigations:
The total bank and agency spend in October was £3.30M, which represents 13.60% of the total pay bill within the month and is £65K lower than in Sep. The Division with the highest bank & agency spend in Oct was M&UC (£1.01M), Followed by Surgery with £845K.	Weekly scrutiny of temporary staffing requests. Collaboration with NHSP on reducing agency usage. Recruitment to substantive vacancies. Establishment of escalation beds.

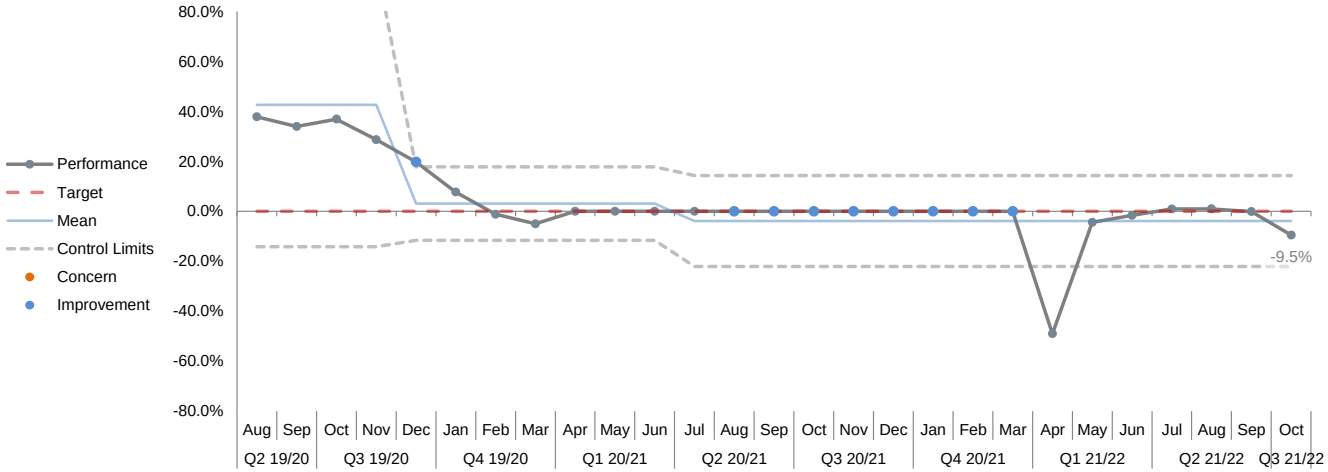
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**CIP Cumulative Achievement** The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement. Positive values indicate a CIP achievement above the planned amount.

Latest Performance | **Next Month Forecast**

Performance of this measure over time



Variance

Latest Month	Actual
Oct-21	-9.5%

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	From August 2020 to March 2021, the Trust has delivered 100% on the planned amount, which is flagged by the chart as a significant improvement in performance. April 2021 shows a significant drop in performance, with there being a 49% variance from the planned amount. This improved between May and August, but September and October show another drop, with the latest performance 9.5% below the planned CIP achievement.

Narrative

Issues:	Actions & Mitigations:
The H2 plan was agreed with the Trust required to make an additional £3.3m CIP, total £9.3m for the second half of the year. The plan was agreed after the end of the month and therefore this had not been identified.	The overall H2 plan has been presented to the Finance & Performance Committee on the 18/11/21. Plans are being formulated to achieve the financial plan overall for 2021/22, although at this stage it is likely to be met by non recurrent actions. The Committee have requested a deep dive session into the CIP position, the recurrent plans for 22/23 and an update on the Medium Term Financial Strategy. Whilst planning guidance will not be available until Mid-December, planning has started without guidance to give as much time as possible to look at financial options for 22/23.

Stockport NHS Foundation Trust

Meeting date	2nd December 2021		Public	X	Confidential	Agenda item
Meeting	Board of Directors					
Title	National Inpatient Survey results 2020					
Lead Director	Chief Nurse	Author	Matron for Patient Experience			

Recommendations made/ Decisions requested

The board are asked to note the contents of the paper, current performance and actions being taken to drive improvement.

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
X	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-		**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	n/a
Financial impacts if agreed/ not agreed	n/a
Regulatory and legal compliance	Section 2
Sustainability (including environmental impacts)	n/a

Executive Summary

This report provides a summary of the results for the Inpatient Survey 2020, as carried out by Quality Health.

There are nine sections designed to mirror the service user journey

The high level analysis summarises:

- Comparison to Stockport's 2019 survey
- Comparison to other Trusts surveyed by Quality Health
- Noise At Night Response
- Covid-19 Response
- Next steps

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National Inpatient Survey
Board of Directors
December 2021

Nicola Firth, Chief Nurse

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Background

- The National Inpatient Survey was undertaken by Quality Health for Stockport NHS Foundation Trust between January 2020 and May 2020. (First COVID-19 wave)

- Results were available for presentation to the Patient Experience Group & Quality Committee in October 2021

- Trust Response rate: 42%

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The table is a comparison to Stockport 2019 Survey and shows the areas identified as needing improvement. (Questions under n/a were not asked in the inpatient survey in 2020)

		Results where Stockport Identified as needing improvement from 2019 survey.	Stockport Scoring 2019	Stockport Scoring 2020
LEAVING HOSPITAL	Q36	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving hospital?	74.7%	81.6%
HOSPITAL AND WARD	Q14	During your time in hospital, did you get enough to drink?	90.5%	94.5%
OPERATIONS AND PROCEDURES	Q31	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	88.2%	91.8%
OPERATIONS AND PROCEDURES	Q33	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	73.7%	77.1%
OVERALL	Q47	During your hospital stay, were you ever asked to give your views on the quality of your care?	12.4%	10.8%
OPERATIONS AND PROCEDURES	Q32	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	79.9%	74.7%
ALL TYPES OF ADMISSION		In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?	87.8%	N/A
HOSPITAL AND WARD		Were you offered a choice of food?	83.0%	N/A
LEAVING HOSPITAL		Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	77.8%	N/A
LEAVING HOSPITAL		Did a member of staff tell you about medication side effects to watch for when you went home?	39.7%	N/A
LEAVING HOSPITAL		Was the care and support you expected available when you needed it?	76.7%	N/A

NHS Stockport NHS Foundation Trust

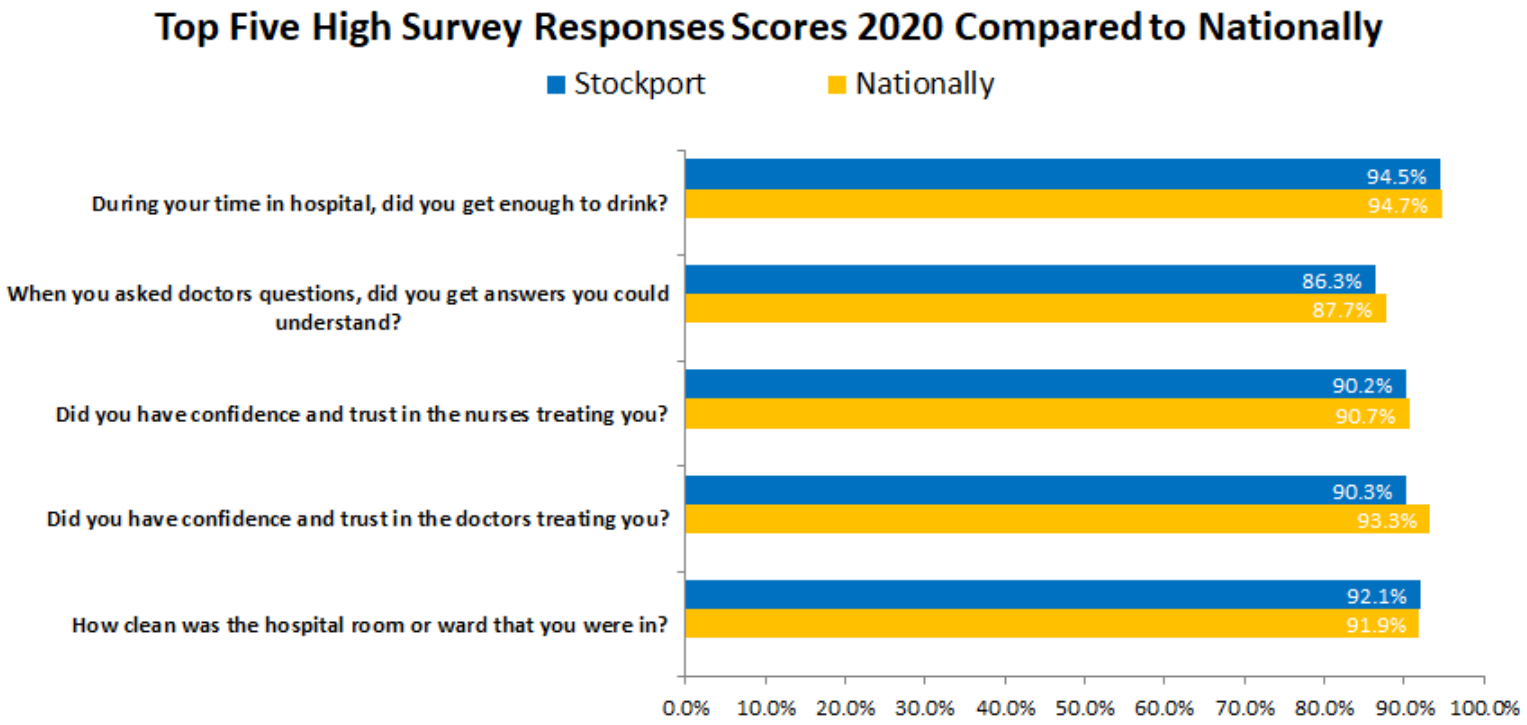
Stockport NHS Foundation Trust's top scoring questions compare to the other Trusts surveyed

Results ordered from biggest gap to smallest gap between Highest Trust Scored & Lowest Trust Scored:

		Stockport's top performing question's from Quality Health 2020 Survey	Lowest Trust	Highest Trust	Trust
HOSPITAL AND WARD	Q14	During your time in hospital, did you get enough to drink?	91.9%	97.4%	94.5%
DOCTORS	Q15	When you asked doctors questions, did you get answers you could understand?	84.8%	90.5%	86.3%
NURSES	Q19	Did you have confidence and trust in the nurses treating you?	87.4%	94.0%	90.2%
DOCTORS	Q16	Did you have confidence and trust in the doctors treating you?	89.6%	96.9%	90.3%
HOSPITAL AND WARD	Q8	How clean was the hospital room or ward that you were in?	88.1%	95.7%	92.1%
OPERATIONS AND PROCEDURES	Q31	Beforehand, how well did hospital staff answer your questions about the operations or procedures?	84.8%	92.8%	91.8%
HOSPITAL AND WARD	Q4a	There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay?	76.0%	84.2%	79.7%
YOUR CARE AND TREATMENT	Q29	Were you able to get a member of staff to help you when you needed attention?	79.1%	87.5%	83.2%

NHS Stockport NHS Foundation Trust

This table illustrates how close to the highest scoring Trust Stockport NHS Foundation Trust is and is encouraging to see the Trust is close to matching the results



Stockport NHS Foundation Trust

The comparison of the low/intermediate performing questions to other Trust's surveyed

Results ordered from biggest gap to smallest gap between Highest Trust Scored & Lowest Trust Scored:

		Stockport's low/intermediate performing question's from Quality Health 2020 Survey	Lowest Trust	Highest Trust	Trust
HOSPITAL AND WARD	Q7	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	56.6%	94.8%	56.8%
ADMISSION TO HOSPITAL	Q3	How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	64.2%	90.8%	67.1%
HOSPITAL AND WARD	Q5f	Were you ever prevented from sleeping at night by any of the following? **Something else**	34.9%	57.5%	40.0%
HOSPITAL AND WARD	Q5a	Were you ever prevented from sleeping at night by any of the following? **Noise from other patients**	56.7%	78.5%	60.6%
LEAVING HOSPITAL	Q41	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	65.8%	84.9%	70.8%
LEAVING HOSPITAL	Q36	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	76.0%	93.0%	81.6%
LEAVING HOSPITAL	Q38	Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?	62.8%	79.5%	67.8%
LEAVING HOSPITAL	Q40	Before you left hospital, did you know what would happen next with your care?	58.4%	74.7%	63.0%
OPERATIONS AND PROCEDURES	Q32	Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	68.6%	84.7%	74.7%
HOSPITAL AND WARD	Q11	Were you offered food that met any dietary requirements you had?	77.3%	92.0%	77.3%
NURSES	Q20	When nurses spoke about your care in front of you, were you included in the conversation?	77.3%	90.4%	85.3%

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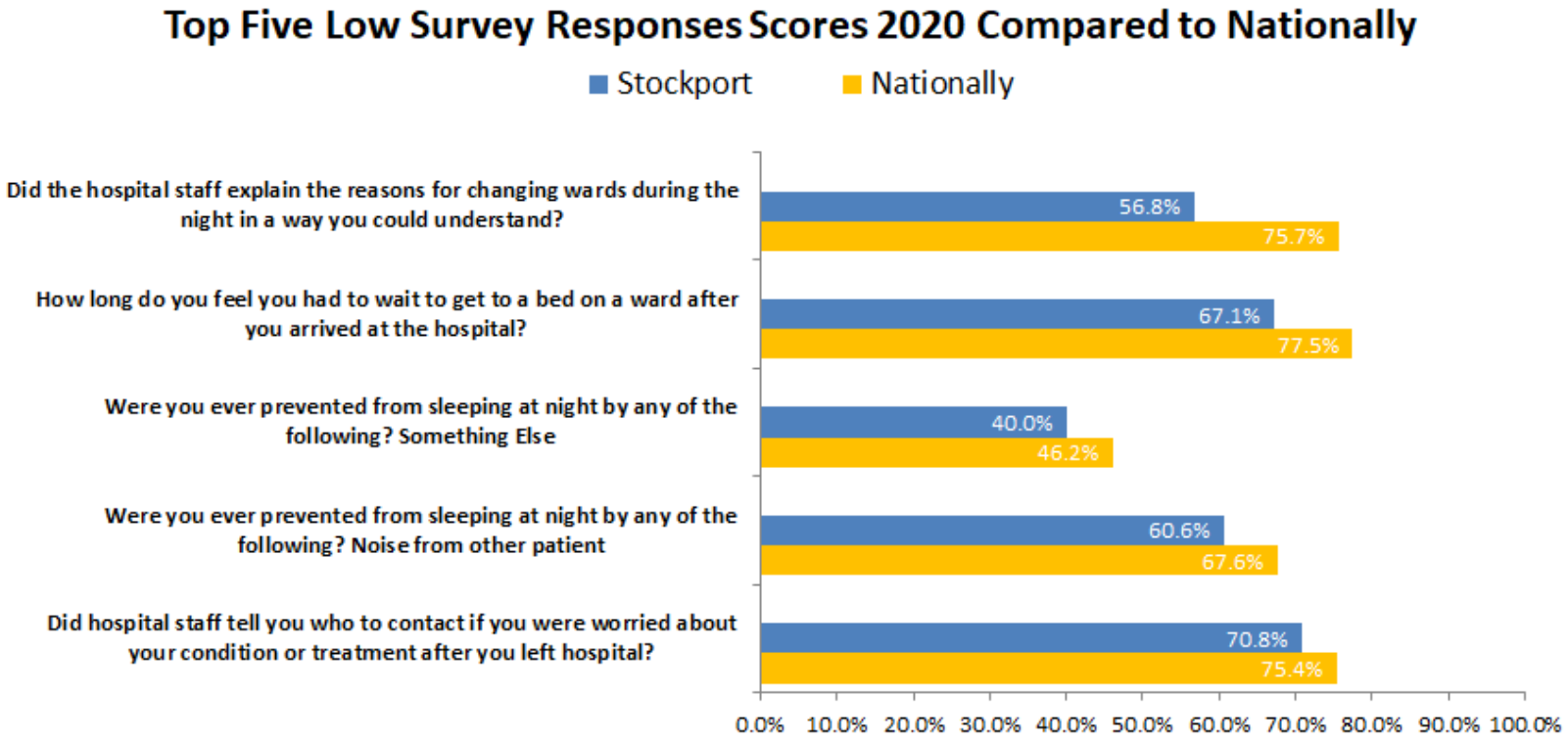
Stockport NHS Foundation Trust's lowest survey responses



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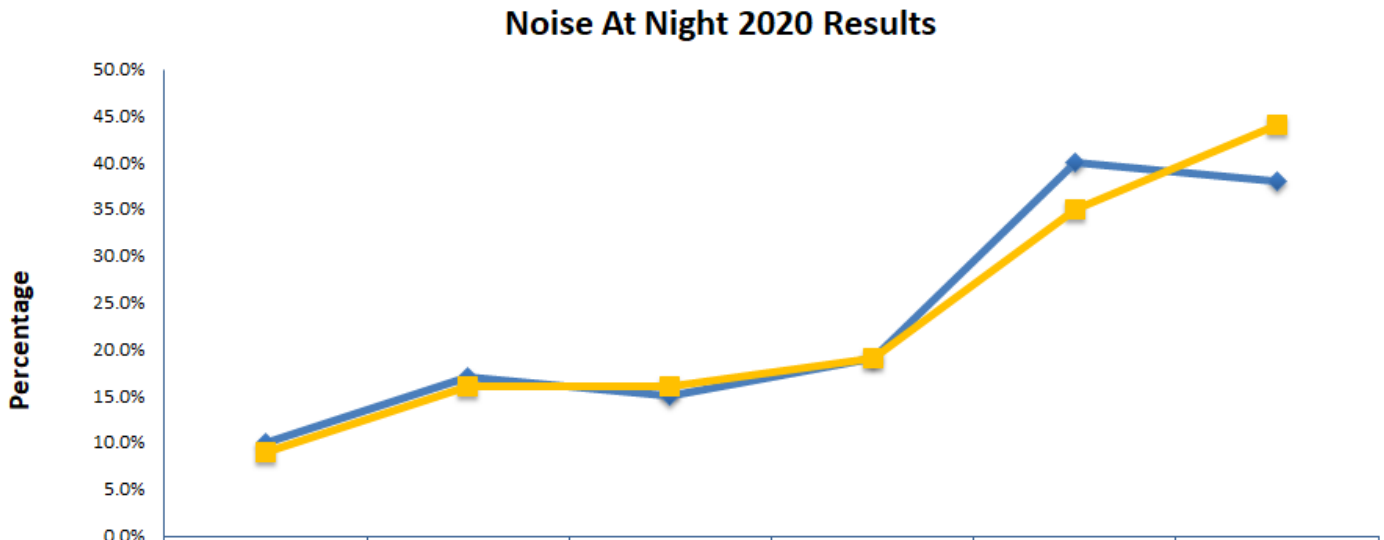
Noise at Night



	Something else	Hospital lighting	Noise from medical equipment	Noise from staff	Noise from other patients	None of these
Stockport	10%	17%	15%	19%	40%	38%
Nationally	9%	16%	16%	19%	35%	44%

Select all that are applicable: Prevented From Sleeping At Night

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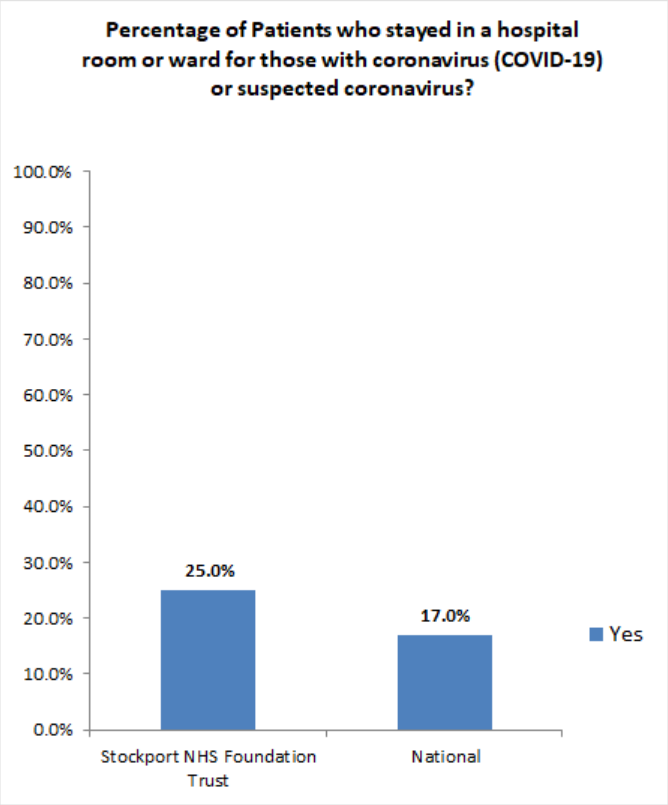
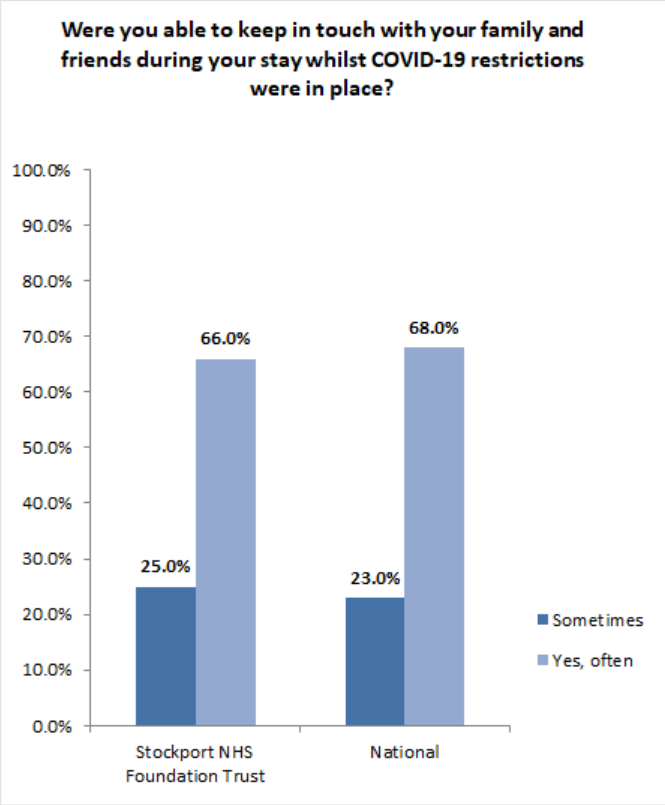
Stockport NHS Foundation Trust compared to other Trusts in response to the Covid-19 pandemic.





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Improvements & next steps

- Noise at Night:

  Sound Ears are a visual aid ordinarily used in neonatal units to actively encourage both teams and visitors to take notice when the noise levels increase. The adult inpatient areas where Sound Ears have been installed have already noticed improved compliance with noise reduction. Sound Ears are currently being rolled out across the organisation

Divisional improvement plans to include:

- Clear explanation for all patients required to transfer to another area at night (e.g. from an assessment area or for clinical reasons)
- Link to patient flow improvement plans regarding patients experiencing long waits for specialty ward
- Improve the process for ensuring all patients receive clear verbal and written information about their care, treatment, discharge etc.

Improvement plans will be discussed, challenged, monitored through the patient experience Action group reporting into the patient experience Group, chaired by the Chief Nurse

Stockport NHS Foundation Trust

Meeting date	2 December 2021	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Learning from Deaths Quarterly Report: Q3					
Lead Director	Andrew D. Loughney Medical Director		Author	Suzy Collins Learning from Deaths Lead		

Recommendations made/ Decisions requested

The Board of Directors is invited (1) to note the processes that the Trust has in place that allow it to learn from deaths, (2) to consider whether the actions arising from that process have been appropriate and (3) thereby to take assurance.

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	To work with partners to co-design and provide integrated service models within the locality and across 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 that is fit for purpose & meets service & user needs

The paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive
	Well-Led		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
	X	**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 & 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
		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

	Section of paper where covered
Equality, diversity and inclusion impacts	none
Financial impacts if agreed/ not agreed	none
Regulatory and legal compliance	none
Sustainability (including environmental impacts)	none

The purpose of the report is to provide the Board with information about the Learning from Deaths process in the Trust, to summarise the learning that has been gained in the last quarter and to provide high level information about the actions that have been taken in response.

With respect to process:

- Medical Examiners are now embedded in the Trust and have started to highlight cases to the Learning from Deaths team that would potentially benefit from review.
- The Trust's Learning from Deaths Policy has been updated and will be ratified in the coming quarter.
- A template letter has been created which will be used to inform relatives/carers, when a Learning from Deaths review has been conducted and learning has been derived. This will be implemented when the revised policy comes into use.
- A Learning from Deaths microsite has been created with links to End of Life Care and the Medical Examiners' sites. It has been populated with previous LFD Newsletters, national guidance on the Learning from Deaths process, and additional informative documents will be added in the coming quarter.

With respect to clinical practice, after focussing on nosocomial covid deaths in the first two quarters of the year, a return to a broader Learning from Deaths agenda has been instigated in the Trust. The following three themes have been identified:

- Some of our patients have received suboptimal management with respect to their hydration and nutritional needs. As this is the joint responsibility of all clinicians in the Trust who are reviewing patients on the wards, it has been escalated via the Patient Safety Group and the Deteriorating Patient Group for further action, as well as being highlighted within the Trust-wide newsletter that is sent to all Clinicians.
- The quality of documentation could be improved at initial clerking and assessment in the Emergency Department. This has been brought to the attention of the leads for ED Transformation in the Trust and has been discussed at key ED educational meetings. It has also been mentioned within AMU governance meetings to ensure high standards are maintained when clerking patients, and within the LFD newsletter.
- High quality handover of care between different settings is vital for patient safety, for example between the wards and theatres, but room for improvement has been identified in some cases. This has been discussed at AMU M&M meetings and at the meetings between Acute Medicine and the Emergency Departments. It was also highlighted within the newsletter.

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1. Purpose

1.1 The purpose of this quarterly report is to provide assurance to the Board of Directors around the Learning from Deaths function of the Trust

1.2 The report therefore outlines the Trust's Learning from Deaths process, presents the high level themes identified during the last quarter and describes the Trust's response to those findings.

2. Background and Links to Previous Papers

2.1 The Trust's Learning from Deaths policy is based on the recommendations of the National Quality Board (2017). The purpose of the process is to ensure that opportunities are taken to learn from the care received by patients dying in the Trust so that actions can be taken to improve the quality and safety of patient care.

2.2 The Trust uses a data collection form based on the Structured Judgement Review (SJR) methodology, which is published in conjunction with the National Mortality Case Record Review programme.

2.3 Cases are selected from a number of sources including all: deaths where families, staff or the Medical Examiners have raised concerns, maternal deaths, surgical deaths, paediatric and neonatal deaths, stillbirths, deaths from the LEDER programme, deaths in critical care, theatres or recovery, deaths in the Emergency Department, cardiac arrest deaths and deaths due to epilepsy, asthma or diabetic ketoacidosis.

2.4 These account for around 10% of hospital deaths. Additional cases are added if capacity allows and/or following an extraordinary event – such as our recent Covid deaths.

2.5 All Learning from Deaths reviewers are clinicians (mostly Consultants) and each Division is represented. There is also a Learning from Deaths Trust Lead.

2.6 Each quarterly report is considered by the Trust's Mortality Review Group. Where potential changes in practice are thought to be worth considering, the relevant bodies are informed via the Patent Safety Group (see below), for example, advice may be given to the Transformation Team or the originating Division.

2.7 The Mortality Review Group also provides data and leads discussion at the Deteriorating Patient Group meeting monthly and provides the Patent Safety Group with a quarterly report for consideration.

2.8 A Learning from Deaths Newsletter is produced and circulated widely across the Trust to promote learning and findings are also considered and disseminated at divisional level.

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3 Matters under consideration

3.1 Regarding Trust processes:

3.1.1 Medical Examiners are now embedded in the Trust and have started to highlight cases to the Learning from Deaths team that would potentially benefit from review.

3.1.2 The Trust's Learning from Deaths Policy has been updated and will be ratified in the coming quarter.

3.1.3 A template letter has been created which will be used to inform relatives/carers, when a Learning from Deaths review has been conducted that has derived significant learning. This will be implemented when the revised policy comes into use.

3.1.4 A Learning from Deaths microsite has been created with links to End of Life Care and the Medical Examiners' sites. It has been populated with previous LFD Newsletters and additional informative documents will be added in the coming quarter.

3.2 Regarding clinical practice:

3.2.1 Some of our patients have received suboptimal management with respect to their hydration and nutritional needs. As this is the joint responsibility of all clinicians in the Trust who are reviewing patients on the wards, this was escalated via the Patient Safety Group, the Deteriorating Patient Group and within the Newsletter.

3.2.2 The quality of documentation could be improved at initial clerking and assessment in the Emergency Department. This has been brought to the attention of the leads for ED Transformation in the Trust and has been discussed at key ED educational meetings, as well as within governance meetings for AMU. It has also been highlighted within the newsletter.

3.2.3 High quality handover of care between different settings is vital for patient safety, for example between the wards and theatres, but room for improvement has been identified in some cases. This was discussed at AMU M&M meetings and at the meetings between Acute Medicine and the Emergency Departments. It was also highlighted within the newsletter.

3.3 More detailed examples of the lessons disseminated throughout the Trust in the last quarter have been included in the latest Newsletter.

4 Areas of Risk

4.1 Medicine has only one dedicated reviewer and one reviewer specifically allocated to Stroke. This risks the department falling behind in their obligations. The Trust's Chief Registrar has stepped forward to do some reviews and we have a trained ACP, but there is a need to fill this post as soon as possible.

4.2 The ongoing issues with hydration and nutrition identified in Learning from Deaths reviews represent a continuing safety concern. There is continued clinical focus and monitoring through the Patient Safety Group.

4.3 Reviewers highlighted concerns about suboptimal documentation by medical staff in particular. This has been highlighted to the Patient Safety Group, which has requested data and confirmation of action to address the issue from all Divisions.

5 Recommendations

5.1 The Board is invited to note the content of this report and to take assurance.

5.2 Comment upon the format and content of the report would be welcome, in order to inform future iterations.

Meeting date	2 December	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Safer Staffing					
Lead Director	Chief Nurse		Author	Deputy Chief Nurse		

Recommendations made / Decisions requested

To note the contents 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	To work with partners to co-design and provide integrated service models within the locality and across acute providers
	4	Drive service improvement, through high quality research, innovation and transformation
x	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
x	6	Utilise our resources in an efficient and effective manner
	7	Develop our Estate and IM&T infrastructure that is fit for purpose and meets 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
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		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered
	x	**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
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		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	Objective XX
Financial impacts if agreed/ not agreed	Objective X
Regulatory and legal compliance	All objectives
Sustainability (including environmental impacts)	Objective X

Executive Summary

This report provides the Board of Directors with information on the nursing workforce data including vacancy rates and staffing related incidents. Safely staffing our clinical areas remains the prime focus of all operational discussions in relation to the care we can safely deliver for our patients.

A number of supporting programmes are in place which have helped contribute to improvements in the overall nurse staffing position, which fall into the following categories:

- Defining the need
- Recruitment and retention
- Effective rostering
- Managing the temporary workforce

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Safer Care Report
Board of Directors – December 2021

Nicola Firth, Chief Nurse

Your Health. Our Priority.

Purpose of report

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

Executive Summary

Stockport NHS Foundation Trust

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

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Nursing & Midwifery Staffing

Nursing & Midwifery Staffing

NHS Stockport NHS Foundation Trust

Current situation and challenges:

- Maintaining safe staffing levels to meet current demands across the organisation continues to be a challenge, a position which reflects both the regional and national picture, with non-established areas being opened in response, and increases in acuity and dependency of patients.

- Ensuring a leadership focus on safe staffing throughout these sustained and significant operational pressures is a necessity. This is being consistently managed and demonstrated by senior nursing and midwifery leaders, who continually have oversight and are able to confirm that the risk is being controlled and mitigated to ensure that this does not impact on the care, quality and safety of the patients within the organisation.

- Nursing, midwifery and AHP recruitment campaigns in progress with the reestablishment of recruitment fairs, universities and college engagement

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Safe Care

Nursing and Midwifery Staffing

NHS Stockport NHS Foundation Trust

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

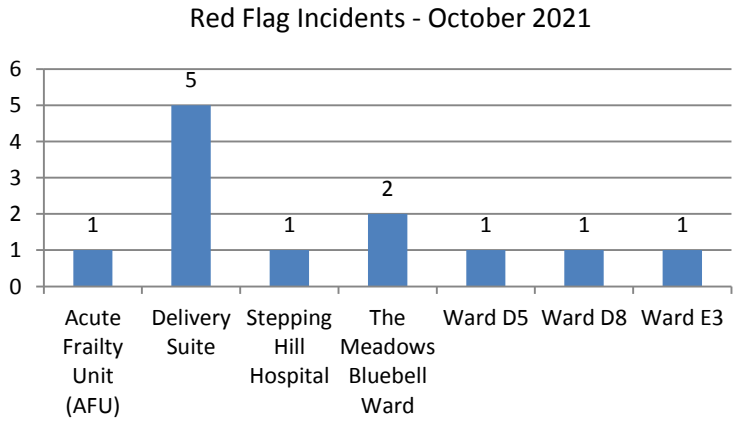
- Implementation of Safecare live giving oversight for all areas of acuity and safe staffing levels
- The action plan following the NHSE/I review with the majority of actions completed and actions in place to mitigate risks. Progress is being monitored through the nursing and midwifery staffing meeting.
- There is ongoing work, in partnership with NHS Professionals, to oversee temporary staffing pay rates, develop initiatives to increase fill rates and review processes to cascade unfilled shifts to agencies with a significant reduction in agency staff.
- Significant reduction in the use of off-frame work agency staff with none being utilised during this reporting period.
- Continuous oversight of our position is appraised in collaboration with regional colleagues and National Directors of Nursing regarding skill mix, ratio and guidance. The GM Chief Nurses group review this for consistency.

Nursing and Midwifery Staffing

Stockport NHS Foundation Trust

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

- There is ongoing validation of reported or expressed staffing incidents to identify themes and trends, enabling appropriate and timely actions to be taken, alongside care and well-being checks for staff on duty when an incident has been submitted. Staff wellbeing checks are extremely important where staff moves have occurred which has been identified to impact negatively on staff morale.
- For the month of October, 12 red flag incidents (noting shortfall against planned staffing) were raised that did not result in any harm or affect patient care.
- The table below provides the numbers of completed red flag incidents reported in October by exact location of the 12 reported.



Safe Care Indicators

Stockport NHS Foundation Trust

- Quality metrics and areas of harm are triangulated with incidents, complaints, patient experience feedback, acuity and dependency, capacity and staffing levels. These are discussed at department level safety huddles, directorate and business group governance meetings, through the integrated performance review, and the board assurance committees.

- Falls prevention work continues, with incidents being robustly investigated, themes identified, a revision of the falls policy, a review of the enhanced care policy, and a target aim for improvement of 10% reduction identified in the 2021/22 Trust objectives.

- Tissue Viability improvement work is a key priority with all incidents undergoing a robust review, and Trust wide themes being discussed and learning shared.

Quality & Patient Experience

NHS Stockport NHS Foundation Trust

- The Stockport Accreditation & Recognition System (StARS) designed to measure the quality of care provided by individuals and teams throughout the Trust has been rolled out and is on track to achieve trajectory.

- Visiting has been reviewed with a risk based approach adopted to enable visitors. Wards and departments continue to have the use of technology such as ipads for face time conversations. The plans have been reviewed and are in line with national and GM guidance.

- The key themes from complaints remains communication.

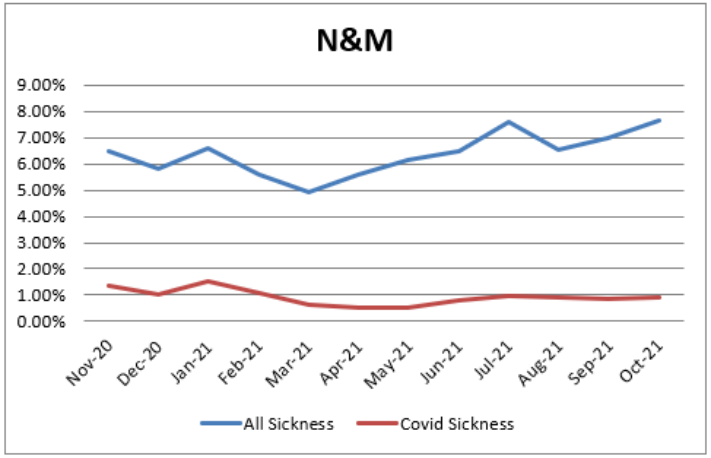
Nursing Vacancies & Turnover

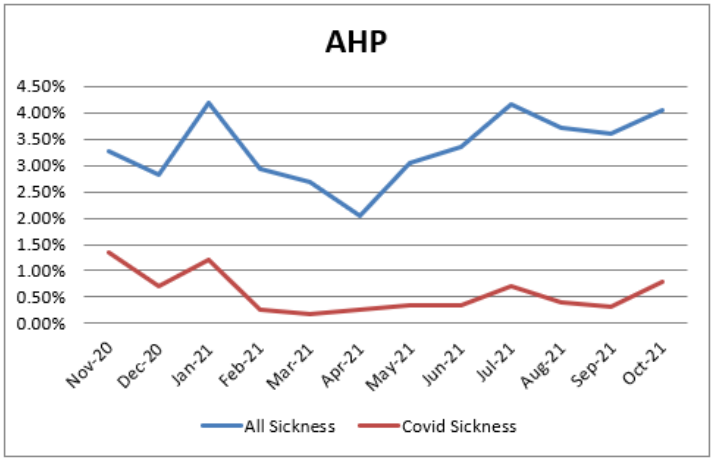
Stockport NHS Foundation Trust

- 138 registered nurse / midwife vacancies at band 5 and above
- These numbers have increased due to the additional midwifery posts agreed with Ockenden monies allocated, and in substantiating 2 previous escalation wards
- However:
    - 34 registered Nurse Associates (and 41 in training)
    - 144 nurses recruited with an offer of employment
    - 34 nurses awaiting their PIN working at band 4
    - 14 international nurses arrived throughout November

Staff sickness/absence

- Sickness overall increased by 0.64% to 6.64% in Oct 2021
- Covid-related sickness increased by 0.15% to 0.66% in October.
- Sickness in October 2021 is 1.42% higher than October 2020.
- Covid sickness accounted for 0.66% and non-Covid sickness was 5.98%





Roster Compliance

NHS Stockport NHS Foundation Trust

- Significant improvements in roster compliance continues, monitored by Staffing group, People Committee, Performance Reviews
- Shifts being planned 6 weeks in advance
- Improved annual leave allocation
- Rollout of Safecare live
- Roster Team were finalists in Allocate Awards for roster improvements and compliance
- Development& performance meetings with NHSP

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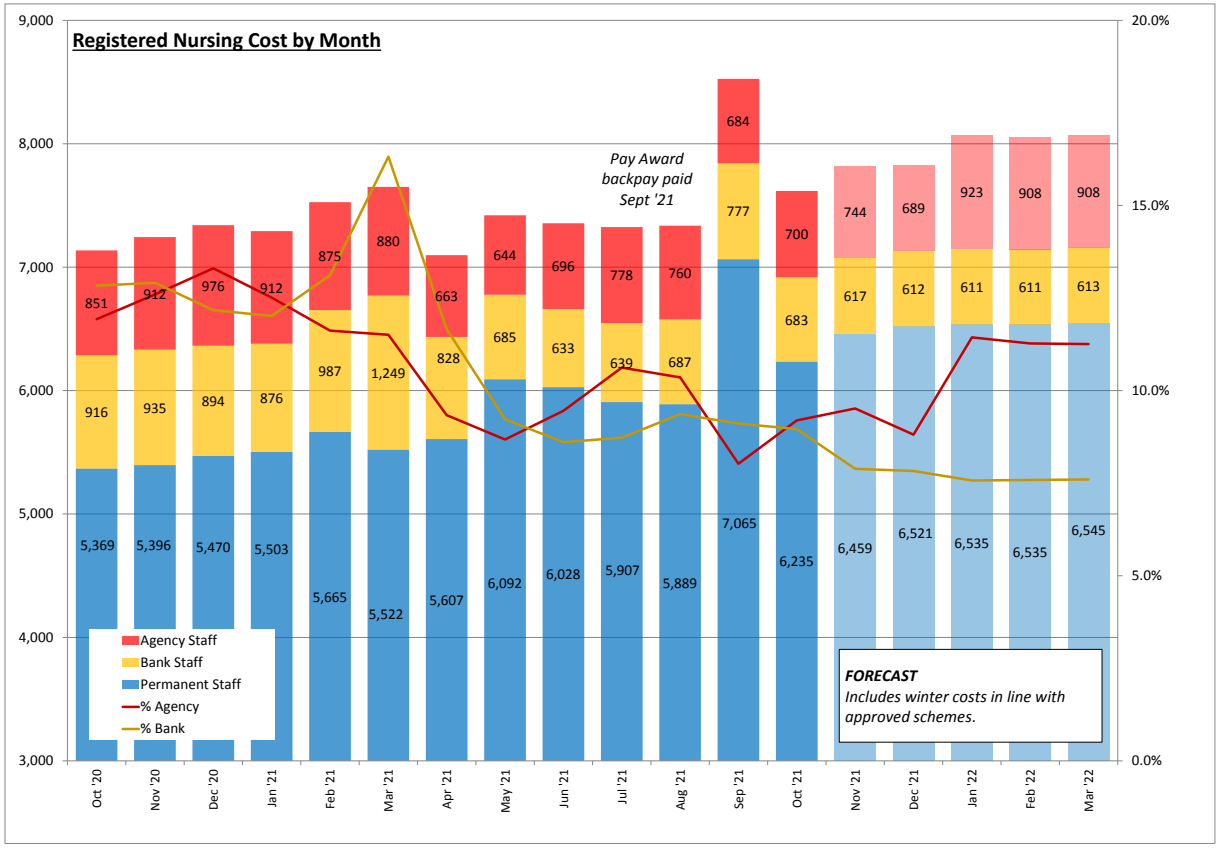
Finance

Registered Nurse staffing costs

Stockport NHS Foundation Trust

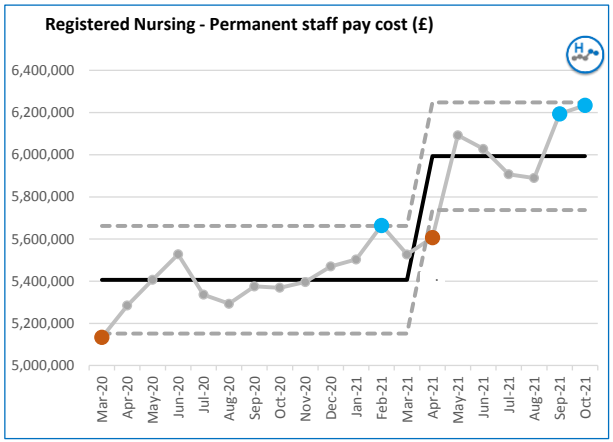
The chart below shows the registered nursing costs for the past 13 months split by permanent staff, bank and agency

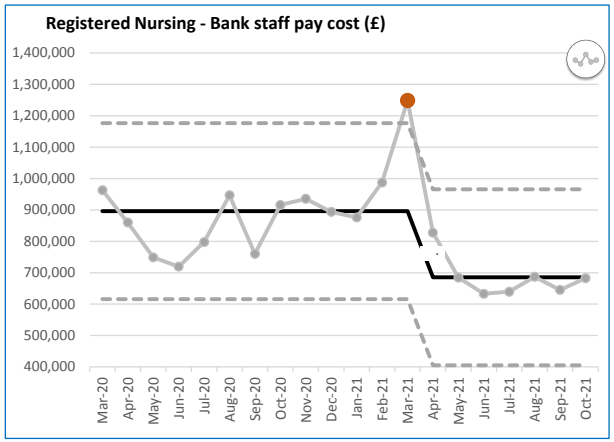


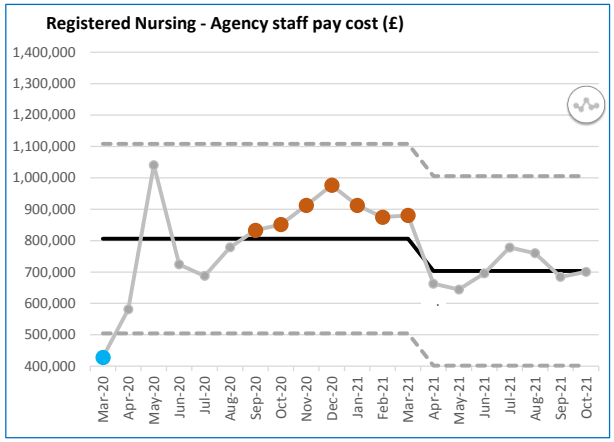
As part of the implementation of the ward staffing business case and the plans within the CIP programme, the intention is that the permanent costs increase from recruitment and the bank and agency decrease.

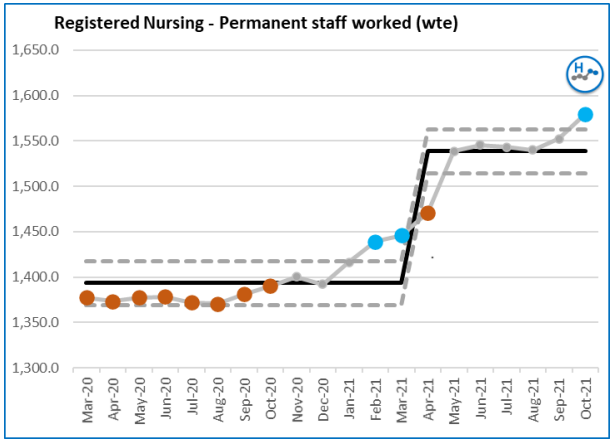
Registered nursing cost and WTE trends

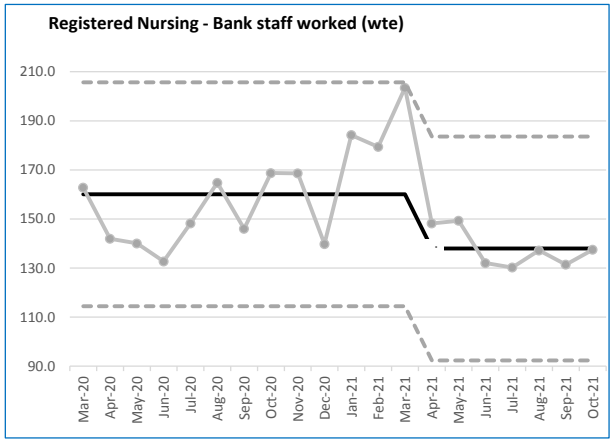
Stockport NHS Foundation Trust

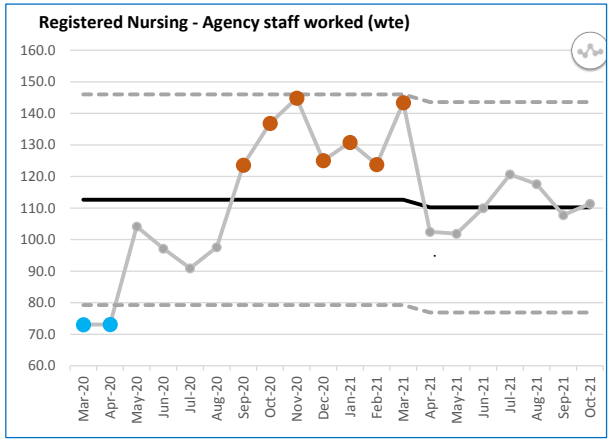












NHS
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Health & Well Being

Staff Health & Wellbeing

NHS Stockport NHS Foundation Trust

There is a continued awareness of the immense pressure teams are under currently and how their usual support mechanisms may be impacted upon . Their health and wellbeing remains a priority:

- The Trust has supported clinical psychology appointments to enable provision of support to colleagues.
- Senior Nurse/Midwife walk around continues to have a focus on staff wellbeing.
- Project Wingman Bus – here again 24/01/22 – 06/02/22
- NW Health & Wellbeing Pledge signed by Board in December and to be launched in Jan. 2022
- Dry January - Challenging you to go alcohol free for 31 days and aims to raise awareness of the effects of alcohol.
- Coping mechanism calendar
- Financial Wellbeing masterclasses
- Foodie Vans on site with subsidised prices
- Menopause response – lighter summer uniforms/raising awareness of impact 13.
- Exploring better sleeping facilities e.g., sleeping pods

Stockport NHS Foundation Trust

Meeting date	2nd December 2021	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Health & Wellbeing Update & Pledges					
Lead Director	Director of People and OD		Author	Deputy Director of People and OD		

Recommendations made/ Decisions requested

The Board of Directors are requested to note the contents of this report and receive the recommendation from the People Performance Committee to sign up to the pledge and support our change in approach.

This paper relates to the following Corporate Annual Objectives-

	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	Co-design and provide Integrated Service Models within our locality and across our acute providers
	4	Drive service improvement, through high quality research, innovation, and transformation
X	5	Develop a diverse, capable, and motivated workforce to meet future service and user needs
	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
X	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
	X	**PR5**	Critical shortage of skilled workforce with capacity and capability to meet service needs
		PR6	Failure to deliver agreed financial recovery plan
		PR7	A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment
		PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

This paper is to provide the Board of Directors with an update on our approach to health and wellbeing as shared with and endorsed by our People Performance Committee in October 2021 This paper presents the recommendation for the signing of 'our pledge for the wellbeing of our NHS people'.

The NHS People Plan contains a national ambition to make the NHS the best place to work, something which is reflected not only in our local People Plan, approved at Board in June 2021, but also one of our strategic objectives; **Objective 2 - Support the health and wellbeing of our communities and staff**

Working in the NHS in the Northwest has always seen a higher level of sickness absence and to respond to this and to look at a wider regional response to this challenge the NW HR Director network have engaged with Rand Europe and NHS Employers to consider what could and should be done to improve the wellbeing challenge in the Northwest.

The focus of this collaboration has been to consider what do we know about health and wellbeing in the NHS from our surveys? The conclusion is that our focus should be on **presenteeism**

In May 2021 Our Approach to Health & Wellbeing was presented and approved to People Performance Committee; incorporating Our People Plan, the NHS People Plan and the NHS Employers Workforce Health and Wellbeing Framework and including the diagnostic health and wellbeing tool, the introduction of our Health and Wellbeing Guardian and how we will triangulate, data and intelligence to measure the impact of interventions and resource.

Following the NW Wellbeing Workshop on Tuesday 21st September, we agreed, along with the participating NW NHS organisations, to establish our commitment to shifting our wellbeing focus from the 5% to the 95%. This paper is presented to the Board of Directors to commence our journey by signing up to this pledge and acknowledging the future actions which will support our approach moving forward.

We are currently developing the required action plan to support this change.

The Board of Directors are requested to note the contents of this report and receive the recommendation from the People Performance Committee to sign up to the pledge and support our change in approach.

NHS Stockport NHS Foundation Trust

1. Purpose

This paper is to provide the Board of Directors with an update on our approach to health and wellbeing as shared with and endorsed by our People Performance Committee in October 2021 This paper presents the recommendation for the signing of 'our pledge for the wellbeing of our NHS people'.

2. Northwest Wellbeing Workshop

2.1 Working in the NHS in the Northwest has always seen a higher level of sickness absence and to respond to this and to look at a wider regional response to this challenge the NW HR Director network have engaged with Rand Europe and NHS Employers to consider what could and should be done to improve the wellbeing challenge in the Northwest.

2.2 A workshop was held on the 21st September for HR Directors, Chairs, Chief Executives and Staff Side Chairs. The workshop

2.3 The focus of the workshop was to consider what we know about health and wellbeing in the NHS from our surveys? The conclusion was that many organizations focus on the 4-5% of employees who are absent when in fact our focus should be on **presenteeism**:

- The average productivity loss in the Britain's Healthiest Workplace (BHW) surveys has worsened from 7.8% in 2014 to 14.6% (33 days) in 2019
- The absence rates for many organisations in the NW are between 4-5%
- BHW data across workplaces in the UK shows that presenteeism in 2019 was 13.4% of working days lost compared to 1.2% in terms of sickness absence
- The most significant drivers of presenteeism are poor mental health, MSK and associated conditions such as lack of sleep and poor financial wellbeing
- Most of these have deteriorated substantially in NHS staff during the pandemic
- **A sole focus on sickness absence is missing the real opportunity to improve health and wellbeing and productivity**

2.4 The link between psycho-social factors, mental health and productivity has a significant impact on our staff presenteeism.

Factors associated with both **better** mental health and **increased** productivity:

- employees feel like they belong at work (serious psychological distress Kessler - 5.5%, +13 days average days productivity per employee).
- that their line manager cares about their wellbeing (-1.4%; +3 days).

Factors associated with both **poorer** mental health and **loss** in productivity:

- have been bullied (+4.3%, -11 days).
- are not respected at work (+7.4%, -9 days).
- have unrealistic time pressures (+3.4%, -9 days).
- have strained relationships at work (+3.7%, -4 days).
- do not have control over what they do at work (+2.7%, -4 days).
- feel that there is discrimination in the workplace (+2.2%, -4 days).

2.5 The workshop also asked organisations to consider the organizational culture when dealing with absence and to focus on:

- from a focus on sickness absence to holistic wellbeing and from rigid attendance management to a more person centered & flexible approach
- Considerations for ethics, equality, diversity, and inclusion moving away from treating everyone the same to more individualized and person-centered approaches
- How the approach aligns with embedding a just culture

2.6 So, what does this mean? It is about how we help our staff to become more engaged and healthier; there are some quick wins as the core offer in the NHS is largely similar and we are all are doing more to support and improve our staff health and wellbeing and the majority of our interventions is offered to all our staff. We have an opportunity to improve the levels of participation seen against the interventions offered; but our organisational culture change is fundamental in what works for us.

3. Our Approach to Health & Wellbeing

3.1 Board members will be familiar with the work which has been undertaken and shared in respect of our programme of work to support our staff with their health and wellbeing. In May 2021 Our Approach to Health & Wellbeing was presented and approved to People Performance Committee; incorporating Our People Plan, the NHS People Plan and the NHS Employers Workforce Health and Wellbeing Framework and including the diagnostic health and wellbeing tool, the introduction of our Health and Wellbeing Guardian and how we will triangulate, data and intelligence to measure the impact of interventions and resource.

3.2 In support of this agenda and for information appendix 2 details the links with the national people plan and evidence base.

4. Pledge

4.1 Following our participation in the NW Wellbeing Workshop we agreed, along with the participating NW NHS organisations, to establish **our commitment to shifting our wellbeing focus from the 5% to the 95%**. This paper is presented with the endorsement and recommendation from our people performance committee to commence our journey by signing up to this pledge and acknowledging the need for future actions to be developed which will support our journey:

- ❖ Preparing our Board for the change and having a board level conversation about how we enact the changes required
- ❖ Evidencing that well-being is a priority for our Board
- ❖ Committing to the 3 NW themes of enabling work:
  - Wellbeing services which support the 95%
  - A new person-centered well-being and attendance management policy framework
  - Leadership development which supports our leaders in our new approach

4.2 A copy of the pledge document is provided appended to this paper and following a board development discussion which took place in November, along with the ongoing engagement with the NW approach, our delivery plan will be developed across the areas detailed in our approach below

5. Our Approach

The following section details the high-level actions identified from an initial scoping exercise further work will continue to develop this and a detailed delivery plan, including timescales and outcomes will be presented to a future people performance committee for assurance on progress.

Evidencing Well-Being is a priority for our Board

- Commitment demonstrated through the signing of the pledge
- People performance committee will be the driver for assurance of implementation
- Board member role modelling demonstrating the unanimous support and commitment identified at the development session in November.

Wellbeing Services which support the 95%

- 'Jump Start January' – a focus on wellbeing & being well in work, raising the profile of the initiatives already in place, including best practice examples as well as new initiatives launched. This will be supported by a comprehensive communications campaign.
- Continuation of the promotion of wellbeing practices and support, such as flexible working

Person-centered wellbeing & attendance management policy

- Joint working/ task and finish group between ourselves and Tameside HR colleagues to develop our person-centered approach.

Leadership Development which supports our leaders in our new approach

- Training and development programme for our new approach to deliver the change in policy application, supported by guidance information, drop-in sessions, and case study examples.

5. Recommendation

The Board of Directors are requested to note the contents of this report, sign up to the pledge and support our change in approach.

Our pledge for the **wellbeing of our NHS people**

NHS Stockport NHS Foundation Trust

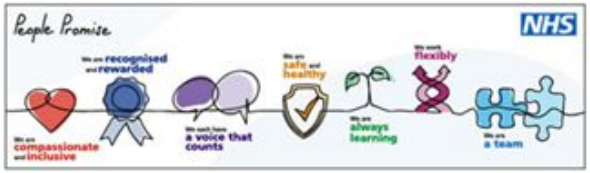
Signed……

Name……..

We pledge to commit to shifting the wellbeing focus from the 5% to the 95% by:

- **preparing our board for the change** to take a more holistic, person-centred individual and flexible approach, which is driven through policy and aligns with embedding a just culture.
- **evidencing that wellbeing is a priority with our board by** understanding the wellbeing of our people, giving them a voice, making sure all decisions have a wellbeing lens applied and addressing any issues.
- **committing to the three North West's themes of enabling work**
  - wellbeing services that support the 95%
  - a new person-centred wellbeing approach and an attendance management policy framework
  - leadership development that supports managers in our new approach.

NHS Employers in association with NHS RAND EUROPE social partnership forum



6. Appendix 1 - Background & Evidence base

6.1 The NHS People Plan contains a national ambition to make the NHS the best place to work, something which is reflected not only in our local People Plan, approved at Board in June 2021, but also one of our strategic objectives; **Objective 2 - Support the health and wellbeing of our communities and staff**

6.2 There is clear consensus across the health service that our workforce faces a range of issues which affect their staff experience and ability to deliver quality care. Locally, we have already acknowledged the need to take action to support the wellbeing of our staff.

6.3 A happy and healthy workforce is provided with an environment and opportunities that encourage and enable them to lead healthy live and make choices that support their wellbeing.

6.4 The health and wellbeing of our NHS staff is a fundamental aspect to patient care, as to deliver high quality patient care the NHS needs staff that are healthy, well and at work.

6.5 Therefore, the best way to contribute to the delivery of quality patient care is to look after the health and wellbeing of staff by developing a robust health and wellbeing approach and strategy. As seen in the diagram, there is a cycle to health and wellbeing, by ensuring that you have healthier staff, you get better staff engagement and therefore achieve happier and healthier patients.

A healthy and happy workforce = better patient outcomes

6.6 The negative impact of poor staff health wellbeing on patient outcomes, including safety, experience and neglect are clear. In a 2016 systematic review, evidence shows a clear association between staff burnout and patient safety. Taken from Hall, L., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. (2016). Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. *PLOS ONE*, *11*(7), e0159015. doi: 10.1371/journal.pone.0159015

6.7 Trust led staff health and wellbeing schemes lead to improvements in patient safety efficiency and patient experience. Taken from Boorman, S. (2009). *NHS Health and Wellbeing: Final Report*. Retrieved from https://webarchive.nationalarchives.gov.uk/20130124052412/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf

6.8 The Francis inquiry into Mid Staffordshire NHS Foundation Trust where patients died because of neglect revealed the fatal impact of disconnected and detached staff with poor mental wellbeing and a lack of empathy and emotion. Schwartz rounds were found to increase feelings of interconnectivity and compassion among staff, leading to improvements in patient experience. Taken from Francis, R. (2013). *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. Retrieved from https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry and George, M. (2016). Stress in NHS staff triggers defensive inward-focussing and an associated loss of connection with colleagues: this is reversed by Schwartz Rounds. *Journal of Compassionate Health Care*, *3*(1). doi: 10.1186/s40639-016-0025-

6.9 Prioritising the health and wellbeing of our NHS staff will not only significantly improve staff experience but also staff outcomes, such as productivity, absenteeism, presenteeism and staff turnover.

6.10 The evidence base is strong, and the facts are simple:

- Poor staff health and wellbeing decreases levels of employee satisfaction and increases rates of staff turnover.
- An employee may leave if they feel unable to work due to the impact of poor mental health.
- One in two staff members have attended work despite feeling unwell because they felt pressure from themselves, colleagues, or managers.

6.11 Work related stress significantly impacts on staff health and wellbeing; with 1 in 3 of NHS staff have felt unwell due to work-related stress. Taken from Health Education England. (2019). *NHS Staff and Learner's Mental Wellbeing Commission*. Retrieved from

https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf

6.12 A large proportion of line managers feel uncomfortable or ill-equipped to address mental health at work with only 51% of line managers feeling comfortable to talk generally in the workplace about mental health issues. Taken from Business in the Community. (2019). *Mental Health at Work Report 2019: Time to Take Ownership*. Retrieved from http://file:///C:/Users/aliyar/Downloads/bitc-wellbeing-report-mhawmentalhealthworkfullreport2019-sept2019-2%20(1).pdf

6.13 Our data to shows staff outcomes that could be improved through supporting staff health and wellbeing. For example, we know the levels of sickness absence are 5.6% in August 2021, which is an increase as compared to last year. This also coincides with a post-pandemic increasing trend in our staff turnover.

6.14 Our NHS workforce takes on massive responsibilities caring for our communities, often at the most traumatic part of their lives in high pressure environments. It comes as no surprise, the NHS workforce is at risk of poor wellbeing, including doctors and nurses. Evidence shows doctors and doctors in training are at-risk groups susceptible to burnout, suicide, and mental ill health.

6.15 Evidence indicates doctors are at considerable risk of work-related stress and mental health problems such as depression and anxiety compared to the general population. Rates of depression among training graduate doctors estimated at about 30%. Risk of suicide especially among general practitioners, psychiatrists and trainees is high compared to the general population. The suicide rate among UK doctors has been estimated to 2-5 times the rate of the general population.

6.16 Evidence shows nurses are at-risk groups susceptible to unhealthy lifestyle behaviours due to the impact of shift working. **Nurses are an at-risk group for unhealthy lifestyle behaviours.** In an acute trust in the UK, more than half of the nurses surveyed did not meet public health recommendations for physical activity, indicating a need for intervention to establish healthy lifestyle behaviours early on in their career. Promoting physical activity in student nurses increases wellbeing (self-esteem, life satisfaction) and decreases risk of anxiety and depression. The **Impact of shift-working on nurse health and wellbeing;** Nurses who work 12-hour shifts are two and half times more likely to experience symptoms of nurse burnout than those working shorter shifts. **Poor health and wellbeing affect patient care.**

6.17 **Poor staff health and wellbeing costs the NHS a significant amount of money.** The cost of poor mental health in the NHS equates to £1,794-£2,174 per employee per year. Taken from Health Education England. (2019). *NHS Staff and Learner's Mental Wellbeing Commission* Retrieved from https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf

6.18 Overall cost of sickness absence is estimated at £2.4 billion. If sickness absence was reduced by one day per person per year that would equate to a financial saving of £150m (6,000 full time staff). Taken from NHS England. (2017). *NHS Staff Wellbeing: CQUIN 2017-19 Indicator 1 Implementation Support*. Retrieved from https://www.england.nhs.uk/wp-content/uploads/2018/05/staff-health-wellbeing-cquin-2017-19-implementation-support.pdf

6.19 Various studies suggest that presenteeism is increasing year on year. Cost of presenteeism is £17bn to £26bn. Taken from Stevenson, D., & Farmer, P. (2017). *Thriving at Work*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

6.20 **Investing in effective staff health and wellbeing interventions offers a return on investment.** The return on investment in workplace mental health interventions is £4.20 for every £1 spent. Health Education England (2019).

6.21 We regularly report the cost of our sickness absence via our performance meetings and to our board of directors through our integrated performance report; we know that on average sickness absence alone costs £762K per month (August 2021), this is without factoring in any cover / backfill arrangements or the impact on the wider team and our patients.

Meeting date	2nd December 2021	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Violence Prevention & Reduction Standard					
Lead Director	Director of Workforce & OD		Author	Deputy Director of Workforce & OD		

Recommendations made / Decisions requested

The Board of Directors are requested to note the contents of this report and provided feedback & comments to inform the further development of the strategy.

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	To work with partners to co-design and provide integrated service models within the locality and across 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 that is fit for purpose and meets 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	N/A
Financial impacts if agreed/ not agreed	N/A
Regulatory and legal compliance	All objectives
Sustainability (including environmental impacts)	N/A

Executive Summary

On 2 January 2021 NHS England and NHS Improvement published the first national Violence Prevention and Reduction Standard for NHS organisations. The new standard complements existing health and safety legislation; employers (including NHS employers) have a general duty of care to protect staff from threats and violence at work. The standard delivers a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression, and violence.

The Standards introduced a self-assessment checklist which of which a strategy is required. The strategy document has been presented to the people performance committee for review and comment.

The Board of Directors are requested to:

- Note the Violence Prevention and Reduction Standards
- Note the development of a Violence Prevention & Reduction Strategy

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Violence Prevention & Reduction Strategy

2021 - 2024

Contents

1. Foreword

We are proud to write the forward to our Violence Reduction Strategy. The need for a cohesive and integrated Violence Reduction Strategy will enable us to meet the Violence reduction standards. This incredibly important document therefore helps to define how we will achieve the requirements within the standard, which ultimately is to prevent and reduce violence to our staff, creating a culture of safety, and staff feeling supported, safe and secure at work.

We firmly believe that it is essential that the we have a strategy for preventing acts of violence, aggression and harassment against staff, and that we continuously look at ways to reduce the number of incidents against staff. Realisation of the strategy will require the adoption of a more business-like approach to reviewing, and taking action following any incidents of violence, aggression and harassment against staff. This will result in a better targeted and specific focus on incidents. I am therefore looking forward to seeing the necessary developments and improvements being delivered over the coming years.

As a healthcare provider we aspire to eradicate violence, aggression and harassment, by implementing an organisational strategy that enhances our understanding of the causes and allows us to progress the interventions necessary to promote a service that is safe for our staff and the wider community, by taking an integrated approach to achieve this goal.

Equally important, it is recognised that reducing the numbers of violence, aggression, and harassment incidents across all of our services, will be a challenge. However, so long as there remains an appetite to monitor and develop the flexible framework that this document provides, it is hoped that a reduction in violence will be realised. The challenge, therefore, is now to bring about change, which this new Strategy aims to do.

Amanda Bromley
Director of Workforce & OD

Nicola Firth
Chief Nurse

2. Executive Summary

Violence is a major public health issue that is linked with significant costs to health and social care as well as lost output associated with absence from work. Each year across the NHS, it is reported that around 75,000 staff experience physical violence, aggression and harassment from patients, relatives or public.

Some staff groups are more at risk than others. This may depend on the part of the NHS in which they work and whether they are frontline staff or not. In any event NHS staff should be able to come to work without fear of violence, abuse or harassment from patients or their relatives.

Whilst we have had in place a number of policies and procedures relating to security and violence and aggression, we have not previously had a Violence Reduction Strategy, and so the aim of this strategy is to clearly define a risk-based framework that supports a safe and secure working environment for staff, safeguarding them against violence, aggression and harassment.

The violence reduction strategy recognises that policies and procedures to manage violence, aggression and harassment need to reach the departmental level to be truly effective in meeting the localised needs of staff. Therefore, departmental policies and procedures should be developed, in line with our violence reduction strategy. This strategy is designed to support the violence prevention and reduction standards which have an interactive four-step management method to validate, control and achieve continuous improvement of processes. The approach is detailed as Plan, Do, Check, Act, which in summary is to:

- Plan- review our status against the violence prevention and reduction standard and identify their future requirements, to understand what needs to be completed and how, who will be responsible for what, and what measures will be used to judge success. This phase of the process includes developing or updating policies and plans to deliver the aims.
- Do – We must assess and manage risks, implement processes, communicate plans, involve staff and provide adequate resources and training.
- Check – We must ensure that the plans are implemented successfully and assess how well the risks are controlled. This includes assessing any gaps / corrective actions. Incident review i.e. checking whether incidents of violence have fallen.
- Act – We must review our performance to enable the senior management team to direct and inform changes to policies or plans, in response to any localised lessons learnt and incident data collected in respect of violence prevention and reduction.

We have carried out a compliance assessment against the Violence Prevention and Reduction Standard. The criteria that haven’t yet been met fully, forms part of the work plan detailed in Appendix 1 of this strategy.

3. National Context

The NHS Protect previously had overall responsibility for all policy and operational matters, related to the management of Security within the NHS, until they were abolished in 2017. Their remit included ensuring measures were in place for tackling violence against NHS staff. A key measure for understanding the true scale of violence was the requirement to report all physical assaults nationally. Since the demise of the NHS Protect, drawing comparisons to peer organisations has been difficult and understanding national trends and issues have been challenging.

In October 2018, the Secretary of State for Health and Social Care announced the first ever NHS violence reduction strategy. The aim of the new zero tolerance approach is to protect the NHS workforce against deliberate violence and aggression from patients, their families and the public, and to ensure offenders are punished quickly and effectively. The announcement followed the 2018 NHS staff survey results, which showed that more than 15% of NHS employees had experienced violence from patients, their relatives or the public in the last 12 months – the highest figure for 5 years. The new national strategy includes the reintroduction of a national reporting of assaults on NHS staff.

In a letter from the Secretary of State for Health and Social Care to all NHS Staff (February 2018), and in reference to the 2019 NHS Staff Survey that also showed 15% of NHS staff experienced physical violence from members of the public and patients in the past year, he detailed:

- That he wanted to focus on the problem of violence against NHS staff.
- There was too much acceptance that violence is part of the job.
- Members of the public abuse or physically assault a member of NHS staff far too often;
- It is appalling that this happens at all, but even more so that it happens disproportionately to black and minority ethnic staff.
- We will not tolerate assaults, physical or verbal, against NHS colleagues – staff or volunteers.
- The formation of a joint agreement with the NHS, Crown Prosecution Service and the Police on offences against emergency workers

On 2 January 2021, NHS England and NHS Improvement published the first national ‘Violence Prevention and Reduction standard’, which provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence. Key areas of the Trust under the standard, is assessment indicators that include:

- Board accountability
- Workforce and workplace risk assessments
- workforce engagement
- Training
- Supporting roles
- Learning outcomes from management reviews
- Audit and assurance.

4. Local Context

Trust Incident Reports - In total **113** incidents of physical assault on staff have been reported via the Trust's incident reporting system for the period 1st April 2020 to 31st March 2021, compared to **145** incidents for the same period 2019/2020, and **96** incidents for the same period 2018/2019.

The data below is for all reported physical assault on staff (by patients/staff/visitors):

Inappropriate/Aggressive Behaviour towards Staff				
	Physical contact (actual assault) by Patient	Physical contact (actual assault) by Staff	Physical contact (actual assault) by Visitor	Total
2018/19	93	3	0	96
2019/20	141	1	3	145
2020/21	111	2	0	113
Total	345	6	3	354

The reported incidents of physical assault, include behaviours such as grabbing, biting, scratching, pinching, poking, hair pulling, punching, kicking and slapping, which if left unchecked, pose a significant safety risk to staff or result in the person bringing harm to themselves, as well as causing alarm and distress to other patients and visitors.

Staff Survey 2020 results for the Trust show:

Locality	Positive Score (%)	Number of Respondents					
		Never	1-2	3-5	6-10	More than 10	T
Your Organisation	84.4%	2273	262	100	33	25	2
Corporate Services	93.3%	379	14	10	2	1	
Women, Children & Diagnostics	92.4%	510	31	8	2	1	
Estates & Facilities	87.4%	195	18	7	0	3	
Integrated Care	82.8%	375	60	10	7	1	
Medicine & Clinical Support	80.1%	439	54	34	9	12	
Surgery GI & Critical Care	75.3%	333	71	21	10	7	
Emergency Department	60.9%	42	14	10	3	0	

This data suggests that the number of NHS employees who have experienced violence from patients, their relatives or the public remains a habitual problem year on year. Conducive with the Secretary of State for Health and Social

Care Matt Hancock's reference to the statistic that black and minority ethnic staff are disproportionately subject to abuse or physically assault by members of the public, the our staff survey data suggests a trend of increasing report of violence from BAME colleagues.

Q12d: The last time you experienced physical violence at work; did you or a colleague report it? (Scored Question)	Organisation Overall	BME	White	Blank / Missing
Option	%	%	%	%
Yes, I reported it (Positive)	38.0	41.2	36.4	55.0
Yes, a colleague reported it (Positive)	12.2	10.3	12.4	15.0
No (Negative)	27.2	26.5	27.5	25.0
Don't know (Exclude)	6.5	2.9	7.2	5.0
Yes, a colleague and I reported it (Positive)	3.0	4.4	2.9	0.0
Not applicable (Exclude)	13.1	14.7	13.6	0.0
Total Responses	**100.0**	**100.0**	**100.0**	**100.0**

5. Strategy Overview

We are determined to reduce the number of violence, aggression and harassment incidents against staff and therefore the primary objective of this Violence Reduction Strategy is to review and define key objectives for achieving a reduction in violence, aggression and harassment against its staff. The strategy sets out how we will respond to incidents and provides clarity and direction around policy and responsibilities.

The strategy details the range of very important work already being taken forward, but it also demonstrates our ambition to reduce the numbers of violent, aggressive, and harassing incidents against our staff.

This new strategy is therefore intended to describe fully how we will achieve a reduction in violence, aggression, and harassment incidents against staff. The work plan for reducing incidents will be monitored and communicated widely throughout the Trust.

6. Strategy Aims & Objectives

The aim of the strategy is to take a Trust wide approach to reducing violence, aggression, and harassment incidents, and to provide better support for our staff and to continually learn and improve how we do this.

At the core of the strategy is the requirement to undertake risk assessments and incident reporting, so that risk and incidents are identified to enable measures to be put in place that will reduce the number of violence, aggression, and harassment incidents against staff.

We will follow the principles of the Violence Prevention and Reduction Standard which is a risk-based framework that follows the Plan, Do Check, Act (PDCA) approach, an iterative four-step management method to validate, control and achieve continuous improvement of processes.

The four key principles are:

Plan – Trust review against the violence prevention and reduction standard and identify future requirements, to understand what needs to be completed and how, who will be responsible for key actions, and what measures will be used to evaluate success.

Do – assess and management of risks; organise and implementation of processes and communication of plans to NHS staff and key stakeholders in their delivery to provide adequate resources and supported training.

Check - assess how well the risks are controlled and determine if the aims have been achieved, assessing any gaps and corrective action taken.

Act – performance review of related actions to facilitate Senior Management direction in relation to policies or plans; including responses to any localised lessons learnt and incident data collected in respect of violence prevention and reduction. Critical findings should be shared with internal and external stakeholders.

The Strategy objectives are to:

a) Promote the policies for the prevention and management of violence, aggression and harassment throughout the Trust;
b) Increase staff awareness of issues relating to violence, aggression and harassment incidents;
c) Make sure that violence, aggression and harassment risks are identified and assessed in a systematic and on-going way, and that safe systems and methods of work are put in place to reduce the risks as far as is reasonably practicable;
d) Make sure that appropriate training is available to staff in all areas that equips them to recognise risk and provides practical advice on preventing and managing violence, aggression and harassment incidents;
e) Make sure that appropriate support and advisory services are available to all staff involved in violence, aggression and harassment incidents;
f) Encourage full reporting and recording of all incidents of violence, aggression and harassment incidents;
g) Through training and increased awareness seek to help staff to react appropriately to acts of violence, aggression and harassment.

7. How will we deliver our strategy?

The actions required to achieve the objectives are:

- A review of all processes to ensure responsibilities are clearly defined and that we communicate widely the requirement for managing and reporting violence, aggression, and harassment. This includes responsibilities and the requirement to undertake risk assessments.
- In conjunction with the Hate Crime Guidance an overarching Violence & Aggression Policy will be developed. A multi-disciplinary working group will

develop policies and guidance as appropriate and will develop into easily understandable instruction. The pro-active approach to the prevention and management of clinically related challenging behaviour will ensure that patients, the public and staff are in a safe environment.

- The Incident Review Group will continue to analyse security incident reports for the Hospital and Community premises, ensuring actions are taken to reduce security risks identified. This will include highlighting incidents directly to line managers and to a review by Facilities, of the security arrangements where an incident has occurred.
- It is recognised that the management of violence, aggression and harassment of staff will always present a risk, and as such the Trust recognises the need to review incidents and to implement relevant control measures to mitigate against identified risks related to violence, aggression, and harassment.

8. Strategy Outcomes

There are several mechanisms for identifying the extent of violence, aggression and harassment incidents against staff. They include the incident reporting system, and the staff survey results. The aim is to reduce the number of incidents; therefore, the success of the strategy will be evident through the data, and through any subsequent staff survey results.

Following approval, the strategy will be formally reviewed annually, and a report will be submitted to the Board of Directors detailing the work done to reduce violence, aggression and harassment incidents, and whether the strategy has been successful in reducing the number of incidents.

The Violence Prevention and Reduction Standard detail the requirement to audit our performance and report the findings twice a year. Reports will be presented at the appropriate committees including the:

- Quality Committee
- People Performance Committee

The need to collate and review incident information will be a core role of Divisional governance structures. Each division will monitor incidents, complaint themes, staff and service user feedback to inform improvement priorities.

9. Training

We recognise that training of staff is fundamental to the effective operation of this strategy, and that employees will be required to attend appropriate training relative to the degree of risk faced within their working environment.

We provide a range of training options to ensure that staff are provided with the appropriate skills necessary for the management of patients displaying disturbed/violent behaviour. As a minimum requirement all staff must undertake Conflict Resolution Training. The course enables staff to recognise triggers and diffuse potentially violent/aggressive situations.

In addition, designated staff will undertake the Management of Violence and Aggression training. Security Officers will carry out restraints (and we would **not** expect nursing staff to be restraining patients), however officers do need support from clinical staff for carrying out observations, assisting where necessary, protecting the head if the patient should be laid down.

10. Post Incident Support & Review

There is a need following every incident, for post incident review to inform prevention planning. The post incident process needs to recognise two elements:

- Organisational learning – To reduce the risk of re-occurrence and inform service improvements.
- Individual / team support – To support individuals (staff and others) who have experienced actual or potential harm because of the incident.

Reference should be made to the:

- *insert relevant policies*

11. Implementation

This strategy is underpinned by the four key principles of the Violence Prevention and Reduction Standards; against each of those principles, important actions will be implemented and monitored. The work plan for ensuring the standard is achieved is in included in Appendix 1.

12. Appendices

Appendix 1 Violence Reduction Work *in development*
Appendix 2 Strategy Poster *to be developed*

13. Summary & Conclusion

This Violence Reduction Strategy sets out our approach and ambition to reduce the number of violent, aggressive and harassment incidents against our staff. Our approach is not solely focused on policy and procedure, but as explained in the strategy it is very important that all incidents and risks related to violence, aggression and harassment are reviewed and any mitigation is implemented.

Our overarching message is that tackling violence, aggression and harassment incidents is not a security service responsibility alone but requires a multiple strand approach. We will ensure there is a framework in place to support delivery of the strategy and its aims.

Stockport NHS Foundation Trust

Meeting date	2 December 2021	x	Public		Confidential	Agenda item
Meeting	Trust Board of Directors					
Title	Draft Digital Strategy – 2021-26					
Lead Director	Peter Nuttall, Director of Informatics		Author	Helen Bennett, Acting Director: IM&T		

Recommendations made/ Decisions requested

Following recommendation from the Finance & Performance Committee on 18.11.2021, the Board is invited to review the contents of the Trust's draft Digital Strategy – 2021-26 and provide final approval.

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
√	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	Section
Financial impacts if agreed/ not agreed	Section
Regulatory and legal compliance	Section
Sustainability (including environmental impacts)	Section

Executive Summary

The Trust's draft Digital Strategy 2021-26 outlines the key digital ambitions for the Trust over the next 5 years. The strategy provides details on the context in which the document is written and outlines the key digital ambitions. It also illustrates what impact the outputs will have on end- users, and how the strategy will be managed and delivered.

NHS Stockport NHS Foundation Trust

1. Purpose

1.1 The purpose of this report is to provide a brief overview of the draft Digital Strategy – 2021-26.

2. Background and Links to Previous Papers

2.1 With the publication of the Trust Strategy in 2020, it was clearly stated that 'digital' was a key enabler to support the delivery this strategy. An initial document was drafted in 2020 following detailed discussions with the digital & informatics teams, senior clinicians, and operational leaders. During 2021, this document has been refreshed and updated in readiness for approval.

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3. Matters under consideration

3.1 The content of the draft strategy reviews our digital journey so far, the context in which it is written, taking into account national drivers, local drivers such as Integrated Care Systems, provider collaboration, plans for local Stockport health and care economy, and also its alignment to the overarching Trust Strategy.

3.2 The document focuses on seven key digital ambitions as listed below:

- Digitise patient care delivery
- Empower our patients
- Support our staff
- Invest in our infrastructure
- Engage our clinical leaders to improve quality
- Enhance performance & operational service delivery
- Collaborate with our partners.

These ambitions are underpinned by the underlying core principles of:

- Protecting our data and sharing data securely
- Operational and clinical engagement
- Clinical system safety processes
- Right device, right time, and well connected
- High standards of data quality.

3.3 The strategy also focuses on 'what does this mean to me?' to illustrate what the organisation will look like to end- users and trust partners, if the ambitions of the Strategy are achieved.

3.4 The final section outlines the framework, and processes, by which the Strategy will be delivered.

4. Areas of Risk

4.1 Risks of delivery of the digital strategy are outlined in section 7.9 of the document.

5. Recommendations

5.1 The Board is invited to note the content of the Trust's draft Digital Strategy- 2021-26 and provide final approval.

Digital & Informatics Team

NHS Stockport NHS Foundation Trust

DRAFT V6.0

Digital Strategy

2021-2026

Stockport NHS Foundation Trust: Digital Strategy 2021-2026

CONTENTS

1. INTRODUCTION

1.1 ABOUT THE TRUST

Stockport NHS Foundation Trust aims to be a well-led organisation delivering safe, high quality care for local people.

1.2 STRATEGIC VISION & VALUES

Our Strategic Plan for 2020-2025 sets out a clear vision - developed in collaboration with our staff and our patients - to continue to improve the quality and performance of our services, while achieving financial sustainability.

Our Mission:

- Making a difference every day

Our Values:

- We Care
- We Respect
- We Listen

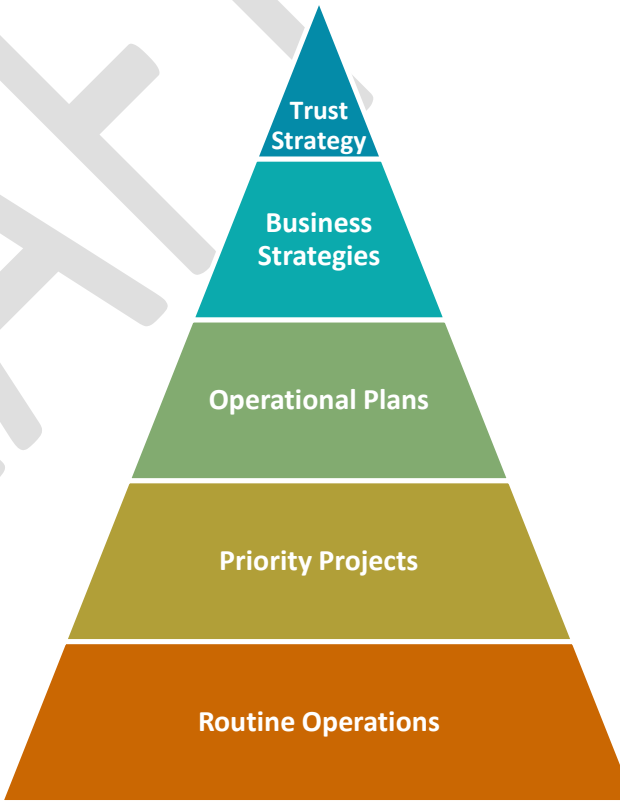
Our Strategic Objectives:

- A great place to work
- Always learning, continually improving
- Helping people live their best lives
- Investing for the future by using our resources well
- Working with others for our patients and communities

1.3 ALIGNMENT OF PLANS

Our long-term Trust Strategy will be delivered through a range of medium-term business strategies, which set out the detail of how we will achieve our ambitions across our clinical divisions and enabling functions such as workforce, informatics and estates.

Each year, the Trust develops annual operational plans for our in year priorities, which align to national policy and delivery of our strategic objectives. This hierarchy of plans is set out in the figure below.



This plan sits among our business strategies, detailing our medium-term plans to deliver the Trust's vision.

1.4 PURPOSE OF THIS STRATEGY

Digital and informatics services are core to supporting the clinical and operational delivery of the Trust. A skilled, loyal workforce with a strong history of delivery and support provides a platform to enable us to move forward over the next five years and fully support the ambitions set out in the Trust's Strategy (2020-25), focusing on key clinical requirements, supporting organisational partnerships and internal improvement and transformation.

This strategy sets out all the essential activities we must continue to provide to ensure our digital infrastructure is secure and resilient, our data is safely shared, and compliance with reporting and coding requirements. In parallel, we set our ambitions for digital transformation using technology to help health- and- care professionals communicate better and enable people to access the care they need quickly and easily, when it suits them.

Our digital activities need to be fully aligned to the Trust's new strategy as they are key enablers to its overall delivery. The strategy provides a blueprint to our digital and informatics teams to support the organisational and national digital agendas. It enables us to reflect on what we have achieved so far and sets out the foundations on which we need to build.

Our strategy is summarised in section 2 overleaf in our 'Plan on a page'.

Our Mission: '***Making a digital difference everyday***'.

Our Vision: To deliver digital and informatics services that are innovative, reliable, resilient, and agile putting our patients and staff at the heart of everything we do to make a difference every day.
Our strategy does set out an ambitious agenda for the next five years but we are confident we have the necessary skills and expertise to deliver this. Our greatest challenge will be funding for infrastructure and equipment, new digital systems but also staff. Historically the digital teams have been sufficiently resourced to provide the level of delivery required but with a continually expanding digital agenda which has increasingly become ever more critical to the running of the Trust, appropriate funding will need to be identified.

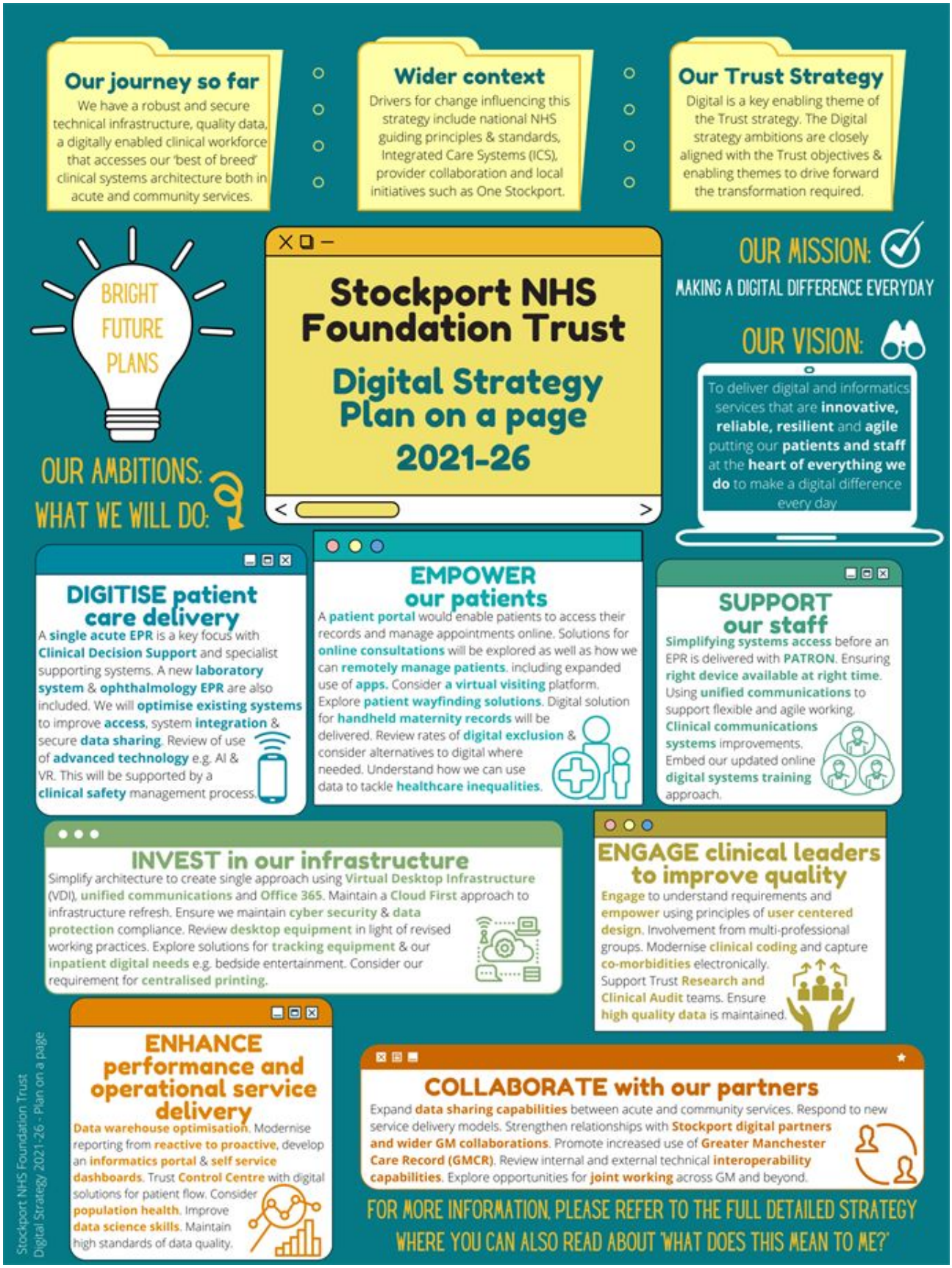
We will continue to seek opportunities for external funding from either GM, where we have been successful in receiving Cyber security funding, or nationally for more significant investments to support the delivery of a single comprehensive EPR.

Our Trust Service Objectives:

- Deliver safe accessible and personalised services for those we care for
- Support the health and wellbeing needs of our communities and staff
- To work with partners to co-design and provide integrated service models within the locality and across acute providers
- Drive service improvement, through high quality research, innovation and transformation
- Develop a diverse, capable and motivated workforce to meet future service and user needs
- Utilise our resources in an efficient and effective manner
- Develop our Estate and IM&T infrastructure that is fit for purpose and meets service and user needs

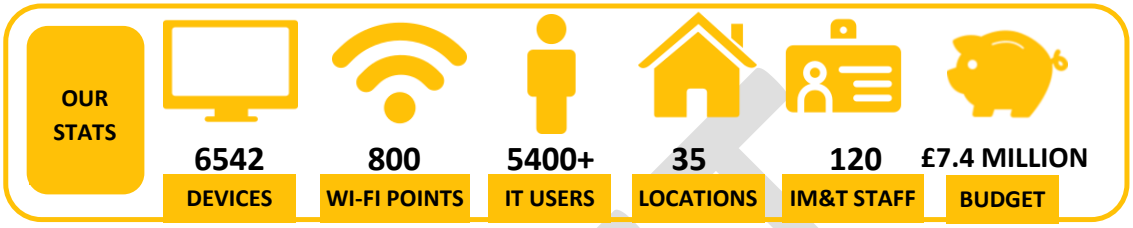
Stockport NHS Foundation Trust: Digital Strategy 2021-2026

2. PLAN ON A PAGE



3. OUR DIGITAL JOURNEY SO FAR

Over the last fifteen years, the Trust has invested well in its digital 'paperlite journey'. This included delivery of a robust and secure technical infrastructure, a digitally enabled clinical workforce that accesses our 'best of breed' clinical systems architecture both in acute and community services. Building on our success, and our previous digital strategy, our next step in our digital journey was the delivery of a hospital Electronic Patient Record (EPR) system; unfortunately, due to shortfalls in supplier software this was not delivered. This remains a key priority for the organisation.



We focus on clinical safety

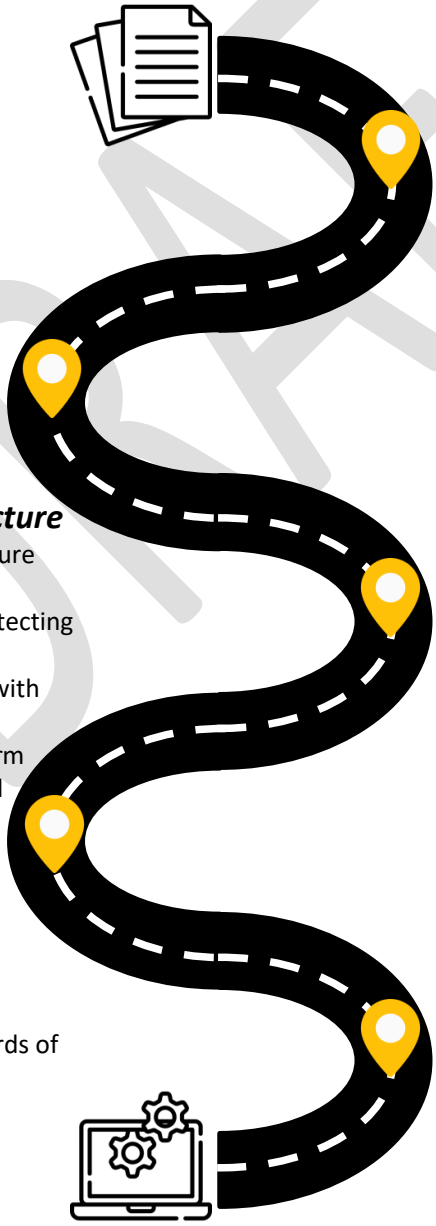
- Excellent record of best- of-breed clinical systems architecture
- Clinical team leading system optimisation
- Advanced in-house developed applications
- Established clinical- safety process

We have resilient infrastructure

- Modern, resilient IT infrastructure based around 2 data centres
- Compliance with standards protecting against cyber attacks
- Extensive Wi-Fi across all sites with public Wi-Fi
- Unified communications platform enhancing internal and external user experience, supporting agile and flexible working

We ensure quality data

- Well- established Informatics & Coding departments
- Recognised for our high standards of data quality
- Strong information governance processes ensuring our data is protected



We are digitally mature

- Good foundations, ranking 55th/141 in national digital maturity index of acute providers (2020)
- Digitally mature workforce familiar with using technology
- Supported by well-respected teams working in digital and informatics

We are mobile & adaptable

- Good concentration of workstations/mobile devices in acute clinical areas with refresh programme
- Recent investment in mobile technology to support flexible working practices due to COVID
- Digital mobile & paperlite community services workforce

4. OUR CONTEXT – DRIVERS FOR CHANGE

4.1 SUMMARY

4.2 NHS X – ALIGNING WITH THE 'WHAT GOOD LOOKS LIKE' FRAMEWORK

In August 2021 NHSX published the framework "What good looks like".

The What Good Looks Like (WGLL) programme builds on established good practice to provide clear guidance for health- and- care leaders to digitise, connect and transform services safely and securely. This is with the aim of improving outcomes, experience, and safety.

This framework includes seven success measures, six of which are closely aligned with the Trust Digital Strategy ambitions detailed in section 5. The 'well- led' framework measure is covered in our governance arrangements in section 8.

NHSX What Good Looks Like Framework

7 success measures and how we have ensured these are embedded in this Digital Strategy

1. **Well led:** Boards are equipped to lead digital transformation & collaboration. They own and drive the digital transformation journey

   Delivery of the strategy is underpinned by a robust governance structure

2. **Smart foundations:** Digital, data and infrastructure operating environments are reliable, modern, secure, sustainable and resilient

   Aligns with Ambition: INVEST in infrastructure

3. **Safe practice:** Organisations maintain standards for safe care and routinely review digital and data systems to ensure they are safe, robust, secure, sustainable and resilient

   Aligns with Ambition: DIGITISE patient care delivery

4. **Supported people:** The workforce are digitally literate and are able to work optimally with data and technology

   Aligns with Ambition: SUPPORT our staff

5. **Empower citizens:** Citizens are at the centre of service design and can access and contribute to their healthcare information, taking an active role in their health & wellbeing

   Aligns with Ambition: EMPOWER our patients

6. **Improve care:** Health and care practitioners use digital and data to improve health & wellbeing, transform care pathways and deliver innovative and sustainable care models

   Aligns with Ambitions: ENGAGE clinical leaders to improve quality and ENHANCE performance & operational care delivery

7. **Healthy populations:** Organisations encourage development and adoption of new ICS-led, population-based, digitally-driven models of care

   Aligns with Ambition: COLLABORATE with our partners

4.3 TRUST CONTEXT – ALIGNING WITH THE TRUST CORPORATE STRATEGY

The Trust has undertaken a major piece of work to refresh its Corporate Strategy for the future, envisaging the role the organisation will play in the local and regional health- and- social- care system.

The Trust mission statement is 'Making a difference everyday' and to reflect how essential digital is in delivering this mission, we have reflected this in our mission statement 'Making a digital difference everyday'.

The Trust values are incorporated into our approach for delivering this Digital Strategy. Digital is a key enabling theme of the Trust strategy. In order to deliver this Digital strategy we have incorporated all elements of the enabling themes listed below to drive forward the transformation required.

The graphic on the following page details how we have aligned our ambitions with those set out in the Corporate Strategy.

Trust Objective	Strategic Objective Detail	Aligned Digital Strategy Ambitions	How we will support
A great place to work	• To deliver the five aims of the People Strategy • Provision of resources; culture, and engagement; education and development; high performing – striving • For excellence; leadership development • To improve the health and wellbeing of staff • To provide equally positive employment experience for our staff from all backgrounds and communities	**SUPPORT our staff**	As an organisation, we understand that real change and transformation can only happen as a result of people being engaged with, and excited about, digital health. We recognise that understanding what staff want and need is key to delivering digital tools that are embraced, and successful.
Always learning, continually improving	• To embed a culture of safety and create an environment of continuous quality improvement, research and innovation • Increase our levels of innovation, increasing the pace of change and improving long- term decision- making • Positively act upon learning (e.g. learning from deaths/morbidity & mortality/improving flow)	**DIGITISE patient care delivery** **ENHANCE performance and operational service delivery**	A key focus is supporting the direct delivery of patient care. This is either through the delivery of electronic clinical systems or enabling clinicians to access wider patient data directly at the point of care. Data is key to this strategy. We will aim to be proactive and preventative. We need to develop a data- driven culture to support improvements in patient flow, safety, quality, outcomes, and performance.
Investing for the future by using our resources well	• Optimising our clinical outcomes through effective clinical leadership • Clinical service- line strategies will have to achieve financial and clinical sustainability • Achieve a break- even financial position in line with expectations • Invest in the development and wellbeing of our staff, to support retention and recruitment • Ensure a shared vision for a fit- for- purpose environment	**INVEST in infrastructure** **ENGAGE clinical leaders to improve quality**	A stable, secure and resilient infrastructure is an essential requirement as it is the cornerstone upon which we can build our digital organisation. We must engage with clinical leaders and provide them with the appropriate quality data to support the delivery and complexity of care provided.
Working with others for our patients and communities	• Contribute to narrowing health inequalities and supporting health and well-being • Develop strong partnerships with organisations in Stockport • Engage with local communities and neighbourhoods to shape services around local needs • Develop strong partnership working with Trusts in GM and East Cheshire to support sustainable clinical networks • Positively influence our reputation	**COLLABORATE with our partners**	We must work closely with our digital partners to continue to deliver solutions that support new and emerging service delivery models. We must find ways in which patient data can easily be shared at the point of care and at the same time ensure that the necessary governance is in place.
Helping people live their best lives	• To embed an approach of realistic care in order to deliver better outcomes for our patients before, during, and after their treatment and to meet the preferences of our patients at the end of life • Improve the health & wellbeing and experience for our staff & patients • Play a key role in supporting the priorities of the Locality Plan and CCG strategy – Start Well, Live Well, Age Well, Die Well • To provide an equally positive experience of services for patients and carers from all backgrounds and communities	**EMPOWER our patients**	The NHS 10-year plan clearly states that people should be digitally empowered to manage their own healthcare using the variety of technologies now available. We must use data to tackle health inequalities. Traditional methods of engaging with patients need to change to facilitate and improve digital access, at all times remembering to consider digital inclusion.

5. OUR AMBITIONS

As the Trust moves forward with its new strategy and plans for improvement, the Digital & Informatics Team will fully support this agenda. This section sets out how we aim to do this within the context of our vision of service delivery.

Digital & Informatics Vision Statement

'To deliver digital and informatics services that are innovative, reliable, resilient and agile putting our patients and staff at the heart of everything we do to make a difference every day'

We have captured our ambitions across seven key themes.
Underpinning these ambitions are a number of core principles that are essential to everything we do.

Our underlying core principles are grouped as follows:

Over the following pages in sections 5.1-5.7 each ambition is detailed alongside what we aim to achieve.

5.1 DIGITISE PATIENT CARE DELIVERY

DIGITISE patient care delivery

A key focus of our Digital Strategy is supporting the direct delivery of patient care. This is either through the delivery of electronic clinical systems or enabling clinicians to access wider patient data directly at the point of care.

Current Position: IT clinical systems are central to the **direct delivery of patient care** both on the hospital site and across our community services. We have been successful in creating a **digitally enabled clinical workforce** and are well on the journey of creating a 'PaperLite clinical environment' – greater success has been delivered for our community services with **EMIS Community EPR**. For the acute site, this has been delivered through a variety of **'best of breed' and advanced in-house clinical systems**. Although we have removed risks associated with using paper- based processes, this has created **frustrations for end users** particularly clinicians with the requirement of **multiple logons** in order to assimilate clinical information to support patient care. Steps were taken to remove these issues with our previous Hospital EPR programme which, unfortunately, was closed; however, the ambition of a **single acute EPR remains our key priority** and central to the delivery of this strategy.

What we will do:

- Implementation of a new acute **Electronic Patient Record (EPR)** to replace our PAS & core clinical systems into one comprehensive solution with specialist supporting systems.
- Support clinical decision- making with **embedded Clinical Decision Support** (CDS) in an EPR
- Replace our outdated **Laboratory Information Management System (LIMS)** to support GM collaborative working
- **Maximising capabilities** with a focus on systems that would remain alongside an EPR
- Support opportunities for improvements in key pressure areas e.g. **bed management / patient flow** through a **digital control centre**
- Deliver our **clinical system single point of access portal** (PATRON) as a temporary solution to remove end- user access frustrations
- **Maximise benefits of Community EPR** solution with mobility and paperlite working
- Expanded **system integration & data sharing** supporting provider collaborations
- Optimise the new **Theatre Information System** (Theatreman) to support improved utilisation and efficiency
- Investigate use of **Robotic Process Automation (RPA)** for removing duplicate activities
- Exploit the benefits of the **new GM PACS solution** (SECTRA)
- Delivery of a **Ophthalmology EPR** to support streamlining speciality processes
- Explore application of **Artificial Intelligence (AI)** e.g. Radiology
- Develop solutions using **Voice Recognition (VR)** and **Natural Language Processing (NLP)**
- Continue to keep up to date with **national clinical guidance** e.g. National Early Warning Scores
- Robust **clinical system safety management process** to keep patients safe

5.2 EMPOWER OUR PATIENTS

EMPOWER
our patients

The NHS 10-year plan clearly states that people should be digitally empowered to manage their own healthcare using the variety of technologies now available. Traditional methods of engaging with patients need to change to facilitate and improve digital access.

Current Position: We have **limited digital solutions** to currently empower our patients and recognise this is an area we **need to strengthen**. We have introduced **electronic letters** to advise our patients of their outpatient appointments which are sent directly to mobile phones, supported by text reminders. **Video consultations** were introduced during the COVID-19 pandemic to enable patients to have their outpatient consultations and support our patient support groups. We have a **small number of patient Apps** in use and Trust **patient information** is accessed by the Trust's internet site.

What we will do:

- Investigate digital solutions for a **patient portal** which enables patients to interact with Trust by providing **access to results and records and manage appointments** - no more waiting for letters to arrive or hanging on the phone
- Providing **digital solutions for non-face-to-face outpatient consultations** to ensure the NHS ambition for 25% non-face to face outpatients consultations is maintained
- Deliver **maternity digital records**, providing a digital solution to replace paper hand- held personal records
- Consider options for **telemedicine** including **telehealth remote monitoring** of patients
- Expand the use of **patient apps including My Recovery** (for our orthopaedic patients) – working with GM to standardise Apps adoption
- Explore **patient wayfinding solutions** to improve patient experience by helping them navigate their way easily and efficiently around the Stepping Hill site
- Review our **local community rates of digital exclusion** (lack of access and skills to digital solutions), and consider alternative non- digital solutions where direct patient digital interaction occurs
- Assist in tackling **healthcare inequalities** by reviewing how we provide and use information from our digital systems
- Continue to develop the **trust website** to support patients with up- to-date and accessible information
- Support any requirements for a **virtual visiting platform** in response to any future restricted patient visiting

5.3 SUPPORT OUR STAFF

SUPPORT
our staff

As an organisation, we understand that real change and transformation can only happen as a result of people being engaged with and excited about digital health. We recognise that understanding what staff want and need is key to delivering digital tools that are embraced and successful, underpinned by quality digital systems training and support

Current Position: Through the introduction of our 'best of breed' clinical architecture, we now have in place an **experienced and digitally enabled clinical workforce** that are confident to use digital solutions at the bedside and across the community settings. On the acute site, **multiple systems with numerous passwords create frustrations** and this is an issue that we need to resolve both in the short and long- term. All wards and community services have **clinical IT equipment** to support working practices but **continual changes to practice create additional demand** that must be assessed.

At the start of the COVID-19 pandemic, our IT Services teams rapidly deployed **WebEx functionality** to enable immediate virtual meetings to be held and staff to work from home in a much more **flexible and agile** way. We also transformed our **digital training services** to a full online facility ensuring that staff could continue to be fully trained on our systems prior to starting in post.

What we will do:

- Improving and simplifying the **clinical systems end user digital experience** with the delivery of our in-house clinical system access portal - **PATRON**
- Respond to changes in clinical practices to ensure the **right device is available at the right time** through a **robust clinical equipment investment and replacement programme**
- Through the **Unified Communication programme**, embed and further enhance digital capabilities delivered during COVID-19 pandemic to continue to support the Trust's **agile working** policy
- Deliver **digital training** for new systems and functionality
- Enhance our **flexible digital systems training model** and revise in response to continued user feedback to provide a smooth and streamline **digital induction** to the Trust. Consider new types of training e.g. gamification
- Continue to **develop local solutions** via the Trust Intranet e.g. HR tools to reduce paper processes for our day- to- day corporate processes
- Provide a **proactive support model** for all digital users with self-service functionality. **Make it easy** for staff to access digital help when they need it
- Consider options and benefits for **Bring Your Own Device (BYOD) / Use Your Own Device (UYOD)**
- Continue to emphasise the importance of **protecting our patient data**

5.4 INVEST IN OUR INFRASTRUCTURE

INVEST
in our
infrastructure

A stable, secure and resilient infrastructure is an essential requirement as it is the cornerstone upon which we can build our digital organisation. A key aim of this strategy is to stabilise and optimise the Trust's infrastructure in a way that achieves full standardisation across secondary and community care.

Current Position: The Trust runs a **modern IT infrastructure** that provides staff with resilient access to the broad range of equipment, technology and systems. It is, in essence, a fundamental foundation of the organisation. The Trust has a **good concentration of workstations and mobile devices** across both acute and community settings that are kept current through a 5-7 year refresh programme. There are **800 Wi-Fi access points** across our acute sites and shared Wi-Fi in community locations providing good coverage for staff. **Public and patient Wi-Fi** is also available site wide. The Trust's new **Unified Communications platform**, provides a stable telephony platform with enhanced benefits.

What we will do:

- Complete the delivery of a **simplified and converged digital IT technical architecture** to create one approach across acute and community services using **VDI** (Virtual Desktop Infrastructure), **unified communications platform** and **Office 365**
- Continue to investigate and implement a **'Cloud-First' approach** to any infrastructure or system investment in response to supplier revised architecture
- **Review and rationalise our desktop estate** in light of revised working practices due to COVID and potential significant increase costs for licensing
- Review our **external partners' IT support arrangements** to ensure best value for money and optimised service delivery
- Investigate options for a **new data centre** as a replacement to our primary data centre (Beech House)
- Invest & strengthen **cyber security capabilities** and maintain national assurance
- Ensure ongoing compliance to the **annual NHS Data Security & Protection Toolkit (DSPT)**
- Investigate use of **tracking solutions** to support the tracking of Trust equipment and its wider use
- Conduct a full **Wi-Fi** survey and refresh the provision as recommended
- Explore opportunities for improved interoperability e.g. **medical device integration**
- Review capabilities for a **centralised print management** system
- Consider **digital requirements for our inpatients** e.g. bedside entertainment
- Using the skills and experience of our Digital Technology & Support team, explore and review opportunities for **managing other digital technical platforms** across the local & GM health economy as more organisational partnerships develop

5.5 ENGAGE CLINICAL LEADERS TO IMPROVE QUALITY

ENGAGE clinical leaders to improve quality

One of the Trust's high level strategies is to become a 'clinically led and managerially enabled' organisation. A robust strategy for engaging multi-professional clinical leaders is essential to our success. We must engage with our clinical leaders and provide them with quality data to support delivery of care.

Current Position: Successful **clinical engagement** has been led by our CCIO supported by our Clinical Digital Team, with a **Clinical Design Authority** as our forum for Digital Programmes. Engagement has primarily involved specialty- based consultant leads, with the Emergency Department having its own **Clinical Reference Group** managing AdvantisED developments. Historically, our **clinical coding** approach has primarily focused on meeting coding deadlines with limited clinical engagement to improve coding detail. An **external review** has been undertaken to assess current processes and advise on improvements for the future, which will **focus more strongly on engaging clinicians**. In addition, **data to support research and clinical audit** is often paper- based and time consuming to produce. By digitising more clinical processes we can seek to exploit this data.

What we will do:

- **Strengthen engagement with our clinical leaders** to understand their requirements via a detailed clinical engagement strategy
- **Empower** our clinical users to be involved in system developments and testing, using the principles of **user- centred design**
- **Embed a robust clinical safety process** with input from multi-professional clinical groups
- **Develop our Clinical Digital Team** to be able to more widely represent clinical digital systems optimisation across professional groups
- Deliver an **education programme** to support **recording clinical activity** accurately to fully capture complexity of conditions and comorbidities
- **Modernise our clinical- coding function** to balance meeting monthly statutory deadlines with improved clinical engagement
- Identify a **digital solution** to support the data collection of **patient co-morbidities** which will ensure that the complexity of care delivered is accurately recorded
- Provide support to ease access to data required for any **clinical audit** activity, particularly as we move towards increased clinical digital data entry with an EPR
- Ensure any EPR solution is able to **support the Trust Research team** in relation to data

5.6 ENHANCE PERFORMANCE AND OPERATIONAL SERVICE DELIVERY

ENHANCE performance & operational service delivery

For organisations to run truly efficiently and be flexible for the future, data is key. Historically, the data culture of the NHS has been retrospective and reactive rather than proactive and preventative. We need to develop a data- driven culture to support improvements in patient flow, safety, quality, outcomes, and performance.

Current Position: The demands for **data and reports** have been rapidly increasing both from external bodies and internal colleagues. This has been driven by the need to respond to COVID-19 and more recently for system recovery plans. Our **data warehouse** is now in place which will act as the solid foundation to **modernising our informatics function** both in managing ad-hoc requests and standardising processes. Creating **clinical dashboards**, by pulling the rich data from our clinical systems to support compliance, patient safety and service improvement, has been a recent requirement of the team.

What we will do:

- Enhance and **optimise the capabilities of our new Data Warehouse** to stream line our external and internal reporting processes
- **Modernise internal operational and performance reporting** with increased dashboards (e.g. ED) to enable reporting to be more reflective and visible to end users – moving from reactive to proactive reporting model
- To develop a **Trust informatics portal** to provide a new central location for easier access to all our reports and dashboards
- Using our Tableau- based front- end reporting tool, create the environment for the development of **self- service dashboards**
- Continue to expand the range of **clinical reports and clinical quality dashboards** available to support the Trust's patient safety and quality agenda
- Continue to build dashboards to support tracking of the delivery of **Trust's Service Improvement Programme**
- Support the delivery of a future centralised **control centre** with digital solutions to support care delivery and patient flow
- In response to new national requirements, establish a focused programme of work with our **community- based services** to increase the understanding of the importance of data and to improve data collection and quality
- Working with our local and GM partners consider and support developments in **population health delivery**
- Increase **data science skills** within our team in response to the increased demands for **future predictive modelling**
- **Maintain high standards of data quality** with enhanced assurance processes, to ensure that our reporting is accurate and fully reflective of our operational performance

5.7 COLLABORATE WITH OUR PARTNERS

COLLABORATE with our partners

We must work closely with our digital partners to continue to deliver solutions that support new and emerging service delivery models. We must find ways in which patient data can easily be shared at the point of care and at the same time ensure the necessary governance is in place.

Current Position: We have **strong working relationships** with our digital partners in Stockport (CCG, Council, Mastercall & Viaduct), meeting regularly to deliver solutions to **support cross organisational working and patient care delivery**. Working with Greater Manchester (GM) digital leaders, a GM Chief Information Officer network has recently been established to **support collaborative working across the providers**. This network supports all GM- based transformation programmes e.g. cancer/elective care as well as seeking benefits in shared supplier management.

What we will do:

- Improve our **data sharing capabilities between acute and community services and provider partners** as relationships mature
- Continue to **strengthen our relationships with digital leaders in Stockport**, focusing on our collective response and delivery for the' One Stockport' strategy
- **Work closely with GM** and provider CIOs to support **increased provider collaboration** and work together to **identify opportunities for joint working and support**
- Provide a digital response to new **emerging service delivery models in Stockport, GM, and the wider health community**
- Digitally support the **joint clinical strategy with East Cheshire** and provide data sharing/digital solutions to enable the smooth delivery of care
- Review our **internal and external technical interoperability capabilities** to ensure they are fit for purpose in response to increased cross- organisational working
- Promote the contents, use, and benefits of the **Greater Manchester Care Record** to our clinical teams to support direct patient care
- **Link closely with Tameside digital teams** to share best practice and identify areas of shared working when opportunities arise

6. WHAT DOES THIS MEAN TO ME?

What does this mean to me?

To help demonstrate how this strategy will impact Trust staff and patients, we have tried to detail 'What does this mean to me?' from different perspectives below.

The stories below are written in 2026

Inpatient Nurse in 2026

The single Electronic Patient Record means I have **fewer systems** to log into. The EPR makes me **feel safe** as it helps **support decision making** and allows for smoother patient management. My training for the EPR was **flexible and tailored** to my needs. As I'm only entering data once into a **single system** this is **releasing time for me to care** for patients. **Devices are readily available** in my area and the connection is seamless allowing me to access records at the patient bedside. We can easily **track** the **equipment location**to know where it is at any time. The data that is available to me for **safety and quality dashboards** help us demonstrate the high level of care we are delivering.

A Patient in 2026

My interaction with the hospital is **so much easier** now I can **manage my own appointments and see my data online**. I can easily communicate with the hospital to manage my care and I enjoy the **flexibility** of not needing to come into the hospital for all of my appointments. When I do come into the hospital however I am able to use technology to **find my way around the hospital easily**. It's great that **my GP and the hospital share data** as I don't have to repeat myself as often now. I am **reassured that my data is safe** and securely managed. I recently had a knee operation and was able to **manage my recovery** via an app on my phone.

Hospital Doctor in 2026

All my patient records are available in **one place** which makes reviewing records so much easier. I have **access to everything I need to care for my patients** – wherever I am. The EPR means I have a **consolidated view** of my patient's condition and history and embedded **clinical decision support** helps ensure we follow appropriate treatment pathways to ensure **high quality, standardised care**. I can't remember how we managed before **remote consultations** became the norm, and with improvements in **voice recognition** my clinics are so much smoother to run. **Data is shared safely** both locally with GPs and across the region, enabling a more **seamless continuity of care** for my patients. I have access to **rich data sets** to allow me to review quality and outcomes and analyse my clinical activity, meaning I can more easily undertake **clinical audit**.

Stockport NHS Foundation Trust: Digital Strategy 2021-2026

Operational Manager in 2026

The new digital improvements have **changed the way we work**. **Data is easily accessible** to drive service improvements and I am able to **see and predict activity levels** with ease. I can customise and create my own **dashboards**. We have a **reduced burden of data entry**, supported by **robotic process automation**, and with information only needing to be **entered once** there's a huge reduction in the amount of duplication.

Agile working has supported our staff working **flexibly** and the unified comms rollout enabled us to **rethink how we communicate and work together.**

Community Physiotherapist in 2026

The **community EPR** has facilitated new ways of managing my caseload. Access to **information from primary and secondary care is seamless** and data from all professions is available to **help decision making**. The **VDI platform** makes it so much easier to access our EPR and other systems, supported by **community Wi-Fi** across our locations. We have access to more information from acute admissions and are able to **communicate effectively** with our colleagues. We have access to **lots of data** which we are using to **drive improvements** and demonstrate how effective and high quality our service is. The **support from the digital teams** has been great in making sure we are **connected with appropriate devices** and our teams are **well trained** in how to use the systems.

Stockport GP in 2026

Easy and safe data sharing has enabled us to access so much more around our patient's secondary care records. The patients have a **longitudinal health record** now which is **so much safer**. We have established **new ways of working and communicating with the hospital and community** based staff. **Patient satisfaction** is so much higher now they can **manage their hospital appointment and care online**.

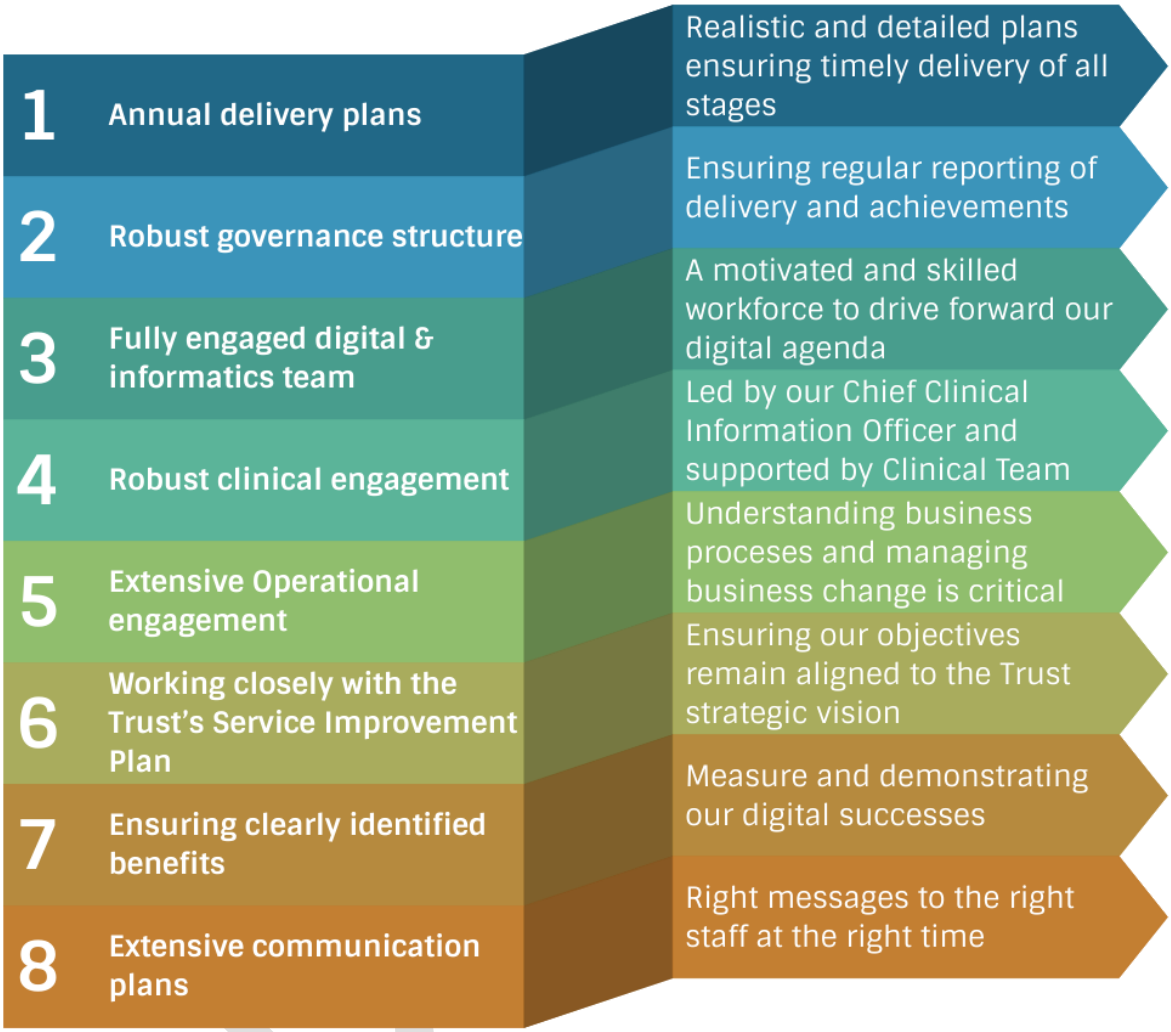
Other groups

The above examples illustrate a 'day in the life' of a small selection of our staff groups, however, we recognise that digital systems impact all staff, all patients and all the partners that we work with.

If you would like further information on what this strategy means to you, please get in touch - our email is digital.optimisation@stockport.nhs.uk

7. HOW WE WILL DELIVER THIS STRATEGY

7.1 DELIVERY APPROACH



7.2 OVERARCHING PRINCIPLES

To deliver this strategy, we will identify annual delivery plans with each digital team to monitor progress. Managed by our departmental leaders, we will identify quantifiable and measurable outcomes, timescales, and clear lines of accountability, and governance, by which to monitor delivery.

All members of our teams have a crucial part to play in delivering our strategy and we will ensure that every member of our staff understands their contribution, which will be included in their individual appraisal as well as in team objectives.

7.3 DELIVERING SERVICE IMPROVEMENT

Continually improving the way we deliver our services for our patients is central to the Trust's Service Improvement Plan. Digital is a key enabler to deliver this plan. We will work closely with the Transformation Team to deliver the necessary digital solutions and provide comprehensive data to support decision making.

As the NHS and the wider world continues to change, we will review our strategy annually, maintaining our flexibility and responsiveness and ensuring it continues to be fit for purpose.

7.4 STRONG DIGITAL ENGAGEMENT

Building on the statements in section 5.5, to ensure success of this strategy, engaging clinical staff is fundamental. We must procure or design digital systems that support the way they work day to day and also provide data to enable clinicians to continue to improve the quality of care and maintain safety.

Building on the success of our previous clinical digital engagement foundations, e.g. Clinical Design Authority, we will strengthen engagement with the appointment of a number of Divisional Digital Champions supported by a dedicated Chief Clinical Information Officer.

We will also work closely with our operational leaders, administrative, support services and other non-clinical areas to ensure we support the needs of all our staff.

We must also recognise the importance of patient engagement to ensure the ambitions set out in this strategy are delivered.

7.5 BENEFITS REALISATION

The plans and ambitions set out in our strategy all require investment in terms of funding, staffing, and time. In return, benefits realisation must be rigorously captured. In 2019, NHS Digital developed a five- stage approach to benefits management which include:

- Step 1 - Identify and quantify
- Step 2 – Value and appraise
- Step 3 – Plan
- Step 4 – Realise
- Step 5 – Review plan, realise and review

This ensures that benefits are considered throughout the lifecycle of the project/programme and into the service. Building on our current benefits management, we will adopt this NHS Digital approach to formalise our processes.

7.6 COMMUNICATIONS

With the launch of our digital strategy, we will be renaming the department, moving from IM&T to 'Digital and Informatics'. We will deliver a range of communications that clearly articulate our progress against our stated strategy journey. We aim to raise the profile of our digital and informatics teams by updating our microsites and commencing a programme of general awareness of what we do through a regular digital newsletter called 'Digital Matters' and also through the establishment of our own Twitter account. The digital and informatics teams have a reputation for delivery and we need to share how what we do is of benefit to our patients, staff, and partners.

8. GOVERNANCE

Led by Director of Informatics, appropriate governance mechanisms need to be in place to manage and assure delivery our strategy.

The Digital & Informatics Group will be the focus of overseeing the delivery of the strategy and also monitor progress on our major digital programmes.

Reporting to this group will include:

- Data Quality Assurance Group
- Digital Clinical Advisory Group
- Information Governance and Security Group
- Appropriate Programme/Project Boards as they are established e.g. EPR

The Digital Informatics Group will report into the Trust Board of Directors via the Executive Team, and Finance & Performance Committee based on a Key Issues Report.

9. RISKS TO DELIVERY

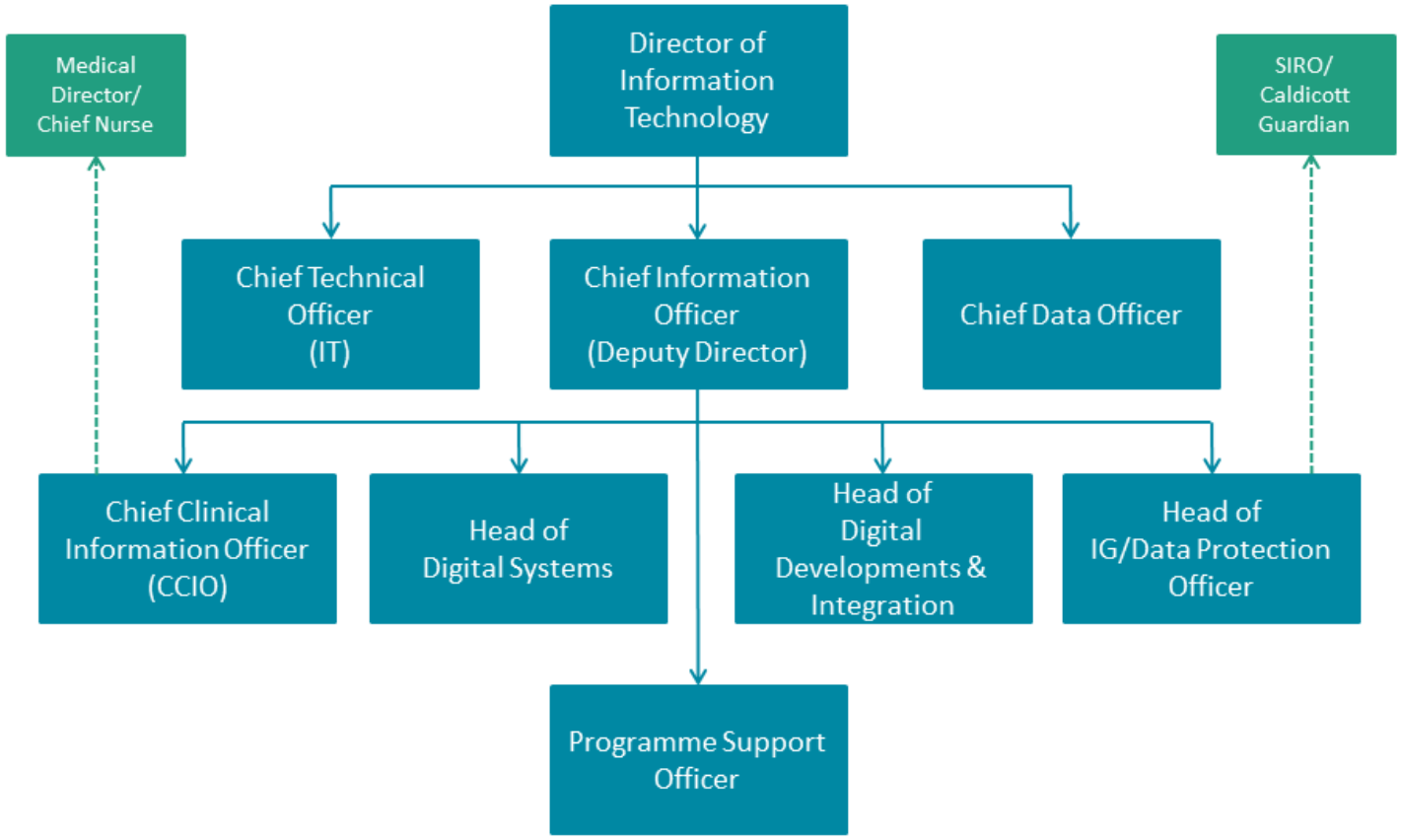
Effective management of risks will be key to achieving our digital strategy. Risks will be managed via a risk register in accordance with Trust risk management arrangements and reported to the Digital & Informatics Group.

Risk	Mitigation	Impact	Likelihood	Score
Conflicting priorities and ongoing operational challenges don't allow time for digital improvement	Digital & Informatics Group will oversee priorities and address conflicts	4	3	12
Lack of both capital and revenue funding to support delivery of digital ambitions	Strong and evidenced 5- year digital investment planning. Continually seek external opportunities for funding	4	3	12
Lack of capacity and inability to allocate time for digital & informatics delivery work	Executive recognition of demands of business as usual activities Secure funding for extra resources to support new programmes	4	3	12
Lack of clinical engagement in our patient delivery ambitions	Ensure strong CCIO leadership and strengthen clinical business group engagement	4	2	8
Supplier costing models moving away from capital- to revenue-based. Suppliers moving towards a 'software as a service' model and cloud- based services	Continually review supplier funding requirements and deliver with a phased approach to enable supporting funding to be available	3	4	12

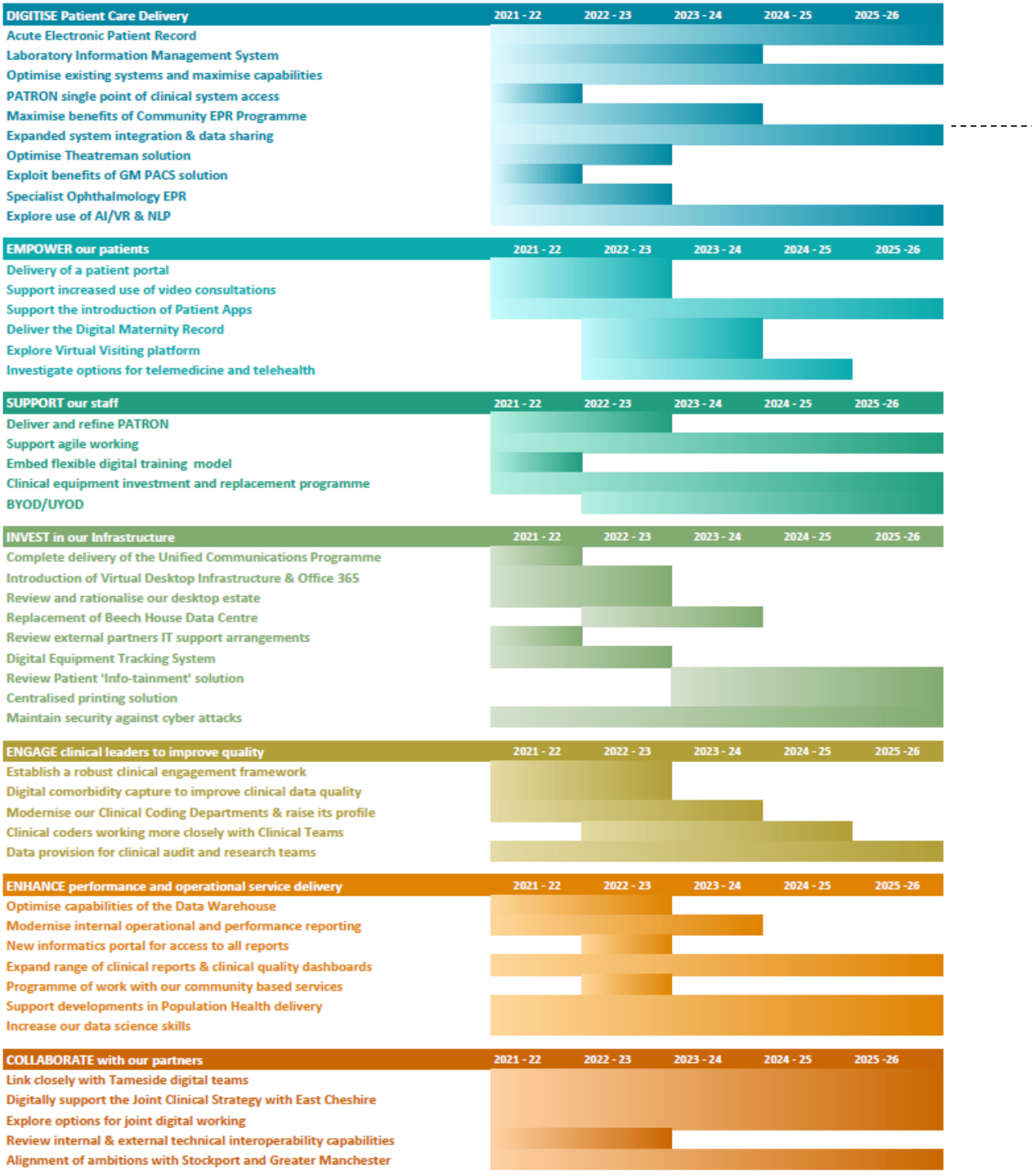
Appendix A – Organisational Structure

Digital & Informatics Team

Digital & Informatics Organisational Structure - 2021



Appendix B – Overview 5 Year Delivery Plan



Appendix C – Glossary

Term	Description
AI	Artificial Intelligence (AI) has the potential to make a significant difference in health and care settings through its ability to analyse large quantities of complex information.
BYOD	Bring Your Own Device (BYOD) enables staff to use their own smartphones, tablets, laptops, and desktop PCs for work purposes.
CDH	Community Diagnostic Hubs (CDH) are also referred to as ‘‘one stop shops” and are planned to be created across the country, away from hospitals, so that patients can receive life-saving checks close to their homes.
CDS	Clinical Decision Support (CDS) is a tool or workflow that is embedded within systems that provides general and patient-specific information, intelligently filtered and organised, at appropriate times, to enhance health and health care. It supports decision making and helps standardise care delivery.
Cloud	Cloud computing is the delivery of different services through the internet, including data storage, servers, databases, networking, and software.
Cyber security	Cyber security is the practice of protecting systems, networks, and programs from digital attacks.
Data Science	Data science is the study of data. It involves developing methods of recording, storing, and analysing data to effectively extract useful information.
Digital exclusion	A lack of digital skills or digital access (connectivity or accessibility) that can create barriers and inequality in accessing digital systems and services. Statistics from NHS Digital estimate that 11.3 million people lack basic digital skills to use the internet and 4.8 million people never go online at all.
EPMA	Electronic Prescribing and Medicines Administration (EPMA). The process of managing medications electronically from prescribing to review, supply, and administration.
EPR	Electronic Patient Record (EPR). In the context of this strategy this refers to a single comprehensive system that manages all patient clinical interactions and clinical records.
GM	Greater Manchester – referring to our regional ICS.
GMCR	Greater Manchester Care Record. The system that manages shared access to health records across Greater Manchester. The GM Care Record allows workers in health or social care, easy access to patient information that is critical to support decision-making about patient care and treatment.
Healthcare Inequalities	Healthcare inequalities are the preventable, unfair, and unjust differences in health status between groups, populations, or individuals that arise from the unequal distribution of social, environmental, and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action, and access treatment when ill health occurs.
ICS	Integrated Care Systems (ICS). These are new partnerships between organisations that meet health- and- care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. In the context of the Trust, our ICS is Greater Manchester.
Interoperability	The ability of computer systems or software to exchange and make use of information. This covers how our systems interface and integrate with each other.
LIMS	Laboratory Information Management System (LIMS). The system that manages and processes all data relating to laboratory activity.
NLP	Natural Language Processing (NLP) is the ability of a computer program to understand human language as it is spoken and written.
One Stockport	The Stockport One Borough Plan clearly sets out a collective vision for Stockport under the One Heart, One Home, One Future framework.
Paperlite	An approach to reducing the dependency on paper- based processes. Where ‘paperless’

	eliminates paper, 'paperlite' has the ambition of reducing paper to a minimum.
Patient Apps	Applications (e.g. accessed via a mobile phone or device) that are patient facing to help empower patients to manage their own care or access data and information relating to their health care.
PATRON	PATient Record ONline. The in-house developed system that will provide a single portal of access to many clinical systems at the Trust via one login and one patient search.
RPA	Robotic Process Automation (RPA) is a method of using software robots to perform tasks to reduce repetitive business processes.
Telehealth	Telehealth is a combination of equipment, monitoring, and response that can help individuals to remain independent at home.
Telemedicine	Telemedicine is the use of telecommunication and information technology for the purpose of providing remote health assessments and therapeutic interventions.
Unified Communications	Delivery of a strategic communications system which will transform business and clinical models, providing a flexible and intuitive communications platform to support the current and future business needs.
UYOD	Use Your Own Device (UYOD) – links with BYOD for agile working, enabling staff to use their own smartphones, tablets, laptops, and desktop PCs for work purposes.
Virtual Visiting	An ability to connect inpatients with family and friends remotely using devices such as tablets and smart phones.
VR	Voice Recognition (VR). Links with NLP. With voice recognition technology, spoken words are recorded into a digital form and then translated into text.
Wayfinding	Wayfinding is a digital hospital map that improves patient experience by helping patients navigate their way easily and efficiently around hospital buildings.

Health & Wellbeing Board Meeting: 24 November 2021

OUTCOMES FRAMEWORK

Report of the Corporate Director (Corporate and Support Services) and Deputy Chief Executive

1. INTRODUCTION AND PURPOSE OF REPORT

a. ONE Stockport and our Health and Care Plan set a clear mandate for health and care partners to deliver real change for Stockport residents. Aligned to the strategic outcomes in the Plan we need to be able to measure progress, identifying if we are on track to achieving our objectives and sharing evidence of this across the partnership. This will provide us both with an opportunity to evidence impact, celebrate success but also to intervene where outcomes are not as expected.

b. In order to do this we plan to publish an outcomes framework, to include a list of measures for each of the strategic outcomes with supporting information such as benchmarks, targets and trends. This will align to the wider Borough Plan outcomes framework, but will also link to performance reporting frameworks in each organisation in the partnership too, for example management and operational dashboards. This golden thread will help monitor progress and ensure alignment.

c. Similar to the Borough Plan outcomes framework we can explore options for publishing information in the public domain, potentially making use of the partnership owned "Big Stockport Picture" open data portal (https://bigstockportpicture.co.uk/) that went live earlier this year.

d. The board is asked to provide feedback on progress to date and planned next steps to help with the ongoing development of the outcomes framework.

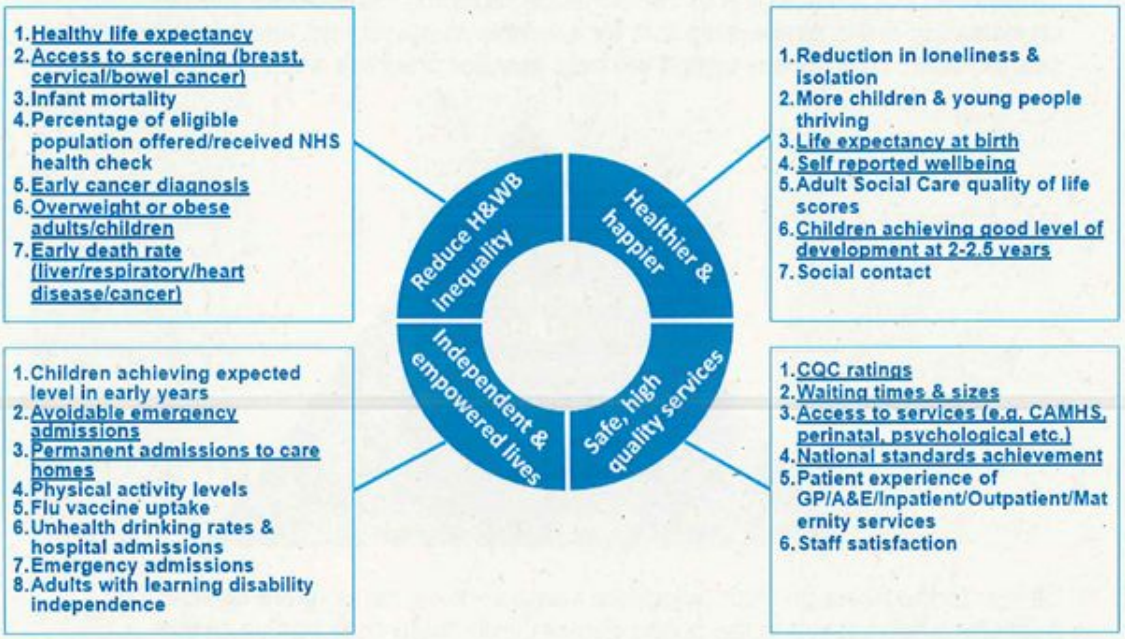
AGENDA ITEM

2. PROGRESS TO DATE, EMERGING MEASURES & PROTOTYPE DEVELOPMENT

a. Working with colleagues from across the partnership, we developed a "long list" of existing and new measures that would help us determine if we'd achieved the aims in the Plan. This list was reviewed and reduced in length, identifying the data source, owner and other useful metadata such as available benchmarks, amount of historic data and refresh frequency.

b. We also identified where there was overlap with planned Borough Plan measures and existing measures included in the various reporting frameworks already in place. Due to the focus on inequalities in Stockport, we also identified the underlying detail that is available for each measure so we can determine whether or not a related inequality related measure could be created.

c. The latest list continues to be condensed further, but below is an overview of the types of measures included for each of the strategic aims. The underlined measures also appear in the Borough Plan. For each we are identifying where we can monitor inequalities e.g. differences in outcomes by geography, age, need etc.



d. The majority of the measures are health (primary/secondary care) and public health related, with most data held by CCG and public health colleagues. We are considering options for how we bring this data together in a coherent and efficient manner.

e. We have also considered the product that will be developed for colleagues to access the information in the framework. It is still early days but we hope to make use of our interactive dashboarding software and open data portal to share information with colleagues and members of the public too. We are learning from the development of the Borough Plan prototype that we are currently building.

3. NEXT STEPS

a. We will align this work to the ICS subgroup on integrated design and will engage with leads for each of the strategic outcomes to ensure the measures are appropriate and sign off the first version. We aim to have completed this by the end of December.

b. At the same time we will check alignment with the refreshed GMS framework, expected this month, and the GM Marmot Beacons.

c. We will explore the best method for collating the data from across the partnership, working closely with Business Intelligence colleagues, with the necessary detail to monitor inequalities, trends and outcomes relative to benchmarks.

d. We will continue to develop the prototype for the Borough Plan using lessons from this to inform the development of the One Health & Care Plan framework. As part of this we will also develop a prototype for the public facing version.

e. We will explore opportunities to develop broader mechanisms to capture qualitative feedback and perceptions, including a resident's survey.

f. This work will report into the Integrated Design task and finish group to ensure that it is aligned with Integrated Care System development. The outcomes framework will complement wider work on people and community voice and professional and clinical leadership.

g. We plan to agree the framework by the end of March 2022 and publish a first version, using data for 2021/22, in quarter 1 of 22/23. We expect it will continue to develop iteratively as we gain additional feedback.

4. CONCLUSIONS AND RECOMMENDATIONS

a. The focus of the work to date has been identifying appropriate measurement and reducing the initial "long list" to something more manageable. The framework will continue to develop over the coming weeks and we are planning to have finalised the first version of the measures by the end of the year.

b. We will continue with the actions outlined above. We will share the framework with colleagues for review and additional feedback, before developing an approach to pull together all the necessary data in time for publishing the first version in Q1 of 2022/23.

c. The board is asked to:

- Comment on the progress and work to date
- Comment on the proposed next steps and advise on engagement of wider stakeholders
- Comment on proposals to develop public facing version and advise on any considerations

BACKGROUND PAPERS

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Craig Hughes on telephone number Tel: 0161 474 5421 or alternatively email craig.hughes@stockport.gov.uk

Meeting date	2nd December 2021	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Well Led Mapping Review 2021					
Lead Director	Karen James, Chief Executive		Author	Rebecca McCarthy, Trust Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to:

- **Review the outcome of the Well Led Mapping Review and support the high level developmental actions identified, noting actions will be progressed via the respective Board Committees**
- **Request a progress report is provided to the Board of Directors in June 2022, including proposed approach to the Well Led Framework for Governance in 2022/23.**

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	To work with partners to co-design and provide integrated service models within the locality and across acute providers
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
	6	Utilise our resources in an efficient and effective manner
	7	Develop our Estate and IM&T infrastructure that is fit for purpose and meets 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		**PR1.1**	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	All
Sustainability (including environmental impacts)	N/A

Executive Summary

In September 2021, Stockport NHS Foundation Trust commissioned a Well Led Mapping Review against the NHE England/Improvement Well Led Framework (WLF) for Governance. The aim of the review was to provide a 'high level' overview of the Trust's evidence against the 8 Key Lines of Enquiry (KLOEs) within the WLF, and identify areas of outstanding practice alongside further developmental actions for the purpose of continuous improvement.

The mapping review included a desktop/documentary review of evidence and information from the previous 12 months including Trust published documents such as Annual Reports and Strategies, Board and Committee Minutes and Papers, Website(s) – Trust and Partner Organisations and CQC Reports.

The mapping review recognised improvements made against all areas of the Well Led agenda since the last CQC Inspection whilst responding to the challenges of the pandemic. The substantive appointments to the Board of Directors over the previous year are recognised as fundamental to further embedding the foundations of good governance and addressing strategic issues.

Key headlines and developmental actions against each KLOE are highlighted within the presentation, with overarching areas for development including:

- Addressing inconsistencies between the Trust Strategy and enabling documents
- Access to current information via the website
- Quality of reporting for assurance purposes
- Strengthening evidence of embedding a person-centred learning culture

It is proposed that implementation of actions is overseen by the respective Board/Executive Committee, with a progress report and proposed approach to the Well Led Framework for Governance for 2022/23 presented to the Board of Directors in June 2022.

NHS
Stockport
NHS Foundation Trust

Well Led Mapping Review 2021

Stockport NHS Foundation Trust

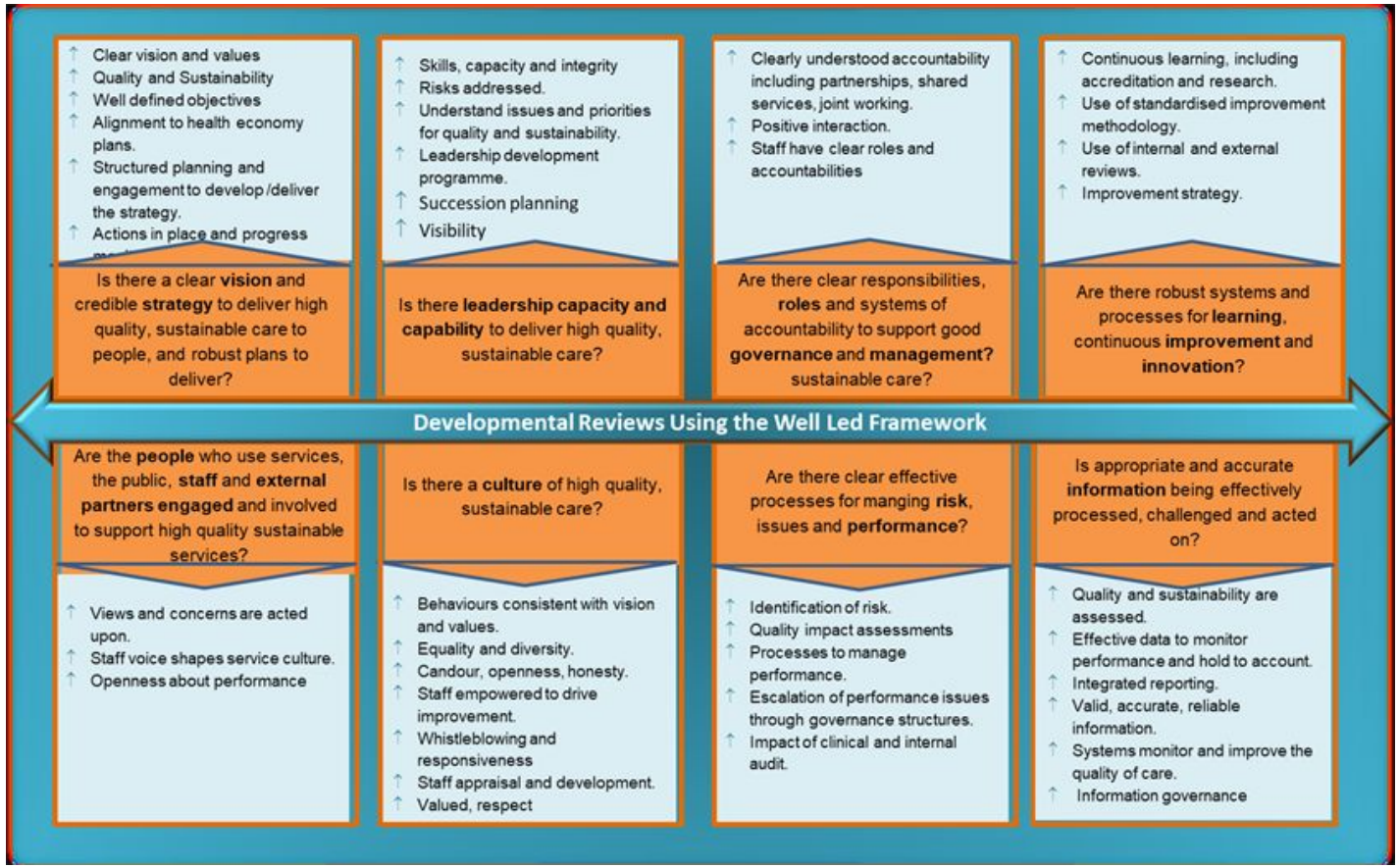
Overview

Stockport NHS Foundation Trust

The Well Led Framework for Governance (WLF) is designed to be utilised in the following ways:

- By the CQC to carry out a well-led inspection of each Trust as part of its inspection regime
- **By boards as a developmental tool, supporting review of own effectiveness**
- By boards to help them commission independent development reviews of their leadership and governance; once every three years for most boards

Overview



- Based on **8 key lines of enquiry** (KLOE)
- Supplemented by descriptions of:
  - **Characteristics of well led organisations**
  - **What good looks like**

Aim & Approach

Stockport NHS Foundation Trust

A Well Led mapping review, utilising the WLF, has been undertaken by AQuA:

- In preparation for future CQC Inspection and as a focus for continuous improvement
- To provide a ‘high level’ overview of the Trust’s evidence against each Well Led KLOE
- To identify developments and ‘work in progress’
- To highlight key risk areas
- To celebrate success and identify ‘outstanding practice’

Aim & Approach

Stockport NHS Foundation Trust

Desktop review focussed on the review of evidence/information from the last 12 months including:

- Trust published documents (Annual Report, Strategies)
- Board and Committee Minutes / Papers
- Website(s) – Trust and Partner Organisations
- CQC Reports

Management Summary

Stockport NHS Foundation Trust

- It is evident that since the last CQC Inspection, whilst facing the challenges the pandemic has posed, the Trust has continued to develop the Well-Led governance infrastructure, of particular note is the developments to performance reporting.
- The Trust will require leadership stability to further embed the foundations and to address strategic issues.
- Recognising the regulatory challenges and operational pressures the Trust continues to face, overarching areas for development across all KLOE's include:
  - Addressing inconsistencies between the Trust Strategy and enabling documents
  - Access to current information via the website
  - Quality of reporting for assurance purposes
  - Strengthening evidence of embedding a person-centred learning culture

KLOE 1: Is there the leadership capacity and capability to deliver high quality, sustainable care?	KLOE 3: Are there clear responsibilities, roles and systems of accountability to support good governance?
Key Headlines • Board composition demonstrates re-building of positive balance of skills, experience and knowledge • Recently instigated Board Development Programme is positive • Board member and senior team turnover has impacted on continuity of the strategic narrative • Challenging system transformation agenda is fully recognised • Positive engagement and visibility of the Board with the Governors • Commitment to wider leadership development supported by a range of courses/programmes • Range of approaches to ensuring Board visibility, albeit paused during the pandemic. • Review of staffing levels compliance strengthened with Board level oversight • Further evidence required to support the representation and impact of clinical leadership.	**Key Headlines** • Governance processes strengthened and starting to interact appropriately. Could be further strengthened by: - Increased escalation between committees - Improvements to the quality of reporting for assurance purposes • Number of strategies, policies, terms of reference not in date / completion had been delayed. • Recognising previous governance reviews (NHEI), Board should ensure recommendations regarding appropriate Board oversight are maintained • Annual Governance Statement, and supporting audit arrangements, reflects a robust system of internal control.
KLOE 2: Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	**KLOE 4: Is there a culture of high quality, sustainable care?**
Key Headlines The Trust's 5-year Strategy 2020-2025 'Making a Difference Every Day' - includes 5 strategic objectives. • Strong evidence of engagement in the development of the Strategy • Underpinning strategies and plans at various stages of development, with work required to complete. • Key feature of further development includes the completion of a Clinical Strategy with East Cheshire NHS FT • Quality Improvement Strategy 2021 – 2024 approved by Board.	**Key Headlines** • Clear link between the Trust's values and patient centred care as evidenced by external recognition and awards received • People Plan sets out focus on talent, inclusive and diverse culture, wellbeing, engagement, leadership. • Clear commitment to diversity and inclusion, with significant work is still required. • Significant evidence of the wellbeing offer to staff, recognised other mechanisms required to improve access and impact. • Introduction of StARS - Will over time have a significant benefit in improving quality and patient care • Commitments to being an anchor organisation and corporate social responsibility evident. • Elements of a culture of recognition and celebration • Established reporting mechanisms for IPC and intention to continuous learning • Open and supportive culture is being embedded to align to 'Freedom to Speak Up' aspirations.

KLOE 5: Is appropriate and accurate information being effectively processed, challenged and acted upon?	KLOE 6: Are there clear, effective processes for managing risk, issues and performance?
Key Headlines • Trust is in the early stages of developing a more robust Digital Strategy and IM&T infrastructure • Revised and improved Integrated Performance Reporting implemented • Trust utilising Internal Auditors to provide independent assurance on specific digital reviews	**Key Headlines** • Effective Risk Management Committee chaired by Chief Executive • Improvements to the reporting of the Board Assurance Framework (BAF) and Significant Corporate Risks. Further refinement to embed processes and ensure appropriate mitigation is developed. • Risk Appetite described in the BAF. Board development planned to develop common understanding • Significantly strengthened Board Integrated Performance Report and Committee Dashboards • Oversight of serious incidents has been strengthened, with a continued focus on monitoring responsiveness and learning.
KLOE 7: Are the people who use services, public, staff and external partners involved to support quality services?	**KLOE 8: Are there robust systems in place for learning, continuous improvement and innovation?**
Key Headlines • Trust has developed and maintained its role in working effectively with system partners addressing transformation issues. • Positive examples of service user engagement and commitment to improving services through understanding patient experience. • A range of approaches to ensuring Board visibility, impacted upon by the pandemic. Re-establishing this engagement is key. • Freedom to Speak Up is becoming more embedded. • Commitment to listen to staff evident through Pulse Surveys and Staff Survey • Trust's credibility may be undermined as the website is significantly out of date.	**Key Headlines** • Trust has achieved a number of accolades for externally recognised innovation, research and best practice, notably the commitment to Covid-19 research. • Commitment to learn from others in terms of independent reviews. • Trust have agreed a Quality Improvement Strategy, embarking on clinically led improvements supported by a Transformation Programme Team • Whilst principles of a learning culture were evident, Board & Committee Minutes/Papers, highlight need to develop this, moving from action focused responses to a embedded learning culture.

Development Actions

Development Action	Executive Lead/s	Timescale	Committee
KLOE 1: Is there the leadership capacity and capability to deliver high quality, sustainable care?			
Completion of Board Skills Matrix	Director of Workforce & OD	February 2022	Remuneration Committee
Recommence Board of Directors Engagement Programme (Walkabout Wednesdays)	Chief Nurse	January 2022	Quality Committee
Organisational Development Programme / Succession Planning / Talent Management	Director of Workforce & OD	July 2022	People Performance Committee
Clinical Leadership Development Programme	Director of Workforce & OD / Medical Director	July 2022	People Performance Committee
KLOE 2: Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?			
Address inconsistency of language / terminology between the Trust Strategy and the enabling strategies/plans	Director of Strategy & Partnerships	March 2022	Executive Team
Digital Strategy	Director of IM&T	December 2021	Finance & Performance Committee
Research Strategy	Medical Director	April 2022	Quality Committee
Communications Strategy	Director of Communications & Corporate Affairs	February 2022	Board of Directors
Estates Strategy / Plan	Director of Estates	August 2022	Board of Directors
Division Strategies?	Director of Operations / Director of Strategy & Partnerships	April 2022	Executive Team

Development Actions

Development Action	Executive Lead/s	Timescale	Committee
KLOE 3: Are there clear responsibilities, roles and systems of accountability to support good governance?			
Board of Directors: Review & Reset Board Committee Terms of Reference & Work Plans Review & Reset Board of Director Work Plan	Chief Executive / Trust Secretary	February 2022	Board of Directors
Divisional Governance Project Implementation	Chief Nurse	March 2022	Quality Committee
KLOE 4: Is there a culture of high quality, sustainable care?			
Business Case Template Review - Ensure workforce planning and new roles for different way of working is embedded in service development/redesign	Director of Strategy & Partnerships	March 2022	Finance & Performance Committee
Implement Equality, Diversity & Inclusion Strategy 2021/2022 - Improve the experience for staff with protected characteristics	Director of Workforce & OD	February 2022	People Performance Committee
Green Plan	Director of Estates	February 2022	Board of Directors
KLOE 5: Is appropriate and accurate information being effectively processed, challenged and acted upon?			
Implementation of Digital Strategy	Director of IM&T	2021/22	Finance & Performance Committee

Development Actions

Development Action	Executive Lead/s	Timescale	Committee
KLOE 6: Are there clear, effective processes for managing risk, issues and performance?			
Embed BAF/Corporate Risk review process	Trust Secretary	2021/22	All
Develop Performance Framework	Director of Operations	March 2022	Finance & Performance Committee
Develop Risk Management Strategy	Chief Nurse	March 2022	Risk Management Committee
KLOE 7: Are the people who use services, public, staff and external partners involved to support quality services?			
Patient, Carers, Family and Friends Experience Strategy Refresh (including Volunteering Strategy)	Chief Nurse	February 2022	Quality Committee
Membership Engagement Strategy Refresh	Trust Secretary	March 2022	Council of Governors
Staff Health & Well Being / Engagement / Organisational Civility	Director of Workforce & OD	September 2022	People Performance Committee
KLOE 8: Are there robust systems in place for learning, continuous improvement and innovation?			
Research Strategy	Medical Director	April 2022	Quality Committee
General			
Website	Director of Communications & Corporate Affairs	July 2022	Executive Team

Meeting date	2nd December 2021	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	NHS System Oversight Framework 2021/22					
Lead Director	Karen James, Chief Executive		Author	Rebecca McCarthy, Trust Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to note the allocated segmentation for Stockport NHS Foundation Trust as part of the NHS System Oversight Framework 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	To work with partners to co-design and provide integrated service models within the locality and across acute providers
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
	6	Utilise our resources in an efficient and effective manner
	7	Develop our Estate and IM&T infrastructure that is fit for purpose and meets 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		**PR1.1**	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	All
Sustainability (including environmental impacts)	N/A

Executive Summary

The NHS System Oversight Framework for 2021/22 was published in June 2021, setting out NHS England / NHS Improvement's (NHSEI) approach to oversight for 2021/22. The updated framework reinforces system-led delivery of integrated care and applies to all Integrated Care Systems (ICS), Clinical Commissioning Groups (CCG), NHS Trusts and Foundation Trusts.

The oversight process includes the monitoring of ICS and NHS organisation performance and capability under the six themes reflected in the NHS Long Term Plan. A single set of oversight metrics aligned to the six themes and priorities set out in the 2021/22 Operational Planning Guidance, alongside nationally prescribed eligibility criteria, were utilised by NHSEI regional teams to guide decision-making and allocate providers to a segment based on the level and nature of support systems and trusts may require. Segmentation ranges from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

In November 2021, Stockport NHS Foundation Trust received confirmation from the NHSEI regional team that is has been allocated to segment 3. As the Trust is already receiving support from NHSEI it is not anticipated that any additional support arrangements will be required.

1. Context

1.1 The NHS System Oversight Framework (SOF) for 2021/22 was published in June 2021, replacing the NHS Oversight Framework for 2019/20.

1.2 The updated framework reflects an approach to oversight by NHS England/ Improvement (NHSEI) that reinforces system-led delivery of integrated care, in line with the vision set out in the NHS Long Term Plan and the White Paper – Integration & Innovation: Working together to improve health and social care for all.

1.3 The NHS SOF for 2021/22 applies to all Integrated Care Systems (ICS), Clinical Commissioning Groups (CCG), NHS Trusts and Foundation Trusts, with focus on identifying support needs to target improvement to meet standards.

1.4 Oversight Metrics

1.4.1 A single set of oversight metrics, applicable to ICS's, CCGs and Trusts, were utilised to flag potential issues and prompt further investigation of support needs. The metrics align to the five national themes of the SOF: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability. A sixth theme, local strategic priorities, was also within the scope of the framework.

1.5 Process for Determining Baseline SOF Segmentations for Provider Organisations

1.5.1 To provide an overview of the level and nature of support required, regional NHSEI team's allocated trusts and systems to one of four segments based on a nationally prescribed eligibility criteria (Appendix 1) using evidence from a combination of sources including finance, quality, performance and third parties.

1.5.2 The segmentation indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

2. Stockport NHS Foundation Trust Segmentation

2.1 Based on the nationally prescribed eligibility criteria, Stockport NHS Foundation Trust has received confirmation from the NHSEI regional team that is has been allocated to segment 3.

2.2 The Board of Directors is asked to note that NHSEI continues to work with ICS's, Trusts, Commissioners and NHS partner organisations during 2021/22 to further develop the approach to oversight from 2022/23 onwards, reflecting new statutory arrangements.

3. Recommendations

3.1 The Board of Directors is asked to note the allocated segmentation for Stockport NHS Foundation Trust as part of the NHS System Oversight Framework 2021/22.

Appendix 1: Segmentation Approach & Eligibility Criteria

	Eligibility Criteria	Additional Considerations	Scale and nature of support needs
1	• Performance against the oversight themes typically in the top quartile nationally based on the relevant oversight metrics *and* • On agreed financial plan and forecasting delivery against full year envelope *and* • CQC 'Good' or 'Outstanding' overall and for well-led (trusts)	*For ICSs and/or CCGs:* • Success in tackling variation across the system and reducing health inequalities • Whether the ICS consistently demonstrates that it has built the capability and capacity required to deliver on the four fundamental purposes of an ICS • Whether the CCG has achieved streamlined commissioning arrangements aligned to the ICS boundary, or is on track to fully achieve these against an agreed plan. *For trusts:* • Evidence of established improvement capability and capacity • The degree to which the trust plays a strong, active leadership role in supporting and driving place-based priorities, provider collaboration and overall ICS priorities.	No specific support needs identified. Trusts encouraged to offer peer support. Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations.
2	This is the default segment that all ICSs, trusts and CCGs will be allocated to unless the criteria for moving into another segment are met		Flexible support delivered through peer support, clinical networks, the NHS England and NHS Improvement universal support offer (e.g. GIRFT, RightCare pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs.
3	• Performance against multiple oversight themes in the bottom quartile nationally based on the relevant oversight metrics *or* • A dramatic drop in performance, or sustained very poor (bottom decile) performance against one or more areas *or* • An underlying deficit that is in the bottom quartile nationally and/or a negative variance against the financial plan and/or not forecasting to meet plan	*For all:* • Existence of other material concerns about a system's and/or organisation's governance, leadership, performance and improvement capability arising from intelligence gathered by or provided to NHS England and NHS Improvement (eg delivery against the national and local transformation agenda) • Evidence of capability and capacity to address the issues without additional support, e.g. where there is clarity on key issues with an existing improvement plan and a recent track record of delivery against plan and/or of agreed recovery actions • There are other exceptional mitigating circumstances	Bespoke mandated support through a regional improvement hub, drawing on system and national expertise as required.

	Eligibility Criteria	Additional Considerations	Scale and nature of support needs
	at year end *or* • A CQC rating of 'Requires Improvement' overall and for well-led (trusts) *or* • No agreed plans to achieve streamlined commissioning arrangements aligned to ICS boundaries by April 2022 (CCGs)	*For ICSs:* • Evidence of collaborative and inclusive system leadership across the ICS, eg where the system is not in financial balance, whether it has been able to collectively agree credible plans for meeting the system envelope • Clarity and coherence of system ways of working and governance arrangements *For trusts:* • Whether the trust is working effectively with system partners to address the problems	
4	In addition to the segment 3 criteria: • Longstanding and/or complex issues that are preventing agreed levels of improvement for ICSs, trusts or CCGs in SOF segment 3 *or* • A catastrophic failure in leadership or governance that risks damaging the reputation of the NHS *or* • A significant underlying deficit and/or significant actual or forecast gap to the financial plan *or* • CQC recommendation (trust)		Mandated intensive support delivered through the Recovery Support Programme.

Meeting date	2nd December 2021		Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	2021/22 Emergency Preparedness Resilience & Response (EPRR) Assurance					
Lead Director	John Graham Accountable Emergency Officer (AEO)		Author	EPRR Manager		

Recommendations made / Decisions requested

The Board is asked to note the declaration of 'Substantially Complaint' against the 2021/22 EPRR Core Standards.

In addition, the Board are asked to approve the EPRR Core Standards Action Plan 2021/2 (Appendix 1), which when completed will ensure full compliance against these standards.

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	To work with partners to co-design and provide integrated service models within the locality and across 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 that is fit for purpose and meets service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these		**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

BAF risks		**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
	X	**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
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		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

Executive Summary

NHS organisations are required to participate in an annual Emergency Preparedness, Resilience & Response (EPRR) assurance process.

The Trust has undertaken a self-assessment against the NHS England Core Standards for EPRR, and declares itself as **substantially** compliant against the 2021/22 standards. The signed statement of compliance is shown in Appendix 2.

The Board is asked to approve the EPRR Core Standards Action Plan 2021/22, which when completed will ensure full compliance against the standards.

1. Purpose

1.1 As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

1.2 NHS England Core Standards for EPRR set out the minimum requirements expected of providers for NHS funded services in respect of EPRR.

2. Background and Links to Previous Papers

2.1 The purpose of this self-assessment process is to assess levels of preparedness within the NHS (commissioners and providers) against common NHS EPRR Core Standards.

2.2 Within the 2021/22 EPRR Core Standards there are a total of **48** standards applicable to Acute Providers across the following domains;

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Response
- Warning & Informing
- Co-operation
- Business Continuity
- CBRN[1]

2.3 In addition to the above there was a “Deep Dive” around Medical Gases and Oxygen Systems.

3. Matters under consideration

3.1 The Trust has undertaken a self-assessment and declares itself as **substantially compliant** against the 2021/22 EPRR Core Standards. The signed statement of compliance is shown in Appendix 2.

3.2 Substantial compliance means there are EPRR arrangements in place across the Trust, however, they do not appropriately address a small number (5) of the Core Standards that the organisation is expected to achieve.

[1] Chemical, Biological, Radiological, Nuclear

4. Areas of Risk

4.1 The following areas of 'Partial Compliance' are declared;

- Governance: EPRR Resource
- Duty to Maintain Plans: Major Incident
- Duty to Maintain Plans: Mass Casualty
- Duty to Maintain Plans: Shelter & Evacuation
- Duty to Maintain Plans: Lockdown

4.2 Further details and an action plan to address these areas are shown in Appendix 1.

5. Recommendations

5.1 It is recommended that the Board approve the EPRR Core Standards Action Plan.

Appendix 1: EPRR Core Standards 2021/22 – Areas of Partial Compliance

Ref:	Domain:	Standard:	Detail:	Self-Assessment RAG:	Action to be taken:	Lead:	Timescale:
5	**Governance**	**EPRR Resource**	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Partially Compliant	Review of EPRR resource to be undertaken & presented to the Exec Team.	J. Graham	Dec-21
12	**Duty to Maintain Plans**	**Major Incident**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Partially Compliant	Major Incident Plan is currently being reviewed/updated. Requires finalising and the arrangements within it testing/ exercising.	J. Kilheeney	Dec-21
18	**Duty to Maintain Plans**	**Mass Casualty**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Partially Compliant	Task & Finish Group is being established to agree the detail of the Patient Dispersal Plan	J. McShane	Dec-21
20	**Duty to Maintain Plans**	**Shelter & Evacuation**	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Partially Compliant	Policy is out of date & requires review in line with NEW PUBLISHED EPRR GUIDANCE: Evacuation and shelter guidance for the NHS in England (Issued October 2021)	J. Kilheeney	March-22

21	**Duty to Maintain Plans**	**Lockdown**	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.	Partially Compliant	•Policy is out of date & requires review in line with NEW PUBLISHED EPRR GUIDANCE: Evacuation and shelter guidance for the NHS in England (Issued October 2021)	J. Kilheeney	March-22

Appendix 2: Signed Statement of Compliance

Greater Manchester Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2021-2022

STATEMENT OF COMPLIANCE

Stockport NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Stockport NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

Please accept this as the Trust's provisional declaration, subject to final ratification by the Trust Board on 2nd December 2021.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation's Accountable Emergency Officer

5/12/2021

Date signed

02/12/2021	02/12/2021	
Date of Board/governing body meeting	Date presented at Public Board	Date published in organisations Annual Report

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Audit Committee
25th November 2021

The Audit Committee draws the following matters to the Board of Director's attention -

Issue	Committee Update	Assurance received	Action	Timescale
Internal Audit Progress Report (continued)	The Committee received a report of: • Progress against Plan • Follow up Tracker • Internal Audit Plan 2021/22 Summary	The Committee received assurance that reviews are progressing well and there were no significant issues to report on outstanding follow up actions. The Internal Audit work plan was discussed and noted.	It was agreed that amendments to the plan can be agreed between the Audit Committee Chair and Director of Finance.	Ongoing
		The Committee received substantial assurance from the Serious Incidents Review. MIAA stated that a consistent process was in place and that staff are engaged in the Divisions.	It was agreed that MIAA to meet with Board members to discuss the priorities for the 2022/23 Plan with draft due for end of January 22.	January 2022
		The Director Nursing added that further assurance can be gained that the report recommendations had already been identified at ongoing Divisional Governance reviews. The Director of Nursing also highlighted the three times a week review meeting on Serious Incidents and the ongoing reference to the national framework at each meeting. Non-Executive Directors periodically attend these meetings to gain assurance on the process.	Recommendations are on track to be completed. One had been implemented. There will be one recommendation outstanding until October 22 as national guidance is not due until then. Director of Nursing and Medical Director to include a discussion on future strategy of Serious Incident culture and review. To present the Serious Incident Review to the Council of Governors	Q3/Q4 2022/23 Q3/Q4 2021/22 Q4 2021/22

Internal Audit Progress Report (continued)	The Committee received a report of: • Anti-Fraud Progress Report	The MIAA counter fraud report was received and progress against work plan noted and approved. The NHS Counter Fraud Authority will be running the latest National Exercise on Fraud Prevention Notices with the deadline for completion being the 24th December 2021. The Committee received assurance that the new starter induction process had been updated on fraud awareness.	MIAA to contact the Finance department for data capture required for this exercise.	December 2021
External Audit Progress Report.	The Committee received: • External Audit Progress Report	The Committee received an update that all work on the 2020/21 Auditor's Annual Report was complete including the work on Value for Money. The Committee received assurance that the Charity independent examination was in progress and scheduled to complete for January 2022. The Committee received an update on planning for the 2021/2022 external audit with meetings held to date with the Director of Finance and other Senior Finance team members. The Audit Planning strategy will be presented at the January Audit Committee. It was noted that work on the value for money report will begin earlier than 2020-21 with the aim to complete to the same deadline as the financial statements and annual report.		January 2022

Waivers Report April 2021 to October 2021	The Committee received a report from the Head of Procurement with details of waivers raised and their values with additional comments on waivers over £200,000.	The Committee received assurance that the necessary checks were in place for suppliers where a waiver was issued – for example with the new supplier template. Further assurance is gained at regular Monday morning staff post reviews before engagements are made and Chief Executive sign off for high hourly rate locum bookings. A request was made for the waiver paperwork to be reviewed to include the SFI limits. The Committee received assurance that the Procurement process including use of waivers was included in the work plan for MIAA. This will be included in the discussion by executive/non-executive directors on Internal Audit strategy for 2022/23.	To update the waiver paperwork for SFI limits To include discussions on Procurement in the Internal Audit Strategy Review.	Ongoing Q4 2021/22
IFRS 16	The Committee received a report on the introduction of the new accounting standard IFRS 16 on Leases and its impact on the Trust financial statements.	The Committee received assurance that a workplan was in place to review existing operating leases and contracts to the required NHSEI timetable. The Committee was asked to note the impact to the Trust's revenue and capital budgeting post 1 April 2022 and the importance of capturing all relevant information on transition and future lease commitments to ensure that there was sufficient capital cover in place at an ICS level.	A further update will be provided to the Committee in the Key Accounting Issues paper for the 2021/22 financial statements.	Q4 2021/22
Trust Committee updates	The Committee received verbal reports from the Chairs of key Board Committees.	The Committee noted the key risks identified in other Board Committees from the Chairs of the Finance and Performance, People Performance and Quality Committees.		

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT *Finance & Performance Committee* *Thursday 21st October 2021*				
The Finance & Performance Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Finance	The Committee received the Finance report for Month 6 of 21/22.	The Committee acknowledged the delivery of the required H1 financial position.		
		The Committee noted the continued uncertainty of the plan for H2 21/22 and 22/23 given that further information on system allocation to Trusts have not yet been received; however, they noted the planning approach being taken by the Executive Team. The Committee discussed the verbal update on provider behaviours within the system, and the intention for approval of the H2 plan at November board.	Continue to update Committee each month	On going
		The Committee noted the risk around delivery of recurrent CIP and year end 2021/22 position in relation to the lack of financial guidance.	Continue to update Committee each month	On going
		The Committee has asked for further detail on influenceable spend at the Trust in relation to recurrent CIP opportunities.	Further report to be presented in November 2021	On going
Pharmacy Shop	The Committee received an update on the Pharmacy Shop financial position	The Committee noted the financial position of the Pharmacy Shop for 20/21 and 21/22 to Month 5. The committee discussed the opportunity for profits to be Gift Aided to the Trust rather than passed over as profit and subject to corporation tax.	Continue to update Committee in line with workplan	On going
Capital update - Digital & Informatics funding opportunities	The Committee received an update on the bids submitted and approved to date, and opportunities on the horizon.	The Committee noted the progress of digital fund bids, acknowledging the uncertainty around when notification will be received and the knock-on impact on delivery timescales.		

		The Committee also noted the risk around internal approval process and purchasing shortages in bringing any successful bids to fruition. The risk on the year-end capital out-turn is +/- £8m dependent on what bids are approved.	Continue to update Committee in January 2022	January 2022
Capital update – defibrillator replacement	The Committee received the defibrillator replacement business case.	The Committee supported the recommendation (Option 3b) to redistribute internal capital funds to replace defibs across the Trust. Benefits realisation paper requested to return to the Committee	Supported the paper to proceed to Board for approval due to value. Benefits realisation paper to return to Committee April 2022.	November 2021 April 2022
Capital update – Ward M6 development	The Committee received the M6 development business case.	The Committee supported the commitment of capital funds to Option 2. The Committee discussed the overall impact of demand and capacity within the overall hospital bed base, need for robust demand modelling, and recognition of the need to improve patient environment on historical wards.	Supported the paper to proceed to Board for approval due to value. Update to Committee on overall bed base and M6 ward purpose revenue implications (Option 3) in December 2021.	November 2021 December 2021
Performance	The Committee received the performance report for Month 6.	The Committee noted the current trajectories on performance and recovery and were positively assured that the overall position was being managed appropriately.	Continue to update Committee each month.	On going
		The Committee supported the recommendation to proceed with £2.5m winter scheme must dos for Board approval. The Committee noted the requirement for further system discussions on winter support and Stockport wide schemes.	Supported the paper to proceed to Board for approval due to value.	November 2021

Draft operational plan H2	The Committee received a presentation on the H2 planning latest situation. The Committee also received a verbal update on the GM check and challenge process.	The Committee noted progress with H2 planning, and the inherent uncertainties around the system funding envelopes and delivery of recovery trajectories across GM. There was also acknowledgement of the tight planning timetable. The Committee noted the establishment of a GM check and challenge process in November to try and deliver a compliant recovery plan, where the Trust has been buddied with Tameside. First check and challenge will taken place 02/11/21 then resubmit planning trajectories 05/11/21.	Continue to update Committee each month.	On going
Consent agenda – CPMG Key Issues	The Committee received the capital key issues paper under the consent agenda.	The Committee noted the contents of the report. Chair raised concern about procurement process for pathology LIMS system identified outside the Committee, and noted that these concerns are now are with the Trust legal team.	DoF to update Chair outside of Committee with legal advice received due to commercial sensitivities.	
Consent Agenda – Annual review of skills development for finance staff	The Committee received the Annual Review of Skills Development for Finance Staff paper under the consent agenda.	The Committee noted the contents of the report and welcomed the positive assurance received from the report.		

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT *Finance & Performance Committee* *Thursday18th November 2021*				
The Finance & Performance Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Digital Strategy	The Committee received the draft digital strategy	The strategy document was well received by the Committee and the Committee recommended the draft strategy to the Board, noting the risks around affordability and the complex nature around collaboration.		
Operational plan submission	The Committee received an update on operational plans for H2 following the presentation at Board on the 4th November 2021	The Committee noted the risk around access to green sites/independent sector capacity. The Committee noted a key risk of £3.3m in the forecast for financial out-turn for 21/22 – in relation to the additional CIP required to achieve breakeven .	Committee to have a separate session on CIP plans and medium term financial strategy	January 2022
Finance report	The Committee received the Finance report for Month 7 of 21/22.	The Committee noted the finance report for month 7 and had some assurance on the delivery of the financial plan but noted the increased CIP requirement.		
22-23 plans	The Committee received an update on the guidance for 22/23 planning	The Committee noted that further guidance is due to be published in Mid-December. The Committee supported the plan for a session to discuss CIP in early December and a further session on medium term financial strategy in January	Committee to have a separate session on CIP plans and medium term financial strategy	January 2022
Procurement Plan Progress report	The Committee received an update on the procurement plan and progress to date	The Committee noted the position with GM collaboration, the current contract workload and CIP progress to date		
Capital Plan 21/22 – including update on CT and MR	The Committee received an update on capital plans	The Committee noted the risk around supply chain issues impacting the ability to spend funds by 31st March 2022.		

Operational Performance Report	The Committee received the performance report for Month 7.	The Committee noted the performance below plan; however it was noted that this was in line with the pressures in the system seen in the rest of GM and nationally. The Committee noted the workforce challenges in the organisation and access to green capacity that was limiting recovery trajectories		

KEY ISSUES AND ASSURANCE REPORT *Quality Committee* *October 2021*
The Quality Committee draws the following matters to the Board of Directors' attention-

Issue	Committee Update	Assurance received	Action	Timescale
Action Log	*All outstanding actions for October 2021 were reviewed, with updates on progress or completion.*	*Not applicable.*	*Confirm date for Mental Health Strategy to be presented to Quality Committee.* *Results Governance Transformation Programme Update Report to be provided to the Board of Directors on a six-monthly basis.*	*TBC* *12/2021*

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Issue	Committee Update	Assurance received	Action	Timescale
Emergency Department Deep Dive	*Divisional Director Medicine, Urgent Care and Clinical Support, Emergency Department Consultant, and lead Nurse Emergency Department provided a responsive presentation from division which demonstrates embedded improvements following a gap after regular reports were stood down.* *Quality maintained despite increasing demand and ongoing physical constraints. Noted commitment of the team to ongoing improvement and commitment by the exec team to review capacity.* *Improvements in Nursing and Medical Staff rotas were noted and the contribution this made towards improved and sustained quality and operational outcomes.*	*Good assurance on North West Ambulance Service Turnaround Times; continued good performance despite pressures locally and across Greater Manchester and the UK.* *Continued improvements to mental health pathways.* *Pressure continued in ED because of further increases in attendances, assurance via risk registers and BAFF may indicate a re base of resources if this continues.* *Limited assurance in presentation on compliance to statutory and mandatory training.*	*Further work with Pennine Care NHS Foundation Trust to identify how experience may be collected more appropriately* *Engagement with an identified patient with lived experience regarding her experience of the reception area and privacy.* *Breakdown of compliance for Statutory and Mandatory training to go to people & Performance Committee*	*TBC* *TBC* *Dec 2021*

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Issue	Committee Update	Assurance received	Action	Timescale
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.*	*Positive assurance that SHMI and HSMR both below expected range for the first time. Noted ongoing coding work not expected to complete for approx. 6 months.* *Pressure ulcer and falls – positive assurance about emerging picture of reductions in line with several strands of improvement work coming together.* *Positive assurance on Serious Incident Investigation process and compliance, assurance given in the meeting that 2 outstanding actions plans had been signed off/ completed.* *IPC good assurance on CDiff, antibiotic pharmacist appointment, IPC BAF compliance and the experience of the focused IPC "week".* *Negative assurance on covid swabbing, though reassurance about the focus this is receiving from exec and deputy.* *Mixed assurance on medication incidents with inconsistent performance with no harm.* *Sepsis – negative assurance was received however ongoing focus of work noted. It was recognised that administration number were below target due to large impact by small numbers of patients.*	*Re Procurement of data provider for SHMI and HSMR* *Focus on medication errors to be considered as near miss. Review next IPR* *Consider how best to present sepsis data given small numbers skew percentage figures.*	*Ongoing* *Nov 2021*

Issue	Committee Update	Assurance received	Action	Timescale
Patient Safety Group Key Issues & Assurance Report	The Medical Director presented the Patient Safety Group Key Issues & Assurance Report, which included update regarding a lengthy list of matters that can be reviewed in the minuets matters:	*Substantial assurance (Not noted elsewhere) was received by the group on:* • *Preparation for HSE Visit (postponed from Oct to Nov)* • *CQC Insights Indicators (7 Improved)* • *NED Now member of End-of-Life Care Group* • *Medical examiner effectiveness* • *Maternity Improvement plan progress* *Negative Assurance (Not Noted elsewhere):* • *CQC Insights Indicators 4 in decline.* *Limited Assurance (not noted elsewhere):* • *DNACPR in ED decision making and documentation.*	*Update to next Quality and performance Committee as per work plan*	*Nov 2021*

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Issue	Committee Update	Assurance received	Action	Timescale
Notification of Serious Incidents including Prevention of Future Deaths.	*The Deputy Director of Quality Governance presented a report on data relating to serious incidents.* *Comprehensive discussion took place regarding a serious incident which had the potential to be a Never Event, on a technical definition it was not however a Never Event. It was considered a significant near miss and would be investigated with the same rigour as a never event. Human error was a contributing factor to the incident and that a combination of further training and competencies would, in part, support in addressing this.*	*The Committee received assurance in respect that:* • *9 serious incidents were declared to the CCG via StEIS.* • *There were no reports overdue to the CCG* • *90% compliance with Duty of Candour - 90% within 10 day timeframe* • *6 investigations were completed and signed off through the Serious Incident Review Group. Actions identified to reduce the likelihood of the same incident happening again were in the process of being implemented. 3 further incidents were closed and requests for de-escalation made.* • *There were 2 outstanding serious incident action plans. (which had subsequently been completed)* *Comprehensive assurance sought regarding a Near Miss Never Event.* *There were Positive and Limited Assurance from Mortality Review Group and Learning from Deaths report with identified key themes.*	*Committee to receive monthly report, including regular updates on outstanding investigations* *Report on progress of the Results Governance project and impact on reducing incidents* *in line with the statutory duty, the full Learning from Deaths report will be provided to the Board of Directors on a quarterly basis.*	*Ongoing* *Dec 2021* *1/4ly as per Committee work plan*

Issue	Committee Update	Assurance received	Action	Timescale
IPC Committee Key Issue and Assurance Report	*IPC Key Issues & Assurance Report & IPC Board Assurance Framework* *The Chief Nurse presented the IPC Key Issues & Assurance Report & IPC Board Assurance Framework. The report included update from the Antimicrobial Stewardship Steering Group, Decontamination Group, Cleanliness Report, Divisional Action Plans and Vascular Access Device Service.* *Specifically, the Chief Nurse provided update to the Committee regarding compliance with COVID swabbing, noting that compliance remained relatively static, with slight improvement in day 6 swabbing more recently. The Chief Nurse highlighted issues affecting swabbing compliance, namely transfer of patients and clarity regarding the correct date for swabbing following transfer. She confirmed that all divisions had been requested to provide a trajectory of improvement via the IPC Group and highlighted current performance for the Division of Integrated Care was currently at 100% compliance for day 3 and day 6.* *Consideration was given to a more streamlined approach to support quality of reporting for assurance purposes. The Chief Nurse concurred with this comment and noted that this forward approach reflected the maturing of the Committee following restructure.*	*Substantial assurance was received in relation to those sections referred to under the IPR.* *Limited assurance was received in relation to PHE swabbing compliance but noted the introduction of improvement trajectories for the Divisions and an improvement to 100% compliance for day 3 and 6 in the Division of Integrated Care.*	*Committee to receive monthly report.* *Review TOR for committee following Governance review*	*Ongoing* *Jan 2022*

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Issue	Committee Update	Assurance received	Action	Timescale
Clinical Effectiveness Group Key Issues and Assurance Report	*Assurance Report including update on the following:* *- Clinical Audit Report* *- NICE Report* *- Maternity Dashboard* *- NatSIPPs* *- Quality Strategy* *There is to be a visit to the Trust of the National Maternity Support Team to review progress on 16th Nov.*	*NICE – assurance from the process being adopted, prioritisation of importance over pace, that all reviews are allocated. Update requested on rate of progress of completion and acknowledgement that clinical stories will start to flow as reviews completed.* *Substantial assurance on Maternity action plans a key areas:* • *CNST* • *Saving Babies Lives (SBL)* • *Continuity of Carer pathway (COC)* • *Maternity Safety Support Programme (MSSP)* • *Ockenden Report* • *Continuity of care metrics provided substantial assurance against trajectories except for full receipt of care remaining low at 13.7%.*	*Maternity Improvement Plan to presented on a bi-monthly basis to Patient Safety Group and on a quarterly basis to Quality Committee and Trust Board.* *Update on MSSP Visit*	*On Going* *TBC*
Health & Safety Group Key Issues and Assurance Report	*The Chief Nurse presented the Health & Safety Joint Consultative Group Key Issues & Assurance Report, which included update regarding the following matters:* *- Estates & Facilities : Quarterly Update* *- Divisional Quarterly Updates* *- Ligature Risk Assessment* *- Updated Bariatric Patient Placement Procedure.* *- Duty Holders Matrix* *- Inspections Wards/Departments* *- Health and Safety Strategy – Divisions* *- Health and Safety Report – Divisions* *- Update on the preparation for the HSE Inspection* *- Fire Safety Report and Action Plan* *- Policy Approval*	*Substantial assurance received regarding preparation for the (postponed) HSE visit now to take place in November.*	*Update on HSE Visit*	*TBC*

Issue	Committee Update	Assurance received	Action	Timescale
Patient Experience Group Key Issues and Assurance Report	*Health & Safety Joint Consultative Group Key Issues & Assurance Report, which included update regarding the following:* - *Healthwatch - Update about the progress and support for patients living with learning disabilities and sensory impairments* - *Annual Patient Experience Report* - *Patient Experience feedback - Quarter 1. Theme for improvement relating to Noise at Night* - *National Patient Survey Results*	*Assurances across all themes received with no areas of limited assurance for escalation. Clear actions identified.*		
Safeguarding Report	*A Safeguarding Report, providing update against the actions identified in the Trust's Safeguarding Strategy. The integrated approach to safeguarding would be further enhanced by a dashboard being completed as part of the reporting process within the Trust.* *Consideration was given to a more streamlined approach to support quality of reporting for assurance purposes. Non Executives agreed as with previous conversation which reflected the maturing of the Committee following governance restructure.*	*good assurance from reporting against strategy. Level 3 training still a focus of work.* *Further assurances when dashboard complete.*	*Review Dashboard and agree reporting timeframes* *Review TOR for committee following Governance review*	*TBC*

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Issue	Committee Update	Assurance received	Action	Timescale
National Inpatient Survey 2020 Report	*The Deputy Chief Nurse presented a summary of the results for the National Inpatient Survey 2020, as carried out by Quality Health. She provided overview in relation to:* - *Comparison to Stockport's 2019 survey* - *Comparison to other Trusts surveyed by Quality Health* - *Noise At Night Response* - *Covid-19 Response* - *Next steps for improvement.*	This was very recently received. Assurance that themes identified in feedback are recognised by the QC as issues that either have been subject to a completed improvement programme, or are currently ongoing.		

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
November 2021

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

Issue	Committee Update	Assurance received	Action	Timescale
Action Log	*All outstanding actions for November 2021 were reviewed, with updates on progress or completion or on the agenda.*	*Not applicable.*	*Confirm date for Mental Health Strategy to be presented to Quality Committee.*	*Draft to be circulated early in the new year*
CQC/HSE Update	*The committee received and update on a number of CQC visits and the postponed HSE Visit.* *The committee received verbal feedback from the MSSP Visit from the National Team*	*Assurance that concerns raised in letter following the CQC ED visit have been comprehensively and proportionately responded to.* *Assurance that CQC/HSE preparation was effective, evidenced by feedback from inspection teams.* *HSE not to follow up with letter providing assurance that they had no concerns following their visit.* *Assurance that the national team recognised the good progress made and they feedback that the programme could be stood down following a sustainability plan in Spring 2022.*	*Response letter to CQC*	*Nov 2021 Complete*

1

Issue	Committee Update	Assurance received	Action	Timescale
Patient Safety Group Key Issues & Assurance Report	*The Medical Director presented the Patient Safety Group Key Issues & Assurance Report, which included update regarding a lengthy list of matters that can be reviewed in the minuets.*	*VTE – good assurance that positive position is sustained and work is on-going to achieve continuous improvement – i.e. no complacency as a result of good performance.* *Reassurance on improving CTG monitoring in maternity following an incident.* *Good assurance that a failsafe mechanism was effective following radiology red flag notifications incident.* *Assurance on the process for handling Maternity Diverts.* *Limited assurance received regarding antimicrobial stewardship.* *Limited assurance for Red cell traceability which is below MHRA alert standard and NOMAD training compliance.*	*Task and finish group established to improve bookings for induction of labour* *Antimicrobial stewardship group to oversee improvement* *To be monitored through Key Issues report*	*On-going* *On-going* *December 2021*

Issue	Committee Update	Assurance received	Action	Timescale
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.	*Positive assurance received on the improvement of slips trips and falls and that particularly AMU with 49 beds had made significant improvements.* • *Positive assurance received on compliance with process with no outstanding actions plans.* • *Improvement in time to upload to STEIS.* • *Assurance from sustained good compliance with the process of investigating and completing action plans in a timely manner.* *The committee noted a further Never Event, similar in nature to a previous Never Event. Reassurance was provided that a thorough investigation was underway and process and human factors would be considered.* *Negative assurance re MUST Scores and Nutrition and Hydration triangulated by:* • *Prevention of Future Deaths notice* • *The November Nutrition and Hydration group was stood down.* *Verbal reassurance that the group maintains its focus and was stood down due to the unannounced CQC Inspection.*	*Update to next Quality and performance Committee as per work plan*	*Dec 2021*

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Issue	Committee Update	Assurance received	Action	Timescale
Infection Prevention and Control Monthly Summary Report	*A comprehensive report updated the committee on a wide range of IPC metrics and IPC BAF.*	*Limited assurance received via data and compliance for PCR Swabbing required during the pandemic and resulting nosocomial infections.* *The Committee was reassured regarding daily focus on swabbing data and recent improvement.* *The number of LFT's is reported is low although anecdote is that the testing happens but not reported on system. This is not a mandatory requirement.*	*Swabbing data and compliance to be reviewed.*	*Dec 2021*
Clinical Effectiveness Group Key Issues and Assurance Report	*Medical Director presented this report acknowledging its effectiveness has not yet achieved full maturity*	*NICE – assurance from the process being adopted, prioritisation of importance over pace, that all reviews are allocated. Update requested on rate of progress of completion and acknowledgement that clinical stories will start to flow as reviews completed.* *The group has yet to receive all Divisional CE reports and the standing report topics.*	*Reports to be submitted for next CEG*	*Dec 2021*

Issue	Committee Update	Assurance received	Action	Timescale
Clinical Audit and NICE Summary	*Medical Director presented a report detailing assurances of progress against the same.*	*Clinical Audit* • *Increase in National audits from 45 (20/21) to 60 (21/220)* • *Assurance that the current forward programme is on track* • *Reviews of findings shared at clinical Effectiveness group* *NICE Guidance* • *54 new or updated guidelines* • *50 retrospective reviews published last 3 months* • *170 allocated for divisional review* *Advice to Divisions to prioritise reviews by importance rather that date order.* *Positive assurance that:* • *reviews are being undertaken* • *there is now a process or allocating all NICE guidance* • *Progress is being monitored by CEG*	*Review*	*Dec 2021 QC*
Health and Safety JCG Key Issues and assurance	*This report was presented as read.*	*Positive assurance gained as a result of the HSE visit not requiring a letter of concern. (see above)*		
Stockport Accreditation & Recognition Scheme (StARS)	*The committee reviewed the report on progress of the implementation of StARS following the schemes introduction early in 2021.*	*Positive assurance that the process is well embedded, pace of inspection continues to keep up with required numbers of inspections* *Slow transition to green wards, in line with expectation.*	*Refresh data presentation to better show transition to green as progress is made.*	

Issue	Committee Update	Assurance received	Action	Timescale
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.*	*Continued positive assurance that SHMI and HSMR both below expected range* *Negative assurance on covid swabbing, though reassurance about the focus this is receiving from exec and deputy.* *Mixed assurance on medication incidents with inconsistent performance with no harm.* *Sepsis – negative assurance was received however on-going focus of work noted. It was recognised that administration number were below target due to large impact by small numbers of patients. Discussion on how this metric could be presented to give clearer indication.* *VTE – good assurance that positive position is sustained and work is on-going to achieve continuous improvement –*	*Re Procurement of data provider for SHMI and HSMR* *Consider how best to present sepsis data given small numbers skew percentage figures.*	*On-going* *Dec 2021*

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

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NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT People Performance Committee 14 October 2021
The People Performance Committee draws the following matters to the Board's attention-

Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Describe the topic	What did the group consider	What assurance was received	What action (if any) is being taken	By when
The committee received a "temperature check" from the Director of Workforce and OD.	There had been an increase in the rate of COVID infections in both the community of Stockport and hospital. This seems to have coincided with the increased rate in secondary schools although there was now some stability. The result of this was that it was a challenge to keep the morale of staff up as they were already tired. The hospital was very, very busy and this would likely be reflected in the staff survey which was currently in operation. It was important to pace ourselves if we were not to get "burn out" as this level of activity was not going to be over soon. The most important thing was keeping everyone safe even if some of our operational performance suffers	These issues were discussed and noted.	Ongoing monitoring	

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received an update on the delivery of the People Plan	The role essential training matrix had now been signed off. This had been the only outstanding item in the plan	Positive assurance was received that the delivery plan is now completely on track.	Ongoing monitoring	
The Committee received the Workforce Performance Report	A key indicator that the Committee needs to focus on is retention. There had been an increase in leavers, which was thought to be due to staff delaying their employment decisions during the pandemic. However, the pipeline of new starters seems to be remaining strong. We are now recruiting to turnover i.e., anticipating vacancies in some areas and this seems to be working well. The other area that is under scrutiny is the number of people who withdraw after an offer has been made. A formal follow up process has been implemented to identify any common themes. Estates and Facilities turnover rate has increased but their vacancy rate had remained stable indicating that recruitment to these posts was improving. Changes to the Role Specific Training requirements might have a short-term negative effect on performance as these changes were rolled out.	There were a number of positive assurances received in the report on appraisal rates, a decrease in sickness absence and steady improvements in statutory and mandatory training	The Committee asked for a fuller retention report at the next meeting	November 2021

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received an update on the Strategic Workforce Plan 2021-25	The headcount had increased by 15% as a result of both the increase in establishment and recruitment, e.g. nursing numbers in medicine, surgery and midwifery, AHP roles and the introduction of a radiology link role There had also been an increase in the number of newly qualified staff recruited and a welcome increase in the number of males +1%. The Winter Plan had been agreed earlier than previous years with associated workforce plan which was now being recruited to although it had yet to go through F&P and Board. This was not considered to be a risk as these post would need to be filled to cope with the winter surge and would reduce the cost of agency staff. A joint workforce plan had been developed with the L.A.	Positive assurance was provided on both the process of the plan as well as its progress.	Workforce supply paper to be presented to the next meeting that would look at key risks, controls and mitigations.	November 2021

Issue	Committee Update	Assurance received	Action	Timescale
The quarterly report from the Freedom to Speak Up Guardian was received.	The FTSUG has now been in post for 5 months. His case load was increasing which was a positive trend and reflected the increase in his profile. There were no particular trends emerging and a wide range of issues were being raised. However, one issue was consistent in that there was a reluctance for names to go forward which hampered the ability for issues to be investigated thoroughly. There was a genuine concern that they would experience detriment and there would be a negative effect on their career if they allowed themselves to be identified. The FTSUP was conscious that his ethnicity might be a barrier to staff coming forwards and so he was addressing this through all his communication channels and would engage with the EDI lead to understand recommendations from research in this area	Positive assurance was gained on the work of the FTSUG and their profile within the Trust. No major themes were emerging. There was still more to be done to increase the confidence of staff using the service.	As soon as the Training for Boards is released this will be included in the Board Development Plan	

Issue	Committee Update	Assurance received	Action	Timescale
A report on Job Planning was presented by the Medical Director	Performance is high with 84% of the medical workforce having a plan. The remaining 16% are in the process of being signed off or discussed with their clinical lead. The job plans reflect what staff are doing and so they are not a risk to the Trust The refreshed job planning policy introduced better check and challenge, regular review, more consistency and the content reflected the business of the department. In the future it was planned that these should be tied into the annual Trust planning cycle. Concern was expressed regarding the low performance of ED at 69%. This reflected the pressure in the department. There was an awareness of this and 2 new consultants were due to start which should improve performance.	Strong assurance was received on this	The Director of Workforce and OD and the Medical Director will be working together on a paper to discuss the introduction of medical rostering.	
An EDI update report was received by the Committee.	Although this paper had been strengthened following comments received at the previous Public Board relating to the Board's disappointment on performance and progress it was acknowledged that the Strategy needed to be reviewed and that it needed vision and ambition.	Positive assurance was received that action is going to be taken on revising the Strategy and Plan	Revised Strategy to come back to Board in December and as a Board Development Session. Review EDI risk on the BAF as this was now viewed as an increasing risk for the Trust.	December 2021

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received an update on the approach to Health and Wellbeing and signing of our pledge for the wellbeing of our NHS people.	The Committee were advised regarding changing the wellbeing focus from the 5% who were off work to the 95% who were in work. In addition to this there was a change in approach that would move from one of consistency to that of a person-centred approach. The challenge of moving the management culture should not be underestimated and required lots of training. The use of stories to illustrate this type of approach rather than a policy the relied upon "rules" was felt to be the way forward. The whole of the NHS will have to change including NHSE/I to align with this approach.	The Committee understood, acknowledged and did not underestimate the challenge that this shift in culture would present to the Board and the whole of the organisation. The pledge requires that the Board have a conversation about how we achieve this change.	To recommend the signing of the pledge to the Board. Enabling action plan presented to PPC in December	November 2021 December 2021

Issue	Committee Update	Assurance received	Action	Timescale
A paper was received for the Executive Team on their considerations in relation to Staff Recognition	The paper identified a range of recognition activities that had taken place: • Thank you cards • Water bottles for all staff • Making a Difference Everyday awards • Long service awards re-instated • Ice creams for all staff and options for further recognition • Dedicated health and wellbeing time (4hrs) • Providing an additional days leave. Mindful of the service and financial pressures of the Trust and the consistent collaborative approach all but one of the GM Trusts had taken with regard to additional leave ET did not consider these were viable options. Instead, a focus on wellbeing in January would be supported by the introduction of a Reset day and access to the Project Wingman bus and support facilities.	Positive assurance was received that ET were actively pursuing activities that would support staff recognition and wellbeing	Ongoing monitoring	

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received a paper on the Violence Prevention and Reduction Standard	In January 2021 NHSE/I published the first national Violence Prevention and Reduction Standard for NHS organisations. This aligns partly to the increase in mental health presentations at hospitals that the Trust is experiencing. The new standard compliments existing health and safety legislation and is a risk-based framework. A task and finish group is being established to undertake the assessment and to develop a Violence Prevention and Reduction Strategy for the Trust	The Committee received assurance that action required to be taken by the Trust to comply with these standards was being progressed.	To undertake the assessment against the standard To develop a Violence Prevention and Reduction Strategy	Tbc

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received an update on Rostering detailing the improvements made from April 2020 to August 2021	Benchmarking data was provided in the report comparing our previous performance against other Trusts with our current performance. This evidenced a sustained improvement in performance over the 18 month period that triangulated with previous reports on progress. • Approvals improved from 2.02 to 5.53 weeks • Additional Duties improved from 2.6% to 2.2%. we remain in the lowest quartile. • Unavailability, no change as biggest driver is sickness absence • Unfilled Hours improvement from 47.1% down to 25.6% • Hours Balance was the biggest improved from 31.2% to 4.7% Temporary Staffing position worsened from 6.5% to 27.6%. This was that same across all trusts due to the pandemic. However our relative performance moved us from the lower quartile to the upper quartile due to the effect of the increase in our nursing establishment.	The committee receive strong assurance on the positive progress made and agreed that we would reduce the frequency of oversight on this issue.		

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