NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

MEETING HELD IN PUBLIC

2 FEBRUARY 2023

Making a difference every day.

NHS Stockport NHS Foundation Trust

Board of Directors Public Meeting
Thursday, 2nd February 2023
Held at 09.30am at Pinewood House Education Centre
(This meeting is recorded on Webex)

AGENDA

Time			Enc	Presenting
09.30	**1.**	Apologies for absence		
	2.	Declaration of Interests		**All**
	3.	Staff Story		**Jessie Dhaliwal, Paediatric Nurse**
	4.	Minutes of Previous Meeting – held on 1 December 2022	✓	**Chair**
	5.	Action Log	✓	**Chair**
09.40	**6.**	Chair's Report	✓	**Chair**
09.50	**7.**	Chief Executive's Report	✓	**Deputy Chief Executive**
	8.	**Performance**		
10.00	8.1	Integrated Performance Report • Quality • Operational Performance • Workforce • Finance	✓	**Deputy Chief Executive / Executive Directors**
	9.	**Quality**		
10.25	9.1	Safer Care Report	✓	**Chief Nurse / Medical Director**
10.35	9.2	Clinical Negligence Scheme for Trusts (CNST) Year 4 Maternity Incentive Scheme – Board Declaration	✓	**Chief Nurse**
10.45	9.3	Health Inequalities & Waiting List Report	✓	**Medical Director**
	10.	**People**		
11.05	10.1	Organisational Development Plan	✓	**Deputy Director of Organisational Development**
	11.	**Strategy**		
11.20	11.1	Stockport NHS Foundation Trust & Tameside & Glossop NHS Integrated Care NHS Foundation Trust: Collaboration Principles	✓	**Director of Communications & Corporate Affairs**
	12.	**Governance**		
11.35	12.1	Board Assurance Framework 2022/23 – Q3	✓	**Deputy Chief Executive**

	13.	**Standing Committee Reports**		
11.45	13.1	Board Committees – Key Issues & Assurance Reports: • Finance & Performance Committee • People Performance Committee • Quality Committee	✓ ✓ ✓	**Non-Executive Director** **Committee Chairs**
	14.	**Closing Matters**		
12.00	14.1	Any Other Business		
	15.	**Date, Time & Venue of Next Meeting**		
	15.1	Thursday, 6 April 2023, 9.30am, Pinewood House Education Centre		
	15.2	Resolution: *"To move the resolution that the representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".*		
		Close		

STOCKPORT NHS FOUNDATION TRUST

Minutes of the meeting of the Board of Directors held in public on Thursday, 1 December 2022 9.30am in Lecture Theatres, Pinewood House, Stepping Hill Hospital

Present:

Prof T Warne	Chair
Dr S Anane	Non-Executive Director
Mrs C Anderson	Non-Executive Director
Mr A Bell	Non-Executive Director
Mrs A Bromley	Director of People & OD
Mrs N Firth	Chief Nurse
Mr J Graham	Chief Finance Officer / Deputy Chief Executive
Mr D Hopewell	Non-Executive Director
Mrs K James OBE	Chief Executive
Dr M Logan-Ward	Non-Executive Director / Deputy Chair
Dr A Loughney	Medical Director
Mrs J McShane	Director of Operations
Mrs M Moore	Non-Executive Director
Mr J O'Brien	Director of Strategy & Partnerships
Dr L Sell	Non-Executive Director

** indicates a non-voting member*

In attendance:

Mrs S Curtis	Deputy Company Secretary
Mrs R McCarthy	Trust Secretary
Ms S Bennett	Lead Clinical Research Nurse
Ms R Mills	Clinical Research Nurse
Ms B Pimlott	Clinical Research Nurse
Ms N Davies	Deputy Director of Quality Governance
Mr P Elms	Freedom to Speak Up Guardian
Dr T Finnigan	Guardian of Safe Working
Ms A Brierley	Director of Transformation

Observing:

Mrs S Alting	Lead Governor

187/22 Apologies for Absence

An apology for absence was received from Mrs Parnell, Director of Communications & Corporate Affairs. The Chair welcomed Board members and observers to the meeting.

188/22 Declaration of Interests

There were no declarations of interest.

189/22 Patient Story

The Board of Directors welcomed Ms Brenda Pimlott and colleagues from the Research & Development Team to the meeting. Ms Pimlott briefed the Board on her experience in taking part in a vaccine booster trial at the Trust, highlighting the positive experience during the study. The Board heard that Ms Pimlott had been so impressed with the way in which the Trust was investing in patient care, quality and innovation that it had motivated her to work for the Trust and she was now employed as a Clinical Research Nurse in the Research & Development Team.

The Research & Development Team colleagues highlighted the significant work of the team, including investment into the team, and the Chief Executive commented that she had been impressed by the team's cohesiveness during a recent visit to the department.

In response to a comment from Ms Pimlott about the importance of ensuring that the work of the Research & Development Team was as visible as possible, the Chair noted that this linked in with the recently refreshed Communications & Engagement Strategy which included a key focus on celebrating success and communicating about developments happening in the Trust.

The Chair, on behalf of the Board, thanked Ms Pimlott and the Research & Development Team colleagues for sharing the story.

The Board of Directors:

- **Received and noted the patient story**

Ms Bennett, Ms Mills and Ms Pimlott left the meeting

190/22 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 6 October 2022 were agreed as a true and accurate record of proceedings.

191/22 Action Log

The action log was reviewed and it was noted that all actions were closed.

192/22 Chair's Report

The Chair presented a report reflecting on recent activities within the Trust and the wider health and care system. He highlighted a recent NHS England North West Regional Leaders meeting which had explored the lessons learned from the terrorist attack a year ago at the Liverpool Women's Hospital. He noted the need for trusts to remain vigilant and practice their major incident response plans on a regular basis. The Medical Director commented that he had previously worked at Liverpool Women's Hospital and was happy to arrange for former colleagues to provide a first-hand account to the Board on their response to the terrorist attack.

The Chair highlighted the relaunching of the Trust's staff networks and thanked all relevant colleagues for their contribution to leadership and work in this area.

The Director of Operations commended the recently held Long Service Awards and highlighted the importance of acknowledging and celebrating staff.

The Board of Directors:

- **Received and noted the report**

193/22 Chief Executive's Report

The Chief Executive presented a report providing an update on local and national strategic and operational developments.

She briefed the Board on the content of the report and highlighted the following areas:

- NHS Operating Framework
- NHS Providers' new Chief Executive
- Industrial Action
- New Chief Executive for Manchester University NHS Foundation Trust
- Operational pressures
- Winter planning
- NHS Chefs of the Year
- Deputy Finance Director of the Year
- Recognition for joint delirium pathway

The Board of Directors:

- **Received and noted the report**

194/22 Integrated Performance Report

The 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 regarding mortality, sepsis, antibiotic administration and Clostridium Difficile due to under-achievement in month. It was noted that all these topics had been discussed in depth at Quality Committee meetings.

In response to a question from a Non-Executive Director regarding mortality, the Medical Director provided further clarity regarding Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI), highlighting the importance of accurate coding of comorbidities, and the Board heard that the Trust was investing in additional software to help in this area.

In response to a question from a Non-Executive Director about the possibility to include longer term forecast trajectories in the IPR, the Chief Executive commented that due to the many variables, it would not be appropriate to include this information

for all of the metrics but consideration continued to be given to those metrics where it would be possible.

OPERATIONAL

The Director of Operations presented the operational performance section of the IPR and highlighted the continued operational pressures and consequent adverse impact on the A&E, 6-week diagnostic, Cancer, Referral to Treatment (RTT), No Criteria to Reside (NCTR), elective activity including outpatients, and theatre efficiency metrics due to under-achievement in month. The Board heard that the Trust had declared OPEL 4 for one day in October 2022 under NHS Operational Pressure Escalation Levels (OPEL) system due to the significant operational pressures. It was noted that the debrief of the actions would be shared with the locality in December and the Finance & Performance Committee in January 2023.

The Director of Operations commented that while the ongoing pressures continued to have an adverse impact on all operational metrics, positive developments were being seen around electives, diagnostics and cancer performance.

In response to a comment from the Chair, the Board of Directors acknowledged and commended the work ongoing in the Emergency Department and other parts of the hospital to maintain patient safety and quality. The Director of Operations and Director of Finance echoed the comments and highlighted the importance of supporting teams Trust-wide during the extreme pressures and the Chief Nurse briefed the Board on the Trust's staffing escalation model to ensure safety.

PEOPLE

The Director of People & Organisational Development (OD) presented the workforce section of the IPR and highlighted performance and mitigating actions around sickness absence, appraisal rates, turnover, mandatory training and bank & agency costs due to under performance in month, and it was noted that substantive staff in post remained above target levels.

In response to a question from a Non-Executive Director regarding turnover and the interventions that were having the greatest impact, the Director of People & OD commented that the reasons for staff leaving were being tracked but that she would ask the team to see if this could be further improved to understand the interventions that were driving the reduction in turnover.

The Director of People & OD advised that discussions continued at regional level regarding vaccination as a condition for employment, noting that further detail was awaited from the centre.

FINANCE

The Chief Finance Officer presented the finance section of the IPR and advised that the Trust's position at month 7 was £1.7m adverse to plan – a deficit of £13.2m. He reported that the primary drivers of the movement from plan were escalation beds remaining open beyond the planned winter period, continued growth in ED attendances, and additional inflationary pressures.

The Chief Finance Officer advised that the Cost Improvement Plan (CIP) for 2022/23 was £18.1m (£12.1m recurrent) and highlighted that the CIP plan for month 7 had been delivered, however the majority on a non-recurrent basis. He confirmed that the Trust had maintained sufficient cash to operate during October, and that the capital plan for 2022/23 was £43m. He advised that at month 7 capital expenditure was behind plan by £4.334m, however this spend would be reprofiled into future months.

In response to a comment from the Chair regarding the messaging coming from the centre, the Chief Finance Officer noted that from a revenue point of view there was a consistent message which was an ask for trusts to deliver their financial plans. It was noted, however, that there continued to be a lack of clarity around capital which made planning difficult. In response to a question from a Non-Executive Director, the Chief Finance Officer and Director of Strategy & Partnerships briefed the Board on mitigating actions in this area, including regular review of the waiting list for capital developments to ensure plans can be actioned as soon as funding becomes available.

The Board of Directors:

- **Received and noted the Integrated Performance Report**

195/22 Safe Care, including:

- **Safe Care Quarterly Report**

The Chief Nurse and Medical Director presented a report providing assurances and risks associated with safe nurse, midwifery and medical staffing and the actions to mitigate the risks to patient safety and quality, based on patients' needs, acuity, dependency and risks, noting that the report had been considered in detail by the People Performance Committee. They briefed the Board on the content of the report and provided an overview of the continued activity to maintain safe staffing levels, including the use of Healthroster and SafeCare live, significant recruitment and partnership work with NHS Professionals.

The Board noted the continued challenge to meet safe staffing levels, and welcomed the ongoing focus on recruitment, retention and several times daily monitoring of safety.

A Non-Executive Director reflected on a recent walk around and queried the development opportunities available for international recruits. The Medical Director and Chief Nurse briefed the Board on the wide range of opportunities available to international recruits, including bespoke leadership training, and noted that work was ongoing to further improve the opportunities for career progression, including a specific piece of work through the Equality, Diversity & Inclusion Strategy.

In response to a question from a Non-Executive Director regarding nursing students, the Chief Nurse advised that information regarding attracting and retaining nursing students was being tracked and would be reported through the People Performance Committee.

A Non-Executive Director acknowledged the hard work of teams in maintaining safe staffing levels and noted the importance of focusing on the actions that were making the greatest impact in this area.

- **Annual Nursing & Midwifery Strategic Staffing Report**

The Chief Nurse presented a report providing assurances and risks associated with safer nursing and midwifery staffing and the actions in progress to mitigate the risks associated with patient safety and quality, based on patients' needs, acuity, dependency and risks. It was noted that the report had been considered in detail by the People Performance Committee.

The Chief Nurse briefed the Board on the content of the report and advised that the underlying nurse staffing position had remained consistent with a reduction in nursing and midwifery vacancies and a levelling out in turnover. The Board heard that systems were in progress to provide assurance that safer nursing and midwifery staffing across the Trust was a priority to maintain patient quality and safety. The Board received assurance that the Trust had safe staffing establishments, consistent with relevant professional body guidance.

The Chief Finance Officer welcomed the paper noting that it provided a clear rationale for the Board's decision to invest in nurse staffing. The Director of Operations highlighted the financial impact of the escalation wards that had remained open all year, noting that a piece of work was being undertaken to reduce reliance on bank and agency staffing.

In response to a question from a Non-Executive Director who queried if similar safe staffing assurances were available for other key workforces, including allied health professionals, it was noted that some of this was tracked through the People Performance Committee, including the work of the Attract, Retain & Develop Group, but it was acknowledged that this could be further considered through the People Performance Committee.

The Board of Directors:

- **Received and noted the Safe Care Quarterly Report and the Annual Nursing & Midwifery Strategic Staffing Report.**

196/22 Response to NHS England Letter: Quality and Safety of Mental Health, Learning Disability and Autism Inpatient Services

The Chief Nurse presented a report providing an overview of the Quality and Safety of Mental Health, Learning Disability and Autism Inpatient Services provided at the Trust following the BBC Panorama programme and letter received from NHS England to all Chief Nurses. She confirmed that the report addressed matters raised in the BBC Panorama programme "Will the NHS Care for Me?" whereby the Trust featured in the programme in October 2022 and provided an update around Learning Disability and Autism based on the recent CQC report published in November 2022 "Who I Am Matters".

The Chief Nurse briefed the Board on the content of the report and presented assurance of processes in place and any additional action required in addition to

current activity in relation to the above. The Board heard that the Stockport Safeguarding Adults Board had confirmed that the two learning disability cases referred to in the Panorama programme would be subject to a system wide review to identify learning as a partnership.

In response to a question from a Non-Executive Director regarding the outcomes of the action plan, the Chief Nurse advised that progress would be tracked through the Patient Safety Group and consequently reported through the Quality Committee.

The Board of Directors:

- **Received and noted the report and the ongoing assurance processes in place.**

197/22 Maternity and Neonatal Services in East Kent: 'Reading the Signals' Report Briefing

The Chief Nurse provided a verbal update regarding the East Kent 'Reading the Signals' report, advising that the national team were reviewing it alongside the Ockenden Report. The Board heard that from a national point of view there were no associated actions for the Trust at this stage, and the Quality Committee would be updated on progress.

The Board of Directors:

- **Received and noted the verbal update.**

The Deputy Director of Quality Governance joined the meeting

198/22 Introduction to Patient Safety Incident Response Framework

The Deputy Director of Quality Governance delivered a presentation advising the Board of a change in NHS Framework related to the management of patient safety incidents following the publication of the Patient Safety Incident Response Framework (PSIRF) and the required transition to the PSIRF by Autumn 2023. The presentation covered the following subject headings:

- Stockport – where we are now
- The National Patient Safety Strategy
- PSIRF
- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning form patient safety incidents
- Considered proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

The Board heard that NHS England described the change in framework as a significant shift away from the Serious Incident Framework and to a new approach in managing and learning from patient safety incidents, increasing the focus on understanding how incidents happened and the factors contributing to them.

The Chief Executive welcomed the planned training for staff in this area. In response to questions regarding the impact on the Coroner's request, the Deputy Director of Quality Governance highlighted a current lack of clarity in this area noting that conversations continued nationally and locally with regard to the issue.

In response to a question from a Non-Executive Director who queried whether the Quality Governance Team had sufficient capacity to deliver the significant changes required, the Deputy Director of Quality Governance advised that work was ongoing to review the size and capacity of the team to ensure the changes could be delivered, but noted that help would also be required from other teams in the Trust.

In response to comments from Board members regarding the new process and the associated impact, it was noted that this would be kept under review by the Quality Committee.

The Board of Directors:

- **Received and noted the report**

The Deputy Director of Quality Governance left the meeting and the Freedom to Speak Up Guardian joined the meeting

199/22 Freedom to Speak Up

- **Freedom to Speak Up Progress Report**

  The Freedom to Speak Up (FTSU) Guardian presented a report providing an update on activity in relation to the Trust's FTSU Guardian role, case management, themes and trends, and concerns raised and associated actions. He briefed the Board on the content of the report, noting that the report had been considered by the People Performance Committee. He highlighted mandatory FTSU e-learning and recent interest in the FTSU Champion role. The FTSU Guardian advised that no themes or trends in the matters raised with the Guardian had been identified.

  In response to a question from a Non-Executive Director regarding the proposed number of FTSU Champions, the FTSU Guardian confirmed that the Trust was aiming for around five FTSU Champions.

- **Freedom to Speak Up Toolkit**

  The Board received and noted the content of the toolkit and associated action plan.

  The Chair thanked the Director of Communications & Corporate Affairs, the FTSU Guardian, the Director of People & OD and Mrs Anderson for their work so far in completing toolkit and suggested that a Task & Finish Group should be established to consider and progress it further.

  The Director of People & OD and Mrs Anderson welcomed the suggestion and highlighted the need for the toolkit to be considered alongside the Organisational Development Plan currently under progress.

The Board of Directors:

- **Received and noted the Freedom to Speak Up Progress Report**
- **Received and noted the Freedom to Speak Up Toolkit and agreed that a workshop / group maybe established to further consider and progress the toolkit prior to bringing it back to the People Performance Committee and Board if required**

The Freedom to Speak Up Guardian left the meeting

200/22 People Plan Progress Report

The Director of People & OD presented a report updating the Board on the wide-ranging activity and the significant amount of delivery across the People Plan agenda in the past year, thanking her team for all their efforts in this area. She briefed the Board on the content of the report and noted risks to continued delivery by matters such as industrial action, operational, winter and recovery pressures.

A Non-Executive Director welcomed the progress made against the People Plan and queried if there were any areas where progress was difficult. The Director of People & OD commented that there were no specific areas but noted some challenges around capacity.

The Board of Directors:

- **Received and noted the report.**

201/22 Wellbeing Guardian Report

The Wellbeing Guardian (Non-Executive Director) presented an update report on her activities in this area, highlighting the topic as a priority for the Board. She briefed the Board on the content of the report and reflected that the Trust had progressed to phase 2 of the Wellbeing Guardian role implementation.

There followed a discussion around the wellbeing principles and the Board agreed that further clarity and exploration of the principles was required outside of the meeting, with the outcome reported through a future Wellbeing Guardian Report to the Board.

The Board of Directors:

- **Received and noted the report**
- **Agreed that further exploration of the wellbeing principles was required outside of the meeting, with the outcome reported through a future Wellbeing Guardian Report to the Board.**

The Guardian of Safe Working joined the meeting

202/22 Guardian of Safe Working Report

The Guardian of Safe Working presented a report and briefed the Board on its content. He advised that the level of activity of the Guardian of Safe Working remained high, engagement continued with trainees and educational supervisors, and regular meetings of the Junior Doctors' Forum were now being scheduled.

The Board heard that there were no significant issues to report and that the engagement of educational supervisors in the process had improved. The Guardian of Safe Working highlighted the departure of the previous Chief Registrar and paid tribute to the positive work he had done. The Board noted the impact of late notification of trainee placements and rotas but acknowledged that this was out with the Trust's control. The Guardian of Safe Working advised that exception reports continued to be generated due to gaps in the acute on call medical rota. He thanked the Director of Medical Education for his crucial work around the wellbeing of trainees.

A Non-Executive Director suggested that consideration be given to having a flexible working champion at the Trust and agreed to send further information about it to the Medical Director.

The Chief Nurse noted the importance of Consultants and Clinical Directors supporting the safe working agenda, as it should not just be an issue for the Guardian of Safe Working and Chief Registrar to progress. The Guardian of Safe Working commented that he felt well supported by the Medical Director, the Director of Medical Education and the People Performance Committee but highlighted the need to improve the engagement of junior doctors with the exception reporting tool.

The Guardian of Safe Working advised that locum rates was an issue amongst trainees as other trusts offered higher rates. The Director of Operations commented that work was ongoing at GM level regarding the BMA rate card and she highlighted the need to prioritise trainees' wellbeing, including ensuring appropriate doctors' mess facility. A Non-Executive Director also stressed the importance of good face to face induction.

The Board of Directors:

- **Received and noted the report.**

The Guardian of Safe Working left the meeting and the Director of Transformation joined the meeting

203/22 Transformation Programme Mid-Year Report

The Director of Transformation delivered a presentation outlining the progress of the Trust's transformation programme, which covered the following subject headings:

- Purpose
- Transformation Programmes
- Progress Summaries
  - Cancer improving outcomes programme
  - Emergency Department improvement project
  - Mobilising neighbourhoods
  - Outpatients improvement programme

  - Pain management programme
- Overview of completed schemes
  - Tomorrow Hour
  - Out of hours improvement project
  - Day case improvement project
- New schemes
  - Respiratory pathways project
  - Antenatal pathway review
  - Children's, young people and families programme
  - Surgery out of hours project
  - Theatres efficiency and productivity project
- Celebrating success

The Board heard that the Trust's approach to transformation provided a proactive resource for continuous improvement across the Trust, with the Transformation Team being key players in the change management activities that supported project implementation. The Director of Transformation advised that the approach was underpinned by the following four key areas: Prioritisation, Leadership & Engagement, Governance & Assurance and Sustainability. She also highlighted joint working with Tameside, including sharing lessons learned.

In response to a question from a Non-Executive Director regarding measuring the improvements of the Outpatient Improvement Programme, the Director of Transformation and Director of Operations briefed the Board on plans in this area and the improvements that would be measured, including the aim to have a more streamlined booking service and increasing clinic utilisation.

The Medical Director commended the overall transformation programme as it was driven by what the operational and clinical staff felt needed improving. He highlighted the pain scheme as a great example as it had been coproduced by the people who used the service. The Chair endorsed the comment, noting the great presentation delivered by the Pain Team at the Annual Members' Meeting and stressed that the model of engagement with patients and carers should be used for other transformation programmes.

The Director of Transformation advised that an Internal Transformation Event was being planned for May 2023, which Board members would be invited to. She agreed to review the proposed date for the event due to the three bank holidays in May.

The Board of Directors:

- **Received and noted the presentation.**

The Director of Transformation left the meeting

204/22 Annual Corporate Objectives – Mid Year Review

The Chief Executive and Director of Strategy & Partnerships presented a report providing a high level overview of progress against the corporate objectives 2022/23 and associated key outcome measures. The Board noted good progress made in this area and that the objectives were reviewed in more detail at Board Committee level.

In response to a question from a Non-Executive Director who queried if there were any areas of concern, the Director of Strategy & Partnerships commented that the Trust had been very ambitious around some of the objectives, particularly across the national deliverables, including waiting times, which were proving to be challenging. The Director of Operations noted the difference between national targets and local ambitions and that the objectives should be used as a challenge to continually improve.

In response to a question from a Non-Executive Director, the Director of Strategy & Partnerships briefed the Board on the planning process that had already started for next year, noting that the objectives and outcome measures would be refreshed once the planning guidance was received.

The Board members acknowledged the improvements made to the planning process and congratulated all involved.

The Board of Directors:

- **Received and noted the report.**

205/22 Board Assurance Framework 2022/23

The Chief Executive presented the Board Assurance Framework (BAF) 2022/23, noting that all BAF risks were regularly reviewed by the relevant Board Committees. She briefed the Board on the report and the principal risks and associated mitigations, commenting that the process for reviewing risks had matured and functioned well. This comment was endorsed by a number of Non-Executive Directors who agreed that the process had improved.

The Board of Directors:

- **Received and noted the report**
- **Reviewed and approved the Board Assurance Framework 2022/23 as at 1 December 2022**
- **Reviewed and confirmed the Trust's current Significant Risk profile**

206/22 Scheme of Reservation and Delegation

The Chief Finance Officer presented a report seeking Board approval of the updated Scheme of Reservation and Delegation as recommended by the Audit Committee. He briefed the Board on the content of the report and highlighted in particular the proposed changes to authorisation levels.

The Board of Directors:

- **Received and noted the report**
- **Approved the revised Scheme of Reservation and Delegation**

207/22 Annual Emergency Preparedness, Resilience & Response (EPRR) Report – Core Standards & Statement of Compliance

The Chief Finance Officer presented a report noting that following a self-assessment, the Trust had declared itself as 'substantially compliant' against the 2022 EPRR Core Standards. He briefed the Board on the content of the report and advised that the Board was asked to approve the 2022 EPRR Core Standards Action Plan (included in Appendix 2 of the report) which, when completed, would ensure full compliance against the standards.

The Board of Directors:

- **Received and noted the report**
- **Noted the Trust's declaration of 'substantially compliant' against the 2022 EPRR Core Standards**
- **Approved the EPRR Core Standards Action Plan 2022**

208/22 Board Committees – Key Issues & Assurance Reports

FINANCE & PERFORMANCE COMMITTEE

The Acting Chair of Finance & Performance Committee (Non-Executive Director) presented key issues and assurance reports from the Finance & Performance Committee meetings held on 20 October 2022 and 17 November 2022. He briefed the Board on the content of the report and highlighted key operational and financial issues considered, noting triangulation with the Integrated Performance Report.

The Board of Directors:

- **Reviewed and confirmed the Finance & Performance Committee Key Issues & Assurance Reports, including actions taken**

PEOPLE PERFORMANCE COMMITTEE

The Acting Chair of People Performance Committee (Non-Executive Director) presented a key issues and assurance report from the People Performance Committee meeting held on 10 November 2022. She briefed the Board on the content of the report, which triangulated with the Integrated Performance Report.

The Board of Directors:

- **Reviewed and confirmed the People Performance Committee Key Issues & Assurance Report, including actions taken**

QUALITY COMMITTEE

The Chair of Quality Committee (Non-Executive Director) presented key issues and assurance reports from the Quality Committee meetings held on 25 October 2022 and 22 November 2022. She briefed the Board on the content of the report, noting triangulation with the Integrated Performance Report.

The Board of Directors:

- **Reviewed and confirmed the Quality Committee Key Issues & Assurance Report, including actions taken**

AUDIT COMMITTEE

The Chair of Audit Committee (Non-Executive Director) presented a key issues and assurance report from the Audit Committee meeting held on 24 November 2022 and briefed the Board on the content of the report.

The Board of Directors:

- **Reviewed and confirmed the Audit Committee Key Issues & Assurance Report, including actions taken**

209/22 Any Other Business

- **Emergency & Urgent Care Campus (EUCC) Business Case**
  The Chief Finance Officer was pleased to report that the Trust had received approval of the EUCC Full Business Case, noting that this would be further discussed at the Private Board meeting.

- **Mrs Catherine Anderson**
  The Chair noted that this would be Mrs Anderson's last Board meeting. On behalf of the Board, he thanked Mrs Anderson for her significant contribution to the Board over the past seven years and wished her the very best for the future.

210/22 Date, time and venue of next meeting

The next meeting of the Board of Directors held in public would be held on Thursday, 2 February 2023, commencing at 9.30am in the Lecture Theatres, Pinewood House.

211/22 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
1 Dec 2022	199/22	Freedom to Speak Up Toolkit	The Board of Directors agreed that a workshop / group maybe established to further consider and progress the toolkit prior to bringing it back to the People Performance Committee and Board if required. **Update February 2023** – Date to be confirmed	TBC	Director of People & OD / Director of Communications & Corporate Affairs
1 Dec 2022	201/22	Wellbeing Guardian Report	It was agreed that further clarity and exploration of the wellbeing principles was required outside of the meeting, with the outcome reported through next Wellbeing Guardian Report to the Board. **Update February 2023** – Next Wellbeing Guardian Report to be presented – June 2023		Wellbeing Guardian / Board members

On agenda
Not due
Overdue
Closed

Stockport NHS Foundation Trust

Meeting date	2nd February 2023	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 of Directors is asked to note the content of the report.

This paper relates to the following Corporate Annual Objectives-

X	1	Deliver safe accessible and personalised services for those we care for
X	2	Support the health and wellbeing needs of our people and our communities
X	3	Co-design and provide Integrated Service Models within our locality and across our acute providers
X	4	Drive service improvement, through high quality research, innovation and transformation
X	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
X	6	Utilise our resources in an efficient and effective manner
	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		**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care

	x	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
	x	**PR3.1**	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
	x	**PR3.2**	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

	Section of paper where covered
Equality, diversity and inclusion impacts	All
Financial impacts if agreed/ not agreed	NA
Regulatory and legal compliance	All
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.

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

This is our first Board meeting of 2023, and although it feels a little strange to say so, I wish all those I've not met so far this year, a very happy New Year. Sadly, as I write this report the invasion and war in Ukraine has been ongoing for 336 days. The loss of life and disruption to life continues and we are all, in different ways, experiencing the consequences of this tragic and unwarranted conflict. I believe it is important that we continue to keep all those caught up in the Ukraine/Russia war and in other conflicts around the world, in our thoughts and prayers. My hope is that we see a more peaceful world in 2023.

Just before Christmas I was able to attend a Regional Road Show event hosted by Amanda Pritchard, NHS Chief Executive. The meeting was focused on the NHS 2023/24 Priorities and Operational Guidelines due to be published the following day. It was a most welcome opportunity to comment of the final draft before this was to be published. Also welcome was that this year the whole document was just 20 pages long. This year there are fewer national objectives, and the three key areas which these objectives are aimed at achieving, are outlined in our Chief Executive, Karen James, report to the Board.

Karen and our Executive Team will be reporting on what we will be doing as a Trust and in collaboration with others, what Greater Manchester are planning to do in working toward these objectives at our April Board meeting.

Whilst the reduced number of national objectives are welcome, the sharper focus perhaps reflects the difficult year ahead. Demand for treatment and care remains high across all our services, and although the NHS has received additional funding as part of the Chancellors Autumn Statement, finances and funding in the next financial year will be extremely tight.

This was emphasised at the NHSE North West Region Combined Leaders and Chairs meeting held in January. Whilst each of the three Integrated Care Systems (ICS) in the North West should remain independently financially solvent, it may well be the case this year that some fiscal mutual aid across the three ICS's is required for the North West as a whole to successfully deliver a balanced budget.

Managing our financial resources next year will require us to be extremely careful in deciding what is prioritised within our own Trust and how we work across the Greater Manchester ICS in securing the best value for taxpayers of every NHS £1 spent.

This will inevitably mean we will perhaps not be able to do all that we had originally planned in the next financial year. However, we will continue to work with our immediate partners, Tameside and Glossop Integrated Care Foundation Trust (T&GFT) and East Cheshire Trust (ECT) in exploring how greater collaboration might help us achieve best use of the available funding.

Jane McCall, Chair at T&GFT, and I together facilitated our fourth Board to Board meeting between our two Trusts. This meeting was aimed at making both an independent and co-produced contribution to the development of the Greater Manchester ICS Joint Forward Plan. The meeting was jointly facilitated by Warren Heppolette, Chief Officer for Strategy and Innovation Greater Manchester Integrated Care System. There is now a national requirement for all ICS's to develop a strategy. All NHS organisations and Local Authorities are required by law, to have due regard to this strategy when making decisions about the use of health and care resources. The meeting was a great opportunity to focus on possible models for future working, desired outcomes and the commitments we might have to consider making. In April, I will report back to the Board on the outcomes of this consultation opportunity.

One of the many groups taking part in the wider consultation will be the Stockport Health and Wellbeing Board. It was something I raised at the third meeting of the Board this year. There were two other items on the agenda that I want to draw the Board's attention to. The first was a report of the work Stockport Council had led in response to the cost-of-living crisis. The responses included developing a wide range of warm spaces that provided company, tea and biscuits, and in some cases also soup and a sandwich. There was advice about managing energy costs and practical interventions like heated day blankets being provided free to the most vulnerable. Importantly for others, was the direct intervention in the case of those folk being threatened with forcibly having a pre-payment meter being installed for their gas and electric supply.

You may be interested in understanding why some of these measures are really important to many of our neighbourhoods. January saw the publication of the final and full report for the Greater Manchester Residents survey, which contains specific locality information – see here https://www.greatermanchester-ca.gov.uk/what-we-do/research/resident-surveys/

The other item to draw the Board's attention to is the plan to establish the formal constitution of the Stockport Locality Board with full terms of reference. This would be a hybrid committee and will need formal approval from both the Local Authority Councillors and the Greater Manchester Integrated Care Board (ICB). The focus of the Locality Board will be on achieving four outcomes:

1. People are happier and healthier, and inequalities are reduced

2. There are safe, high-quality services which make best use of the Stockport £1

3. Everyone takes responsibility for their health with the right support

4. We support local social and economic development together

Progress will be reported to the Health and Wellbeing Board (to provide assurance of the delivery of the Stockport One Health and Care Plan); to the Greater Manchester ICB by the Place Lead for Health and Care Integration; and through each member of the Board being responsible for reporting progress to their individual organisational governance processes as appropriate.

It was wonderful to be able to discuss plans for tackling some of the causes of poor health and wellbeing across our localities and communities. The contrast between the present unremitting demand for health and social care and the possibility of a very different future felt stark.

I was privileged to participate, as part of a stakeholders group, in the appointment process for a new Chair at East Cheshire NHS Trust. It was a good day with great candidates. The process is slightly different from ours as a Foundation Trust, and the appointment will need to be approved by the Secretary of State for Health and Social Care before successful candidate can be announced.

I was pleased to present the final paper at the inaugural North West Freedom To Speak Up Guardians' (FTSUG) conference. The national FSUG was in attendance and the event, which provided a helpful insight into how Trust's around the region were developing their approaches to giving colleagues a greater voice.

Finally, since I last reported to the Board, I also met with Health Watch colleagues; with Greater Manchester ICB colleagues at a professorial lecture at University of Salford; Greater Manchester Chairs Group; and with GGI and MaST colleagues looking at workforce development across integrated care systems.

3. TRUST ACTIVITIES

I have continued to meet with our Council of Governors both formally and informally. This included our first face to face formal Council of Governors meeting, which was wonderful to finally be able to facilitate. Being so close to Christmas, mince pies were served!

Our new NED, Beatrice Fraenkel, has now joined the Board. Her focus will be on supporting our People Plan and she has already made a great start in this area. Also joining us is Meb Vadiya, our new Associate NED. I thank everyone for the warm welcome both have been given on joining our Board.

I have chaired only one Consultant appointment panel since my last report, but we were able to successfully appoint a Consultant Physician in Acute Medicine. The successful candidate brings a wealth of global health experience.

Karen and I were also able to celebrate the contribution made by a number of our long serving colleagues at a second event just before Christmas. This was for colleagues who had made a 30 or 40 year contribution to the NHS and in many cases to our Trust. The event was held in the grand surroundings of Bredbury Hall, which I was reliably informed by several of our Executive Directors, was the place to go on a Saturday night back in the day.

As noted in Karen's report, we were both pleased to host a Christmas meal for many of our volunteers. Karen and I served the meals, although I'm not sure our Catering Manager, Duncan O'Neill, is likely to offer us a job in our restaurant anytime soon! It was a wonderful opportunity to meet and spend time with our long serving volunteers and to hear of their experiences working in our Trust.

Finally, I was able to meet our Treehouse colleagues for a brief visit, many thanks to Rachael Whittingham for facilitating such an interesting and informative visit. It was absolutely brilliant to see what had been achieved post-pandemic and what was being planned for the future. My time also included visiting the neonatal unit and again I was totally impressed with the colleagues I met and the service they were providing to families. Both services have a great future ahead of them.

4. STRENGTHENING BOARD OVERSIGHT

Due to the operational demands facing our Trust over the pre and post-Christmas period, it seemed sensible to postpone our planned Board Development event. The programme for the 2023 year is currently being finalised.

5. RECOMMENDATIONS

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

Meeting date	2 February 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chief Executive's Report					
Lead Director	Chief Executive		Author	Director of Communications & Corporate Affairs		

Recommendations made / Decisions requested

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

7

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
	x	**PR1.2**	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
	x	**PR1.3**	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
	x	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health

	x	**PR3.1**	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
	x	**PR3.2**	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
	x	**PR4.1**	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
	x	**PR5.1**	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

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

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

- NHS England's Operational Planning Guidance
- NHS England new Board appointments
- Industrial action
- Operational pressures
- Education partnership
- Endoscopy partnership

- Theatre up-grade
- Long service awards
- Chief Nursing Officer Award
- Chief Midwifery Officer Awards
- Deputy Finance Director of the Year.

1. PURPOSE OF THE REPORT

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

2. NATIONAL NEWS

2.1 NHS England's Operational Planning Guidance

The operational planning guidance for 2023-24 was published by NHS England on 23 December 2022. It focuses on three key areas:

- Recover core services and productivity,
- Make progress in delivery of key ambitions in the Long Term Plan, and
- Continue transforming the NHS for the future.

The guidance sets out a series of national objectives linked to the three key areas that will form the basis of the assessment of NHS performance alongside local system priorities.

Detail of funding and planning assumptions are still being clarified but headlines include:

- two-year revenue allocations for 2023- 24 and 2024- 25,
- Integrated Care Boards (ICBs) and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners,
- ICBs will be set an elective activity target based on activity delivered in 22-23,
- Expectation of circa 3% efficiency.

We are currently working through the detail of all the measures and the technical guidance to inform the development of our divisional draft plans that will feed into the Trust's overall plan for 2023-24. We are also part of a Greater Manchester operational planning steering group that is developing the ICS plan for the coming year.

2.2 NHS England's new Board appointments

Three experienced clinicians have joined NHS England's Board as non-executive directors.

Baroness Mary Watkins, an international expert on nursing and healthcare delivery; Prof. Sir Simon Wessely, a Regius Professor of Psychiatry at King's College London, and Prof. Sir Mark Walport, Honorary Distinguished Professor of Medicine at Imperial College London, took up their roles at the end of January 2023

2.3 Industrial Action

The first of the strike action held by staff at the North West Ambulance Service (NWAS) took place on the 10th January further dates have been held on the 23rd January and are due to take place on the 6th January. The strike days themselves have ran smoothly with our planning processes being very successful in managing the potential risks on those days. De-brief sessions have been held following the days to ensure learning takes place.

The Chartered Society of Physiotherapists have announced strike action at 32 Trusts on 9th February including Stockport FT. Our Industrial Action Planning will begin in earnest with the CSP to understand the staffing implications for services and what Derogations (exemptions) may be agreed.

We are aware the BMA are currently balloting Junior Doctors and we should find outcome of that Ballot after the 20th February – we ae aware likely industrial action would take place for 72 hours in March.

Our Industrial Planning is led by our EPPR lead and includes operational managers and members of the People services, actions and plans are put in place to minimise the risks on the day. In line with EPPR systems and processes action logs of decisions are recorded as any clinical incident on the day would remain the liability of the Trust in line with Clinical Negligence Scheme for Trusts (CNST) regulations.

3. TRUST NEWS

3.1 Operational pressures

Since the festive period our services have continued to be under intense pressure due to increase demand for emergency care and our ongoing efforts to recover planned procedures affected by the pandemic.

Demand for emergency care is currently almost 7% ahead of plan for the year to date, and recently that has been driven in part by Stockport seeing some of the highest levels of Covid-19, influenza, and respiratory syncytial virus (RSV) in Greater Manchester (GM). We have supported regional and national communication efforts to encourage our staff and local residents who are eligible to take up free Covid-19 and flu vaccinations as the best way to protect themselves and their families.

Our teams have worked tirelessly to cope with the increased demand for emergency care, as well as working closely with partners to promptly discharge patients from hospital who no longer need acute care. Both these issues have impacted on the flow of patients through our services, and we have had consistently high levels of bed occupancy since our last Board meeting.

As a result we have not only retained the winter wards we kept open from last year but also converted an orthopaedic ward and day case unit to care for emergency patients.

Unfortunately this has impacted on our elective activity and our teams are working hard to reschedule those procedures that were postponed as a result of unprecedented pressures. With such unrelenting demands on our staff it is hugely important that we support their health and wellbeing, and we have a range of initiatives in place to do just that, from subsidised meals to mental health support. Colleagues always tell us that having enough people to provide the care required makes the biggest positive difference to their working lives, and we have continued with our efforts to recruit new colleagues, as well as retain the great staff we already have.

We have welcomed new cohorts of overseas nurses to join those who have already successfully made their homes and careers in Stockport, and in mid January we held a very popular two day recruitment event at the Alma Lodge Hotel to recruit local student nurses and registered nurses.

3.2 Education partnership

We are continuing to develop a positive relationship with Stockport College, which is part of the Trafford College Group.

We have recently met with education colleagues to discuss the development of a formal partnership which will enable us to work together to support apprenticeships and learning programmes for our staff and prospective healthcare workers. We hope such a partnership will not only help us to develop the workforce of the future but also provide our local population with opportunities to develop their future careers.

The partnership will build on recent initiatives with the college including a cadet programme, which is seeing 10 students combine studies with practical placements in our services, and a pre-employment programme, which is due to start shortly for residents of the Brinnington area of Stockport.

3.3 Endoscopy partnership

As part of our partnership work with neighbouring trusts we have developed a new endoscopic ultrasound procedure in partnership with clinicians from East Cheshire NHS Trust.

Until recently the procedure to assess patients with gastrointestinal conditions was only available at Manchester University NHS Foundation Trust, but now thanks to joint working between the two organisations more than 200 patients a year will be able to have the minimal invasive procedure closer to home.

3.4 Theatre upgrade

We have invested £300,000 in upgrading one of our surgical theatres, including fitting state-of-the-art robotic equipment to carry out keyhole procedures.

Around 1,000 patients a year with bowel conditions will be operated on in the improved facility that is equipped with the latest laparoscopic equipment, as well as integrated digital cameras to help with teaching the next generation of surgeons.

The keyhole equipment means quicker recovery times compared to conventional operations for patients needing bowel surgery, including people with appendicitis, bowel cancer and Crohn’s disease.

3.5 Long service awards

I was delighted to join the Chair in presenting long services awards at two recent events to celebrate many of our staff who have dedicated 20, 30 and even 40 years services to the NHS.

It has been a number of years since the Trust had marked long service in this way, and it was a real pleasure to present 250 of our colleagues with special certificates, badges and £50 gift vouchers as small tokens of our appreciation of their dedication to the NHS.

We also held a celebratory lunch for 27 volunteers who have given five, ten or 15 years of their time to volunteering at the hospital. More than 200 volunteers regularly support our patients and staff and they all provide a valuable service to our organisation, whether it is acting as site guides, carrying out patient experience surveys, serving in our hospital shop or providing breastfeeding support. These are just some of the activities our volunteers get involved in.

The Chair and I were very pleased to celebrate all long serving volunteers at the event, but there was one who has given more time than most – Alan Nabb has been supporting our services for more 20 years, initially helping on the Bobby Moor cancer centre and now, at the age of 88, acting as a site guide helping patients and visitors to the hospital.

4.5 Chief Nursing Officer Award

Julie Anderson, a practice development facilitator in our learning and development team, has received a Chief Nursing Officer Award for Healthcare Support Excellence from NHS England.

Julie provides educational support to our support workers based at Stepping Hill Hospital and in the community, and she was presented with the new national award for her commitment to her role as well as the work she does with the national healthcare support workers programme.

4.6 Chief Midwifery Officer Awards

Our great midwifery staff have been honoured with a number of Chief Midwifery Officer Awards from NHS England.

During a visit to Stepping Hill Hospital Sascha Wells-Munro, the Deputy Chief Midwifery Officer for NHS England, presented the new national awards to Kristy Franklin, Sharon Hyde and the peri-natal mental health midwifery team.

Kristy, who is a community midwife, was honoured with a gold award for the work she has led in providing support to refugee mothers now living in Stockport. Silver awards were presented to Sharon Hyde for her strong leadership of local hospital and community midwifery services in her role as divisional director of midwifery and nursing, and to the peri-natal mental health team for their innovative efforts to support the wellbeing of pregnant patients and engaging with partners through the Dad Matters group.

3.4 Deputy Finance Director of the Year

Kay Wiss, our Finance Director, has won the Healthcare Financial Management Association's (HFMA) Deputy Finance of the Year Award.

Kay, who recently took on the role of Finance Director, has worked for the Trust for 17 years, and was honoured for the work she has done in fostering a positive culture in our finance department. She has been instrumental in making it one of a small group in the North West to retain the highest level of accreditation from the Finance Leadership Council and NHS Skills Development Network.

She has also played a key role in furthering partnerships with other NHS finance departments across Greater Manchester, including helping to set up a GM Deputy Director of Finance Group, and has won praise for how she has championed staff development including mentoring colleagues within the Trust and across the region.

5. RECOMMENDATION

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

Meeting date	2nd February 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Integrated Performance Report					
Lead Director	Chief Executive		Author	Head of Performance		

Recommendations made / Decisions requested

The Board of Directors are asked to review and confirm performance against the associated metrics for the last available month (December 2022 for the majority of indicators) and action being taken to mitigate and improve performance in exception reports.

This paper relates to the following Corporate Annual Objectives-

x	1	Deliver safe accessible and personalised services for those we care for
x	2	Support the health and wellbeing needs of our communities and staff
	3	Develop effective partnerships to address health and wellbeing inequalities
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	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

x	Safe	x	Effective
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 does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
	x	**PR1.2**	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
	x	**PR1.3**	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
	x	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
	x	**PR3.1**	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery

			following the pandemic
	x	**PR3.2**	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
	x	**PR5.1**	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
	x	**PR5.2**	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
	x	**PR6.1**	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
	x	**PR6.2**	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
	x	**PR7.2**	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

Executive Summary

The Board is asked to note and discuss:

- 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

Reporting Period December 2022

Quality | Operations | Workforce | Finance

8.1

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Trust Highlight Report

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

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

It should be noted that despite the continuing pressures within urgent care, the Trust's performance against the A&E 4hr standard remains the best in Greater Manchester year to date for type 1 attends.

Quality Highlights
Exception reports included this month relate to performance against Mortality, Sepsis, Category 2 Pressure Ulcers, Hospital Onset Covid rate and Infection Prevention metrics due to under-achievement in month.

The Medication Incident Rate is 4.19, just above the local benchmark of 4. All incidents have been assessed as causing low or no harm to patients.

The Friends & Family Positive Response rate was 90.8%, slightly below the target level of 91.6%.

There have been no further MRSA infections reported; the year to date figure remains at 1.

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

Workforce Turnover is 14.8 % against the 11% target. The Attract, Develop & Retain group continues to support workforce retention initiatives.

Financial Highlights
The Trust has submitted a revised plan with an expected deficit of £23m for the financial year 22-23. This was following agreement to increase the CIP target by £4m to £18.1m and increased contract income of £5m to reduce the deficit.

At month 9 the Trust position is £2.0m adverse to plan – a deficit of £19.0m

The drivers of the movement from plan are escalation beds remaining open beyond the planned winter period, our original planning assumption was that these wards would close at the end of April and continued growth in ED attendances and additional inflationary pressures.
The CIP plan for 22-23 is £18.1m (£12.1m recurrent). The CIP plan for month 9 (based on the revised CIP plan) has been delivered however, at this point the majority is non-recurrent.

The Trust has maintained sufficient cash to operate during December.

The Capital plan for 22-23 is £43m. At month 9 expenditure is behind plan by £7.991m. The forecast for year-end has been increased due to phasing of PDC for a number of capital schemes.

Risks
The year-end forecast could be between a balance position and more likely overspend of £3m. Confirmation of funding for winter has been received at £930k and the expected demand over winter and the cost of staffing to meet this remains a high risk.
CIP continues to be a challenge in 2022/23 with the recurrent target of £12.1m and a non-recurrent target of £6m; total £18.1m.

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

Cashflow – As a result of the timing of capital cash flows, no additional cash support is now anticipated in this financial year; however, cash planning for 23/24 will be key.

Emergency Demand – the increase in emergency demand is impacting on the financial position and the elective recovery targets. Costs are expected to increase in January 2023 due to high levels of sickness. The Trust is also overperforming on high-cost drugs and the income for this is on a block basis.

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

N=National / L=Local

Quality Metrics	Performance			Target assurance		Forecast
Mortality: HSMR (rolling 12-mth)	Oct-22		113	N	<= 100	
Mortality: SHMI (rolling 12-mth)	Sep-22		98	N	<= 100	
Sepsis: Timely recognition (rolling 12-mth)	Dec-22		95%	L	>= 95%	
Sepsis: Antibiotic administration (rolling 12-mth)	Dec-22		78.6%	L	>= 95%	
Hospital Onset Covid (HOC) Rate	Dec-22		64.3%	L	<= 49.4%	
Infection Rate - C. diff (rolling 12-mth)	Dec-22		60.77	L	<= 20.37	
Infection Rate - MRSA (rolling 12-mth)	Dec-22		2.23	L	<= 0	
Infection Rate - MSSA (rolling 12-mth)	Dec-22		24.13	L	<= 8.94	
Infection Rate - E. coli (rolling 12-mth)	Dec-22		110.37	L	<= 24.34	
Medication Incidents: Rate	Dec-22		4.19	L	<= 3.76	
Never Event: Incidence	Dec-22		0	N	<= 0	
Serious Incidents: STEIS Reportable	Dec-22		4	L	<= 5	
Stroke: Overall SSNAP Level	Sep-22		A	N	>= C	
Falls: Rate of Moderate Harm and Above	Dec-22		0.05	L	<= 0.13	
Pressure Ulcers: Hospital, Category 2	Dec-22		66	L	<= 62	
Pressure Ulcers: Hospital, Category 3 and 4	Dec-22		5	L	<= 5	
Written Complaints Rate	Dec-22		7.93	L	<= 5.93	
Complaints: Timely response	Dec-22		80%	L	>= 95%	

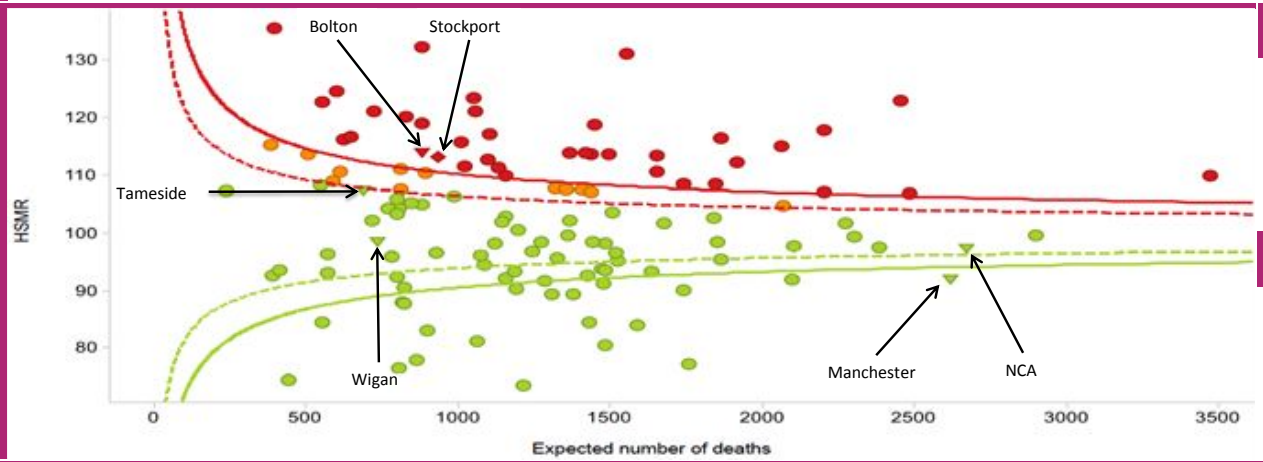
Operational Metrics	Latest Performance			Target		Forecast
ED: 4hr Standard	Dec-22		51.4%	N	>= 95%	
ED: 12hr Trolley Wait	Dec-22		282	N	<= 0	
Diagnostics: 6 Week Standard	Dec-22		21%	N	<= 1%	
Cancer: 62-day standard	Dec-22		73.8%	N	>= 85%	
Cancer: 28-day standard (FDS)	Dec-22		68.7%	N	>= 75%	
Cancer: 14-day standard (2WW)	Dec-22		97.8%	N	>= 93%	
Referral to Treatment: Incomplete Pathways	Dec-22		49.5%	N	>= 92%	
Referral to Treatment: 52 Week Breaches	Dec-22		3825	N	<= 0	
No Criteria To Reside (NCTR)	Dec-22		111	L	<= 73	
Activity vs. Plan: Elective Inpatient and Daycase	Dec-22		-18.7%	L	>= 0%	
Activity vs. Plan: Outpatient	Dec-22		-11.6%	L	>= 0%	
Activity vs. Plan: ED Attendances	Dec-22		17.9%	L	<= 0%	
Outpatient DNA rate	Dec-22		8.8%	L	<= 5.8%	
Outpatient Clinic Utilisation	Dec-22		83.7%	L	>= 85%	
Patient Initiated Follow Up (PIFU)	Dec-22		3.1%	L	>= 4%	
Theatres: Capped Utilisation	Dec-22		75.8%	L	>= 90%	

Workforce Metrics	Latest Performance			Target		Forecast
Substantive Staff-in-Post	Dec-22		91.6%	N	>= 90%	
Sickness Absence: Monthly Rate	Dec-22		7%	N	<= 4%	
Workforce Turnover	Dec-22		14.83%	L	<= 11%	
Appraisal Rate: Overall	Dec-22		87.1%	N	>= 95%	
Statutory & Mandatory Training	Dec-22		89.1%	N	>= 95%	
Bank & Agency Costs	Dec-22		15.6%	L	<= 5%	

Finance Metrics	Latest Performance			Target		Forecast
Financial Controls: I&E Position	Dec-22		11.8%	L	<= 0%	
Cash Balance	Dec-22		19.9			
CIP Cumulative Achievement	Dec-22		0.1%	L	>= 0%	
Capital Expenditure	Dec-22		5%	L	<= 10%	

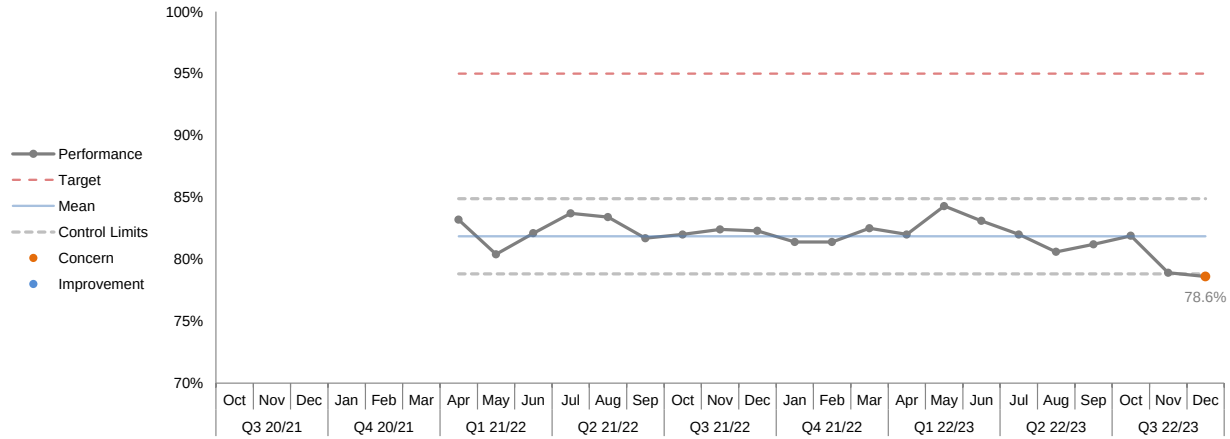
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Mortality: HSMR (rolling 12-mth)** The Hospital Standardised Mortality Ratio (HSMR) shows the ratio of the observed to the expected number of in-hospital deaths at the end of a continuous inpatient (CIP) spell, multiplied by 100. Data sourced from the Healthcare Evaluation Data (HED) system.	**Latest Performance**	**Next Month Forecast**
Performance of this measure over time		**Variance** **Latest Month** Oct-22 **Actual** 113 **Assurance** **Target** <= 100	
What the chart tells us	Stockport is one of two GM Trusts that are currently ranked as "very high" with mortality rates outside the statistical control limits in the red zone, the other Trust being Bolton. Tameside, Wigan and Northern Care Alliance are all reporting in the green zone, which indicates the mortality rates are within expected range. Manchester is the only GM Trust with lower than expected mortality rates. Data for Pennine is not available.		
Narrative	**Issues:** HSMR is 113.16 for the period November 2021 to October 2022. This is currently 15 points above the GM peer median average, and 10 points above the national median. It should be noted that the HSMR is categorised as 'very high' (i.e. 113.16 is outside statistical control limits). Data for Pennine Acute has not been available for the last 2 months, so this Trust is not part of the GM and National averages.	**Actions & Mitigations:** Audits are underway for a number of diagnoses groups: Urinary Tract Infections; Fractured Neck- of-Femur; and Perinatal Deaths.	

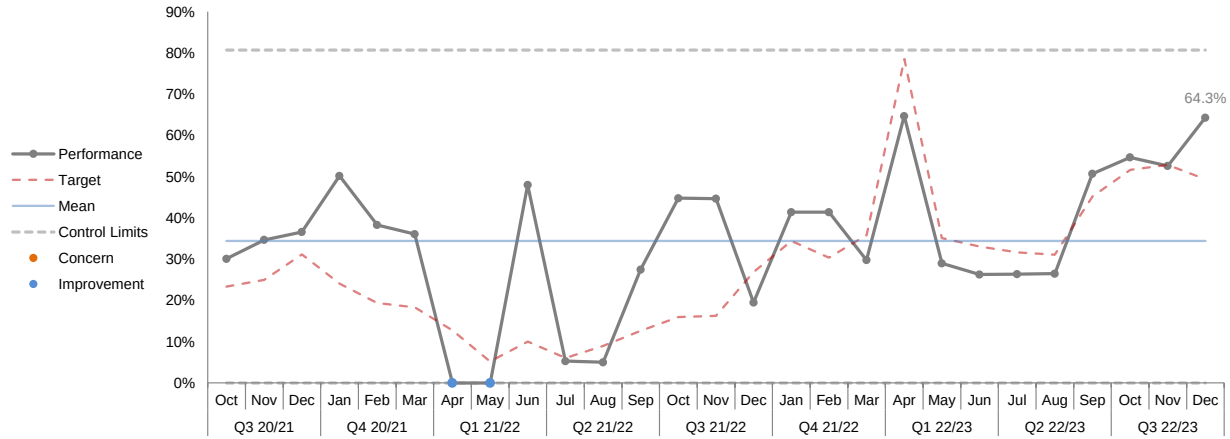
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sepsis: Antibiotic administration (rolling 12-mth)** The number of patients who received IV antibiotics within agreed standards for sepsis patients, as a percentage of those eligible patients audited and found to have sepsis. Performance is based on a rolling 12-month. Data for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.	**Latest Performance**	**Next Month Forecast**
Performance of this measure over time		**Variance** **Latest Month** Dec-22 **Actual** 78.6% The data shows special cause variation, indicated by a value outside the lower control limits. **Assurance** **Target** >= 95% Performance consistently exceeds the target value	
What the chart tells us	Performance for this metric is expressed as a rolling 12- month average. The chart shows that over the last 12 months performance has been maintained around the average of 82%. Performance for the latest month has been flagged as a significant concern, with performance below the normal range of variation.		
Narrative	**Issues:** 18 of 79 patients treated as suspected sepsis in November: of these 14 were treated with antibiotics in accordance with trust guidelines. - 4 Red flag fails - 3 Amber flag fails - 2 Fail was in hours - 5 fails occurred OOH - 5 fails in Surgery - 2 fails in Medicine SHH continues to face extreme winter pressures.	**Actions & Mitigations:** Date for rollout of revised electronic sepsis screening tool moved to Jan 2023 New Sepsis Practitioner in post Well attended sepsis link nurse study days in December	

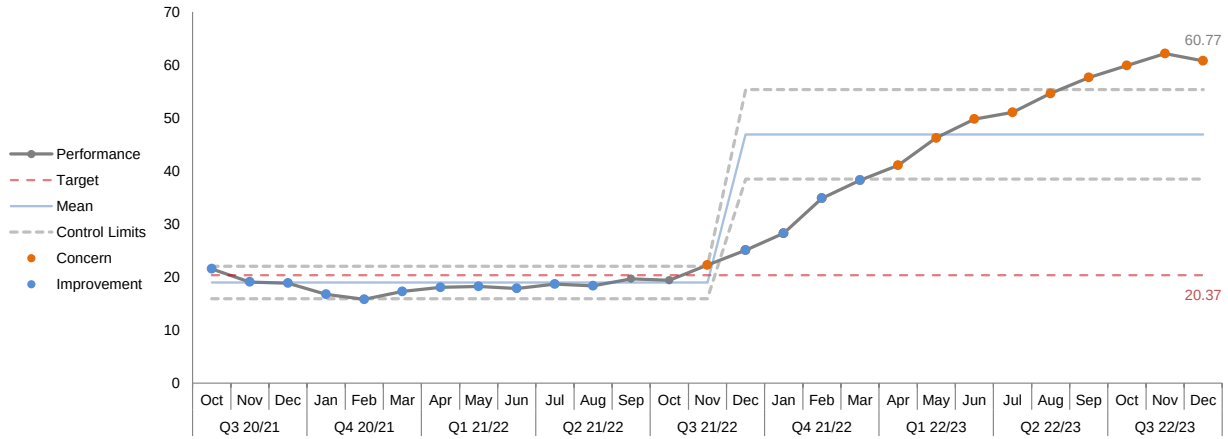
Integrated Performance Report

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** Dec-22 **Actual** 64.3% Data shows common cause variation, suggesting no significant changes in performance **Assurance** **Target** <= 49.4% Performance against the target has not been consistent in the last 6 month period	
What the chart tells us	The charts shows that performance of this metric has been variable for the whole reporting period. Stockport's performance has tracked below the GM average for the last several months. Since September 2022, data has shown that Stockport reporting above the GM average.		
Narrative	**Issues:** From the middle of December 2022 the Stockport COVID rate increased showing as the highest locality rate in Greater Manchester. This had an impact on the number of nosocomial cases reported in December 2022. The Trust has reported 112 COVID positive cases in December with 72 of these being nosocomial which is an increase on the previous month. The Trust currently has a rate of 64% against the Northwest rate of 53%. This is a decrease in the Northwest over the last months reported rate.	**Actions & Mitigations:** There are 2 RCA investigations where COVID-19 was cited as either P1, Inquest or Post-mortem which are due for HCAI panel review in January. As the COVID positive numbers fluctuate, escalation and de-escalation of the COVID areas will be actioned accordingly.	

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Infection Rate - C. diff, rolling 12-mth - (includes narrative for E.Coli infections)** This indicator shows the count of hospital-onset Clostridioides difficile (C. diff) infections per 100,000 bed days for patients aged 2 years and older. The value shown is calculated from data across a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.
Performance of this measure over time	
What the chart tells us	Despite low rates for much of the early reporting period, the chart shows a significant rise in the infection rate from November 2021 onwards. This increasing trend has continued through to November 2022. December is the first month that the trend has reduced.

Latest Performance	Next Month Forecast

Variance

Latest Month	Actual
Dec-22	60.77

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

Assurance

Target
<= 20.37

Performance consistently exceeds the target value

Narrative	Issues:	Actions & Mitigations:
	C.Diff: There were 5 HOHA cases in December, all of which are due for HCAI panel review in January. The Trust is over the proposed threshold of 30.75 for December with a YTD of 56 and has exceeded the threshold of 41 cases for 2022-23 set by the UKHSA. Our greater Manchester peer group also continue to show a month-on-month spike in their C.Diff rates. 50 cases have been presented to the HCAI panel; 42 cases deemed unavoidable; 7 cases deemed avoidable and 1 pending a decision. There are 7 cases waiting for panel hearing. E.Coli: There were 2 HOHA and 2 COHA cases totalling 4 in December. YTD total is 71 which is over the proposed threshold of 36.75 for the end of December and the UKHSA threshold for 2022-23.	C.Diff: The divisions continue to review their escalation processes are being followed. This is to ensure prompt isolation of patients on the commencement of loose stools and that thorough decontamination of isolation areas takes place in the form of “fogging” once a C.Diff case has vacated the area. E.Coli: Following a benchmarking exercise against other Trusts, a draft RCA tool has been developed and is now going through the Trust's internal governance process for approval. It is scheduled to be submitted to the IP&C Operational Group in February 2023 and IP&C Group in March 2023.

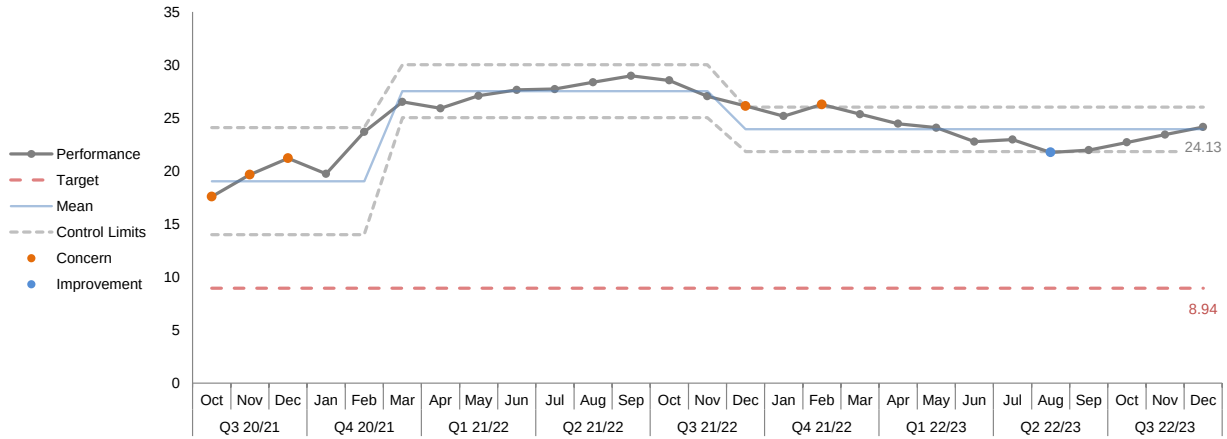
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Infection Rate - MSSA, rolling 12-mth - (includes narrative for MRSA infections)** This indicator shows the count of hospital-onset meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemia infections per 100,000 bed days. The value shown is calculated from data across a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.

Latest Performance | **Next Month Forecast**

Performance of this measure over time



Variance

Latest Month	Actual
Dec-22	24.13

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

Assurance

Target

<= 8.94

Performance consistently exceeds the target value

What the chart tells us	MSSA infection rates have remained consistently high since December 2021. Infection rates significantly improved by August 2022, but there has been a steady increase since then. Latest data for December shows that rates have increased to above average levels for the first time in 6 months.

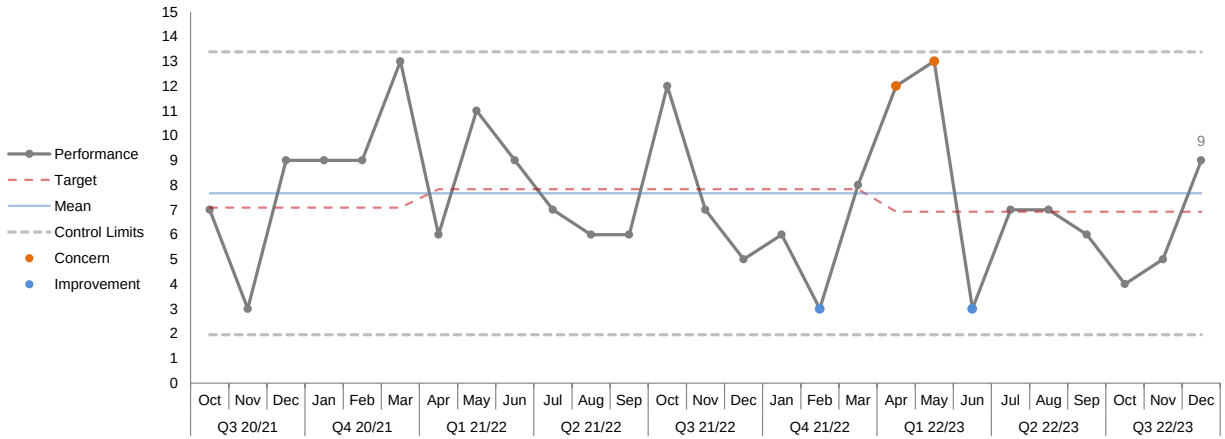
Narrative	**Issues:**	**Actions & Mitigations:**
	MSSA: 2022-23 internal threshold for MSSA is 18 cases, this equates to a 15% reduction on 2021-22 figures. This is based not only on Trust apportioned cases (HOHA) but also Community Onset, Hospital Associated (COHA) cases. There were 1 HOHA and 1 COHA apportioned cases in December. YTD total is 22 which is over the proposed threshold of 13.5 for the end of December and over the 2022-23 threshold of 18. MRSA: The Trust has had 0 cases of MRSA in December but has had 2 HOHA and 1 COHA cases in 2022-23 The threshold set by UKHSA remains zero for 2022-23	Following a benchmarking exercise against other Trusts, a draft RCA tool has been developed and is now going through the Trust's internal governance process for approval. It is scheduled to be submitted to the IP&C Operational Group in February 2023 and IP&C Group in March 2023.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Pressure Ulcers: Hospital, Category 2 (includes narrative for Category 3 & 4) Total number of category 2 pressure ulcers in a hospital setting - includes device-related pressure ulcers.	Latest Performance	Next Month Forecast

Performance of this measure over time



Variance

Latest Month	Actual
Dec-22	66

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

Assurance

Target
<= 62

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

What the chart tells us	For much of the reporting period, the number of category 2 pressure ulcers reported has been variable between 3 and 13 and there have been no significant changes. The number of pressure ulcers reported in April and May of 2022 were significantly higher than previous months, but performance reported from June onwards has been on or around the average of 7 per month. The cumulative total for the Trust remains above expected levels.

Narrative	Issues:	Actions & Mitigations:
	Category 2: This month (December data) we have had 9 category 2 pressure ulcers reported- one incident this month was as a result of medical device. We have seen an increase in incidents this month reported in the integrated care acute division and surgical divisions. This is reflective of the increased acuity and opening of escalation capacity in these clinical areas. The Trust remains over trajectory to meet the reduction target however the reduction target is still achievable if improvement is seen in Quarter 4. Category 3&4: The Trust is aiming to achieve no hospital acquired Category 3 or 4 pressure ulcers as a result of a lapse in care. This month (December data) there have been no Category 3 or 4 pressure ulcer incidents.	Divisional leads are conducting regular pressure ulcer review panels to discuss all incidents reported in their divisions. The pressure ulcer verification masterclass continues to be delivered to senior nurses as required. A pathway for the management of fractures and the devices used to manage them has been launched which includes the risk assessment and consideration of reducing pressure ulcers caused by these devices. The Pressure Ulcer Prevention training programme continues with monthly sessions; the TV team are working closely with the divisional practice facilitators and the learning and development team to ensure all relevant staff attend the training sessions. A management of moisture damage guideline has been launched with posters, pocket guides and resources on intranet supported by toolbox training sessions. In response to a number of incidents occurring in relation to oxygen tubing, a review of foam protection devices available is taking place. The pressure ulcer collaborative annual event is planned for April

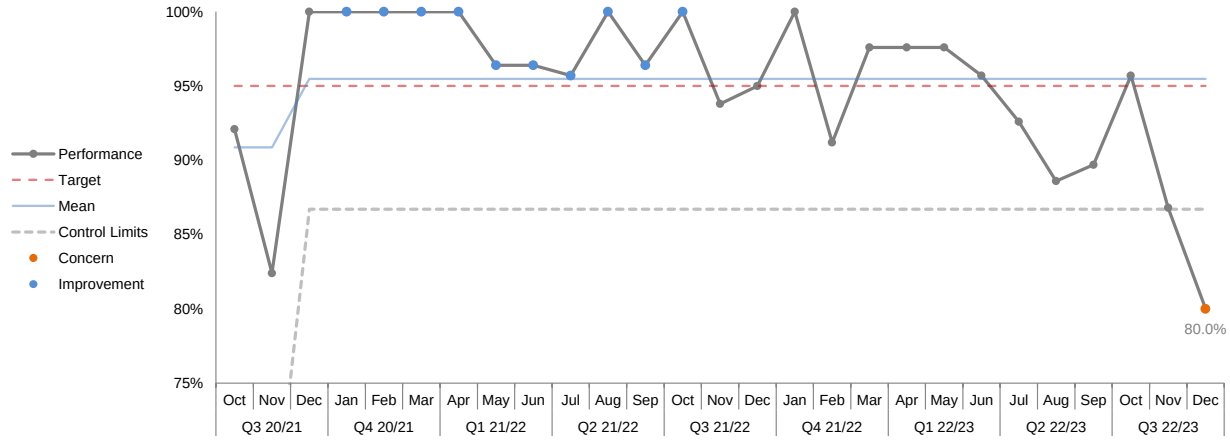
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Complaints: Timely response (includes narrative for written complaints rate)** The total number of formal complaints responded to within agreed timescales, as a percentage of all complaints responded to.

Latest Performance	Next Month Forecast

Performance of this measure over time



Variance

Latest Month		Actual
Dec-22		80%

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

Assurance

Target

>= 95%

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

What the chart tells us	For almost the entire reporting period, average performance has been above the 95% target for complaints response times. In recent months, July to September 2022 saw a dip in performance to between 88% and 93%, and although performance did improve in October, performance since then has dropped with December showing the lowest performance since September 2020.

Narrative

Issues:

42 formal complaints were received in December 2022 - Integrated Care = 3, Medicine = 10, Surgery = 12, Women and Children = 6, Corporate = 0 Estates & Facilities = 0, Emergency Department and Clinical Decision Unit = 9 and Clinical Support = 2

Top five themes for formal complaints in December 2022 was as follows:
1. Communication
2. Staff values and behaviours
3. Clinical treatment
4. Admissions and discharges
5. Appointments

Top five themes for informal concerns in December 2022 was as follows:
1. Appointments
2. Communication
3. Staff values and behaviours
4. Admissions and discharges
5. Access to treatment or drugs

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 however, we are recently seeing a rise in complainants wishing to pursue a formal complaint.

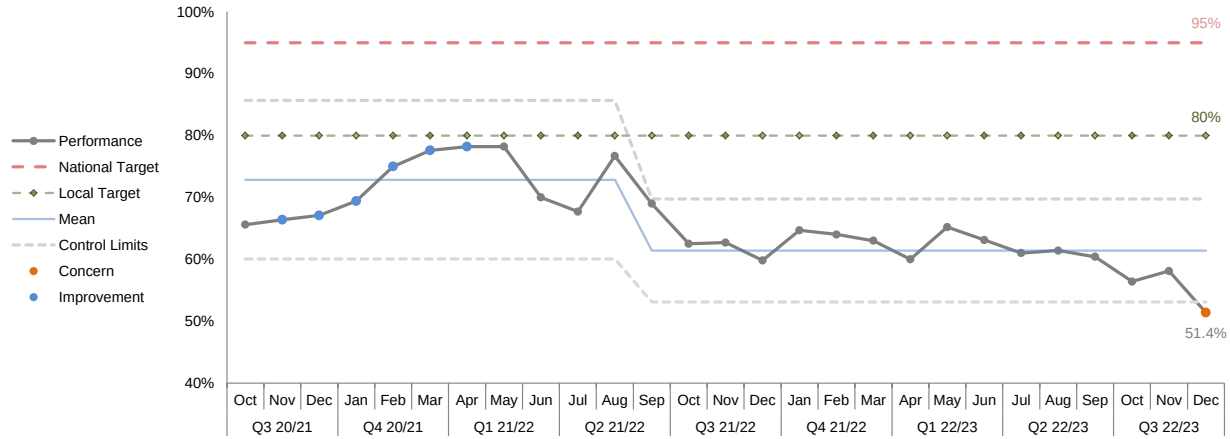
The current ongoing pressures at the Trust for the clinical staff is having a significant impact on the ability to respond to many complaints in the agreed timescale. This may be whilst divisions await statements or at the approval stage of the Trust response from senior clinicians. When this occurs, the complainants are contacted and are kept informed. Where necessary, new timescales will be agreed with the complainant.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	ED: 4hr Standard (includes narrative for 12hr breaches) 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
Dec-22		51.4%

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

Assurance

Target

>= 95%

Performance consistently falls short of the target value

What the chart tells us

Since September 2021, ED performance against the 4hr standard has averaged 61%. Performance has been variable, but with no significant changes. Latest performance for December shows a significant drop to 51.4%.

Narrative

Issues:

Stockport were the best performing Trust within GM for type 1 ED attendances in December.

Average attendances increased to 321 per day, with ED attends trending higher than the 2019/20 baseline year.
- Overall performance benchmarks well but is significantly deteriorated vs. last year.
- Significant driver of the 4hour standard remains the challenged position to good flow.
- Bed occupancy continually exceeds 98%, which is beyond the recognised safe limits for effective flow.
- Timely access to domicile care and community beds is significantly challenging.
- Overall levels of patients with no reason to reside are significantly more than optimised position of 40-50 per day and double the position in the same period last year.
- The number of out of area patients with no reason to reside is significant, with other localities failing to meet demand. This relates to North Derbyshire and East Cheshire.

282 patients waiting in excess of 12 hours to be admitted were reported in December due to lack of bed capacity. ED attendances 17.9% above plan in month.

Actions & Mitigations:

- Internal Patient Flow project. A number of projects in place to support flow, which includes MDTs taking place daily across the trust to provide support to all wards

- Director of the Day rota continues to support flow and challenge the discharge position.
- 7 day support is in place including adult social care

- Long LOS reviews and measures to support weekend discharges continue.

- Transformational projects continue to support with flow

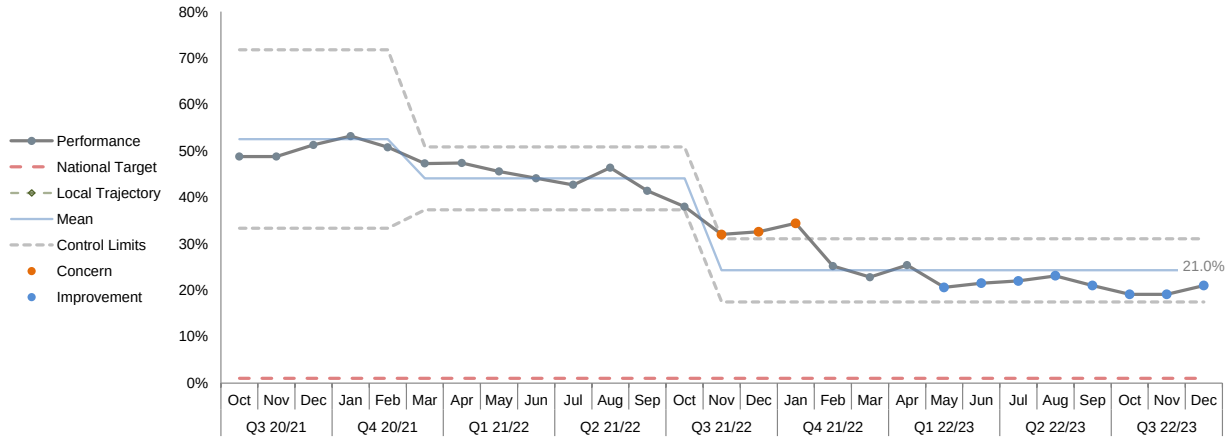
– Triage & navigation, ED workforce, UTC & E-triage

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
Dec-22	21%

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

Assurance

Target

<= 1%

Performance consistently exceeds the target value

What the chart tells us

Performance has been improving steadily since May 2020. Significant improvements in performance can be seen with a change in March 2021, and then again in November 2021 with a new average performance of 26%. For the last several months, performance has been below this average, which has been flagged as a significant improvement by the chart.

Narrative

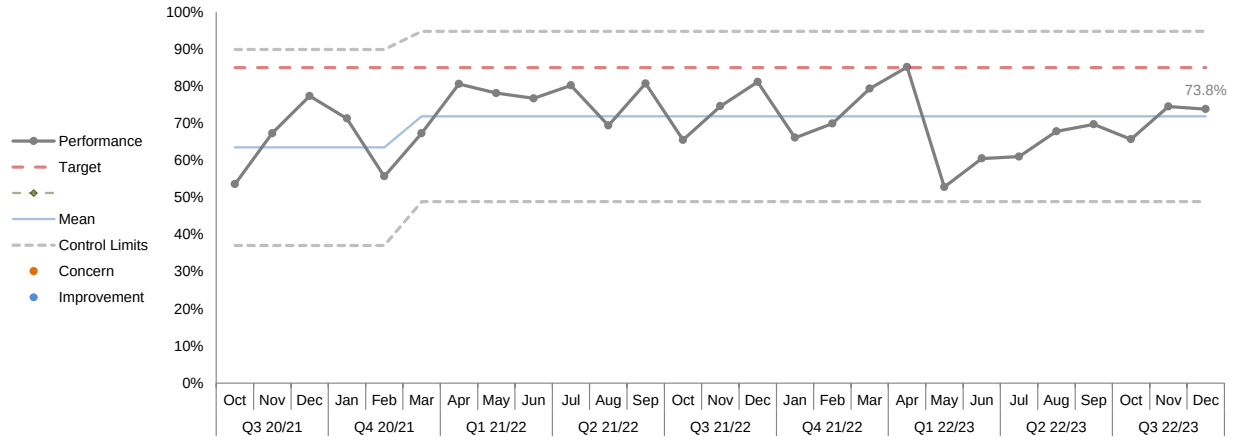
Issues:	Actions & Mitigations:
The percentage of patients waiting 6+ weeks for their diagnostic procedure increased slightly in month to 21%., however the Trust continues to benchmark well compared to GM peers. Pressure on Endoscopy remains, as a result of increased colorectal suspected cancer referrals, coupled with high sickness absence. Biggest area of challenge, and highest backlog is Echocardiology. Work continues to improve both Estates and increase workforce to provide more substantive capacity.	All the imaging modalities continue to be DM01 compliant except US which slipped slightly in month, recovery expected early January. The endoscopy 4th room is due to come online February 2023 which will help with performance recovery.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Cancer: 62-day standard (includes narrative for 28-day and 14-day standards) 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
Dec-22		73.8%

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

The chart shows that since April 2021 performance has been variable, but has remained around the average of 72%. Performance dropped in May 2022, and has steadily been improving since then. Latest data for December shows an above-average position of 73.8%.

Narrative

Issues:

Cancer performance against the 62 day standard shows the final position for November at 74.5%, with December currently at 76%. Stockport's performance is significantly better than the national position, and 3/6 in GM.

Referral rates remain high, showing a 24% increase April to December compared to the same period in 2021/22.

Access & reporting times for some imaging and diagnostic tests continue to be impacted by the high level of referrals, along with the continuing non-elective pressures and staff sickness absence levels.

The 28 day faster diagnosis standard remains challenging but performance is much improved in month at 69% against the 75% target. Colorectal achieved their best performance to date following key recruitments coming into post.

The Trust continues to perform strongly against the 2ww 1st standard.

Actions & Mitigations:

The wider cancer transformation programme continues which includes improvement plans across Radiology and the operational divisions to enable the Best Timed Pathways to be achieved.

Trust elective performance meetings continue to focus on progressing patient pathways and eliminating all 104 day waits for cancer treatment.

The Trust continues to utilise capacity at the Christie for Urology and General Surgical cases.

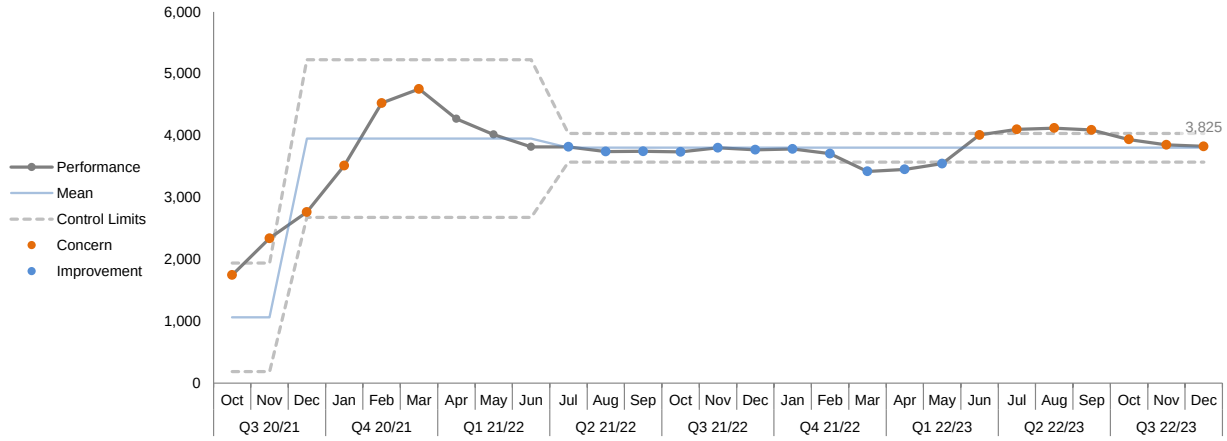
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Referral to Treatment: 52 Week Breaches (includes narrative for Incomplete Pathways)** 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
Dec-22		3825

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

Assurance

Target

<= 0

Performance consistently falls short of the target value

What the chart tells us	A significant improvement is seen between March 2022 and May 2022, with the number of breaches reducing, but then a significant increase is seen from July 2022 to September 2022. Latest performance for December shows that the number of breaches has dropped again, but is still above the average for the reporting period.

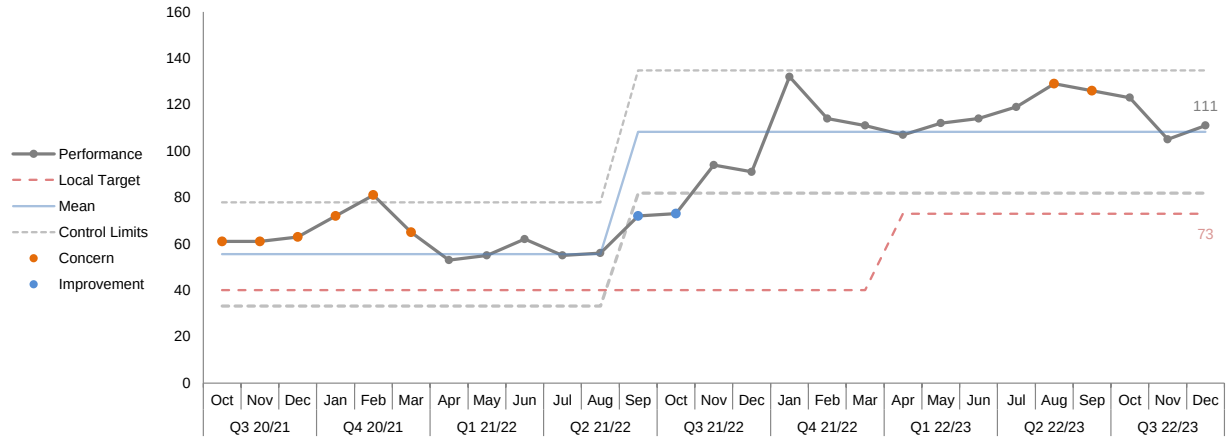
Narrative	Issues:	Actions & Mitigations:
	The number of patients waiting 52+ weeks to commence treatment reduced slightly in month. The Trust continues to reduce the number of patients waiting 104+ weeks, reporting just 12 at month end. None of these extended waits were due to lack of capacity, namely patient choice to defer or clinically complex cases. The short term cessation of elective operating within Orthopaedics continued into December due to extremely high non-elective demand in response to non-elective bed pressures. The levels of urgent and suspected cancer referrals remain high, resulting in extended waits for routine referrals in some services. Staffing challenges within theatres also continues to impact full recovery of elective activity.	Validation exercise via the digital communications system was successfully mobilised, removing 1000 patients who no longer wanted an appointment from the Outpatient waiting list in November. Validation of the admitted waiting list is also being mobilised. Mutual aid for cancer capacity due to anaesthetic staffing issues continues for colorectal and urology. Continue to transfer/treat patients under the GM independent sector contract. Trust elective performance meetings continue to focus on progressing patient pathways and eliminating long waits.

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
Dec-22	111

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

Assurance

Target

<= 73

Performance consistently exceeds the target value

What the chart tells us

September 2021 shows a significant increase in the number of patients with no criteria to reside, moving from an average of 56 to an average of 109 patients per day. Since January 2022 performance has been above this average each month, apart from in April and November 2022, where it dips just below.

Narrative

Issues:	Actions & Mitigations:
The number of patients with no criteria to reside (NCtR) in month remains higher than the target level and whilst the numbers had been reducing, partly due to the availability of additional GM winter funded community D2A beds commissioned until the end of March '23, there has been a slight increase in month due to the closure of some care home beds due to Covid, flu and other infectious diseases. The challenges of accessing timely care home beds and community packages of home care is adversely impacting on patient flow both through the hospital and also on flow through the community D2A beds and the community D2A Hub. A reduction in a 71 bedded private D2A care facility to 50 beds from 1.7.22 exacerbated the issue and this will further reduce in March '23. EMI residential care beds have been commissioned until the end of the financial year to replace the planned withdraw of the general nursing care beds by the private provider. The number of Out of Area (OOA) NCtR patients is high with other localities struggling to access community capacity within their areas which is impacting on the ability of SFT to discharge / transfer patients to their local area. North Derbyshire and East Cheshire continue to have the highest number of Out of Area NCtR	Continued working with system partners supporting discharge of Stockport patients on pathways 1 & 2. System tactical meetings held 3 x a week as we continue to escalate and increased in frequency as required - Review of all patients on the NCtR list daily to ensure patients are on the correct pathway. - Monitoring use of the additional 16 community D2A beds, will increase to 20 w/c 9th Jan 23 - Monitoring of additional hours for packages of care, commissioned from Routes Healthcare, to support flow via Pathway 1. (Operational management for the contract now with SFT.) - Internal Patient Flow project. A number of projects in place to support flow, which includes MDTs taking place daily across the trust to provide support to all wards - Joint SFT and LA Transfer of Hub T&F group established to review processes and improve integrated working. - Working with LA Health Protection team re individual patient risk based assessments for admissions to care homes with IP controls in place - Work with OOA partners continues with daily operational meetings in place with North Derbyshire in particular and East Cheshire colleagues to support mitigating actions preventing flow. GM H&SC Partnership have also offered to support OOA conversations to facilitate flow.

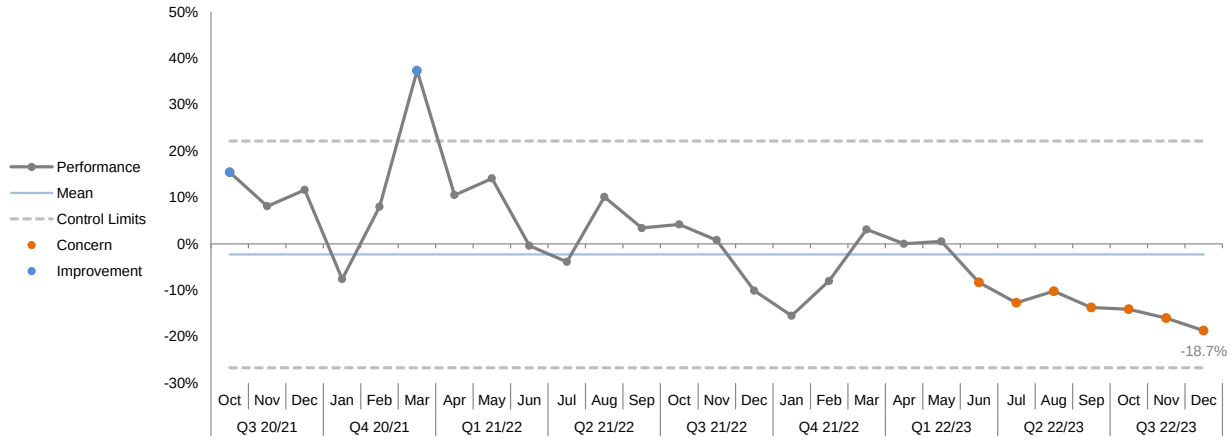
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Activity vs. Plan: Elective Inpatient and Daycase (includes narrative for Outpatient and ED activity vs. plan)** The percentage variance between the total elective activity (Elective-Inpatient and Daycase) and the total planned elective activity submitted for 2022/23. Excludes Breast Surgery and Swanbourne House activity. Based on the flex/freeze position, not the SUS position. A value above 0% indicates that activity is above planned levels.

Latest Performance	Next Month Forecast

Performance of this measure over time



Variance

Latest Month	Actual
Dec-22	-18.7%

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

Assurance

Target
>= 0%

Performance consistently falls short of the target value

What the chart tells us	The chart show that elective and daycase performance against the plan has been variable across the reporting period. Data shows that activity delivered has been consistently below the operational plan since June 2022.

Narrative	Issues:	Actions & Mitigations:
	Elective activity was 18.7% adverse to plan in month, driven by elective in-patient underperformance and urgent care demand. Anaesthetic staffing issues remain, affecting the ability to fully restore theatre capacity to pre-Covid levels. The short term cessation of elective operating within Orthopaedics continued into December due to extremely high non-elective demand. ED attendances 17.9% above plan in month. Outpatients activity was 11.6% below plan. Key drivers of the position being increased sickness absence levels and clinic cancellations to allow Consultants to support patient flow in response to the urgent care demand. DNA rates were noted to also be higher in month.	Elective operating is planned to increase from mid-January with a programme to return the Elective Orthopaedic ward to surgery early February.

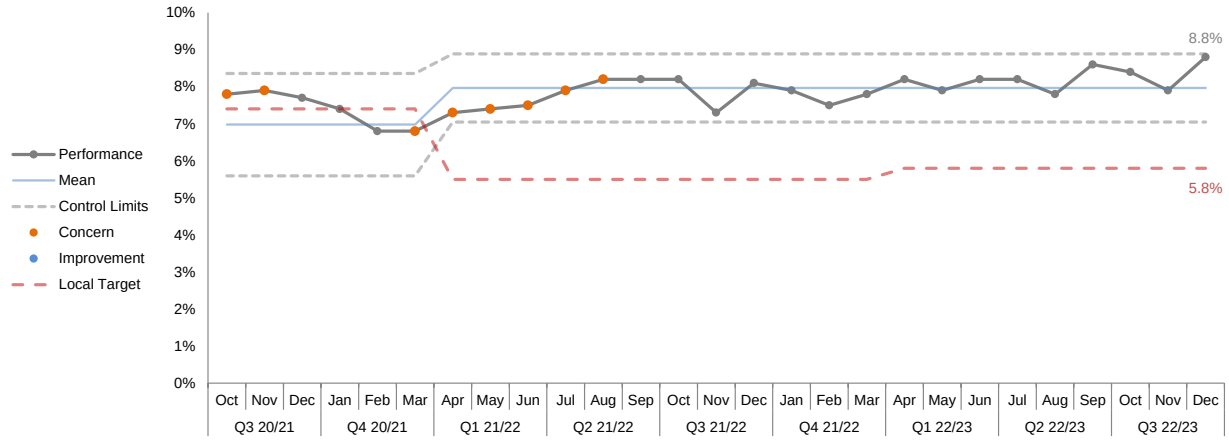
Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Latest Performance	Next Month Forecast

Performance of this measure over time



Performance

Latest Month	Actual
Dec-22	8.8%

Assurance

Target
<= 5.8%

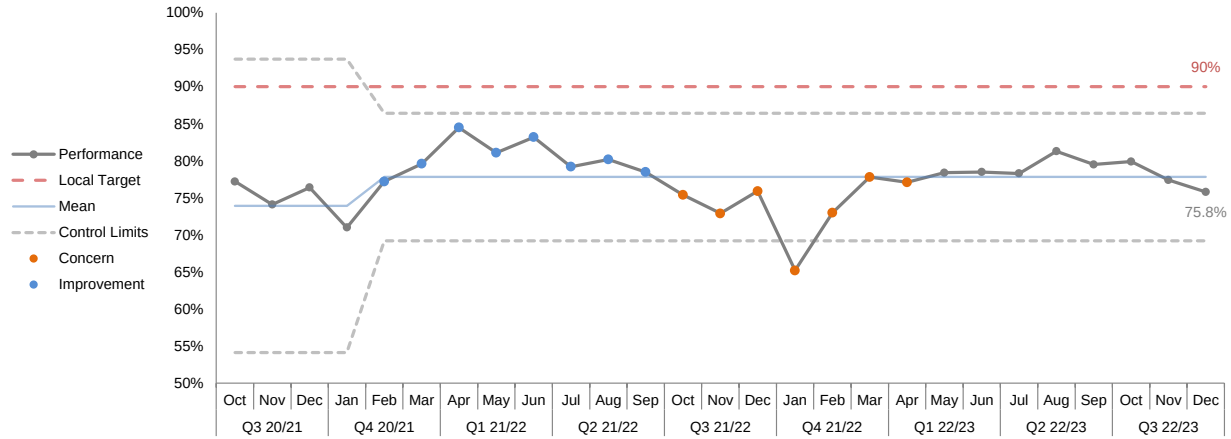
Performance consistently falls short of the target value

What the chart tells us	The data shows that since Apr21 there was a significant change in the DNA rate rising from 7% to 7.9%. DNA rates have been variable, but consistent with this average since then and there have been no significant changes.

Narrative	**Issues:**	**Actions & Mitigations:**
	There is evidence increases in DNA rates can be linked to the increase of COVID infection rates which Stockport has seen recently. The Trust continues to benchmark compared to GM peers positively. However there is desire to ensure this is minimised to 7% consistently with a stretch target of 5% . Clinic Utilisation: Outpatient clinic utilisation remain under the trust target of 90% level this month at 87% (removing excluded clinics). Utilisation has been at this level consistently for the last 3 months. PIFU: Stockport continues to be the best Performing Trust in GM for Patient Initiated FU rates and meeting the year end target of 5% is looking positive.	The nudge texting trial was launched in DMOP and this went live mid November. Benefit analysis will be undertaken at a meeting in February to review its effectiveness. To note DMOP did see a fall in its DNA rate in December in picture of an overall increase in most specialties. DNA audit with 150 patients has been undertaken, themes are being collated to be shared . Validation of routine new referrals waiting for an appointment has commenced to establish if patients still wish to be seen, this will now be undertaken on a 6 weekly rolling basis. A meeting with reminder service provider has been arranged for late January to review the DNA rate.

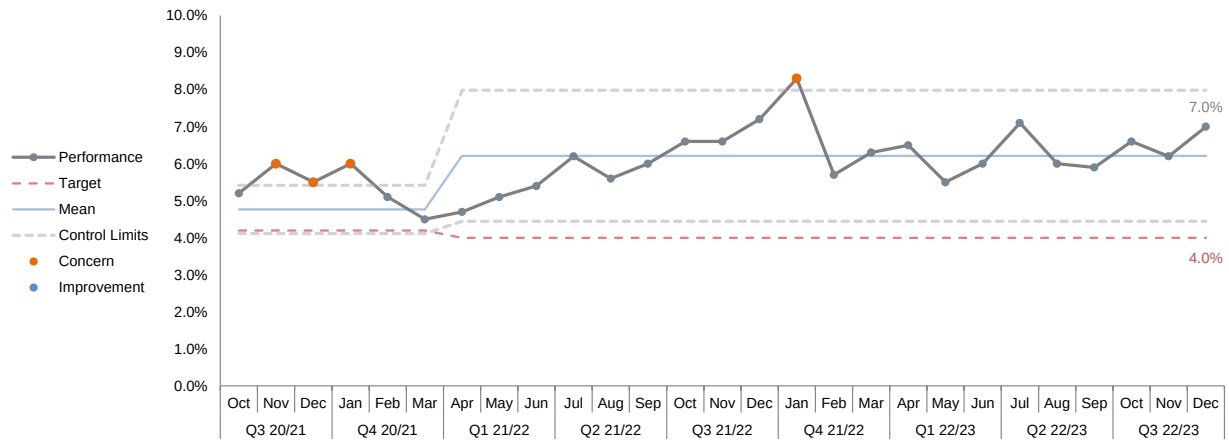
Integrated Performance Report

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. Includes elective and paediatric sessions only, and excludes maternity and endoscopy theatre locations.	**Latest Performance**	**Next Month Forecast**
Performance of this measure over time		**Performance** **Latest Month** Dec-22 **Actual** 75.8% **Assurance** **Target** >= 90% Performance consistently falls short of the target value	
What the chart tells us	The data shows that between October 2021 and April 2022 there was a period where performance was significantly worse than normal. Since then performance has been maintained above average, except for a slight drop in performance for November and December. The decrease seen in utilisation is not a significant change to our monthly performance.		
Narrative	**Issues:** Non Elective pressures and high respiratory infection rates from November onwards have led to short term cessation of Orthopaedic surgery - plans in place to return the ward to Elective Surgery from early February. Anaesthetic workforce challenges remain a pressure and are impacting on cancellation of lists at short notice with both sickness and inability to fill vacancies.	**Actions & Mitigations:** Elective operating is planned to increase from Mid January with a programme to return the Elective Orthopaedic ward to surgery early February. Theatre improvement project commenced through SIG with particular focus on pre-op assessment.	

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** Dec-22 **Actual** 7% Data shows common cause variation, suggesting no significant changes in performance **Assurance** **Target** <= 4% Performance consistently exceeds the target value
What the chart tells us	A significant increase in sickness rates can be seen from April 2021 onwards as the average sickness rates increase from 4.7% to 6.2%. Apart from a spike in sickness levels in January 2022, with a rate of 8.4%, there have been no significant changes in the sickness levels.		

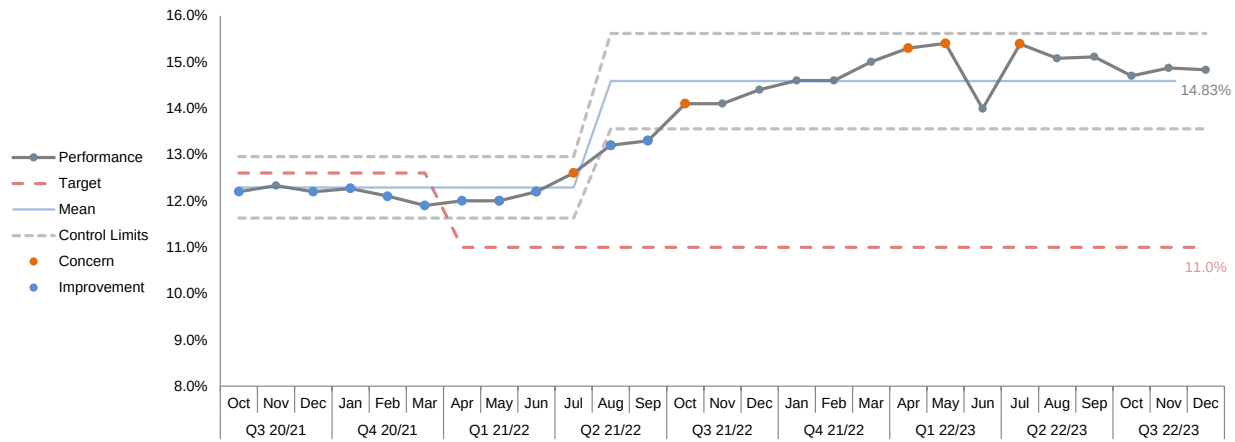
Narrative	**Issues:**	**Actions & Mitigations:**
	Overall Trust sickness has increased in December to 7.02% compared to 6.16% in November.. All Divisions have seen an increase in absence rates compared to November, except Estates & Facilities, which has seen a slight decrease. Stress, Anxiety and Depression remains the highest reason for absence within the Trust.	There has been an increase of cough, cold, flu across the Trust which was significant but expected, The Trust continues to provide flu/ Covid vaccinations and staff are encouraged to take advantage of this offer. In response to MSK sickness absence, the Trust has commenced a back care awareness campaign - 'Right Back at Ya!' As part of the Health & Wellbeing support we are providing to staff we are widely promoting the Food Bank vouchers and a range of offers that provide a broad range of support and initiatives for staff. These are detailed in the monthly Health & Wellbeing Newsletter and in our corporate communications mechanisms HR are continuing to provide a person centre approach to sickness absence management and promoting health and wellbeing services.

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
Dec-22	14.83%

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

Assurance

Target

<= 11%

Performance consistently exceeds the target value

What the chart tells us

In August 2021 a significant increase can be seen with a rise from 12.3% average to 14.3%. Between October 2021 and May 2022 turnover has continued to rise, with significant increased flagged in May and then again in July. Turnover has been consistently above the average of 14.5% since then.

Narrative

Issues:

The Trust 12 month turnover rate up to December 22 was 14.83%, a slight decrease of 0.04% from November 22.

Integrated Care has the highest turnover rate of 18.35%, followed by Corporate (17.2%). Women & Children has the lowest turnover rate (11.3%).

The top known leaving reason is Voluntary Resignation:
– Voluntary Resignation (Work/Life Balance) - 25%
– Voluntary resignation (Relocation) - 16%
– Retirement (inc. Flexi Retirement) - 14%

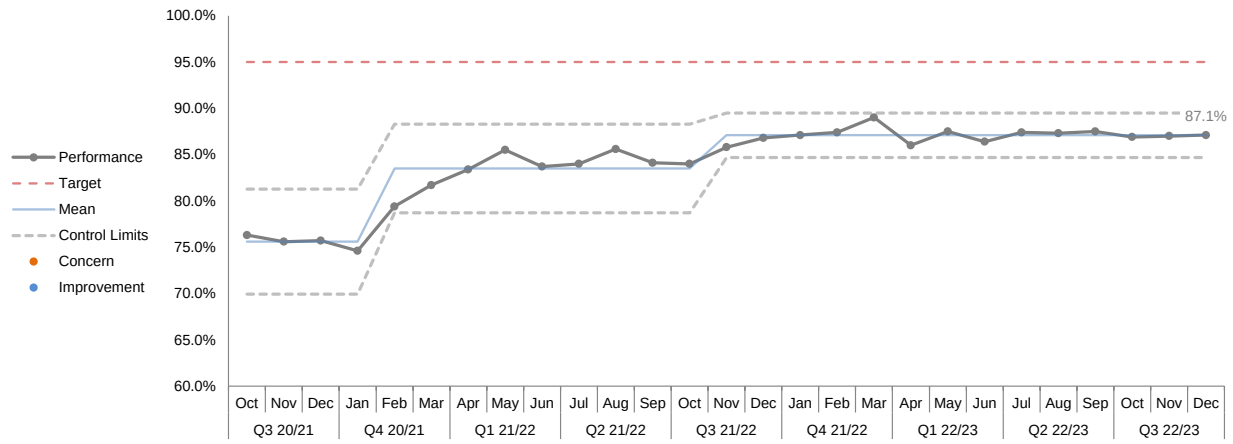
Actions & Mitigations:

Leavers analysis is undertaken which generates appropriate actions to address reasons within our control in relation to why people leave.

The Attract, Develop and Retain Group has a significant focus on retention and looks at early careers / pathway, flexibility, supporting our staff, late careers, and career pathways to support a reduction in turnover.

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.
Performance of this measure over time	
What the chart tells us	The chart shows that February 2021 and then again in November 2021, significant improvements in performance can be seen as average appraisal rates increase. Since that change, a period of lower performance is evident between April and October 2022, with performance consistently below this average, however, performance for November and December have seen significant improvement.

Latest Performance	Next Month Forecast

Variance

Latest Month	Actual
Dec-22	87.1%

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

Assurance

Target

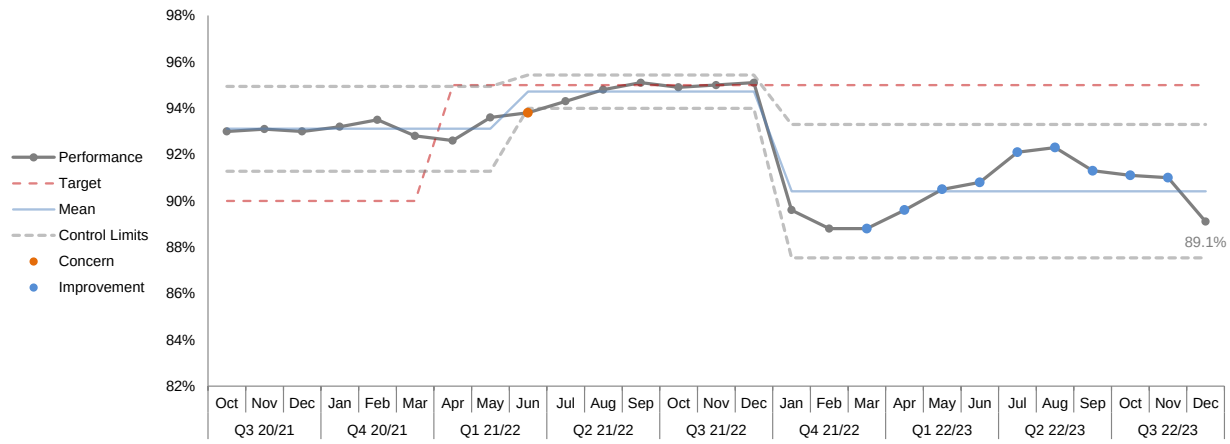
>= 95%

Performance consistently falls short of the target value

Narrative	Issues:	Actions & Mitigations:
	There has been an increase in December for the appraisal rates for both medical and non-medical staff as follows, however both remain below the target of 95%: - non-medical appraisals from 86.56% to 88.74%. - medical appraisal from 92.61% to 94.31%.	Appraisal training continues for managers within each division. Divisional trajectories are in place, supported by the Learning & Education team and monitored through the monthly performance meetings.

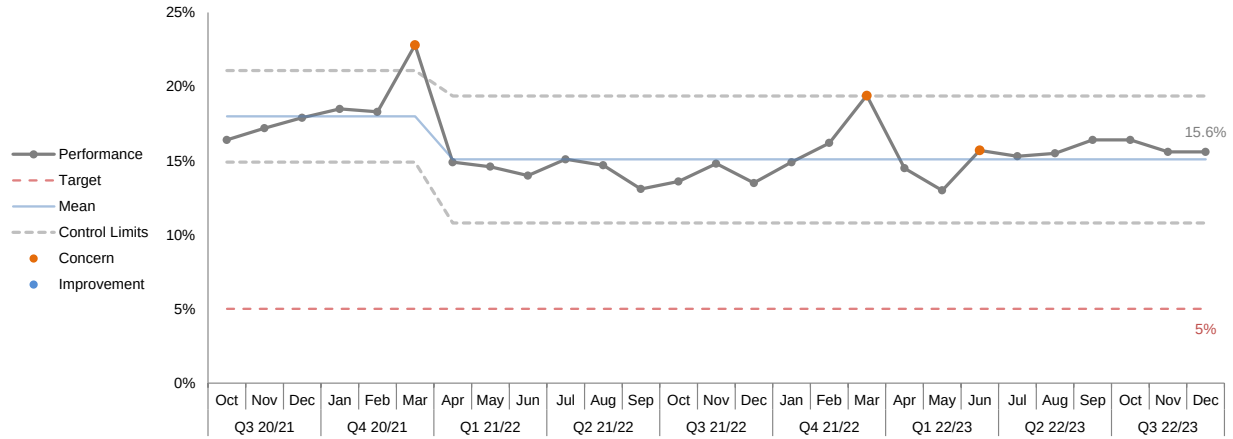
Integrated Performance Report

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** Dec-22 **Actual** 89.1% 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	New competencies added in December 2021 have led to the significant drop in reported performance. From February 2022 there is an improving trend in performance, which is flagged as a significant improvement, but this trend ends with performance in September and October 2022 dropping to 91% but remaining above the average. Performance for December 2022 has dropped to 89%.		
Narrative	**Issues:** There was a percentage decrease for statutory and mandatory training compliance for December which is to be expected given the operational pressures and the festive period. There is positive engagement from all Divisions who have set training trajectories.	**Actions & Mitigations:** The Mandatory training trajectories are reviewed at all Divisional performance meetings. The Learning and Education team are working closely with Divisions with a concerted focus on particular hotspot topics and teams who need additional support as they work towards meeting their compliance trajectories.	

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** Dec-22 **Actual** 15.6% Data shows common cause variation, suggesting no significant changes in performance **Assurance** **Target** <= 5% Performance consistently exceeds the target value
What the chart tells us	The chart shows that in April 2021 there was a significant drop in the average bank and agency costs to 14.9%. There have been no significant changes in bank and agency costs since that time.		
Narrative	**Issues:** The total bank and agency spend in December 22 was £3.9M, which represents 15.57% of the total pay bill within the month and is 600K lower than in November 22. The Division with the highest bank & agency spend in December 22 was Medicine (£1.28M).	**Actions & Mitigations:** Agency rates continue to be scrutinised at the weekly Staffing Approval Group (SAG) and recruitment events are on-going in order to increase substantive staff in post to mitigate agency spend. Through the Working Intelligently Group a 'deep dive' focus has been applied in relation to Temporary Staffing spend; looking at the current arrangements and to identify where the cost of these workers can be reduced and/or converted to substantive employees. The outputs of this 'deep dive' will be delivered and monitored as appropriate via our performance, CIP and SAG meetings.	

Stockport NHS Foundation Trust

Meeting date	2nd February 2023	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Safer Care Report – February 2023					
Lead Director	Chief Nurse		Author	Deputy Chief Nurse		

Recommendations made / Decisions requested

The Board of Directors are requested to review and confirm the assurances within the Safer Care Report.

This paper relates to the following Corporate Annual Objectives-

x	1	Deliver safe accessible and personalised services for those we care for
x	2	Support the health and wellbeing needs of our communities and staff
	3	Develop effective partnerships to address health and wellbeing inequalities
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	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

x	Safe	x	Effective
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 does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
	x	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic

		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
	X	**PR4.1**	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

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

This paper provides the assurances and risks associated with safe nurse, midwifery and medical staffing and the actions in progress to mitigate the risks associated with patient safety and quality, based on patients' needs, acuity, dependency and risks, and trusts should monitor it from ward to board.

The Trust is assessed on the compliance with the 'triangulated approach' to deciding staffing requirements described in National Quality Boards' guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time.

We continue to experience high levels of operational demand within the acute and community services which we are aware is having an impact on patient experience and staff experience. The demands within the Emergency Department remain significant, impacted on by large numbers of patients who do not require a hospital bed any longer. This demand is operationally managed by our senior teams and on call colleagues with a continual dynamic risk assessments being carried out.

The analysis for the NHSE/I Winter Resilience and Workforce Preparedness, published September 2022 is referenced within the report.

NHS
Stockport
NHS Foundation Trust

Safe Staffing Report – January 2023 (November 2022 data)

Report of:

Nic Firth	**Andrew Loughney**
Chief Nurse	**Medical Director**

Making a difference every day

Contents

Stockport NHS Foundation Trust

1 Introduction
2 Vacancies
3 Workforce Winter Preparedness
4 Workforce Winter Preparedness
5 Retention, Staff Health & Well-being
6 Student Recruitment
7 International Recruitment
8 Maternity Update
9 Medical Staffing
10 Medical Staffing
11 Safecare Live
12 Risk & Assurance
13 Next Steps
14 Conclusion
15 Questions

1. Introduction

Stockport NHS Foundation Trust

The following report provides the Board of Directors with an update on the following:

- The latest position in relation to key care staffing assurances
- Current challenges regarding maintaining safe staffing levels & the actions being taken to mitigate risks identified
- The measures being implemented to ensure employees health and well-being is protected to enable them to remain safely in work is supported by the Professional Nurse Advocate (PNA) role
- Inline with the NHSE's Winter Resilience and Workforce Winter Preparedness we continue to streamline our initiatives with a focus on the key actions

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

2. Vacancies

NHS Stockport NHS Foundation Trust

Registered Staff	WTE Actual	Number of WTE Vacancies	Post Recruited in TRAC WTE
Clinical Support Services	59.93	-1.86	7
Corporate Services	75.48	1.22	49
Emergency Department	114.27	-24.38	16
Integrated Care	368.65	-54.77	50
Medicine	346.00	-44.49	16
Surgery & GI	434.63	-44.55	31
Women & Children's	397.40	-27.58	44
Grand Total	**1796.36**	**-196.41**	**213**

Healthcare Support Workers	WTE Actual	Number of WTE Vacancies	Post Recruited in TRAC WTE
Clinical Support Services	31.83	-5.21	2
Corporate Services	19.37	12.34	62
Emergency Department	40.81	-2.37	3
Integrated Care	187.38	-14.08	11
Medicine & Urgent Care	193.81	-75.86	6
Surgery & GI	191.13	-51.95	7
Women & Children's	87.85	-2.76	4
Grand Total	**752.18**	**-139.89**	**95**

Issues:

- In November 2022, RN WTE vacancies at 10.9%
- In November 2022, HCA WTE vacancies at 18.59%.
- As of January 2023, it is expected that the HCA vacancy rate will be 5.96% once new starters have received start dates
- Midwifery currently at establishment

Key Actions:

- HACA has 10 vacancies funded, as confirmed by Workforce, but the acuity has increased & staffing figures are being reviewed at this time
- Inpatient Theatres has 11.4 WTE HCA vacancies. The Surgical, CC & Theatres division facilitated a recruitment event on the 10th December 2022. Successfully recruiting 1 HCA, 4 RNs and 3 Scrub Nurses. Start dates to be confirmed.
- Workforce Matron utilises the patient acuity on Safecare Live to review safe staffing levels across the site twice daily
- Continue to facilitate regular recruitment events
- Future recruitment events scheduled for 2023

** Data provided by Workforce*

3. Workforce Winter Preparedness

NHS Stockport NHS Foundation Trust

The ask:

Develop a communications plan to promote health and wellbeing through winter. Work with your local health and wellbeing champions, local staff networks, trades unions and leaders across the organisation to regularly communicate local health and wellbeing priorities and the availability of support. Consider asking leaders and staff to talk about their own experience of accessing support and how this has helped.

- Supporting the health and wellbeing of our workforce is critically important at any time, and especially so this winter given the likely operational pressures which the NHS will face. Looking after our people enables them to provide the best care for patients.

- We know there has been, and continues to be, a significant focus in organisations on looking after our people, within a context of staff vacancies, increased patient needs and the impact of the last few years on staff wellbeing. Given the likely further operational pressures the NHS will face this winter, and recognising the vital importance of continuing to grow the workforce to meet demand, this document summarises some of the most important wellbeing support and interventions available as we approach winter.

- There are strong moral, legal and performance drivers supporting the case for preventive, organisationally-led, interventions. Learning from the global pandemic, the World Health Organisation has established a clear link between staff safety and wellbeing and patient safety through its Health Worker Safety Charter. Health and wellbeing provision should start with ensuring that minimum standards and all basic welfare needs are met.

- Provisions for health and wellbeing support should be available for the whole workforce, including bank, agency and locum staff.

- Organisations, leaders and managers are already doing a lot locally to ensure that their staff and colleagues are well supported. This guidance builds on that and references national resources which are available.

4. Workforce Winter Preparedness

NHS Stockport NHS Foundation Trust

	NHSE Winter Workforce Preparedness Plan	Actions
1	**Leadership, engagement & the role of Wellbeing Guardians**	Stockport leaders ensure that staff wellbeing is strategically aligned utilising the Wellbeing Guardian Non-Executive Marisa Logan-Ward.
2	**Prioritise health & wellbeing conversations & opportunities for peer support**	This is supported by the role of the PNA and SPAWS Team.
3	**Protect rest breaks & provide access to good quality rest areas**	During the accreditation process the StARS Team observe that staff are allocated breaks at the start of their shift with consideration of skill mix & workload, & these are taken appropriately. The monthly compliance to this standard is locally monitored within each division using the quality metrics.
4	**Invest in reflective practice & study leave**	This is supported by the role of the PNA. NMC revalidation encompasses the NMC core values which are imbedded within reflection.
5	**Support your occupational & wellbeing service**	Stockport have created a sustainable health & wellbeing culture by utilising the role of the PNA and SPAWS Team.
6	**Supporting staff to stay safe from flu, Covid 19 & respiratory illness**	Stockport have supported & encouraged workforce to take-up the flu and Covid vaccinations. Risk assessments continue to be carried out for all individuals. Those staff who are at the most vulnerable have been prioritised.

5. Retention, Staff Health & Well-being

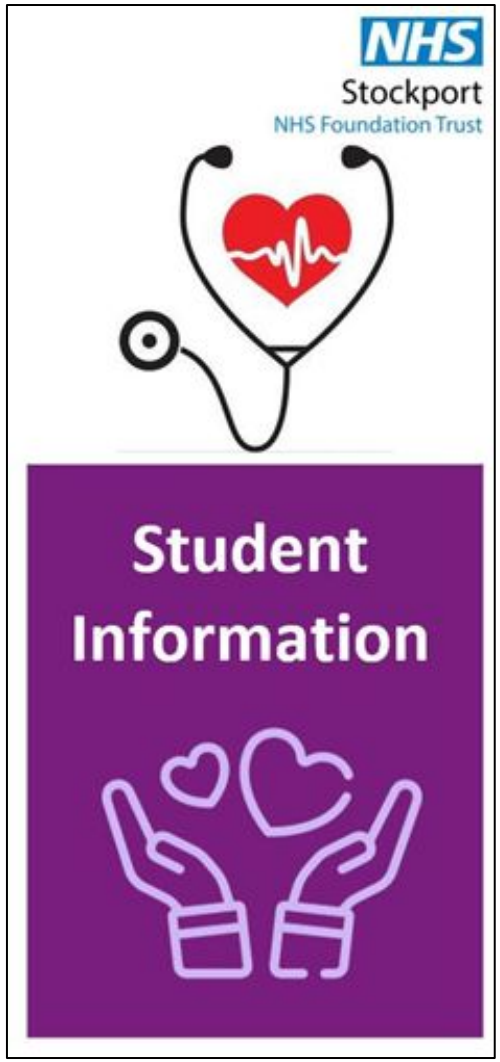
NHS Stockport NHS Foundation Trust

We have developed a communications plan to promote health and wellbeing through winter. We work with our local health and wellbeing champions, local staff networks, trades unions and leaders across the organisation to regularly communicate local health and wellbeing priorities and the availability of support.

Key Actions :

- Staff well-being is on the Professional Nurse Advocate (PNA) agenda & supported throughout the PNA training programme
- The PNA Working Group meet every second month with trainee PNAs attending for support and advice
- The Attract, Development & Retain (ADR) Group promoted flexible working. As it supports staff to have a greater choice in where, when & how they work & helps achieves a healthier work life balance (NHS People Promise)
- The Trust has supported the clinical psychology teams to provide support to the PNAs
- Executive Walkabout Wednesday & Senior Nurse Walk Round Friday continues to have a positive impact on staff ensures the senior team are visible & approachable
- Trust are collaborating with colleagues from the mental health Trust to promote support for all staff. Stockport are utilising
- Significant interest in the PNA Programme with high number of staff applying
- Awaiting approval from HR of GROW (Grow & Retain our Workforce) policy

6. Student Recruitment



Key Actions :

- From May to September 2023 we anticipate a high number of newly qualified nurses
- Regular emails sent to students who have registered interest in working at the Trust by clicking on to QR code
- Universities contacted & forwarded information about January recruitment events
- Third year students are invited & have been attending recruitment events
- Information leaflet forwarded to all ward managers & PEFs requesting distribution to students
- Ward/unit information leaflets updated in preparation of forthcoming recruitment events
- Information about recruitment events & information leaflet sent directly to ward managers to cascade to students on placements
- Workforce Matron to work collaboratively with the Medical Staffing & AHP regarding recruitment

7. International Recruitment

Stockport NHS Foundation Trust

Issues :

- New NMC rules to be introduced in January 2023 regarding IENs (internationally educated nurses) working at the Trust as HCAs who have not passed or taken IELTS/OET. IENs will have to provide manager with evidence of communication skills. NMC will review evidence & make decision as to whether the IEN can complete OSCE training.

Key Actions :

- Stockport NHS Foundation Trust, in line with the offer letters, will only pay for the initial exam. Any resits will be arranged and paid for by the IEN
- Cohorts continue to join the Trust on a monthly basis
- Trust continues to have great success and interest from IENs who wish to join the Trust as a direct recommendation by a friend or family member already working at the Trust; therefore building a stronger workforce, ensuring retention & creating a supportive community
- Awaiting confirmation from NHSE regarding future recruitment of IENs from April 2023 onwards
- Secondment of Pastoral Support Lead extended until the end of February 2023
- Task and Finish Group in the process of being developed to discuss the financial impact and cost implications of recruiting IENs. And the lack of funding available to provide pastoral support to the IENs
- First international midwife has passed OSCE & joined the Trust

8. Maternity Update (December 2022 data)

Stockport NHS Foundation Trust

	WTE Actual	Number of WTE Vacancies	Post WTE Recruited to TRAC
Registered Midwives	161.48	4	2.4
Unregistered	30.71	1.5	0

- **Recruitment**
  - B8a – 1 WTE Inpatient Matron - Pending
  - B7 - 0.8 WTE Diabetes specialist Midwife –Pending
  - B6 Smoking in pregnancy midwife – Pending
- **New starters**
  - B7 Antenatal Triage/ANDU Manager to commence in January 2023
  - B6 – 0.8 WTE commenced in December 2022
  - B6 – 3.4 WTE due to commence between now and February 2023
- Full birth rate plus midwifery staffing review commenced in August 2022, final report due in January 2023 (date to be confirmed)
- Recruitment and Retention Midwife in post to support newly qualified midwives and return to practice midwives
- Funding allocated from the national team to recruit to a MSW Recruitment and Retention post
- Engaged with the internationally educated midwifery recruitment programme and confirmed 2 IE midwives will be starting in wave 1. First arrived December 2022 and currently based in Crewe for training and to undertake OSCE. Awaiting confirmation of arrival date for the second IE midwife
- The Trust has applied for further funding and requested 3 IE midwives are appointed to Stockport NHS Foundation Trust
- Professional Midwifery Advocate (PMA) relaunched in October 2022

** Information provided by Division of Women & Children's*

9. Medical Staffing

Stockport NHS Foundation Trust

The tiers below describe the directly employed Medical Workforce within the Trust:

Tier 3: Expert clinical decision makers

These are clinicians who have overall responsibility for patient care. In the Medical Workforce these are our consultants.

Tier 2: Senior clinical decision makers

These are clinicians who are capable of making a prompt clinical diagnosis and deciding the need for specific investigations and treatment. For the medical grades this is largely specialty doctors and senior clinical fellows.

Tier 1: Competent clinical decision makers

These are clinicians who are capable of making an initial assessment of a patient. For the medical grades this is largely foundation doctors and junior clinical fellows.

N.B. *The Trust is also a host employer on behalf of the Lead Employer, St Helens and Knowsley NHS Trust, for specialty, core and general practice trainees and we host a further 166 trainee doctors working at the Trust across our specialties.*

The table below gives an overview of the directly employed Medical Workforce position within the Trust:

Tiers	WTE Budgeted	WTE Actual	Variance %
3	244.49	223.39	-8.63
2	75.35	62.26	-17.37
1	116.62	123.80	+6.16
Total	**436.46**	**409.45**	**-6.19**

** Data provided by Workforce*

10. Medical Staffing (continued)

Stockport NHS Foundation Trust

✓ **Consultant Recruitment :**

a) Medical HR is pro-actively mapping out the Appointments Advisory Committees to plan recruitment for the year ahead and will work with divisions to target recruitment campaigns in advance of when Doctors in Training are set to become eligible to work as Consultants.

b) The Trust also continues to support Doctors via the CESR route in their applications to become Consultants and there are now an increased circa 25 going through the process at the moment.

c) Medical HR is working with divisions to best enable flexible job plans around the requirements of individual consultants in order to improve recruitment and retention.

✓ **International Medical Recruitment :**

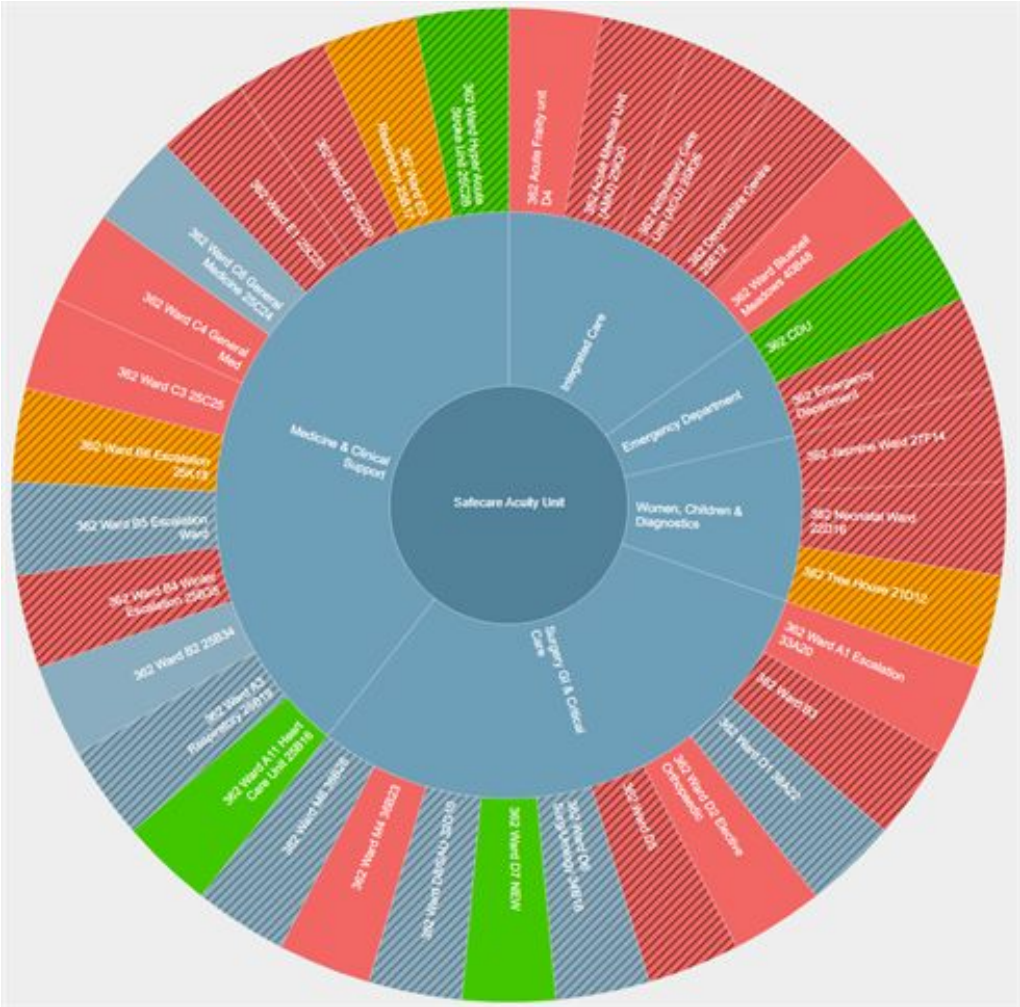
The Trust continues to be pro-active with international recruitment and in November 2022 participated in recruitment campaigns in India, Dubai and Thailand further committing to the recruitment of International Medical Doctors at Tier 1 and Tier 2 levels.

✓ **Safe care functionality :**

The teams are currently developing a medical version of this which will clearly demonstrate the minimum medical staffing requirement per area, alongside the actual staff available each day. This will better aid the movement of doctors between areas to ensure that safe staffing is maintained. A phased role out has commenced in December 2022.

** Information provided by Workforce*

11. Safecare Live



Issues :

- Staff are on the incorrect roster due to multiple staff and ward moves
- Multiple staff & ward moves remains challenging for roster management however Safecare enables the staff moves to ensure safe staffing across the organisation
- The census data collection remains to be monitored by the Safecare Lead in areas where compliance has been reduced
- Multiple ward & staff moves remains challenging to capture on Safecare Live

Key Actions :

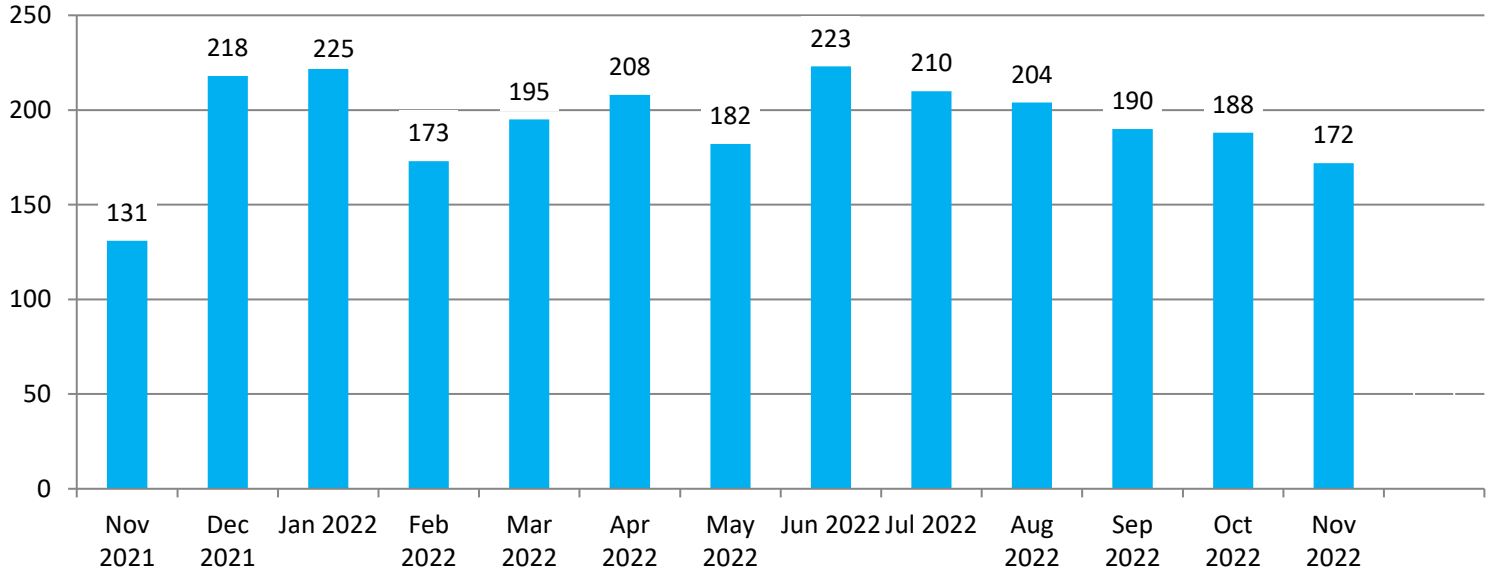
- Safecare Lead to continue visiting wards where there has been a reduction in compliance
- Safecare Lead facilitating 1:1 training sessions, to ensure staff are familiar and competence
- Safecare Lead completes daily ward rounds to provide on-hand and visible support
- Attending daily staffing meetings
- Divisional matron overview of particular areas of concern to ensure accuracy in recording staffing numbers and acuity of patients

Safecare Live has been specifically designed to enable daily reviews of shift-by-shift staffing issues across units, wards and the organisation. It also highlights wards/units that are over established versus patient needs.

12. Risk & Assurance

Stockport NHS Foundation Trust

Red Flag Staffing incidents reported rolling monthly



Issues

- 172 staffing incidents were registered in November 2022

Key Actions

- All staffing incidences reviewed with the DNDs at weekly incident review meeting
- Continue to raise awareness of the staffing escalation processes SOP
- Continued focus on the scrutiny of all types of incidents, complaints and patient feedback to triangulate & provide support where needed
- Promoting transparency by incident reporting across the site

** Data provided by Datix*

13. Next Steps

NHS Stockport NHS Foundation Trust

- Chinchu Joy, Pastoral Support Lead for IENs, secondment has been extended until the end of February 2023
- Two day recruitment event scheduled for student nurses, Nursing Associates and Registered Nurses on the 13th and 14th January 2023 to be held at The Alma Lodge Hotel, Hazel Grove
- Workforce Matron to attend NHS Workforce Conference at The Mercure Hotel, Manchester on the 8th February 2023
- To focus on retention by implementing GROW policy for all nursing staff
- Awaiting confirmation from NHSE/I and the Trust's Task and Finish Group regarding the number of IENs to be recruited after April 2023
- Future events will support the recruitment of AHPs, midwives and medical workforce

14. Conclusion

Stockport NHS Foundation Trust

Maintaining safe staffing levels to meet the current demands of services remains a challenge

Significant recruitment of nursing staff, AHPs, midwives and medical workforce

There is a continued focus on scrutiny of all types of incidents, complaints and patient feedback to triangulate and provide support where needed.

Safecare Live giving oversight for all areas of acuity and safe staffing levels

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.

Stockport
NHS Foundation Trust

Questions

Meeting date	2nd February 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Clinical Negligence Scheme for Trusts (CNST) Year 4 Maternity Incentive Scheme – Board Declaration					
Lead Director	Nic Firth, Chief Nurse		Author	Divisional Director of Midwifery & Nursing / Deputy Head of Midwifery		

Recommendations made / Decisions requested

The Board of Directors is asked to review the Maternity Incentive Scheme Year 4 Report and support the recommendation from Quality Committee to approve submission of the Trust Board declaration form.

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	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-

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

This paper is related to these BAF risks	x	**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care

		PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

Executive Summary

This report details the position of the Trust's maternity service in relation to the 10 safety actions we are required to meet as part of the Clinical Negligence Scheme for Trusts (CNST) Year 4 Maternity Incentive Scheme.

On review of the standards and in line with the submission requirements of the board assurance framework, the Trust will be compliant and/or working towards full compliance with nine out of ten of the safety standards.

Evidence demonstrating the necessary sub requirements is collated within a locally shared drive and is overseen as a standing agenda item under 'CNST Year 4' via the divisional governance structure, Patient Safety Group and Maternity and Perinatal Safety Champions Meeting – with membership including the Non-Executive Director Maternity Safety Champion. The Chief Nurse and Medical Director have oversight of the collated evidence. Sub sections of evidence supporting Safety Action 1, 2, 3, 4, 5 and 7 have also been submitted to the Local Maternity and Neonatal System for assurance.

Further to review at Quality Committee on 24th January 2023, the Board are asked to note the submission, including the mitigation letter in relation to safety action 1 and action plans in relation to safety actions 4 and 6, which meet the national requirements, and are all outlined as appendices within this report:
• Annexe A – Mitigation letter relating to safety action 1 Standard a)ii
• Annexe B - Action plan relating to safety action 4
• Annexe C - Action plan relating to safety action 6 Element 1
• Annexe D - Action plan relating to safety action 6 Element 5

Submission of the Trust Board declaration form of compliance for CNST is due on 2nd February 2023.

Following review of the CNST Year 4 Maternity Incentive Scheme submission and Board declaration form, alongside Quality Committee recommendation of approval, the Chief Executive has confirmed she is fully assured and in agreement with the compliance submission, and that her signature be applied to the Board declaration form. Furthermore, the Chief Executive has ensured that the Accountable Officer (AO) for the Integrated Care System (ICB) is apprised of the Maternity Incentive Scheme safety actions' evidence and Board declaration form requirements. Subject to approval by the Board of Directors, the Trust Board declaration form of compliance for CNST will be submitted to NHS Resolution.

1. Purpose

The purpose of this report is to update the current position in relation to the Clinical Negligence Scheme for Trusts (CNST) 10 Safety Actions and to present an overview and action plans for NNU medical and nursing standards and training compliance.

2. Background

Year four of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme (MIS) to support the delivery of safer maternity care began on 9th August 2021. As in year three, the scheme incentivises 10 maternity safety actions. This year, the 10 actions are similar to previous years but with an additional detail under each theme. The MIS applies to all acute trusts that deliver maternity services and are members of the CNST. Due to the Covid-19 pandemic the scheme was paused and relaunched in May 2022 with updated guidance against all 10 safety actions. Following communication in May 2022 a further review of the scheme's standards was undertaken and the revised schemes standards were published in October 2022.

In summary annual CNST premium and incentives are detailed below.

Area	2018/19	2019/20	2020/21	2021/22	22/23	23/24
General	6,830,719	5,852,774	5,613,309	5,969,453	5,669,517	5,865,673
Maternity - standard	3,358,871	2,872,027	4,159,025	5,316,487	6,197,981	7,014,650
Maternity - incentive	335,887	287,203	415,903	531,649	619,798	701,465
	10,525,477	9,012,004	10,188,237	11,817,589	12,487,296	13,581,788
TOTAL CNST	**10,525,477**	**9,012,004**	**10,188,237**	**11,817,589**	**12,487,296**	**13,581,788**
LTPS	177,942	172,694	193,604	170,681	178,108	231,541
PES	36,847	19,620	26,231	33,775	29,990	33,082
GRAND TOTAL	**10,740,266**	**9,204,318**	**10,408,072**	**12,022,045**	**12,695,394**	**13,846,411**

Trusts that can demonstrate they have achieved all the 10 safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

Trusts that do not meet all 10 safety actions will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help them make progress against actions they have not achieved.

The financial and safety impact of not meeting CNST standards is significant. Obstetric incidents can be catastrophic and life-changing, with related claims representing the scheme's biggest area of spend. Provision for the maternity incentive scheme was built into the CNST maternity pricing for 2022/23.

Each of the 10 actions aims to improve safety in maternity and neonatal care by raising the standard of key themes which can affect outcomes in care, including clinical staffing, training, incident reporting and investigation and Board level engagement with maternity services. Every standard is linked to delivering best practice and a high-quality healthcare experience for all women and babies.

The table below demonstrates the Trust's current RAG rated position against the 10 actions: -

Safety Action	Maternity Safety Action	Action Met? (Y/N/Partial)
1	Are you using the National Perinatal Mortality review tool to review perinatal deaths to the required standard?	Partial
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Yes
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	Yes
4	Can you demonstrate an effective system of clinical* workforce planning to the required standard?	Yes
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	Yes
7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	Yes
8	Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4?	Yes
9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	Yes
10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) scheme for 2021/22?	Yes

In order to demonstrate compliance for safety action 4 and 6 the Trust is required to have board approved action plans for elements within each of the actions totalling 3 action plans.

3. Matters under consideration

The requirement under safety action 1 relates to the review of all eligible deaths of babies within 2 months of each death.

- **Safety Action 1**: Are you using the National Perinatal Mortality review tool to review perinatal deaths to the required standard?
  Standard a) ii. *A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 6 May 2022 will have been started within two months of each death. This includes deaths after home births where care was provided by your Trust.*

  Out of 5 eligible babies all PMRT reviews were commenced in the appropriate timeframe, as a minimum standard all the factual questions in the PMRT should be completed for the review to be regarded as started.

  Two of the five cases were commenced but not all the factual questions were completed within the two-month time frame resulting in <95% compliance, these are now complete.

This has resulted in us being unable to declare full compliance, following discussion with NHS Resolution, we have been advised to submit our mitigation (Annexe A) to Trust Board for approval for Chief Executive sign.

NHS Resolution have advised that when all submissions have been received and reviewed, MBRRACE externally verify and will consider any mitigation submitted by trusts that appear to be non-compliant due to missing deadlines for a small number of cases and although not guaranteed, this may alter the rating to become compliant.

The requirements under Safety Action 4 relate to clinical workforce planning across the Multi-disciplinary Team (MDT) for maternity and neonatal care.

- **Safety Action 4**: Can you demonstrate an effective system of clinical workforce planning to the required standard?

  As a Local Neonatal Unit (LNU) we do not meet these standards for our paediatric and neonatal medical workforce based on the British Association of Perinatal Medicine (BAPM) standards. We are BAPM compliant with regard to nurse staffing.

  As part of CNST year 3 an action plan was submitted, we remain non-compliant in year 4 for our paediatric and medical workforce and progress against the year 3 action plan has been submitted as part of the year 4 action plan (Annex A). However, a bid for additional medical funding has been submitted to the network.

  The requirement under safety action 6 relates to achieving compliance against each of the five saving babies lives elements. All elements of saving babies lives care bundle 2 have been fully implemented.

  Out of all 5 elements there are 2 areas where compliance has not been met, as a result an action plan is required for each of the elements to achieve compliance.

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

  Element One B. Percentage of women where CO measurement at 36 weeks is recorded. *A Trust will fail Safety Action 6 if the process indicator metric compliance is less than 80%. If the process indicator scores are less than 95% Trusts must also have an action plan for achieving >95%.*

  Our current status over a 4-month reporting period is 90.5%. There is a dedicated Smoking cessation specialist midwife who leads the smoke free programme, this role is also supported by an overarching saving babies' lives lead midwife. An action plan to achieve >95% is in place, monthly audits are in place to monitor on going compliance of CO measurements at 36 weeks (See Annex B).

  Element Five A. *Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth.*
  A Trust will not fail Safety Action 6 if the process indicator scores are less than 80%. However, Trusts must have an action plan for achieving >80%.

  Our current compliance status is 61.1%. Audit findings identified that care followed guidance, most cases were spontaneous labour and delivery occurred prior to a 2nd dose of steroids being due or early onset FGR with delivery anticipated but the clinical picture then improved. All the cases reported were deemed as unavoidable.

There is a dedicated saving babies lives lead midwife and a preterm birth lead consultant who undertake reviews of all babies born <34+0 weeks, an action plan is in place to undertake a further deep dive into each case to review the antenatal care that was provided in the 7 days before delivery (See Annex C).

4. Recommendation

Our current assessment is that the Trust will be fully compliant with nine out of the ten safety actions following approval of action plans in relation to safety action 4 and safety action 6 which are outlined as appendices within this report.

In order to be eligible for payment under the scheme, Trusts must submit their completed Board declaration to NHS Resolution by 12 noon on Friday 2nd February and must comply with the following conditions:

- Trusts must achieve all **ten** maternity safety actions.
- The Board declaration is submitted to Trust Board with an accompanying joint presentation detailing position and progress with maternity safety actions by the Director/Head of Midwifery and Clinical Director for Maternity Services.
- The Board declaration form must be signed and dated by the Trust Chief Executive Officer (CEO) to confirm that:
    - The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub-requirements as set out in the safety actions and technical guidance document.
    - The content of the Board declaration form has been discussed with the commissioner(s) of the Trust's maternity services.
    - There are no reports covering either year 2021/22 or 2022/23 that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration (e.g., CQC inspection report and HSIB investigation reports etc).
- The CEO of the Trust will ensure that the Accountable Officer (AO) for their Integrated Care Board (ICB) is apprised of the MIS safety actions' evidence and declaration form.
- The CEO and AO must both sign the Board declaration form as evidence that they are both fully assured and in agreement with the compliance submission.

Annex A: Mitigation Letter

NHS Resolution

Name of Trust: Stockport NHS Foundation Trust	
Trust code:	
Email address: Sharon.hyde@stockport.nhs.uk	
Telephone number: 0161 4195510	
Mitigation to support the declaration of non-compliance for Safety action 1 a)ii regarding two cases that were eligible for review, both cases were commenced within the 2 month reporting period but the review was not complete as recommended for the standard to be met	
Safety Action 1 Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	**Required Standard** ii. A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 6 May 2022 will have been started within two months of each death. This includes deaths after home births where care was provided by your Trust. **Technical Guidance** Starting a review in the PMRT requires the death to be notified to MBRRACE-UK for surveillance purposes, and the PMRT to have been used to complete the first review session (which might be the first session of several) for that death. At a minimum all the 'factual' questions in the PMRT should be completed for the review to be regarded as started; it is not sufficient to just open the PMRT tool, this does not meet the criterion of having started a review.
Out of the 5 eligible cases suitable for review using the PMRT, two have not met the requirement for standard a) ii this equates to 60% of the total cases being started within the 2 month timeframe. Following identification of the standard not being met, a review of the two cases was undertaken. It has been acknowledged that dates and information were inputted within the 2 month timeframe by the clinician and It was their understanding by inputting this information it meant that the standard of 'starting the review' within 2 months of the death had been met. Once the review has been opened through the PMRT the main PMRT page displayed the cases as 'review started' and in the list of active cases it then displayed as 'review in progress' therefore, it was understood that the reviews had been started and had met the requirement.	

Annex A: Mitigation Letter

In response to this, both cases were reopened and all factual questions in the PMRT were completed. There were no adverse effects caused by the factual questions being completed out of the requested timeframe as in all cases a rapid review was undertaken within 72 hours of the death. This element of the technical guidance is new for Year 4 and in this instance was overlooked and the clinician responsible for inputting the data used the required standard a) ii narrative as a guide, this was also compounded by the PMRT page stating 'review started' following the commencement of each case. We can confirm that we are compliant with all other aspects of the required standard a – d and all responsible clinicians are aware of the requirement to complete all factual questions for the review to be deemed as started. With the information provided we request that this is taken into account when considering our compliance status.	
Chief Executive Declaration (signed): Karen James OBE	
Dated:	

Annex B - Safety Action 4 Action Plan

Neonatal CNST workforce action plan

Version	Date
3	October 20
4	May 21
5	July 21
6	October 22

Organisation:	Stockport NHS Foundation Trust
Lead Officer:	Pamela Hardy/Dr Carrie Heal
Position:	Matron/Lead Clinician NNU
Tel:	(0161) 419 5520
Email:	Pamelasusan.hardy@stockport.nhs.uk
Address:	Neonatal Unit, Stockport NHS Foundation Trust

Status Key	
1	Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided
2	Actions partly or mostly achieved / timescales not met by 3- 6 months / some evidence outstanding
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

Ref	Area of Focus	Key Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1.	Medical Workforce standards not met as per British Association of Perinatal Medicine (BAPM) recommendation - Tier 1 (SHO) level rota	Review of current service provision (dedicated tier 1 doctor 9am-7pm Mon-Fri*)* Tier 1 rota to be supported by NLS *trained* midwifery staff and the Neonatal nursing team. Tier 1 induction, includes NLS training. Tier 1 trainees accompanied to deliveries until assessed as competent. Increased Consultant support with resident consultant twilight cover; Additional Tier 2 cover 9-5pm at the weekends for 52 weeks/year. **July 21** – options appraisal for increased cover to be produced. Business Case to be produced to	Dr C Heal Lead Clinician NNU Dr Elizabeth Newby – Clinical Director.	Review every 3 months Interim options appraisal August 2021 Business case September 2021	**May 2021** • Actions completed, but remain non-compliant to BAPM standards as no dedicated Tier 1 doctor for NNU 24/7. • Standards reviewed as part of CNST year 3 maternity incentive scheme. • Risk assessment reviewed and updated • New action to produce full business case with options appraisal to fulfil rota requirements. **July 21 –** • Agreed options appraisal to include consideration of Junior Clinical Fellow posts and use of newly qualified Advanced Nurse Practitioners as well as increasing numbers of ANP's on rota. • Interim plan for winter 2021/22 to request additional funding to use fixed term JCF posts to support medical rota for NNU. Job Plan review completed – 1:9 rota unable to flex any further without affecting training.	

Annex B - Safety Action 4 Action Plan

		address shortfalls in medical workforce based upon options appraisal and workforce models. Revisit job planning and rota options. Ongoing work with ODN to support specialist training and Advanced Clinical Practitioners that are NW regional wide. Role of the ACP and Medical support workers supporting tier 1 rota currently Further development of ACP roles within Division to have 6 WTE			• Risk assessment completed – mitigation around support from Middle Grade and Consultant rota cover expansion as interim measure **October 2022** 2 WTE Medical Support Workers employed until March 2023 and 2 Advanced Clinical Practitioners (ACPs) qualified September 2022 - supporting Tier 1 rota on twilight, late evenings and weekend cover. 2 further ACPs in training Plan to consider business case to increase Tier 1 numbers while ACPs in training	
2.	Medical Workforce standards not met as per British Association of Perinatal Medicine (BAPM) recommendation - Tier 2 (Registrar) level rota.	Extra trust middle grade doctor on the Tier 2 rota since 2020 – gives extended hours all year round with dedicated NNU cover Monday to Friday 09.00 – 21.00 and 09.00 – 17.00 at weekends. All Tier 2 Doctors assessed individually and supported appropriately during their post. Extended winter cover gives additional support from Consultant tier. ACP's in training will support rota from 2023. Options appraisal (as above) to consider recruiting to ANP substantive posts and further training posts. **July 21 –** options appraisal to consider Staff Grade options to support out of hours and weekend cover. **October 2022**	Dr C Heal Lead Clinician NNU Dr Elizabeth Newby – Clinical Director.	Review every 3 months Interim options appraisal August 2021 Business case September 2021	**May 2021** • Health Education NW allocate ST3 trainees to middle grade rota in LNUs. All ST3 assessed individually by the Deanery and locally to ensure competencies achieved. • Middle grade rota changed 2020 to give additional cover - 2 middle grades on call until 9pm this providing dedicated NNU cover mon-fri until 9pm • Second middle grade present at weekend 9-5pm to provide dedicated cover • Risk assessment in place. **July 21 –** • New action to produce full business case with options appraisal to fulfil rota requirements. completed	

Annex B - Safety Action 4 Action Plan

		Following review full compliance for tier 2 rota March 2023			**October 2022** 2 Middle Grades until 9pm Monday - Friday and until 5pm at weekends. Resident Consultant in place until 12 midnight October- December supporting Middle Grade rota at busiest time of year. Plan to increase Middle Grade cover in March 23 with the new rotation by changing rota so that there will be two Middle Grades 9am-9pm 7 days/week.	
3.	Consultant paediatrician workforce standards for Local Neonatal Units not met.	Review of consultant cover for NNU and Job plans. All paediatricians are expected to show evidence of ongoing training including NLS at appraisal. The Unit is supported by the Network with immediate advice available from our link tertiary unit transport team. Review of all rotas to ensure safe cover within the NNU. Rota review to improve Consultant cover during winter – started winter 2020. Options appraisal followed by business Case to be produced to address shortfalls in medical workforce including Consultant cover.	Dr C Heal Lead Clinician NNU Dr Alison Jobling Associate Medical Director Dr Elizabeth Newby – Clinical Director	Annual review	**Oct 2020** – • Increase in consultant Out of hours cover over busiest 3 winter months to include:- • 2 consultants resident until 9pm Mon-Fri with 1 consultant resident until 12am Mon-Fri. • Second consultant now present 9-13.00 at weekends Oct-Dec inc. • Resident consultant cover extended 3 - 5pm over Oct-Dec Inc. to provide additional cover during busiest period of year. • Remains on the risk register at an 8 as not meeting requirements of tier 1, 2 and consultant standards within the BAPM guidance. • CNST review of standards against BAPM completed. **October 2022** Neonatal Hot Week system in place providing dedicated NNU cover Monday - Friday. Dedicated Consultant Ward Round 3 months of year (October – December) with plan to increase in January 2024 to 6 months a year (October – March). Outside of these times weekend cover by Consultant covering NNU and Paediatric Ward Planned review of investment required to	

Annex B - Safety Action 4 Action Plan

					support 7 days per week 365 days per year.	
4.	Nursing Standards not met as per Service specification and BAPM standards. All nursing tool calculators look at workforce requirements needed to meet activity demands.	Review of Nurse Staffing establishment and skill mix . Reconfigure nursing establishment. 6 Monthly completion of NWNODN workforce tool kit. Daily review of nurse staffing against activity by senior nurses.	Pamela Hardy	Annual review against BAPM standards Sept 2021	**December 20 -** Reconfiguration of nursing establishment is completed improvement against BAPM. The Global pandemic has had an effect on nursing numbers throughout 2020 with an average of 67% nursing shifts meeting BAPM standards. Remains on the risk register but risk score reduced to 6. Workforce calculator based on activity 19/20 identified reduction in nursing gap down to 1 WTE following reconfiguration. Copy of Dinning Tool 1920 Stepping Hill.xls: **May 21** • NWNODN workforce gap analysis has shown 3.77wte shortfall in clinical nursing team including 24 hour supernumerary shift lead . Based on Stockport NNU activity for 19/20. Copy of SHH 1920 Neonatal Workforce T • There is a daily identified supernumerary shift lead 7 days a week. • Complete options appraisal/ business case for toolkit identified gaps in nursing establishment. • Nurse staffing risks continue to be recorded on risk register • Appropriate use of temporary nurse staffing to ensure compliance against standards and to mitigate risk based on activity and acuity. • Escalation policy in place	

Annex B - Safety Action 4 Action Plan

		Workforce review completed identifying BAPM gaps. Subsequent funding revised from Neonatal network to achieve standard. from Neonatal Network Twice Daily staffing reviews against activity by senior Nurses. With circulated sit rep to senior management team. Use of adapted Shelford safe staffing tool in place Robust escalation process in place		**October 21-February 2022** **Sept 2022**	• Further staffing review completed. Dinning tool october 2021.xlsx **February 2022** • Funding from Neonatal network of £207,418 to achieve BBAPM compliance and supernumery shift lead based on activity. • Recruitment commenced • Recruitment into registered posts completed • Recruitment to band 4 posts ongoing • Budgeted work force meets BAPM staffing requirements based on Q1 activity. • Realignment of budget completed to reflect QIS posts required. Copy of Dinning tool 2022.xlsx	

Annex C – Safety Action 6 Element 1 Action Plan

Action Plan - CNST YR 4 – Smoking at time of delivery

Version	Date
1	*09/11/2022*
2	*28/12/2022*

Organisation:	Stockport NHS Foundation Trust
Lead Officer:	Pamela OBrien
Position:	Specialist midwife for smoking cessation Stepping Hill Hospital
Tel:	
Email:	Pamela.Obrien@stockport.nhs.uk
Address:	

Status Key	
1	Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided
2	Actions partly or mostly achieved / timescales not met by 3- 6 months / some evidence outstanding
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

Ref	Standard	Key Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1	Element 1.2 Percentage of women where CO measurement at 36 weeks is recorded on the providers Maternity Information Systems (MIS) and included in the MSDS submission to NHS Digital Average of 80% over 4 consecutive months August – 91.93% September – 88.10% October -92.59% November – 89.27% 16.12.22 - 4 month average = 90.5% therefore Action plan	**1. Ensure all staff have access to CO monitor** **2. Smoke free champions in each clinical area including community Midwifery teams** **3. Work with the digital midwifery team and the Saving babies lives midwife, to review data inputting process** **4. Information bus** **5. Raise awareness and share via the safety huddles in each area** **6. Ensure correct**	Smoke free lead Midwife	**31/12/2022** **31/01/2023** **31/01/2023** **15/01/2023** **15/01/2023**		

Annex C – Safety Action 6 Element 1 Action Plan

	required.	**maintenance of co monitors / recall for re calibration and sundries available at all times** **7. Monthly checks on MIS data to ensure compliance**		**31/12/2022** **01/01/2023**		

Action Plan Sign Off

Name: … …… **Date**: ……

Annex D – Safety Action 6 Element 5 Action Plan

Action Plan - CNST YR 4 – Safety Action 6 - Antenatal corticosteroids

Version	Date
1	*16/12/2023*

Organisation:	Stockport NHS Foundation Trust
Lead Officer:	Sally Meats
Position:	Saving Babies lives lead midwife
Tel:	07867987542
Email:	Sally.meats@stockport.nhs.uk
Address:	SHH

Status Key	
1	Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided
2	Actions partly or mostly achieved / timescales not met by 3- 6 months / some evidence outstanding
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

Ref	Standard	Key Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1	Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth - recorded on the provider's Maternity Information System and included in the MSDS submissions to NHS Digital 80% compliance. A Trust will not fail Safety Action 6 if the process indicator scores are less than 80%. However, Trusts must have an action plan for	**1. Deep dive into the Audits for July, August and September to identify if appropriate management in the preceding 7 days before delivery** **2. Audit findings to be shared as part of the monthly Saving babies lives update**	Sally Meats	**28.02.2023**		

Annex D – Safety Action 6 Element 5 Action Plan

	achieving >80%. **Compliance data:** **Q2 (July-Sept 2022) – 61.1%**					

Action Plan Sign Off

Name: … …… **Date**: ……

Stockport NHS Foundation Trust

Meeting date	2nd February 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Board update on analysis of waiting lists by ethnicity, and deprivation					
Lead Director	Dr A Loughney, Medical Director		Author	Dr Peter Nuttall		

Recommendations made / Decisions requested

The Board of Directors are asked 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
X	3	Develop effective partnerships to address health- and- wellbeing inequalities
	4	Drive service improvement, through high- quality research, innovation, and transformation
	5	Develop a diverse, capable, and motivated workforce to meet future service and user needs
	6	Use our resources in an efficient and effective manner
	7	Develop our estate and digital infrastructures 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		Use of Resources

This paper is related to these BAF risks	X	**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
	X	**PR1.3**	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
		PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care

	X	**PR2.2**	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
	X	**PR3.1**	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
	X	**PR7.1**	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
	X	**PR7.2**	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long- term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

Executive Summary

This paper is shared with Trust Board to provide an update on progress relating to addressing health inequalities through the development of analysis delineating reporting by health-inequality parameters.
It is the responsibility of each individual provider to ensure that they are considering the health-inequality agenda and using this as a key component when assessing the current provision of services, by identifying any potential inequalities through analysis of the datasets.

Surgical waiting lists grew significantly during the Coronavirus Pandemic, as elective activity was significantly reduced and, in some specialties, cancelled. In October 2020 trusts were mandated to apply a prioritisation code to each episode on the waiting list (from P1 for the most urgent to P4 for the least, and P5 for those patients wanting to defer treatment due to

their concerns about COVID-19). Stockport NHS Foundation Trust completed this exercise and continues to prioritise patients in this way when booking and scheduling for theatre.

A GM Health Inequalities Group was established to pull together the necessary data for the region using the Waiting List Minimum Data Set (WLMDS) and referral extracts, which they receive from national sources. Dashboards and reports showing the breakdown of referrals and activity by the inequality criteria are in the process of being produced. This will allow trusts to assess their own data and benchmark against other trusts in the GM Region.

1. Introduction

It is the responsibility of each individual provider to ensure that they are considering the health-inequality agenda and using this as a key component when assessing the current provision of services, by identifying any potential inequalities through analysis of the datasets. The key datasets used in this paper are the waiting list and the Patient Initiated Follow- up (PIFU) dataset.

Surgical waiting lists grew significantly during the Coronavirus Pandemic, as elective activity was significantly reduced and, in some specialties, cancelled. In October 2020 trusts were mandated to apply a prioritisation code to each episode on the waiting list (from P1 for the most urgent to P4 for the least, and P5 for those patients wanting to defer treatment due to their concerns about COVID-19). Stockport FT completed this exercise and continues to prioritise patients in this way when booking and scheduling for theatre. In the latest WLMDS submission, all patients at Stockport FT have been given a P code (or D-code for diagnostic episodes).

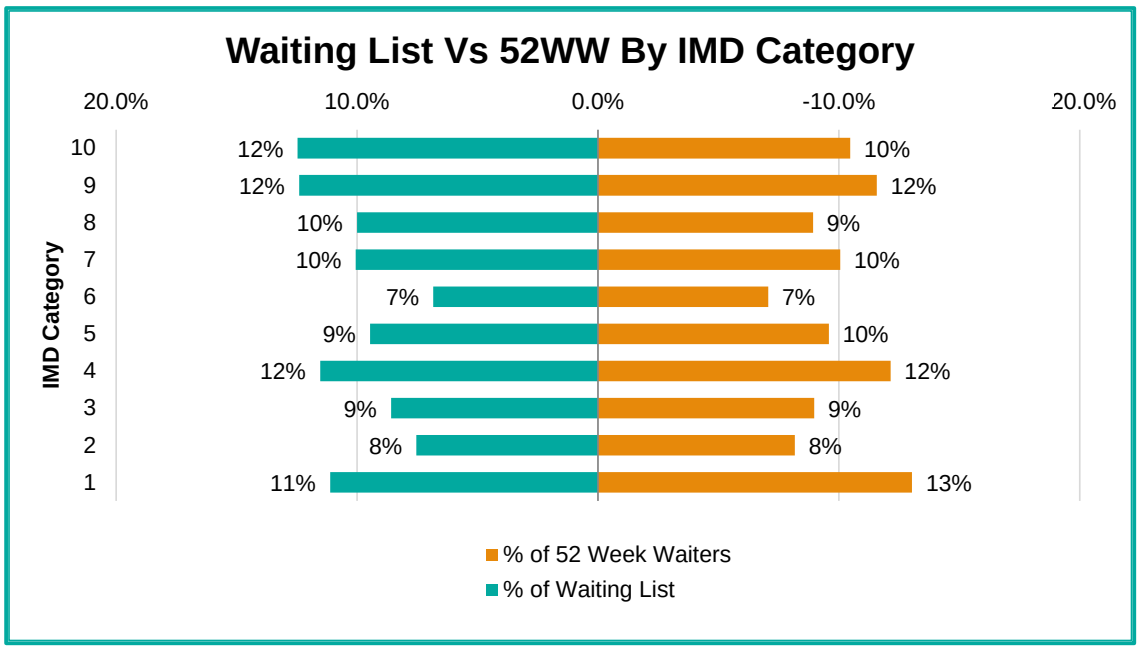
A GM Health Inequalities Group was established to pull together the necessary data for the region using the Waiting List Minimum Data Set (WLMDS) and referral extracts, which they receive from national sources. Dashboards and reports showing the breakdown of referrals and activity by the inequality criteria are in the process of being produced. This will allow trusts to assess their own data and benchmark against other trusts in the GM Region.

2. Analysis of Stockport FT's Waiting List

This section reviews the Trust's current waiting list by the parameters of ethnicity and the Index of Multiple Deprivation (IMD), and then compares this data against the cohort of patients considered long- waiters (i.e. over 52 weeks) to assess whether the cohorts (i.e. the waiting list and the group of longest waiters) is consistent in terms of ethnicity and deprivation. The Trust had circa 44,000 patients on the waiting list, and almost 4,000 patients with waits > 52 weeks, at the point of this analysis. These figures need to be used as context for the variances shown in the analysis that follows.

Waiting List and 52- Week Waits by Deprivation Category
The table and graph which follow show the percentage of waiting list by the IMD category (IMD 1 representing the most deprived areas, IMD 10 the least deprived areas). This is then mapped against the long- waiting patients (those waiting 52 weeks or longer).

Deprivation Category	% of Waiting List	% of 52-Week Waiters
1	11%	13%
2	8%	8%
3	9%	9%
4	12%	12%
5	9%	10%
6	7%	7%
7	10%	10%
8	10%	9%
9	12%	12%
10	12%	10%



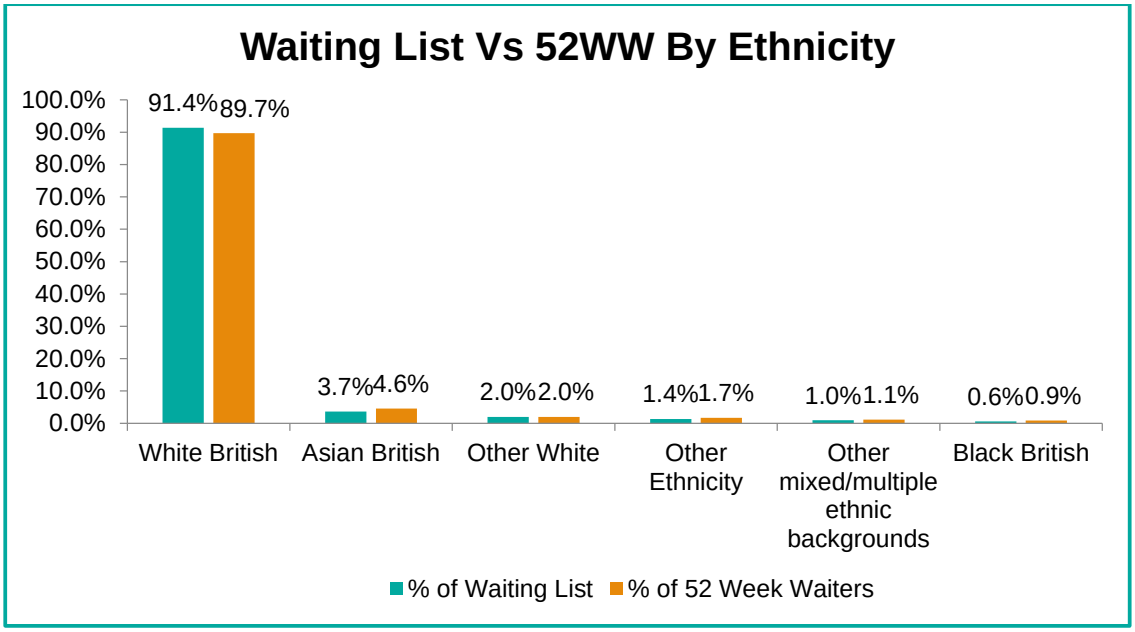
There are **no statistically significant variances** between the proportions of patients in each IMD category when the waiting-list population is compared to the 52-week wait cohort. The chart shows a minor variance with the most deprived group (IMD 1) representing 11% of the waiting list but 13% of the 52-week wait group (67 patients more than expected).

Waiting List and 52-Week Waits by Ethnicity

The table and graph which follow show the percentage of waiting list by the ethnic category. This is then mapped against the long- waiting patients (those waiting 52 weeks or longer). Ethnic cohorts made up of very small numbers have been grouped together to remove volatility from the comparisons (i.e. mixed/multiple ethnic backgrounds).

Ethnicity	% of Waiting List	% of 52-Week Waiters
White British	91.4%	89.7%
Asian British	3.7%	4.6%
Other White	2.0%	2.0%
Other Ethnicity	1.4%	1.7%
Other	1.0%	1.1%
Black British	0.6%	0.9%

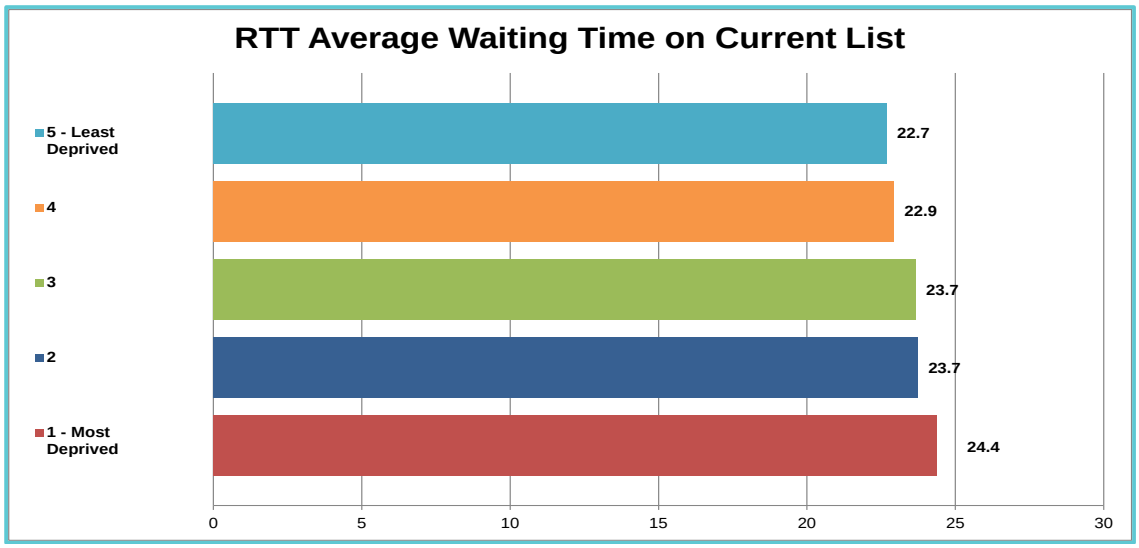
*Patients not declaring their ethnicity have been excluded from this analysis.

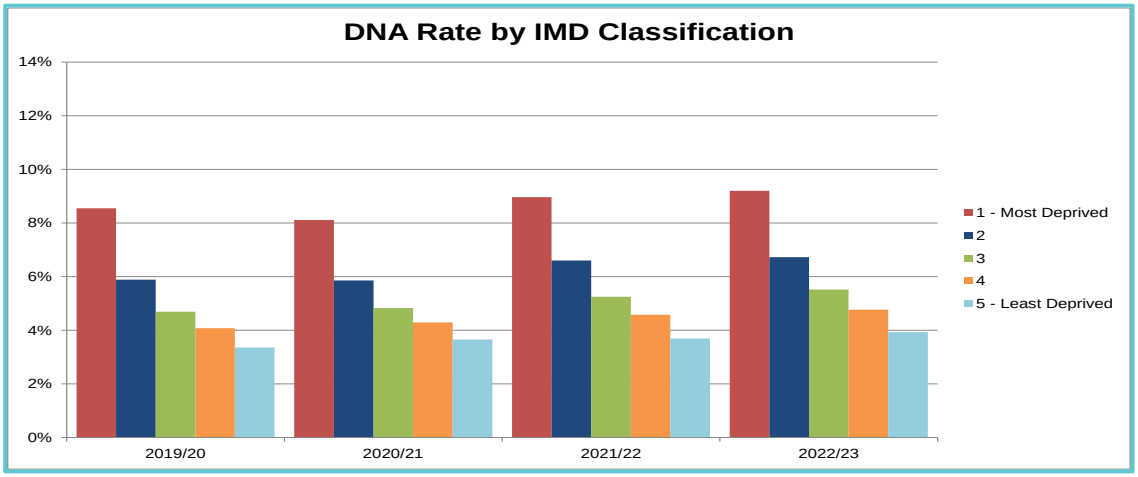


As can be seen from the information above, there are no statistically significant variances between the proportions of patients in each category of ethnicity when the waiting- list population is compared to the 52- week wait cohort. There are, however, fewer White British patients in the 52- week cohort than expected, and 29 more Asian British patients than would be expected (in the scenario that this cohort precisely represented the overall waiting list).

Mean waiting time by IMD

The graph which follows shows the mean waiting time by the IMD groupings (IMD 1 representing the 'most deprived' areas, IMD 5 the 'least deprived' areas). It shows that patients from the most deprived group wait, on average, 1.7 weeks longer for treatment than those from the least deprived group. This finding may be associated with availability for appointments, a fact that is supported by the analysis of DNA (Did Not Attend) rate by IMD classification. The chart which follows shows that the DNA rate of the 'most deprived' group is more than twice that of the 'least deprived' grouping. It is worth noting that both these findings are consistent with those reported to Board in the earlier iteration of this analysis (2022).





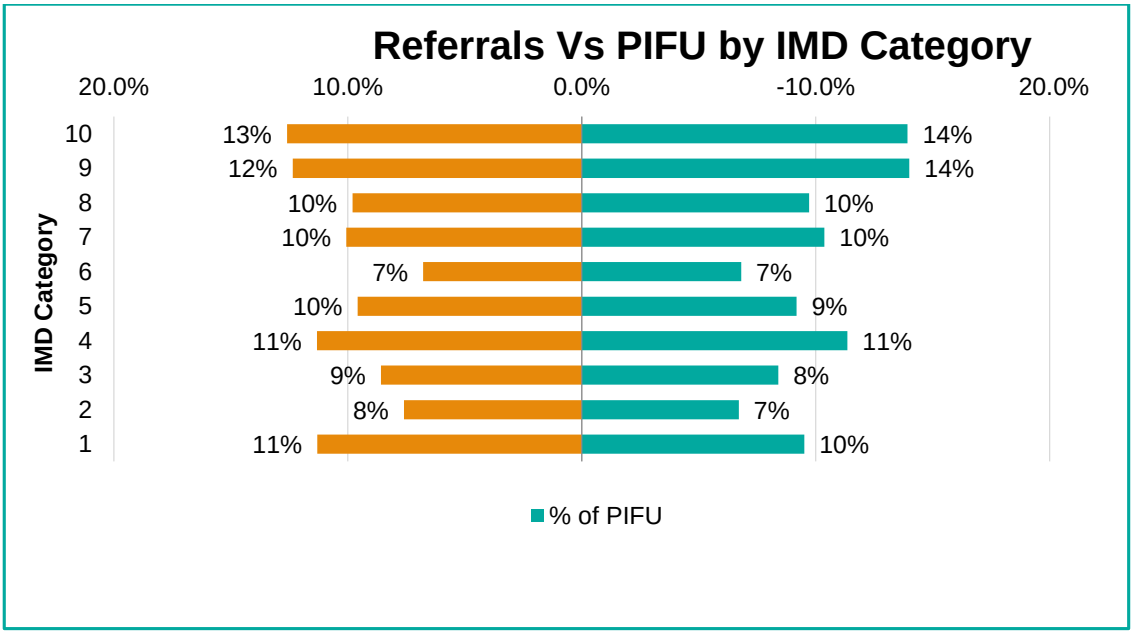
3. Analysis of Stockport FT's PIFU Cohort

In addition to the analysis on the general waiting list, the FT has been asked to report on patients that are moved to a Patient Initiated Follow- up (PIFU) waiting list. The Patient Initiated Follow- up scheme gives patients the flexibility to arrange follow-up appointments as and when they need them (e.g. at the point of an exacerbation of a long-term condition).

The FT is required to monitor patients removed from the general outpatient waiting list and added to the PIFU list using, in the first instance, the equality parameters of IMD and ethnicity. The analysis compares the Trust's referral population with the PIFU cohort.

PIFU and Referrals by Deprivation Category
The table and graph which follow show the percentage of referrals by the IMD category (IMD 1 representing the most deprived areas, IMD 10 the least deprived areas). This is then mapped against the current number of patients that have been moved to a PIFU pathway.

Deprivation Category	% of Referrals	% of PIFU
1	11%	10%
2	8%	7%
3	9%	8%
4	11%	11%
5	10%	9%
6	7%	7%
7	10%	10%
8	10%	10%
9	12%	14%
10	13%	14%

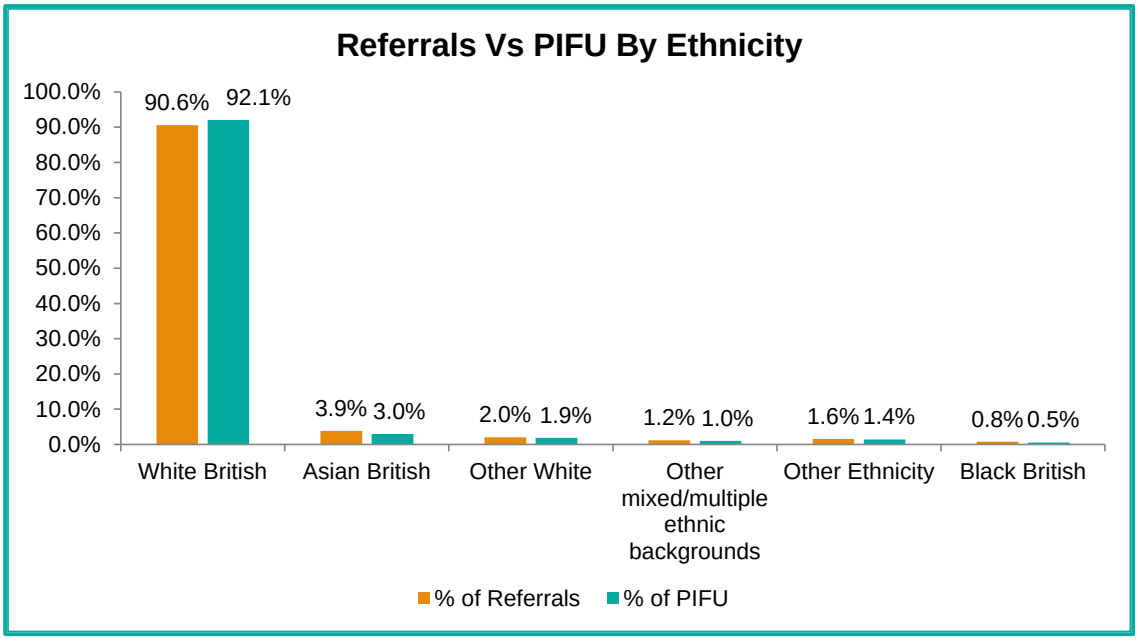


As can be seen from the information above, there are no statistically significant variances between the proportions of patients in each IMD category when the referral population is compared to the PIFU cohort. The greatest variance is in the IMD- 9 ('second least- deprived') category which accounts for 12% of the referral population but 14% of the PIFU group.

PIFU and Referrals by Ethnicity

The table and graph which follow show the percentage of referrals by ethnic category. This data is then mapped against the current number of patients that have been moved to a PIFU pathway. Ethnic cohorts made up of very small numbers have been grouped together to remove volatility from the comparisons (i.e. mixed/multiple ethnic backgrounds).

Ethnicity	% of Referrals	% of PIFU
White British	90.6%	92.1%
Asian British	3.9%	3.0%
Other White	2.0%	1.9%
ethnic backgrounds	1.2%	1.0%
Other Ethnicity	1.6%	1.4%
Black British	0.8%	0.5%



As can be seen from the information above, there are no statistically significant variances between the proportions of patients in each category of ethnicity when the PIFU cohort is compared to the referral population. There are, however, more White British patients in the PIFU cohort than expected, and 33 fewer Asian British patients than would be expected (in the scenario that this cohort precisely represented the overall waiting list).

4. Next Steps

The analysis provided is a high- level view of the FT's waiting list and gives assurance that there is no obvious inequality (in terms of deprivation and ethnicity) in the way that patients access treatment once on the Trust's waiting list. The Trust's use of clinical urgency as the principal prioritisation method, and chronological management as the secondary parameter, are safeguards against significant inequality in access.

The Trust should investigate further the results of the analysis of DNA rate by IMD, and ensure that the findings are presented to those able to address the issue.

Meeting date	2nd February 2023	X	Public		Confidential
Meeting	Board of Directors				
Title	Organisational Development Plan 2023-25				
Lead Director	Amanda Bromley, Director of People & Organisational Development	Author	Lisa Gammack, Deputy Director of Organisational Development		

Recommendations made / Decisions requested

The Board of Directors is asked to consider and approve the proposed Organisational Development Plan 2023-25.

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	Develop effective partnerships to address health and wellbeing inequalities
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	Use our resources in an efficient and effective manner
X	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper is related to the following BAF risks		**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
	x	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
	x	**PR4.1**	There is a risk that the Trust does not implement high quality research & transformation programmes which may

			lead to suboptimal service improvements
	x	**PR5.1**	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
	x	**PR5.2**	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

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

10.1

Executive Summary

Through our People Plan 2021-23, Workforce Equality Diversity and Inclusion Strategy 2022-25 and Communications and Engagement Strategy 2022-25 we are taking action that will help us to achieve our ambition to be a great place to learn, develop and work.

This Organisational Development (OD) plan is aligned to those plans/strategies and will help to reset and accelerate our approach to empowering our people to work and behave differently – because how we do things is just as important as what we do.

The OD plan sets out an approach to enhancing performance and culture through sequenced activities with an emphasis on changing hearts, minds and skills. The 4 priority areas that we will focus on are:

- Leadership & working relationships
- Talent management
- Innovation
- OD consultancy

The OD work programme aligns with the work of the Attract, Develop and Retain Workforce Group and addresses the key themes highlighted by the Trust's 2022 NHS national staff survey results.

The level of ambition of the plan reflects the initial need to build strong foundations on which we can enhance our OD journey. It also puts realistic expectations on the newly formed OD Service, led by the Deputy Director of OD, which supports both Stockport FT and Tameside & Glossop FT.

The OD Service has been structured in a way to include an enhanced level of OD consultancy support to divisions/teams alongside delivering core business and work programmes relating to EDI, colleague experience, and talent/leadership/management development. The OD Service will work closely with the

Strategy & Partnerships Team and Transformation Team to ensure that we maximise our collective knowledge and expertise, share learning and align approaches. The aim is to adopt a more cohesive approach to supporting the organisation to deliver the Trust Strategy. The service will also harness the talents and expertise of others within the organisation to deliver some elements of the OD plan.

In delivering the OD plan we will embed our organisational values and behaviours into everything we do and we will support line managers at every level to align team culture to the organisation's ambitions.

As outlined in the plan itself, a process whereby we 'check-in' and 'iterate' the plan will be carried out on a regular basis to ensure that we are focusing on the right things at the right time as we progress on our OD journey. The OD plan has been shared with the Executive Management Team (December 2022) and the People Performance Committee (January 2023) and their feedback is reflected in the version presented to the Board of Directors.

EMT, People Performance Committee and Board of Directors will receive regular reports on progress, key learnings, and insights from the delivery of the plan.

The risk of not implementing the OD plan is that we will not create the right conditions for our people to thrive and stay at Stockport and the way we say we get things done in Stockport will not match the reality for some. This in turn may negatively impact on our staff survey results and key people management metrics.

The Board of Directors is asked to consider and approve the proposed Organisational Development Plan 2023-25.

Stockport NHS Foundation Trust

Our Organisation Development Plan 2023-25

10.1

(Draft v2)

January 2023

1. Introduction

This Organisation Development Plan (OD Plan) builds on the work we are doing to create an inclusive and compassionate culture so that we are a great place to work and we can attract and retain the very best people.

The scale of the challenges facing people working in health care is as significant and complex as they ever have been. We are working hard to create the conditions for our people to thrive, perform to their best of their ability and reach their full potential. We want our people to feel safe, happy and empowered with a true sense of belonging.

Through our People Plan 2021-23, Workforce Equality Diversity and Inclusion Strategy 2022-25 and Communications and Engagement Strategy 2022-25 we are taking action that will help us to achieve our ambition to be a great place to work. This OD plan is aligned to those plans/strategies and will help to reset and accelerate our approach to empowering people to work and behave differently – because how we do things is just as important as what we do.

The NHS People Plan and the NHS Our People Promise provide the strategic architecture and foundations on which this OD plan has been developed.

This plan sets out our approach to enhancing performance and culture through sequenced activities with an emphasis on changing hearts, minds and skills. We will nurture and amplify the most promising interventions and change core narratives that guide thinking and acting. In the delivery of this plan we will be embedding our organisational behaviours into everything we do and we will support line managers at every level to align team culture to our organisational values and ambitions. It is critical that the way we say we get things done in Stockport matches the way we really get things done.

This plan will be a 'live' document that will help us to focus on the right things at the right time as we progress on our OD journey to greatness. People and OD colleagues will work alongside our people to build confidence, competence and energy to create meaningful change and foster collective resilience.

I am confident that by working together we will achieve our ambitions and deliver on our priorities, helping our Trust to become the most desirable place to learn, develop and work.

Amanda Bromley
Director of People and Organisational Development

2. How we got here

This OD plan has been developed in a way that puts our people at the heart of everything we do. The voice of our people has helped us to understand what the current view of our organisation is against our organisational values. Through conversations, surveys, our Values into Action Programme, staff networks and raising concerns channels our people have told us what they are proud of and where we need to learn and improve.

We haven't started with a blank page we are building on our People Plan and what we already know about our organisation. What we have learnt interlinks with other work programmes that are underway including:

- Workforce equality diversity and inclusion
- Employee health and wellbeing
- Attract, Retain & Develop Workforce Group

The ethos of this plan is to start with what is strong rather than what is wrong. The plan outlines a range of prioritised interventions and actions aimed at making positive cultural changes and improving areas highlighted in our 2022 NHS national staff survey results.

3. Our mission, values and behaviours

The Trust's mission is:

Our organisational values are:

We have translated our values into a behavioural framework that have been adopted by our organisation. We know through staff feedback, that the extent to which the behaviours are understood and displayed varies across individuals, teams and departments. This OD plan will help to further embed the behaviours into leadership approaches, teams and ways of working.

10.1

4. Our OD principles

We will demonstrate the Trust's values through 8 core principles that will guide our OD approach.

'Do with' people rather than 'do to' people	Foster a 'one team, one Trust' approach	Approach relationships with kindness, curiosity & humility	Give trust, freedom and permission to innovate
Take a person-centred approach	Clarify roles & expectations and communicate decisions	Build self-reliance	Foster collaboration and adopt an outward mindset

5. Our priority areas

Initially we will focus on 4 priority areas aimed at improving the 'way things are done around here' and our organisation's culture and performance.

Leadership & working relationships	Strengthening leadership and management approaches and fostering and improving working relationships within teams and across the organisation.
Talent management	Creating an inclusive and systematic approach to talent management and succession planning, plus taking positive action to eliminate discrimination and under representation.
Innovation	Equipping our people with the confidence, tools and support to safely challenge the status quo, be more solutions focused and do things differently and better.
OD consultancy	Maximising OD approaches, techniques and tools to support transformation and service improvement programmes/projects, and enhance partnership and place based working.

Priority 1: Leadership & Working Relationships			
Area of Focus	**Now** *(by June 2023)*	**Next** *(by March 2024)*	**Later** *(by March 2025)*
Board & Executive Team Development	Design/commission the Board & Executive Teams Development Programmes for 2023-24 (Mar '23)	Co-ordinate, evaluate and adapt the Board & Executive Teams Development Programmes (ongoing)	
Divisional Leadership Team Development	Design/commission a development offer for the divisional senior leadership teams focused on impactful triumvirate working and nurturing relationships (Apr '23)	Deliver the divisional leadership team development offer over a 6-month period (May '23 to Oct '23)	Evaluate the longer-term impact of the divisional leadership team development offer (on-going)
Medical Leadership Development	Design/commission an impactful & engaging Medical Leadership Programme and agree roll-out plan (May '23)	Launch & deliver our Medical Leadership Programme cohorts (Jul '23 onwards)	
			Evaluate the longer-term impact of the Medical Leadership Programme (on-going)
Trust-Wide Leadership & Management Development Offer	Refresh & re-launch the managers briefing sessions on facilitating meaningful appraisal discussions (Dec' 22) **Completed**	Launch & deliver a refreshed and fit for purpose leadership and management development offer (Jun '23 onwards) to include over a phased period *(but not an exhaustive list):* • range of short training sessions & masterclasses • new managers induction programme • first-line managers programme	
			Evaluate the longer-term impact of the Trust-wide leadership & management development offer (on-going)

Area of Focus	Now *(by June 2023)*	Next *(by March 2024)*	Later *(by March 2025)*
Civility/Kindness 'Our Behaviour Matters' Programme	Develop & agree the delivery plan/approach, along with the communication & engagement plan, for the Trust-wide Civility/Kindness Programme (Feb '23)	Start delivering **phase 3** of the Civility/Kindness Programme (Oct '23 onwards)	
	Start **phase 1** of the programme by holding Civility Saves Lives sessions for wider senior leadership teams (Mar '23)		
	Start delivering **phase 2** of the Civility/Kindness Programme (Apr to Sep '23)		Develop & embed tools & training to help individuals & teams to further embed the learning from the Civility/Kindness Programme (Apr '24 onwards)
Team Effectiveness	Support divisions/depts/teams with the co-design & facilitation of interventions aimed at enhancing team effectiveness & working relationships – prioritising requests and evaluating the impact of interventions (Dec '22 onwards)		
	Start utilising the Lumina Spark personality tool to help teams to work better together and enhance leadership approaches (Dec '22 onwards)		
		Develop & launch a team building toolkit for managers (Sep '23)	
Meaningful Conversations		Introduce a refreshed 121/check-in & appraisal process with a greater emphasis on strengthening the employee/line mgr relationship – *explore the opportunity to adopt an aligned approach with TGICT* (Sep '23)	
		Arrange 'outward mindset' masterclasses to help individuals to see & understand others better – their objs, needs, challenges & circumstances (Sep '23)	

Priority 2: Talent Management			
Area of Focus	**Now** *(by June 2023)*	**Next** *(by March 2024)*	**Later** *(by March 2025)*
Onboarding	Refresh the Corporate Welcome sessions and revert back to face to face delivery where possible (Feb '23)		
	OD Service to support the Attract, Retain & Develop Workforce Group to create a more culture-focused onboarding process that shares with new recruits our organisation's story and the attitudes & behaviours that are encouraged and discouraged (Jan '23 onwards)		
Coaching & Mentoring	Relaunch an inclusive coaching and mentoring offer including a Coaching and Mentoring Plan (Jun '23)	Roll-out a refreshed 121/check-in and appraisal process with a greater focus on providing constructive feedback on performance and behaviour and wellbeing (Sep '23)	Evaluate the return on investment on individual and team coaching support (Mar '24 onwards)
Talent Management & Succession Planning		Develop and implement a talent management and succession planning approach – to include a range of talent development interventions (Sep '23)	
Career Progression		Design and implement targeted interventions that support career progression linked to our EDI agenda (Sept '23)	

Priority 3: Innovation			
Area of Focus	**Now** *(by June 2023)*	**Next** *(by March 2024)*	**Later** *(by March 2025)*
Solution Focused Approaches	Evaluate the next steps for the Think On Programme (Feb '23)	Design/commission a Trust-wide approach/intervention that helps our people to turn their ideas into reality (Jul '23 onwards)	

Area of Focus	Now *(by June 2023)*	Next *(by March 2024)*	Later *(by March 2025)*
Behavioural Insights Techniques	Commission the Behavioural Insights Team (owned by NESTA) to deliver a series of behavioural science workshops to give our people the knowledge & skills to shape more effective services and improve decision making (Jun ’23)		
Psychological Safety		Build into our development offer skills training to help leaders & managers to create psychological safety in their teams *(i.e. the belief that you won’t be punished or humiliated for speaking up with ideas, questions, concerns or mistakes)* (Jun ’23 onwards)	
		Work with the FTSU Guardian to further enhance our speak up culture & maximise the national Speak Up month (Oct ’23)	
Priority 4: OD Consultancy			
Area of Focus	**Now** ***(by June 2023)***	**Next** ***(by March 2024)***	**Later** ***(by March 2025)***
Transformation & Service Improvement	Provide OD consultancy support where possible to transformation and service improvement programmes & projects, in conjunction with the Transformation Team and Strategy & Partnerships Team (Jan ’23 onwards)		
Partnership & Place Based Working	Provide OD consultancy support where possible to partnership and place based projects, including the One Stockport Programme, in conjunction with the Transformation Team and Strategy & Partnerships Team (Jan ’23 onwards)		

6. What will be the impact of this plan?

Over time we would expect to see the following impact as a result of this OD Plan:

We will see enhanced levels of engagement and sense of pride across our workforce, we will know this through:

- improved scores in the NHS national staff survey
- increased engagement in corporate engagement initiatives
- sustained improvement in key workforce metrics such as attendance, employee relations, etc.

As an employer of choice we will attract and retain a diversity of talented people, we will know this by:

- improved ability to attract, recruit and retain talent
- increased diversity of our workforce through talent and succession planning, and the end-to-end recruitment process

We will be a more agile and high performing organisation, we will know this through:

- quicker and more efficient decision making that is evidence based and takes a positive approach to risk
- everyone will have access to the tools, knowledge and skills to thrive and perform at work and be resilient to change, with empowering and compassionate line managers
- performance being well managed and person-centred, with everyone having regular and meaningful check-in and appraisal conversations

Our leadership and management community will rise to the challenges of the ever-changing context in which they operate, we will know this because:

- line managers have the tools, knowledge and confidence to create the conditions for their teams to thrive
- we will have greater diversity represented across our leadership and management roles
- improved ability to recruit to leadership and management roles
- leadership is recognised and celebrated at all levels of the organisation

7. How we will measure

Tracking our progress and short term impact	Every OD activity/initiative will have a project plan and target key performance indicators. We will also implement a pulse survey approach to understand if those people that have received the benefit of the activity/initiative feel that the desired performance and/or behaviour has started to be achieved.
Understanding the impact for divisions	We will actively utilise the monthly divisional performance review meetings to connect the OD programme into the needs of divisions. Helping Directors and divisional leaders to understand their role in

	delivering this plan.
Tracking the long term impact of our work	Utilisation of quantitative and qualitative data from the NHS national staff survey and workforce metrics to track what is changing over time. Where we are not seeing the changes anticipated we will undertake qualitative research to identify how the plan can be adjusted to deliver the required change.

8. Governance & making the plan work for us

Why is it important?

We want to set up a governance rhythm which will allow us to achieve our goals, but will also ensure that we are focusing on the right things as we progress on our OD journey.

It is critical that this OD plan drives real behaviour change, so we will commit to a process whereby we 'check-in' and 'iterate' the plan – regularly taking stock of progress, showcase and amplify impactful activities and any key learnings about why something was and was not achieved.

How will we do it?

The plan is owned by the Trust's Board of Directors. The Executive Management Team (EMT) will act as the OD steering group.

There will be an internal governance mechanism within the People and OD Directorate, and an OD working group. An activity tracker with named activity leads will be implemented.

The OD Steering Group

- The Deputy Director of OD and EMT will check-in on the live plan on a **quarterly** basis.
- An update will be provided on progress, key learnings and insights from the process.
- Executive Directors will share guidance and support in overcoming key issues and challenges.
- Progress reports will be presented to the People Performance Committee and Board of Directors on a **quarterly** basis.

The OD Working Group

- The OD Leadership Team and activity leads will check-in on the live plan every **6 weeks**.
- They will hold each other to account by discussing and noting progress.
- They will discuss successes and failures and why these occurred – the OD plan will pivot around changing circumstances to make it more relevant.
- Key roles and responsibilities for sequential activities will be agreed.

Meeting date	2nd February 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Stockport NHS Foundation Trust & Tameside & Glossop Integrated Care NHS Foundation Trust - Collaboration Principles					
Lead Director	Chief Executive		Author	Director of Communications & Corporate Affairs		

Recommendations made / Decisions requested

The Board of Directors is asked to:

- endorse the principles set out in this paper
- ensure they are embedded in their individual decision-making processes
- agree to review the principles on at least an annual basis.

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	Develop effective partnerships to address health and wellbeing inequalities
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	Use our resources in an efficient and effective manner
x	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

x	Safe	x	Effective
	Caring		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 does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
		PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-

			quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
	X	**PR4.1**	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

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

The purpose of this report is set out number of principles to underpin and guide the current and future collaboration between Stockport NHS Foundation Trust (SFT) and Tameside and Glossop Integrated Care NHS Foundation Trust (TGICFT).

This paper is also being presented to the Board of TGICFT

1. Introduction

This paper sets out a number of principles to underpin and guide the current and future collaboration between Stockport NHS Foundation Trust (SFT) and Tameside and Glossop Integrated Care NHS Foundation Trust (TGICFT).

2. Background

With the workforce challenges, increasing demand for services, and the need to make the most effective use of financial resources, increasingly NHS organisations are working together to embrace the opportunities for greater collaboration provided by the Health and Social Care Act. The Act also gives NHS Foundation Trusts greater freedoms to consider and adopt different forms of collaboration to achieve joint ambitions for the communities they serve.

Over the last couple of years, SFT and TGICFT have embraced opportunities as they have arisen for greater collaborative working. These have included:

- joint executive director posts,
- the coming together of some of our corporate services,
- closer working between some clinical services,
- a joint clinical research strategy.

The Boards of both SFT and TGICFT have met together to discuss the impact of current joint working arrangements between the two organisations, and individually have reflected on future ambitions for collaboration.

Both Boards acknowledge that the organic approach to collaboration which has developed between SFT and TGCIFT has enabled learning from best practice in each organisation, as well as the harnessing of the skills and experiences available in both trusts for the benefit of the neighbouring communities they serve.

3. Next steps

In many ways SFT and TGCIFT are at the forefront of the national drive for greater collaboration, and they are well placed to take advantage of the many positives that

can come from working closely together to achieve shared ambitions for their services, colleagues, and local communities.

However, it is inevitable that with such close collaboration there will be internal and external speculation about where the joint working may lead.

Both Boards agree that coming together to create one organisation is not an option they currently wish to pursue. They have concluded that for the foreseeable future they would prefer to continue to allow collaborative working to develop organically, taking opportunities for joint work as they naturally arise.
However, they do believe that there is value in jointly agreeing a set of principles to guide current and future collaboration between SFT and TGCIFT and stating those principles publicly.

4. Collaborative principles

Those principles are:

Principle 1	Collaborative working should support equity of service across both organisations for the benefit of the communities they serve.
Principle 2	Collaboration should be in line with the Constitutions, Licences, governance arrangements, and Standing Financial Instructions of each organisation.
Principle 3	Collaborative initiatives should, wherever possible, incorporate the best practice from both organisations.
Principle 4	Collaboration should make the best use of the skills and experience of colleagues in both organisations.
Principle 5	Collaboration should further the delivery of the individual trusts' strategic aims, as well as be in line with the aspirations of local Place and ICB strategic plans.
Principle 6	In establishing a new project, service and initiative, or recruiting to a vacant post, leaders should think "**collaboration**" and consider whether there is benefit in doing so in partnership with the neighbouring trust.
Principle 7	Both Boards will regularly evaluate the impact of collaboration to ensure both organisations are getting maximum benefit from shared arrangements, and take steps together to address any areas that are not fully delivering on agreed joint objectives.
Principle 8	Collaborative programmes will not go ahead unless both Boards are in agreement, and the Boards accept that there will be occasions when collaboration with each other is not the right approach to adopt to achieve their individual

	strategic aims.
Principle 9	Collaboration between SFT and TGCIFT will not prevent either trust from working in partnership with other organisations to achieve their strategic aims.

5. Recommendation

The Board of Directors of both SFT and TGCIFT are asked to:

- endorse the principles set out in this paper,
- ensure they are embedded in their individual decision making processes,
- agree to review the principles on at least an annual basis.

Stockport NHS Foundation Trust

Meeting date	2 February 2023	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Board Assurance Framework 2022/23					
Lead Director	Karen James, Chief Executive		Author	Rebecca McCarthy, Company Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to:
- Review and approve the Board Assurance Framework 2022/23 as at 2 February 2023
- Review the Trust's current Significant Risk profile including alignment between operational and principal risks.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper is related to these BAF risks	All

12.1

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 Trust maintains a Board Assurance Framework (BAF) as a key tool to manage and mitigate strategic risk to the achievement of the corporate objectives that have been agreed by the Board.

All principal risks comprising the Board Assurance Framework 2022/23 have been assigned to the relevant Board level committee for oversight, with review of these risks taking place during January 2023. The Board Assurance Framework 2022/23 as at 2 February 2023 (Appendix 1), is presented to the Board, with revisions made from the previous review highlighted throughout. A heat map and gap analysis between current and target risk score is also included.

In reviewing the principal risks and determining risk score, consideration was given to the key controls and assurances in relation to each, any gaps and required actions. The risks are prioritised as set out in table below.

An increased risk score is proposed for operational performance, finance and staff wellbeing related risks. The ongoing and significant operational pressures, alongside external influences of employee relations & industrial action, continue to impact on the Trust's ability to mitigate risk, and are expressed within the gaps in controls. In relation to Principal Risk 6.2, relating to the development and agreement, with partners, of a multi-year financial recovery plan, the risk has increased from based on indications of higher risk on income and system funding for 2023/24 following publication of the Planning Guidance 2023/24.

In relation to Principal Risk 1.1 relating to the delivery of quality care, the impact of the significant operational pressures and the current industrial action were comprehensively considered. The risk score, as at Q3, is recommended to remain at 12 based on the continued scrutiny of all types of incidents, complaints and patient feedback, alongside the established internal command and control processes that may be implemented to support mitigation of risk to the safety and quality of care. The Trust is also fully engaged in Greater Manchester (GM) command and control operations, supporting access to mutual aid if required and available. The risk remains under continued review, and a deep dive regarding this element of risk is proposed via the Risk Management Committee.

No.	Principal Risk	C	L	Q1	Q2	Q3	Change	Target Score
PR1.2	There is a risk that patient flow plans are not effective impacting urgent and elective care performance	4	4	16	16	16	⟷	8
PR1.3	There is a risk that the Trust does not have sufficient capacity to deliver inclusive restoration plans	4	4	12	12	16	↑	8

PR2.1	There is a risk that the Trust fails to support and engage its workforce	4	43	12	12	16	↑	8
PR5.1	There is a risk that the Trust is unable to recruit optimal number of staff	4	4	16	16	16	↔	8
PR6.1	There is a risk that the Trust fails to deliver its agreed 2022/23 financial position	4	3	12	12	16	↑	8
PR6.2	There is a risk that the Trust fails to develop and agree with partners a multi-year financial recovery plan to secure financial sustainability	4	4	9	9	16	↑	8
PR1.1	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards	4	3	12	12	12	↔	8
PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT),	4	3	12	12	12	↔	8
PR7.2	There is a risk that the estate is not fit for purpose and does not meet national standards	4	3	12	12	12	↔	8
PR7.4	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus	3	4	12	12	12	↔	8
PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health	3	3	9	9	9	↔	6
PR3.1	There is a risk in approving and implementing a new Provider Collaborative model	3	3	9	9	9	↔	6
PR5.2	There is a risk that the Trust fails to develop a workforce reflective of communities served and improve experience of staff with protected characteristics	3	3	9	9	9	↔	6
PR7.1	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy	3	3	9	9	9	↔	6
PR7.3	There is a risk that the Trust does not materially improve environmental sustainability	4	2	12	8	8	↔	8
PR4.1	There is a risk that there the Trust does not deliver high quality research and transformation programmes	3	2	9	6	6	↔	6

In addition, the Trust's Significant Risk Register (as at January 2023) (Appendix 2) is provided to ensure triangulation between operational and principal risks. There are currently 4 significant risks relating to the following areas:

- Emergency Department access standard
- Reduced critical care capacity and medical workforce recruitment
- Finance - Cash position
- Patient flow due to reduced access to community capacity and rising NCTR

The Risk Management Committee has continued oversight and management of the significant risk register, alongside divisional and corporate risk registers, and horizon scanning of future risks, in line with the Risk management Strategy & Policy.

The Risk Management Committee continues to report to the Audit Committee, as part of its responsibility to review of the establishment and maintenance of an effective system of integrated governance, risk management and internal control, and the effectiveness of the structures, processes and responsibilities for identifying and managing key risks facing the Trust.

Furthermore, at each Audit Committee meeting, the Chairs of Board level Committees provide update with a focus on:

- how significant risks identified by the Risk Management Committee are being addressed or monitored in their Board Committee
- any risks which are not appropriately reflected in the Risk Management Committee report
- emerging or potential risks and matters which may bring into question the adequacy of underlying assurance processes or have implications for other Committees
- effectiveness of controls in place to manage risks recorded on the Board Assurance Framework, with controls generally being applied consistently.

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Board Assurance Framework

2022/2023

Corporate Objectives 2022/23

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

Key to Board Assurance Framework

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

Risk Matrix					
Impact	Likelihood				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

Gap Score Matrix (Difference between Target Score and Current Score)	
Gap score ≤0	Risk target achieved
Gap score 1 - 5	Tolerable
Gap score 6 - 9	Close monitoring
Gap score 10	Concern
Gap score > 10	Serious

Risk Appetite Framework

Risk Level ⇒ / Key Elements ⇓	**Avoid** Avoidance of risk is a key organisational objective.	**Minimal (ALARP)** Preference for very safe delivery options that have a low degree of inherent risk and may only have a limited reward potential.	**Cautious** Preference for safe delivery options that have a low degree of residual risk and may only have a limited reward potential.	**Open** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	**Seek** Eager to be innovative and to choose options which may offer higher levels of reward, despite greater inherent risk.	**Mature** Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust and highly embedded.
Financial / Value for Money How will we use our resources	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
Compliance / Regulatory How will we be perceived by our regulator	We have no appetite for decisions that may compromise compliance with statutory, regulatory of policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident, we would be able to challenge this successfully	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
Quality / Outcomes How will we deliver quality services	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
Reputation How will we be perceived by the public and our partners	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
People How will we be perceived by our workforce	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.
Innovation How will we transform services	We have no appetite for decisions to innovate, our aim is to maintain or protect, rather than to create or innovate. General avoidance of system / technology developments.	We will avoid innovations unless essential or commonplace elsewhere. Only essential systems / technology developments to protect current operations.	We tend to stick to the status quo, innovations generally in practice avoided unless really necessary. Systems / technology developments limited to improvements to protection of current operations.	We support innovation, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery.	We will pursue innovation – desire to 'break the mould' and challenge current working practices. New systems / technologies viewed as a key enabler of operational delivery.	Innovation is the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new systems / technologies as catalyst for operational delivery.
Appetite	**None**	**Low**	**Moderate**	**High**	**Significant**	

BAF 2022/23 Summary, Heat Map & Gap Analysis

Risk Matrix					
Impact	**Likelihood**				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible					
2 - Minor					
3 - Moderate		**4.1**	**2.2, 3.1, 5.2, 7.1**	**7.4**	
4 - Major		**7.3**	**1.1, 3.2, 7.2**	**1.2, 1.3, 2.1, 5.1, 6.1, 6.2**	
5 - Catastrophic					

Gap Score Matrix (Difference between Target Score and Current Score)		
Gap score ≤0	Risk target achieved	**4.1, 7.3**
Gap score 1 - 5	Tolerable	**1.1, 2.2, 3.1, 3.2, 5.2, 7.1, 7.2**
Gap score 6 - 9	Close monitoring	**1.2, 1.3, 2.1, 5.1, 6.1, 6.2, 7.4**
Gap score 10	Concern	
Gap score > 10	Serious	

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - To deliver safe accessible and personalised services for those we care for																	
Principal Risk Number: PR1.1					**Risk Appetite: Moderate**												
There is a risk that the Trust delivers suboptimal quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards.	Quality Committee	~~Board~~ Quality Committee Subgroups established to direct policies and procedures relating to: Patient Safety, Clinical Effectiveness, Patient Experience, Health & Safety, Integrated Safeguarding Divisional Quality Boards established and standardised through implementation of NHSE/Divisional Governance Project (Safety, Effectiveness, Experience) SFT Quality Strategy 2021-2024 - Established subgroup of Patient Safety Group - Quality Safety & Improvement Group SFT Patient, Carer, Family & Friends Experience Strategy 2022-2025 SFT Mental Health Plan 2022-2025 CQC Action Plans in place (2020 & 2022) Established process for managing and learning from: - Incidents including Serious Incidents - Duty of Candour - Complaints - Legal Claims Patient Flow Associated Harm Review process established. Mechanisms in place to gather patient experience and staff experience: - Family & Friends - Carers Opinion - Patient Stories - Walkabout Wednesday - Senior Nurse Walkarounds - Feedback Friday Clinical Audit & NICE Guidelines - Established clinical audit programme including national and local audit - Compliance Review Process – All NICE documents relevant to SFT portfolio - Established process for review of NICE Guidelines Learning from Deaths - Mortality Review Policy - Learning from Deaths Review process - Medical Examiner Team StARS - Ward assurance & accreditation process established. Also established for: Paediatrics, Maternity, Theatres, Community Safe Staffing - Defined Nurse Establishments - Defined Medical Establishments - Medical Job Planning process in place	StARS – ~~Maternity~~ & Outpatients CQC Mock Inspection Programme Impact of employee relations & industrial action issues Impact of continuing operational pressures	**Level 1 - Management:** Divisional Quality Boards (Monthly) – Quality & Safety Integrated Performance Report Divisional Clinical Audit Meeting (Quarterly) StARS: Baseline assessment for inpatients completed **Level 2 – Corporate** Quality Committee: - Quality IPR - Key Issues & Assurance Reports: o Patient Safety (Serious Incidents & Duty of Candour) o Clinical Effectiveness (Clinical Audit & NICE Compliance) o Patient Experience o Health & Safety o Integrated Safeguarding - CQC Report including CQC Action Plan Update, CQC Preparation (Quarterly) - StARS Position Statement & Key Themes (Quarterly) - Patient Safety Report (Quarterly) (Incidents, Complaints) - Quality Strategy Progress Report (Biannually) - Maternity Services Report - Incorporates all improvement/action plans including: CNST, Saving Babies Lives, Continuity of Carer, Ockenden Report, Maternity Safety Support Programme (MSSP) - Waiting List harm Reviews - LMS Insight Report NHSE/I NW - Learning from Deaths Reports / Mortality Reviews (Quarterly - Board of Directors) Board of Directors: - Safe Care Report including nurse establishments/E-roster (Quarterly) - Guardian of Safe Working / Freedom to Speak Up Report to Board (Bi-annually) Annual Quality Accounts **Level 3 - Independent** CQC Inspection 'Requires Improvement' November 2020 Stockport Improvement Board *(NB Stood down from April 2022)* CQC Inspection Urgent & Emergency Care – 'Good' November 2021 Health & Safety Executive Inspection, November 21. No concerns highlighted. Friends & Family Test	Triangulation meeting or Chairs Notes between Quality Committee	Expansion of StARS: ~~Community &~~ Outpatients ~~Gap analysis of all NICE Guidance to be completed.~~ CQC Mock Inspection Programme – Pilot ~~Establish Nursing, Midwifery & AHP Group~~ Patient Safety Strategy based on Patient Safety Incident Response Framework	~~Q3 2022/23~~ Q4 2022/23 ~~July 2022~~ Q4 2022/23 ~~July 2022~~ Q4 2022/23	4	3	12	12	12	12		4	2	8

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - To deliver safe accessible and personalised services for those we care for																	
		- Medical Appraisal & Revalidation process in place including quality assessment Established Nursing, Midwifery & AHP Board Maternity Improvement/Sustainability Plan in place and Maternity Strategy. Trust & GM Command & Control Process established - Before, During and After Strike Action.		National Patient Experience Surveys: - Adult Inpatient Survey - National Cancer Survey - Emergency Department Survey MIAA Internal Audits 2021-22 • SI Report (Substantial) • ERostering (Substantial) • Niche Evidence Report (High) • Committee Effectiveness (Substantial) MIAA Internal Audits 2020-21 • CQC Evidence Process Review (High) • Complaints (Substantial) Maternity Safety Support Programme (Formal Exit)												
Principal Risk Number: PR1.2					**Risk Appetite: Moderate**												
There is a risk that patient flow across the locality is not effective which may lead to patient harm, suboptimal user experience, and inability to achieve national access standards for urgent care and elective care	Finance & Performance Committee	Established models of emergency and urgent care in place in line with national standards Rapid emergency diagnostic pathway in place – General Surgery & Medical Rapid Ambulance Handover process in place. 'Programme of Flow' established Biweekly Trust Performance Meeting and daily locality tactical calls to seek support to mitigate risk – Attended by Director of Operations & Chief Nurse. System wide Urgent & Emergency Care (UEC) Board in place (oversight of patient flow management plans). Urgent & Emergency Care Delivery Group established (biweekly), feeding into UEC Board. System wide Intermediate Tier Transformation Programme in place (11 Workstreams) Trust and system escalation process in place, aligned to a single OPEL system – Including divert of resource from elective activity to support flow Winter Planning process in place at GM, Locality and Trust – Winter Plan 2022/23 Bed Modelling – 18 Month Plan Workforce models in place – Reflect demand and flexible to adapt to surges. Learning from Deaths process includes: - Delayed admission - Delayed discharge	Capacity constraints in domiciliary & bed-based care impacting on levels of patients with no criteria to reside High levels of delayed discharges for out of borough patients Significant increase in unfunded non-elective demand Lack of standardised 7-day services across medical & surgical specialties to support discharge of non-elective patients. Locality plan for intermediate bed base to be agreed for 2023/24. Managerial and operational capacity, including ICB, to support key workstreams.	**Level 1 – Management** Divisional Operations Boards (Monthly) – Performance Management Report - ED Attendance - Overall bed occupancy rate - Patients No Criteria to Reside - ED 4 Hour Target Performance - Ambulance Handover times - ED 12 hour waits (Shadow metric) - Time to triage Daily Bed meetings (x 4) System dashboard of acute, intermediate and domiciliary care capacity	~~Shadow reporting new ED metrics~~	Finalise recurrent Medical Staffing model ~~Targeted investment fund (TIF) bid to GM – Additional ward capacity to support delayed discharges~~ ~~Test of Change – Implementation of GP led Discharge to Assess Unit~~ Implementation of Virtual Ward Working Intelligently Group – Data collection & Deep Dive 3 x Medical Specialties, triangulation with current workforce planning.	Q4 2022/23 ~~Dec 2022~~ ~~Jan 2023~~ Jan 2023 Q4 2022/23	4	4	16	16	16	16		4	2	8
				Level 2 – Corporate Divisional Performance Review (Monthly) including targeted 'Deep Dives' Finance & Performance Committee - Operational Performance Report (Monthly) - Themes from Performance Review Integrated Performance Report – Board (Bimonthly)	~~System-wide dashboard of acute, intermediate and domiciliary care capacity and performance~~	Locality agreement for community capacity ~~System-wide dashboard of acute, intermediate and domiciliary care capacity and performance~~ ~~Understanding Patient Flow Associated Harms – Review via Quality Committee~~	Q4 2022/23 ~~Dec 2022~~ ~~Nov 2022~~										
				Level 3 – Independent Stockport Improvement Board *(NB Stood down from April 2022)* Urgent & Emergency Care Delivery Board NHSE – Activity Returns													

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - To deliver safe accessible and personalised services for those we care for																	
		Patient Flow Associated Harms – Review via Quality Committee and process for future surveillance Robust phasing programme for building works as part of EUCC to ensure no loss of capacity. Agreement in place with ICB for out of borough patient recharge for excess bed days															
Principal Risk Number: PR1.3					**Risk Appetite: Moderate**												
There is a risk that the Trust does not have capacity to deliver inclusive elective, diagnostic and cancer care, including the clearance of surgical backlog caused by the Covid-19 pandemic, which may lead to suboptimal patient safety, outcomes and experience and inability to achieve national access standards	Finance & Performance Committee	Biweekly Trust Performance Meeting. Agreed Specialty Activity Plans & Budget Escalation process in place with Performance Team – 78+ week wait patients and any P2/cancer patients that are not dated. Clinical Prioritisation Group established & harm review process in place for patients waiting – including review of demographics of patients waiting to identify inequalities. Cancer Quality Improvement Board established chaired by Lead Cancer Clinician Established efficiency/transformation programmes: - Radiology - Theatres, Endoscopy & Diagnostics - Outpatient Transformation Booking & Scheduling centralisation Winter Plan 2022/23 established	Expansion of Endoscopy Workforce – Sickness Absence & Recruitment Impact of urgent care pressures on elective capacity	**Level 1 – Management** Divisional Operations Boards (Monthly) Trust Performance Meeting: - Elective demand - Activity v Plan (Waits) - % Patients on PIFU - Levels Advice & Guidance - Theatre Utilisation - Outpatient Utilisation - Endoscopy Utilisation Activity Management Group – Data review of elective activity		Expansion of Endoscopy (Delayed from Sept 2022 to Feb 23) ~~Targeted investment fund (TIF) bid to GM – Additional ward capacity to support delayed discharges Business Case approved – 1-2 years build~~ ~~Activity Management Group – Data review to consider omissions in accounting and recording of elective activity and potential increase in referrals from out of borough~~	Feb 2023 ~~Dec 2022~~ ~~Q4 2022/23~~	4	~~3~~ 4	12	12	12	16		4	2	8
				Level 2 – Corporate Divisional Performance Review (Monthly) including targeted 'Deep Dives' Finance & Performance Committee Operational Performance Report (Monthly) - 52+ week waits - 78+ week waits - 104+ week waits - Overall RTT waiting list size - Cancer 2ww - Cancer 62 day - Diagnostic waits Quality Committee - Waiting List Harms Review (3 x year) Integrated Performance Report (Operational Performance) – Board (Bimonthly)	Limited availability of GM wide restoration performance data for benchmarking, including inequalities data.	~~Waiting List Harms Review~~ Health Inequalities - Disaggregation of data to consider health inequalities	Q3 2022/23										
				Level 3 – Independent NHSE/I – Activity Returns													

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and staff																	
Principal Risk Number: PR2.1					**Risk Appetite: High**												
There is a risk that the Trust fails to sufficiently engage and support our people, leading to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high quality care.	People Performance Committee	Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession Planning Approved People policies, procedures, guidelines and/or action cards in place (including. staff development; appraisal process; sickness and relationships at work policy) Risk assessments undertaken for all staff; including BAME & Covid specific Risk Assessments Influenza & Covid 19 vaccination programmes Staff Wellbeing Programme established (including refreshed focus on financial wellbeing) including staff psychology and wellbeing service and menopause service. Occupational Health Service – including Staff Counselling Service & Physio Fast Track Service Dying to Work Charter Values into Action programme established Award & Recognition including Staff Awards (Oct 2022), MADE Awards, Long Service Awards Wellbeing Guardian supported by Schwartz Rounds Freedom to Speak Up Guardian / Guardian of Safe Working Divisional Staff Survey Action Plans 2021 in place. Confirmed approach to flexible working.	~~Continuing impact of the pandemic on staff sickness/isolation/return to work~~ Embedded approach to Wellbeing Conversations System to learn from exit conversations Impact of employee relations & industrial action issues Impact of continuing operational pressures	**Level 1 - Management:** People, Engagement & Leadership Group - People Plan – Workstream Reports Equality Diversity & inclusion Steering group - EDI Strategy Industrial Action Planning Group **Level 2 – Corporate** Performance Reviews – Workforce Metrics NHS People Plan Self-Assessment People Performance Committee - People Plan Update (bimonthly) - Workforce KPIs (bimonthly) - Freedom to Speak-up Report (Quarterly) - Freedom to Speak-up Guardian (Bi-annually) Integrated Performance Report (Workforce) - Board (Bimonthly) **Level 3 - Independent** CQC Well-led Mapping Report – Recognition of Staff Health & Wellbeing offer NHS National Staff Survey		Approve Organisational Development Plan including Civility/Kindness Programme and refreshed Leadership & Management Development offer Delivery Plan, including timescales and outcomes to support pledge for 'the wellbeing of our NHS people' to be developed in line with policies and guidance from the regional working group Scoping exercise to be completed for collaborative Occupational Health function with T&G ~~Charitable Funds menopause service bid approval~~	January 2023 ~~December 2022~~ March 2023 ~~December 2022~~ March 2023 ~~November 2022~~	4	~~3~~ 4	12	12	12	16		4	2	8
Principal Risk Number: PR2.2					**Risk Appetite: Moderate**												
There is a risk that the Trust's community services do not fully support neighbourhood working leading to suboptimal improvement in neighbourhood population health	Finance & Performance Committee	Operational & Winter Planning processes established with system arrangements. Established joint community Health & Well Being programmes e.g. Waiting Well, Active Hospitals, Stop Smoking CURE project. Integrated service models established including: Adults: District Nursing Teams – Work across 7 PCNs with GPs, Social Care, VCSE	Unfunded growth in demand for community services Capacity & demand modelling for community services to support appropriate deployment of resources	**Level 1 – Management** Divisional Quality & Operations Boards (Monthly) Performance Management Report - Integrated Care Division - Women, Children & Diagnostics Adult's: Neighbourhood Leadership Group (Monthly) Children's: - Joint Public Health Oversight Group - SEND Joint Commissioning Group		Completion of capacity & demand modelling for community services Align Trust community services & workforce to PCNs	Q4 2022/23 Q4 2022/23	3	3	9	9	9	9		3	2	6

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and staff																	
		Children's: Stockport Family – Health, Social Care & Education Adult's: Neighbourhood Leadership Group established with multi partner representation. Children's: Joint oversight groups established with multi partner representation (SEND, Public Health, Safeguarding, Mental Health) Trust represented on the One Stockport Health & Care Board (Locality Board) for Stockport via the CEO and Director of Strategy & Partnerships. Locality Provider Partnership (led by SFT) operational with defined workstreams and focus on population health. ONE Stockport Health and Care Plan & Delivery Plan/Outcomes developed with focus on reducing inequalities and improving population health outcomes Director of Strategy & Partnerships supporting Locality ICS and transition prior to commencement of Deputy Place Lead	Alignment of Community Services to PCNs – Potential change to PCN geographical footprints Managerial and operational capacity, including ICB, to support key workstreams Deputy Place Lead to commence in post, March 2023	- CYP mental health & Well-being Partnership Board - Joint Safeguarding Board													
				Level 2 – Corporate Divisional Performance Review (Monthly) including targeted 'Deep Dives'	Community Services Dashboard	Integration of Community Services Dashboard to IPR Deputy Place Lead to commence in post	Q3 2022/23 March 2023										
				Level 3 – Independent Children's – SEND Inspection Ofsted Report – 'Good' SALT – External multiagency review – Pathways & capacity and demand *(Findings not yet published).*													

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 3 - Develop effective partnerships to address health and wellbeing inequalities																	
Principal Risk Number: PR3.1					**Risk Appetite: High**												
There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board leading to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic	Finance & Performance Committee	Locality ICS arrangements developed and approved by partners. CEO and Chair members of Stockport Health & Wellbeing Board ONE Stockport Health and Care (Locality Board) operational. Membership includes CEO & Director of Strategy & Partnerships. Stockport Provider Partnership operational, chaired by SFT CEO ONE Stockport Plan and ONE Stockport Health and Care Plan. Operational & Winter planning processes well established with system arrangements as a focus Recovery Objectives published in Planning Guidance 2023/34 considered in Trust Planning Q4	Controls not yet designed for the management of the One Stockport Health & Care Plan	**Level 1 – Management**				3	3	9	9	9	9		3	2	6
				Level 2 – Corporate Executive Team / Finance & Performance Committee oversight of key strategic matters Trust Board Reports as required and CEO Report including key strategic developments - ICS - Stockport One Health & Care Plan Joint system meetings on ONE Stockport plan		Review of effectiveness of locality arrangements to be undertaken	Q1 2023/24										
				Level 3 – Independent Health & Wellbeing Board													
Principal Risk Number: PR3.2					**Risk Appetite: High**												
There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), leading to suboptimal pathways of care and/or limited-service resilience across the footprint of both Trusts	Finance & Performance Committee	Established Board to Board meetings with ECT. Established ECT & SFT programme governance arrangements with clinical and support workstreams identified: Joint Programme Board in place (Monthly). Approved SFT & ECT Case for Change in June 2022. Clear work programme in place for 2022/23 including development of clinical workstreams / service options and PCBC (if required). Funding identified for 2022/23 for the programme to continue at pace. Full stakeholder engagement plan in place including LA, Healthwatch, DPHs, VCSE and NHSE/I regulators.	Failure to gain key stakeholder support for Joint Clinical Strategy and Case for Change. Currently no long term funding strategy for the programme of work and no funding identified for 2023/24 financial year	**Level 1 – Management** Joint Programme Board and Clinical Advisory Groups Programme Governance Meeting				4	3	12	12	12	12		4	2	8
				Level 2 – Corporate Executive Team oversight of key strategic matters. Trust Board & ECT/SFT Board to Board - Progress Report (Monthly)		Produce Models of Care and ~~Outline~~ Pre-Consultation Business Case Plan for and commence implementation of service changes where no formal further process is required.	~~Q3 2022/23~~ Q1 2023/24 Q4 2022/23										
				Level 3 – Independent Oversight and challenge by NHSE and other health care partners on Joint Clinical Strategy Case for Change and models of care development		Present Case for Change and Models of Care to NHSE and ICB	Q4 2022/23										

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 4 - Drive service improvement, through high quality research, innovation and transformation																	
Principal Risk Number: PR4.1				**Risk Appetite: High**													
There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements	Quality Committee	Director of Transformation working across SFT and Tameside & Glossop (utilising experience and knowledge of system-wide transformation programmes across other localities) Trust Transformation Programmes identified through a formal process of prioritisation linked to corporate objectives (Aims, KPIs, Milestones) Standardised governance & assurance in place for Transformation Programmes - Service Improvement Group (SIG) chaired by the Chief Executive. Senior Responsible Officer, Clinical & Operational Lead in place for each Transformation Programme SFT Research Team established. Annual research programme in place. Joint Clinical Research, Development & Innovation Strategy 2022-2027 (SFT & T&G)	Understand transformation requirements to address health inequalities Capacity of operational teams to implement change due to operational pressures Establish joint R&D programme of work (SFT & T&G)	**Level 1 – Management** Clinical Effectiveness Group - Research & Innovation Progress Report - Annual Research & Innovation Report				3	2	6	9	6	6		3	2	6
				Level 2 – Corporate Service Improvement Group – Monthly Transformation Programme Report & Quarterly Deep Dive: Review KPIs/Milestones Board Report: Transformation Programme (Biannually) Quality Committee: - Clinical Effectiveness Group Key Issues & Assurance Report - Annual Research & Innovation Report 2021-22 *(Assurance structure to be reconfirmed in line with Joint Research Strategy and agreed in both organisations)*		Establish Research, Development & Innovation Strategy joint work programme Approval of proposal for Stockport system transformation via Provider Partnership Board – Final programme of work to be established.	Q4 2022/23 Q4 2022/23									
				Level 3 - Independent DHSC KPIs for Research NIHR GMCRN KPIs for Research Participant research experience survey (PRES)													

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 5 - Develop a diverse, capable and motivated workforce to meet future service and user needs																	
Principal Risk Number: 5.1					**Risk Appetite: High**												
There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit & retain the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience.	People Performance Committee	Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession planning E-rostering and Job Planning in place to support staff deployment Recruitment & Retention Implementation Plan in place, supported by Attract, Develop & Retain Group. Defined safe medical and nurse staffing levels for all wards and departments. Safe Staffing Standard Operating Procedure deployed. Temporary staffing and approval processes with defined authorisation levels Bank incentive rate in place to enhance staffing levels during the winter months Mandatory Training Requirements set. Realignment of Role Essential Training Requirements Range of leadership and management development training sessions available. Local/ Regional/National Education partnerships Workforce Strategy & Divisional Workforce Plans Alternative development pipelines in place – Degree Apprenticeships, Medical Support Workers, Cadet Programme commenced.	Review of leadership and management development offer including ~~clinical~~ medical leadership System for identifying and managing talent not yet available ~~Reduction in training capacity due to social distancing~~ Restrictions on staff capacity to attend and participate in mandatory/statutory training. Bank and agency staff costs remaining static	**Level 1 - Management** People, Engagement & Leadership Group - People Plan – Workstream Reports Educational Governance Group - Exception reports for Mandatory & Role Essential Training, Attendance Equality, Diversity & Inclusion Steering Group - Staff Networks		~~New Cadet Programme to commence~~	~~November 2022~~	4	4	16	16	16	16		4	2	8
				Level 2 – Corporate People Performance Committee – - Workforce Integrated Performance Report (Sickness Absence / Substantive Staff /Recruitment Pipeline / Appraisal, Turnover, Flexible Working Requests, Bank & Agency) - Safe Staffing Report (Quarterly) - Annual Nurse Establishments - Annual Medical Job Planning) - Annual Medical Revalidation Report		Launch refreshed leadership & management development offer ~~including clinical leadership~~ Launch & deliver a Medical Leadership Programme Develop and implement phase one of a talent management and succession planning approach Bank and agency staff utilisation deep dive	April 2023 June 2023 September 2023 February 2023										
				Level 3 - Independent NHS National Staff Survey GMC Survey Health Education Visits Model Hospital and comparative benchmarking data Confirm and Challenge by NHSEI NW Regional Team											
Principal Risk Number: 5.2					**Risk Appetite: High**												
There is a risk that the Trust fails to have a workforce that is reflective of the communities served leading to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience.	People Performance Committee	Approved People Plan in line with national People Strategy objectives – Including Equality, Diversity & Inclusion, Talent Management & Succession planning Equality, Diversity & Inclusion Strategy & Implementation Plan Staff Networks (BAME / Disability / Carer/ LGBTQ+) Senior medical leadership roles – Interview panel includes representation from staff with protected characteristics	Career Development Programmes for staff with protected characteristics Development of Staff Network Chairs and the Staff Networks OD Plan including Civility/Kindness Programme	**Level 1 - Management** WRES / WDES Steering Group - Oversight of WRES / WDES Annual Report and Action Plan Equality, Diversity & Inclusion Steering Group - Oversight of the EDI Action Plan		Implement new Staff Network Guidance	February 2023	3	3	9	9	9	9		3	2	6
				Level 2 – Corporate Performance Review (Monthly) including targeted 'Deep Dives' People Performance Committee - EDI Report (Biannually) - WRES and WDES Report	EDI metrics to be built into People Analytics Dashboard.	~~Development of Staff Network Chairs and the Staff Networks~~ Roll out of Civility/Kindness Programme	~~November 2022~~ ~~February~~ March 2023										

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 5 - Develop a diverse, capable and motivated workforce to meet future service and user needs																	
		Hate Crime Reduction Policy in place (Red/Yellow card) Dying to Work Charter Accessible Scheme Risk assessments undertaken for all staff; including BAME & Covid specific risk assessments		- Gender Pay Gap report to Board - Annual EDI Report		Staff listening sessions with under-represented staff groups to understand barriers to career progression Career development programmes for staff with protected characteristics	March 2023 June 2023										
				Level 3 - Independent NHS National Staff Survey													

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 - Use our resources in an efficient and effective manner																	
Principal Risk Number: PR6.1					**Risk Appetite: Moderate**												
There is a risk that the Trust does not deliver the 2022/23 financial plan leading to a poor use of resources and increased regulatory intervention.	Finance & Performance Committee	Annual financial plan 2022/23 approved – Confirmed deficit as part of GM control total SFT Capital Plan approved – Within GM Capital Plan Annual cash plan 2022/23 in place – Cash support if required from GM Approved Opening Budgets 2022/23 including requirement for recurrent and non-recurrent CIP Established CIP planning processes. PMO coordination of delivery Divisional Performance Review process - including financial escalation based on agreement of control totals for divisions Working Intelligently Group established – Data Analysis & Benchmarking – Workplan in place. Delivery of budget holder training and enhancements to financial reporting SFI's & Scheme of Delegation in place including authorisation limits – Revised & Board approved – December 2022 Financial Forecast 2022/23 Review, incorporating Compliance & Assurance Statement to GM ICS reviewed and approved via Finance & Performance Committee & Board of Directors – December 2022 GM ICS External Review – Agreed Action Plan	Implementation of recurrent CIP Plan.	**Level 1 – Management** Division Operation Board - Finance Metrics Divisional CIP Meetings Finance Training Group – Training Materials Cash Action Group (Monthly) - Cash flow monitoring Financial Position Review Group (Monthly)	Opportunities for benchmarking: GIRFT / Model Hospital – Financial benchmarking metrics not current.	CIP Implementation Plan 2022/23 including recurrent delivery Divisional Year End Forecast – Agreement of actions to achieve divisional control total Cash Action Group – Focused work on cash management.	Ongoing Jan – March 23	4	~~3~~ 4	12	12	12	16		4	2	8
				Level 2 – Corporate CIP Oversight Group - Monthly chaired by Director of Operations. Division level reporting for all schemes and tracking of savings Finance & Performance Committee - Finance Report (Monthly) - CPMG – Capital Position Divisional Performance Review (Monthly) including Financial Position/CIP Integrated Performance Report (Finance) - Board (Bimonthly)		~~Year-end financial forecast 2022/23 review, incorporating review of mandated actions – via Finance & Performance Committee & Board of Directors.~~	~~December 2022~~									
				Level 3 - Independent Internal Audit Reports - Key Financial Systems (Substantial) 2021/22 - HFMA Financial Sustainability Review - Confirmation of Self-Assessment. Provider Director of Finance GM Meeting Monthly Provider Finance Return (GM & NHSE/I) NHSE - North West Region oversight and triangulation of finance, activity and workforce data.		Completion of Internal Audits: ~~– HFMA Financial Sustainability review~~ Provenance of Data	~~Q3 2022/23~~ Q4 2022/23									
Principal Risk Number: PR6.2					**Risk Appetite: Moderate**												
There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan,	Finance & Performance Committee	GM ICS financial planning/position processes established including GM DoFs Planning Group.	Underlying financial deficit Lack of certainty regarding system	**Level 1 - Management**		Review of budget methodology for delivery and transaction of CIP	Q3 2022/23	~~3~~ 4	~~3~~ 4	9	9	9	16		4	2	8

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 - Use our resources in an efficient and effective manner																	
optimising opportunities for financial recovery through system working, leading to lack of financial sustainability.		GM system Financial Recovery Subcommittee established - Chief Finance Officer member. Locality financial planning/position processes in place including monthly meeting Local Authority Treasurer & Trust CFO. Prioritisation of investments linked to planning priorities. Drivers of financial deficit review including benchmarking data and levels of efficiency Established Trust planning processes - Triangulates activity, workforce and cost. Financial planning 2023/24 being undertaken jointly with T&G – Commenced pre-guidance.	funding beyond 2022/23 - Potential requirement for increased % CIP (recurrent/non-recurrent) GM Financial Risk Framework to be agreed Draft planning guidance 23023/24 received indicates a higher risk on income and system funding for 2023/34 e.g. Part reintroduction of PBR ~~Planning guidance 2023/24 anticipated in Autumn 2022. Currently no revised timetable for issue.~~	**Level 2 – Corporate** CIP Oversight Group - Monthly chaired by Director of Operations. Division level reporting for all schemes and tracking of savings Finance & Performance Committee - Finance Report (Monthly) - Multi Year Financial Recovery Plan (Quarterly) – Drivers of the deficit **Level 3 - Independent** Provider Director of Finance GM Meeting		Two year financial forward view – Deficit & Opportunities to address – Review via Finance & Performance Committee Multi Year Financial Recovery Plan (including consideration of key data sources) – In line with planning guidance. GM Financial Risk Framework to be agreed	January 23 March 23 September 2023										

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our Estate & Digital infrastructure to meet service and user needs																	
Principal Risk Number: 7.1				**Risk Appetite: High**													
There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information.	Finance & Performance Committee	Digital Strategy 2021-2026 Capital plan in place for funding of Digital Strategy and receipt of capital funding for core elements of the Digital Strategy Robust project management infrastructure in place Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy Anti-virus updates & spam and malware email notifications Network accounts checked after period of inactivity – Disabled if not used Major incident plan in place Digital & Informatics Group established Terms of Reference & Work Plan approved by F&P Committee. Bimonthly reporting commenced.		**Level 1 – Management** Digital & Informatics Group Digital Risk Register – Quarterly review via Risk Management Committee				3	3	9	9	9	9		3	2	6
				Level 2 – Corporate Finance & Performance Committee - Digital & Informatics Group established Bimonthly - Digital Strategy Progress Report - Capital Programmes Management Group – (Monthly): Including digital capital Board of Directors - Biannual Digital Strategy Progress Report		Completion of MIAA audit (and agreed recommendations) relating to legacy systems and asset control	~~Nov 2022~~ Jan 2023										
				Level 3 - Independent Business Continuity Confirm and Challenge NHSE ISO 27001 Information Security Management Certification Internal Audit Report: Data Protection & Security Toolkit – Moderate Assurance, MIAA, September 2021		~~Planning for~~ Completion of Data Protection & Security Toolkit (DSPT) Assessment 2022	~~Nov 2022~~ Q4 2022/23										
Principal Risk Number: 7.2				**Risk Appetite: Moderate**													
There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents.	Finance & Performance Committee	Approved Capital Programme including backlog maintenance Robust process in place for identification and stratification of estates related risks and backlog maintenance 6-facet survey completion and review – Action Plan in place Premises Assurance Model (PAM) Action Plan in place Estates & Facilities Performance Dashboard (Compliance & Performance Metrics) Short - Medium Site Development Strategy in place.	Financial resources to enable optimum levels of estates investment Inability to deliver required upgrades due to access limitations related to clinical activity pressures	**Level 1 – Management** Capital Programme Management Group - Compliance with agreed delivery programme - Confirmation of spend against approved budget Health & Safety Group - Compliance with regulatory standards - Health & Safety Incidents				4	3	12	12	12	12		4	2	8
				Level 2 – Corporate Quality Committee - Health & Safety Group Key Issues Report Finance & Performance Committee - Capital Programme Management Group Key Issues Report - Estates Progress Report including Sustainability (Biannually)		Develop Site Development Strategy Delivery & Work Plan, aligned to Project Hazel	April 23										
				Level 3 - Independent Estates Return Information Collection (ERIC) Model Hospital Data Set Estates & Facilities Compliance Review (MIAA 2020/21) – Substantial Assurance													

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our Estate & Digital infrastructure to meet service and user needs																	
Principal Risk Number: 7.3				**Risk Appetite: High**													
There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction.	Finance & Performance Committee	Approved Green Plan in place. Green Plan Committee established and Green Plan Work Plan in place monitored by the committee. Approved Capital Programme 2022/23 Robust identification and stratification of sustainability-related risks. 6-facet survey completion and review of information Trust Sustainability Manager in post Mechanisms in place to explore and develop sustainability approach across Stockport locality	Financial resources to enable optimum levels of investment to deliver sustainability improvements	**Level 1 – Management** Capital Programme Management Group - Compliance with agreed delivery programme - Confirmation of spend against approved budget Green Plan Committee - Monitoring of Green Plan delivery - Development of sustainability opportunities				4	2	8	12	8	8		4	2	8
				Level 2 – Corporate Annual Sustainability Report Finance & Performance Committee Estates Progress Report including Sustainability (Biannually)													
				Level 3 - Independent - Estates Return Information Collection (ERIC)													
Principal Risk Number: 7.4				**Risk Appetite: High**													
There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long-term impact on the Trust's capability to deliver modern and effective care.	Finance & Performance Committee	Strategic Regeneration Framework Prospectus completed New Hospital Building Programme Expression of Interest submitted – Project Hazel Established governance structure to develop Outline Business Case Project Hazel Outline Business Case in development Short - Medium Site Development Strategy to support and inform immediate site development and maintenance aspirations New Hospital Project Board established, chaired by SFT Chief executive. including representation from key external partners.	Funding mechanism not confirmed New Hospital Building Outline Business Case	**Level 1 - Management**				3	4	12	12	12	12		3	2	6
				Level 2 – Corporate Strategic Regeneration Framework Prospectus and Expression of Interest – Reviewed by Board		Development of New Hospital Strategic Outline Business Case (OBC)	~~November~~ January 2023										
				Level 3 - Independent													

Appendix 2 – Stockport NHS Foundation Trust Significant Risk Register (as at January 2023)

Risk ID	Business Group	Risk Title	Consequence	Likelihood	Rating	Target Rating	Change since last report
130	Emergency Department and Clinical Decision Unit	The Trust does not meet the 4 hour access standard and this leads to delays in treatment and potential patient harm	4	4	16	10	↔
2148	Surgery	There is a risk of reduced critical care capacity if the medical workforce cannot be recruited to.	4	4	16	4	↔
101	Corporate Services – Finance	There is a risk that the Trust will run out of cash and therefore have insufficient cash reserves to operate	5	3	15	5	↔
2133	Integrated Care	There is a risk that patient flow may be compromised by the reduced access to community capacity and therefore rising NCTR.	4	5	20	6	↔

Meeting date	2 February 2023	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Board Committee Assurance – Key Issues & Assurance Reports					
Lead Director	Committee Chairs	Authors	Soile Curtis, Deputy Company Secretary			

Recommendations made / Decisions requested

The Board of Directors is asked to review and confirm the key issues and assurance provided in the Board Committee Reports

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	Develop effective partnerships to address health and wellbeing inequalities
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	Use our resources in an efficient and effective manner
X	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

X	Safe	X	Effective
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 does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
	x	**PR1.2**	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
	x	**PR1.3**	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
	x	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
	x	**PR2.2**	There is a risk that the Trust's community services do not fully support neighbourhood working which may

			lead to suboptimal improvement in neighbourhood population health
	x	**PR3.1**	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
	x	**PR3.2**	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
	x	**PR4.1**	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
	x	**PR5.1**	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
	x	**PR5.2**	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
	x	**PR6.1**	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
	x	**PR6.2**	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
	x	**PR7.1**	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
	x	**PR7.2**	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
	x	**PR7.3**	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
	x	**PR7.4**	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

Executive Summary

The Board of Directors has established the following Committees:

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

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

A summary is provided for the Board of Directors of the key matters and decisions from the meetings of the Finance & Performance Committee, People Performance Committee, Quality Committee held during January 2023.

The next meeting of the Audit Committee will take place on 9th February 2023.

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Finance & Performance Committee
19 January 2023

The Finance & Performance Committee draws the following matters to the Board of Director's attention-

Issue	Committee Update	Assurance received	Action	Timescale
Operational Performance Report	The Director of Operations presented the Operational Performance Report, including performance at the end of December 2022 against the strategic core operating standards, benchmarking of performance against the four key standards (A&E 4-hour standard, Cancer 62-day standard, 18-week Referral to Treatment (RTT) standard, and Diagnostic 6-week wait standard), and Productivity, Efficiency & Transformation. The Director of Operations highlighted key themes of system pressures around delayed discharges and high levels of activity in ED.	The Committee reviewed and noted the Operational Performance Report for Month 9. The Committee heard that the Trust continued to perform below the national target against all of the core operating standards. The Director of Operations advised that ED performance had deteriorated in December, although the Trust was still benchmarking best in GM for type 1 ED attendances in month. The Committee noted continuing challenges on demand and patient flow, including urgent care performance and associated impact on elective targets, but acknowledged the improving trajectory for many other operational standards.		
Finance Report, including Cost Improvement Programme (CIP)	The Director of Finance provided an update on financial performance for Month 9 2022/23. She advised that overall, the Trust's position at month 9 was £2.0m adverse to plan, but the Trust was still forecasting to deliver the planned £23m deficit. The Committee heard that the primary drivers of the movement from plan were escalation beds remaining open beyond the planned winter period, continued growth in ED attendances and additional	The Committee received and noted the financial position as at Month 9. The Committee noted that the financial position was behind the plan to date, and while the Trust was still forecasting to deliver its financial plan by year-end, there was limited assurance in this area given the challenges. It was noted that the Trust had a number of areas it was still exploring which would help to deliver the planned £23m deficit. The Committee noted challenges in recurrent CIP, cash and capital allocations, and the emergency		

Issue	Committee Update	Assurance received	Action	Timescale
	inflationary pressures. It was also noted that the Trust was over-spending on high cost drugs and the income for this was presently on a block basis. The Committee discussed progress against the Cost Improvement Programme (CIP), noting that the CIP target of £12.6m to month 9 had been delivered, however the majority on a non-recurrent basis. The Director of Finance advised that at this stage of the year no positive or negative adjustments had been assumed in income relating to the Elective Recovery Fund, and the Trust had maintained sufficient cash to operate during December. The Committee heard that capital expenditure was behind plan by £7.991m but that this spend would be reprofiled into future months. The Director of Finance briefed the Committee on the GM position and ongoing discussions around the delivery of the system plan by year-end, including associated returns.	demand impacting on cost.		
Medium Term Financial Strategy (MTFS)	The Director of Finance provided an overview of the financial risks emerging for 2023/24 which was presented as an update to the highlighted underlying Medium Term Financial Strategy deficit reported to the Committee in October 2022.	The Committee received and noted the Medium Term Financial Strategy update, recognising this was a worse case scenario and further updates would be provided once financial information and approach from GM was more robust.		

Issue	Committee Update	Assurance received	Action	Timescale
	The Committee heard that whilst financial allocations via GM had not been notified at present, the update considered impacts from the draft planning guidance in relation to inflation, pay award, workforce costs, elective recovery, collaboration, growth and beds, and efficiency.			
Procurement Update Report	The Director of Finance presented the Procurement Update Report.	The Committee noted the procurement exercises in progress over £750k		
Wireless Network Cabinets Business Case	The Chief Technology Officer presented a Wireless Network Cabinets Business Case.	The Committee recommended the business case to the Board of Directors for approval. The Committee also noted the risks associated with the project (including the descoping of Fire Stopping and Suppression Systems, Cooling, Ventilation and Temperature Monitoring Equipment) and were reassured that mitigating plans were in place to cover them.	Business case to the Board for approval.	February 2023
Post Implementation Appraisal of Business Cases	The Director of Strategy & Partnerships presented a brief update on the post implementation appraisal of business cases.	The Committee noted the update and the robust business case process which had been confirmed by the positive internal audit undertaken last year.		
Trust Planning	The Director of Strategy & Partnerships advised that NHS England had published planning guidance for 2023/24 on 23 December 2022, alongside guidance on the development of Joint Forward Plans across Integrated Care Systems. The Director of Strategy & Partnerships delivered a presentation providing an overview of the planning guidance and the Committee heard that the national guidelines focused on the following three key tasks for the year ahead: recovering core services and productivity, making	The Committee noted the presentation and that the Board would receive a planning update once there was further clarity in this area.	An update to be provided to the Board	March 2023

Issue	Committee Update	Assurance received	Action	Timescale
	progress in delivering key ambitions in the Long Term Plan, and continuing to transforming the NHS for the future.			
Board Assurance Framework and Aligned Significant Risks	The Trust Secretary presented a report detailing the current position of the principal risks assigned to the Finance & Performance Committee.	The Committee reviewed and approved the 11 finance and performance related principal risks to be included within the Board Assurance Framework (BAF) 2022/23 to be presented to the Board of Directors in February 2023, including increasing the risk scores of Principal Risks 1.3, 6.1 and 6.2.	BAF 2022/23 to be presented to the Board for approval.	February 2023
Standing Committees	• **Capital Programme Management Group (CPMG)** • **Digital and Informatics Group**	The Committee received and noted the key issues and assurance reports. It noted the continued challenges around recruitment and sickness levels for IT staff.		

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT People Performance Committee
The People Performance Committee (PPC) draws the following matters to the Trust Board's attention-

Issue	Committee Update	Assurance received	Action	Timescale
Industrial Action	The Committee received an update about the continued application of processes to respond to industrial action across several staff groups.	Positive assurance that the systems and processes in place are appropriate whilst noting the uncertainty about the potential action in the weeks to come and likely escalation of the impact of strikes.	Further updates to be provided to Board members in relation to events.	February Trust Board
People Integrated Performance Report	The Committee considered the People Performance Report and received an update on the following areas; sickness absence, statutory and mandatory training, role specific training appraisals, turnover, vacancies, pay and expenditure and recruitment pipeline.	The Committee noted an improved sickness absence position. The most common reason for sickness remained anxiety / stress / depression. The extensive efforts being taken to improve rates of statutory and mandatory and role specific training were noted. However the downward pressure on completion of training as a result of operational pressures was acknowledged. Resuscitation training is prioritised reflecting the critical nature of the activity. The committee received positive assurance about a reduced number of vacancies. There is a continued focus on retention and recruitment and the committee noted forthcoming recruitment events. The committee received positive assurance from an improvement in appraisal rates with both non-medical and medical being close to their target rate.		

Issue	Committee Update	Assurance received	Action	Timescale
Draft Organisational Development Plan 2023 - 25	The Committee was pleased to receive this report. It noted the need for the whole Board to show its commitment to the plan and to model the values and behaviours set out in it.	This plan completes a suite of linked strategies alongside the People Plan 2021 – 23, Workforce Equality Diversity and Inclusion Strategy 2022-25 and Communications and Engagement Strategy 2022 – 25.	Plan recommended for approval by Trust Board	February 2023
Safe Staffing Report	The Committee discussed the continued activity to maintain safe staffing levels, including the use of Healthroster and Safecare live. This has been an extremely difficult period in which to manage staffing levels. Staffing incidents continue to be monitored and triangulated with safety incidents. The committee noted the work in progress to develop the use of Safecare to monitor levels of medical staffing and discussed how this could be extended to all operational staff groups since all impact on the safe running of the Trust's services.	Limited assurance given the increased challenge to meet safe staffing levels in response to operational pressures and industrial action.	Ongoing focus on recruitment, retention and several times daily monitoring of safety. Executive group to consider application of live data across all staff groups.	March 23
Board Assurance Framework and Aligned Significant Risks	The Committee reviewed the BAF and aligned risks. It was in agreement that Principal Risk 2.1 should be rated with a likelihood of 4 because of the impact of industrial action and operational pressures, taking its overall rating to 16. Other risk ratings remain unchanged.	Positive assurance about the alignment of the Committee work-plan and agenda today with the relevant risks.		

Issue	Committee Update	Assurance received	Action	Timescale
Key Issues and Assurance Reports	The Committee noted that the key issues and assurance committees had been stood down this month in response to operational pressures. The Committee received reassurance that this had not resulted in any lack of attention to important and urgent issues. It was expected that all committees would meet again prior to the next PPC, although this will remain under review.			

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* *7th January 2023*				
The Quality Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Patient Story	The Committee received a patient story – presented by the Deputy Chief Nurse.	The patient story focused on the positive feedback received by a family member of patient receiving care at Stepping Hill Hospital. Themes included on compassion, care, communication provided by the ward team.	Note the positive experience.	
Action Log	All outstanding actions for November and December 2022 were reviewed, with updates on progress or completion or on the agenda.	Positive assurance that actions are being undertaken and progressed.	Update action log QC Development workshop March date TBC. Update on DOLS training to be shared with Committee.	 Jan 2023 Feb 2023
BAF Principal Risks & Aligned Significant Risks	The Trust Secretary presented the two principal risks from the Board Assurance Framework 2022-23.	The Committee reviewed and approved the quality-related principal risks to be included within the BAF 2022/23 to be presented to February Board. There were no 'Significant Risks' regarding quality on the Corporate Risk Register.		

		The Committee received further assurance in the meeting in relation to the likelihood score of Principle Risk 1.1 and agreed actions to strengthen the assurance going forward.	Commission Risk Committee to carry out deep dive. Monitor 3 x week Harm Reviews.	Feb 2023
Patient Experience Group Key Issues and Assurance Report	The Deputy Chief Nurse presented the Patient Experience Group Key Issues & Assurance Report including update on the following: - Divisional Patient Experience Action Plans - StARS Patient Experience Report - Walkabout Wednesday - Maternity Survey Results - Patient Experience Plans - Chaplaincy Spiritual Care Team (formerly known as Chaplaincy Team) - PALS & Complaints Monthly Summary	The Committee received assurance in relation to patient experience.	Review as per work plan	
Trust Integrated Safeguarding Group Key Issues & Assurance Report	The Head of Safeguarding presented the Trust Integrated Safeguarding Group Key Issues & Assurance Report including update on the following: - Adult Safeguarding - Safeguarding Adults Operational Meeting Key Issues - SAR/DHR/Rapid Review/ & Safeguarding Children Child Death & Serious Incident Summary	The Committee received assurance in relation to Trust Integrated Safeguarding	Further assurance on assessing capacity and demand of LAC asylum seekers.	Feb 2023

	- Safeguarding Children Operational Group Key Issues - Looked After Children Activity - LADO/Managing allegations/PiPoT - Feedback from local Safeguarding Adults Board and Safeguarding Childrens Board - Aspire Complex Safeguarding - Development of Search Policy - Health and Police Partnership - Dementia & Delirium Group Key Issues - Mental Health Partnership Key Issues Update - Response to NHS England Letter: Quality & Safety of Mental Health, Learning Disability & Autism Inpatient Services			
Clinical Effectiveness Group Key Issues & Assurance Report	The Clinical Effectiveness Group Key Issues & Assurance Reports for November 2022 and December 2022 were noted by the Quality Committee including update on the following: **November 2022** - Audit on SHMI Alert for UTI - Audit on Major Obstetric Haemorrhage - Obstetric Consultant Presence Audit - Transfusion Therapy Chart Pilot - NICE Guidance Update – Corporate, Emergency Department, Integrated Care, Medicine & Clinical Support, Surgery, GI & Critical Care, Women, Children & Diagnostics - GIRFT (Get It Right First Time) - 7 Day Services Compliance	The Committee received assurance in relation to the audit for SHMI/UTI, GRIFT and Divisional updates. Due to limited assurance further information was requested in relation to: • NICE guideline backlog (surgery) • Obstetric major haemorrhage • Transfusion pilot • 2 x ED audits • Dementia audit	Medical Director to provide further assurance to Committee.	Feb 2023

	- Patientrack Auto-Bleeping Update **December 2022** - Audit on SHMI Alert for UTI - Newborn Hearing Screening Programme - Research & Innovation Strategy 2022-27 - Clinical Audit Update - Emergency Department, Integrated Care, Medicine, Surgery, GI & Critical Care, Women & Children - Clinical Audit Programme			
StARS update (Quarterly)	The Deputy Chief Nurse presented the quarterly StARS Progress Report detailing: • December 2022 Results • Quarter 3 2022/23 Update • Accreditation Assessments – rolling 12-month period and progress against agreed trajectories including commencement of Maternity StARS • Key issues and areas identified for improvement	Positive assurance received in relation to StARs dashboard development, implementation of the StARS programme (community and outpatients) and the overall quality improvement trend across the Trust.		
Patient Safety Group Key Issues & Assurance Report	**Patient Safety Group Key Issues & Assurance Report** The Committee received the Patient Safety Group Key Issues & Assurance Report (KI&AR) including updated on the following: - Serious Incident Deep Dive - Organ Donation Annual Report - Maternity Update/ Sustainability Plan	The Committee received assurance in relation to patient safety.		

	(quarterly) including update relating to East Kent Gap Analysis Scan (Horizon scanning) - Maternity Incentive Scheme (CNST) – Year 4 - Infection Prevention and Control Update - Litigation Report - Notification of Serious Incidents including PFDS – November 2022 - Patient Safety Incidents Report - Medicines Safety Report including Medicine Optimisation Group Key Issues - Corporate Nursing Update: Falls, Pressure Ulcers - Key Issue & Assurance Report - Quality Safety & Improvement Strategy Group - Key Issue & Assurance Report – Mortality Review Group - Key Issue & Assurance Report – Deteriorating Patient Group - Divisional Governance Reports			
Maternity Services Report	The Deputy Head of Midwifery presented the Maternity Service Report incorporating all improvement/action plans the service was currently working towards including: - CNST Year 4 - Saving Babies Lives (SBL) - Continuity of Carer pathway (COC) - Sustainability Plan - Ockenden Report - East Kent Report	Positive assurance in relation to the maternity service improvement. A gap analysis was on going in respect of the recently published East Kent report.		
CNST Year 4	The Deputy Head of Midwifery presented details of	It was confirmed that the Chief Executive		

Declaration	the position of the Trust's maternity service in relation to the 10 Safety Actions the Trust is required to meet as part of the Clinical Negligence Scheme for Trusts (CNST) Year 4 maternity incentive national scheme.	is required to sign a declaration form for the (CNST) by 2 February 2023. The Committee received assurance the Trust's compliance is demonstrated in 9 out of 10 Safety Actions with a letter of mitigation in relation to Safety Action 1. The Committee received assurance that: • The appropriate mitigation has been submitted for Safety Action 1. • Appropriate action plans are in place in place against Safety Action 4 and 6 • The evidence provided meets the necessary sub requirements in order to be able to submit the Trust Board declaration based on confirmation that evidence is collated and overseen as a standing agenda item under 'CNST Year 4' via the divisional governance structure, Patient Safety Group and Maternity and Perinatal Safety Champions Meeting. Sub sections of evidence supporting Safety Action 1, 2, 3, 4, 5 and 7 have been submitted to the Local Maternity and Neonatal System for assurance. The Committee recognised the efforts year-round regarding achieving this level of compliance and assurance.		
Notification of Serious Incidents	The Deputy Director of Quality Governance	The Committee noted that in November		

	presented the Notification of Serious Incidents Report including update on serious incidents (as defined within the 2015 Serious Incident Framework) and inquests, concerning Stockport NHS Foundation Trust, during November and December 2022.	2022: - 1 serious incident was declared to the Integrated Care Board (ICB) via StEIS - Compliance with Duty of Candour, by letter, sent within 10 days was 100% - There were no overdue reports to the ICB - 1 investigation was completed and signed off through the Serious Incident Review Group. Actions identified to reduce the likelihood of the same incident happening again are in the process of being implemented - There were no de-escalation requests made to the ICB - There were 3 outstanding serious incident actions - The Trust received no new PFD notice from the Coroner in November 2022 The Committee noted that in December 2022: - 4 serious incidents were declared to the ICB via StEIS - Compliance with Duty of Candour, by letter, sent within 10 days was		

		100% - There were no overdue reports to the ICB - 4 investigations were completed and signed off through the Serious Incident Review Group. Actions identified to reduce the likelihood of the same incident happening again are in the process of being implemented - There were 2 de-escalation requests made to the ICB relating to maternity diverts. - There was 1 outstanding serious incident action plan - The Trust received no new PFD notice from the Coroner in December 2022		
Patient Safety Incident Quarterly Report	The Deputy Director of Governance presented the report detailing thematic analysis and assurance that lessons are learned and improvements to practice implemented, as a result of incidents, inquests, claims and complaints reported via the Trust's incident reporting system (Datix) for Quarter 2 of 2022/2023.	- There were 4892 incidents (no LFD included) reported, an increase from the 4744 reported in the previous Quarter. - 'Pressure ulcers and skin conditions' were the highest reported incident type, whilst 'Administrative Processes (Excluding Documentation)' were the second highest. - There were 13 serious incidents reported via StEIS.		

		- There was no Prevention of Future Death Reports received from HM Coroner during Quarter 2. - The highest proportion of complaints remains in regard to communication. - In Quarter 2, the PHSO contacted the Trust in relation to four cases. The relevant medical records have been provided and we await their decision on how they intend to proceed. - Two cases were closed in Quarter 2 with the PHSO deciding that after reviewing the information provided, they would not be proceeding with a formal investigation and had closed their file. The Committee received positive with regards to proposed improvements in estate and facilities for the PALS Team.		
Infection Prevention Control	The Associate Nurse Director, Infection Prevention Control presented the Infection Prevention Control Report including update on: - Clostridium difficile - MRSA Bacteraemia - MSSA - E Coli - Blood Culture Contaminants - Hand Hygiene Trends	Assurance was received in relation to the trends of reportable organisations across the organisation, with particular focus on *C.difficile*. Limited assurance was received in relation to trends leading indicators (e.g 90% hand hygiene). Performance targets and use of IPC dashboard to be	Discuss with Committee chair to include metrics/data as part of Committee Effectiveness workshop.	March 2023

	- ANTT Trends - FFP3 Resilience Mandatory Principles - COVID-19 - IPC Board Assurance Framework	explored to support assurance process.		
Health & Safety JCG Key Issues & Assurance Report	The Deputy Director of Quality Governance presented the Health & Safety Key Issues & Assurance Report including update on: - Window Restrictors - Estates & Facilities Monthly Update - Divisions - Monthly Update incorporating the progress update on the Violence and Aggression Action Plan - Health and Safety Report October 2022 Data - Incident and RIDDOR Reporting Timescales - Duty Holders Matrix - Laser Safety Group Key Issue & Assurance Report - Health & Wellbeing Steering Group Key Issue & Assurance Report - Search of Persons & Property Standard Operating Procedure - Fire Safety Policy - Optical Radiation Policy	Assurance was received from all groups reporting into the group. Positive assurance was received in relation to the Health & Wellbeing Steering Group in response to request from November Quality Committee		
Integrated Performance Report – Quality & Safety	The IPR Report was presented, reviewed, and noted. Assurance was reviewed and agreed, and further actions and focus agreed.	The Committee identified that the IPR triangulates with assurances on performance identified throughout the meeting, with remaining metrics considered by exception.	IPR escalated to Board as part of Trust IPR	Feb 2023

	Many of the metrics and assurances in the IPR have been addressed in previous papers on this agenda and not repeated here.		