NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

MEETING HELD IN PUBLIC

3 FEBRUARY 2022

Making a difference every day.

NHS Stockport NHS Foundation Trust

Board of Directors Meeting
Thursday, 3 February 2022
Held at 9.30am at Pinewood House Education Centre

(This meeting is recorded on Webex)

AGENDA

Time			Enc	Presenting
	1.	Apologies for absence		
	2.	Declaration of Interests	*Verbal*	
9.30	**3.**	Patient Story		
	4.	Minutes of Previous Meeting – held on 2 December 2021	✓	**T Warne**
	5.	Action Log	✓	**T Warne**
9.40	**6.**	Chair's Report	✓	**T Warne**
9.50	**7.**	Chief Executive's Report	✓	**K James**
10.00	**8.**	Covid-19 Briefing	*Verbal*	**N Firth**
	9.	**Performance**		
10.05	9.1	Integrated Performance Report • Quality • Operational Performance • Workforce • Finance	✓	**K James / Executive Directors**
	10.	**People**		
10.30	10.1	Vaccination as a Condition of Deployment (VCOD) Update	✓	**A Bromley**
10.40	10.2	Health & Well-Being Pledge Update	✓	**A Bromley**
10.50		**COMFORT BREAK**		
	11.	**Strategy**		
11.00	11.1	Green Plan	✓	**D Reason**
	12.	**Governance**		
11.15	12.1	Board Assurance Framework 2021/22	✓	**K James**
	13.	**Standing Committee Reports**		
11.25	13.1	Board Committee Assurance – Key Issues & Assurance Reports • People Performance Committee • Finance & Performance Committee • Quality Committee	✓	**Committee Chairs**
	14.	**Closing Matters**		
	14.1	Any Other Business		
	15.	**Date, Time & Venue of Next Meeting**		

15.1 Thursday, 7 April 2022, 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".

11.40 **Close**

Papers for Information

A. Stockport Health & Well Being Board – Shadow Locality Board Report

STOCKPORT NHS FOUNDATION TRUST

Minutes of the meeting of the Board of Directors held in public on Thursday, 2 December 2021 9.30am in Lecture Theatres, Pinewood House, Stepping Hill Hospital

Present:

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

** indicates a non-voting member*

In attendance:

Mrs S Curtis	Deputy Company Secretary
Mrs R McCarthy	Trust Secretary
Dr P Nuttall	Director of Informatics

Observing:

Ms S Alting	Appointed Governor
Ms T Cooper	Healthcare Nuance Communications
Mr R Purewal	Netcall
Mr N Statham	Manchester Evening News

260/21 Apologies for Absence

An apology for absence was received from Mr Bailey, Acting Director of Strategy & Planning. The Chairman welcomed Board members and observers to the meeting.

261/21 Declaration of Interests

There were no declarations of interest.

262/21 Patient Story

The Chief Nurse read out a story of a lady who had received treatment for bowel cancer in the Trust during the pandemic. She briefed the Board on the lessons learned following feedback received, and highlighted the importance of following a pathway, including ensuring that phone calls advising patients of test results were pre-booked.

The Chairman reminded the Board that the purpose of patient stories was to bring the patient's voice to the meeting, providing real and personal examples of issues within the Trust's quality and safety agendas. He asked the Chief Nurse to convey the Board's thanks to the lady for sharing her story.

The Board of Directors:

- Received and noted the patient story.

263/21 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 7 October 2021 were agreed as a true and accurate record of proceedings.

264/21 Action Log

The action log was reviewed and annotated accordingly.

265/21 Chair's Report

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

He briefed the Board on the content of the report and highlighted a productive Board to Board meeting held with Tameside & Glossop Integrated Care NHS Foundation Trust. He also thanked the school nurses and the rest of the vaccination team for their tremendous efforts for contributing to the over 500,000 vaccinations given across Stockport over the past year, and highlighted the inaugural Stockport Health and Care Awards, which saw the Trust's mortuary colleagues winning the Key Worker Award.

In response to a question from a Non-Executive Director, the Chairman and the Chief Executive briefed the Board on their informative meeting held with the Chief Executive of NHS Providers.

The Board of Directors:

- Received and noted the report.

266/21 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:

- Establishing the new Integrated Care Board (ICB) for Greater Manchester
- Operational challenges
- Human Tissue Authority submission
- External visits / inspections
- Recognition for staff

The Board of Directors:

- Received and noted the report

267/21 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 around mortality metrics, sepsis and antibiotic administration, and hospital onset Covid.

A Non-Executive Director referred to the reporting of hospital onset Covid and noted how the graphs appeared to spike significantly due to the small number of cases. The Chief Nurse acknowledged the comment and agreed to speak to the IPR team about future reporting, which could perhaps include further narrative to support the graphs.

In response to a question from a Non-Executive Director about sepsis and why the SPC chart for antibiotic administration had not been included in this month's report, the Medical Director apologised for the oversight and said that he would ensure the chart would be included in future reports.

OPERATIONAL

The Director of Operations presented the operational section of the IPR and highlighted the continued operational pressures and the consequent adverse impact on ED 4-hour target, diagnostics, cancer and restoration. She briefed the Board on mitigating actions and noted a significant piece of work with system colleagues around no criteria to reside. The Board heard that despite the ED performance being below target, the Trust performed well on Type 1 performance compared to its peers.

The Director of Operations advised that the theatre data was inaccurate and that work was ongoing to rectify this. She added that the corrected data would be presented to the Finance & Performance Committee going forward.

Board members acknowledged the operational challenges but also commended the Trust's performance around ambulance turnaround times and ED performance, given the challenging context. The Director of Operations commended the ED team for their continued hard work and noted the need to improve flow in the system.

In response to a question from a Non-Executive Director about actions to recover the diagnostic six-week standard, the Director of Operations noted that she felt confident

that the actions should get the Trust back to the local trajectory, but highlighted a concern around the timescale, particularly with endoscopy.

In response to a further question from the Non-Executive Director about the 52-week breaches and the pace around the actions, the Director of Operations advised that mutual support and additional capacity was required to resolve this issue, and she noted her frustration with the lack of pace in this area. She confirmed that the paediatric 'walk in, walk out' was a GM model that all trusts had adopted.

A Non-Executive Director referred to the no criteria to reside metric and that the issue with social care capacity appeared to relate to workforce shortage. The Chief Executive commented that this was a national issue and the Board heard of ongoing work in GM around both short and long term mitigating actions in this area.

WORKFORCE

The Director of People & OD presented the workforce section of the IPR and highlighted performance and mitigating actions against sickness absence, workforce turnover, appraisal, and statutory and mandatory training.

A Non-Executive Director referred to the statutory and mandatory training performance and noted triangulation with the Quality Committee report, which highlighted issues in ED in this area, and queried if future reports could include further narrative around any particular hotspots.

In response to a question from a Non-Executive Director regarding actions relating to workforce turnover and in particular planning ahead for people retiring, the Director of People & OD noted the need for an agile recruitment approach to address this issue.

The Board of Directors:

- Received and noted the Integrated Performance Report.

268/21 Finance & Activity Report

The Director of Finance presented a verbal Finance & Activity report, noting that the financial position headlines had been included in the Integrated Performance Report. He advised that the Trust had achieved an overall balanced position but that there had been a small overspend in Month 7 due to an increased Cost Improvement Programme (CIP) requirement. The Board heard that CIP was an area of focus for the Finance & Performance Committee, particularly around recurrent CIP delivery, and that a focused CIP Board session would be held in the New Year.

The Director of Finance advised that planning guidance for H2 and 2022/23 was still awaited and would be considered through the Finance & Performance Committee once received.

The Director of Operations commended the work of the Director of Finance and his team around GM system allocations, which had led to an acknowledgement that Stockport was in a different position in this area. She also highlighted the importance of ensuring that the quality of services was maintained in the context of efficiency savings.

The Director of Finance endorsed the comments around GM system maturity and quality impact, noting the importance of involving the Medical Director and Chief Nurse in the quality impact assessment process.

The Board of Directors:

- Noted the verbal report

269/21 National Inpatient Survey Results 2020

The Chief Nurse presented a report summarising the National Inpatient Survey Results 2020. She briefed the Board on the content of the report, highlighting the following areas: comparison to 2019 survey and other trusts, Noise at Night response, Covid response, and next steps; and noted that the improvement actions would be tracked through the Quality Committee.

In response to a question from a Non-Executive Director about capturing any issues during the year rather than wait for the annual reports, the Chief Nurse confirmed that the annual reports usually highlighted issues that the Trust was already aware of, as feedback was continually gathered and triangulated through other methods, including other questionnaires and complaints. A Non-Executive Director added that the report also triangulated with information presented to the People Performance Committee.

In response to a request from the Chairman, the Chief Nurse agreed to invite representatives from the Patient Experience Team to present at a future Board meeting.

The Board of Directors:

- Received and noted the report
- Agreed to invite representatives from the Patient Experience Team to present at a future Board meeting.

270/21 Learning from Deaths Report

The Medical Director presented a Learning from Deaths report for Quarter 3. He briefed the Board on the content of the report, including the learning from deaths process, themes and dissemination of learning, and the Board heard that associated reports were routinely considered by the Patient Safety Group and the Quality Committee. The Medical Director advised that further detail was included in a learning from deaths newsletter, which would be included in future Board reports with any patient identifiable information removed.

In response to a question from an Associate Non-Executive Director about themes, the Medical Director advised that divisions were asked to comment on mitigating actions and progress against the themes.

In response to a request from a Non-Executive Director, the Medical Director agreed to include additional information in future reports on actions against the themes to enable a better Board oversight.

In response to a question from a Non-Executive Director who queried if the Trust had sought best practice from GM when preparing the Learning from Deaths Policy, the Medical Director said that while some national best practice had been reviewed as part of the process, he was happy to undertake a specific review of GM best practice.

A Non-Executive Director highlighted the triangulation between various groups that fed into the Quality Committee, including the Nutrition and Hydration Group, and welcomed the embedding of the medical examiner role. She commended the Medical Director and his team for the progress made around learning from deaths.

A Non-Executive Director endorsed these comments and sought further clarity about the medical examiner role and evaluation of the impact of the role. The Medical Director advised that the medical examiner reported to the mortality review group but that he would be happy to take advice on whether the Quality Committee wished to receive an evaluation of the impact of the role. He also advised that the role would be extended to the community in 2022, with further appointments to be made to the team.

The Board of Directors:

- Received and noted the report.

271/21 Safer Care Report

The Chief Nurse presented a Safer Care report informing the Board of the latest position in relation to key care staffing assurances, current challenges around maintaining safe staffing levels and associated mitigating actions, and measures in place to enable employees to safely remain in work by supporting their health and wellbeing.

She briefed the Board on the content of the report and noted that safe staffing in clinical areas remained a key focus for the Trust and she highlighted the following supporting programmes in place to help improve the overall nurse staffing position: Defining the Need, Recruitment and Retention, Effective Rostering, and Managing the Temporary Workforce.

In response to a question from a Non-Executive Director about the red flag incidents, the Chief Nurse confirmed that the red flag information was reported to the People Performance Committee, but she agreed to also include it in Board reports to enable progress tracking.

In response to questions from a Non-Executive Director about the maternity red flag incidents and whether the Ockenden funding would help support the work of community midwives, particularly with the migrant population, the Chief Nurse noted a spike in maternity diverts, largely due to increased Covid figures in the community, and confirmed that each of these incidents had gone through a thorough investigation. The Chief Nurse advised that the Ockenden funding supported the birth rate figures at the time of submission, and that the migrant figures would need to be mapped out as they were not included in these.

The Director of Finance endorsed the comments noting that the Ockenden funding related to birth numbers at a point in time, and that further work was ongoing with Stockport Clinical Commissioning Group (CCG) to understand the impact of any changes to those numbers.

The Chairman referred to the dry January challenge and suggested that Board members might wish to consider taking part in the challenge.

The Board of Directors:

- Received and noted the report.

272/21 Staff Health and Wellbeing Pledge and Action Plan

The Director of People & OD presented a report updating the Board on the Trust's approach to health and wellbeing, as considered endorsed by the People Performance Committee, and asking the Board to sign up to 'our pledge for the wellbeing of our NHS people'. She noted that the Board had already considered the staff health and wellbeing pledge in detail at a recent Board development session.

She briefed the Board on the content of the report and made particular reference to s5, which detailed high level actions identified, and noted that a more detailed action plan would be presented and tracked through the People Performance Committee.

In response to a question from a Non-Executive Director, the Director of People & OD provided further clarity about the proposed enhanced focus on presenteeism.

The Senior Independent Director highlighted the considerable culture change needed to adopt and embed the different approach, with a need for training in this area. The Chairman acknowledged the comment and noted the benefit of North West healthcare organisations collectively signing up to the pledge.

The Director of People & OD also acknowledged the comment and advised that the action plan would be aligned with the cultural work, and noted that one of the biggest challenges was to change our own thinking, including the Workforce team's, from a policy focused approach to a holistic approach.

In response to a suggestion from the Chief Nurse, the Director of Communications agreed to consider how best to communicate the Board's support to the pledge, including via social media.

The Board of Directors:

- Received and noted the report
- Signed up to the pledge and supported the change in approach to health and wellbeing

273/21 Violence Prevention & Reduction Strategy

The Director of People & OD presented the report and advised the Board that in January 2021, NHSE/I had published the first national Violence Prevention and

Reduction Standard for NHS organisations. The Board heard that the new standard complemented existing health and safety legislation, with employers having a general duty of care to protect staff from threats and violence at work. The Director of People & OD advised that the standard delivered a risk based framework that supported a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

The Director of People & OD advised that the Standard introduced a self-assessment checklist, and one of the requirements was for trusts to have a Violence Prevention & Reduction Strategy. She presented a draft strategy document, which had also been considered by the People Performance Committee, and briefed the Board on further work to develop the strategy before it was presented to the Board of Directors for approval.

The Chief Executive welcomed the report and the more holistic approach to violence prevention and reduction.

A Non-Executive Director also welcomed the development of the strategy and in response to a question about system working in this area, the Director of People & OD noted that this would be considered as part of the policy and work programme development once the strategy had been finalised.

The Chief Nurse welcomed the document and highlighted the link to the recent Health & Safety Executive visit and that one of the elements they had reviewed was the Trust's approach to violence and aggression. She briefed the Board on the initial feedback received, noting that no significant concerns had been raised.

The Board of Directors:

- Received and noted the report
- Noted the violence prevention and reduction standards
- Noted the development of a Violence Prevention & Reduction Strategy

The Director of Informatics joined the meeting

274/21 Draft Digital Strategy

The Director of Informatics presented a draft Digital Strategy 2021-2016, outlining the Trust's key digital ambitions over the next five years, the impact of the planned deliverables on end users and how the strategy would be managed and delivered. He thanked the Acting Director of IM&T and Chief Clinical Information Officer for the production of the draft strategy, which the Finance & Performance Committee had considered and recommended to the Board for approval.

The Director of Informatics delivered an associated presentation, which covered the following subject headings:

- Draft Digital Strategy 2021-2016
- Plan overview – 'plan on a page'
- The context of our Digital Strategy
  - Our journey so far
  - Wider context

- Our Trust Strategy
- Our digital ambitions
  - Digitise patient care delivery
  - Empower our patients
  - Support our staff
  - Invest in our infrastructure
  - Engage clinical leaders to improve quality
  - Enhance performance and operational service delivery
  - Collaborate with our partners

Board members conveyed their thanks to the Acting Director of IM&T and Chief Clinical Information Officer for the clear and well presented draft strategy.

A Non-Executive Director requested that digital skills training be included in the Board development plan, perhaps with external facilitation.

A Non-Executive Director welcomed the strategy and in response to a question about its deliverability, the Director of Finance briefed the Board on funding in this area but acknowledged the challenge around delivery by financial year-end if funding was released later in the year. He advised that the Trust has been developing business cases in preparation for any available funding, and the Director of Informatics briefed the Board on the business cases the Trust had already received funding for.

The Chief Executive commented that the GM Digital Board, which she chaired, were lobbying for a three-year capital arrangement to allow trusts to plan further ahead in this area.

In response to a question from an Associate Non-Executive Director about potential collaboration with GM colleagues around joint appointments, the Director of Informatics confirmed that this was being considered but that there were challenges due to the technology not being the same across the patch. He commended the work of the Trust's Head of IT and his team around cyber security and the Director of Finance noted that the Trust could also use the expertise of the Mersey Internal Audit Agency in this area.

The Senior Independent Director welcomed the strategy but queried if the Trust had the resources to deliver the "front-loaded" plan. The Director of Informatics acknowledged that the delivery plan was challenging but that it should be deliverable with the existing resources. He also acknowledged the comment about the plan being front loaded, but explained that this was due to the need to deliver a lot of the programmes quickly to enable the roll out of the systems.

In response to a question from a Non-Executive Director, the Director of Informatics provided further clarity about Artificial Intelligence, and agreed to include further narrative in the strategy about what the Trust already did in this area as well as future plans.

In response to questions from a Non-Executive Director about data security, the Director of Informatics advised that the strategy recognised the need to optimise the systems in place, including upgrading the infrastructure, and briefed the Board on work in this area.

In response to questions from Non-Executive Directors about digital inequalities, the Director of Informatics briefed the Board on actions to address health inequalities and digital exclusion and the Chief Executive added that this also linked into a GM-wide piece of work in this area. The Director of Communications and Corporate Affairs advised that colleagues in NHS Digital had done a significant amount of work around digital exclusion and in response to a comment from the Director of People & OD about some staff also being digitally challenged, the Director of Informatics highlighted the need for robust training when the strategy was implemented.

The Board of Directors:

- Received and noted the report
- Suggested that further information about Artificial Intelligence (AI) be included in the strategy
- Suggested that digital skills training be included in the Board development plan
- Approved the Digital Strategy 2021-26, subject to the inclusion of further AI narrative

275/21 Stockport One Health and Care Plan Outcomes Framework

The Chairman presented an Outcomes Framework report that had been presented to the last Health & Wellbeing Board meeting. The Director of Finance commented that the report reinforced the commitment from all partners at Stockport as a Place.

An Associate Non-Executive Director highlighted the need to measure health inequalities at locality level and how that might lead to different targets and resources. The Chief Executive acknowledged the comment and said that this would be included in the work programme.

The Chairman commented that the plan itself was aspirational and it was therefore difficult to see how it would be measured at this stage, but that the report outlined the first steps of that process.

The Board of Directors:

- Received and noted the report

276/21 Well Led Mapping Review and Development Plan

The Chief Executive presented the report and advised that the Trust had commissioned AQuA to undertake a Well Led Mapping Review to assess compliance against the NHSE/I Well Led Framework for Governance. The Board heard that the mapping review, which had been a desktop exercise, had recognised some areas of good practice as well as some areas for development, as detailed in the report.

The Chief Executive, the Chief Nurse and the Trust Secretary briefed the Board on the content of the report and highlighted the consequent development actions, which would be overseen by the respective Board/Executive Committee, with a progress report and proposed approach to the Well Led Framework for Governance for 2022/23 presented to the Board of Directors in June 2022.

The Chairman welcomed the alignment of the development actions with other areas, including service objectives and values, and their oversight and monitoring by Executive leads and Assurance Committees.

The Board of Directors:

- Received and noted the report
- Reviewed the outcome of the Well Led Mapping Review and supported the high level developmental actions identified, noting that actions would be progressed via the respective Board Committees
- Agreed to receive a progress report in June 2022, including proposed approach to the Well Led Framework for Governance in 2022/23.

277/21 NHS System Oversight Assessment

The Chief Executive presented a report detailing the updated NHS System Oversight Framework 2021/22, and the Trust's allocated segmentation. She briefed the Board on the content of the report, providing further clarity about the various segments, noting that the Trust had been allocated to segment 3.

The Board of Directors:

- Received and noted the report
- Noted the allocated segmentation for the Trust as part of the NHS System Oversight Framework 2021/22

278/21 Emergency Preparedness Resilience & Response (EPRR) Core Standards – Statement of Compliance 2021/22

The Director of Finance presented an EPRR compliance report, noting that following a self-assessment, the Trust had declared itself as 'substantially compliant' against the 2021/22 EPRR Core Standards. The Board noted that the signed statement of compliance was included at Appendix 2 to the report.

The Director of Finance advised that the Trust had a robust internal process around EPRR and the Board was asked to approve the EPRR Core Standards Action Plan 2021/22 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 2021/22 EPRR Core Standards
- Approved the EPRR Core Standards Action Plan 2021/22

279/21 Board Committee Assurance

<u>Audit Committee Report</u>

The Chair of Audit Committee (Non-Executive Director) presented a key issues and assurance report from the Audit Committee meeting held on 25 November 2021. He

briefed the Board on the content of the report and highlighted substantial assurance received from a Serious Incidents Review.

Finance & Performance Committee

The Chair of Finance & Performance Committee (Non-Executive Director) presented key issues and assurance reports from the Finance & Performance Committee meetings held on 21 October 2021 and 18 November 2021. She briefed the Board on the content of the reports and highlighted discussions around CIP, the development of a Medium Term Financial Strategy, and approval of a number of business cases.

Quality Committee

The Deputy Chair of Quality Committee (Non-Executive Director) presented key issues and assurance reports from the Quality Committee meetings held on 26 October 2021 and 23 November 2021. She briefed the Board on the content of the reports and highlighted the Committee's consideration of the following topics: positive assurance provided by the HSE Executive, maternity diverts, nutrition and hydration, sepsis and antimicrobial compliance, frequency of reporting from the Infection Prevention & Control Group, and Mental Health Strategy.

People Performance Committee

The Chair of People Performance Committee (Non-Executive Director) presented a key issues and assurance report from the People Performance Committee meeting held on 14 October 2021. She briefed the Board on the content of the report and highlighted the Committee's consideration of the Violence Prevention and Reduction Standard, the updated approach to Health and Wellbeing and signing up to the Pledge, Job Planning Report, and Freedom to Speak Up Guardian Update.

A Non-Executive Director noted the Freedom to Speak Up Guardian's comment on whether him being a white male might be a barrier to some staff coming forward. The Chairman suggested that this issue could be considered at the forthcoming Board development session on Equality, Diversity and Inclusion.

The Board of Directors:

- Received and noted the Committee Reports

280/21 Date, time and venue of next meeting

The next meeting of the Board of Directors held in public would be held on Thursday, 3 February 2022, commencing at 9.30am in the Lecture Theatres, Pinewood House.

281/21 Resolution

The Board resolved that:

"The representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and

confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".

Signed:_____Date:_____

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Meeting	Minute reference	Subject	Action	Bring Forward	RO
01/04/21	87/21	IPR - quality	Mental Health Strategy for Stockport to be presented to the Board. **Update 7 Oct 2021** – It was noted that the Mental Health Strategy would not be ready for the November Board meeting, and Dr Loughney agreed to advise on timescales. **Update 2 Dec 2021** – To be presented to the Board meeting in April 2022.	April 2022	A Loughney
05/08/21	191/21	Integrated Performance Report	Further to a question from a Non-Executive Director about the increased pressure ulcers in Covid patients, the Chairman suggested this as an area for the Clinical Audit to review. **Update 7 Oct 2021** – It was agreed that the Quality Committee should progress this action, and report the outcome to the Board of Directors. **Update 2 Dec 2021** – To be picked up by the Quality Committee. Action closed.	Closed	N Firth
07/10/21	226/21	Integrated Performance Report	The Director of Operations agreed to discuss the reporting of the DNA metric with the Director of IM&T and report the outcome through the Finance & Performance Committee. **Update 2 Dec 2021** – To be reported through the December Finance & Performance Committee meeting. Action closed.	TBC	J McShane
07/10/21	229/21	One Stockport Health & Care Plan	The Acting Director of Strategy & Planning advised that it was anticipated that the associated delivery plan and outcome measures would be presented to the Board in December 2021. **Update 2 Dec 2021** – On agenda. Action complete.	December 2021	A Bailey

Meeting	Minute reference	Subject	Action	Bring Forward	RO
07/10/21	232/21	Board Committee Assurance – Quality Committee	The Medical Director advised that a Research & Innovation Strategy was in the process of being prepared and would be presented to a future Board meeting.	April 2022	A Loughney
02/12/21	269/21	National Inpatient Survey Results 2020	The Chief Nurse agreed to invite representatives from the Patient Experience Team to present at a future Board meeting.	April 2022	N Firth
02/12/21	274/21	Draft Digital Strategy	A Non-Executive Director requested that digital skills/training be included in the Board development plan. **Update 3 Feb 2022** – Board Development Programme 2022/23 to be set by March 2022.	March 2022	P Nuttall

On agenda
Not due
Overdue
Closed

Stockport NHS Foundation Trust

Meeting date	3rd February 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chair's Report					
Lead Director	Trust Chair		Author	Professor Tony Warne		

6

Recommendations made / Decisions requested

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

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
x	Well-Led		Use of Resources

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

		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes
		PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented
		PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
		PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position
		PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
		PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards
		PR7.2	There is a risk that the Trust does not materially improve environmental sustainability
		PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
		PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy

Where issues are addressed in the paper-

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

Executive Summary

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

1. PURPOSE OF THE REPORT

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

2. EXTERNAL PARTNERSHIPS

Since we last met as a Board in public, I have continued to promote the work of our Trust with our partners in both health and social care. I was privileged to be invited to participate, along with several others, in a conversation with Amanda Pritchard, Chief Executive of the NHS England. Whilst the conversation was held under Chatham House rules, I can say that it was an opportunity to speak of what we were doing as a Trust, our relationship with the emerging Great Manchester ICS, and to also gently challenge some the decisions being taken by NHS England (NHSE). We were asked if might be helpful to have early access to the Planning Guidance for 2022/23. There was agreement that this would be very helpful, and the guidance was published on 24th December 2021. Much of the guidance refers to dealing with Covid-19, bringing back the full range of clinical services, addressing inequalities, making best use of digital technology and the emergent approach to integrated care services. Many of the objectives set out in the guidance remain congruent with our own objectives that were set for 2021/22.

It was also helpful to receive assurance of the support from the centre for the actions being taken at a local level as the impact of the Omicron variant began to increase the pressure on health and social care services.

Our Executive team have worked tirelessly with colleagues across GM, using the Gold Command structure, to ensure we have maintained safe and high-quality services during what has been another extraordinary challenging period since the start of November. On behalf of the Board, I want to extend our thanks to both the Executive Directors and the teams they lead for the work they have undertaken in protecting and caring for both our patients and our staff. It has been exemplary.

I have continued to attend the Stockport Health and Wellbeing Board; the North West NHSE regional meetings; Great Manchester Chairs meeting; and the Stockport Leaders meetings. Karen and I hosted a three-way meeting with the Tameside & Glossop ICT Chair and the East Cheshire NHS Trust Chair and CEO as part of the ongoing work around building a closer collaborative relationship across the South East Sector. This is set to become a regular meeting as we continue to explore future opportunities arising from the collaborative partnership.

I took an early opportunity to congratulate Caroline Simpson on her appointment as the new Chief Executive of Stockport Council and have agreed we will meet over the next few weeks. I believe the strong relationship our Trust has with the Council will continue to flourish under Caroline's leadership.

I was able to meet the Board of Mastercall Healthcare, one of our out of hospital and out of hours primary care providers. It was an interesting discussion. As we continue to develop our placed based, and locality focused approach to health and care services, digital technology will have an increasingly important role in how people are cared for.

I continue to actively use social media to promote and support the work of our Trust, and regularly feature my experiences as Chair of Stockport FT in my weekly blog. I also wrote a guest blog for Jen Connolly, Direct of Public Health, Stockport MBC. I used my journeys on the number 192 bus as a backdrop to reinforcing the need to keep adhering to the Covid-19 restrictions and requirements for effective infection prevention measures.

3. TRUST ACTIVITIES

I continue to meet with our Council of Governors both formally and informally. We have a new Lead Governor, Sue Alting, and I am very much looking forward to working with her and our recently appointed new Governors too.

Just before Christmas I was able to spend the afternoon with colleagues at our Discharge to Assess Unit, Bluebell Ward. I was very impressed by the energy, commitment and creativity of colleagues working to secure the most appropriate care and support for our patients.

I was able to spend some time with colleagues in our Risk and Governance Team to explore how the pandemic has impacted upon our work in dealing complaints and claims. Again, I was impressed by the way in which colleagues were 'going the extra mile' in responding to the concerns of patients and families. The approach demonstrated how our values could be seen in action.

4. STRENGTHENING BOARD OVERSIGHT

Our Board development journey continues. Last month we participated in an internally facilitated session that helped us explore a number of issues regarding our approach to equality, diversity, and inclusion (EDI). This discussion forms the foundation for a refreshed EDI strategy, workplan and approach.

Work has commenced on reviewing the terms of reference for each of the Board assurance committees. This work forms part of our ongoing 'well led' improvement programme.

5. RECOMMENDATIONS

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

Stockport NHS Foundation Trust

Meeting date	3 February 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chief Executive's Report					
Lead Director	Chief Executive		Author	Director Communications & Corporate Affairs		

Recommendations made/ Decisions requested

The Board 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	Co-design and provide Integrated Service Models within our locality and across our acute providers
	4	Drive service improvement, through high quality research, innovation and transformation
x	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
	6	Utilise our resources in an efficient and effective manner
	7	Develop our Estate and IM&T infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-		**PR1**	Significant deterioration in standards of safety and care
		PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
		PR3	Working with others does not fully deliver the required benefits
		PR4	Performance recovery plan is not delivered
		PR5	Critical shortage of skilled workforce with capacity and capability to meet service needs
		PR6	Failure to deliver agreed financial recovery plan

		PR7	A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment
		PR9	IM&T infrastructure and digital defences do no protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

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

- NHS Operating Framework 20220-23
- Integrated Care Board development
- CQC Good rating for A&E
- Operational pressures
- Director of Strategy & Partnerships appointment
- Making a Difference Awards
- New cohort of overseas nurses
- Top accreditation marks for urogynaecology service

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 Operating Framework 2022-23

The new framework and planning guidance was published on 24 December 2021 and it highlights integrated care systems (ICS) as the footprint for this and future plans, while acknowledging the delay in establishing the ICS, which are now expected to operate from 1 July 2022 to allow the 2021 Health and Social Care to complete the parliamentary approval process.

The guidance assumes low levels of Covid-19 going forward, but recognises that future waves may impact on the NHS' ability to deliver on the ten priorities set out in the framework which relate to:

- Workforce
- Covid-19
- Elective care
- Urgent and emergency care
- Primary care
- Mental health, learning disabilities and autism
- Population health and inequalities
- Digital
- Effective use of resources
- ICS

The guidance sets out a new finance and contract framework with a one year revenue budget, a requirement to deliver financial balance, and an expectation that payment for elective work will be based on level of activity delivered. Further financial guidance is expected shortly in relation to a three year capital allocation and contracting arrangements.

We are currently assessing the implications of the framework information provided to date as we start to develop draft plans for submission regionally in early March, and final plans submitted nationally in mid April.

3. REGIONAL NEWS

3.1 Integrated Care Board development

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

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

Sir Richard Leese has been appointed as Chair Designate and Sarah Price is the interim Accountable Officer. The ICB is re-advertising for candidates for the permanent Accountable Officer role after an unsuccessful first round of recruitment. It has successfully recruited to the required Non-Executive Directors posts, and will looking to recruit to the other statutory Executive Director roles in the near future.

The ICB is currently finalising its governance arrangements and Sir Richard and Ms Price are visiting localities across GM to discuss future place based arrangements. Last week the Stockport locality plans were discussed with Sir Richard and Ms Price and some positive feedback was received.

4. TRUST NEWS

4.1 CQC's Good rating for A&E

We started the New Year with a much needed boost with our urgent and emergency care services at Stepping Hill Hospital rated as "good" by the Care Quality Commission (CQC) in a report published recently.

In November 2021 the CQC made an unannounced two day visit to the emergency department to check what progress had been made since the inspectors last visited in August 2020 and then rated the service overall as "inadequate."

On their return visit CQC inspectors rated the services as "good" overall and "good" across four of the five domains they review – safe, effective, caring and well-led. They also praised staff for the good care and treatment they provide to patients, who they treat with compassion and kindness, and the emotional support they provide to patients, families and carers.

The inspection report also highlighted that the Trust had ensured there were enough staff to run the service, leaders ran the department well, and team members felt respected, supported and valued.

This is good news for colleagues, who have put so much work in over many months to making improvements; and good news for patients, who can be assured about the quality of care they receive in our emergency department.

It is testament to not only the work our A&E team has put into improving the services, but also to the support they have received from many teams and individuals across the organisation, as well as in our partner organisations. Making these improvements has been a Trust-wide – and at times, a system-wide effort – and everyone involved should be very proud of what they have achieved.

4.2 Operational pressures

The CQC's latest report comes at a time when our services are under extreme pressure due to the impact of Covid-19, coupled with the seasonal illnesses the NHS always sees at this time of the year.

The high rate of the virus across the Stockport are in recent weeks has been reflected in the increased number of colleagues in both our hospital and community services who have had to isolate as a result of the infection. This has put real pressure on our ability to open more beds to care for the higher numbers of people with Covid-19 needing hospital treatment, as well as to rapidly discharge people from hospital who no longer need acute care.

We are working closely with colleagues in social care to try to discharge people home or to alternative facilities to recuperate as quickly as possible, but it is difficult to maintain a steady flow of patients through Stepping Hill Hospital as some nursing and care homes in Stockport and surrounding areas have been unable to take patients, either because of their own staffing pressures or outbreaks of Covid-19.

We have had to carefully consider how much elective care we can safely provide with current staffing levels, and in line with colleagues from across Greater Manchester we agreed to temporarily cancel non-urgent elective treatments. We are continuing to work closely with colleagues across the region to ensure that those in the most need, such as cancer patients, continue to have the procedures they require.

The rising rate of Covid-19 infection in the local community also meant that we have had to restrict visiting to our inpatient wards to protect vulnerable patients. Where a patient has additional needs, such as cognitive impairment, learning disability, or where there are compassionate grounds, such as end of life, then a risk assessment is carried out by clinical staff on a case by case basis to allow visitors, and we are reviewing the visiting policy regularly in line with changes to the Covid rate.

4.2 Director of Strategy & Partnerships

Jonathan O'Brien has joined us in a joint Executive Director role across both Stockport and Tameside & Glossop Trusts.

Having spent 15 years working in acute trusts across Greater Manchester and Cheshire, Jonathan previously worked for four years at North Staffordshire Combined Healthcare

NHS Trust, a mental health provider, where he was Director of Operations and Deputy Chief Executive.

4.3 Making a Difference Awards

Colleagues working in both our hospital and community services make a difference every day to the lives of the people they care for – and we are continuing to recognise and reward some of those who go above and beyond what could be expected of them.

We award quarterly Making a Difference Awards to individuals and team nominated by patients, families, carers or their colleagues, and this quarter we recognised the outstanding work of Ednaida Tipote, a healthcare assistant on our medical wards, and Daniel Marshall, a ward tracker.

Ednaida was nominated by community district nursing colleagues for the compassionate way she cared for an elderly patient admitted to hospital with a fracture, who was distressed, confused and refusing to eat or drink.

Daniel, whose role is to help organise and ensure the safe and effective discharge of patients, was also nominated by colleagues for the way he supported a patient with oesophageal cancer to return home. They were both presented with Making a Difference certificates and gift vouchers to recognise their commitment to providing the best possible care for patients.

4.4 Welcome to new overseas nurses

We recently welcomed 24 new overseas nurses as part of our commitment to recruit 135 overseas nurses during 2022.

The majority of new recruits are from India, with a small number from Nigeria and Zimbabwe, but they join many overseas nurses who have successfully made Stockport their home in recent years.

4.5 Top marks for urogynaecology team

Our urogynaecology service was recently independently assessed by the British Society of Urogynaecology and scored 95% in the accreditation - the highest score achieved by any unit in the country.

The assessors commented about the excellent team work and strong collaboration between members of the multi-disciplinary team that runs the service. They also commended the service on the provision of sexual dysfunction management and the introduction of a care package to reduce vaginal tears in child birth.

5. RECOMMENDATION

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

Stockport NHS Foundation Trust

Meeting date	3rd February 2022	✓	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Integrated Performance Report					
Lead Director	Chief Executive		Author	Head of Performance		

Recommendations made / Decisions requested

Performance against the associated metrics for the last available month (December 2021 for the majority of indicators) is reported. Exception reports have been provided for areas of most significant note.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	✓	**PR1**	Significant deterioration in standards of safety and care
	✓	**PR2**	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
		PR3	Working with others does not fully deliver the required benefits
	✓	**PR4**	Performance recovery plan is not delivered
	✓	**PR5**	Critical shortage of skilled workforce with capacity and capability to meet service needs

	✓	**PR6**	Failure to deliver agreed financial recovery plan
		PR7	A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment
		PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

The Board is asked to note and challenge:

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

Integrated Performance Report

Reporting Period December 2021

Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Trust Highlight Report

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

Operational Highlights
Exception reports included this month relate to performance against **A&E , 6 Week Diagnostic, Cancer, RTT, NCTR, Elective 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 3rd best in Greater Manchester year to date for all attendance types, and 2nd best for type 1 attends.

Quality Highlights
Exception reports included this month relate to performance against **Sepsis, Falls with Harm, Category 2 Pressure Ulcers and C.Difficile** metrics due to under-achievement in month.

The **Medication Incident Rate** has reduced over the last two months to 4.06, just above the local benchmark of 4. All incidents have been assessed as causing low or no harm to patients.

The **Written Complaints Rate** is 6.2 in month which remains slightly higher that the local benchmark of <5.2. The Patient and Customer Services continue to focus on resolving concerns informally, where appropriate.

8 **Steis reportable** incidents were declared in month. Duty of coandour has been completed and investigations are underway.

The **Friends & Family Positive Response** rate was 90.8%, slightly below the tyarget 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, Appraisal Rates and Bank & Agency Costs** due to under-performance in month.

Workforce Turnover is 14.4 % against the 11% target. The new Workforce Matron is now in post and will re-energise the schemes and initiatives that we have in place to avoid unnecessary turnover within our Nursing and AHP roles.

Statutory and Mandatory Training has achieved the target level of 95%.in November and December.

Financial Highlights
The Trust has a break-even position at Month 9, after discounting the £0.4m from the sale of assets. This remains in line with planning assumptions for month 9.

At this point the Trust is forecasting a break-even position.

The balancing of the financial position & CIP, including the additional £3.3m, has been achieved through non-recurrent funding release and slippage on schemes due to unavailability of staffing – including planned Winter schemes

The Divisions have continued to manage their position within the budgeted run rate and have delivered against their CIP targets to month 9. Delivery of the recurrent CIP remains a challenge.

The Trust has maintained sufficient cash to operate during December.

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

Financial Risks
The balancing of the financial position given the non-recurrent funding release and slippage on schemes due to unavailability of staffing may be a challenge.

The larger risk is the recurrent CIP challenge and the emerging increased investment requirements for 2022/23.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

Performance

Blue indicates that the measure has met the target.

Orange indicates that the measure has fallen short of the target.

Target assurance

Grey indicates that variation is inconsistently passing and falling short of the target

Blue indicates that variation is consistently passing the target

Orange indicates that variation is consistently falling short of the target

Forecast position

Blue indicates that the measure is forecast to achieve the target next month

Orange indicates that the measure is forecast to fall short of the target next month

Quality Metrics	Performance		Target assurance		Forecast
VTE Risk Assessment	Aug-21	98.1%	>= 95%		
Sepsis: Timely recognition	Dec-21	100%	>= 95%		
Sepsis: Antibiotic administration	Dec-21	87.5%	>= 95%		
Medication Incidents: Rate	Dec-21	4.06	<= 4		
Mortality: HSMR	Oct-21	0.97	<= 1		
Mortality: SHMI	Jul-21	1.01	<= 1		
Never Event: Incidence	Dec-21	0	<= 0		
Serious Incidents: STEIS Reportable	Dec-21	8	<= 7		
Stroke: Overall SSNAP Level	Sep-21	A	>= C		
Hospital Onset Covid (HOC) Rate	Dec-21	19.5%	<= 26.88%		
C.Diff Infection Count	Nov-21	31	<= 26		
MRSA Infection Count	Nov-21	1	<= 0		
Falls: Rate of Moderate Harm and Above	Dec-21	0.18	<= 0.12		
Pressure Ulcers: Hospital, Category 2	Nov-21	64	<= 62		
Pressure Ulcers: Hospital, Category 3 and 4	Nov-21	8	<= 10		
Maternity: Continuity of Care, Booked	Dec-21	53.1%	>= 50%		
Maternity: Continuity of Care, Ethnic Minority	Dec-21	72.2%	>= 57.5%		
Maternity: Continuity of Care, Deprivation	Dec-21	68.4%	>= 57.5%		
Maternity: Continuity of Care, Receipt	Nov-21	12.5%			
Friends & Family Test: Response Rate	Nov-21	19.5%	>= 18.7%		
Friends & Family Test: Positive Responses	Nov-21	90.8%	>= 91.6%		
Written Complaints Rate	Dec-21	6.2	<= 5.2		
Complaints: Timely response	Dec-21	95%	>= 95%		

Operational Metrics	Latest Performance		Target	Forecast
A&E: 4hr Standard	Dec-21	59.8%	>= 95%	
A&E: 12hr Trolley Wait	Dec-21	13	<= 0	
Diagnostics: 6 Week Standard	Dec-21	32.6%	<= 1%	
Cancer: 62 Day Standard	Dec-21	81.1%	>= 85%	
Cancer: 104 Day Breaches	Nov-21	4	<= 0	
Referral to Treatment: Incomplete Pathways	Dec-21	51.8%	>= 92%	
Referral to Treatment: 52 Week Breaches	Dec-21	3772	<= 0	
No Criteria To Reside (NCTR)	Dec-21	91	>= 92%	
Outpatient DNA rate	Dec-21	8%	<= 5.5%	
Theatres: Capped Utilisation	Dec-21	66.8%	>= 90%	
Outpatient Clinic Utilisation	Dec-21	81.4%	>= 90%	
Total Elective Activity vs. Plan (IP & DC)	Dec-21	-10.7%	>= 0%	
Total Elective Activity Restoration (IP & DC)	Dec-21	91%	>= 95%	

Workforce Metrics	Latest Performance		Target	Forecast
Substantive Staff-in-Post	Dec-21	91.9%	>= 90%	
Sickness Absence: Monthly Rate	Dec-21	6.7%	<= 4%	
Workforce Turnover	Dec-21	14.4%	<= 11%	
Appraisal Rate: Overall	Dec-21	86.8%	>= 95%	
Statutory & Mandatory Training	Dec-21	95.1%	>= 95%	
Bank & Agency Costs	Dec-21	13.5%	<= 5%	

Finance Metrics	Latest Performance		Target	Forecast
Financial Controls: I&E Position	Dec-21	0%	<= 0%	
Cash Balance	Dec-21	39.2		
CIP Cumulative Achievement	Dec-21	1.1%	>= 0%	
Capital Expenditure	Dec-21	-45.2%	<= 10%	

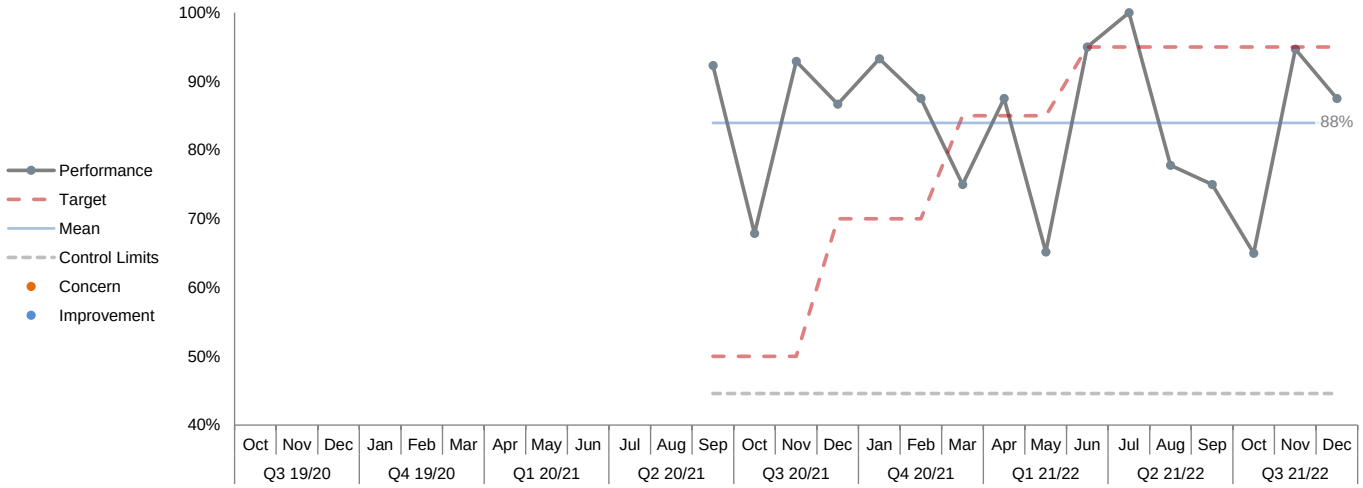
Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Dec-21	87.5%

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

Assurance

Target

>= 95%

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

What the chart tells us

Since data started to be recorded in Sep20, performance has not change significantly. A trajectory target was introduced to reach 85% by Mar21, and 95% by Jun21. Performance continues to be variable with no significant changes, with some months as low as 65% achievement. The latest performance for November is just below the 95% target.

Narrative

Issues:

The overall combined compliance percentage for timely antibiotic administration within agreed standards from the initial NEWS2 trigger is 88% for December. It is worth noting that fewer patients were captured within this particular metric compared to November.

There was 100% (5/5) compliance for Red Flag sepsis and overall. 7 of the 8 patients identified as potential sepsis received antibiotic treatment within the agreed standards.

Actions & Mitigations:

All incidences of non-compliance continue to be reported via the Datix system for local investigation and a review of the themes are discussed at the monthly Sepsis Steering Group.

A new task and finish group led by the Chief Clinical Information Officer has been set up to progress the nurse in charge bleep. this will support with the escalation and identification of patients who may have sepsis, automatically highlighting any patients scoring NEWS2 of 5 or above to the nurse in charge.

Phase 2 of the Patientrack development in relation to electronically recording the clinical intervention for sepsis treatment is also underway and the sepsis practitioners will continue to provide guidance for Doctors around the screening and escalation processes both in and out of hours.

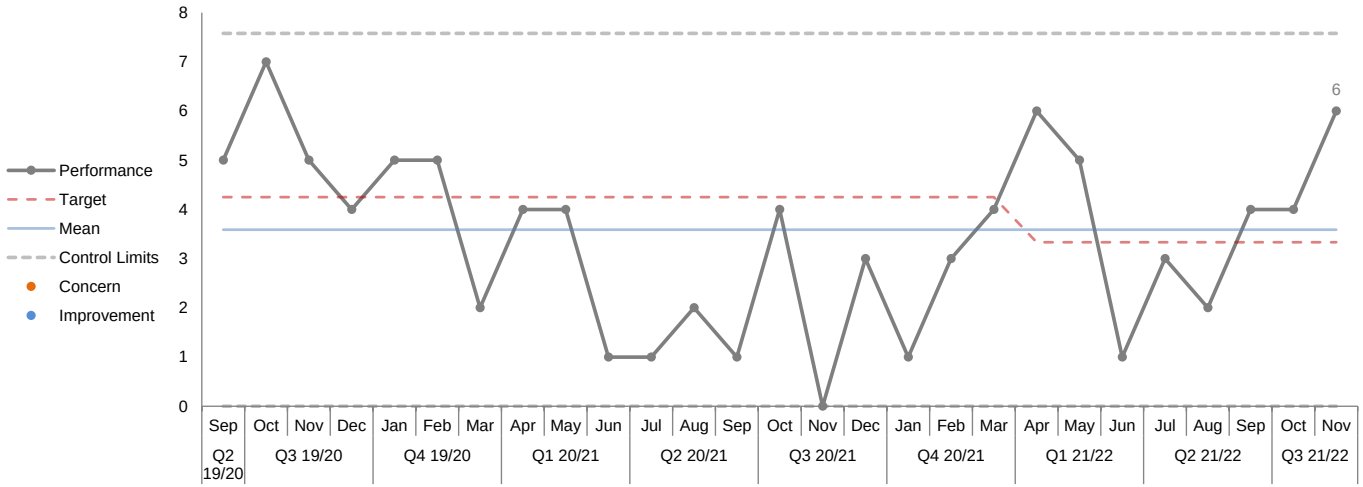
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	C.Diff Infection Count Total number of C.Diff infections.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month		Actual
Nov-21		31

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

Assurance

Target

<= 26

Performance consistently exceeds the target value

What the chart tells us

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

Narrative

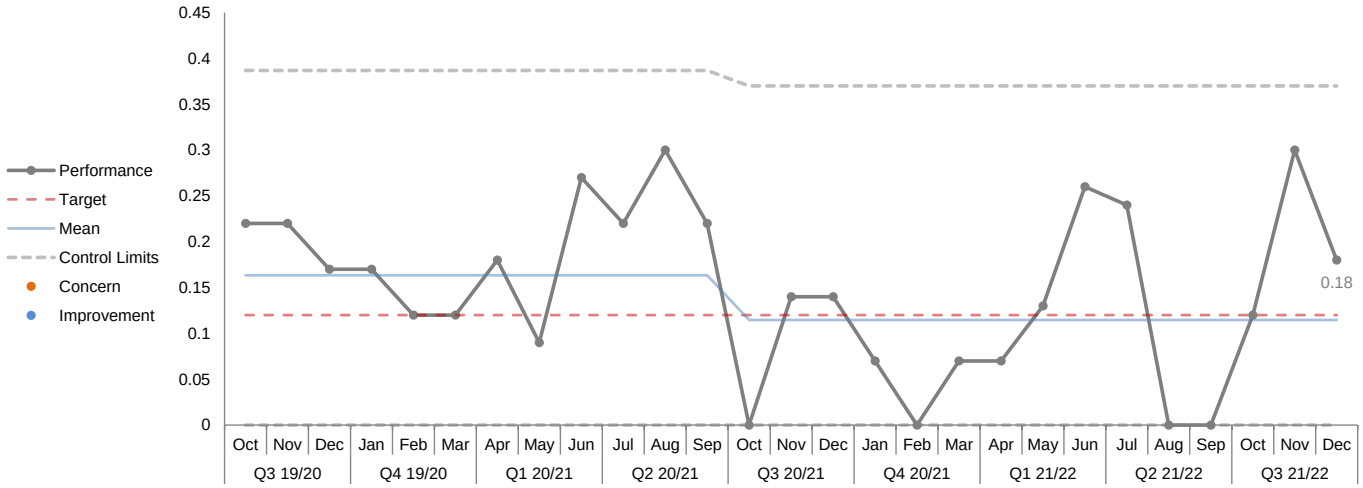
Issues:	Actions & Mitigations:
Internal trajectory for 2021-22 is 40 cases with each Division having an apportioned share of those cases There were six cases in November; three cases have been presented at the HCAI panel and were deemed unavoidable, one case remains under investigation. The trust is just over the proposed internal trajectory for the end of October with a total of 25 cases. YTD 22 cases have been classed as unavoidable, 1 case avoidable and 2 cases remain outstanding.	Continuous medical engagement in antimicrobial stewardship rounds Reiterating to divisions that timely, multidisciplinary investigations are vital to enable learning and practice change to occur.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Falls: Rate of Moderate Harm and Above The number of falls causing moderate harm and above, calculated as a rate per 1000 bed days. Excludes any patient falls in the emergency department.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Dec-21	0.18

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

Assurance

Target

<= 0.12

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 falls rate is variable between 0 and 0.4. A consistent improvement in the rate can be seen from October 2020 where the average rate drops from 0.16 to 0.11. A target reduction was introduced from April 2021 to maintain the falls rate below 0.12. Performance against the target is not consistent, with only 4 of the last 9 months achieving the target rate.

Narrative

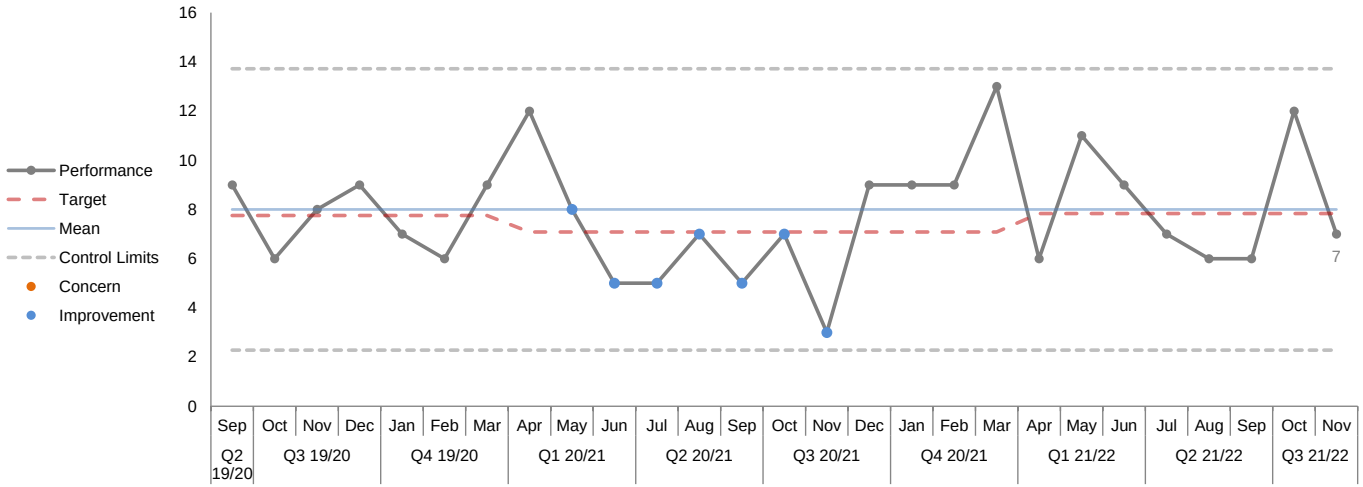
Issues:	Actions & Mitigations:
The Trust Quality Improvement target for 2022/2023 is a 10% reduction in both the overall number of falls, and those causing moderate and above harm. We will measure the number of falls as a rate per 1000 bed days. This method will allow more accurate tracking of performance against the target of a 10% reduction year on year as it represents a fair way of comparing results from years or months where there were different numbers of patients in the hospital, particularly important when considering 2020-21 and the Covid-19 pandemic. The total number of falls in December 2021 was 90. 3 falls in December 2021 resulted in moderate or above harm within the inpatient wards. 7 falls were reported by Emergency Department in December 2021 and none were categorised as causing moderate or above harm	Nursing and Therapy teams are working collaboratively to support work around falls prevention. Falls Prevention Improvement work includes: - Expansion of the Quality Team including recent commencement of a Quality Matron who is the overall lead for falls reduction. - Royal College of Physicians guidance of L+S BP has been incorporated into the falls risk assessment. - Overarching Falls Action Plan for each Division is monitored at the Quality & Safety Improvement Strategy Group. - Introduction of 'at a glance' ward moves/transfers during current patient admission episode supporting decision making around patient transfers. - Falls Sensors' programme, Awaiting funding to role it out to all areas. - Bay Nursing, ED documentation is being reviewed, along with the post-fall doctor checklist. - A slipper socks and fall champions, monthly newsletters, certificates for 0 falls month areas, Safety cross boards have been rolled out and ' think yellow' pilot with Pharmacist pilot is awaiting to commence. - Volunteer helps every thursday for 2 hours and quarterly AMAT Audits for moderate and above harm falls. - Staff knowledge and documentation is also monitored via the StARS programme.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Pressure Ulcers: Hospital, Category 2 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
Nov-21		64

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

The data shows that across most of the reporting period there have been no significant changes in the number of category 2 pressure ulcers month to month. May20 to Nov20 shows a period where the number of pressure ulcers reported is below average, but Dec20 onwards have seen numbers mostly above average. The cumulative total for the Trust was brought back on track for performance in August and September, but the latest data for October and November brings us above the cumulative total again.

Narrative

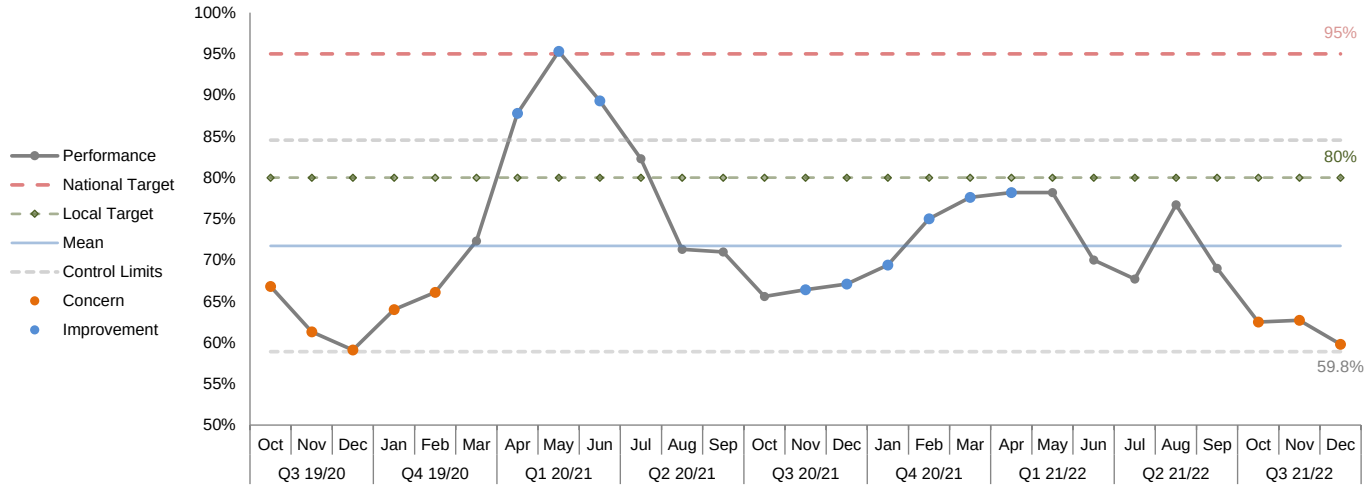
Issues:	Actions & Mitigations:
The Trust has set a target to reduce the overall number of hospital acquired pressure ulcers by 10% for year April 2021- April 22: this includes medical device related pressure ulcers. This month (November data) we have had 7 category 2 pressure ulcers reported; which is a slight improvement from the increase seen last month. This includes 2 device related PU. The trust is now back on trajectory to meet our overall target.	The new pressure relieving mattress has now been successfully rolled out across all inpatient wards with an ongoing training programme on the use of pressure relieving equipment. The Pressure Ulcer Prevention training programme continues with monthly sessions; so far this year 60 staff members have attended. A Pressure ulcer verification masterclass has been held with matrons and ward managers (58 in attendance across 5 sessions held) to ensure PU are reported accurately and lapses in care are rapidly identified and actioned. The Medical Device toolbox training programme has been rolled out across inpatient wards and continues; this is now being rolled out in ED, and community. An exceptional pressure reduction strategy forum was held by the chief nurse with divisional nursing directors and Tissue Viability; to review the data and explore the underlying themes for the increase in incidents and develop a renewed divisional specific response strategy.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Dec-21	59.8%

The data shows special cause variation, indicated by 3 out of the last 4 values being very close the lower control limit.

Assurance

Target >= 95%

Performance consistently falls short of the target value

What the chart tells us

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

Narrative

Issues:

The month saw a very challenged urgent care performance and position. Drivers of the position were:
- high levels of demand, attendances are 13% higher year to date compared to the 2019/20 baseline (pre-COVID19)
- increased acuity driving length of stay
- a significant increase in patients with no criteria to reside due to infection issues in community beds and staffing challenges in social care.
- substantial increase in COVID19 admissions reflecting the high infection rate within the Stockport locality.

Despite the high demand, Type 1 performance remains better than most other acute providers across the Greater Manchester region. The Trust continues to be the best performing in Greater Manchester for ambulance handover times.

Thirteen 12hr trolley waits occurred in December due to the delay in the allocation of an inpatient bed. There are pressures on mental health beds leading to long lengths of stay in the department.

Actions & Mitigations:

Transformation work to reinstate the CDU facility within the emergency department continues as planned. Completion of this work is expected mid-January 2022. This will provide additional assessment capacity.

Locality working to mitigate the NcTR position remains challenging but ongoing.

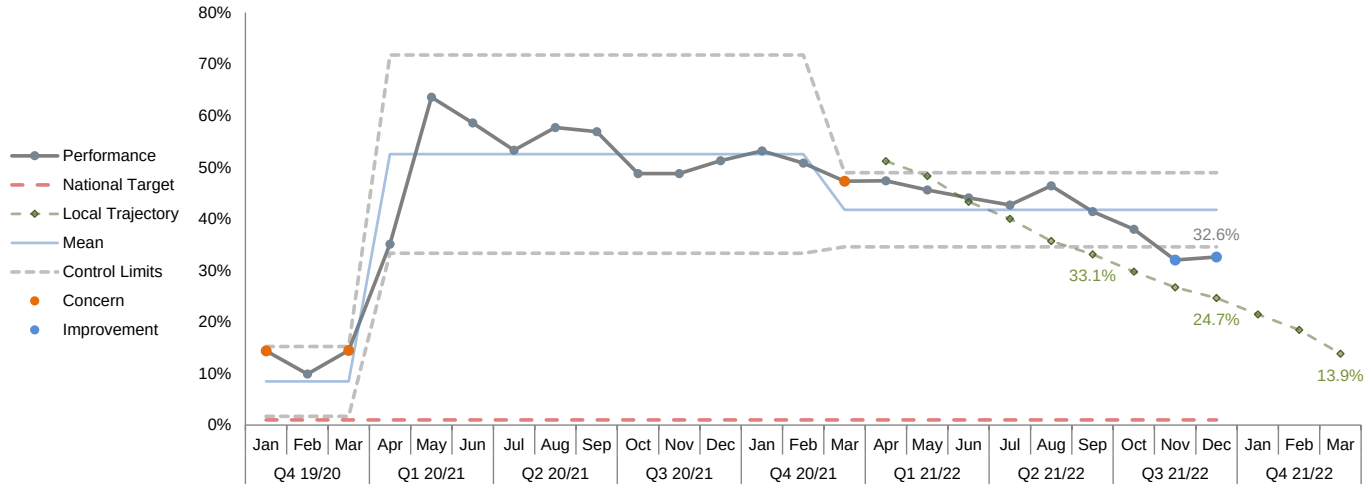
Mutli-agency discharges event re occurring monthly to enable flow and mitigate barriers to discharge.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month		Actual
Dec-21		32.6%

Data shows special cause variation, indicated by a value below the lower control limits

Assurance

Target

<= 1%

Performance consistently exceeds the target value

What the chart tells us

The charts shows that from July 2019 there was a steady deterioration in performance through to March 2020. Performance significantly worsened in April and May 2020 to a high of 63.6% of diagnostics breaching the 6 week target. Performance has been improving steadily since that point with the latest data for November and December 2021 showing significant improvement with performance lower than the expected range.

Narrative

Issues:

Good progress was seen during November, reducing the percentage of patients waiting 6+ weeks to 32%. The diagnostic backlog increased slightly in December, mainly driven by an increased wait for MR over the holiday period.

Whilst Endoscopy continues to be the key driver of the overall adverse position, pressures also remain within Echocardiography.

It should be noted that CT, Ultrasound, Dexa and Audiology have all regained compliance with the 6 week diagnostic standard.

Actions & Mitigations:

Endoscopy have secured capacity with a new provider, Endocare, which will significantly address the wait for Endoscopy during Q4.

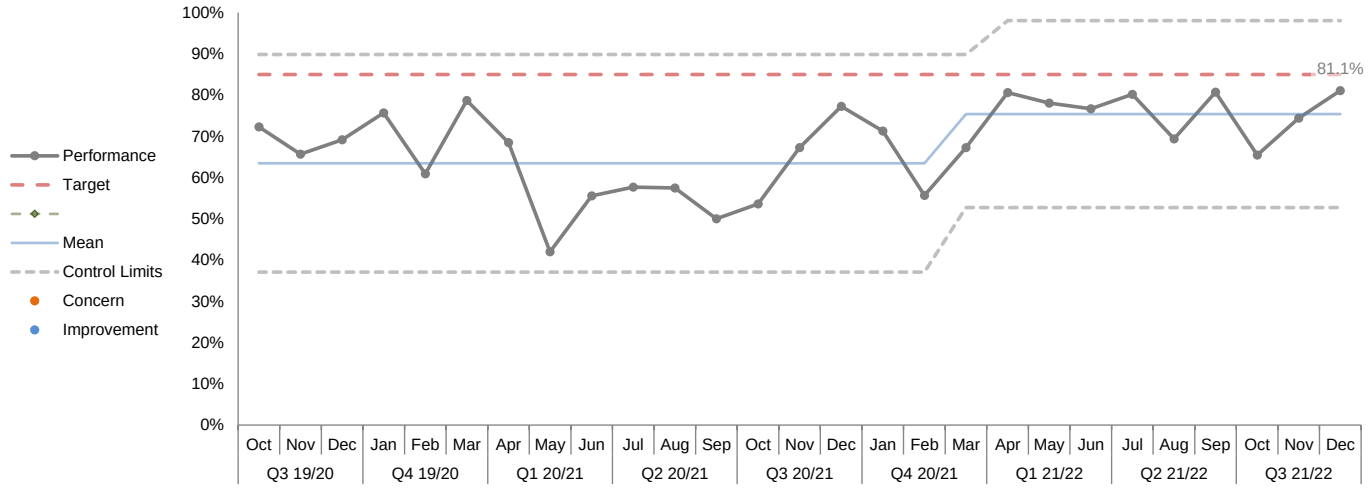
The GM Fairfield option has now become saturated as there are no further patients who are willing to take up this offer.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Dec-21	81.1%

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

Assurance

Target

>= 85%

Performance consistently falls short of the target value

What the chart tells us

For much of the reporting period, performance has been variable between 40% and 80% with an average of 63.5%. From Mar21 onwards there is a marked improvement in performance and a new average of 74.8% is being achieved. Performance has been above this average for 7 of the last 9 months.

Narrative

Issues:

The main issues affecting 62 day performance are: -
-Time to clinic and subsequent diagnostic for patients unsuitable to be triaged straight to test, which is impacting on the colorectal pathway.

- The inability to restore theatre capacity to pre-COVID levels and the impact of high urgent care demand on the elective bed base.

- Restoring 7 days for both 1st Outpatient and Colposcopy/ Hysteroscopy capacity in Gynaecology due to challenges in both nursing and consultant workforce

Actions & Mitigations:

The Trust continues to utilise operating lists at the Christie for both Urology and General Surgery patients. Lists have also been secured at the BMI for colorectal surgery.

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

An Executive led review of the colorectal service is planned to take place in January to establish and address any capacity gaps in response to growing demand.

Funding has been approved for HCA support in Gynaecology Outpatients to support provision of increased clinic capacity.

Gynaecology have met with the Christie regarding Cancer elective cases and will proceed to utilise the lists that are available. .

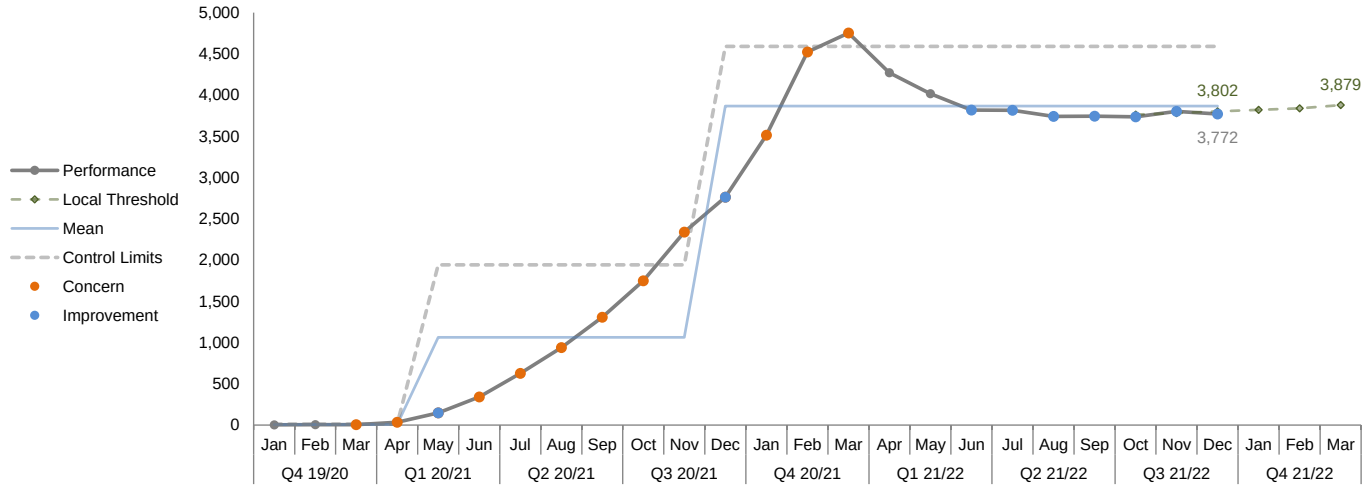
Focused work on FDS for Haematology to ensure capacity to meet demand.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month		Actual
Dec-21		3772

The data shows special cause variation, indicated by a run of 6 consecutive values below the average.

Assurance

Target: <= 0

Performance consistently exceeds the target value

What the chart tells us

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

Narrative

Issues:

The number of patients waiting over 52 weeks for treatment to commence reduced in December. This was in part due to the continued drive to work with partner Organisations to offer patients choice of alternative care providers within the locality.
The Trust has paused elective operating with effect from Monday 3 January along with providers across the GM footprint in response to the impact of the current wave of COVID-19.
Ongoing capacity constraints both medical and nursing across the Divisions due to urgent care demand and sickness.
Within Gynaecology, Medical staffing issues for both Consultants and Registrars played a part in the delays in patient pathways. This has impacted both general gynaecology and outpatient diagnostic clinics.
Extended waits for endoscopy are the main contributor to General Surgery and Gastroenterology pressures.
The ENT service in particular has a long wait for first appointment and a significant number of patients waiting for routine surgical interventions

Actions & Mitigations:

The Divisional Teams continue to secure additional capacity with partner Organisations across a range of Specialties in order to expedite treatment for patients on a non-urgent pathway.

The change in the I.S contract effective from 10/1/22 should enable access to increased capacity.

Long waiting patients are subject to regular clinical review and prioritisation of their care.

HCA business case has been approved in Gynaecology to support outpatient capacity.

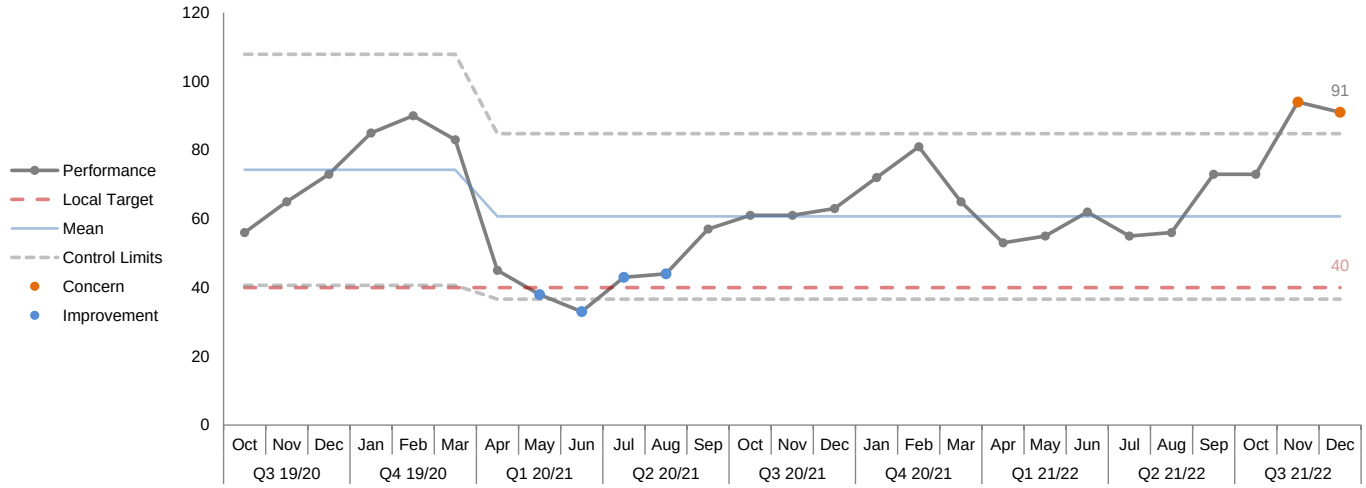
Endoscopy have secured capacity with a new provider, Endocare, which will significantly address the wait for Endoscopy during Q4.

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-21	91

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

Assurance

Target

<= 40

Performance consistently exceeds the target value

What the chart tells us

The charts shows that from April 2020 there was a significant change, with a new lower average number of patients with No Criteria to Reside. May and Jun20 show a significantly lower number of patients, but between Jul20 and Oct21 there are no significant changes in performance. The latest two months however have exceeded the upper control limit which is the highest number of patients across the whole reporting period.

Narrative

Issues:

The number of patients with no criteria to reside in month was significantly impacted by the bed closures at Bluebell and Bramhall Manor as well as access to community capacity as a number of care homes are restricted due to staffing challenges/ IPC issues.

This being due to infection issues resulting from the high COVID19 infection rates in the Stockport locality. This has a significant impact on the Trusts ability to discharge into the community under the discharge to assess model.

The number of Out of Area patients has also seen an increase as other localities struggle to access community capacity Social Care capacity for patients requiring pathway 1 discharge support continues to be a theme, with workforce shortages the key constraint.

Actions & Mitigations:

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

Discussions with partners continue regarding capacity for patients on pathways 1 & 2, particularly around winter resilience and additional spot purchase beds is in place.

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

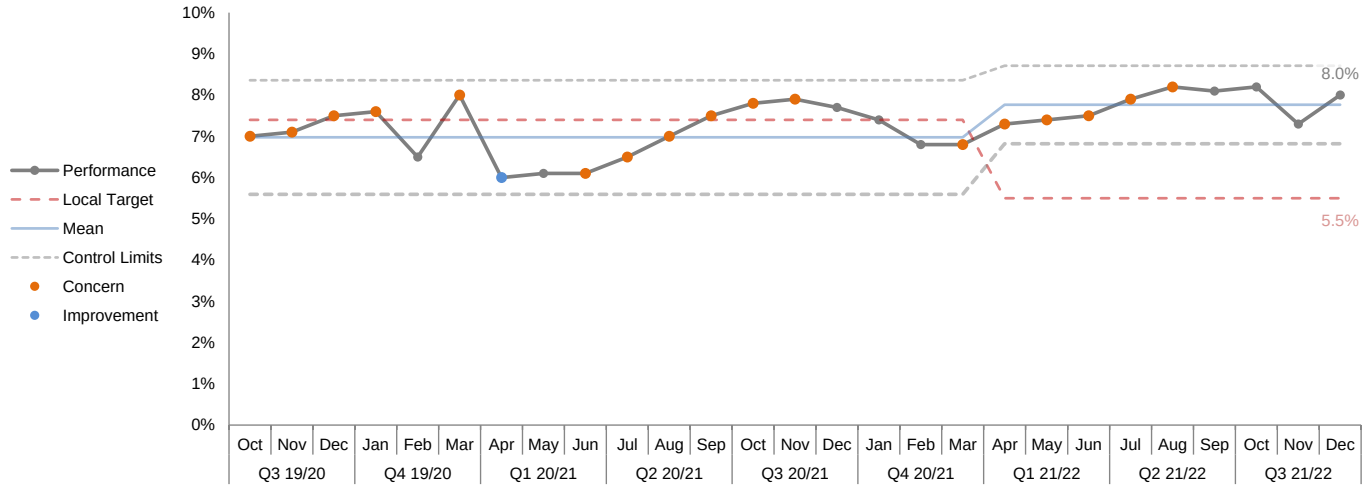
Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Latest Performance	Next Month Forecast

Performance of this measure over time



Variance

Latest Month	Actual
Dec-21	8%

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

Assurance

Target
<= 5.5%

Performance consistently exceeds the target value

What the chart tells us

A significant drop in DNA rates to 6% can be seen between April and June 2020 - this is likely due to the pandemic. Between Jul20 and Nov20 a trend of increasing DNA rates is seen as activity levels increase. This drops back to just below average for Feb and Mar21, but DNA rates do appear to have been consistently increasing again over the past few months and the latest month of December 2021 is currently 8%.

Narrative

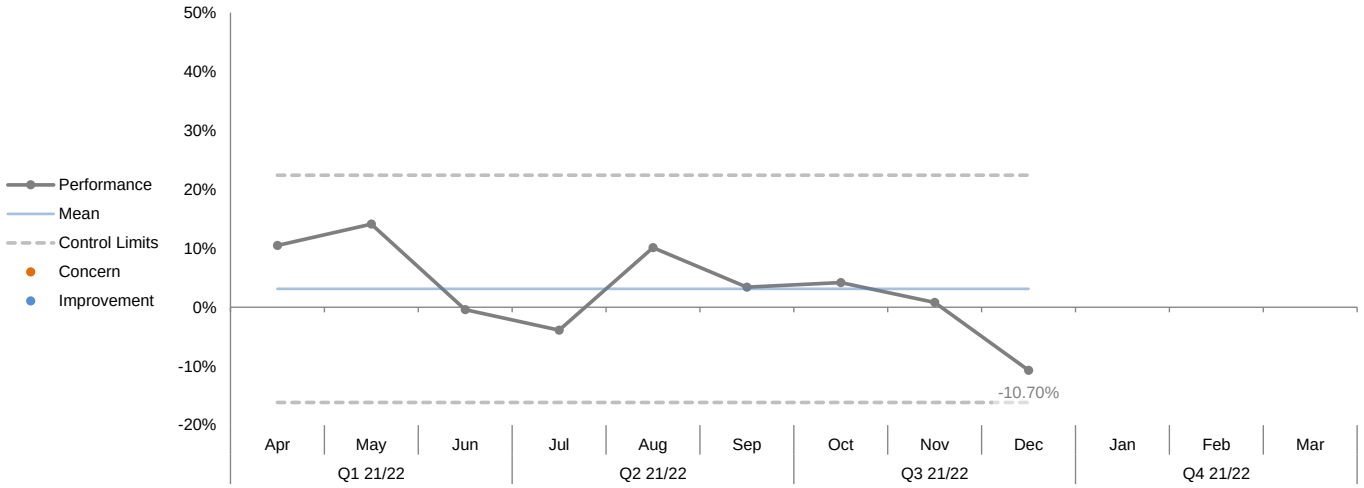
Issues:	Actions & Mitigations:
Ongoing consideration that there is a correlation between high community COVID19 infection rates and high DNA's rates has been identified, especially in paediatrics. The DNA rate fell back to 7.3% in November from 8.24% in October, however this has increased again in December to 8.05% in line with increased cases. Outpatient clinic utilisation is also below expected levels. Areas of concerns on a month by month basis are escalated to teams. This improved to 85% in November but is 82% in December. Administrative cleansing of clinic templates has been completed.	Data on our DNA rates has been shared with the text reminder service provider to see if they can identify any themes. Operational teams continue to review DNA rates and a finding from Medicine is a higher DNA rate in non-Stockport residents for follow up appointments. A review of the use of PIFU for this group of patients has been suggested. Monitoring of clinic utilisation will continue via the Operational Group meeting, with oversight via the OP Improvement Steering group.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Total Elective Activity vs. Plan (IP & DC) The percentage variance between the total elective activity (Elective-Inpatient and Daycase) and the total planned elective activity submitted for 2021/22. 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-21	-10.7%

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

Assurance

Target: >= 0%

Performance is consistently achieving the target

What the chart tells us

The chart shows that for April and May we have performed above the plan. Despite a drop below plan for June and July, latest data shows us below plan for November and December 2021.

Narrative

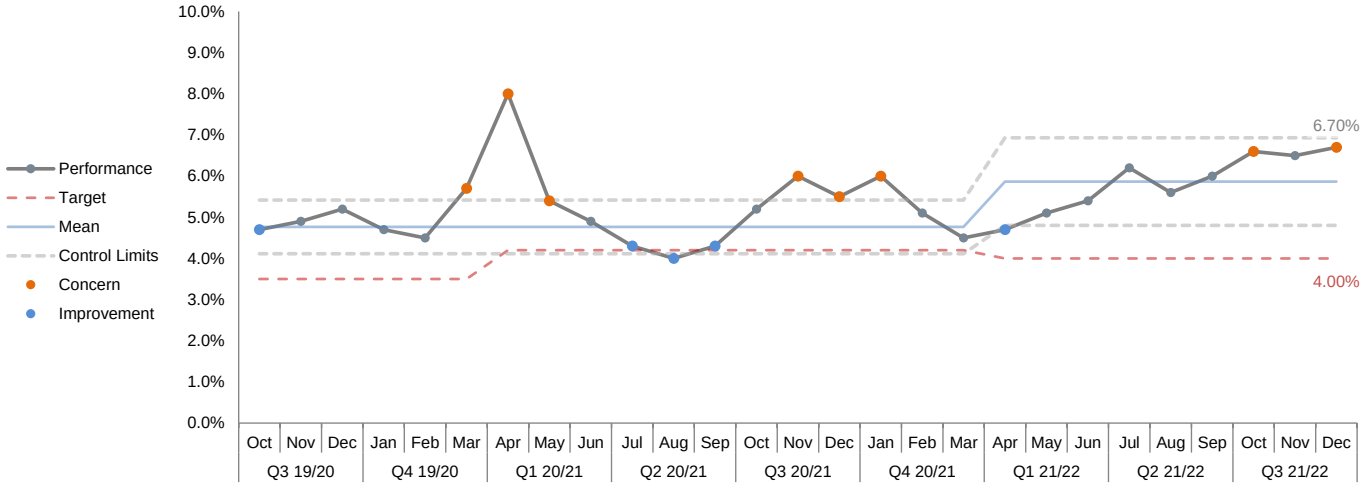
Issues:	Actions & Mitigations:
The elective plan was exceeded in November and restored 94.4% of Elective (IP/DC) activity. The ability to restore as effectively in December was impacted by the acute increase in COVID pressures affecting elective service delivery.	Continued discussions with GM to secure additional capacity for the most urgent cancer cases. Options to increase theatre and elective bed capacity are being considered to support the delivery of 22/23 operational plan. Trust-wide focus on non-elective patient flow and levels of NcTR continues. This is the key enabler to enable a return to the required elective bed base. The Trust continues to utilise mutual aid for cancer/P2 elective procedures in both the Independent sector and at the Christie.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month		Actual
Dec-21		6.7%

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

During the period Mar20-May20 we saw an unusually high spike in sickness absence levels, but this returns to normal levels the following month, dropping to a new low of 4% in August. Sickness levels then significantly increase again Nov20 to Jan21, but return to normal levels between Feb and Mar21. However, Apr21 sees the start of another increasing trend, which continues through to the latest month at 6.7%, which is now at it's highest level since April 2020.

Narrative

Issues:

The in-month sickness absence figure for December 2021 is 6.7%; increased by 0.2% compared to the previous month's adjusted figure of 6.5%. The cost of sickness absence in December 2021 is £956K; an increase of approximately £47K from the previous month.

COVID-related sickness has this month increased from 0.52% in November to 0.98% in December. The number of COVI- related absence episodes has now shown an increase again from October of 110 to 200 in December.

The 12-month rolling sickness percentage for the period January-21 to December- 21 is 5.71%.

Actions & Mitigations:

Stress/Anxiety/Depression continues to be the highest reason for sickness absence, followed by Cold/Cough/Flu which has shown a high number of short term sickness episodes.

As expected, COVID- related absences have increased due to the Omicron variant and staff continue to be encouraged to take up their vaccines and booster.

The Trust had anticipated staff absences at 20% linked to the Omicron covid variant, however, in reality, our peak saw absences between 10% and 12%.

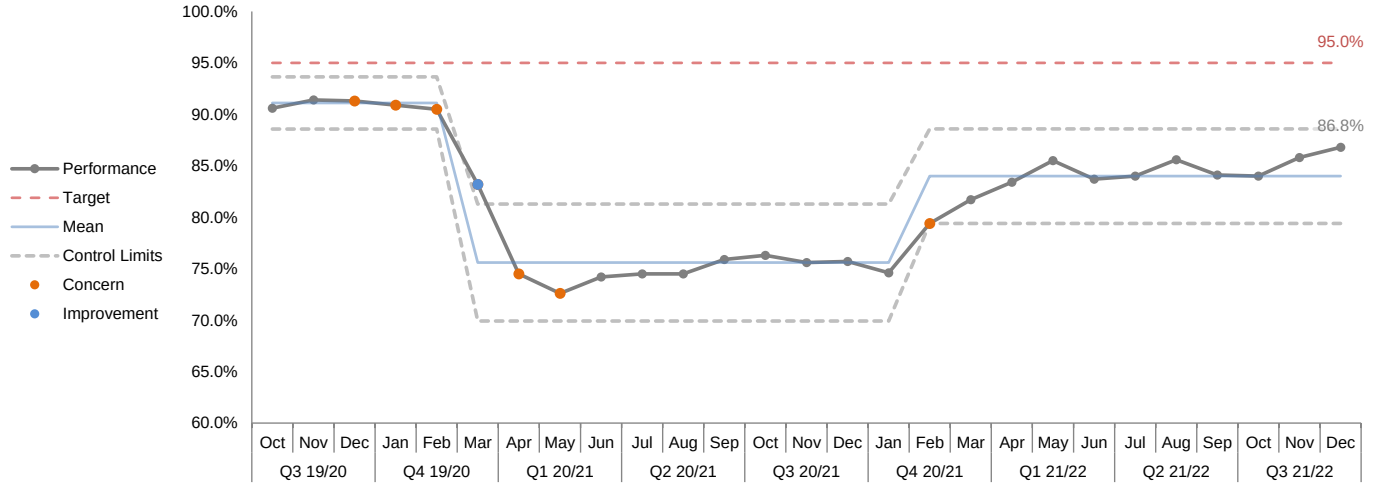
Staff are being signposted to the Trust Health & Well Being initiatives, and Divisions are being supported to manage complex long term sickness cases via monthly Director -led deep dive sickness meetings.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Appraisal Rate: Overall The percentage of overall staff that have been appraised within the last 15 months. Includes both medical staff and non-medical staff.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month		Actual
Dec-21		86.8%

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

Assurance

Target

>= 95%

Performance consistently falls short of the target value

What the chart tells us

The chart shows that the overall Trust appraisal rate was consistently around 85% up until Mar20. April and May 2020 see a significant drop in appraisal rates but these stabilise at a new average of just over 74%. From Feb21 onwards, there is a improvement in performance with a new average of 84%. More recently there has been further improvement in performance over the last two months - currently at 86.8%.

Narrative

Issues:	Actions & Mitigations:
The compliance for non-Medical Appraisal is 86.26% (an increase by 1.2%) Medical Appraisal is 95.05%	The compliance for non-medical appraisals has increased by 1.2% on last month and is now 86.26%. This improvement has been achieved through targeted support from the OD and HR teams working closely with Divisions & Directorates. Divisions continued to receive detailed reports highlighting appraisals that are over due or due to expire. The OD team is providing training as part of the Stockport Leadership Programme to support managers and appraisees. The Medical Appraisals have achieved 95.05% compliance.

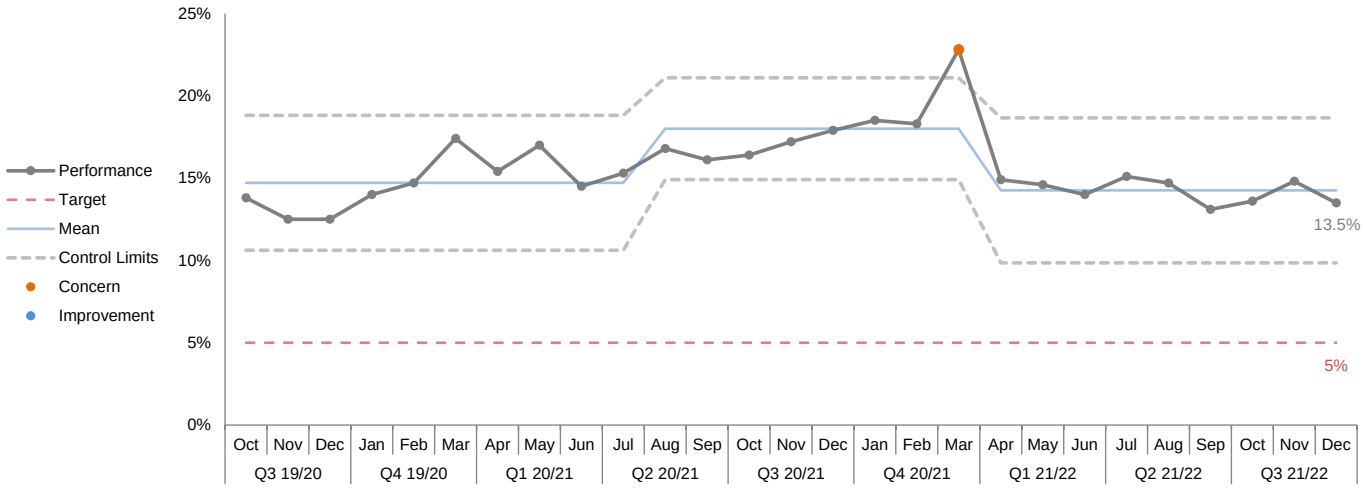
Quality | Operations | **Workforce** | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Bank & Agency Costs The total bank & agency cost as percentage of the total pay costs	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month		Actual
Dec-21		13.5%

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 up to Sep19, normal performance varies between 10% and 13%. Oct19 shows the start of a new higher level of bank & agency costs, which runs through to Jul20. Another step increase in bank & agency costs can be seen starting from Aug20 through to Feb21, with the March position being significantly higher than that. Performance since April 2021 has continued to hover around 13% to 14% with the latest month of December 2021 currently at 13.5%.

Narrative

Issues:

The total bank and agency spend in December was £3.28M, which represents 13.46% of the total pay bill within the month and is £75K lower than in November.

The Division with the highest bank & agency spend in December was M&UC (£1.10M), followed by Surgery with £822K.

Actions & Mitigations:

Staff absence as a consequence of COVID infection and self-isolation has significantly impacted on clinical rosters. This has led to increased use of bank and agency workers. As this peak passes, the staffing pressures on substantive teams will return to more normal levels.

The Trust has implemented an incentivised rate for NHSP bank workers to increase bank fill and reduce more expensive agency fill.

Meeting date	3rd February 2022	✓	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Vaccination as a Condition of Deployment (VCOD) Update					
Lead Director	Director of People & OD		Author	Deputy Director of People & OD		

Recommendations made / Decisions requested

The Board of Directors are requested to note the contents of this report.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

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

Executive Summary

The Secretary of State for Health and Social Care has announced the Covid-19 vaccination is to become a compulsory requirement for all those working in the NHS from 1st April 2022. This will include anyone working in an area where CQC regulated activity is performed, including the independent sector and agency/bank workers in clinical areas.

All NHS workers affected by the Regulations (identified as in scope) will need to have had the first dose of the Covid-19 vaccination by **3rd February 2022** at the very latest and the second by **31st March 2022,** unless you are clinically exempt. The COVID-19 booster is not included in the regulations.

The Board of Directors are requested to receive assurance that all steps are being taken to address the implementation of the national guidance in respect of VCOD, identification of risks and acknowledge that regular updates will be provided to the executive team on the impact.

1. Introduction

1.1 The Secretary of State for Health and Social Care has announced the Covid-19 vaccination is to become a compulsory requirement for all those working in the NHS from 1st April 2022. This will include anyone working in an area where CQC regulated activity is performed, including the independent sector and agency/bank workers in clinical areas.

This includes front-line workers, as well as non-clinical workers not directly involved in patient care but who may have direct, face to-face contact with patients, such as receptionists, ward clerks, porters, and cleaners. The purpose of this new requirement is to protect vulnerable patients and individual workers in health and social care settings, hospitals, and community services and where care is delivered in a person's home.

All NHS workers affected by the Regulations (identified as in scope) will need to have had the first dose of the Covid-19 vaccination by **3rd February 2022** at the very latest and the second by **31st March 2022,** unless you are clinically exempt. The COVID-19 booster is not included in the regulations.

In line with this we have undertaken an approach to strongly encourage anyone who is eligible to ensure they have received their first and second dose before the regulations come into force.

To support organisations with the implementation of VCOD two guidance documents have been issued:

(VCOD) for healthcare workers: Phase 1 – Planning and preparation
VCOD for healthcare workers: Phase 2 – implementation

The guidance has been reviewed and our approach is aligned, along with the interpretation and agreements reached through the GM HRD group.

2. Current Position

In preparation for receipt of the national guidance a scoping exercise was undertaken which demonstrated the following position, as of 13th January:

Table 1 – Summary by Division

	Ineligible - Only 1 Dose Received	No Doses Received	Unknown	Grand Total
Corporate Services	6	25	24	55
Emergency Department	3	13	7	23
Estates & Facilities	15	37	8	60
Integrated Care	26	56	19	101
Medicine & Clinical Support	16	56	28	100
Stockport NHS Trust			1	1
Surgery	27	40	26	93
Women, Children & Diagnostics	19	37	11	67

Grand Total	112	264	124	500

Table 2 – Summary by Staff Group

	Ineligible - Only 1 Dose Received	No Doses Received	Unknown	Grand Total
Add Prof Scientific and Technic	1	8	1	10
Additional Clinical Services	33	82	44	159
Administrative and Clerical	12	55	12	79
Allied Health Professionals	4	14	6	24
Estates and Ancillary	14	36	8	58
Healthcare Scientists	6	5	1	12
Medical and Dental	4	7	18	29
NULL			1	1
Nursing and Midwifery Registered	38	57	33	128
Grand Total	**112**	**264**	**124**	**500**

These tables detail the position of all staff whether they will be deemed to be in scope or out of scope in terms of the provision of CQC regulated activity and the associated guidance which has been emerging regarding access to patient areas and the implications for staff geographical bases.

An initial exercise has been undertaken to consider our roles and locations of staff to determine the scope states and will be subject to review by a panel which is scheduled to take place on 27th January 2022. The panel will consist of HR, Operations and Unions representatives.

3. Progress to date

a) Briefing sessions have been held with divisional leadership teams, HR team and staff side colleagues.
b) Individual letters to staff with incomplete vaccination records have been sent on 13th January, with individual staff meetings commencing from 19th January onwards, all staff will be met with by the end of January. Meetings to take place with Matrons or equivalent or above and managers have been provided with guidance and HR support for these meetings. Staff side colleagues have had release from their duties facilitated to support the meetings.
c) All recruitment to non-patient facing roles have been 'frozen' for redeployment opportunities.

4. Next Steps

a) Meeting outcome letters to be sent to staff from w/c 24th January detailing the discussions and next steps, whether that is provision of evidence, medical exemption confirmation, booking of outstanding vaccine doses or confirmation that the individual does not wish to be vaccinated.
b) Scoping panel to meet and confirm the roles in scope, as detailed above.

c) Provision of a ‘grand round’ to provide staff who may remain hesitant with information and support to ensure they are making an informed decision as to whether to proceed with their vaccinations.
d) Updated EIA to ensure appropriate actions and mitigations are noted in relation to protected characteristics
e) Completion of data impact assessment
f) Finalising the psychological services support available for staff and managers.
g) Review of the outcome of the meetings to inform the identification of service delivery risks

5 Recommendation

The Board of Directors are requested to receive assurance that all steps are being taken to address the implementation of the national guidance in respect of VCOD, identification of risks and acknowledge that regular updates will be provided to the executive team on the impact.

Meeting date	3rd March 2022	✓	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Health and Wellbeing Pledge Update					
Lead Director	Director of People & OD		Author	Deputy Director of People & OD		

Recommendations made / Decisions requested

The Board of Directors are requested to note the contents of this report.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

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

Executive Summary

Further to the paper presented to the Board of Directors in December 2021 detailing the NW Health and Wellbeing Pledge which aims to shift the focus from sickness absence to a person-centred approach to health and wellbeing; a collaborative approach has been taken to determine the next steps and actions in support of the delivery & achievement of the pledge. This paper provides the Board of Directors with an update on progress.

There has been a collaborative approach via a working group of HR professionals between ourselves and colleagues from Tameside and Glossop Integrated Care NHS Foundation Trust to share our learning and peer support for the development of delivery actions.

This aims to move from a rigid, policy-centric framework to a person-centred flexible approach. The following are key deliverables as part of this project:

- A service framework to deliver holistic high quality wellbeing services for all of our colleagues.
- A wellbeing and attendance management policy framework that supports flexibility and considers a person centric approach.
- A wellbeing leadership development framework that enables line managers to lead with confidence.
- Robust evaluation arrangements, working with an independent research partner.

Our working group will regularly meet to take progress actions and take an overview of the three work streams and proposed actions. The working group will then oversee the implementation of the agreed actions in line with the Health and Wellbeing pledge. Further updates and monitoring of the action plan will be undertaken via the People Performance Committee

1.0 Introduction

1.1 Further to the paper presented to the Board of Directors in December 2021 detailing the NW Health and Wellbeing Pledge which aims to shift the focus from sickness absence to a person-centred approach to health and wellbeing; a collaborative approach has been taken to determine the next steps and actions in support of the delivery & achievement of the pledge. This paper provides the Board of Directors with an update on progress.

1.2 There has been a collaborative approach via a working group of HR professionals between ourselves and colleagues from Tameside and Glossop Integrated Care NHS Foundation Trust to share our learning and peer support for the development of delivery actions.

2.0 Key Deliverables.

2.1 The following are key deliverables have been identified:

- A service framework to deliver holistic high quality wellbeing services for all of our colleagues.
- A wellbeing and attendance management policy framework that supports flexibility and considers individual circumstances.
- A wellbeing leadership development framework that enables line managers to lead with confidence.
- Robust evaluation arrangements, working with an independent research partner.

3.0 Action Planning.

3.1 Our working group met initially in December 2021 where we examined the potential for partnership working and the following joint work streams were established:

A Wellbeing Services Which Support the 95%

A group has been established to examine the current wellbeing offer of each organisation, to create an inventory of resources, identify shared good practice, potential gaps and where further joint work could be undertaken.

Following a comparative inventory of the Health and Wellbeing offer at both Trusts, the following are activities that have been identified that can easily be shared/replicated in each organisation:

Activity at Stockport NHS Trust	**Action**	
Mindfulness sessions	Share details and were possible opportunities for Tameside staff to attend.	Feb 2022
Free online mental health training - PHE	Share relevant links	Feb 2022
Resilience training for teams	Share details and were possible opportunities for Tameside staff to attend.	Feb 2022
Free apps to support mental health	Share details of apps promoted.	Feb 2022
Stress at work sessions	Share details and were possible opportunities for Tameside staff to attend.	Feb 2022

Complementary Therapists	Examine opportunities for sharing this resource.	Feb 2022
Fit 4 the Fight - free online exercise classes	Share links to online classes	Feb 2022
Schwartz Rounds	Share details of how these were developed.	Feb 2022
Mental Health Practitioner – Virtual training	Offer opportunities for Tameside staff to attend.	Feb 2022

Activity at Tameside and Glossop ICFT	**Action**	
Wellbeing Conversations resources	Share links to existing resources	Feb 2022
The Haven at the Hospital (discounted complimentary therapy, massages etc.).	Enquire if Haven can be available 1 day a week at Stockport.	Feb 2022
My MindPal App	Share details of the MindPal App	Feb 2022
Walking and cycling routes	Share details of approach used.	Feb 2022
Staff Benefits Leaflet	Share leaflet.	Feb 2022
#WalkthisMay	Promote a Trust v Trust Walk this may 2022 challenge.	May 2022
Health & Wellbeing environmental Audits	Audit tool to be shared	Feb 2022
Menopause Awareness sessions	Offer advice on development of training and policy.	Feb 2022
LGBTQ+ Masterclass	Offer opportunities for Stockport staff to attend, via EDI Lead	Feb 2022
Disability Smart Masterclass	Offer opportunities for Stockport staff to attend, via EDI Lead	Feb 2022
Monthly H&WB newsletter	HWB newsletter shared with Stockport.	Complete
Implicit Association training	Offer opportunities for Stockport staff to attend, via EDI Lead	Feb 2022
Spotlight on month	Share details of the resources for Spotlight on HWB month and Spotlight on EDI month.	Feb 2022

B Person-Centred Wellbeing and Attendance Policy Framework

This group will produce a revised policy framework for both organisations which will move towards a person-centred approach. The group will make recommendations for the support offer to the HR teams in moving to a person-centred approach and training/development for teams to implement the new approach.

The policy will need to be consulted on with trade union colleagues before being approved and conversations have already commenced regarding the Pledge and the approach via the JCNC.

Activity	Action	
Develop Person-Centred Wellbeing/Attendance Policy	Produce draft policy for consultation with trade union colleagues	Feb 2022
Identify development needs of HR teams	Training needs analysis and implementation	March 2022
Involve OH teams with new approach	Engagement with OH regarding new approach & implications	Feb 2022
Consultation	Consult with trade union colleagues	March 2022
Policy approval	Gain final approval of policy through EMT	March 2022

C Leadership and Management Development

A group to examine the requirements for leadership and manager development, in moving from the current policy position to a person-centred approach in relation to attendance management. Engagement with managers will need to take place to understand their concerns, agree what support will be helpful to them to provide the right level of development.

Activity	Action	
Identify development needs of leaders and managers	Training needs analysis and implementation	March 2022
Training and awareness sessions on new policy & approach	Develop training and awareness sessions on new Policy	June 2022

4.0 Next Steps

Our working group will regularly meet to take progress actions and take an overview of the three work streams and proposed actions. The working group will then oversee the implementation of the agreed actions in line with the Health and Wellbeing pledge. Further updates and monitoring of the action plan will be undertaken via the People Performance Committee.

Stockport NHS Foundation Trust

Meeting date	3rd February 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Green Plan					
Lead Director	Paul Featherstone, Director of Estates & Facilities		Author	Rajni Sisodiya, Energy & Sustainability Manager		

Recommendations made / Decisions requested

The Board of Directors is asked to review and approve the Green Plan.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
	Well-Led		Use of Resources

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
		PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline
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		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered

		PR2.1	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes
		PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented
		PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
		PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position
	X	**PR6.2**	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
	X	**PR7.1**	There is a risk that the estate is not fit for purpose and does not meet national standards
	X	**PR7.2**	There is a risk that the Trust does not materially improve environmental sustainability
		PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
		PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy

Where issues are addressed in the paper-

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

Executive Summary

The Green Plan has been created in line with statutory obligations

The Green Plan represents the beginning of a formalised sustainability journey and will facilitate the core objectives of the plan.

The Green Plan and the supporting governance process will provide the road map to managing the statutory obligations and realising the Trust's ambition for a sustainable future.

Stockport NHS Foundation Trust
Green Plan

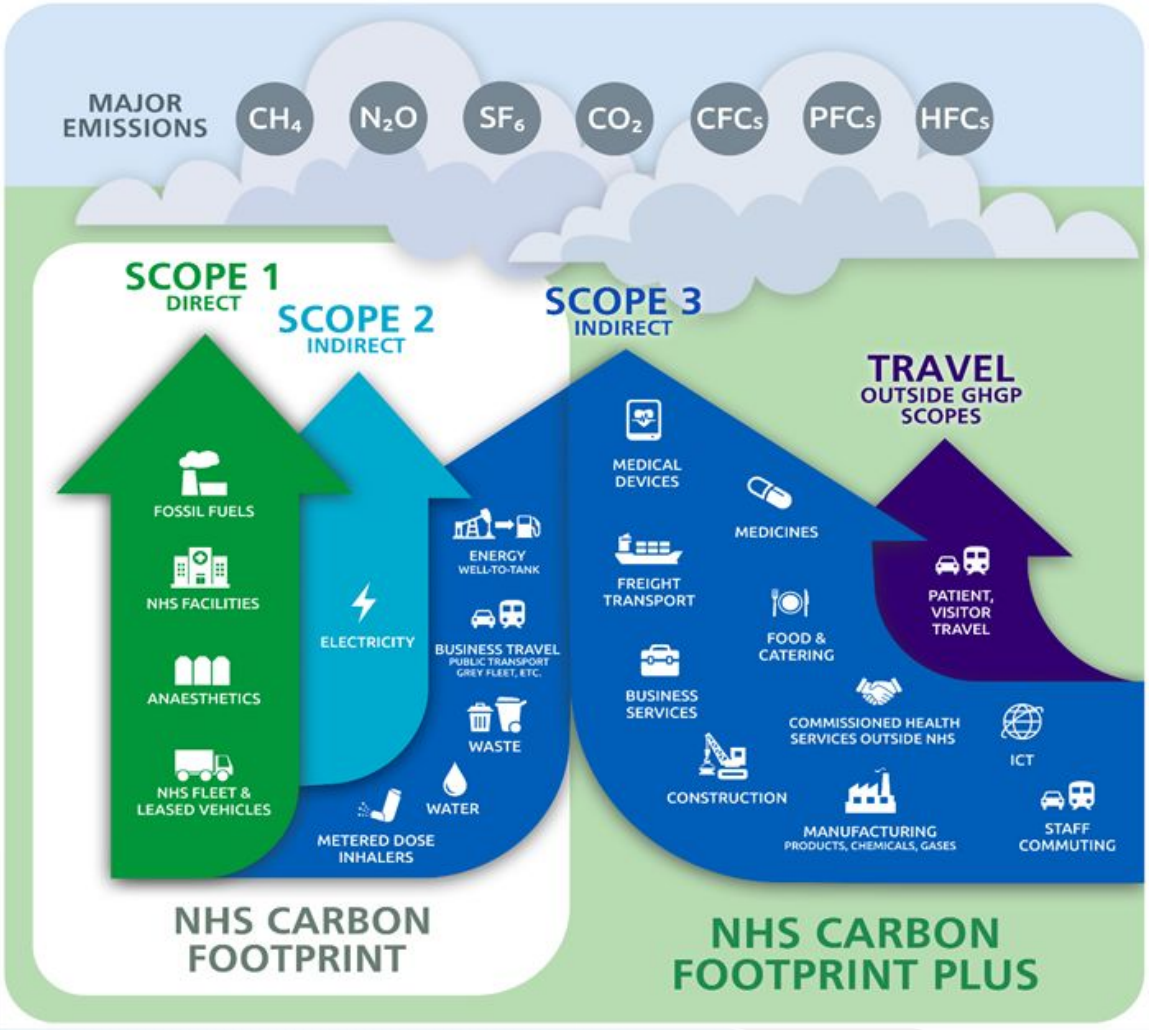
Background

- The 2015 United Nations Paris Agreement committed the UK to legally binding greenhouse gas reduction targets
- The UK government has committed to Net Zero emissions by 2050
- As per the 2021/22 NHS Standard Contract: Every trust to ensure a board member is responsible for their net zero targets and their Green Plan.

Background

- The NHS has committed to being Net Zero by 2045 with interim targets
- **Carbon Footprint (Scope 1 & 2):** 80% reduction by 2028-32 and Net zero by 2040
- **Carbon Footprint Plus (Scope 3):** 80% reduction by 2036-39 and Net Zero by 2045

Define Scope: Greenhouse Gases/ Scope

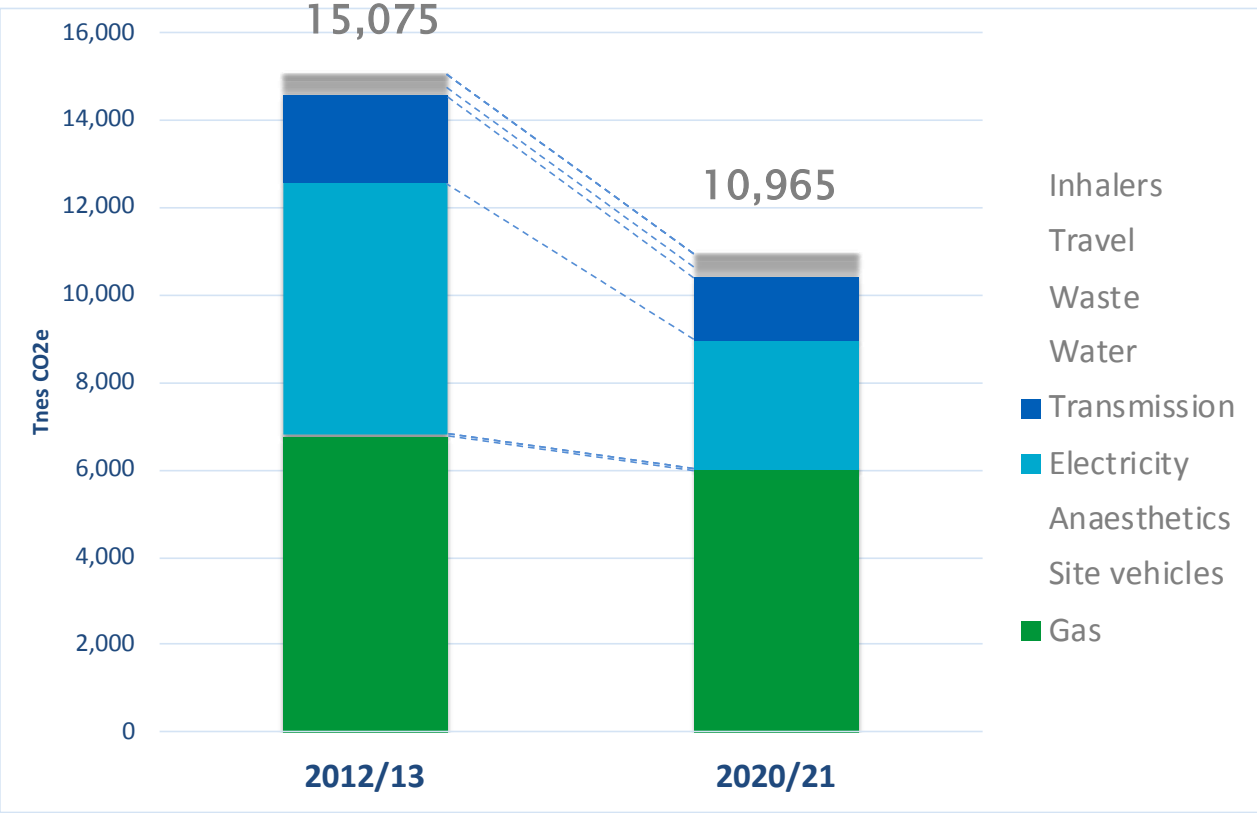


Scope 1
Gas for heating/hot water
Gas for catering
Fuel for on site vehicles
Anaesthetic Gases

Scope 2
Electricity for lighting
Electricity for ventilation/air con
Electricity for equipment
Electricity for catering

Scope 3
Water
Waste
Business Travel
Transmission losses

Calculate Emissions: Change 2013 – 2021

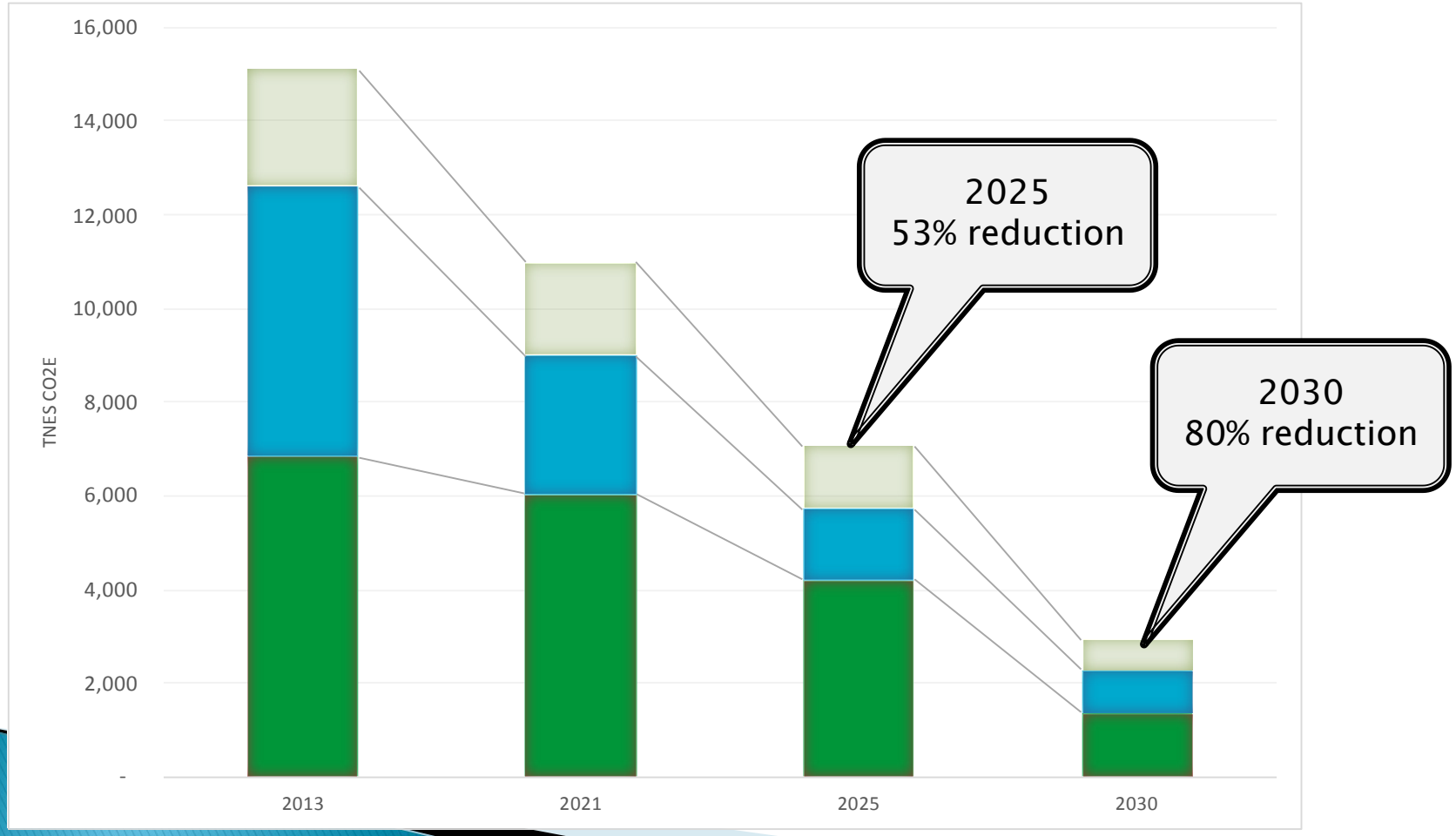


Carbon Footprint:

27% overall reduction

- Gas 11% reduction
- Electricity 49% reduction owing to grid change
- Waste increase

Identify Roadmap: By Scope



Governance

- The Plan will be presented to the Board for approval on **03/02/2022**
- The Trust will have a nominated Board level lead and an executive lead who will provide leadership on the Green Plan and sustainability agenda
- A Green Plan Committee which will include representatives from Finance, Procurement, Estates and Facilities, Pharmacy, Nursing and Medical representation.
- This committee will meet on regularly basis and will report Green Plan progress to the Board every 6 months
- Through recommendations from the Green Plan Committee the Trust will aim to further embed Sustainability in its strategic objectives and decision making process

What will the Green Plan deliver?

- Developing a low carbon workforce
- Reducing our carbon footprint
- Anaesthetic Gases and Inhalers reduction
- Developing Low Carbon Care Models
- Reducing Local Air Pollution
- Reducing Waste
- Lower Carbon Procurement
- Sustainable Building Design and Climate Change Adaption

NHS
Stockport
NHS Foundation Trust

Our Green Plan
– a strategy for a sustainable future

Making a difference every day

www.stockport.nhs.uk

FOREWORD

We are pleased to show our support for this Green Plan.

Stockport NHS Foundation Trust provides hospital care for children and adults across Stockport and the High Peak, as well as community health services across Stockport. We care about our patients and their families, the communities we serve and the environment. We recognise the impact that our clinical activities have on climate change and are committed to the net zero ambitions of the NHS.

Our Green Plan sets out our aims and commitment to improve the environment for our communities and become a sustainable healthcare provider. Through this plan, we will reduce our carbon emissions; reduce landfill waste and improve local air quality. Together, we will work with local partners to create a better environment for our patients and community.

Prof. Tony Warne
Chair

Karen James OBE
Chief Executive

Contents

*** Please note all pictures were taken pre-COVID**

1. Introduction

About the Trust

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

Strategic Vision & Values

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

Our Mission:

- Making a difference every day

Our Values:

- We Care
- We Respect
- We Listen

Our Strategic Objectives:

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

Alignment of Plans

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

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

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

Making a difference every day

Our Trust Service Objectives:

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

Purpose of this Strategy

In 2015 the United Nations Paris Agreement was adopted by 191 countries with the aim of reducing greenhouse gas emissions and keeping the rise in average global temperatures to less than 2°C (3.6 °F) above pre-industrial levels, with an ultimate ambition of 1.5 °C (2.7 °F).

In 2020 the NHS published its strategy "Delivering a 'Net Zero' National Health Service" , highlighting that one of most significant challenges to the health care system is the climate emergency.

"Unabated it will disrupt care, and affect patients and the public at every stage of our lives. With poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer, our efforts must be accelerated."

Sir Simon Stevens, Introduction to the Net Zero NHS strategy

In line with the Trust's Objective to support the health and wellbeing of our communities and utilise our resources in an efficient and effective manner, this Green Plan sets out the progress and future actions required to reduce our impact on the environment and help address the climate emergency.

It is the Trust's ambition for the emissions we control directly - our carbon footprint - to reach net zero by 2040, with an initial 80% reduction on our 2012/13 baseline by 2032. For all other emissions that we can influence - our Carbon Footprint Plus - we aim to reach net zero by 2045, with an 80% reduction by 2039.

We will keep these targets under annual review and, where possible, we will move further and faster with our ambitions, subject to available resources. In addition, we will undertake a full review of progress and action plans every three years.

Stockport NHS Foundation Trust

11.1

Making a difference every day

2. Our Green Plan on a Page

The Trust Strategy 2020-2025 sets out 5 strategic objectives including **“Investing for the future by using our resources well’**. Reducing our carbon footprint is therefore key to delivery of the Trust’s Strategic ambitions.

Carbon management is at the heart of this green plan and our focus is on achieving the ambitions set out in the NHS plan “Delivering a net zero National Health Service” by:

- Developing a low carbon organisation and workforce
- Reducing our carbon footprint
- Developing lower carbon care models
- Reducing local air pollution though sustainable transport
- Reducing waste and moving to zero landfill
- Reducing water use and including sustainable drainage solutions for new build
- Lower carbon procurement and catering, including action to reduce single use plastics
- Sustainable building design and climate change adaptation

Our Green Plan has the following ambitions:

Reduce greenhouse gas emissions by 80% by 2032

A net zero carbon footprint by 2040

All trust vehicles to be ultra low or zero emission

75% cut in business travel emissions by 2030

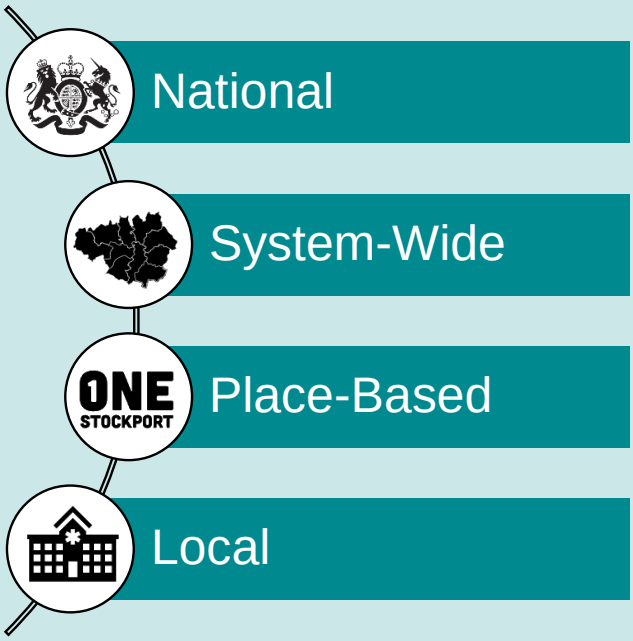
Zero waste to landfill

Single use plastics in catering phased out

Purchasing to take account of social value weighting

3. Our Strategic Environment

We recognise that Acute Trusts are part of a wider system of health and care and must work together with partners to deliver for local people.



Collaboration is a central pillar of our Trust Strategy:

- nationally, the Trust is part of the National Health Service and committed to delivering the clinical improvements set out in the NHS Long-Term Plan;
- the Trust is an active member of the Greater Manchester Integrated Care System and devolution project;
- the Trust has been central to the development of Stockport's new Borough Plan – ONE Stockport – and will play a significant role in delivering its new Health and Care Plan;
- and locally, the Trust collaborates with a range of partners in delivery of clinical services.

National Context

In October 2020, the Greener NHS National Programme published its new strategy, *Delivering a 'net zero' National Health Service,* which set out the objective of reducing the emissions the NHS controls directly to net zero by 2040 and the emissions the NHS can influence to net zero by 2045, with an interim target of 80% reduction by 2028-32 and 2036-2039 for each aim respectively.

The 2021/22 NHS Standard Contract set out a requirement for hospital trusts to develop a Green Plan to detail their approaches to reducing their emissions in line with the national trajectories. This plan is designed to ensure the Trust is aligned with those National commitments.

System-Wide Context

The Greater Manchester Integrated Care System has a requirement to produce a consolidated Green Plan covering all health care providers in the area. In turn, the GMICS will be required to ensure each provider has a Green Plan that is aligned with the system wide plan. This Green Plan has been produced taking account of guidance provided from the Greater Manchester Health and Social Care Partnership.

Place-Based Context

The One Stockport plan has an ambition to create a climate friendly and sustainable borough. This plan addresses the Trust's impact on the environment and what we will do to become more climate friendly through significant reductions in global and local emissions.

Local Context

We are the largest provider of healthcare and one of the largest employers in Stockport. This plan addresses how we will help reduce local air pollution by expanding low carbon models of care, investing in low carbon vehicles, encouraging lower carbon options for travel and minimising emissions from our operations.

4. Our Journey

Since 2013, we have reduced our carbon footprint by **26.1%** to under **12,500 tonnes**

Our waste output has **reduced by 18%**

Our **electric vans** support service delivery without contributing to air pollution.

By 2040 our carbon footprint will have shrunk by nearly **17,000 tonnes per year** - equivalent to the emissions of over 1000 households

Over recent years Stockport NHS Foundation Trust has made significant progress on its environmental agenda. The following section sets out our journey to date as a backdrop to our ambitions for the future.

Our building actions

The Trust has achieved carbon savings as a result of reducing building energy through a number of projects, including:

- Investing over £600,000 in LED lighting upgrades in 2019-2021
- Installing cost effective duplex stainless steel plate heat exchangers to improve energy efficiency and minimise waste water pollution
- Reducing mechanical ventilation by improving airflow and natural ventilation through the installation of new windows
- Increasing insulation of roof spaces and exposed pipe work and valves
- Old boiler replacement programme
- Voltage optimisation
- Use of intelligent building management system to support heating control optimisation

Anaesthetic Gases and Inhalers

Medicines account for 25% of emissions within the NHS. A small number of medicines account for a large portion of the emissions, and there is already a significant focus on two such groups – anaesthetic gases and inhalers – where emissions occur at the 'point of use'. These emissions account for around 12% of our total carbon footprint.

Working with patients, clinicians and industry, from 2015/16 to 2020/21 the overall carbon footprint associated with anaesthetic gases was reduced by 20.7% and the proportion of desflurane to sevoflurane reduced from 49.3% to below 7%.

Nitrous oxides make up over 96% of the carbon footprint associated with anaesthetic gases and there has been a 4% increase over the last two years, with Maternity making the largest contribution.

Inhalers contribute under 0.3% of the Trust carbon footprint but have seen a 27% reduction in carbon emissions. Mainly due to lower volumes issued.

Developing a low carbon workforce

The Trust's Carbon Management Implementation Plan (CMIP) has been in place since 2008, with a focus on energy efficiency, waste management and low emission vehicles.

From 2021, the Trust has participated in the Carbon Reduction Commitment, with external verification of performance and reviews lead by the Estates Department.

Staff have been involved in developing low carbon opportunities for funding supported by external experts, including recent bids for funding under the Public Sector Decarbonisation Fund, which brought together teams from estates, IT and finance.

The Trust has also recently appointed a new Energy and Sustainability Manager and have engaged an expert in carbon management and sustainability in support.

Reducing our carbon footprint

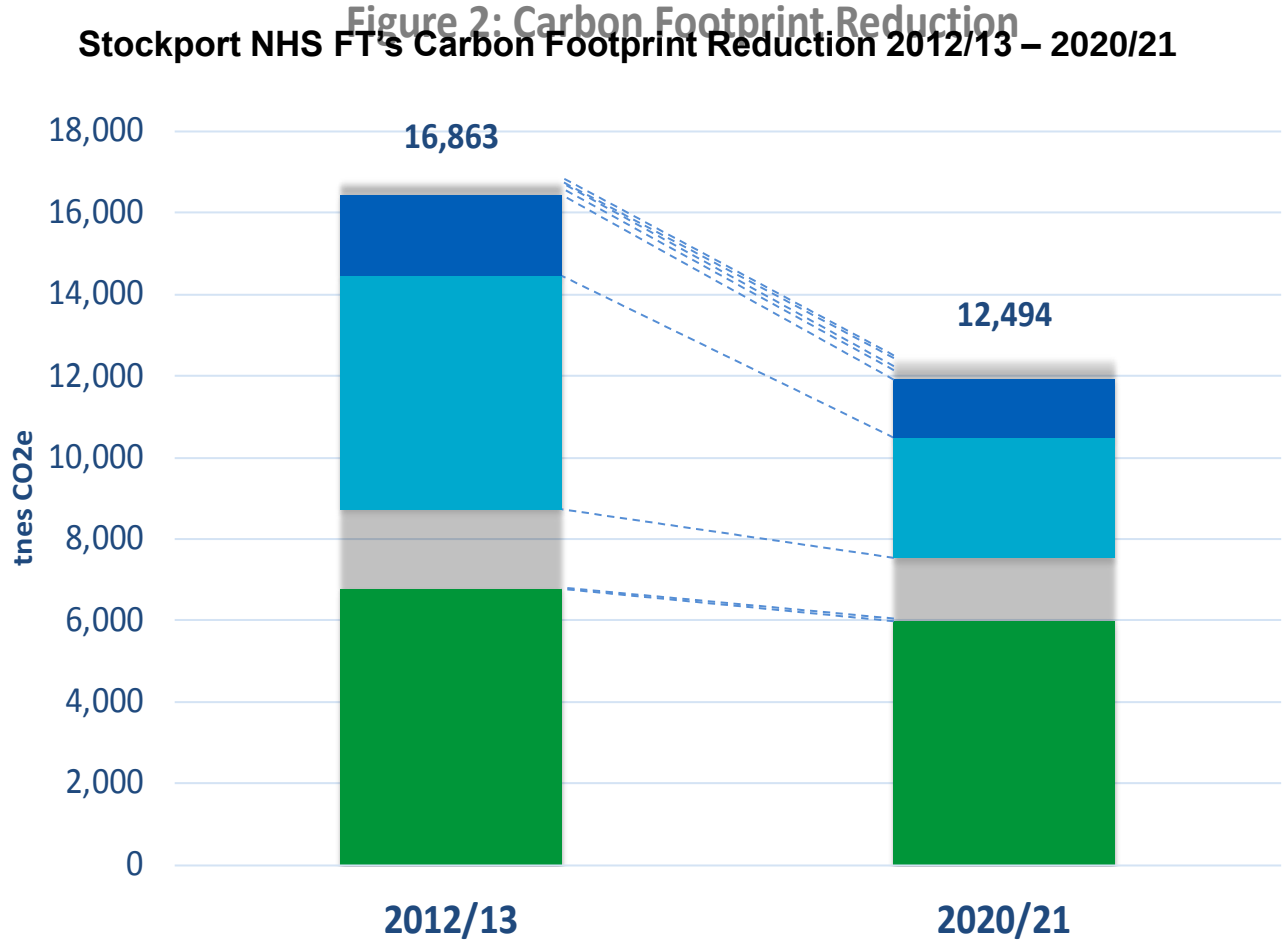
In 2014 our ambition was to echo the NHS target of a 28% reduction in carbon emissions from a 2012/13 baseline.

We have reassessed and independently verified the baseline to include elements in the current NHS Carbon Footprint definition.

Our baseline Carbon Footprint, measured as tonnes of carbon dioxide equivalent (CO_2e), was 16,863 tonnes.

By 2021 it had reduced by 26.1% to under 12,500 tonnes (see figure below).

Figure 2: Carbon Footprint Reduction



Reducing Local Air Pollution

The Trust has a rolling programme of vehicle replacement to improve the overall efficiency of the fleet and to reduce air pollution.

In 2020/21 the Trust took delivery of two fully electric vehicles and anticipating delivery of another two electric vans. We plan to continue replacing our current vehicles with electric fleet as part of an ongoing replacement program.

We have 4 electric charging points for staff to charge their electric cars at reduced rates and we plan to install more charging points in 2022-23.

A complete smoking ban has been in place on Trust property since 2005 and during 2019/20 we continued to strengthen the effectiveness of this policy with a direct and honest poster campaign supplemented by security officers politely reminding people of our non-smoking policy.

Developing lower carbon models

The NHS Long Term Plan set a number of critical priorities to support digital transformation, seeking to mainstream digitally-enabled care across all areas of the NHS.

The Trust has made significant steps in this area. Wards are digitalised where possible with:

- Electronic Prescribing and Drug Administration
- Electronic system to record patient observations and assessment forms
- Electronic Whiteboard system
- Digital patient meal ordering
- Digital radiological images
- Electronic ordering of laboratory and radiology investigations
- Electronic reviews of laboratory and radiology results

We are also meeting our own internal target of 25% of all consultations to be undertaken virtually, by video or phone.

As a response to COVID a significant number of laptops were rolled out to those that could work from home and as such this has had a direct reduction in emissions from staff travel. This has been complemented by providing access to video conferencing and the provision of unified communications.

Reducing Waste

Our waste actions have concentrated on reducing the amount going to landfill whilst increasing opportunities for recycling and reducing single use plastics.

Our total waste tonnage has reduced from 1197 tonnes in 2012/13 to 981 tonnes in 2021, a reduction of 18%. There has also been a reduction of 56% in the amount that goes to Landfill as opposed to recycling/recovery.

Recycling drop-off points and the segregation of cardboard, scrap metals, furniture and electrical waste, together with improvements made to waste compactors, collection bins and holding areas, have contributed to improved recycling performance.

We currently send our food waste off-site to Re-Food which generates biomass energy from the waste.

We have removed single use plastics from the retail outlets and all our take away items are recyclable.

In the patient kitchen we have extensively reduced single use plastics and use crockery where we can instead of plastic cutlery.

Reducing Water Use

The Trust recognizes that the pandemic has contributed to an increase in our water consumption in 2020/21.

However, we will continue to investigative and actively identify any water leaks on-site to reduce our consumption. In addition, the Estates team is looking to minimize water consumption through the use of water efficient technology across the estate such as data loggers and regular recording of sub-meter data.

Reducing consumption will continue to be an area of focus during 2022. However, we are conscious of the need to balance water efficiency initiatives with the need to maintain robust infection control regimes and to guard against the risks of legionella contamination of water systems by regular flushing of water outlets.

Lower Carbon Procurement

The Trust has a Materials Management Team which works closely with the wards and the departments they service to ensure stock levels are correct so there is no overstocking. The Trust is also part of the North West sustainability Group which the Greater Manchester Sustainability Group feeds into.

We are actively working to reduce our use of single use plastics and non-recycled colour paper. The majority of the paper used in the Trust is 100% recycled.

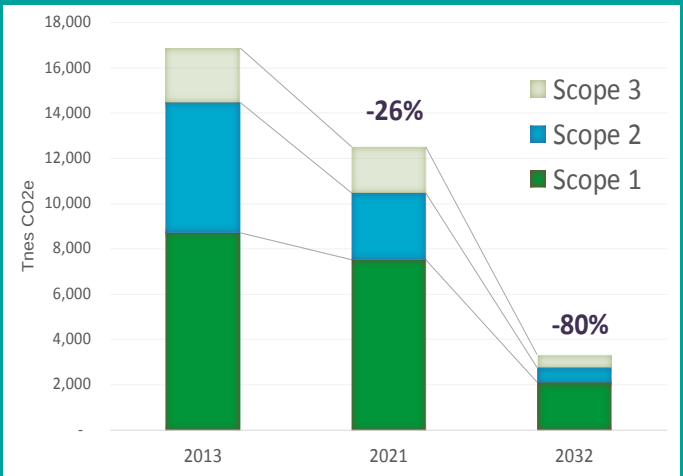
5. Our Ambition

Our ambition is to build on our 26% reduction in our carbon footprint and deliver an 80% reduction by 2032, ultimately achieving net zero by 2040.

As more reliable data becomes available, we will extend our ambitions to include additional emission targets for our purchasing, IT and staff/visitor travel.

Our carbon footprint reduction will be achieved by setting initial targets for building energy use, anaesthetic gases, travel, waste and purchasing.

We will review our ambitions regularly and share our performance. We will also continue to consult with our stakeholders and encourage them to challenge our ambitions and input to the process.



Our initial targets are:

- **Building Energy Use:** A 30% reduction carbon related to gas and electricity use by 2025, followed by annual reductions to achieve an 80% reduction by 2032. All new buildings projects to be designed as net zero carbon.
- **Vehicles**: Over the next five years the Trust will work towards replacing all its vehicles with ultra-low or zero emission vehicles.
- **Travel:** Over the next three years the Trust will review business travel and aim to cut related carbon emissions by 15% per annum with a 75% reduction target by 2030
- **Anaesthetic Gases**: Where clinically possible, anaesthetic gas carbon emissions will aim to be reduced by 50% by 2030. We also aim to eliminate Desflurane use in clinical practise.
- **Single Use Plastics**: Over the next three years the Trust will cease the use in non-clinical areas of single-use plastic cutlery, plates and food containers. Over the same time period, the Trust will seek alternatives to single use food and beverage containers in clinical areas and aim to reduce usage.
- **Waste Management**: Over the next three to five years the Trust will , in conjunction with its waste management partners, move towards zero waste to landfill and aim to cut its overall waste tonnage by 10% compared to 2020/21 levels.
- **Procurement**: The Trust will contract to have 100% green electricity from April 2022. The Trust will revise its purchasing procedures to take account of carbon emissions and social, economic and environmental benefits for the local community.

6. Delivering our Green Plan

The following section sets out the actions we intend to take to deliver our Green Plan.

Developing a low carbon workforce

Trust will launch a staff awareness campaign in early 2022 with the aim of encouraging positive and long lasting sustainable behaviour change among our staff members. In addition, we will build a network of Green Champions who will lead the sustainability agenda in their respective departments.

The Trust will create a Sustainability microsite on the staff intranet which will contain information on sustainable actions our staff can take to reduce waste, conserve water and energy, as well as active travel and well-being.

Reducing our carbon footprint

We will develop a comprehensive carbon monitoring system focused on identifying energy use in different areas of the site to enable better targeting of action. Annual reduction targets will be set in line with our overall ambitions.

The Building Management System (BMS) is currently being upgraded and we are having new controllers installed to allow us to improve monitoring in 2022. We plan to optimise use of the BMS system to improve our control over energy use across the hospital site.

In 2021/22 £60k was invested in LED lighting and this will increase as we install LED in the Endoscopy suite, ward M6 & the CDU schemes.

Subject to business case approval, we are looking over the next three years to invest in the following carbon saving initiatives:

- Approximately £150K into new insulated roofing
- Approximately £250k in replacing steam pipework
- Approximately £150k in window replacements

We will also look at opportunities to decarbonise gas fired heating systems when assets are due for renewal.

Anaesthetic Gases and Inhalers

The Trust's Medical Gases Committee will review further opportunities to reduce the carbon emissions associated with anaesthetic gases and inhalers, with a particular focus on reducing the use of Nitrous Oxides and lower carbon inhalers.

In December 2021, our Anaesthetic department made a decision to eliminate the use of Desflurane. Recommendations will be brought to the Trust Board in 2022 with implementation from 2023/24.

Developing Low Carbon Care Models

We will review the outcomes of virtual consultations and seek to enhance and expand the offerings where appropriate.

We will continue to support staff who wish to work flexibly and will further promote the use of video conferencing to reduce staff journeys.

Clinical noting is still carried out using paper in all inpatient and outpatient settings and will be addressed with the procurement of an EPR solution which is outlined in the Trust Digital Strategy 2021-26.

Reducing Local Air Pollution

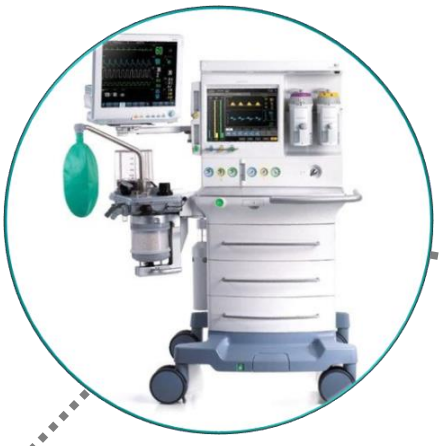
Trust will develop a policy on business travel that will promote the following hierarchy:

- Reduce unnecessary business travel by use of IT, coordination of visits, route planning etc.
- Use of walking, cycling and public transport
- Use of low or zero emission vehicles
- Car sharing

The Trust will look to develop and operate an expenses policies for Staff which promote sustainable travel choices.

Through our car lease scheme, staff can lease low emission and electric vehicles only. In future, we will aim to offer car leasing schemes for only electric and ultra-low emission vehicles.

Over the next 2 years, in partnership with the local council and transport providers, the Trust will produce a green travel plan for staff and patient journeys to the hospital.



Reducing Waste

To oversee our targets on reducing waste and removing and reducing single use plastics, a waste resources group will be set up comprising representatives or our estates, catering and procurement departments.

A full waste audit will be conducted to review generation, recycling and disposal routes in order to develop the zero waste to landfill target.

We will continue to identify areas where reduction/elimination of single use plastics can be economically undertaken without compromising patient care, with the aim of elimination for non-clinical need by 2025 and options for substantial reduction in clinical areas in the same timeframe.

Patient communications and incentives will be reviewed by the end of 2022/23 to ensure the return of walking aids is maximised.

Lower Carbon Procurement

The trust will aim to purchase 100% guaranteed green electricity where financially feasible.

By the end of 2022/23 the Trust will review procurement with an aim to identifying the carbon impact and the social, economic and environmental benefits for the local community and population. A purchasing policy will then be produced that favours lower carbon emissions, local sourcing and positive social, economic and environmental benefits for the local community and population.

By the end of 2023/24 the Trust will have identified the emissions that make up the Carbon Footprint plus and develop targets and actions plans to be in line with the ambitions in this green plan.

Sustainable Building Design and Climate Change Adaption

The Trust has announced its intention to bid for capital to develop a new hospital within Stockport to replace the existing provision. If successful, it will be to net zero carbon standards and include climate change adaption provision for extremes of weather.

In the meantime, working with design partners we will require new development on the existing site to be based on the NHS Net-Zero Carbon Hospital Standard. This will include all new designs commissioned from April 2022 and a review of potential for existing designs to move significantly towards the standard.

Building design teams will also be asked to review potential for water recycling, sustainable drainage and improved biodiversity.

In 2022/23 the Trust will commence a review of how green spaces and biodiversity can be significantly improved on the existing site by 2025.

7. Governance & Reporting

The Trust is committed to ensuring delivery of our strategic ambitions and will actively monitor the effectiveness of our plans.

The Trust already reports its sustainability performance in our Annual Report and ERIC (Estates Return Information Collection).

We also report on certain aspects of our carbon reduction performance via Greener NHS Quarterly Data Collection.

Individual departments have been active in developing procedures to ensure sustainability is taken into account across a wide range of activities.

In order to further coordinate and drive forward our agenda, the Trust will have a nominated Board level lead and an executive lead who will provide leadership on the Green Plan and sustainability agenda.

In 2022 we will set up a Green Plan Committee which will include representatives from the Finance, Procurement, Estates and facilities, Pharmacy, Nursing and Medical departments. This committee will meet on regularly basis and will report Green Plan progress to the Board every 6 months.

Through recommendations from the Green Plan Committee the Trust will aim to further embed Sustainability in its strategic objectives and decision making process.

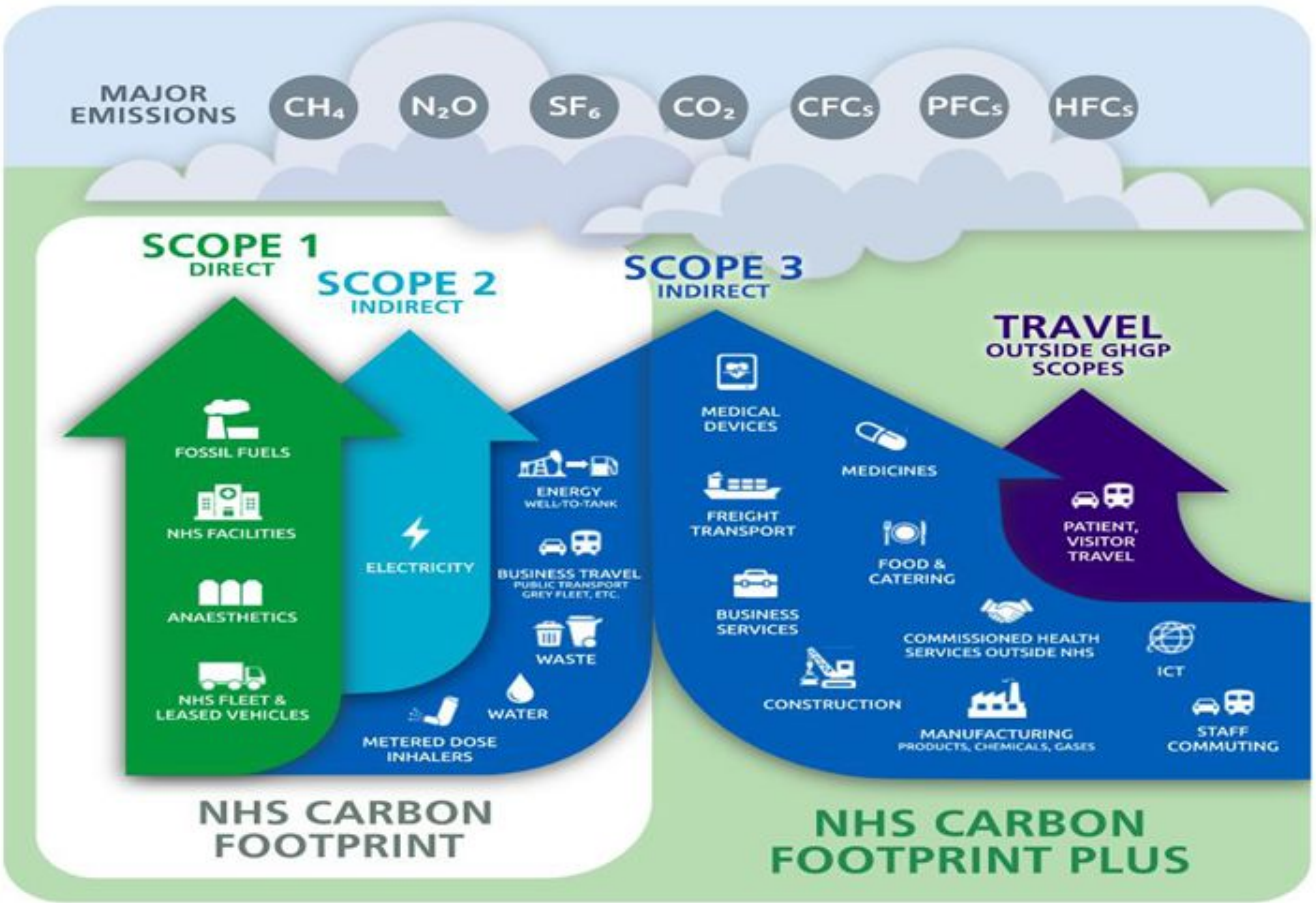
Appendices

A. Definitions

B. Carbon Footprint

Appendix A: Definitions

Term	Definition
Greenhouse gases	key gases that cause atmospheric warming including carbon dioxide, methane, nitrogen oxides, CFCs, HCFCs
Carbon Dioxide (CO_2)	the greenhouse gas that is present in the highest volume
Equivalent carbon (CO_2e)	emissions of any type of gas is converted to the equivalent amount of Carbon dioxide a common unit
Scope	activities that lead to emissions are grouped into different scopes: ❖ *Scope 1: Direct emissions e.g. from fossil fuels used on site (Natural gas for boilers/catering and Fuel for Trust vehicles) and anaesthetic gases* ❖ *Scope 2: Indirect emissions from electricity used on site* ❖ *Scope 3: Indirect emissions from* *a) Upstream/downstream energy distribution, water, waste, business travel, medical inhalers* *b) Purchasing of medicines, medical devices, food, staff commuting, patient/visitor travel, ICT, construction*
NHS Carbon Footprint	*Scope 1,2 and 3a from above*
NHS Carbon Footprint plus	*Scope 1,2, 3a and 3b*
Net-Zero	ensuring direct and indirect emissions of greenhouse gases are eliminated or offset by activities to remove a similar amount



Appendix B: Carbon Footprint Calculation

Our Carbon Footprint has been calculated as follows:

Data Sources:

Scope 1: gas from utility billing
trust vehicles from fuel consumption records
anaesthetic gases from pharmacy records and Greener NHS Dashboard
Scope 2: electricity from utility billing
Scope 3: water and waste from ERIC records
business travel from HR expenses records
inhaler data from pharmacy records

Baseline data is all from 2012/13 apart from the following where the oldest available data have been used:

- Anaesthetics - 2015/16 used as base data
- Business travel – 2014/15 used as base data

Emission Calculations

All figures converted using UK Government GHG Conversion Factors for Company Reporting apart from inhalers which use estimates developed by Prescquip https://www.prescqipp.info and anaesthetics which use NHS guideline figures. The table below shows the breakdown for the base year and current year (all figures in tonnes of CO_2e)

Scope	Measure	2012/13	2020/21
1	Natural Gas	6,771.5	5,996.4
	Site vehicles	54.0	36.2
	Anaesthetics	1,896.5	1,503.1
2	Electricity	5,751.6	2,938.7
3	Transmission / Distribution	1,984.6	1,446.6
	Water	144.2	210.4
	Waste	142.9	104.8
	Business Travel	34.8	197.1
	Inhalers	83.0	60.8
Total		**16,863**	**12,494**

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11.1

Stockport NHS Foundation Trust
Stepping Hill Hospital, Poplar Grove
Stockport, SK2 7JE

Stockport NHS Foundation Trust

Meeting date	3rd February 2022	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Board Assurance Framework 2021-22					
Lead Director	Karen James, Chief Executive		Author	Executive Directors Rebecca McCarthy, Company Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to:
- Review and confirm the Board Assurance Framework 2021/22 as at January 2022.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	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 annual corporate objectives that have been agreed by the Board.

In October 2021, the Board approved the BAF 2021/22 and confirmed the process for review and integration with the risk management system, including assignment of principal risks to a relevant Board level Committee for oversight. In line with the process, the full Board Assurance Framework 2021/22, as of January 2022, is presented to the Board, including a heat map and gap analysis between current and target risk score.

In review of the assigned principal risks by Board committees, it was broadly acknowledged that actions had progressed to mitigate risks, albeit the operating environment remained significantly challenging. A single risk relating to the development of partnership and accountability arrangements has been closed (aligned to Objective 3 - To work with partners to co-design and provide integrated service models within the locality and across acute providers), with separation of risk regarding the development of locality ICS arrangements and clinical service strategy with East Cheshire now reflected on the BAF.

The principal risks, including comparison to the Opening Position, are prioritised as follows:

No.	Principal Risk	C	L	Opening position	01/22	Target Score
PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance	4	4	16	16	8
PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented	4	4	16	16	4
PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability	4	4	16	16	8
PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards	4	4	16	16	8
PR7.2	There is a risk that the Trust does not materially improve environmental sustainability	4	4	16	16	8
PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus	4	4	16	16	8
PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position	5	3	15	15	5

PR1.1	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards	4	3	12	12	8
PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline	4	3	12	12	8
PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered	4	4	16	12	8
PR2.1	There is a risk that the Trust fails to support and engage its workforce	4	3	12	12	8
PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs	3	3	9	9	6
PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy	3.	3	9	9	6
PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy	4	3	12	9	6
PR3.1	*There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level*	*4*	*2*	*8*	*Risk Closed*	
PR3.1	There is a risk of delay in agreeing and operating a new Provider Collaborative model to support objectives of the Stockport Locality Board	4	2		8	6
PR3.2	There is a risk that an agreed Clinical Strategy and Engagement Plan between SFT and ECT is delayed	4	2		8	6
PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes	4	2	8	8	6

In addition, an overview of the Trust's current Significant Risk Register is provided in the paper to ensure triangulation between operational and principal risks. As at December 2021 there were 7 significant risks relating to the following areas:

Risk Subtype	**Number of Significant Risks**	**Risks Identified**
Restoration and capacity and demand of services	4	- 4 hr ED access target (16) - Surgical diagnostic planned and elective care (16) - Frailty of ENT (16) - Endoscopy capacity (16)
Environment	1	- Call bell system in AFU (15)
Critical clinical IT system failure	1	- Telepath system outage (15)
Staffing	1	- Nutrition and Hydration Team staffing (15)

Stockport NHS Foundation Trust

Board Assurance Framework

April 2021 – March 2022

Corporate Objectives 2021/2022

2. To deliver safe, accessible and personalised services for those we care for;
3. Support the health and well-being of our communities and staff;
4. To work with partners to co- design and provide integrated service models within the locality and across acute providers;
5. Drive service improvement, through high quality research, innovation and transformation;
6. Develop a diverse, capable and motivated workforce to meet future service and user needs;
7. To utilise our resources in anefficient and effective manner;
8. Develop our Estate & IM&Tinfrastructure that is fit for purpose and meets 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

Area	Risk Appetite	Risk Appetite statements	Value, behavior and actions
Clinical Effectiveness/ Outcomes	MINIMAL	The Trust has a risk averse appetite for risk which compromises the delivery of high quality and safe services and jeopardises compliance with our statutory duties for quality and safety.	The provision of consistent safe and high quality care for our patients is central to all that we do. Variation from evidence based best practice models and standards of care are rare occurrences allowable only in highly controlled circumstances such as approved research programmes and, or innovative procedures.
Patient Experience	MINIMAL	We will accept risks to patient and service user experience if they are consistent with the achievement of patient safety and quality improvements. We will only accept service redesign and divestment risks in the services we are commissioned to deliver if patient safety, quality care and service improvements are maintained.	We are committed to delivering patient centred care that provides each and every patients with the most positive experience possible while meeting their individual needs. Adherence to the standards supporting patient experience can only be compromised when a compelling patient safety concern has been identified. All service redesign and, or reconfiguration are subject to a formal Equality Impact Analysis that specifically considers patient experience.
Workforce / Staff Wellbeing	MINIMAL	There are few circumstances where we would accept risks that would impact on the achievement of our Strategic Aim to employ caring and cared for staff. We will not accept risks, nor any incidents or circumstances which may compromise the safety of any staff members and patients, or contradict our Trust Values.	The Trust will not compromise on our duty to maintain the safety and wellbeing of our staff.
Reputation	MINIMAL	Tolerance for risk taking is limited to those events where there is little chance of any significant repercussions for the Trust's reputation should there be failure, with mitigation is in place for any undue interest.	The Trust will not routinely take any actions or be party to any enterprise that risks tainting the good name and integrity of the Trust. On very rare occasions the Trust may engage in high risk undertaking where the rewards for success are sufficiently high, but only after due consideration and approval by the Board and where a downside risks mitigation plan is in place.
Finance / Value for Money	CAUTIOUS	We strive to deliver our services within the budgets set out in our financial plans and will only consider accepting or taking financial risks where this is required to mitigate risks to patient safety or quality of care. We will ensure that all such financial responses deliver optimal value for money.	We will consider taking financial risks only after executive level approval is agreed; and where the rewards for success are sufficiently high; and where a downside risk mitigation plan in place.
Regulatory / Compliance	CAUTIOUS	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set, unless there is strong evidence or argument to challenge them.	The Trust are committed to maintaining compliance with all regulatory compliance requirements. Variance to this commitment are permittable only where full compliance is impossible to achieve (i.e. restrictions within the built environment, or where there is a widespread state of acceptance across the NHS for non-compliance)
Innovation	OPEN	The Trust has a risk tolerant appetite to risk where benefits, improvement and value for money are demonstrated. The Trust will not, however, compromise patient safety while innovating service delivery.	We are committed to providing the best possible patient care including the application of innovative practices. However, innovative practices will always be undertaken in a controlled way that ensures patients are kept safe at all times.
Partnerships	OPEN	The Trust is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties.	The Trust is committed to working in open and transparent way with our partners for the purpose of improving the quality of services for all of our patients and the wider community we serve.

BAF 2021/22 Heat Map & Gap Analysis – January 2022

Risk Matrix					
Impact	**Likelihood**				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible					
2 - Minor					
3 - Moderate			**2.2, 5.2, 7.4**		
4 - Major		**3.1, 3.2, 4.1**	**1.1, 1.2, 1.4, 2.1**	**1.3, 5.1,6.2, 7.1, 7.2, 7.3**	
5 - Catastrophic			**6.1**		

Gap Score Matrix (Difference between Target Score and Current Score)		
Gap score ≤0	Risk target achieved	
Gap score 1 - 5	Tolerable	**1.1, 1.2, 1.4, 2.1, 2.2, 3.1, 3.2, 4.1, 5.2, 7.4**
Gap score 6 - 9	Close monitoring	**1.3, 6.2, 7.1, 7.2, 7.3**
Gap score 10	Concern	**6.1**
Gap score > 10	Serious	**5.1**

Objective 1 - To deliver safe accessible and personalised services for those we care for

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
Objective 1 - To deliver safe accessible and personalised services for those we care for												
PR1.1	There is a risk that the Trust will deliver sub-optimal quality services, leading to sub-optimal patient outcomes, care and experience and failure to meet regulatory standards.	Quality	Divisional Quality Boards established (Safety, Experience, Effectiveness) Board Quality Committee established with Subgroups: Patient Safety, Patient Experience, Clinical Effectiveness Board approved Trust Quality Strategy 2021-2024 Weekly Senior Nurse Walkarounds **Safety** - Defined safe medical and nurse staffing levels - Established process for management of Incidents, Serious Incidents, Duty of Candour and Complaints - Mortality Review policy and process in place, including Learning from Deaths Reviews - Reversion to standard Learning from Deaths review process from December 2021 - Medical Examiner Team established - Maternity Improvement Plan & CNST Action Plan in place - Clinical Harm Review process established. **Experience** - Approved Patient Experience Strategy - Approved Volunteer Strategy - Patient, Family & Carer Feedback mechanisms in place including in-house patient satisfaction survey. - Patient experience & Adult/Children Safeguarding Groups established - Divisional Experience Reporting to Patient Experience Group **Effectiveness** - Established clinical audit programme and monitoring arrangements including identified risk based local audits and national audit returns - Established processes for clinical staff recruitment, induction, specific mandatory training, registration and re-validation - Full complement of appraisees for Doctors appraisal - Quality Assessment of Medical Appraisals/ Revalidation Process established - Ward assurance and accreditation programme established (StARS) - Central Alerting System (CAS) Implementation process - NICE Guidelines – Compliance review process established GIRFT & Model Hospital Benchmarking – Review process established	Standardisation of Divisional Quality Board Agendas & Reporting Incomplete review of all NICE Guidelines compliance. Continued gap in services identified during audit work.	**4**	**Level 1 - Management:** - Divisional Quality Boards – Quality, Safety, Experience (monthly) - Divisional risk reports to Risk Management Committee (monthly) **Level 2 – Corporate** - Quality Committee (monthly) - Quality IPR - Key Issues & Assurance Report: Patient Safety, Patient Experience, Clinical Effectiveness - Quality Accounts (Annual) - Annual Safeguarding Report - Annual EoLC Report - CQC Report to Quality Committee including CQC Action Plan Update, CQC Preparation, StARS Position Statement (bi-monthly) - Significant Risk Register to Risk Management Committee (monthly) - Learning from Deaths Reports / Mortality Reviews to Board of Directors - Guardian of Safe Working / Freedom to Speak Up Report to Board (bi-annually) - Litigation Report **Level 3 - Independent assurance:** • CQC Inspection & Stockport Improvement Board • CQC Inspection Urgent & Emergency Care – 'Good' November 2021 • CNST Maternity Incentive Scheme • Ockenden Improvement Plan • Friends & Family Test • Adult Inpatient Survey • Maternity Inpatient Survey	- Triangulation of issues from Safety, Experience & Effectiveness functions	3	- Complete StARS baseline assessment for inpatients (March 2022) - Develop StARS for Maternity, Theatres, Community & Outpatients (2022/23) - Implementation of Patient Property Boxes (February 2022) - Gap analysis of all NICE Guidelines to be completed (July 2022) - Production and approval of Mental Health Strategy (April 2022)	12	12	
PR1.2	There is a risk that the Trust fails to meet its target in reducing		- Board approved Trust Quality Strategy 2021-2024	- Estate requirements to support IPC measures	**4**	**Level 1 - Management:** - Divisional Quality Boards		3	- Prioritisation of areas for maintenance work to support	12	12	

Objective 1 - To deliver safe accessible and personalised services for those we care for

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
	harm, leading to sub-optimal patient safety and outcomes Harms measured as part of 'Corporate Objectives' include: - Falls - Infection Prevention - Pressure Ulcers - VTE - Sepsis - Never Events		- Board Quality Committee and subcommittees established including Patient Safety Group o Established subgroups of Patient Safety: o Quality Safety & Improvement Group (Tissue Viability, Falls, Nutrition & Hydration) o IPC Group (Antimicrobial Stewardship, Decontamination, IPC Improvement Plan) o VTE Group o Sepsis Group o Deteriorating Patient Group - Antimicrobial Stewardship Ward Rounds established - Key clinical policies & procedures in place. - Chief Nurse identified as DIPC - NHSEI IPC Covid BAF in place - IPC risk assessments process in place. National Early Warning Score (NEWS) 2, Modified Early Warning Score (MEWS) & Paediatric Early Warning Score (PEWS) tool in place.			established - Divisional report to IPC Group **Level 2 - Corporate** - Quality Committee (monthly) o Quality IPR o Key Issues & Assurance Report: Patient Safety, Patient Experience, Clinical Effectiveness - Significant Risk Register to Risk Management Committee (monthly) - Monthly IPR Report including Quality metrics reviewed by Board (monthly) - IPC Annual Report to Quality Committee & Trust Board **Level 3 - Independent assurance:** • IPC Improvement Plan • Routine reporting of IPC Data to CCG CQPD • National Clinical Audits • Data submitted to NHSE/I			IPC measures. - Electronic sepsis alert system involving Senior Nurse to be piloted (December 2021) - Paediatric Early Warning Score (PEWS) – Embed reporting to Patient Safety Group			
PR1.3	There is a risk that the patient flow plans are not effective, leading to patient harm and: - An increase in delayed discharges against the 2020/21 baseline - An increase in length of stay against the 2020/21 baseline - A declining trend in A&E performance of below 70% against the 4 hour standard - Increase in the percentage of patients being treated in the ED for over 12 hrs - Increase in patients with a decision to admit for more than 12 hours	Finance & Performance	- System wide Urgent Care Board in place with oversight of patient flow management plans - Rapid emergency diagnostics pathway in place (Medical) - Patient streaming out of ED – Use of SDEC and assessment areas - Trust and System escalation process in place, aligned to a single OPEL system - Paediatric winter planning at GM and locality in place - Cancer 62 Day Improvement Plan - Bed modelling – 18 Month Plan - Approved Winter Capacity Plan - Urgent Care Treatment Centre implemented - Rapid emergency diagnostic pathway – General Surgery - Workforce models in place to reflect demand and remains flexible to adapt to surges. - Trust leadership of urgent and emergency care pathways -	- Continuing impact of Covid-19 pandemic – increased demand - Surgical SDEC to be implemented - Capacity constraints in social care impacting on levels of patients with no criteria to reside -	**4**	**Level 1 – Management** - Performance management reporting arrangements between Care Groups, Service Lines and SLT Reviews: - Overall bed occupancy rate (daily) - Ambulance Handover times (daily) - System-wide dashboard of acute, intermediate and domiciliary care capacity and performance **Level 2 – Corporate** - Care Group Risk Registers to Risk Committee [quarterly] - Significant Risk Report to Risk Committee and Board (monthly) - COVID-19 Recovery Plan to Board - Integrated Performance Report - Board (monthly) - Targeted 'Deep Dives' **Level 3 – Independent Assurance** - NHSEI Intensive Support Team Reviews - CQC Improvement oversight; - CQC unannounced inspection - Contract meetings - Model hospital – data	Shadow reporting new ED metrics – To be embedded.	**4**	- System wide response to ED Front Door streaming to be fully implemented - Surgical SDEC Project to be fully implemented - Partnership agreement for community capacity	**16**	**16**	

Objective 1 - To deliver safe accessible and personalised services for those we care for

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
						submissions to regulator (monthly / annually)						
PR1.4	There is a risk that the elective restoration plan is not met to treat patients on the PTL in accordance with national planning guidance and clinical validation, leading to sub optimal patient safety and experience	Finance & Performance	- Clinical Prioritisation Group established - Clinical harm review process in place for patients waiting – Including review of demographics of patients waiting to identify inequalities - Robust 6-4-2 processes in place for Theatre and Diagnostic utilisation - Established Restoration Meetings with all specialties – Chaired by Deputy COO - Escalation process in place with Performance Team –104+ week wait patients and any P2/cancer patients that are not dated. - Cancer Quality Improvement Board established chaired by Director of Operations - Specialty specific deep dives and utilisation meetings - Approved Winter Capacity Plan - Independent sector provider agreements in place		4	**Level 1 – Management** - Clinical Reference Group: Report to fortnightly Restoration Meeting - Fortnightly report to Executive Team **Level 2 – Corporate** - Integrated Performance Report (IPR) reviewed by Finance & Performance Committee and Board (monthly): • 52+ week waits • Overall RTT waiting list size • Clinical harm events occurring • 104+ waits being dated for surgery • Cancer 2ww & 62 day - Waiting List Harms Review via Quality Committee (Bimonthly) **Level 3 – Independent Assurance** - Contract meetings	Limited availability of GM wide restoration performance data for benchmarking, including inequalities data.	3	- Waiting Well initiative (partnership with CCG) to commence - Waiting List Harms Review – Further demographic analysis of waiting lists. Process for utilising data to inform prioritisation to be determined.	**16**	**12**	

Objective 2 - Support the health and well being of our communities and staff

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
Objective 2 - Support the health and well-being of our communities and staff												
PR2.1	There is a risk that the Trust fails to sufficiently engage and support staff leading to; low morale, high sickness rates, poor retention and insufficient workforce to deliver high quality patient care and experience	People & Performance	• 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 vaccination programme • COVID-19 vaccination programme • Staff Wellbeing Programme established • Values into Action programme established • Wellbeing Guardian supported by Schwartz Rounds & Team Time events & Learning from COVID events • Respect Champions • Freedom to Speak Up Guardian • Guardian of Safe Working • Organisational wide Staff Survey action plan • Culture and engagement programme established – Values into Action MADE Awards and Rewards and recognition	• Continuing impact of the pandemic on staff sickness/isolation/return to work • Localised Staff Survey Action Plans within Divisions • Lack of consistent approach to welfare and wellbeing discussions • Lack of transparent approach to flexible working Lack of system to learn from exit conversations to inform retention plans. Mii People System development underway.	**4**	**Level 1 – Management** • Divisional performance reviews –Workforce metrics dashboard system to support workforce decisions (Monthly) • Nursing & Midwifery Recruitment and Retention Plan • Business Continuity exercises – Post Exercise reports • Health and Wellbeing Update Reports • People, Engagement & Leadership Group **Level 2 – Corporate** • NHS People Plan Self-Assessment • National Staff Survey Action Plan and Annual Report to Board • Board - Integrated Performance Report – People Metrics • People Performance Committee – People Plan Update (monthly) • Workforce KPIs (monthly) • Bank and Agency Report (monthly) • Freedom to Speak-up Self-Review • Freedom to Speak-up Guardian report to Board (Bi-annually) • Risk Committee Significant Risk Report (monthly) **Level 3 – Independent Assurance** • CQC Well-led Report • Model Hospital and comparative benchmarking data • NHSI Use of Resources Report • National Staff Survey • Confirm and Challenge by NHSEI NW Regional Team • Internal Audit Reports	- System for monitoring talent not yet available	**3**	• Appointment of Consultant of Clinical Psychologist & Counsellor Mental Health Practitioner – Commence, January 2022. • Delivery of Divisional Staff Survey action plans – Staff Survey 2021 underway • Participation in Flex for Future NHSE/I Programme • Mii People System to be implemented • Wingman Initiative • Health & Well Being January – 'Jump Start January' • Detailed delivery plan, including timescales and outcomes to support pledge for 'the wellbeing of our NHS people' – To be presented to People Performance Committee • Bereavement Group Evaluation	12	12	
PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs leading to sub optimal improvements in overall health and wellbeing and inequalities in our local communities	Locality System Board / Trust Board	• Locality shadow ICS arrangements agreed including Provider Partnership arrangements • CEO and Chair members of Stockport Health & Wellbeing Board • System planning in place - ONE Stockport Plan and ONE Stockport Health and Care Plan & Delivery Plan/Outcomes developed with focus on reducing inequalities and	• Development of demand and capacity work for Community Teams - Support appropriate deployment of resources • CCG review of community services specifications underway • Alignment of Community Services to PCNs.	**3**	**Level 1 – Management** • Divisional Performance Reviews – Performance, Quality, Workforce (Monthly) • Governance KPIs and Quality metrics reviewed via Divisional Board (Monthly) • Health and Wellbeing		**3**	• Completion of demand and capacity work for Community Teams • Align Trust community staff to PCNs	9	9	

Objective 2 - Support the health and well being of our communities and staff

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
			improving population health outcomes (Final approval October 2021) • Partnership arrangements in place with key stakeholders to establish foresight and adaptive capacity in the event of pressures • Operational (H2) & Winter planning processes well established with system arrangements as a focus • Neighbourhood Leadership Group established with multi agency representation - Progress models of care • Integrated services established including Health Visitors and School Nurses. District Nursing Teams to work across 7 PCNs with GPs, Social Care, VCSE • Established joint community Health & Well Being programmes with CCG e.g. Waiting Well, Active Hospitals, Stop Smoking CURE project.	• Significant pressures in partner services e.g., Adult Social Care • Recruitment and retention of staff, with ageing workforce in specific community services		Update Reports **Level 2 – Corporate** • Risk Management Committee (Monthly) • Community metrics and KPIs reported via Quality Committee Report (Monthly) • One Stockport Health & Care Plan reviewed via Board of Directors **Level 3 – Independent Assurance** • CQC clinical services assessment / Well-led report • Model Hospital and comparative benchmarking data • NHSI Use of Resources Report • Stockport JSNA					

Objective 3 - To work with partners to co-design and provide integrated services models within our locality and across acute providers

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
Objective 3 - To work with partners to co-design and provide integrated services models within our locality and across acute providers												
PR3.1	There is a risk that the Trust does not have effective partnership and accountability arrangements in place at ICS and locality provider level, leading to sub optimal care for our patients and populations and unrealised financial benefit	System Locality Board / Trust Board	**System Level** • Directors engaged with all GMHSCP planning and governance arrangements for GM ICS development • Alignment of Trust, ICS and ICP plans • Directors engaged in GM Provider Federation Board arrangements • External oversight from regulators via System Improvement Board • SFT fully engaged in GM Gold arrangements - Visibility of system partners escalation processes/performance **Locality Level** • Meetings with system leaders from CCG and SMBC in place (Weekly) • Locality shadow ICS arrangements developed and approved by all partners, including Provider Partnership arrangements • CEO and Chair members of Stockport Health & Wellbeing Board • System planning and agreement on priorities and outcomes – development of ONE Stockport Plan and ONE Stockport Health and Care Plan • Shared ownership of system risks and operational impact associated • Operational (H2) & Winter planning processes well established with system arrangements as a focus **Provider Partnerships** • Board to Board meetings with partner organisations • Development of Joint Clinical strategy with East Cheshire – focus on clinical sustainability • Joint Director of Strategy post established with Tameside & Glossop Integrated Care NHS Foundation Trust **Trust Level** • SFT Strategy in place • Service Improvement Board and associated transformation schemes in place focused on quality improvement	• Insufficient granularity of plans to meet the needs of the population and the statutory obligations of each individual organisation • National policy and decision making at GM level not within the Trust's sphere of control • Shadow Locality arrangements to be enacted • Controls are not yet designed for the management & delivery of the One Stockport Health & Care Plan • Unmitigated pressures on services in partner organisations could adversely impact the Trust clinical services e.g. quality, finance and workforce • Failure to gain regulator and key stakeholder support for the Joint Clinical Strategy • Maintaining an up to date corporate strategy in light of changing national landscape • Development of an agreed clinical services strategy	4	**Level 1 – Management** • Executive oversight group for national, regional and system planning • Weekly meeting with CEOs on ICS developments • Joint Steering group in place w ECT (fortnightly) • Joint system meetings on ONE Stockport plan **Level 2 – Corporate** • Finance & Performance Committee / Executive Team oversight of key strategic matters. • Trust Board Reports as required – Key Strategic Developments: - ICS Bimonthly - Stockport One Health & Care Plan - East Cheshire Clinical Strategy • Board development sessions – ICS/Transformation **Level 3 – Independent Assurance** • Oversight and Challenge by NHSEI NW Regional team, CGC and Health care partners (Ongoing via System Improvement Board) • Oversight and Challenge by NHSEI and other health Care Partners on Joint Strategy development • Health & Wellbeing Board		2	• Continued engagement in key decision-making forums for ICS. • Development of delivery plan for One Stockport Health & Care plan • Continued development of East Cheshire Joint Clinical Strategy & partnership working.	8	Risk Closed	
PR3.1	There is a risk of a delay in agreeing and implementing a new Provider Collaborative model to support delivery of priorities/objectives from the Stockport Locality Board leading to sub optimal care for our patients and populations and unrealised financial benefit	System Locality Board / Trust Board	• Meetings with system leaders from CCG and SMBC in place (Weekly) • Locality shadow ICS arrangements developed and approved by all partners • CEO and Chair members of Stockport Health & Wellbeing Board • System planning and agreement on priorities and outcomes • Approval of ONE Stockport Plan and ONE Stockport Health and Care Plan	• Shadow Locality arrangements to be enacted • Controls are not yet designed for the management of the One Stockport Health & Care Plan	4	**Level 1 – Management** • Joint system meetings on ONE Stockport plan **Level 2 – Corporate** • Finance & Performance Committee / Executive Team oversight of key strategic matters. • Trust Board Reports as		2	- Enact Shadow Locality arrangements - Board Development Session – ICS Transformation (February 2022)		8	

Objective 3 - To work with partners to co-design and provide integrated services models within our locality and across acute providers

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
			and Delivery Plan • Shared ownership of system risks and operational impact associated • Operational (H2) & Winter planning processes well established with system arrangements as a focus			required – Key Strategic Developments: - ICS - Stockport One Health & Care Plan **Level 3 – Independent Assurance** • Health & Wellbeing Board						
PR3.2	There is a risk that an agreed Clinical Strategy and Engagement Plan between Stockport NHS FT(SFT) and East Cheshire NHS Trust (ECT) is delayed, leading to suboptimal pathways of care or unplanned intervention to secure service delivery and adverse impact on Stockport service provision	Trust Board	• Approved Statement of Intent - Development of Joint Clinical strategy with East Cheshire with focus on clinical sustainability • Established Board to Board meetings with ECT • Joint Programe Board in place with ECT and other Health Care Partners (Monthly). • Overarching programme governance arrangements in place with clinical and support workstreams identified • Development of a 'Case for Change' followed by a service change proposal and full options appraisal	• Unmitigated pressures on services in partner organisations could adversely impact the Trust clinical services e.g., quality, finance and workforce • Failure to gain key stakeholder support for Joint Clinical Strategy • Approval of the case for change • Identified funding in 2022/23 for the programme resource plan	**4**	**Level 1 – Management** • Joint Programme Board and Clinical Advisory Group **Level 2 – Corporate** • Executive Team oversight of key strategic matters. • Trust Board Reports as required – East Cheshire Clinical Strategy **Level 3 – Independent Assurance** • Oversight and Challenge by NHSEI and other health Care Partners on Joint Clinical Strategy development		**2**	- Joint Clinical Strategy (April 2022)		8	

Objective 4 - Drive service improvement, through high quality research, innovation and transformation

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
Objective 4 - Drive service improvement, through high quality research, innovation and transformation												
PR4.1	There is a risk that the Trust does not have the required capacity and capability to implement Trust, locality and system wide transformation programmes leading to suboptimal of care for patients and populations and unrealised financial benefit	System Locality Board / Trust Board	Director of Transformation working across SFT and Tameside & Glossop, utilising experience and knowledge of system-wide transformation programmes across other localities. Trust Transformation priorities set and resources managed by the Service Improvement Group (SIG) chaired by the Chief Executive Senior Responsible Officer, Clinical & Operational Lead in place for each Transformation Programme Alignment of SFT, ICS and ICP Plans System Improvement Board established. Partnership arrangements in place with key stakeholders to support system wide improvement with key , with Executive leadership / support (e.g. Discharge to Assess Model of Care) Agreement in place with key partners to align existing transformation schemes to reduce duplication across the system Proposal developed to share transformation resources across the system. Proposal developed to recruit to existing CCG vacancies to address system transformation capacity gap	Robust plans to be developed to understand the transformation requirements, particularly around addressing health inequalities, early identification and prevention, aligned to the NHS Long Term Plan and the Marmot Review for Greater Manchester. Proposals to be documented and agreed by all system partners Capability issues with existing transformation resources within SFT. Impact on operational teams due to the ongoing pandemic and their capacity to implement change. Uncertainty of where existing CCG resources will be aligned with the GM ICS or local system.	4	**Level 1 – Management** • Service Improvement Group – Monthly Transformation Programme Report & Quarterly Deep Dive: Review KPIs/Milestones • Executive oversight group for national, regional and system planning • Weekly meeting with CEOs on ICS developments • Joint system meetings on ONE Stockport plan **Level 2 – Corporate** • Executive Team oversight of Transformation Programmes • Trust Board Reports as required – Key Strategic Developments: - ICS Bimonthly - Stockport One Health & Care Plan - East Cheshire Clinical Strategy • Board development sessions – ICS/Transformation **Level 3 – Independent Assurance** • Oversight and Challenge by NHSEI NW Regional team, CGC and Health care partners (Ongoing via System Improvement Board) • Oversight and Challenge by NHSEI and other Health Care Partners on Joint Strategy development • Health & Wellbeing Board		2	Work with partner organisations to develop the high level system-wide transformation plan Formalise proposals and agreements. Address the capability issues with existing transformation resources within the Trust Continuing to seek clarity around alignment of CCG resources Continued engagement with partner organisations and key stakeholders across the system	8	8	

Objective 5 - Develop a diverse, capable and motivated workforce to meet future service and user needs

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
Objective 5 - Develop a diverse, capable and motivated workforce to meet future service and user needs												
PR5.1	There is a risk that we do not develop and implement a robust plan to recruit, train and retain the right number of staff, with the right skills, abilities and culture, to meet future service needs, leading to sub optimal staff experience and patient care and experience	People & Performance	• 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 • Values into Action programme established • Recruitment & Retention Implementation Plan in place • 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 • Local/ Regional/National Education partnerships • Leadership Development programme in place • Leadership Ward Managers - Unlocking Potential Programme established • Matrons Development programme in place Values and Engagement events	• Clinical leadership Programme implementation. • Reduction in training capacity due to social distancing. • Restrictions on staff capacity to attend and participate in mandatory/statutory training.	4	**Level 1 – Management** • Divisional performance reviews –Workforce metrics dashboard system to support workforce decisions (monthly) • Safe Staffing Report (Quarterly) • Exception reports for Mandatory & Role Essential Training, Attendance, Appraisal and Staff Turnover • Educational Governance Group **Level 2 – Corporate** • Risk Committee Significant Risk Report (monthly) • People Performance Committee - Workforce KPIs (monthly) • Bank and Agency report (monthly) • Guardian of Safe Working report to Trust Board (quarterly) • TRAC Performance Report Dashboard **Level 3 – Independent Assurance** • CQC Well-led report • Model Hospital and comparative benchmarking data • NHSI Use of Resources report • National Staff Survey • Confirm and Challenge by NHSEI NW Regional Team • Internal Audit reports	• System for monitoring talent not yet available	4	• Clinical Leadership programme aligned to Leadership Development Programme • Improve awareness and access to ESR and training packages • Realignment of role essential requirements led by Chief Nurse • Embed Talent Management/Succession planning approach • New Cadet Programme to commence in Q4 (Currently recruited to) - Alternative development pipelines – Degree Apprenticeships, Medical Support Workers	16	16	
PR5.2	There is a risk that the Trust fails to deliver the Equality, Diversity & Inclusion (EDI) Strategy, leading to poor experience for staff with protected characteristics and a workforce that is not reflective of the communities served	People & Performance	• Approved People Plan in line with national People Strategy objectives – Including Equality, Diversity & Inclusion, Talent Management & Succession planning • EDI National Priorities Action Plan in place • Staff Networks (BAME / Disability / Carer/ LGBTQ+) • BAME Leadership Programme in place • Respect Campaign & Respect Ambassadors • 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	• Developing EDI Strategy and Implementation Plan	3	**Level 1 – Management** • WRES / WDES Steering Group - oversight of WRES / WDES Annual Report and action plan • Equality, Diversity & Inclusion Steering Group established - oversight of the EDI Action Plan • Divisional performance reviews – access to workforce metrics dashboard system to support workforce decisions (monthly) • EDI Staff Newsletters • Senior medical leadership roles – interview panel includes representation from staff with protected characteristics • Diversity & Inclusion Annual	- Remaining EDI inequalities	3	• Developing EDI Strategy and Implementation Plan (April 2022) • Development Sessions – Senior Leaders	9	9	

Objective 5 - Develop a diverse, capable and motivated workforce to meet future service and user needs

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
						Report **Level 2 – Corporate** • Risk Committee Significant Risk Report (monthly) • People Performance Committee – EDI KPIs (monthly) • WRES and WDES Report to Board • Gender Pay Gap report to Board **Level 3 – Independent Assurance** • CQC Well-led report • Model Hospital and comparative benchmarking data • NHSI Use of Resources report • Internal / External Audit reports • National Staff Survey • Confirm and Challenge by NHSEI NW Regional Team					

Objective 6 - To utilise our resources in an efficient and effective manner

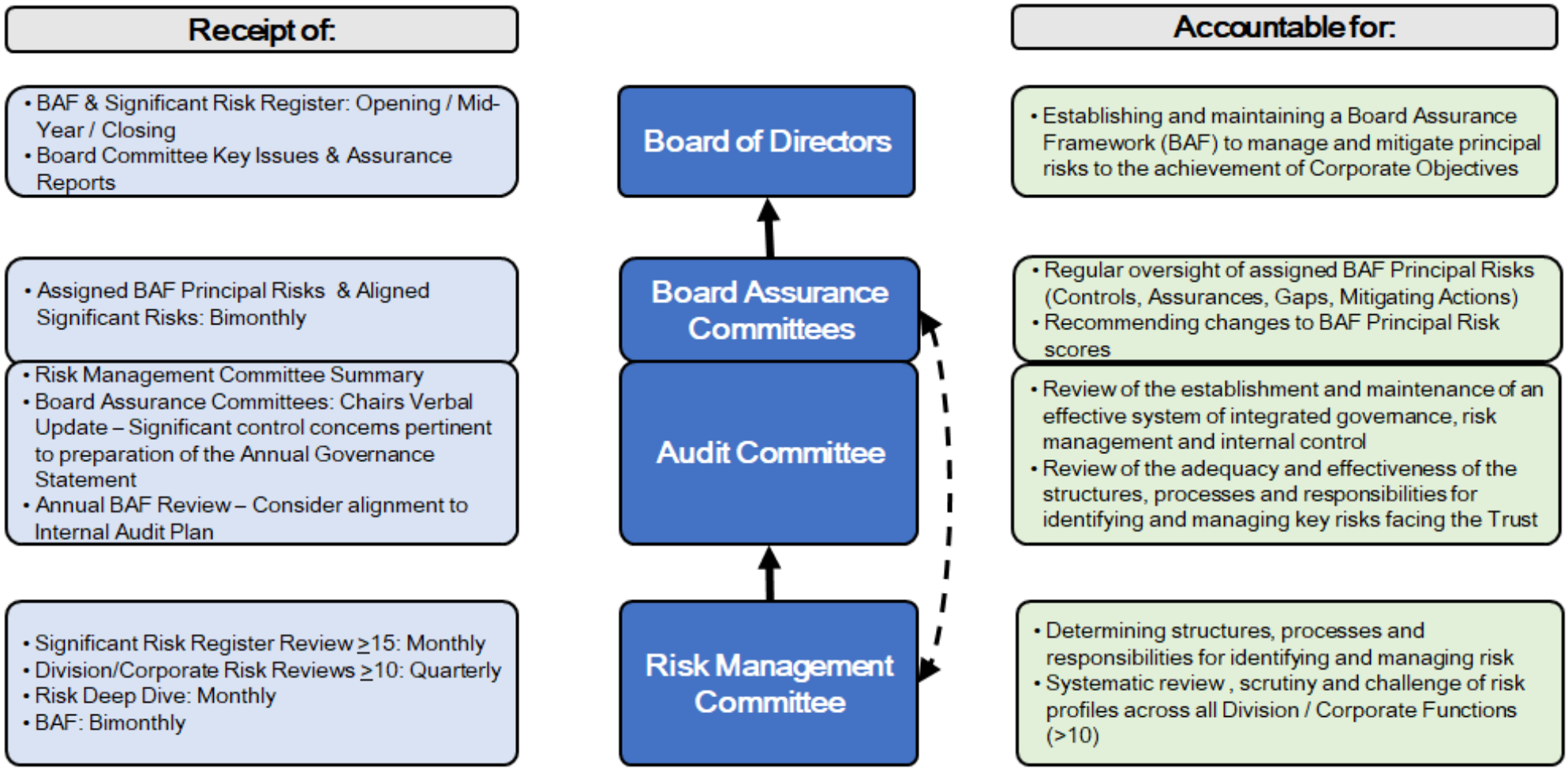
Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
Objective 6 - To utilise our resources in an efficient and effective manner												
PR6.1	There is a risk that the Trust fails to deliver the 2021/22 CIP; revenue; capital and cash annual plans following the receipt of national planning guidance, leading to a poor use of resources and increased regulatory intervention	Finance & Performance	- 5-year long term financial model/Recovery plan - Delivery of 2020/21 CIP - Revenue, annual and cash annual plans - Annual plan, including control total consideration; reduction of underlying financial deficit - Working capital support through agreed loan arrangements - Financial Plan incorporating CIP, planning processes and PMO coordination of delivery - Recovery plan process in place if required for Divisions - Delivery of budget holder training and enhancements to financial reporting - Appropriate SFI's authorisation limits /Scheme of Delegation - A full 'wash up' of portfolio planning, delivery and engagement conducted; recovery plan in place Board approved & governance in place, with Executive oversight	- No long-term commitment received for liquidity / cash support - Lack of identification of opportunities for recurrent delivery of financial [Improvement/ Recovery] Plan - Lack of clarity on the financial regime for 2021/22 and beyond - Notification for financial regime has a short lead in time which creates uncertainty	5	**Level 1 – Management** - DOF Financial Report monthly – contains all key financial risks and triangulates financial drivers the Trust - Divisional Risk reports to Risk Committee - Divisional Performance Reviews held monthly and key issues to F&P Committee - CIP oversight group held monthly chaired by COO with clear accountability within Divisions. Monthly reports for all schemes and tracking of savings - Briefings to senior leaders on the changing finance regime and the implications of this, articulating the risk values **Level 2 – Corporate** - Significant risk report to Risk Committee and Board (Monthly) **Level 3 – Independent Assurance** - Internal Audit reports - Non-reciprocal challenge meetings between Finance Teams as part of GM ICS assurance (quarterly)	- The uncertainty of the finance regime and the short notice of planning guidance means that the Trust is operating without a confirmed income base which could lead to poor financial decisions being taken at risk	3	- Deliver H2 financial position, balancing increased CIP with additional system resources - CIP Workshop to be held. - Reporting of winter plan expenditure – System Group, Divisional Performance Review, F&P Committee - Continued forecasting in light of high level of non-recurrent monies for revenue and capital – Appraise Audit Committee of financial risks ahead of annual accounts process 2021/22 - Ensure that the financial governance processes remain in place and are upheld to ensure that the recurrent cost base of the Trust does not significantly or incrementally increase	**15**	**15**	
PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan (medium/long term), optimising opportunities for financial recovery through system working, leading to inability to secure financial sustainability	Finance & Performance	- Full participation in GMHSCP financial planning - DoFs Planning Group - Clear planning process for 2021/22 that triangulates activity, workforce and cost - Prioritisation of investments linked to planning priorities - Monitoring of expenditure plan through performance review meetings - Continued Executive Planning oversight	- Underlying financial deficit Inability to deliver recurrent CIP	4	- Agreement of an Expenditure Plan for 2021/22 - Achievement of Financial Plan by month which is reported to F&P Committee and Board - Sufficient cash to continue business operations without emergency borrowing - Positive non-reciprocal GM challenge on 2021/22 plans	- The Trust is part of GM as the ICS and part of the financial envelope for 2021/22 and beyond will need to be determined and agreed by the parties within this system. - The Trust cannot develop a multi-year plan without the certainty of a known level of income	4	- Continue to engage with GM ICS finance colleagues and ensure that Stockport FT's financial position gains a fair share of system funding - Review underlying exit run rate in light of previous medium term financial strategy, drivers of deficit and H2 Plan, early indications 2022/23. - Develop outline 2022/2023 plan, including key risks - Develop a recurrent CIP programme focussing on 2022/23 with targets allocated by division and review of budget methodology for delivery and transaction of savings.	**16**	**16**	

Objective 7 - To develop our Estate and IM&T infrastructure to meet service and user needs

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Consequence	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Likelihood	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score		
										Opening 09/21	01/22	Closing 03/22
Objective 7 - To develop our Estate and IM&T infrastructure to meet service and user needs												
PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards leading to inefficient utilisation of suboptimal estate that does not support high quality care and increased health and safety incidents	Finance & Performance	- Approved Capital Programme - Clinical Services strategy aligned to Estates Strategy. - Robust process in place for identification and stratification of Estates related risks - Robust delivery and review of 6-facet survey information Premises Assurance Model (PAM) Action Plan 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	4	**Level 1 – Management** - Capital Investment Group - Health & Safety Group **Level 2 – Corporate** - Significant risk report to Risk Committee and Board (Monthly) **Level 3 – Independent Assurance** - Estates Return Information Collection (ERIC) - Model Hospital Data Set		4	Full implementation of PAM Action Plan Full implementation of Capital Programme - Update of 6-facet Survey - First draft in progress.	**16**	**16**	
PR7.2	There is a risk that we are unable to materially improve environmental sustainability and achieve Net Zero carbon leading to suboptimal support to locality objectives and the NHS commitment to carbon reduction	Finance & Performance	- Delivery of approved capital plan. - Robust identification and stratification of sustainability-related risks. - Robust delivery and review of 6-facet survey information. Trust Sustainability Manager appointed	• Green Plan in progress - To be presented to Board of Director's - February 2022 • Inadequate financial resources to enable optimum levels of investment to deliver sustainability improvements	4	**Level 1 – Management** - Capital Investment Group **Level 2 – Corporate** - Sustainability Annual Report - Significant risk report to Risk Committee and Board (Monthly) **Level 3 – Independent Assurance** - Estates Return Information Collection (ERIC)	• Sustainability Strategy Group to be established following approval of Green Plan	4	Develop and deliver approved Green Plan – February 2022 Approval. - Update of 6-facet Survey - First draft in progress.	**16**	**16**	
P7.3	There is a risk that there is insufficient funding, or an identified funding mechanism, to support the strategic regeneration of the hospital campus leading to significant short, medium and long term compromises in the Trust's capability to deliver modern and effective care	Finance & Performance	- Strategic Regeneration Framework Prospectus completed New Hospital Building Programme Expression of Interest submitted	Funding mechanism not confirmed	4	**Level 2 – Corporate** Strategic Regeneration Framework Prospectus and Expression of Interest – Board		4	- Development of New Hospital Strategic Outline Business Case (OBC) –Q1 2022	**16**	**16**	
PR7.4	There is a risk that the Trust does not implement the agreed Digital Strategy which is designed to ensure a resilient and responsive digital infrastructure, leading to inability to support improvements in quality of care and compromise of data/information	Finance & Performance	- Board approved 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 - Fire wall controls - VPN access - Spam and malware email notifications and anti-virus updates - Network accounts checked after period of inactivity – disabled if not used - Major incident plan in place Spam and malware email notifications circulated		3	**Level 1 – Management** - Data Protection and Security Toolkit submission to Board - Digital Report to Risk Committee **Level 2 – Corporate** - Cyber Security Report to Board - Robust digital capital planning processes - Digital Strategy progress update via to F&P Committee and Board. **Level 3 – Independent Assurance:** - Business Continuity Confirm and Challenge NHSEI - ISO 27001 Information Security Management Certification - Internal Audit Reports		3	- Deliver approved Digital Strategy.	**12**	**9**	

Significant Risk Register – December 2021

Risk ID	Business Group	Risk Title	Consequence	Likelihood	Rating	Target Rating	Change since last report
2025	Integrated Care	There is a risk of delayed response due to call bells not mapping to the correct bed numbers in AFU	5	3	15	2	NEW
1835	Integrated Care	There is a risk that patient care may be compromised due to significant staffing shortages within Nutrition and Dietetics	3	5	15	6	NEW
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	↔
1549	Surgery	There is a risk of harm to patients due to extended waiting times for diagnostic elective & planned care	4	4	16	8	↔
1851	Surgery	There is a risk that the endoscopy service will not have the required capacity to meet demand, causing delays and possible harm.	4	4	16	8	↔
1961	Surgery	There is a risk of harm to patients due to the fragility of the ENT service	4	4	16	8	↔
957	Women Children and Diagnostics	There is a risk to patient care if the Laboratory Information Management System (Telepath) Fails	5	3	15	10	↔


Receipt of:
Accountable for:
• BAF & Significant Risk Register: Opening / Mid-Year / Closing
• Board Committee Key Issues & Assurance Reports
Board of Directors
• Establishing and maintaining a Board Assurance Framework (BAF) to manage and mitigate principal risks to the achievement of Corporate Objectives
• Assigned BAF Principal Risks & Aligned Significant Risks: Bimonthly
Board Assurance Committees
• Regular oversight of assigned BAF Principal Risks (Controls, Assurances, Gaps, Mitigating Actions)
• Recommending changes to BAF Principal Risk scores
• Risk Management Committee Summary
• Board Assurance Committees: Chairs Verbal Update – Significant control concerns pertinent to preparation of the Annual Governance Statement
• Annual BAF Review – Consider alignment to Internal Audit Plan
Audit Committee
• Review of the establishment and maintenance of an effective system of integrated governance, risk management and internal control
• Review of the adequacy and effectiveness of the structures, processes and responsibilities for identifying and managing key risks facing the Trust
• Significant Risk Register Review ≥15: Monthly
• Division/Corporate Risk Reviews ≥10: Quarterly
• Risk Deep Dive: Monthly
• BAF: Bimonthly
Risk Management Committee
• Determining structures, processes and responsibilities for identifying and managing risk
• Systematic review , scrutiny and challenge of risk profiles across all Division / Corporate Functions (>10)

Meeting date	3rd February 2022	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Board Committee Assurance – Key Issues & Assurance Reports					
Lead Director	Committee Chairs	Authors	Soile Curtis, Deputy Company Secretary			

Recommendations made / Decisions requested

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

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
x	Well-Led		Use of Resources

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

Where issues are addressed in the paper-

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

Executive Summary

The Board of Directors has established the following Committees:

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

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

A summary is provided for the Board of Directors of the key matters and decisions from the meetings of the People Performance Committee, Finance & Performance Committee and Quality Committee held on 9 December 2021, 16 December 2021 and 25 January 2022 respectively.
NB. The last meeting of the Audit Committee took place on 25th November 2021, as reported to the Board of Directors on 3rd December 2021.

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
People Performance Committee
9 December 2021

The People Performance Committee draws the following matters to the Board's attention-

Issue	Committee Update	Assurance received	Action	Timescale
Describe the topic	What did the group consider	What assurance was received	What action (if any) is being taken	By when
The committee received a "temperature check" from the Director of Workforce and OD.	The Trust was incredibly busy and the levels of activity were commensurate with Winter pressures. The recent change in government advice re staff working form home was having an impact on the Trust. It was important to balance staff wellbeing with regard to working from home and IP guidance. The HR Division were working through the guidelines regarding mandatory vaccination, which was due to become law on the 06.01.22 and the implications of this for the Trust. Flu vaccine uptake was only 55% which was much lower than at this time last year.	These issues were discussed and noted. Positive assurance was received that the Executive Team are actively addressing the low Flu vaccine uptake.	Ongoing monitoring	
The Committee reviewed the principal risks on the BAF	Risk 5.1 that deals with the failure to deliver the EDI strategy was discussed in detail. It was agreed that the risk score was correct	There was a lack of confidence regarding the level of assurance being received on the development of the Strategy	This needed to be addressed at an EDI workshop being planned after the December Board meeting.	December 2021 EDI Workshop took place on 9th December 2021

The Committee received the Workforce Performance Report	Sickness has increased in all divisions, except for ED, to a total of 6.64% of which 5.98% is non-covid related. Mandatory training is on track. Turnover is a cause for concern as it is on an upward trend due to the post pandemic effect being experienced across the NHS. However, supply is still good and further engagement with NHSP is taking place for a new cohort of international starters for 2022. Areas of concern regarding role specific training were: Conflict resolution, which was low because it was a face-to-face taught session and IPC controls limited the numbers. Resus training, again low as it is a face-to-face course but this was exacerbated by a high DNA rate. This was being investigated further as it poses a safety risk to patients. The Committee requested profile information on vaccination uptake in relation to BAME and Clinically Vulnerable staff at its next meeting. Disappointment in the lower Staff Survey response rate was discussed. This was being experienced across the sector and our rate of 40.7% was above average. The Trust had had a very poor experience with this year's provider of the survey and would be investigating the appointment of a new provider for next year.	Positive assurance was received regarding the level of training compliance in ED, predominantly green across the board. The committee received positive assurance that the issue regarding Resus training was being picked up by Quality Committee in Feb/March. Also, that senior sign off is now required for any member of staff cancelling a course to reduce DNAs.	Vaccination uptake data to be provided by staff group including BAME and clinically vulnerable at the next meeting.	February 2022

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received a review of statutory, mandatory and role specific training	The review had concluded that there should be a change to the reporting of training from January 2022 which will strengthen the focus on Statutory and Mandatory training and will include level 2 and level 3 courses that are currently identified as role specific. This will impact initially on the percentage of compliance reported which is expected to fall but still exceed 90%. However, this new approach will increase focus on hot spot areas of non-compliance regarding level 2 & 3. A data cleansing exercise is currently underway to ensure reporting is accurate.	The committee received assurance that this focus on non-compliant areas will result in a return to 95% compliance over the next few months.	Ongoing monitoring	
People Plan update	Following the publication of "the future of NHS human resources and organisational development", which further develops the NHS People Plan a review of the current workplan will take place to ensure it is still fit for purpose.	Positive assurance was received on progress to date and the Committee acknowledged the hard work and the quantity of activity that had taken place by the team to meet current Plan requirements.	Ongoing monitoring	

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received a report on workforce supply and retention.	The report set out the supply and retention challenges within the Trust, the causes and potential solutions.	The establishment is increasing overall. There has been a slight reduction in medical staffing but it is still on an upward trend. Positive action is being taken to address the gaps. Supply pipelines have been extended and the Trust has increased the number of pipelines. The Trust has set challenging recruitment targets to meet in 2022 for example 20 Physician Associates and Medical Support Workers. Nine workforce campaigns are planned. Work is underway to improve the recruitment experience of potential employees. It is recognised that one size does not fit all and needs to be tailored for each work group. We need to take more trainee doctors to ensure our medical staff supply. HEE/DHSC funding of £777k has been successfully obtained to support schemes. A concern is that changes to the pension scheme may mean more staff will retire early.		

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received the Safe Staffing Report for the nursing workforce.	The position in relation to registered staffing is positive with 139 FTE vacancies and 163 staff in the recruitment pipeline. The situation for non-registered staff is more challenging with 145 vacancies and only 62 in the pipeline. The competition from retail and hospitality is reducing our normal recruitment pool for these staff. We are seeing great success in recruiting international nurses due to recommendations from our current cohort. The challenge continues to be limited onsite accommodation and suitably sized training rooms to enable social distancing. Temporary staffing numbers continue to be higher than normal due to: • nurse vacancies • effect of Ockenden • the permanent establishment of an additional two wards • increased levels of sickness absence • A&E activity • high acuity of patients However there has been an increase in the % of bank to agency supply. Rostering compliance continues to be high with 30/34 wards meeting the timescales.	Significant assurance was received regarding progress in all areas related to nurse and midwifery staffing. However, ongoing grip and control was still required to maintain this position with a wide range of initiatives in place to achieve this. The Committee noted many areas of triangulation from the information provided with the other two assurance Committees.	Ongoing monitoring	

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

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT *Finance & Performance Committee* *Thursday 16th December 2021*				
The Finance & Performance Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Operational plan submission	The Committee received an update on operational plans for H2 and the financial submission on the 25th November 2021	The Committee received assurance that the Financial Plan had been submitted to GM ICS in line with the presentation to the Board and the previous F&P Committee. The Committee noted that the planning guidance for 22/23 was yet to be received and was expected w/c 20th December 2021		
Finance report	The Committee received the Finance report for Month 7 of 21/22.	The Committee noted the finance report for month 8 and had assurance on the delivery of the financial plan but noted (a) the increased CIP requirement (b) The concern over how cash was to be received for elements of the GM plan (c) The increased amount of revenue and capital being released into the system which could lead to underspends at year end (d) The concern over staffing fill rates and the latest Covid guidance on isolation which could lead to further staffing challenges	Committee to have a separate session on CIP plans and medium term financial strategy Update on cash position to be presented to next Committee	February 2022 February 2022

Operational Performance Report	The Committee received the performance report for Month 8.	The Committee noted the performance below plan; however, it was noted that this was in line with the pressures in the system seen in the rest of GM and nationally. It was reported that discussions on increasing the number of Stockport system beds were taking place which would hope to address the increased number of no criteria to reside beds. The Committee noted the workforce challenges in the organisation and access to green capacity that was limiting recovery trajectories		
Business Cases considered		Following the reprioritisation of capital within the agreed capital programme for 2021/22, the following business cases were considered in order to utilise funding in 2021/22		
Theatre	Integrated Laparoscopic Theatre	Approved – Conversion of Theatre 6 to an integrated Theatre with latest Rubina technology		
Theatre	Theatre replacement equipment	Approved – Replacement of instrument sets, microsaw, refurbishment of storeroom, replacement of recovery nurse stations, sockets gangs and Rotem Sima Unit for Maternity		
HSDU	Replacement Equipment	Approved - Sterilisers, drying cabinets and Endopax machines		
Ophthalmology	Replacement Equipment	Approved – Corneal Cross Linking Machine, Humphrey Field Analyser, Microkeratome, Retcam machine and video laryngoscope		
IT	Wireless Network Outline business case	Approved to proceed to undertake a site-wide Wireless Survey in advance of a full business case procurement and tendering stage of estimated £1.1m. This agreement of funding will secure matched funding of £550k. Agreement to proceed on basis that the funding envelope was not exceeded.		

		The following business cases are revenue cases which are covered by the financial plan in H2 21/22		
Endoscopy	Use of Endocare for outsourced endoscopy	The recommendation for approval at Board of a new contract with Endocare, an independent sector provider to deliver additional capacity to endoscopy patients from the Trust's long over 6 week waiting list.	Recommended for Board approval	
Nursing	Extension of international nurse recruitment programme	Approved – Continuation of programme to recruit 100 international nurses in the calendar year 2022 and secure funding from HEE in support. There is also further potential to increase the number by a higher value if the logistics of accommodation and support can be agreed, alongside the finances.	Recommended for Board approval	
Board Assurance Framework	The Committee received a report on the 8 principal risks within the BAF assigned to the Committee	The Committee approved the current position of the principal risks assigned to the Finance & Performance Committee.		
Consent agenda				
Capital Programme Management Group	The Committee received a key issues report from CPMG	The Committee noted the key issues report from the group meeting from the 16th November 2021		
Policies for approval	The Committee received policies for approval	The Committee approved the policies for Information Asset Management Information Governance Information Classification Information Sharing & Transfer of Records	Clarification of the attendance of the SIRO at the Information Governance Steering Group was requested	December 2021
Any Other Business				
Referral to Information Commissioners Office	The Committee were alerted to a referral to the Information Commissioners Office.	The Committee received the confidential details of a case.	Further update to be provided to the Committee.	

KEY ISSUES AND ASSURANCE REPORT

Quality Committee
January 2022

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

Issue	Committee Update	Assurance received	Action	Timescale
Patient Story	The Committee heard a patient story, the objective of which was to remind us why we are here and the values we have.	Positive assurance from patient story about delivery with care and compassion and link with StARS accreditation. A reminder that the principles of 'Hello my name is' contribute greatly to the patient experience at a time when they feel most vulnerable.	All to promote 'Hello my name is' with all patient interactions	Always
Action Log	All outstanding actions for January 2022 were reviewed, with updates on progress or completion or on the agenda.	Not applicable.	Confirmation of date for Mental Health Strategy to be presented to Quality Committee.	March 2022

Issue	Committee Update	Assurance received	Action	Timescale
CQC	The Committee received a focused presentation on the CQC report from the ED inspection in November 2021 and the journey from Requires Improvement to Good, despite the on-going pandemic. Also received the CQC report in full and the draft action plan	Positive (external) assurance from the CQC report on urgent and emergency care. Positive assurance from quality of draft action plan and on-going work to update. Positive assurance and intelligence from dialogue with the CQC.	Response letter to CQC	Nov 2021 Complete

Issue	Committee Update	Assurance received	Action	Timescale
Patient Safety Group Key Issues & Assurance Report	The Medical Director presented the Patient Safety Group Key Issues & Assurance Report, which included update regarding a lengthy list of matters that can be reviewed in the minuets.	Limited assurance about deteriorating patient group which reports to patient safety group – agreement that next report will provide more clarity about areas where action is being undertaken. Concern about errors in insulin administration reported by medicines safety group – positive assurance that deep dive to be undertaken, assurance will be reviewed in light of deep dive. Limited assurance received regarding antimicrobial stewardship. Limited assurance received on current ability/capacity to reduce Paediatric ENT waiting list. (links to waiting list harms report) Assurance that there is capacity to undertake ENT emergencies. Positive assurance received that a 'deep dive' into PET scan incidents (5) identified no themes and 4 of 5 were not attributed directly to PET scan results not being followed up. A number of other items are included in more detailed agenda items.	Antimicrobial stewardship group to oversee improvement PET Scan results to be included in the Results Governance work stream	On-going On-going December 2021

Issue	Committee Update	Assurance received	Action	Timescale
Notification of Serious incidents	The Deputy Director of Quality Governance presented a report on data relating to serious incidents and a quarter report on Patient Safety Learning. The Committee received the comprehensive reports detailing number of incidents reported by type, themes and level of harm and a review of Serious Incidents.	The Committee received positive assurance on the process for reporting, investigating incidents, compliance with Duty of Candour and other reporting timeframes. There was limited assurance about quality of investigations and identifying Root Cause. Positive assurance by way of a good discussion and proposals for internal training and peer review with Tameside to refresh expertise in undertaking investigations.	Update to next Quality and performance Committee as per work plan. Explore RCA refresh training and peer to peer learning with Tameside.	Feb 2022 June 2022
Infection Prevention and Control Monthly Summary Report	A comprehensive report updated the committee on a wide range of IPC metrics and IPC BAF.	Improved assurance received via data and compliance for PCR Swabbing required during the pandemic that result in nosocomial infections. The Committee was reassured regarding daily focus on swabbing data and recent improvement. There is a concern that Clostridium Difficile is increasing above its trajectory, however this was utilising Novembers data. Mixed assurance re ANTT and Positive assurance about progress with sepsis in adults but negative in maternity.	Swabbing data and compliance to be reviewed. Review data for winter months.	Jan 2022

Issue	Committee Update	Assurance received	Action	Timescale
Clinical Effectiveness Group Key Issues and Assurance Report	Medical Director presented this report acknowledging its effectiveness has not yet achieved full maturity.	Limited assurance about clinical audit – reporting does not yet provide enough info for the committee to form a view about assurance. On-going improvement and development of the group discussed. Positive assurance about focus and direction of travel but negative assurance about rate of progress.	Review of Clinical audit function.	Feb 2022
Maternity Improvement Plan	Chief Nurse presented the Maternity Improvement plan.	Positive assurance on progress of improvement journey and step down from national support. Concern re ANTT and other compliance metrics.	Review	Dec 2021 QC
Results Governance	Medical Director presented the Results Governance Programme.	Positive assurance about progress on the Results Governance Project.	Continue to monitor and review lab turnaround times for primary care.	On-going
Waiting List Harms	Associate Medical Director presented a comprehensive report updating the committee on the management of the substantial elective waiting times for surgery and a review of equity and potential harm.	Waiting list harms. Negative assurance about a harm which has occurred to patient (Reported as an SI) Positive assurance about our process of reviewing and managing the list and detecting harm. Positive assurance that no group is further disadvantaged by their demographic. Negative assurance about ENT recovery. Positive assurance from triangulation with governor feedback.	Continue to work locally and with GM partners on re set plans.	On going through waves of pandemic.

Issue	Committee Update	Assurance received	Action	Timescale
Quality & Safety Integrated Performance Report (IPR)	The IPR Report was presented, reviewed, and noted. Assurance was reviewed and agreed, and further actions and focus agreed. Many of the metrics and assurances in the IPR have been addressed in previous papers on this agenda and not repeated here.	Continued positive assurance that SHMI and HSMR both below expected range. Mixed assurance on medication incidents with inconsistent performance with no harm. VTE – good assurance that positive position is sustained and work is on-going to achieve continuous improvement. Positive assurance re Hospital onset Covid 5/15 presented to HCAI panel and deemed unavoidable. Continued variation in Sepsis: antibiotic administration, small numbers. Positive and negative assurance as described in previous agenda items.	Re Procurement of data provider for SHMI and HSMR. Medicines Optimisation Review overdue. Consider how best to present sepsis data given small numbers skew percentage figures..	On-going On agenda for Feb 2022 Dec 2021

Assurance gained includes the Committee receiving evidence that:

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

Agenda Item 4.

Health & Wellbeing Board Meeting: 19 January 2022

REPORT OF THE FIRST MEETING OF THE SHADOW LOCALITY BOARD

Report of the Chair of the Shadow Locality Report

1. INTRODUCTION AND PURPOSE OF REPORT

To provide the Health and Wellbeing Board with an update on the items considered at the meeting of the Shadow Locality Board held on 6 December 2022

2. DETAIL

2.1 Working Group Progress Report

The Board received an update from the System Wide Executive Group including progress on each of the working groups. It reviewed the project plans for the People and Communities, Transition and Integrated System Design Working Groups.

The workplans are flexible documents and will adapt and change as new issues emerge. There is in some cases an interdependence on progress and decision making elsewhere which is being captured in the Working Group risk logs. The People & Community Voice Working Group Action Plan is a particular good example of the collaboration across the system.

The Terms of reference for the "Stockport Provider Partnership" are in the process of being developed. Independently facilitated sessions have been hosted over the course of the past few months, to support the establishment of the role, function and membership of the Provider Partnership. The Terms of Reference for the Clinical and Professional Forum were also subject of significant collaboration and a further workshop in the new year

It is expected that the Terms of Reference of these Working Groups will be considered by the System Wide Executive Group before the meeting of the Health and Wellbeing Board and a verbal update given at the Board as appropriate.

2.2 Greater Manchester Update

The Board received an update on the work in establishing the Greater Manchester Integrated Care Board, a summary of the discussions at the Transition Board and Delivery Committee and an indicative timescale at that time for the recruitment of chief officers in the new year.

This update would be a standing item on the Agenda for the Shadow Locality Board, with members of the Greater Manchester Health and Social Care Partnership invited to attend as appropriate. The Board are expecting to receive an update on the development of the draft Integrated Care Board Constitution at its next meeting.

Agenda Item

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 The Health and Wellbeing Board are asked to:

- Note the report for assurance

BACKGROUND PAPERS

There are none

Agenda Item