NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

MEETING HELD IN PUBLIC

4 AUGUST 2022

Making a difference every day.

NHS Stockport NHS Foundation Trust

Board of Directors Meeting
Thursday, 4 August 2022
Held at 9.30am at Pinewood House Education Centre
(This meeting is recorded on Webex)

AGENDA

Time			Enc	Presenting
0930	**1.**	Apologies for absence		
	2.	Declaration of Interests		**All**
	3.	Patient Story		**N Firth**
	4.	Minutes of Previous Meeting – held on 1 June 2022	✓	**T Warne**
	5.	Action Log	✓	**T Warne**
0945	**6.**	Chair's Report	✓	**T Warne**
0955	**7.**	Chief Executive's Report	✓	**K James**
	8.	**Performance**		
1005	8.1	Integrated Performance Report • Quality • Operational Performance • Workforce • Finance	✓	**K James / Executive Directors**
	9.	**Quality**		
1030	9.1	Learning from Deaths Report	✓	**A Loughney**
1040	9.2	Safer Care: Nursing & Midwifery Staffing Report	✓	**N Firth**
	10.	**People**		
1050	10.1	Equality, Diversity & Inclusion Reports: - Workforce Race Equality Strategy 2022 - Workforce Disability Equality Strategy 2022	✓	**A Bromley**
1105	10.2	Wellbeing Guardian Report	✓	**T Warne**
	11.	**Strategy**		
1110	11.1	Joint Stockport NHS Foundation Trust & Tameside & Glossop ICFT Research, Development & Innovation Strategy	✓	**A Loughney**
1120	11.2	Stockport NHS Foundation Trust & East Cheshire NHS Trust Case for Change		**J O'Brien**
	12.	**Governance**		
1130	12.1	Risk Management Strategy & Policy	✓	**N Firth**
1140	12.2	Board Assurance Framework 2022/23	✓	**K James**

	13.	**Standing Committee Reports**		
	13.1	Board Committees – Key Issues & Assurance Reports: • Finance & Performance Committee • People Performance Committee • Quality Committee *Including:* o *Annual Safeguarding Report 2021-22* o *Midwifery Continuity of Carer Report* • Audit Committee *Including:* o *Audit Committee Annual Review 2021-22*	✓ ✓ ✓	**Committee Chairs**
	14.	**Closing Matters**		
	14.1	Any Other Business		
	15.	**Date, Time & Venue of Next Meeting**		
	15.1	Thursday, 6 October 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".*		
1200		**Close**		

STOCKPORT NHS FOUNDATION TRUST

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

Present:

Prof T Warne	Chair
Mrs C Anderson	Non-Executive Director
Mr A Bell	Non-Executive Director
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 / Deputy Chair
Dr A Loughney	Medical Director
Mrs J McShane	Director of Operations
Mrs M Moore	Non-Executive Director
Dr L Sell	Non-Executive Director

In attendance:

Ms E Cain	Deputy Director of People & Organisational Development
Mrs S Curtis	Deputy Company Secretary
Mrs H Howard	Deputy Chief Nurse

Observing:

Dr S Krishnamoorthy	Consultant Stroke Physician & Associate Medical Director
Mr R Purewal	Director, Healthcare – Netcall
Ms M Slater	Public Governor

73/22 Apologies for Absence

Apologies for absence were received from Mrs Barber-Brown (Non-Executive Director), Mrs Bromley (Director of People & OD), Mrs McCarthy (Trust Secretary), Ms Newton (Associate Non-Executive Director), Mr O'Brien (Director of Strategy & Partnerships) and Mrs Parnell (Director of Communications & Corporate Affairs).

The Chair welcomed Board members and observers to the meeting. He noted that Mrs Barber-Brown would shortly be reaching the end of her term of office as Non-Executive Director. He paid tribute to Mrs Barber-Brown and thanked her for her significant contribution to the Board of Directors over the past six years, particularly around the people and wellbeing agendas, and wished her the very best for the future.

74/22 Declaration of Interests

There were no declarations of interest.

75/22 Staff Story

The Board of Directors watched a video, which detailed the work of the Trust's Pain Team, highlighting the work of the team and associated improvements and developments around the acute pain service.

The Chief Nurse briefed the Board on the work of the Pain Team, commending the team's commitment to continued improvement through transformational work.

The Board of Directors:

- **Received and noted the staff story.**

76/22 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 7 April 2022 were agreed as a true and accurate record of proceedings.

76/22 Action Log

The action log was reviewed and annotated accordingly.

77/22 Chair's Report

The Chair 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 that he and the Chief Executive were due to meet with the new Leader of the Stockport Council and the new Cabinet Member for Adult Health and Social Care, and noted the importance of these key relationships.

The Chair advised that NHS England was currently consulting on the following:

- Draft Code of Governance for NHS Provider Trusts
- Draft Addendum to Your Statutory Duties – A Reference Guide for NHS Foundation Trust Governors
- Draft Guidance on Good Governance and Collaboration

He advised that the Board of Directors and Council of Governors would be involved in preparing the Trust's response to the consultation.

The Board of Directors:

- **Received and noted the report.**

78/22 Chief Executive's Report

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

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

- The Health and Care Bill
- NHS England/Improvement (NHSE/I) leadership changes
- Next steps Covid-19 response to recovery
- Integrated Care System
- Stockport Family
- Minister of Health discussion
- Trust planning update
- Values into action
- Hospital Catering of the Year Award
- British Data Awards
- Making a Difference Everyday Awards
- Activities and events

The Chair referred to the NHSE/I leadership changes and noted that while the new regional director would have a joint oversight of the North West and North East and Yorkshire, both regions would continue to operate separately.

The Board of Directors:

- **Received and noted the report**

79/22 Integrated Performance Report

The Chief Executive introduced the Integrated Performance Report (IPR), which included exception reports for areas of most significant note. She advised that some of the metrics would change for the following report reflecting key outcome measures for 2022/23, including maternity metrics.

QUALITY

The Medical Director and Chief Nurse presented the quality section of the IPR and highlighted performance and mitigating actions around HSMR, sepsis, C. difficile, MSSA, infection prevention, and continuity of carer.

A Non-Executive Director reflected on the tension between sepsis and antibiotic prescribing and increased C. difficile cases and queried the Trust's response in this area. The Medical Director and Chief Nurse briefed the Board on work with the Infection Prevention Team to ensure the use of the right antibiotics for the right circumstances to reduce the risk of C. difficile.

A Non-Executive Director referred to the Summary Dashboard, noting that he would welcome forecast information for the rest of the year to be included in the report, rather than just forecasting information for the next month. The Chief Executive agreed to consider including an improvement trajectory in future reports.

In response to a question from the Chair about local Covid restrictions, the Chief Nurse briefed the Board and advised that visiting had fully resumed and masks were still required to be worn in clinical areas and public corridors.

The Chief Nurse advised the Board that the national infection prevention trajectories and methodologies had changed and the Quality Committee would be updated about the changes.

OPERATIONAL

The Director of Operations presented the operational section of the IPR and highlighted the continued operational pressures and consequent adverse impact on the Emergency Department (ED) 4-hour target, diagnostics, cancer and restoration. She highlighted the high level of attendances, no criteria to reside and the capacity for domiciliary care and intermediate bed base as significant areas of concern, noting that a locality transformational programme had been launched around no criteria to reside.

A Non-Executive Director acknowledged the various mitigating actions to address the ED 4-hour target and queried the confidence levels in achieving these. The Director of Operations noted that she was positive about a number of the actions being taken, however emphasised that sustained improvement and achievement of the standard would not be possible until the no criteria to reside issue was resolved. The Chief Executive briefed the Board on the national changes expected around the ED standard.

In response to a question from a Non-Executive Director about endoscopy, the Director of Operations noted that while endoscopy continued to be a challenge for the Trust, and nationally due to increased demand, the Trust had achieved improvement. She added that the fourth diagnostic room would become operational in September 2022, which would help further improve the position.

The Director of Finance highlighted the significant increase in daily ED attendances, noting the link to the capital development the Trust was pursuing in this area. The Director of Operations briefed the Board on ongoing work to ensure quality and safety and noted that it was important to be cognisant of the adverse impact the high attendances had on both workforce and finances.

In response to a further question from the Non-Executive Director about the impact and measurement of the new rapid diagnostic service, the Director of Operations noted that the numbers accessing that service remained low at this time, with further review and consideration of impact to be completed in line with increasing numbers of patients through the pathway.

A Non-Executive Director referred to the improvements around Referral to Treatment (RTT), noting that it was important to recognise this achievement in the context of the operational pressures.

In response to a question from a Non-Executive Director about theatre utilisation, the Director of Operations noted challenges in improving theatre utilisation due to capacity constraints, however the opening of Ward M6 would support improved performance in this area.

In response to a comment from the Chair about the cost of people not turning up for appointments, the Director of Operations advised that the Trust had improved the Did Not Attend (DNA) position and further improvements were expected as part of the ongoing transformation work.

WORKFORCE

The Deputy Director of People & Organisational Development (OD) presented the workforce section of the IPR and highlighted performance and mitigating actions around sickness absence, turnover, statutory and mandatory training, and bank and agency costs.

A Non-Executive Director referred to the sickness absence rate and queried whether this was in line with our expectations and future forecast. The Deputy Director of People & OD commented that it was currently challenging to forecast for sickness absence due to a number of unknown variables, including the unknown impact of the pandemic and long Covid. She advised that the Trust was not an outlier in Greater Manchester (GM) or the North West, and that the Trust's commitment to the person centred approach was focussed on improvement in this area.

FINANCE

The Director of Finance presented the finance section of the IPR and advised that the Trust's Month 1 position was in line with the plan. He noted, however, that NHSE/I had not yet signed off the Trust's plan for 2022/23, and a further plan submission was due on 13 June 2022.

The Board of Directors:

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

80/22 Transformation Progress Report

The Chief Executive presented a Transformation Progress Report and provided an update on progress in delivering of the Transformation Programme during 2021/22, alongside key aims and programmes for 2022/23.

A Non-Executive Director sought assurance about the breadth of the transformation programme, and whether enough support was available to teams around the delivery of large projects. The Chief Executive advised that each programme was supported by the Transformation Team and that appropriate capacity was in place to support the programmes.

In response to a question form a Non-Executive Director who queried which of the transformation programmes were seen to be the most challenging, the Chief Executive noted that mobilising neighbourhoods would be challenging as the new model to avoid unnecessary A&E attendances required a change in both culture and behaviours and models of care. The Chair noted that the mobilising neighbourhoods project was a good example of place based care developments, which could only be achieved with partners and communities.

In response to a question from the Chair about how the transformation programmes were communicated to staff, the Chief Executive advised that the Transformation Team produced a regular update and agreed to share copy with Board members.

A Non-Executive Director queried how the effectiveness of improvements were measured and to what extent programmes were delivering to time and resources. The Chief Executive advised that the expected outputs and improvement trajectories were agreed and clarified at the beginning of the programmes, noting there were no significant areas of concern. The Non-Executive Director noted that it would be helpful to highlight any areas of concern in future updates.

The Board of Directors:

- **Received and noted the Transformation Progress Report.**

The Deputy Chief Nurse joined the meeting

81/22 Quality Strategy Progress

The Deputy Chief Nurse delivered a presentation providing an update on progress against the Quality Strategy 2021/22. The presentation covered the following subject headings:

- Background
- Driving change on our improvement journey
- Quality metrics for achievement in Year 1 (2021/22)
- Areas of risk

The Deputy Chief Nurse provided a detailed overview of the quality metrics and measures for achievement in 2021/22, including the current position in achieving these, and areas of risk and mitigating actions.

The Chief Nurse advised that the Trust had set stretch trajectories in line with the Quality Improvement (QI) methodology during the preparation of the Quality Strategy. She noted that while some areas had not met the stretch targets, an overall improvement had been achieved.

The Non-Executive Directors welcomed the way in which all the quality metrics with associated measures and achievements were included in the report and endorsed the Chief Nurse's proposal to present future progress reports to the Quality Committee in this format.

In response to a question from a Non-Executive Director about the palliative care dashboard, the Deputy Chief Nurse advised that the GM palliative care dashboard had been established, however work was awaited to ensure consistency across GM. The Board heard that progress was monitored at the End of Life Steering Group. A Non-Executive Director suggested that the Quality Committee received update on progress via the relevant key issues and assurance report.

In response to a question from a Non-Executive Director about workforce challenges in maternity, the Medical Director confirmed that the vacant consultant post has been appointed to improve weekend cover.

The Board of Directors:

- **Received and noted the presentation**

The Deputy Chief Nurse left the meeting

82/22 Going Concern Assessment

The Director of Finance presented a report asking the Board to approve the declaration that, in accordance with International Accounting Standard 1 and the NHS Foundation Trust Annual Reporting Manual 2021/22, the Directors of the Trust had a reasonable expectation of the continued provision of Stockport NHS Foundation Trust's services and, for this reason, the Directors should continue to adopt the going concern basis in preparing the accounts for 2021/22.

The Board heard that the Audit Committee had considered the report and was recommending the Board of Directors to approve the going concern declaration, as detailed in s3.2 of the report.

The Board of Directors:

- **Approved the recommendation and the notion that the Trust is and continues to be a going concern.**

83/22 Annual Governance Declarations / Self Certifications 2021/22

The Director of Finance presented a report seeking the Board's endorsement of the Trust's position against the annual governance declarations and support the rationale for each of the confirmed statements.

He briefed the Board on the content of the report and advised that the governance declarations related to the NHS Provider Licence:

- General Condition 6
- Continuity of Services Condition 7
- Corporate Governance Statement FT4
- Governor Training

The Director of Finance referred the Board to s2 of the report and highlighted that in considering the annual governance declaration, regard had been given to the modification of the additional licence condition that had been in place since December 2017. He reminded Board members that NHSE/I had agreed to review extant licence conditions for this Trust and other Trusts, but that this review was yet to be concluded.

The Director of Finance referred the Board to s4 of the report, relating to 'Continuity of Services Condition 7', and noted that the statement option 4b was recommended as the most appropriate wording, given the risks detailed in s4.5 of the report.

The Board of Directors:

- **Endorsed the Trust's position against the annual governance declarations as set out in the report and supported the rationale for each of the confirmed statements**
- **Approved the Annual Governance Declarations / Self Certifications**

84/22 Use of Common Seal 2021/22

The Director of Finance presented a report on the use of the Common Seal during 2021/22.

The Board of Directors noted the occasions of the use of the Common Seal as detailed at s2.2 of the report.

The Board of Directors:

- **Received and noted the report**

85/22 Board Committee Assurance

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 April 2022 and 19 May 2022. He briefed the Board on the content of the reports and highlighted key operational and financial issues considered.

The Board of Directors:

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

People Performance Committee

The Deputy Chair of People Performance Committee (Non-Executive Director) presented a key issues and assurance report from the People Performance Committee meeting held on 12 May 2022. She briefed the Board on the content of the report.

The Board of Directors:

- **Reviewed and confirmed the People Performance Committee Key Issues & Assurance Report, including actions taken**
- **Acknowledged the significant work of Mrs Barber-Brown, Non-Executive Director in chairing the People Performance Committee and formally recorded its appreciation**

Quality Committee

The Chair of Quality Committee (Non-Executive Director) presented key issues and assurance reports from the Quality Committee meetings held on 26 April 2022 and 24 May 2022.

She briefed the Board on the content of the reports. Specifically, the Chair of Quality Committee confirmed that the Committee had reviewed the Health & Safety Annual Report 2021/22, as presented to the Board of Directors.

The Board of Directors:

- **Reviewed and confirmed the Quality Committee Key Issues & Assurance Reports, including actions taken**
- **Received and approved the Health & Safety Annual Report 2021/22 following review and recommendation by Quality Committee**

Audit Committee

The Chair of Audit Committee (Non-Executive Director) provided a verbal update from the Audit Committee meeting held on 26 May 2022, noting that the meeting had focused on year-end matters, including the draft Annual Report & Accounts 2021/22.

The Board of Directors:

- **Noted the verbal update from the Chair of Audit Committee**

86/22 Proposal for Trust Meetings

The Chair presented a report proposing future arrangements for Board and Committee meetings. The report proposed that future Board of Directors' meetings and Board development sessions would take place face to face, with all Board members present. Guidance would be taken from the Chief Nurse/DIPC, and observers would be welcomed back into the public Board meetings as soon as it was safe and possible to do so. The Chair noted that the Trust would continue to enable observers to join virtually if they chose to do so.

The Chair advised that it was proposed that Board Committees would continue to take place virtually, as this had proved both efficient and effective and supported positive attendance of colleagues. He added that Board Committees would reserve the right to hold face to face meetings onsite once or twice a year as determined.

A Non-Executive Director welcomed the opportunity for Committees to hold some face to face meetings and suggested that each Committee should keep this under review when discussing meeting effectiveness.

The Board of Directors:

- **Supported the proposal for future Board meetings as detailed in the report.**

87/22 Any Other Business

The Chair advised that a significant number of high quality applications had been received for the two Non-Executive Director positions, with interview to take place on 8 June 2022.

88/22 Date, time and venue of next meeting

The next meeting of the Board of Directors held in public would be held on Thursday, 4 August 2022, commencing at 9.30am in the Lecture Theatres, Pinewood House.

89/22 Resolution

The Board resolved that:

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

Signed:_____Date:_____

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Meeting	Minute reference	Subject	Action	Bring Forward	RO
7 Oct 2021	232/21	Board Committee Assurance – Quality Committee	The Medical Director advised that a Research & Innovation Strategy was in the process of being prepared and would be presented to a future Board meeting. **Update 7 April 2022** – Development of Research Strategy in progress. To be presented July 2022. **Update 1 Jun 2022** – The Medical Director advised that the R&I Strategy was now being developed jointly with Tameside & Glossop and would be presented to the Quality Committee in July 2022. The Board would be updated via the Quality Committee Key Issues & Assurance Report.	Closed	A Loughney
1 Jun 2022	79/22	Integrated Performance Report	Summary Dashboard - Consider inclusion of improvement trajectories. **Update August 2022 –** To be considered via Executive Team in Aug 2022.		K James

On agenda
Not due
Overdue
Closed

Stockport NHS Foundation Trust

Meeting date	4th August 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chair's Report					
Lead Director	Trust Chair		Author	Professor Tony Warne		

Recommendations made / Decisions requested

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

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
x	Well-Led		Use of Resources

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

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

Where issues are addressed in the paper-

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

Executive Summary

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

1. PURPOSE OF THE REPORT

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

2. EXTERNAL PARTNERSHIPS

As I write this report the invasion and war in Ukraine has been ongoing for over 152 days. It remains important that we continue to keep all those caught up in this war in our thoughts and prayers.

Back in England, July 1st saw Integrated Care Systems (ICS) go live. Karen James, our CEO, describes in her report, what ICS's will have responsibility for and the challenges they will need to address. However, I want to acknowledge the work my colleagues have put in to prepare us for this change to the way in which we will be working in the future. Holding down the day job while working at planning and preparing for the new world and doing so against a background of continuing huge demands on our services, and the pandemic will not have been easy. So, a big THANK YOU from me for all that you have been able to achieve.

We are at the start of this new and exciting journey and there are still many processes and ways of working together that will need to be developed and worked through as the Greater Manchester Integrated System starts to operate. As a Board, we have started to explore the challenges and opportunities beginning to emerge as the ICS develop new governance processes; shared decision making; communication and stakeholder engagement; and the need to ensure our strategic and operational plans are congruent with those being developed by the ICS. All of which is part of our on-going well-led journey.

Likewise, after 9 years of operating, Clinical Commissioning Groups (CCGs) have ceased to be part of the NHS. Too often, their work has gone unnoticed. Here in Stockport, our CCG has supported much change and innovation, never more so as they worked with ourselves and Stockport Council in dealing with challenges of the Covid pandemic. Thankfully many of the ways of working together continue and provide a secure foundation for greater collaboration and the development of place-based services.

Karen James and I were able to meet with Caroline Simpson, Chief Executive Officer at Stockport Council and the new Council Leader, Mark Hunter. It was an early opportunity to reaffirm our commitment to work together in delivering the One Stockport Plan.

I met with the new Cabinet Member for Adult Care and Health, Keith Holloway. He has a great deal of experience in this area of work, both at Stockport and across

Great Manchester. He is particularly interested in how we might work together in tackling the problems in social and domiciliary care, an ambition I share. Keith is now the Stockport Council appointed Governor on our Council of Governors

In my last report I noted a meeting I attended that looked at the how system oversight framework (SOF) was to be revised. I pondered over a further assessment would be undertaken once the revised SOF had been published. At the beginning of July, the revised SOF was published, and we were informed that our segment placement would remain the same at Segment 3. Given the improvements that have made over the 18 months, this was disappointing, but not entirely unexpected.

Likewise, in the context of reducing waiting lists, and the national approach to Phase 2 of the Elective Recovery Plan, every NHS provider organisation in England has been assessed for their perceived ability to meet the national targets set out for those people waiting for cancer diagnostics and treatment and those people who have been waiting for 78 weeks. 20 Trusts were placed in Tier 1. Those placed in this tier will benefit from central support provided by NHSEI, and oversight from the Secretary of State. In Greater Manchester, Manchester Foundation Trust is one of four Trusts across the North West Region placed in the Tier 1 group.

There were 24 Trusts placed in Tier 2. Tier 2 Trusts benefit from Regional NHSEI Office support rather than national intervention. We were placed in this tier alongside the Northern Care Alliance, and two other Trusts in the North West Region. Colleagues are already meeting with regional colleagues on a weekly basis.

I include this information for two reasons. (1) the assessment illustrates that the numbers of people waiting to be treated are extremely high and it will be impossible to tackle these numbers effectively without working as a system (2) the Tier system illustrates there is still someway to go in resolving the tensions between centrally driven performance frameworks and regional (and system based) performance approaches. It is of course, early days yet.

3. TRUST ACTIVITIES

I have continued to meet with our Council of Governors both formally and informally. The Nominations Committee worked their way through 36 applications for two new Non Executive Director posts in June. We were fortunate to receive some very high-quality applications. We were able to appoint to one of the roles and hope to appoint to the second post by the end of the year.

Covid infections continue to rise, and at the time of writing, we have not seen this rise plateau. This increasing rate of infections, both at the hospital and in the wider community, has impacted upon our ability to achieve our elective recovery targets and has impacted upon NED visits to clinical areas. During the period covered by

this report there have been limited opportunities to visit many clinical areas. I was able to celebrate with colleagues the International Day of the Midwife, International Nurses Day, Patient Experience Week, and Mental Health Awareness Week. However, I also donned one of our new bright yellow tabards and spent some time with our wonderful Dining Companions helping our patients with their meals. It was both great fun and wonderful to have such close patient interaction.

I was able to spend a very informative couple of hours with colleagues in our Mortuary Department and Pathology Department. Both sets of colleagues continue to do outstanding work in what might best be described as challenging physical conditions.

Our patients and colleagues were able to join in the national celebrations of the Queens Platinum Jubilee. There was a special themed menu for patients, celebratory cakes for patients and gifts for Jubilee babies born over the long weekend of celebrations.

Finally, on July 5th we celebrated the 74th birthday of the NHS – due to Covid restrictions, my Big Birthday Tea Party to celebrate was held in my back garden. There is always next year.

4. STRENGTHENING BOARD OVERSIGHT

Our Board development journey continues. We had two Board development sessions during this last period. The first was facilitated by colleagues from the Good Governance Institute and was a session that helped us explore our risk management process and our risk appetite. The second session was a review of progress made on our Well-Led journey, and an early opportunity to start to consider what this might mean through a system lens.

5. RECOMMENDATIONS

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

Meeting date	4 August 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chief Executive's Report					
Lead Director	Chief Executive		Author	Director of Communications & Corporate Affairs		

Recommendations made / Decisions requested

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

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

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

Executive Summary

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

- Integrated Care System
- NHS System Oversight Framework 2022-23
- ICB appointments
- Alternative Provider Federation
- Emergency and urgent care campus
- Maternity Safety Support Programme
- Case for Change
- Rapid diagnostic centre
- Patient Safety Awards

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 Integrated Care System

On 1 July 2022 England saw the statutory creation of 42 new Integrated Care Systems (ICS), and associated Boards, as well as place based arrangements. These formal arrangements were enabled by the Health and Care Act 2022.

The ICS' bring together a broad alliance of partners concerned with improving the care, health, and well being of local populations. The ICS' is responsible for producing an integrated care strategy to meet the health and well being of their local populations.

Under the new arrangements within each ICS are a number of place-based partnerships that lead on the detailed design and delivery of integrated services across neighbourhoods.

There are also provider collaboratives that bring together the providers of health services to achieve the benefits of working at scale across one or more ICS to improve quality, efficiency and outcomes, and address unwarranted variation and inequalities in access and experience.

2.2 NHS System Oversight Framework 2022-23

The framework published in June 2022 sets out NHS England's approach to oversight for the year. The updated framework aligns to the priorities set out in the 2022/23 priorities and operational planning guidance and the legislative changes made by the Health and Care Act 2022, including the formal establishment of ICBs and the merging of NHS Improvement into NHS England.

The framework is built around five national themes that reflect the ambitions of the NHS Long Term Plan and applies across trusts and ICBs. They are:

- quality of care,
- access and outcomes,
- preventing ill-health and reducing inequalities,
- people,
- finance and use of resources,
- leadership and capability.

There is a set of high-level oversight metrics at ICB and Trust level aligned to these themes, and a sixth theme - local strategic priorities - reflects the ICB's contribution to the wider ambitions and priorities of its ICS.

As in 2021/22, NHS England's regional teams have allocated all ICBs and Trusts to one of four 'segments' based on the level and nature of support systems and trusts may require. This segmentation ranges from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

We have received confirmation from NHS England (North West) that our segmentation rating of 3 would remain unchanged until the next quarterly review has taken place in partnership with the local ICB.

3. REGIONAL NEWS

3.1 ICB appointments

The Greater Manchester Integrated Care Board has made some recent appointments to its leadership team.

Dr Michael Gregory has been appointed to the role of Medical Director and Jackie Hanson will share the role of Chief Nurse with Hayley Citrine. Michael was previously the local regional medical director for NHS England, Jackie was the Director of Nursing-Professional and System Development with NHS North West, and Hayley was the Chief Nurse for NHS North West.

3.1 Alternative Provider Federation

A new partnership of social enterprises and charitable organisations who deliver NHS services across GM has been formed to work creatively together to tackle health inequalities in the city region.

While GM has a strong social enterprise and charity sector providing a range of NHS and public health services in localities, many struggle to scale across GM and to integrate within the wider NHS ecosystem. The Alternative Provider Federation, which was launched in July, brings these organisations together and provide infrastructure to enable them to engage with Greater Manchester Integrated Care System.

4. TRUST NEWS

4.1 Emergency and urgent care campus

Our plans for an emergency and urgent care campus at Stepping Hill Hospital have taken another step forward

The joint committee for the Department of Health and Social Care and NHSE England has given approval in principle for our £30.6m business case, and preparatory work has begun on site.

This is great news for our patients and colleagues, who are excited about the extra space and facilities this development will provide for our emergency and urgency care services.

The preparatory work will mean changes to the area outside Oak House, and new traffic management arrangements will be introduced on site in the coming weeks.

4.2 Maternity Safety Support Programme

I am delighted to report that our services have formally exited from the national maternity safety support programme.

NHS England's National System Oversight Committee made the decision after reviewing the positive changes we have made to ensure sustainable, high quality, and safe maternity care for local people.

In the letter confirming this good news we were told that the success of our improvement journey was “testimony to the leadership and commitment” from our maternity leadership team, and the wider organisation.”

The programme covers all maternity and neonatal units in England and aims to:

- Improve the safety and outcomes of such services by reducing unwarranted variation and providing a high quality healthcare experience,
- Contribution to the national ambition to reduce the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during of soon after birth by 50% by 2025.

4.3 Case for Change

We have worked together with East Cheshire NHS Trust to develop a case for change to sustain and improve local health services.

We have a long and successful track record of working together in collaboration, and many patients move between services at both organisations to receive their treatment and support as well as from other NHS trusts in Cheshire, the Manchester area and some parts of Derbyshire and Staffordshire.

We believe there are opportunities to strengthen our work together, and develop new models of care and ways of working to deliver health services that:

- deliver better outcomes for patients
- give staff greater flexibility to develop their skills and experience
- attract staff to work with us and stay with us
- ensure high-quality and sustainable services for the communities we serve
- make the best use of available resources.

Clinicians in both organisations have developed a case for change that has been supported by the former NHS Cheshire Clinical Commissioning Group (CCG), the former Stockport CCG, NHS England, NHS Cheshire and Merseyside and NHS Greater Manchester ICBs.

We recently held the first in a series of workshops to share the challenges facing the services and gather views on how care could change and improve to ensure services are

sustainable in the future. The workshop was attended by colleagues from both trusts, as well as representatives from partner organisations, the third sector, and patient groups.

4.4 Rapid diagnostic centre

We have opened a new rapid diagnostic centre for people with vague symptoms that could be signs of cancer.

Stepping Hill Hospital has joined a network of such centres across GM, and it means that local people with symptoms such as unexplained weight loss, fatigue or abdominal pain can be referred to the centre by their GP for rapid diagnosis, ideally within seven days, and where possible cancer can be ruled in our out on the same day.

The new service, funded by the Greater Manchester Cancer Alliance, is led by a consultant radiologist, a senior gastroenterology consultant, a new clinical nurse specialist, and a navigator. We join Tameside Hospital in partnership to deliver this new service for the people of Stockport, Tameside and Glossop.

4.5 Patient Safety Awards

Three of our initiatives have been shortlisted in three separate categories of the Health Service Journal (HSJ) Patient Safety Awards.

The creation of a new rapid assessment unit in our emergency department is a finalist in the Quality Improvement Initiative of the Year category. Working with North West Ambulance Service, our teams set up the unit to reduce ambulance queues and as a result of their work they have significantly improved ambulance turnaround times, moving the department's performance from 20th in the region to sixth.

The person centred approach we have adopted to support patients with suspected delirium has been shortlisted in the Deteriorating Patients and Rapid Response Initiative category. In partnership with Pennine Care NHS Foundation Trust, our teams worked with Stockport Crisis Response Team and Mental Health Liaison Team to set up a rapid clinical assessment service in the community to quickly diagnose and treat patients without the need for a hospital admission.

Another initiative with Pennine Care NHS Foundation Trust has been rewarded with a finalist place in the Best Use of Integrated Care and Partnership Working Award. Together we have worked on improving the quality and delivery of mental health services for patients and well being support for staff. This has included training for hospital

colleagues, the creation of a mental health first aiders support network, adoption of a new mental health risk assessment tool in the emergency department, and Trust charitable funding for a range of psychosocial well being support and activities for colleagues.

Our teams are now looking forward to the winners of the awards being announced at the HSJ's Patient Safety Conference to be held in Manchester in September.

4.6 Activities and events

Our services regularly host a range of activities and events to celebrate success and support the health and wellbeing of our patients and colleagues. In recent weeks we have:

- marked ten years of electronic prescribing in the trust. We were one of the first trusts in the country to implement an electronic prescribing and medicines administration system. Since 2012 the system has improved safety and quality as well as recording over 870,000 prescriptions, more than one million medical supply requests, and over £34m medication administrations.
- celebrated the first national Healthcare Estates and Facilities Day with many support services opening their doors to give colleagues an insight into what goes on behind the scenes and managers wwent back to the floor to experience a working day on the switchboard, in the catering department, and with our portering team.
- welcomed players and the president of Stockport County Football Club to our Treehouse unit. The club, which has been hugely supportive of the trust and our charity, brought along the National League trophy they recently won to the delight of our young patients and colleagues working on the ward.

5. Recommendation

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

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Stockport NHS Foundation Trust

Meeting date	4 August 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

The Board of Directors is asked to review and confirm:

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

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	✓	**PR1**	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	Highlight Section
Regulatory and legal compliance	All sections
Sustainability (including environmental impacts)	

Executive Summary

Performance against the associated metrics for the last available month (June 2022 for the majority of indicators) is reported.

Exception reports have been provided for areas of most significant note.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Integrated Performance Report

Reporting Period June 2022

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 remained the best in GM for type 1 ED attendances in June, and across Quarter 1.

Quality Highlights
Exception reports included this month relate to performance against **Mortality**, **Sepsis, Pressure Ulcers and Infection Prevention** metrics due to under-achievement in month.

The **Written Complaints Rate** is 7.04 in month which remains slightly higher that the local benchmark of <5.93. The Patient and Customer Services continue to achieve the standard for timely response to formal complaints.

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

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

Workforce Turnover, whilst still above target levels, shows a good reduction in month.

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

At month 3 the Trust position is £0.7m adverse to plan – a deficit of £6.3m

The drivers of the movement from plan are escalation beds remaining open beyond the planned Winter period, continued growth in ED attendances and additional inflationary pressures. The impact of this is the increase in premium rate costs for nursing, medical and therapists.

The CIP plan for 22-23 is £18.1m (£12.1m recurrent). The CIP plan for month 3 (based on the revised CIP plan) has been delivered however, at this point the majority is non-recurrent.

The Trust has maintained sufficient cash to operate during June.

The Capital plan for 22-23 is £43m. At month 3 expenditure is behind plan by £1.570m, however this spend will be reprofiled into future months.

Risks
CIP continues to be a challenge in 2022/23 with the recurrent target of £12.1m and a non-recurrent target of £6m; total £18.1m.

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

Cashflow – Based on the opening cash balance of £50m, a planned deficit of £23m and £13m of capital creditors it is likely that by Q3 the Trust will need to apply for additional cash.

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

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

Performance

Blue indicates that the measure has met the target.

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

Target assurance

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

Blue indicates that variation is consistently passing the target

Orange indicates that variation is consistently falling short of the target

Forecast position

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

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

N=National / L=Local

Quality Metrics	Performance		Target assurance		Forecast
Mortality: HSMR (rolling 12-mth)	Mar-22	110	N	<= 100	
Mortality: SHMI (rolling 12-mth)	Feb-22	99	N	<= 100	
Sepsis: Timely recognition (rolling 12-mth)	Jun-22	96.8%	L	>= 95%	
Sepsis: Antibiotic administration (rolling 12-mth)	Jun-22	83.1%	L	>= 95%	
Hospital Onset Covid (HOC) Rate	Jun-22	26.3%	L	<= 33.07%	
Infection Rate - C. diff (rolling 12-mth)	Jun-22	49.93	L	<= 20.37	
Infection Rate - MRSA (rolling 12-mth)	Jun-22	1.9	L	<= 0	
Infection Rate - MSSA (rolling 12-mth)	Jun-22	22.82	L	<= 8.94	
Infection Rate - E. coli (rolling 12-mth)	Jun-22	102.23	L	<= 24.34	
Medication Incidents: Rate	Jun-22	3.54	L	<= 3.76	
Never Event: Incidence	Jun-22	0	N	<= 0	
Serious Incidents: STEIS Reportable	Jun-22	6	L	<= 5	
Stroke: Overall SSNAP Level	Mar-22	A	N	>= C	
Falls: Rate of Moderate Harm and Above	Jun-22	0.11	L	<= 0.13	
Pressure Ulcers: Hospital, Category 2	Jun-22	28	L	<= 20	
Pressure Ulcers: Hospital, Category 3 and 4	Jun-22	4	L	<= 1	
Written Complaints Rate	Jun-22	7.04	L	<= 5.93	
Complaints: Timely response	Jun-22	95.7%	L	>= 95%	

Operational Metrics	Latest Performance		Target		Forecast
ED: 4hr Standard	Jun-22	63.1%	N	>= 95%	
ED: 12hr Trolley Wait	Jun-22	51	N	<= 0	
Diagnostics: 6 Week Standard	Jun-22	21.5%	N	<= 1%	
Cancer: 62-day standard	Jun-22	58.8%	N	>= 85%	
Cancer: 28-day standard (FDS)	Jun-22	60.9%	N	>= 75%	
Cancer: 14-day standard (2WW)	Jun-22	93.2%	N	>= 93%	
Referral to Treatment: Incomplete Pathways	Jun-22	53.2%	N	>= 92%	
Referral to Treatment: 52 Week Breaches	Jun-22	4009	N	<= 0	
No Criteria To Reside (NCTR)	Jun-22	114	L	<= 73	
Activity vs. Plan: Elective Inpatient and Daycase	Jun-22	-8.5%	L	>= 0%	
Activity vs. Plan: Outpatient	Jun-22	-4.8%	L	>= 0%	
Activity vs. Plan: ED Attendances	Jun-22	13.5%	L	<= 0%	
Outpatient DNA rate	Jun-22	8.2%	L	<= 5.8%	
Outpatient Clinic Utilisation	Jun-22	85.2%	L	>= 85%	
Patient Initiated Follow Up (PIFU)	Jun-22	2.3%	L	>= 2%	
Theatres: Capped Utilisation	Jun-22	80.9%	L	>= 90%	

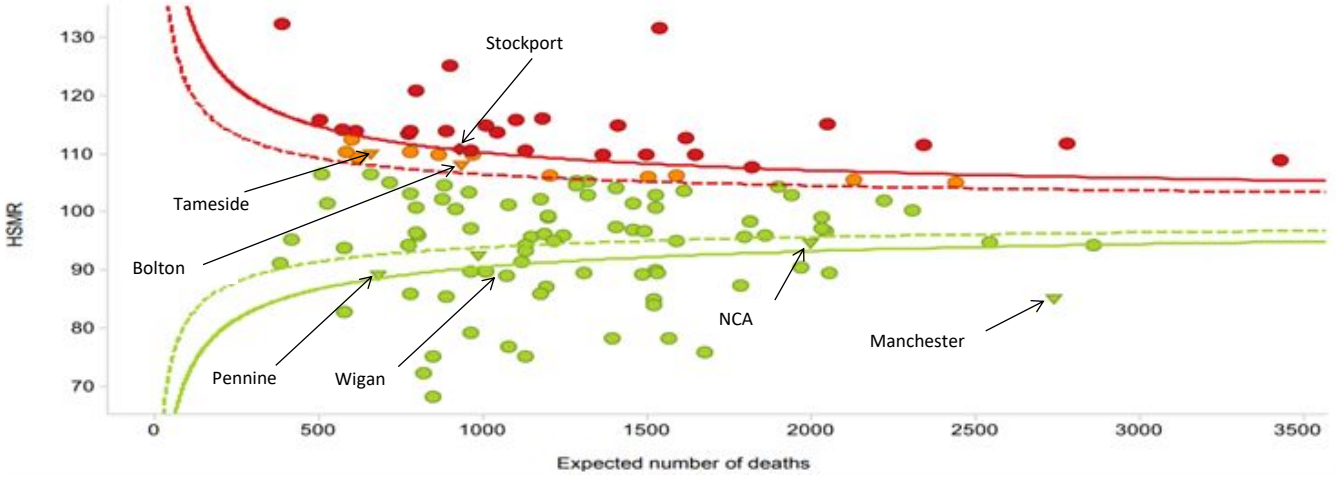
Workforce Metrics	Latest Performance		Target		Forecast
Substantive Staff-in-Post	Jun-22	93.1%	N	>= 90%	
Sickness Absence: Monthly Rate	Jun-22	5.9%	N	<= 4%	
Workforce Turnover	Jun-22	13.99%	L	<= 11%	
Appraisal Rate: Overall	Jun-22	90.7%	N	>= 95%	
Statutory & Mandatory Training	Jun-22	90.8%	N	>= 95%	
Bank & Agency Costs	Jun-22	15.7%	L	<= 5%	

Finance Metrics	Latest Performance		Target		Forecast
Financial Controls: I&E Position	Jun-22	13%	L	<= 0%	
Cash Balance	Jun-22	36.1			
CIP Cumulative Achievement	Jun-22	0.1%	L	>= 0%	
Capital Expenditure	Jun-22	-49.3%	L	<= 10%	

Quality Operations Workforce Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Mortality: HSMR (rolling 12-mth)** The Hospital Standardised Mortality Ratio (HSMR) shows the ratio of the observed to the expected number of in-hospital deaths at the end of a continuous inpatient (CIP) spell, multiplied by 100. Data sourced from the Healthcare Evaluation Data (HED) system.
Performance of this measure over time	
What the chart tells us	HSMR has been above expected levels throughout the reporting period. Although still above the expected levels, between Mar 21 and Oct21 a period of improvement can be seen with mortality rates consistently below the average. There have been no further significant changes in mortality rate since.

Latest Performance	Next Month Forecast
	

Variance

Latest Month	Actual
Mar-22	110

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

Assurance

Target

<= 100

Performance consistently exceeds the target value

Narrative

Issues:	Actions & Mitigations:
The SHMI index is currently 97.66 (i.e. 2.34 index points better than the mean) for the period February 2021 to January 2022. HSMR is 110.87 for the period April 2021 to March 2022, and is currently 10 points above the national mean and it should be noted that the HSMR is categorised as 'very high' (i.e. 110 is outside statistical control limits).	Detailed analysis of drivers behind the HSMR has been carried out and UTI related deaths remain a significant contributor. Plan of audit is in place across medical, surgical and integrated care divisions. Patient level data is being provided by IT colleagues. To be presented to the Clinical Effectiveness Group later in the year. Use of alternative coding software is being explored.

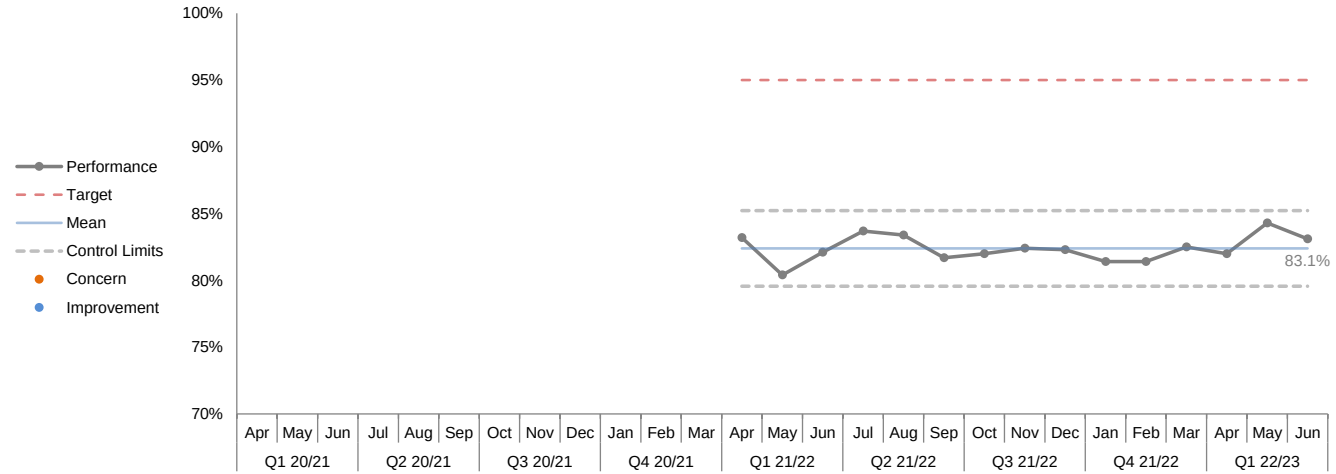
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Jun-22	83.1%

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

Assurance

Target

>= 95%

Performance consistently falls short of the target value

What the chart tells us

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

Narrative

Issues:	Actions & Mitigations:
Antibiotic administration remains below the 95% target because of a combination of factors including communication, staffing and workload. An significant problem with out of hours antibiotic administration is also noted. No harm has been reported as a consequence of delayed antibiotic administration.	Retention of sepsis practitioners has been problematic due to the administrative audit duties in the JD. The volume of audit has therefore been reduced to assist with retention in this post although this may lead to some larger fluctuations in the data presented in this IPR. Out of hours staffing changes and task management processes being introduced in August/September 2022 and these may influence antibiotic administration performance positively.

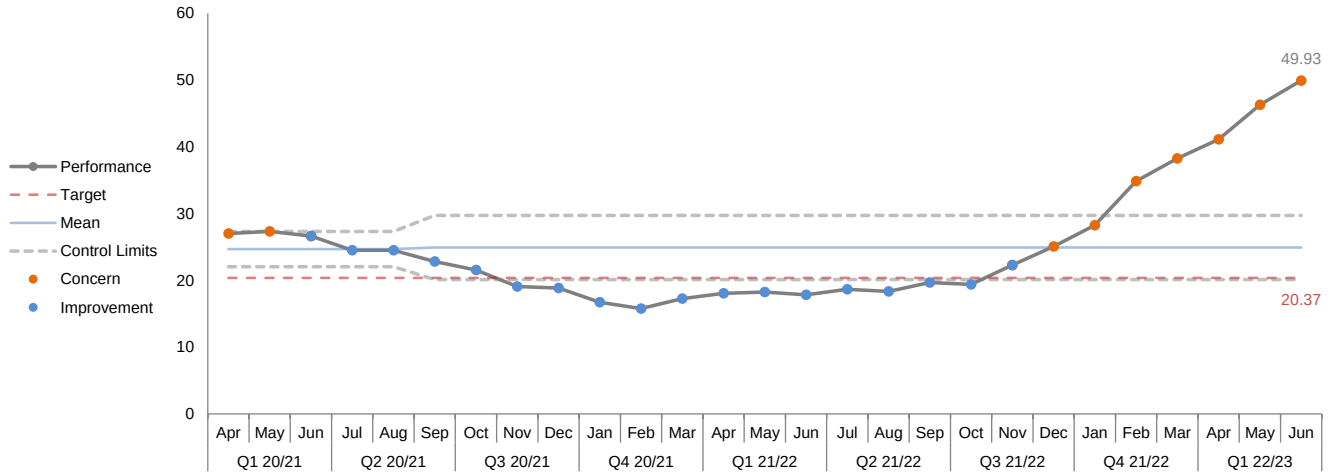
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Infection Rate - C. diff (rolling 12-mth) - includes narrative for E.Coli Infection Rate This indicator shows the count of hospital-onset Clostridioides difficile (C. diff) infections per 100,000 bed days for patients aged 2 years and older. The value shown is calculated from data across a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.	Latest Performance	Next Month Forecast

Performance of this measure over time



Variance

Latest Month	Actual
Jun-22	49.93

The data shows special cause variation, indicated by values above the upper control limit.

Assurance

Target
<= 20.37

Performance consistently exceeds the target value

What the chart tells us

Despite low rates for much of the reporting period, the chart shows a significant rise in the infection rate over last several months.

Narrative

Issues:

C.Diff:
* UKHSA have set a threshold for 2022-23 at 41 cases. Each Division is apportioned a share of those cases.
* There were 6 cases in June; 1 case has been presented at HCAI panel and deemed unavoidable.
* The Trust is over the proposed threshold of 10.25 for June with a YTD of 26. Twenty cases have been presented at the HCAI panel, 18 cases deemed unavoidable with 2 cases deemed avoidable.
* Several Trusts within Greater Manchester have seen an increase in CDI cases

E.Coli:
* The UKHSA has set a threshold of 49 cases for 2022-23. This is based not only on Trust apportioned cases but also Community Onset, Hospital Associated (COHA) cases.
* There were 6 Trust apportioned and 2 COHA cases totalling 8 , which is over the proposed threshold of 12.25 for the end of June with a YTD target of 20.

Actions & Mitigations:

C.Diff:
* 6 cases remain outstanding and are due to be heard at the HCAI panel in July

E.Coli:
* To develop a simplified RCA tool that can be used for divisions to investigate cases.

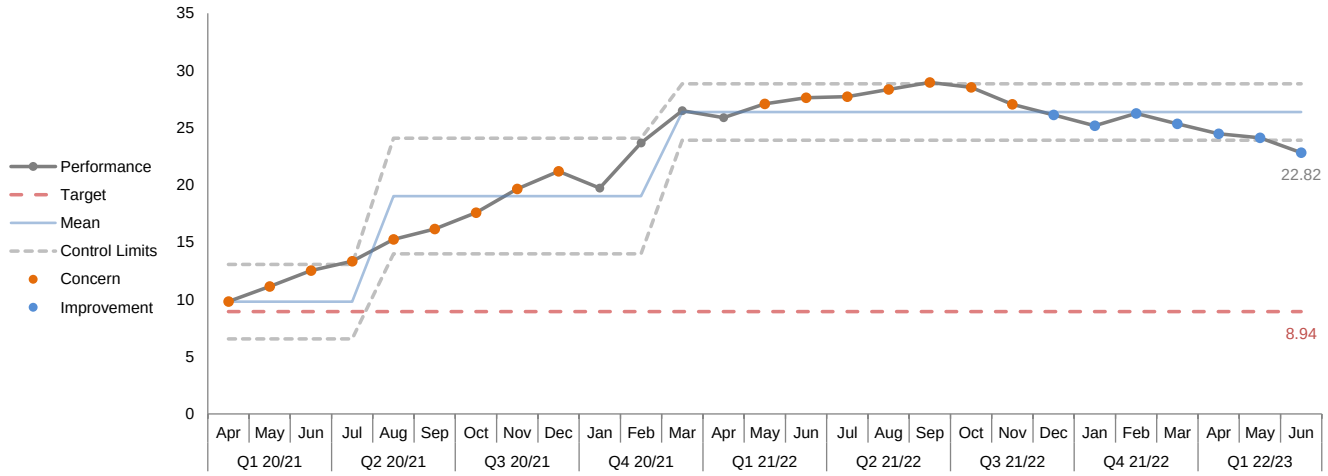
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Jun-22	22.82

The data shows special cause variation, indicated by performance consistently below average for the last 7 months.

Assurance

Target

<= 8.94

Performance consistently exceeds the target value

What the chart tells us

The chart shows that the MSSA infection rate has continued to rise throughout the reporting period, with significant increased seen throughout 2020/21 and again through Apr21 to Nov21. The latest data shows a significant improvement, with the MSSA rate reported below the average for the last several months.

Narrative

Issues:	Actions & Mitigations:
MRSA: * The Trust has had zero cases in June. * The threshold set by UKHSA remains zero for 2022-23	MRSA: * An options appraisal for the reintroduction of universal MRSA screening was presented at the IPC group in May, a full business case will now be presented to OMG.
MSSA: * 2022-23 internal threshold for MSSA is 16 cases, this equates to a 15% reduction on 2021-22 figures. This is based not only on Trust apportioned cases but also Community Onset, Hospital Associated (COHA) cases. * There were 2 Trust apportioned cases which is over the proposed threshold of 4.5 for the end of June with a YTD of 11.	MSSA: * To develop a simplified RCA tool that can be used for divisions to investigate cases

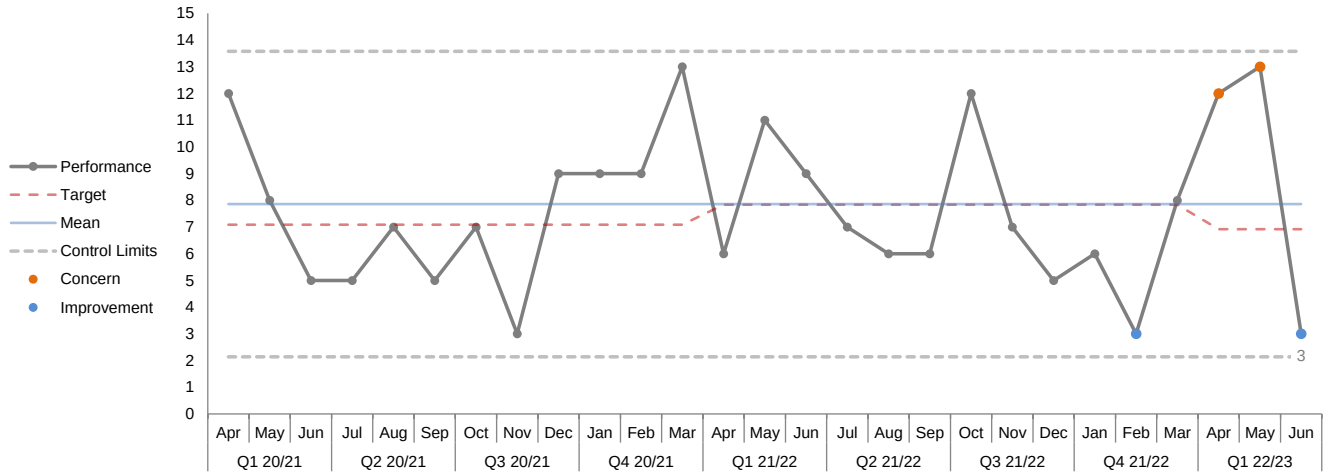
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Jun-22	28

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

Assurance

Target
<= 20

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

What the chart tells us

For much of the reporting period, the number of category 2 pressure ulcers reported has been variable between 3 and 13 and there have been no significant changes. However, performance in April and May have seen a significant increase in both months, though June has seen a significant improvement with just 3 pressure ulcers reported during this month. The current cumulative total for the Trust is above expected levels.

Narrative

Issues:

The Trust has set a target to reduce the overall number of hospital acquired pressure ulcers by 10% for year April 2022- April 23.

This month (June data) we have had 3 category 2 pressure ulcers reported; this demonstrates a significant reduction in PU incidents this month. At this point the Trust is over- trajectory to meet the reduction target however the reduction target is still achievable with sustained improvement.

This month (June data) we have had 1 Category 3 PU reported. This incident initially presented as a DTI relating to a medical device and evolved in June. The incident has been investigated and reviewed at SIRG. Lapses in care were found to have contributed to the PU developing in this case and a full investigation is in progress.

Actions & Mitigations:

* The first quarter has seen an increase in PU incidents; the divisional leads have implemented focused strategies to understand the reasoning behind the increase to prevent further incidents which has led to a reduction in incidents in the latter part and into quarter 2
* The pressure ulcer verification masterclass continues to be delivered to senior nurses
* A pathway for the management of fractures and the devices used to manage them has been launched.
* The Pressure Ulcer Prevention training programme continues with monthly sessions; the TV team are working closely with the divisional practice facilitators and the learning and development team to ensure all relevant staff attend the training sessions.
* A Pressure Ulcer Collaborative event took place in April which shared the learning and actions taking place across the organisation and identified new strategies for ongoing improvement.
* Daily review meetings are being carried out by divisional leads to oversee care to ensure pressure ulcer prevention is implemented appropriately across all inpatient areas.

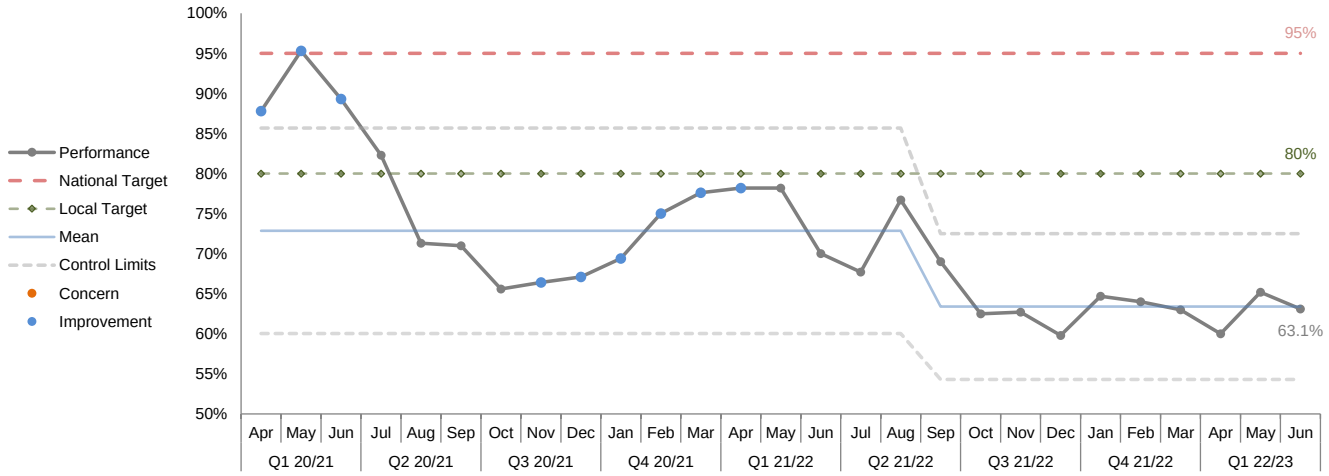
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	ED: 4hr Standard - includes narrative for 12hr Trolley Waits 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
Jun-22	63.1%

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

Assurance

Target

>= 95%

Performance consistently falls short of the target value

What the chart tells us

Since September 2021, ED performance against the 4hr standard took a dip from the 73% average to 63%. Since then, performance has been consistently between 60% and 65%.

Narrative

Issues:

Stockport remained the best performing Trust for type 1 ED attendances in June, and for Quarter 1.

Performance has been affected by numerous factors:
- Higher than average patient's attendance of 324 per day. Consistent since February 2022.
-Pressures within hospital with high levels of bed occupancy leading to more patients clerked in ED and increased length of stay
- ED congested due to lack of bed capacity. Medical outliers. Assessment areas bedded down all impeding on flow from ED
- Increase in mental- health presentations.

Fifty one patients waiting in excess of 12 hours were reported in June due to lack of bed capacity:
3 ED (no CDU bed capacity), 1 ENT, 41 Medicine, 1 Orthopaedic, 3 Psychiatry, 1 Surgical, 1 Urology.

Actions & Mitigations:

Clinical Decisions Unit fully open and is expanding pathways to ensure full utilisation.

Locality working to mitigate the NCtR (No Criteria to Reside) position, which remains extremely challenging.

Workforce review commenced in light of increased attendances in the Emergency Department.

Transformational work continues on initial assessment, navigation, and triage to improve processes and performance against the 15- minute triage standard.

Urgent Treatment Centre work commenced to view clinical pathways and workforce model.

Board approval of the Business Case to support the EUCC. Phasing commenced 19th July 2022.

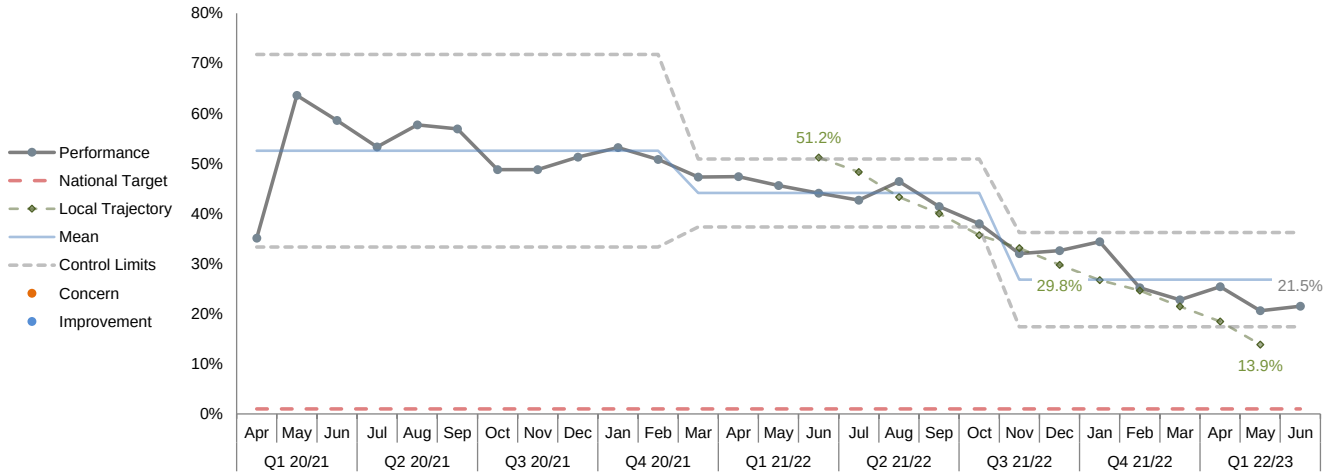
Close collaboration with the system partners alleviate pressures i.e. TELS/IV Service, AGE UK, Hospital at Home service.

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
Jun-22	21.5%

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

Assurance

	Target
	<= 1%

Performance consistently exceeds the target value

What the chart tells us

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

Narrative

Issues:

The percentage of patients waiting more than 6 weeks for a diagnostic test increased slightly in month, mainly due to the pressures within MR.

Echocardiography continue to have the biggest backlog, however with the additional internal capacity in place, the backlog is reducing week on week.

Additional pressure on Endoscopy remains, as a result of increased colorectal suspected cancer referrals.

CT, NOUS, DEXA and Audiology services all remain compliant with the 6 week standard.

Actions & Mitigations:

The Trust continues to access mutual aid for MR at MFT, a mobile MR scanner was also on site throughout June and is planned to return in August. Additional mobile vans will continue in future months to ensure adequate capacity to meet the required access standards.

A Patient Group Directive has been developed for MR contrast which will allow more flexibility of the available MR scanning capacity.

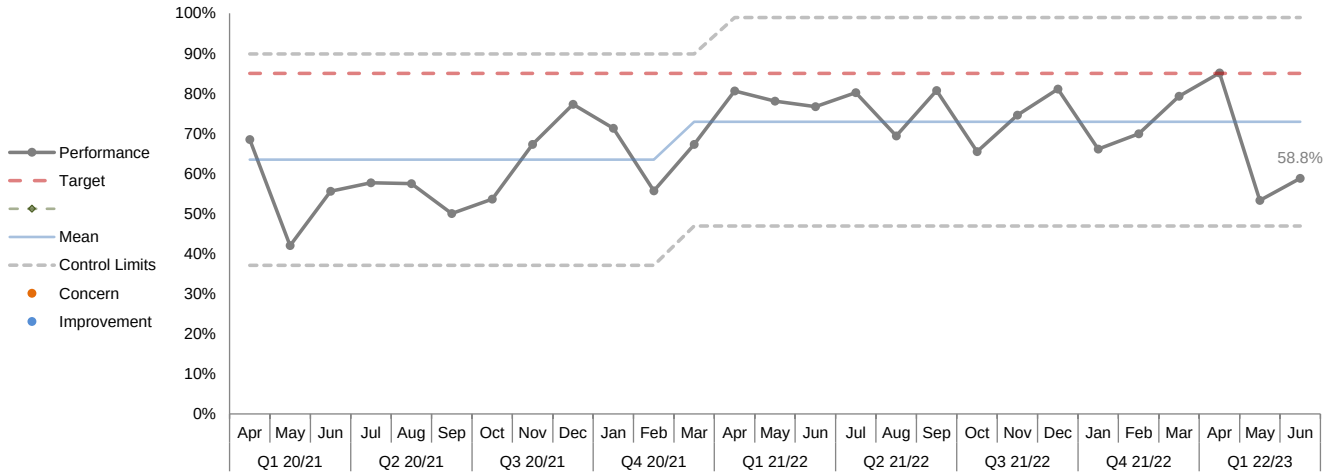
A locum for Echocardiology has been secure from August thus increasing diagnostic capacity.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Cancer: 62-day standard - includes narrative for 28-day and 14-day standards The percentage of patients on a cancer two-week-wait pathway that have received their first treatment within 62 days of GP referral. Screening referrals are not reported as not statistically viable due to low number received	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Jun-22	58.8%

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

Assurance

Target

>= 85%

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

What the chart tells us

The chart shows that in the last 12 months performance has been variable but around the average of 74%. In April 2022 we achieved the national target of 85% for the first time across the whole reporting period, although performance for May and June have dropped back below the average.

Narrative

Issues:	Actions & Mitigations:
The latest performance for the 62 day standard in June is 57.5%.	Currently recruiting to two additional Consultant Gynaecology posts to support diagnostic capacity.
Non-elective pressures combined with staff sickness absence has resulted in extended waits for some diagnostic examinations and procedures.	Implementing Patient Group Directives within Radiology to enable capacity for MR contrast examinations to be used more flexibly, reducing access times.
The increase in suspected cancer referrals being received is resulting in longer waits for certain imaging procedures, particularly MR, and some diagnostic day-case procedures. This is directly impacting performance against the 28 day Faster Diagnosis Standard.	Approval for Nurse Endoscopist to request CTC colons directly, reducing the time to request.
The Trust continues to show strong performance against the '14- day referral to first seen' standard.	Additional theatre lists dedicated to Urology cancer diagnostic procedures from August.
	Participating in the new GM Cancer Recovery panel, which will focus on the colorectal pathway in the first instance.
	The Executive-led performance meetings continue weekly which include a dedicated focus on progressing patient pathways.

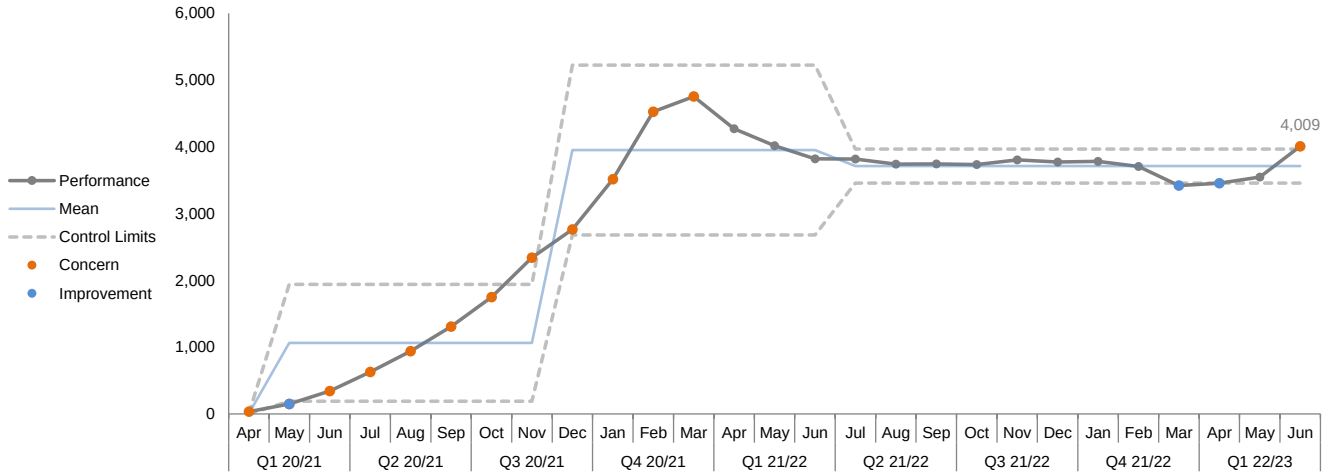
Quality | Operations | Workforce | Finance

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
Jun-22		4009

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

Assurance

Target

<= 0

Performance consistently exceeds the target value

What the chart tells us

From the highest point in March 2021, the number of 52- week breaches has reduced to a new average of 3686 from July 2021 onwards. The number of breaches recorded has remained consistently at this level until the March and April 2022, when a significant drop was reported for the first time in 10 months. However, latest data for June shows a significant increase in the number of breaches.

Narrative

Issues:	Actions & Mitigations:
The number of patients waiting 52+ weeks to commence treatment increased sharply in month, however this was mainly due to the cohort of patients returned from an Independent Sector provider. Additionally, the sustained increase in referrals for more clinically urgent patients is impacting the available capacity for less urgent patients.	The Trust continues to work with partners within the locality to secure outpatient and surgical capacity for its longest waiting patients. The weekly Executive-led Performance Meeting continues with a focus on reducing the wait for routine treatment.

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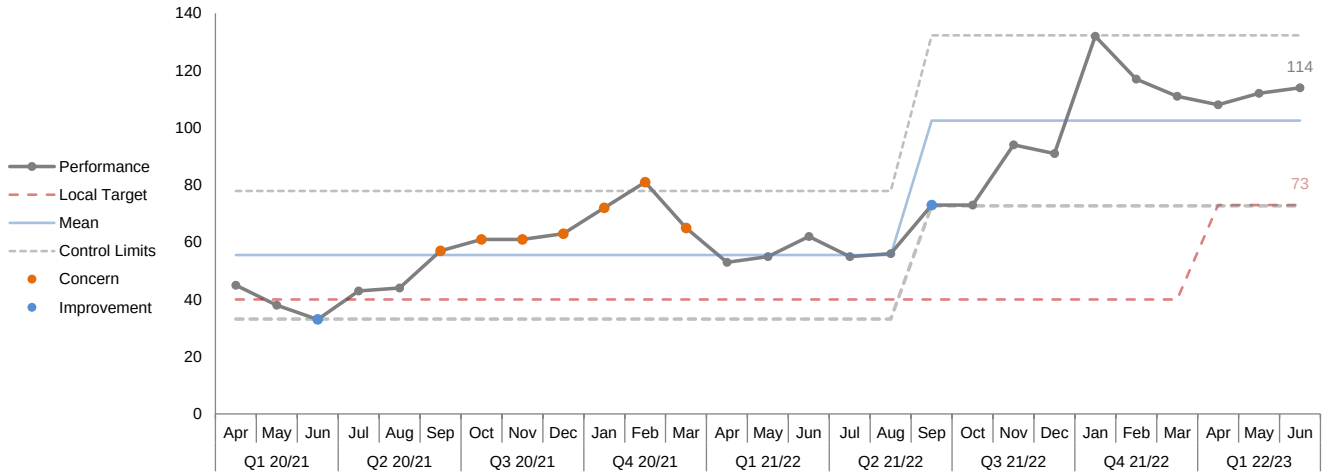
Integrated Performance Report

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
Jun-22	114

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

Assurance

Target: <= 73

Performance consistently exceeds the target value

What the chart tells us

September 2021 shows a significant increase in the number of patients with no criteria to reside, moving from an average of 56 to an average of 103 inpatients per day. Since January 2022 performance has been consistently above this average.

Narrative

Issues:

The number of patients with no criteria to reside in month remains higher than the target level. Access to timely D2A beds, care home beds and community home care is challenging.

Reduction in a 71 bedded facility to 50 beds from 1.7.22 will exacerbate this issue. The trust has raised concerns regards this reduced bed base with system partners.

The number of Out of Area (OOA) patients is high with other localities struggling to access community capacity within their areas which is impacting on the ability of SFT to discharge/transfer patients to their local area. North Derbyshire daily NCTR figures are in excess of 20 each day.

Actions & Mitigations:

Working with system partners supporting the discharge of Stockport patients on pathways 1 & 2, tactical meetings continue 3 times a week with increased frequency in periods of escalation.

The system is undertaking a review of Intermediate tier services as part of a System Transformation Project. This work will include key areas of work, inclusive of an Internal Flow project. There are 2 key outcomes for the system transformational work:

- To support people to remain independent and avoiding unplanned hospital admission
- When admissions is necessary, to ensure people only stay in hospital for the period they medically have to and have a safe and timely discharge home, ensuring small minority that cannot go home are able to access timely long term care

Work with OOA partners continues with daily meetings taking place with North Derbyshire in particular and East Cheshire colleagues to support mitigating actions which prevent flow. The Director of Operations has escalated the OOA delays in flow through GM.
Regular meetings remain in place with the SRO for Derbyshire.

System MADE events have taken place to support flow.

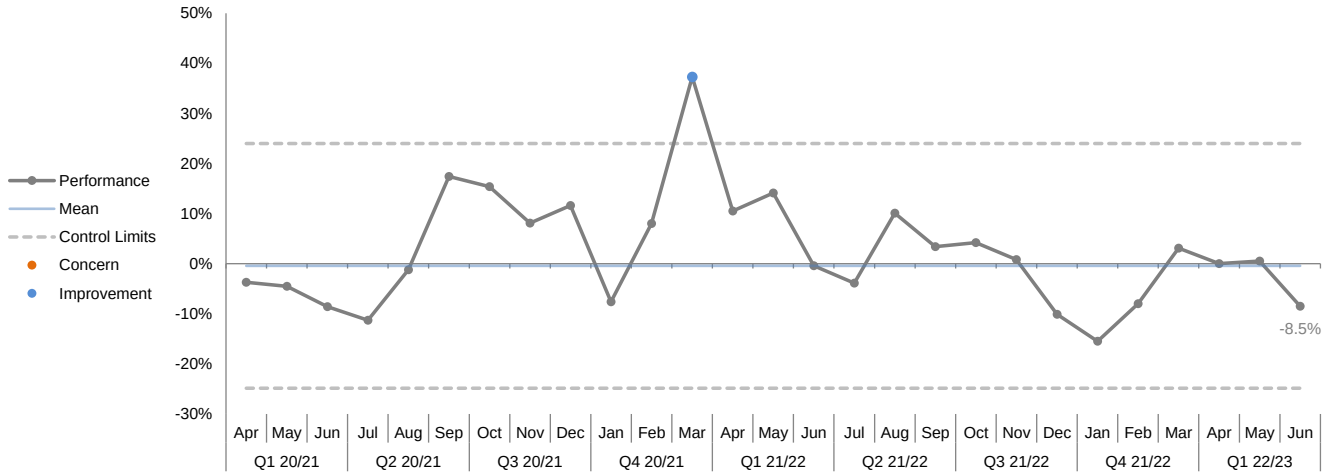
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Jun-22	-8.5%

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

Assurance

Target
>= 0%

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

What the chart tells us

The chart shows that performance has been variable across the reporting period, with some months 10% over plan, and some months 10% below plan. The latest data for June shows us 8.5% below the planned activity levels.

Narrative

Issues:	Actions & Mitigations:
Elective activity was 8.5% adverse to plan in month 3. Elective recovery remains challenging due to non-elective pressures on the elective bed base and the elevated staff sickness absence rate due to COVID-19. The overall adverse position against the OP plan in June was driven by the under-performance in follow-up activity. Ophthalmology and Physiotherapy were the biggest drivers of the adverse follow-up position due to vacancies and sickness within these teams. New OP activity continues to be over-plan, 1.2% favourable in month. ED attendances were 13.5% above the 2019/20 baseline.	Consultant Anaesthetist recruitment underway to support additional elective theatre capacity. Ophthalmology locum cover being secured.

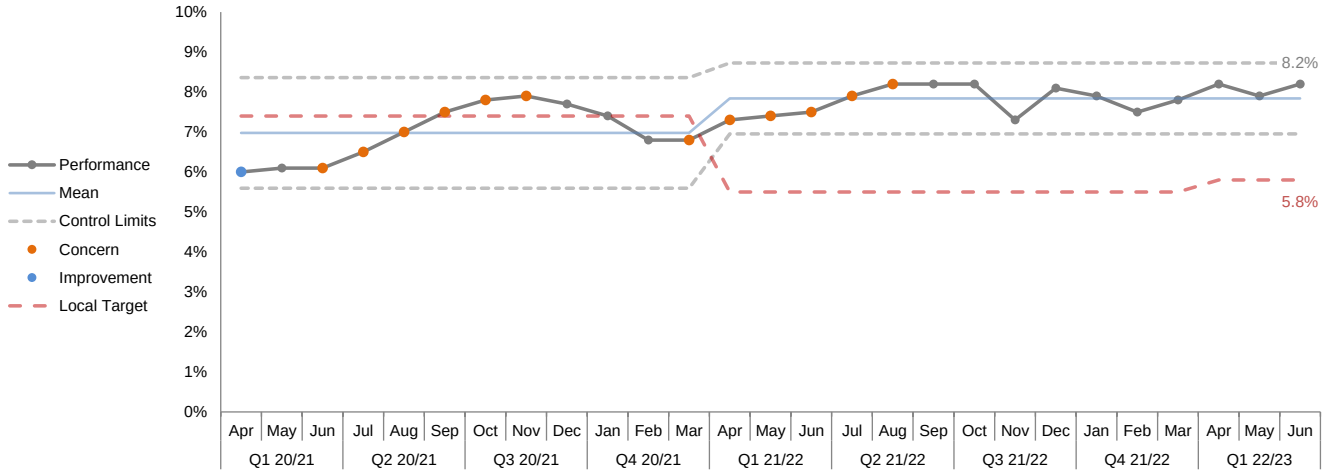
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Performance

Latest Month	Actual
Jun-22	8.2%

Assurance

Target: <= 5.8%

Performance consistently exceeds the target value

What the chart tells us

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

Narrative

Issues:

The DNA rate has increased slightly in month to 8.2%, from 7.9% in May. Communication with patients who have recently DNA'd an appointment suggests there is a link to the increase in COVID infection rate within the community.

The Trust however does continue to benchmark well compared to GM peers for OP DNA rate, remaining the top performer in the latest comparative data.

Outpatient clinic utilisation has improve, achieving target levels for the last two months..

Stockport continues to be the best performing Trust in GM for discharge to PIFU rate.

Actions & Mitigations:

Additional functionality of the reminder service is available and a trial is due to commence within DMOP. This will essentially send a follow-up message after 2 days prompting a response from patients who have not yet replied to the original communication.

An audit has taken place looking at patient cancellations and DNAs in relation to the advance notice of the appointment. This will help to optimise future appointment booking windows, maximising our efficiency.

The Transformation Team are supporting a new task and finish group looking at clinic utilisation across the Trust.

Quality | Operations | Workforce | Finance

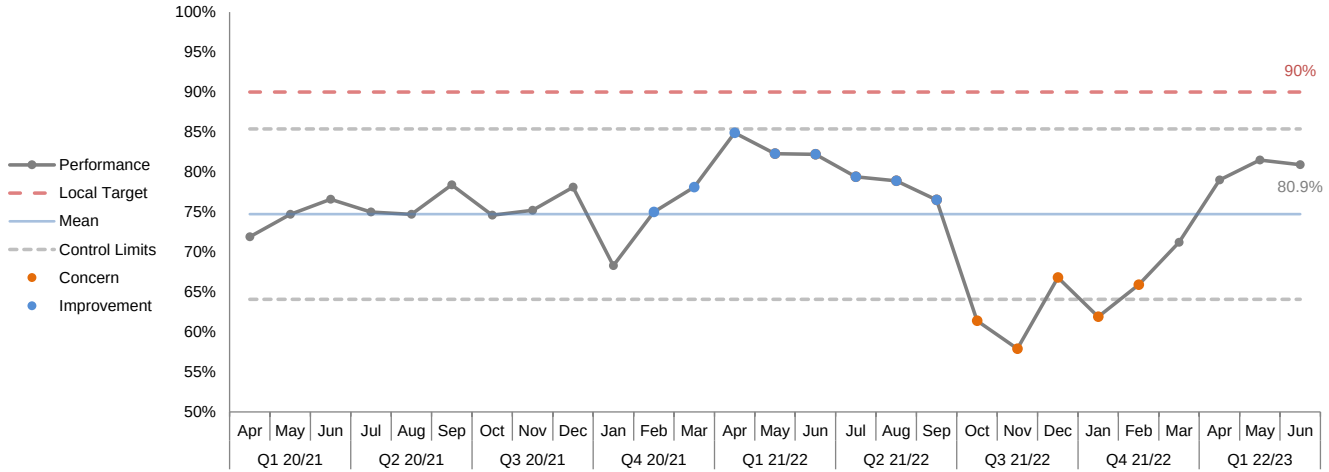
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Theatres: Capped Utilisation The actual session times as a percentage of the planned session time. Based on the time from the start of the session to the end of the session unless it lasts longer than the planned session minutes in which case it is capped at 100%. Downtime between operations in a session is included in these utilised minutes. Excludes emergency/trauma sessions, obstetric and endoscopy activity. Planned session time based on delivered sessions only.

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Performance

Latest Month	Actual
Jun-22	80.9%

Assurance

Target: >= 90%

Performance consistently falls short of the target value

What the chart tells us

The charts that from October 2021 we saw a big dip in Theatre Utilisation. A period of significantly lower performance is seen up until February 2022. Since then, utilisation has improved and for the last several months performance has been above 79%.

Narrative

Issues:	Actions & Mitigations:
Theatre efficiency has improved since April. Staff sickness and anaesthetic vacancies remain the key areas of challenge within the theatre complex. It should be noted that Stockport is benchmarking well against both peer and national medians for the most current data period (June).	Ward M6 became operational in May as planned, increasing our elective bed capacity. Theatre nurse staffing is now fully recruited to. Efficiency and productivity work continues within the Division to further improve overall performance.

Quality | Operations | Workforce | Finance

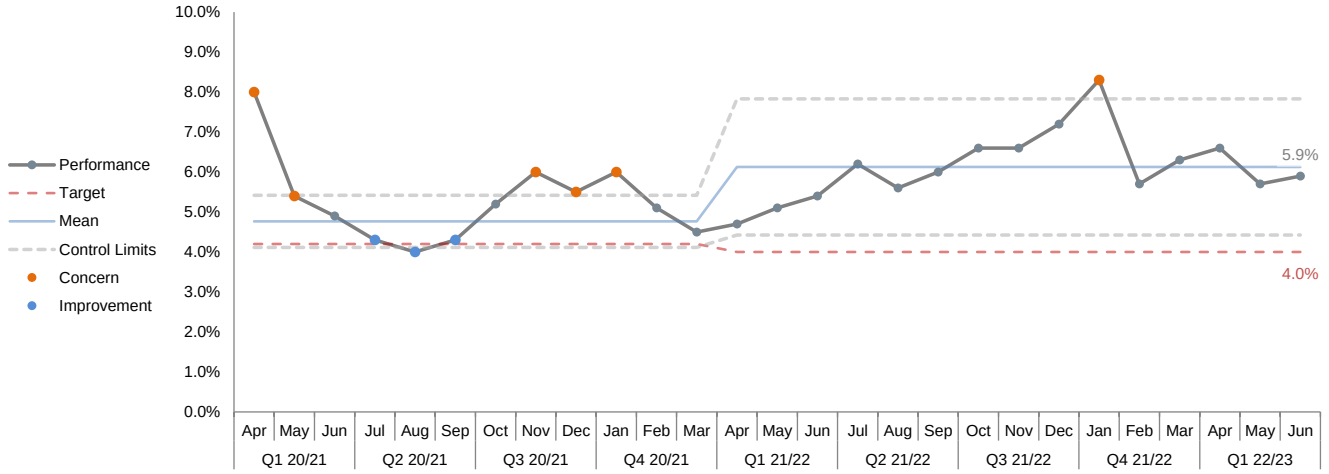
Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Jun-22	5.9%

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

Assurance

Target

<= 4%

Performance consistently exceeds the target value

What the chart tells us

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

Narrative

Issues:

The June 22 sickness absence figure is 5.93%, which is a 0.19% increase compared to 5.74% in May and a 0.48% increase compared to June 21. The cost of sickness absence in June 22 was £871K; an increase of approximately 20K from the previous month.

Integrated Care has the highest rate of sickness with 7.6% (an increase of 0.99% compared to May), followed by Surgery with 6.35% (decrease of 0.37%).

Actions & Mitigations:

Covid sickness has been declining since the spike in January. National guidance changed on 7th July affecting Covid 19 absences in relation to sick pay entitlement.

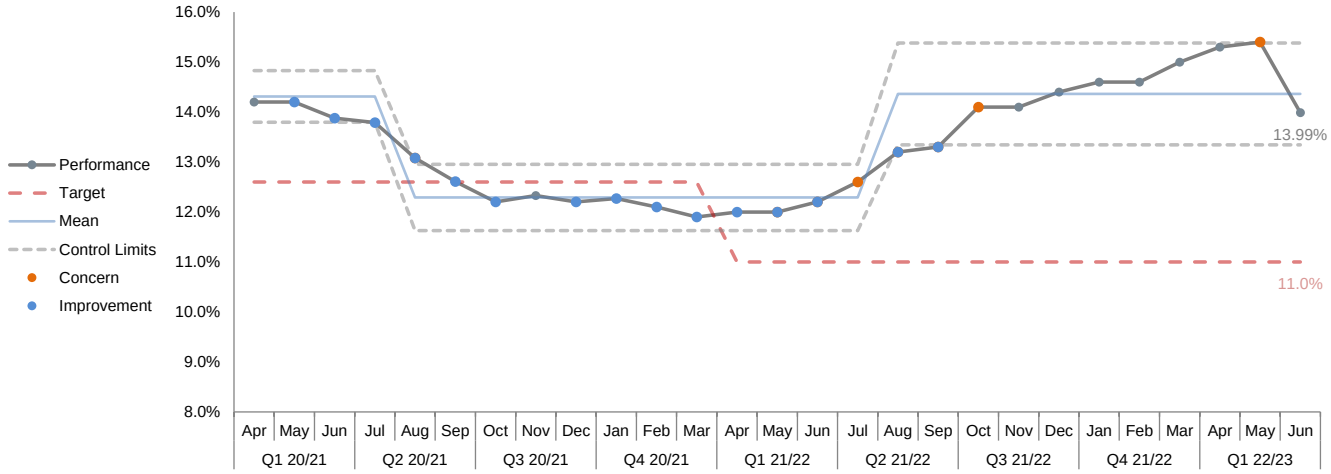
Support continues for staff absent with long covid symptoms, resulting in several staff returning to work with adjustments. Those who remain absent are being supported by OH and signposted to our health & wellbeing initiatives.

Divisions are continuing to regularly review all sickness absence cases with support from the senior team and HR to manage complex cases.

Various health and wellbeing support initiatives and guidance documents are available including our new toolkits on menopause, dealing with child bereavement, domestic violence and pregnancy loss.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Workforce Turnover** The percentage of employees leaving the Trust and being replaced by new employees.	**Latest Performance**	**Next Month Forecast**
Performance of this measure over time		**Variance** **Latest Month** Jun-22 **Actual** 13.99% Data shows common cause variation, suggesting no significant changes in performance **Assurance** **Target** <= 11% Performance consistently exceeds the target value	
What the chart tells us	Although for much of 2020/21 there is an improved turnover rate, Aug21 sees a significant increase is workforce turnover with a change from 12.3% average to 14.3% average. For the last several months have been consistently above this average, but latest turnover figures for June are at 14% - the lowest since September 2021.		
Narrative	**Issues:** The top reasons for leaving are: – Promotion (22.08%) – Relocation (9.09%) – Health (6.49%).	**Actions & Mitigations:** Turnover continues to be the focus of the work of the Attract, Develop and Retain group who have developed 5 programmes of work that cover improvements for staff retention across their early careers, flexible working, supporting staff in the workplace, improved career pathways and supporting staff in the later stage of their career.	

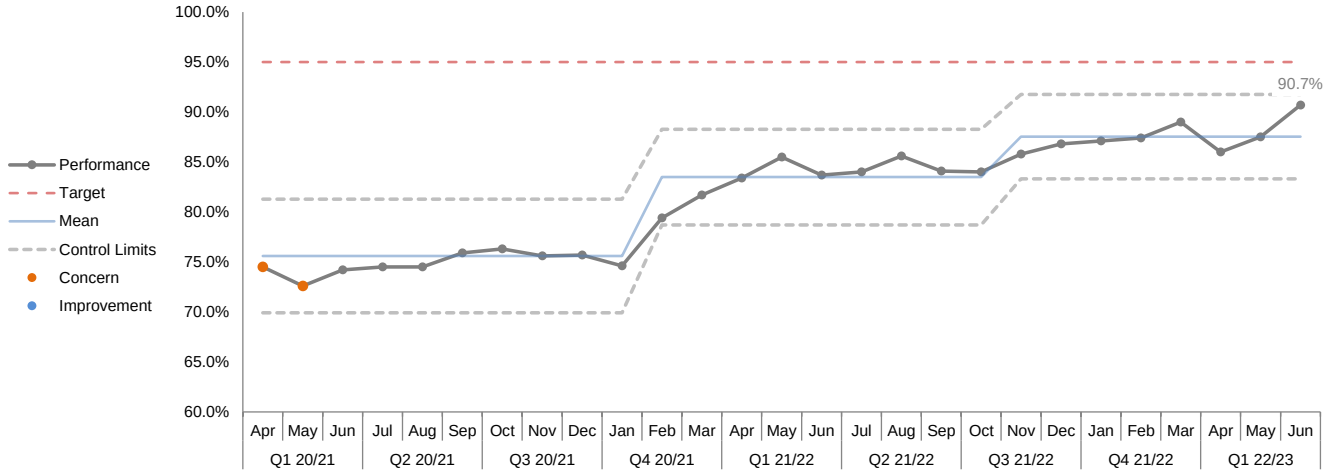
Quality | Operations | Workforce | Finance

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
Jun-22	90.7%

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

Assurance

Target

>= 95%

Performance consistently falls short of the target value

What the chart tells us

The chart shows that from Feb21 onwards, there is a improvement in performance with a new average of 84.9%. There have been no significant changes changes in performance since then, however, latest appraisal performance for June is the highest it has been across the whole reporting period.

Narrative

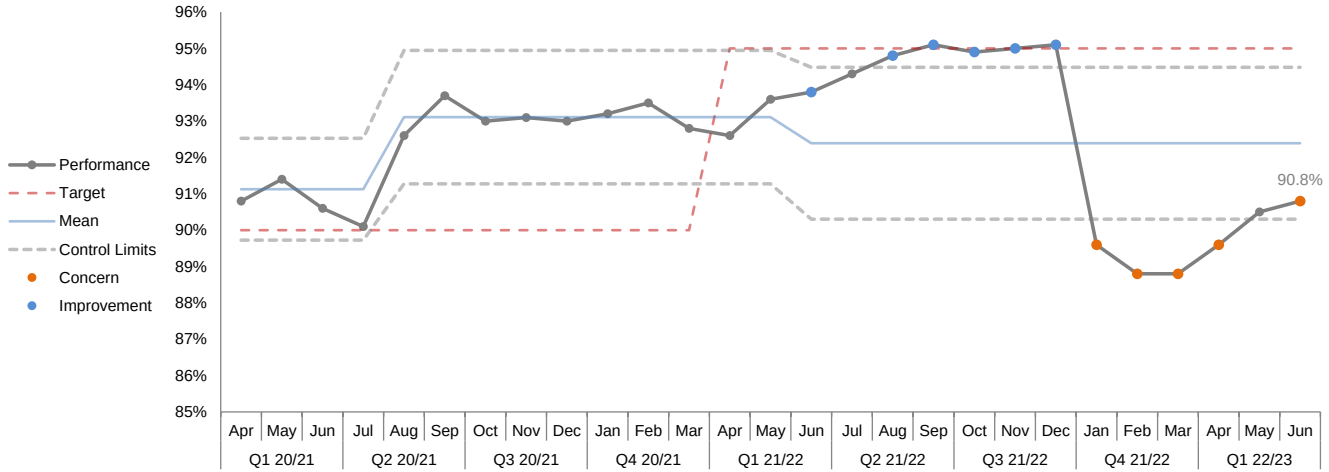
Issues:	Actions & Mitigations:
No issues	Appraisal continues to be a focus at divisional performance meetings, against the improvement trajectories that have been agreed.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month		Actual
Jun-22		90.8%

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

Assurance

Target

>= 95%

Performance consistently falls short of the target value

What the chart tells us

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

Narrative

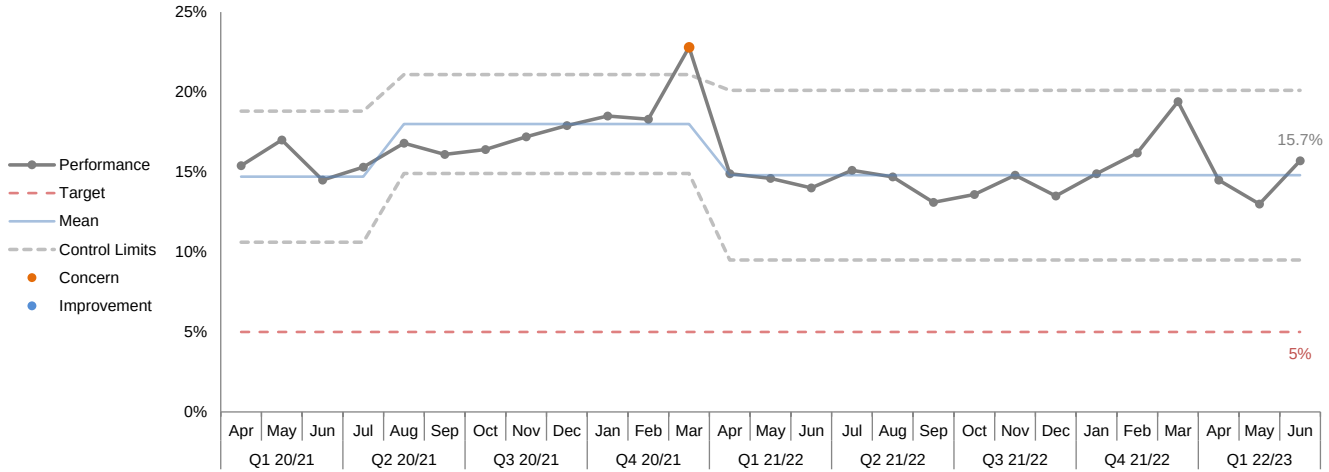
Issues:	Actions & Mitigations:
In January 2022, new competencies were added to the reporting matrix, causing a significant drop in overall performance. Engagement is positive, however, there remain significant operational pressures and absence that are impacting on the pace at which compliance rates are progressing.	Mandatory Training is an agenda item at all divisional performance meetings and action plans in place for topics and areas where compliance does not meet the target. Additional measures such as increased capacity and DNA reporting continue to be delivered in order to support focussed action on hotspot areas.

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
Jun-22	15.7%

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

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

Narrative

Issues:

The total bank and agency spend in June 22 was £3.91M, which represents 15.71% of the total pay bill within the month and is £742K higher than in May 22. The Division with the highest bank & agency spend in June 22 was M&UC (£1.26M), followed by Surgery with £901K.

Actions & Mitigations:

The temporary workforce spend is driven by higher than average absence levels and when more beds are open than are substantively established.

Both these issues are impacting currently on the spend.

However, the control processes to approve applications for bank and agency usage are robust and Executive led.

The Executive team receive a monthly report on the agency position, mitigating actions and compliance with the NHS agency rules.

Stockport NHS Foundation Trust

Meeting date	4 August 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Learning from Deaths Quarterly Report: Q4 (2021-2022)					
Lead Director	Andrew D. Loughney Medical Director		Author	Suzy Collins Learning from Deaths Lead		

Recommendations made/ Decisions requested

The Board of Directors is asked to:

- Note the processes that the Trust has in place that allow it to learn from deaths
- Consider and confirm whether the actions arising from that process have been appropriate

This paper relates to the following Corporate Annual Objectives

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

The paper relates to the following CQC domains

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

This paper is related to these BAF risks	X	**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
	X	**PR1.2**	There is a risk that the Trust fails to reduce harm against agreed baseline
		PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance
		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered
		PR2.1	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership & accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation
		PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented
		PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
		PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position
		PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
		PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards
		PR7.2	There is a risk that the Trust does not materially improve environmental sustainability

		PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
		PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy

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

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

With respect to process:

- A very high level of LFD activity continues.
- Despite this, a backlog of cases requiring review accumulated so a temporary focus on the highest-risk cases has been agreed.

With respect to clinical practice the following themes have been identified:

- Documentation around NG tube insertion is not always clear in the medical notes, particularly pertinent for patients lacking capacity. A focus on mental capacity with respect to the performance of minor procedures has therefore been included in the Grand Round schedule.
- Out of hours, the sickest deteriorating patients require review by a senior decision maker but they do not always receive this in a timely fashion. This has been picked up in the Trust's out of hours transformation work and performance/improvements are being reported to the Deteriorating Patient Group.
- Access to SALT and Dietitian professionals is not always timely. The Trust has recently employed additional professionals in these specialties but activity remains a focus, reporting into the Patient Safety Group.
- The Trust's updated Learning from Deaths Policy has been ratified.

NHS Stockport NHS Foundation Trust

1 Purpose

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

1.2 The report therefore outlines the Trust's Learning from Deaths process, presents the high level themes identified during the last quarter and describes the Trust's response to those findings. Current benchmarking data are also provided to add context to the report.

2. Background and Links to Previous Papers

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

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

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

2.4 These account for around 10% of hospital deaths. Additional cases are added if capacity allows and/or following an extraordinary event – such as deaths in people who may have contracted Covid as an in-patient, regardless of the cause of death.

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

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

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

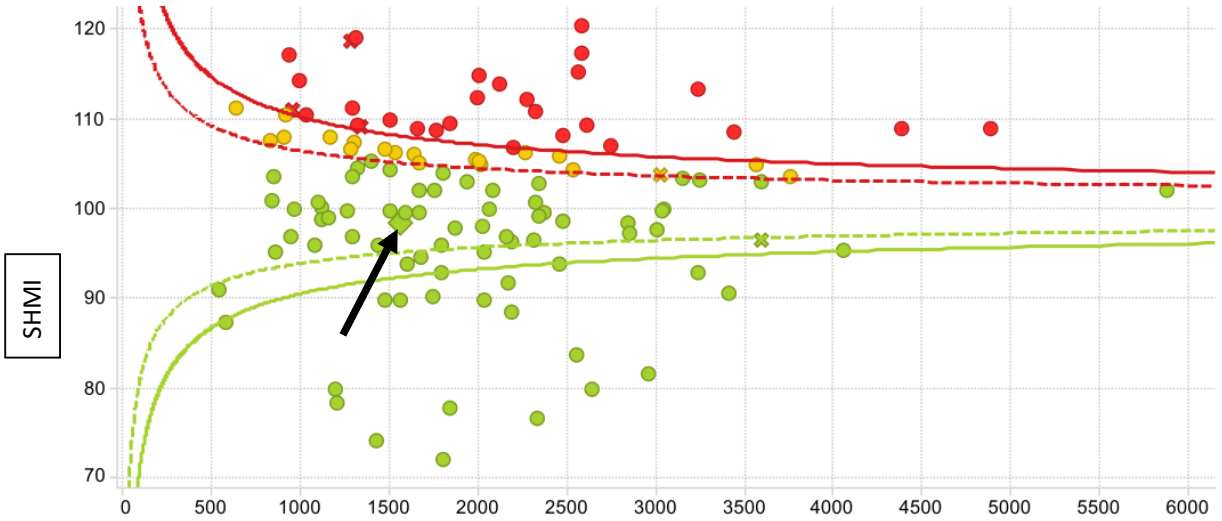
2.8 A Learning from Deaths Newsletter is produced and circulated widely across the Trust to promote learning and findings are also considered and disseminated at divisional level. The last newsletter was published in May 2022.

NHS Stockport NHS Foundation Trust

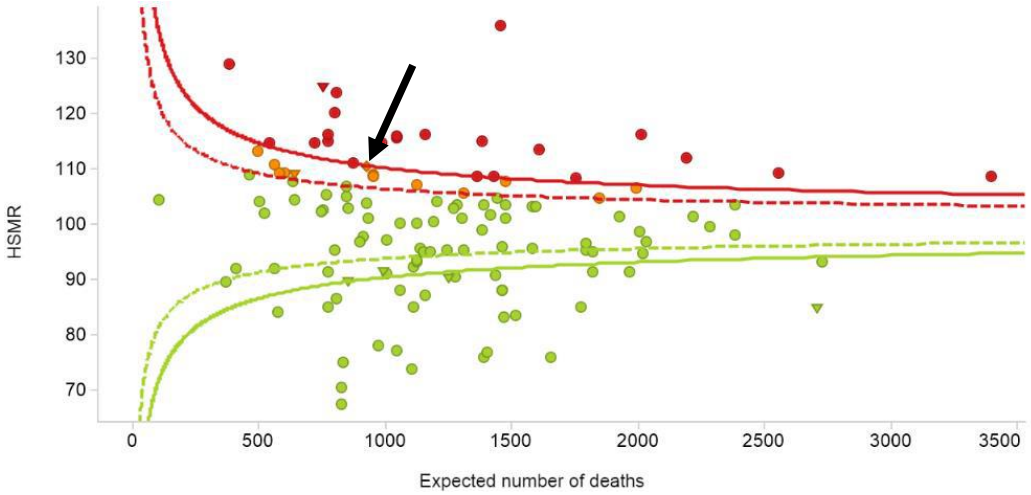
3. Matters under consideration

3.1 Regarding the Trust's overarching mortality statistics (March 2022 figures):

The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who have died following hospitalisation in the Trust and the expected number on the basis of average figures for England, given the characteristics of the patients treated in the Trust. It includes data from patients within 30 days of discharge. The SHMI at SFT is as expected.



The Hospital Standardised Mortality Ratio (HSMR) is the ratio between the actual number of patients who have died in hospital in the Trust and the expected number using a limited basket of 56 diagnoses, which are known to account for around 80 % of hospital deaths. The HSMR at SFT is presently above the expected value.



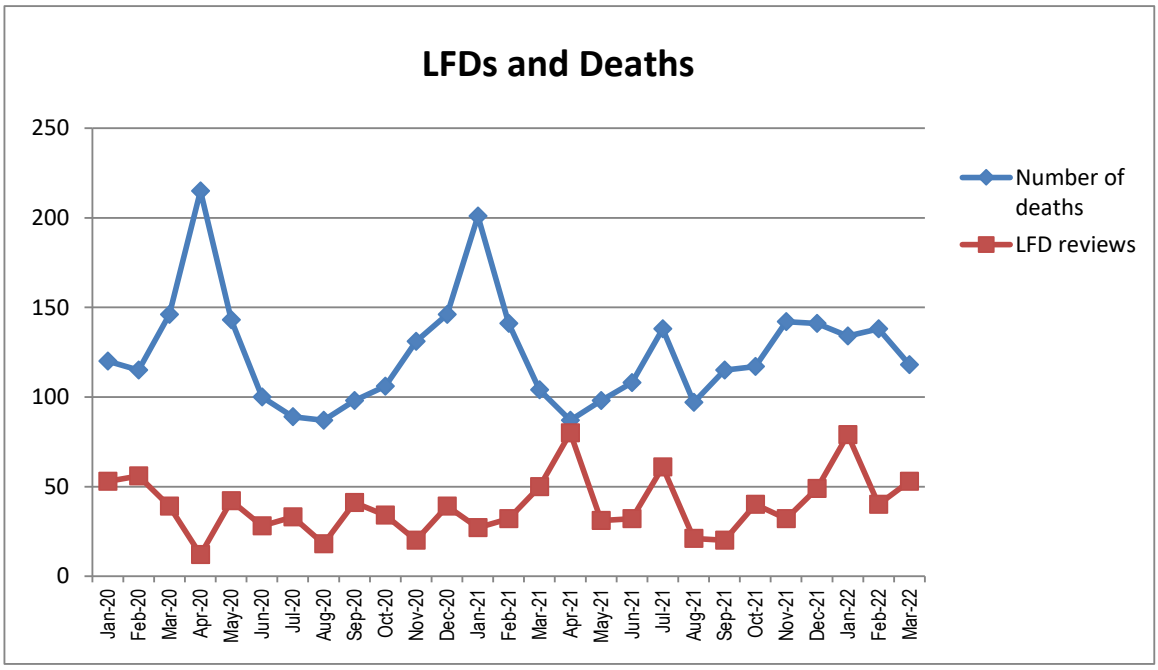
The discrepancy between the SHMI and HSMR could be due to a number of factors such as patients tending to remain in-patients in the Trust at the end of life rather than being discharged

home or to another facility, or the coding being biased towards one of the basket of 56 conditions included in the HSMR.

A detailed analysis of the drivers behind the HSMR has however been carried out and UTI related deaths remain a significant contributor. LFD reviews have not identified poor practice relating to the treatment of UTI to date. A plan is in place nevertheless to audit clinical practice relating to the treatment of UTIs across medical, surgical and integrated care divisions and this will be presented to the Clinical Effectiveness Group later in 2022.

3.2 Regarding Trust processes:

3.2.1 We are on course to review around 400 of the Trust' 1500 total deaths through the LFD process in 2022-2023. The following graphs shows the number of completed reviews with the blue spikes relating largely to Covid deaths and the smaller red spikes seen in April 2021, July 2021 and January 2022 largely relating to the review of Covid deaths.



3.2.2 Despite this continued high level of acivity, a backlog of 'within policy' deaths had accumulated by April 2022 because of the prioritisation of LFDs for Covid deaths over others.

3.2.3 The Medical Director, LFD lead and Divisional AMDs therefore agreed to focus effort on outstanding cases with the following characteristics: deaths from/with Covid, Learning Disability deaths (LeDeR), Deaths with an associated Datix (eg. Cardiac arrests), GI bleeds and deaths highlighted via medical examiners. The remaining outstanding were exempted.

3.2.4 From April 2022, normal practice relating to case identification was resumed.

3.3 Regarding clinical practice:

3.3.1 The first theme identified in this quarter related to practice and documentation around NG tube insertion - it was not always clear in the medical notes what the rationale for insertion was. This was particularly pertinent for one patient who lacked capacity – discussions with the next of kin and/or the Independent Mental Capacity Advocate were not well documented. A focus on mental capacity with respect to the performance of minor procedures has therefore been included in the Grand Round schedule with the Trust's Safeguarding lead.

3.3.1 The second theme identified related to the fact that out of hours, the sickest deteriorating patients required review by a senior decision maker but did not always receive this in a timely fashion. This issue has been picked up in the Trust's out of hours transformation work with additional personnel being placed on out of hours rotas and improved handover and escalation processes being introduced. The issue will remain a focus, however, with failed timely review being brought to the attention of the monthly meeting of the Deteriorating Patient Group.

3.3.2 The third theme identified related to delayed access to SALT and Dietitian input, either because of delayed referral or lack of availability of staff to attend. These tended to be issues of quality of care rather than being related to the cause of death. The Trust has recently employed additional professionals in these specialties and activity remains a focus, ultimately reporting into the Patient Safety Group.

4 Areas of Risk

4.1 A focus on HSMR figures continues and additional themes will be identified for closer audit on completion of the UTI related work.

4.2 The number of reviewers in the Medical Division remains below an optimal level despite active recruitment efforts. Further work is required to on-board potential non-medical reviewers and Senior Clinical Fellows to facilitate the work.

5 Recommendations

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

Stockport NHS Foundation Trust

Meeting date	4 August 2022	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Safer Care: Nursing & Midwifery Staffing Report					
Lead Director	Chief Nurse		Author	Deputy Chief Nurse		

Recommendations made / Decisions requested

The Board of Directors is asked to:

- Review and confirm the Safer Care: Nursing & Midwifery Staffing Report

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
		PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline
		PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance
		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered
		PR2.1	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes
		PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented
		PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
		PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position

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

Where issues are addressed in the paper-

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

Executive Summary

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

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

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

We continue to focus on the nursing and midwifery workforce safeguards with Executive oversight, the workforce remain impacted upon by vacancies, turnover and sickness

We continue to monitor nursing and midwifery workforce incidents (red flag incidents), all incidents have senior nursing oversight and are reviewed

NHS Stockport NHS Foundation Trust

- Nursing Staffing Report-Board of Directors
- August 2022

- Presenter: Nicola Firth, Chief Nurse

Executive Summary

Stockport NHS Foundation Trust

- We continue to focus on the nursing and midwifery workforce safeguards with Executive oversight; the workforce remain impacted upon by vacancies, turnover and sickness
- We continue to monitor nursing & midwifery workforce incidents (red flag incidents), all incidents have senior nursing oversight and are reviewed to continually assess any potential or actual harm to our patients or staff
- We continue to experience high levels of operational demand within the acute and community services. The demands within the Emergency Department remain significant, impacted on by large numbers of patients in the hospital who do not require acute care any longer.
- Health and Wellbeing initiatives continue to be implemented to enhance the support available to staff across the organisation

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Nursing & Midwifery Staffing

Nursing & Midwifery Staffing

NHS Stockport NHS Foundation Trust

Current situation and challenges:

- Maintaining safe staffing levels to meet current demands across the organisation continues to be a challenge, a position which reflects both the regional and national picture, with non-established areas being opened in response, and an increase in acuity.
- Ensuring a leadership focus on safe staffing throughout these sustained and significant operational pressures is a significant necessity. This is being constantly and consistently managed and demonstrated by senior nursing and midwifery leaders, who continually have oversight, insight and foresight to confirm that the risk is being controlled and mitigated to ensure that this does not impact on the care, quality and safety of the patients within the organisation.
- Trust safe staffing review underway using SNCT & professional judgement to scrutinise staffing levels on all wards/units and to ensure safe staffing.
- Implementation of the ED SNCT in progress.
- It has been agreed that the Trust must recruit to turnover to ensure that there is an optimum workforce in preparation for winter pressures.

Nursing & Midwifery Staffing

NHS Stockport NHS Foundation Trust

- Ockenden Assurance visit by the Regional Chief Midwifery Officer and Team on 27 May 2022 following up on Ockenden One Year on progress and compliance with the immediate and essential actions from the interim Ockenden recommendations. Action plan in place following formal feedback.

- Ockenden Final Report was published 31st March 2022 with an initial gap analysis undertaken and RAG rated for the Board against the 15 themes. A more detailed template of required evidence is to be shared with providers in the autumn post publication into the findings at East Kent Hospitals University NHS Foundation Trust.
- Confirmation in writing from the Chief Midwifery Officer for England that Stockport FT has been formally exited from the Maternity Support programme

Safe Care

Stockport NHS Foundation Trust

- Safecare Lead facilitating 1:1 training sessions, to ensure staff are familiar and competence.
- Safecare Lead completes daily ward rounds to provide on-hand and visible support.
- Daily staffing meetings
- Safe care data is live and correct

Nursing & Midwifery Staffing

NHS Stockport NHS Foundation Trust

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

- Use of Safecare live giving oversight for all areas of acuity and safe staffing levels
- There is ongoing work, in partnership with NHS Professionals, to oversee temporary staffing pay rates, develop initiatives to increase fill rates and review processes to cascade unfilled shifts to agencies with a significant reduction in agency staff.
- Significant reduction in the use of off-frame work agency staff with none being utilised during this reporting period.
- Continuous oversight of our position is appraised in collaboration with regional colleagues and National Directors of Nursing regarding skill mix, ratio and guidance. The GM Chief Nurses group review this for consistency.

Nursing & Midwifery Vacancies

NHS Stockport NHS Foundation Trust

- 200 registered nursing staff vacancies at band 5 and above
- However:
    - 37 registered Nurse Associates (and 23 in training)
    - 106 registered nursing staff recruited with an offer of employment & awaiting a start date
    - 40 nurses awaiting their PIN working at band 4
    - Monthly groups of international nurses starting at Trust

Maternity Staffing - Birth Rate Plus (BR+ -Maternity Staffing Tool)

NHS Stockport NHS Foundation Trust

- A refreshed BR+ staffing tool was last undertaken in Autumn 2019, and the staffing position of services was reported to Trust Board on 3 February 2022 in the Maternity Improvement Plan/Highlight report. This included the allocated funding for an additional 13.8 WTE Midwives following recommendations from Ockenden report.
- All posts have been recruited to including the recruitment of current 3rd Year student Midwives who will qualify in September 2022.
- The Trust has been successful in obtaining funding to introduce a Practice Retention Midwife post which is supporting learners, newly qualified and early career midwives.
- The Trust is involved in the International Recruitment of Midwives, with 2 expected to commence employment at the Trust in September 2022

Health Rostering – period 18th July–14th August 2022

Stockport NHS Foundation Trust

Improving position every month with increasing number of 'blue sky' rosters

BG	Annual Leave %	Roster Approval (Full) Lead Time Days	Total Unavailability %	% Changed Since Approval	Unused Hours (4 week period)	Over contracted Hours (4 week period)	Total Hours balance
ED	15.4	37	23.1	31	625.9	259.5	366.4
IC	15.7	37.62	24.2	20.5	1506.4	641.4	865.0
Medicine	14.5	34.83	24.8	24.8	1648.0	1015.4	632.5
S,GI&CC	13.9	34.71	26.4	31.5	3366.1	1231.2	2134.9
W, C & D	17	43.25	30.5	22.9	870.8	543.5	327.3

Metric	Description	Target - Green	Amber	Red
Annual Leave %	The calculation is the sum of annual leave hours divided by the sum of contracted hours for all people on the roster divided by 100.	11% - 17%	9% - 10.9% & 17.1% - 18.9%	8.9% or below & 19% +
Roster approval (full) lead time days	The number of days the roster is approved prior to the roster commencing.	42+	30-41	0-29
Total Unavailability %	This includes, Annual Leave, Other Leave, Parenting, Sickness, Study Leave, Unknown and Working Day.	0-21%	22-34.9%	35%+
Changes Since Approval	Number of changes that have taken place on the roster since the roster was approved.	0-24.9%	25-49.9%	50% +
Unused Hours per 4 week roster	This shows the total figure for the unit over the 4 week roster period.	n/a	n/a	n/a

International Nurse Recruitment & Support

NHS Stockport NHS Foundation Trust

- In March 2022 the Trust's new international nurse recruitment programme commenced. Cohorts of nurses are arriving on a monthly basis. From the period of March to December 100 nurses will have joined the Trust.

- The Trust continues to be an employer of choice for international nurses. Many choose to join the Trust on the recommendation of a friend or family member already working here; contributing to a stronger workforce, ensuring retention & a supportive community.

- A nurse who has passed his OSCE is currently on a secondment with the OSCE Training Team and therefore able to share his experience of the OSCE process & provide support.

- Increasing number of HCAs already employed by the Trust have passed the appropriate examinations and able to join the OSCE programme. They report feeling extremely well supported by their colleagues.

Your Health. Our Priority.

Recruitment Initiatives

NHS Stockport NHS Foundation Trust

- The Trust took part in the NHSE 2 day HCA recruitment event. Following the event 62 HCA have been recruited.
- Following on from a successful 2 day event held at the Volunteer Hub in Stockport. 121 HCAs & 10 registered nurses were recruited. They are currently awaiting start dates.
- A QR code has been created where 3rd year students can register their interest in working at the Trust on a permanent basis. The information is forwarded to the relevant business group, Matrons contact the students to discuss their preferred working preference.
- Students receiving job offers to ensure they are retained as a part of the permanent workforce. PEF Team have scheduled monthly 'Keeping In Touch' sessions for students to attend, to ensure that a robust communication network is maintained between the student, their future manager and colleagues.
- Recruitment event for registered and non-registered staff scheduled for the 9th & 16th September to be promoted by social media company Just-R.

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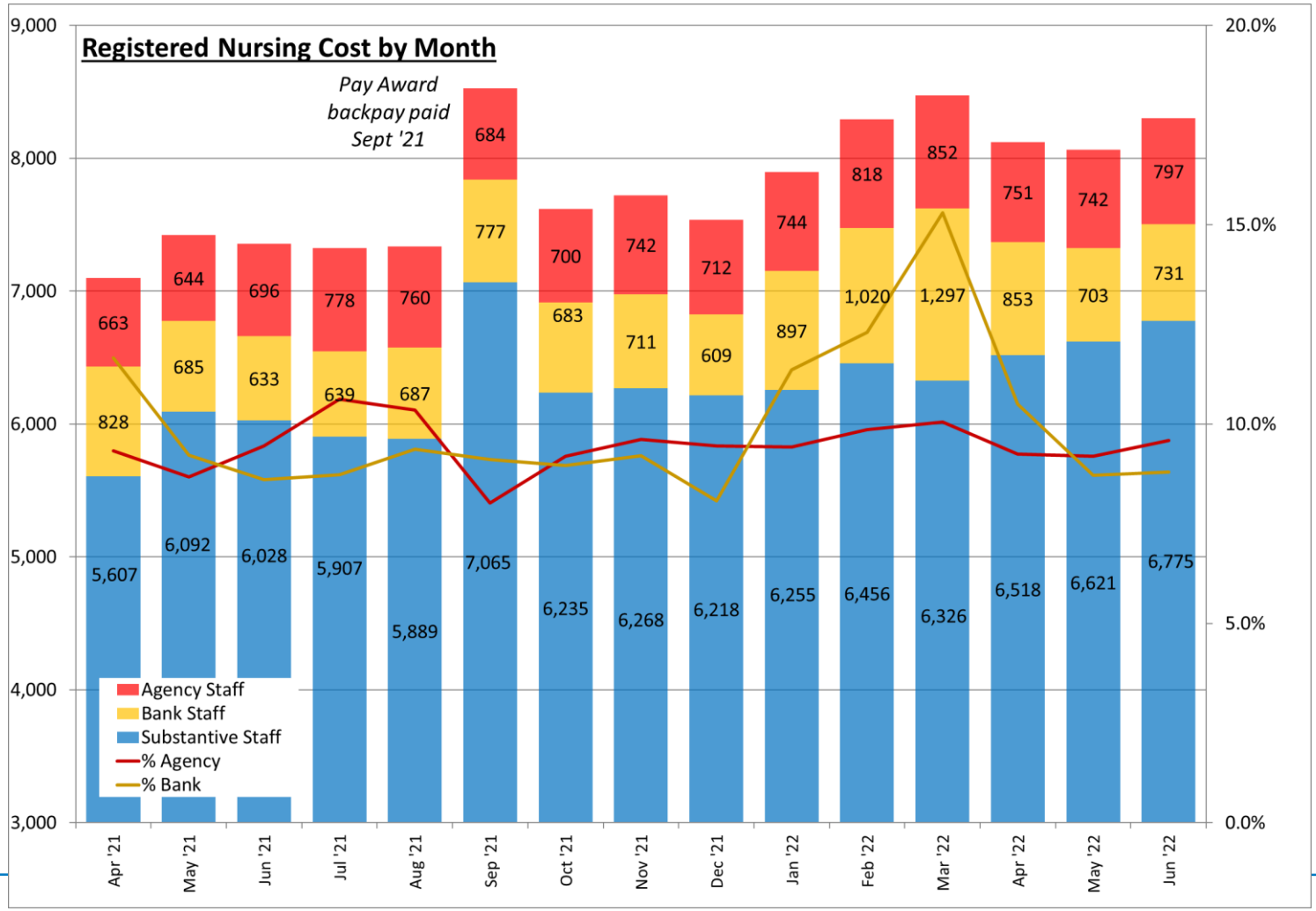
Finance

Registered Nurse staffing costs

Stockport NHS Foundation Trust

The chart below depicts the registered nursing costs from April 2021-June 22



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Quality, Safety & Experience

Safe Care Indicators

Stockport NHS Foundation Trust

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

- Pressure Ulcer prevention continues to be a key priority for quality improvement with all incidents undergoing a robust review. Developments have been made and the pressure ulcer reduction target was met in 2021; the Trust is committed to demonstrate continued progress. Trust wide themes are identified and learning shared to reduce the number of pressure ulcers.

Quality, Safety & Experience

NHS Stockport NHS Foundation Trust

- The Stockport Accreditation & Recognition System (StARS) designed to measure the quality of care provided by individuals and teams throughout the Trust.

- Since implementation in April 2021:

  93 assessments have been undertaken across 33 individual areas including the Emergency Department, Paediatrics, Theatres and two Community areas. Maternity, Neonatal and Outpatient standards are currently under development.

Patient & Family Experience

Stockport NHS Foundation Trust

- Patients, Carers, Friends and Family Strategy 2022–2025
- Experience of Care week took place in April to share what is in place to capture Patient Experiences
- Supported Dementia Action Week activities including a carers wellbeing afternoon
- Volunteers Week took place showcasing the variety of roles available
- Raised profile of Armed Forces week to support patients and staff
- Renewed Care Opinion as platform for feedback to be received
- Dining Companion role carried out by Lead Nurses in each division to raise the profile
- #hellomynameis… week promoted across the Trust

Midwifery Continuity of Carer (MCoC)

NHS Stockport NHS Foundation Trust

- Following the publication of the Ockenden Final Report in March 2022, Trusts were asked to review and suspend, if necessary the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.

- This service was risk assessed and presented to the Quality Committee (QC) on 24 May 2022 and a decision was made to sustain the current model of MCoC.

- MCoC implementation plan paper approved at QC prior to LMS submission on 15 June.

Maternity Safety Support Programme (MSSP)

NHS Stockport NHS Foundation Trust

- Recommendation following the visit from & presentation to the national & regional team for the maternity unit to formally be exited from the MSSP following development of a sustainability plan to be signed off through local, regional & national boards.

- Maternity sustainability plan presented to QC on 22 March 2022

- Visit from Deputy Chief Midwifery officer for England & the Regional Chief Nurse on 12 April 2022

- Sustainability plan presented at the LMS board & Perinatal board by the regional team.

- This will follow the correct governance process for final sign off & formal exit from the programme.

- July 2022 Chief Executive received a letter from Chief Midwifery Officer for England confirming Stockport has been formally exited from the programme, agreed by the NHS England National Oversight Committee.

Maternity Voices Partnership (MVP)

NHS Stockport NHS Foundation Trust

- Stockport's MVP Bi-monthly meeting took place virtually in May 2022. MVP involvement in a number of meetings MVP involvement in a number of meetings locally, regionally and nationally over the period including: Maternity safety champions, Infant parent mental health, GM alcohol exposed pregnancy, Community engagement strategy, GMEC and North West MVP networks, CQC maternity survey results, Induction of labour, Equity strategy, Function and funding of national MVPs

- An update on the Ockenden report and Continuity of Carer was provided.

- There are ongoing co-production projects & the team will be undertaking the 15 Steps Challenge in September, a maternity toolkit that helps to explore the experience of people who use maternity services and involving them in quality assurance processes.

- MVP runs feedback Friday requesting comments via social media thread, direct message or email. The comments are shared with the maternity team on fortnightly basis and are added into the MVP multi-disciplinary meetings also.

Falls

Stockport NHS Foundation Trust

Falls prevention work continues and , with incidents being robustly investigated in weekly falls review panel and IRG, alongside other initiatives, trust falls are reducing and since April 2022, we are under our trajectory for low harm falls, also moderate and above harm falls.

- Fall sensor- Pilot in 3 areas
- Fall Champions in all areas
- Safety Cross Boards
- 0 Fall certificates
- New microsite
- Slipper Socks
- Working being done to have Falls on patient track
- Falls Ambassador
- Yellow posters
- Review of ED Documentation
- Falls documentation reviewed in StARS
- Regular road shows and awareness weeks
- Falls steering group with falls consultant lead and pharmacist lead
- Pharmacy project with bleep
- Falls leaflet for patients and staff
- Bay Nursing with yellow tabards
- Work with Pharmacist to put an alert on EPMA for lying and standing BP
- Bimonthly Fall newsletter
- Bay Nursing Coordinator Pilot
- Post fall proforma for all falls

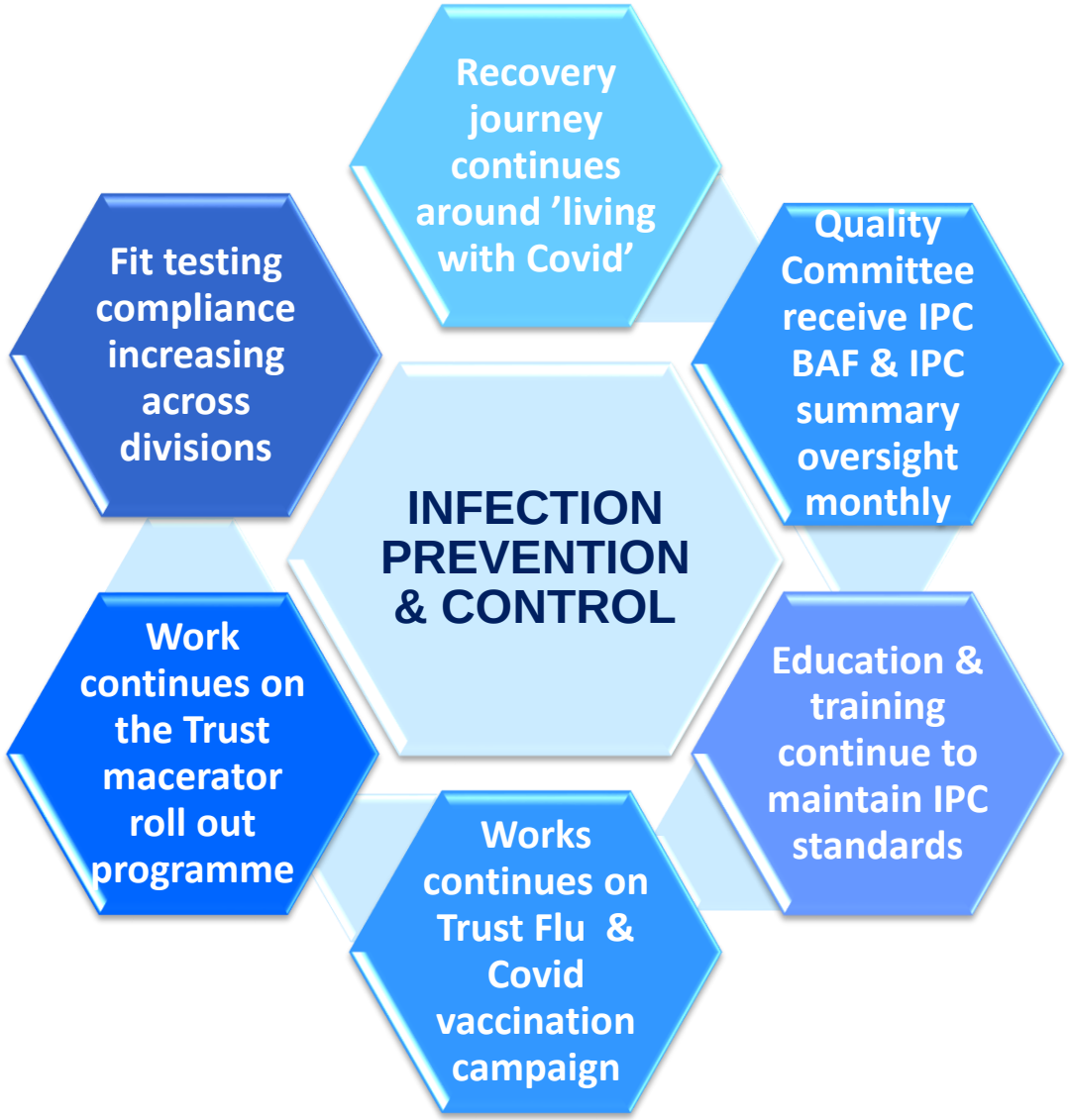







Infection Prevention & Control

NHS Stockport NHS Foundation Trust



Staff Health & Wellbeing

NHS Stockport NHS Foundation Trust

- There is a continued awareness of the immense pressure staff are under currently and how their usual support mechanisms may be impacted upon their health and wellbeing remains a priority
- The Trust has supported the clinical psychology teams to provide support to teams
- Senior Nurse walk around continues to have a focus on staff wellbeing
- Executive walkabout Wednesday has been introduced with a focus on staff wellbeing
- The Trust are working with colleagues from the mental health Trust to promote support for all staff.

Meeting date	4 August 2022	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Equality, Diversity & Inclusion Reports: Workforce Race Equality Standard (WRES) Report 2022 Workforce Disability Equality Standard (WDES) Report 2022					
Lead Director	Director of People & OD		Author	EDI Manager		

Recommendations made / Decisions requested

The Board of Directors is asked to:

Review the WRES and WDES Reports 2022, including actions the work underway to make improvements against both equality standards.

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	All objectives
Financial impacts if agreed/ not agreed	N/A
Regulatory and legal compliance	All objectives
Sustainability (including environmental impacts)	N/A

Executive Summary

The Workforce Race Equality Standard (WRES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of people from Black, Asian, Minority Ethnic heritages. Similarly, the Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

NHS Trusts use the metrics data for each to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of race equality and disability equality respectively.

The WRES Report 2022 and WDES Report 2022 were comprehensively reviewed, including position against the ten specific measures, via the Board's People Performance Committee.

WRES Report 2022

The data from this year's WRES submission shows that there has been small progress made in the overall BAME representation, disciplinary action and training. However, there remains significant further work to do to improve our equality around race representation at senior levels and improvements in positive work-place experiences for people from Black, Asian, Minority and Ethnic backgrounds and different heritages.

The data insights have identified a marked, worsening position in the shortlisting of applicants from Black, Asian, Minority, Ethnic backgrounds in our recruitment processes, as compared to white applicants.

There remains a 10% disparity between BAME and white colleagues reporting experiencing harassment, bullying or abuse from team leaders, or line managers in the workplace.

WDES Report 2022

The data from this year's WDES submission shows that we have some minor improvements,

leading to disabled staff being more likely to be appointed from shortlisting, achieving parity between disabled and non-disabled staff entering capability processes. Conversely, it should be noted whilst there have been some improvements the Trust recognises that there is still a significant amount of work to be undertaken to improve its position.

The 2022 data necessitates significant improvements, with representation of disabled staff far below the local populous across all grades and significantly so in leadership roles. The disparity between disabled and non-disabled colleagues experiencing bullying, harassment, abuse and discrimination both within our organisation and from the community we serve must also be addressed.

Action Plan
The national data will be uploaded by 31 August 2022 and publication of our dedicated WRES and WDES action plan is required by 30 October 2022.

This year we introduced the ED&I Strategy 2022-2025 which was primarily informed by the results of previous WRES and WDES reports. As we drive our ED&I agenda forward throughout the Trust we remain responsive to adapting our ED&I Strategy operational plan.

Based on current information derived from this year's WRES and WDES we will engage with our staff networks to obtain ideas, suggestions and inputs from staff as to further improvements we can make; we will review the ED&I Strategy work programme to re-prioritise any actions that need bringing forward as a result of these results specifically in career development, recruitment and culture. The objectives within these programmes will be realigned for improvement in Year 1 of the strategy.

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust Workforce Race Equality Standard (WRES) Report 2022

Introduction

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- to improve BAME representation at the Board level of the organisation.

This document reports on Trust's activity between 1 April 2021 and 31 March 2022. In accordance with the three workforce themes: workforce diversity (indicators 1 – 4), staff experience (indicators 5 – 8) and leadership diversity (indicator 9).

In addition to reporting the metrics required of the WRES, this report also sets out actions that will be undertaken to address the inequalities identified.

It is recognised that whilst the Trust has seen a slight improvement in the Staff Survey metrics in relation to Harassment & Bullying there is still significant work to do particularly in relation to leadership development and progression of Black Asian Minority Ethnic staff within the organisation, recruitment and the likelihood of BAME staff members being shortlisted and the disparity figures in relation to disciplinary procedures.

NHS Stockport NHS Foundation Trust

The WRES Indicators

Workforce indicators

Indicator	Descriptor
1	Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce Note: organisations should undertake this calculation separately for non-clinical and for clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff
4	Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).

National NHS Staff Survey indicators

Indicator	Descriptor
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 21. Percentage believing that the trust (or organisation) provides equal opportunities for career progression or promotion
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues

Board representation indicator

Indicator	Descriptor
9	Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board

NHS Stockport NHS Foundation Trust

Reporting against the WRES Indicators

Indicator 1

Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce
Note: organisations should undertake this calculation separately for non-clinical and for clinical staff

Non-Clinical workforce

As of March 2021, within the non-clinical workforce, 88.7% of staff were White, and 9.5% of staff were from Black and Minority Ethnic backgrounds. In March 2022, the proportion of White staff decreased to 87.4% and the proportion of BAME staff has increased to 10.9%.

31st March 2021		**31st March 2022**	
White	1388	White	1392
BAME	149	BAME	174
Unknown	28	Unknown	26
Total	1565	Total	1592

Clinical workforce

As of March 2021, within the clinical workforce, 76.2% of staff were White, and 20.5% of staff were from Black & Minority Ethnic backgrounds. In March 2022, the proportion of White staff has decreased to 73.3% and the proportion of BAME staff has increased to 23.3%.

31st March 2021		**31st March 2022**	
White	3100	White	3104
BAME	834	BAME	987
Unknown	134	Unknown	145
Total	4068	Total	4236

Figure 1 shows the proportion of White and BAME staff in each of the agenda for change pay bands within the non-clinical workforce.

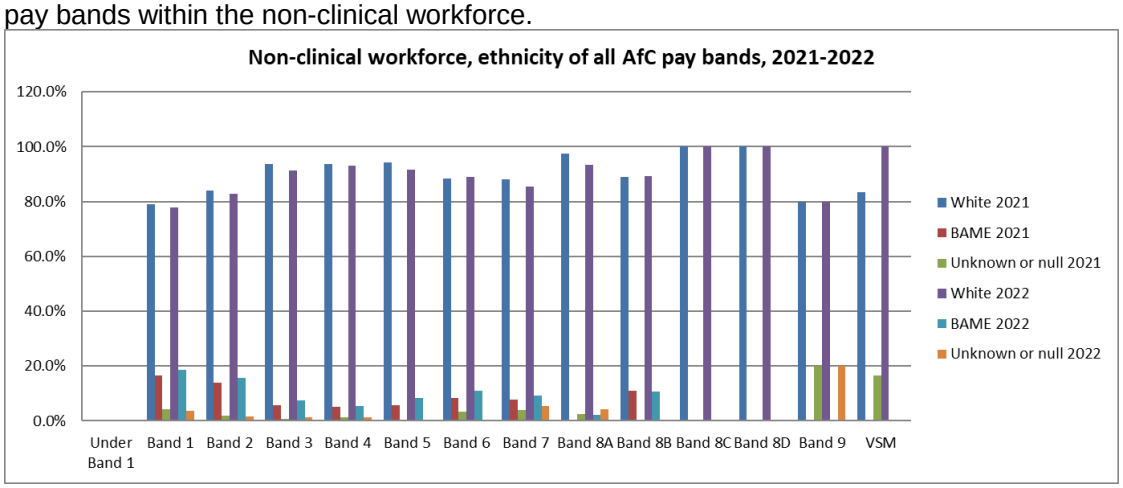


Table 1 shows where the movement has occurred within each band:

	% movement per band		
	White 2022	BAME 2022	Unknown or null 2022
Under Band 1	0.0%	0.0%	0.0%
Band 1	-1.4%	1.9%	-0.5%
Band 2	-1.2%	1.6%	-0.3%
Band 3	-2.3%	1.7%	0.6%
Band 4	-0.5%	0.5%	0.0%
Band 5	-2.5%	2.5%	0.0%
Band 6	0.4%	2.9%	-3.3%
Band 7	-2.8%	1.2%	1.5%
Band 8A	-4.1%	2.2%	1.9%
Band 8B	0.4%	-0.4%	0.0%
Band 8C	0.0%	0.0%	0.0%
Band 8D	0.0%	0.0%	0.0%
Band 9	0.0%	0.0%	0.0%
VSM	16.7%	0.0%	-16.7%

In summary, the data shows:

- There has been an increase for BAME representation at all bands except for 8b and above
- There is very little to no BAME representation at Band 8A or above. There is only four members of staff at these grades out of 106 roles.

Figure 2 below shows the proportion of White and BAME staff in each of the agenda for change pay bands within the clinical workforce.

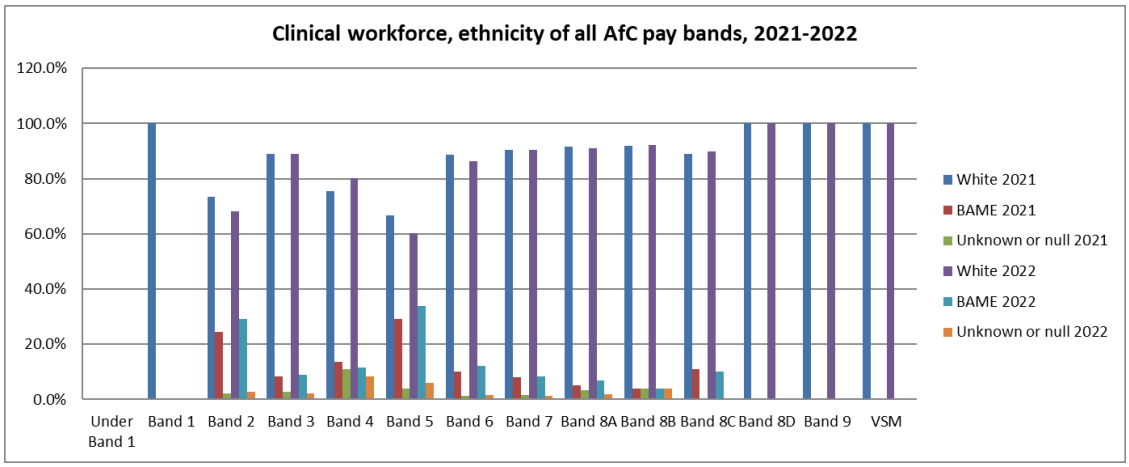


Table 2 below shows where the movement has occurred within each band:

	% movement per band		
	White 2022	BAME 2022	Unknown or null 2022
Under Band 1	0.0%	0.0%	0.0%
Band 1	-100.0%	0.0%	0.0%
Band 2	-5.3%	4.7%	0.6%
Band 3	0.1%	0.5%	-0.6%
Band 4	4.7%	-2.2%	-2.5%
Band 5	-6.4%	4.5%	1.9%
Band 6	-2.3%	2.3%	0.1%
Band 7	-0.1%	0.3%	-0.1%
Band 8A	-0.3%	1.7%	-1.4%
Band 8B	0.3%	-0.2%	-0.2%
Band 8C	1.1%	-1.1%	0.0%
Band 8D	0.0%	0.0%	0.0%
Band 9	0.0%	0.0%	0.0%
VSM	0.0%	0.0%	0.0%

In summary, the data shows:

- There has been a large increase in BAME representation at Bands 2 and 5.
- There has been a decrease in BAME representation at Band 4
- The decrease at Bands 8b and 8c is due to a minor increase in roles at these grades, whilst the number of BAME staff has remained static.
- In 2021, absolute figures for BAME at 8a and above were two roles out of 195 roles in total. In 2022, absolute figures for BAME at 8a and above were 13 roles out of 203 roles in total.

Figure 3 below shows the proportion of White and BAME staff in each of the career band within the Medical and Dental workforce.

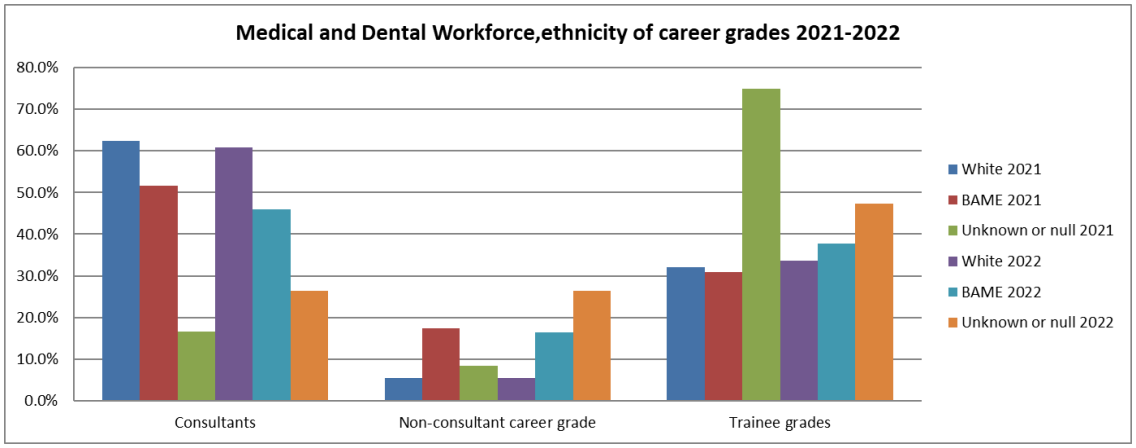


Table 3 below shows where the movement has occurred within each consultant grade:

	% movement per band		
	White 2022	BAME 2022	Unknown or null 2022
Consultants	1.0%	-1.4%	0.3%
Non-consultant career	-0.9%	-4.1%	5.0%
Trainee grades	-0.9%	8.4%	-7.5%
Other	0.0%	0.0%	0.0%

In summary, the data shows:

- There has been a marginal decrease in BAME Consultant grade representation
- Whilst it appears there has been a decrease in the number of BAME representation at non-consultant career grades, the absolute number of roles is relatively static. Therefore, this may be explained by a close increase in the number of unknown / null responses.
- There has been an 8.4% increase in BAME representation at trainee grades.

Indicator 2

	Relative likelihood in 2021	Relative likelihood in 2022	Difference +/-
Relative likelihood of White staff being appointed from shortlisting compared to BAME staff.	2.43	2.10	-0.33

Analysis of recruitment data shows that there has been a small decrease in the relative likelihood that White staff are appointed from shortlisting compared to BAME staff.These figures do not include our internationally recruited workforce as their applications are not processed using the standard Trust recruitment systems and processes (TRAC Applications).

We recognise some Trusts may calculate their figures differently but as an organisation we have standardised the data collection methodology with Tameside to ensure that we are providing robust data that we can learn from and respond to in a transparent, meaningful and sustainable way.

Indicator 3

	Relative likelihood in 2021	Relative likelihood in 2022	Difference +/-
Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff.	1.14	0.77	-0.37

There has been a reduction in the relative likelihood that BAME staff will be entered into formal disciplinary process compared to that of White staff. White staff are now more likely to enter the formal disciplinary process than BAME staff. Ideally, this figure should be 1 as this would be parity irrespective of Ethnicity.

Indicator 4

	Relative likelihood in 2021	Relative likelihood in 2022	Difference +/-
Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).	0.91	0.81	+0.10

Explanatory note: a relative likelihood figure of less than 1 means that BAME staff are more likely to have accessed training relative to their white colleagues. Therefore, a smaller number represents a relative increase in staff accessing training, rather than a relative decrease.

There has been a small increase in the relative likelihood of BAME staff accessing non-mandatory training and continuous professional development (CPD), compared to White staff.

Indicators 5-8

The figure below summarises the staff survey data that is used to inform the WRES submission.

Metric	2021	2022
% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	25.8	23.6
% of BAME staff reported experiencing harassment, bullying or abuse from staff in last 12 months	27.6	22.5
% of BAME staff said they had experienced discrimination at work from either their manager, team leader or other colleagues	18.1	15.4
% of BAME staff believed that the organisation provides equal opportunities for career progression or promotion	47.6	50.2

Comparative analysis shows that there has been a small fall in the proportion of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public and other staff members in the last 12 months.

In the National Staff Survey (NSS) there have been improvements in the proportion of BAME staff reporting experiencing harassment, bullying or abuse from other staff. For both of these measures, there is near parity with their white colleagues, within 1% difference.

There have been improvements in the proportion of BAME staff reporting experiencing discrimination from their manager, team leader or colleagues. However, there remains a 10% disparity on this measure versus white colleagues, although this is down from 11.7% difference in the previous year.

There is an improvement in equality for career progression. However, we note a small deterioration in BAME colleagues experiencing discrimination in the workplace.

Indicator 9

Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated:

	White	BAME	Unknown
Board Membership of which;			
Exec Board Members	8	0	0
Non-Exec Board Members	7	2	0
Number of staff in overall workforce	4496	1161	171
Overall Workforce % by ethnicity	77.1%	19.9%	2.9%
Total Board members by ethnicity (%)	88.2%	11.8%	0%
Difference Board membership to overall workforce	11.1%	-8.2%	-2.9%

The BAME representation on the Board has remained static from the previous year. The disparity between the Board and the workforce has been exacerbated by the increase in BAME representation in the overall workforce.

Action Planning

The Equality, Diversity and Inclusion Strategy 2022-2025 looks to address the issues identified by the data in this report. The following table extracts some of the key actions contained within the strategy that addresses the issues identified. It will be necessary to accelerate priorities set in the EDI Strategy operational plan to ensure satisfactory progress can be made within year and consequently, evidenced improvements can be reported next year.

What we will do:	**How we will know we have had impact:**
We will routinely share our vacancies to ensure our advertising efforts for new vacancies reach people with	We will see an increase in the number of people

protected characteristics such as Job Plus, GM EDI Network, RNIB, Black History Recruitment, Pink News and Voice	shortlisted / appointed from people with protected characteristics
We will undertake mandatory implicit and association bias awareness training as part of the recruitment training for all mangers with responsibility for current and future recruitment and selection	We will see an increase in job offers made to people with protected characteristics from shortlisting and a reduction in the shortlisting to success relative likelihood ratio for BAME tracked within WRES
We will work with managers to reduce barriers into employment by reviewing and drawing up role descriptions which are more accessible and user friendly and therefore targeted to a wider audience. To facilitate applications from our local population/community	We will see an increase in job applications from people with protected characteristics
We will work closely with our leadership teams to reinforce flexible working opportunities to remove barriers of access to employment for people with protected characteristics	We will see an increase in flexible working across our workforce
We will work with our recruiting managers to identify existing talent and proactively develop staff for internal promotion and progression opportunities for with protected characteristics when appropriate new vacancies arise towards equality of opportunity and support development and succession planning Action: Create BAME talent pool	We will see a reduction in the BAME progression disparity ratio and we will progress more staff from protected characteristics in house.
Introduce diverse interview panels for selection processes for all Bands 8A and above. To offer different perspectives in recruitment processes.	We will see an increase in the success rates of people with protected characteristics applying for jobs successfully at senior levels
We will relaunch the Staff Networks, Equality Champions, and Allies network. The Board Members shall be nominated as Sponsors and one member aligned to each group.	Increased membership to improve staff experience
We will embed EDI capability and competence for inclusive leadership and management practice into all current and future leadership and management development programmes for all managerial staff and team leaders	Lower reporting of instances of Bullying, Harassment, Abuse and Discrimination
We will deliver our Anti Racism Framework (ARF) and associated action plan. This will be an accelerated action plan to prioritise the areas of improvement as defined in the current WRES data insights. The ARF will feed into the existing EDI strategy and will act as the dedicated workstream link between the strategy, staff network and other divisional integrated workplans that are already operational to avoid duplication and ensure a targeted approach.	Lower reporting of instances of Bullying, Harassment, Abuse and Discrimination We will see greater applications, recruitment and retainment from people with protected characteristics.
Using the Anti Racism Framework (ARF), we will incorporate the ‘Hate Crime and Respect’ campaign that is currently focussed on reducing abuse towards staff from	Greater incident reporting to FTSU and an overall reduction in staff reporting

patients and visitors, to extend this internally to drive a zero-tolerance culture. This shall be included in staff / team briefings and other literature available to all staff and linked to FTSU process	Bullying Harassment and Abuse in the NSS over the three-year period.
Using the Cure Model as our platform we will build into our existing leadership programme (clinical and non-clinical) equality Masterclasses to develop staff competence around EDI and Protected Characteristics	We will see improvements in staff experience evidenced in the NSS

Conclusions

The data from this year's WRES submission shows that there has been small progress made in the overall BAME representation, disciplinary action and training. However, there remains significant further work to do to improve our equality around race representation at senior levels and improvements in positive work-place experiences for people from Black, Asian, Minority and Ethnic backgrounds and different heritages.

The data insights have identified a marked, worsening position in the shortlisting of applicants from Black, Asian, Minority, Ethnic backgrounds in our recruitment processes, as compared to white applicants.

There remains a 10% disparity between BAME and white colleagues reporting experiencing harassment, bullying or abuse from team leaders, or line managers in the workplace.

This year we introduced the ED&I strategy 2022-2025 as our platform to change. As we drive our ED&I agenda forward throughout the Trust we remain responsive to adapt our work plan. Based on current information derived from this year's WRES we will reconfigure our operational programmes and local action plans to provide an accelerated programme to bring forward our ED&I Strategy objectives in recruitment and culture. The objectives within these programmes will be realigned for improvement in Year 1 of the strategy as outlined above in the WRES action plan.

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust Workforce Disability Equality Standard (WDES) Report 2022

Introduction

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of disability equality.

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The WDES enables NHS organisations to better understand the experiences of their Disabled staff and supports positive change for all existing employees by creating a more inclusive environment for Disabled people working and seeking employment in the NHS.

This report summarises the Trust position, and progress against the 10 indicators of the NHS Workforce Disability Equality Standard. It is recognised that this report captures a point in time and whilst there have been some positive improvements we recognise that there is still significant work to do in improving the experience of our staff who have a disability.

NHS Stockport NHS Foundation Trust

The WDES Indicators

Workforce indicators

Indicator	Descriptor
1	Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by: Non-Clinical staff & Clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

National NHS Staff Survey indicators

Indicator	Descriptor
4	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/Service users, their relatives or other members of the public ii. Managers iii. Other colleagues b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

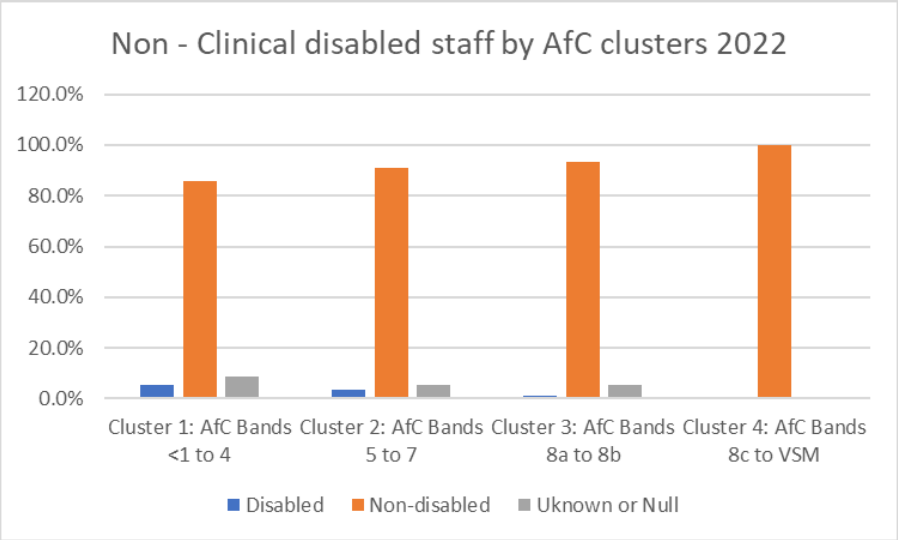
Board representation indicator

Indicator	Descriptor
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board

Reporting against the WDES Indicators

Indicator 1: Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by: Non-Clinical staff & Clinical staff

Figure 1 shows the distribution of disabled/non-disabled staff across the AfC pay bands in the non-clinical workforce for 2022.



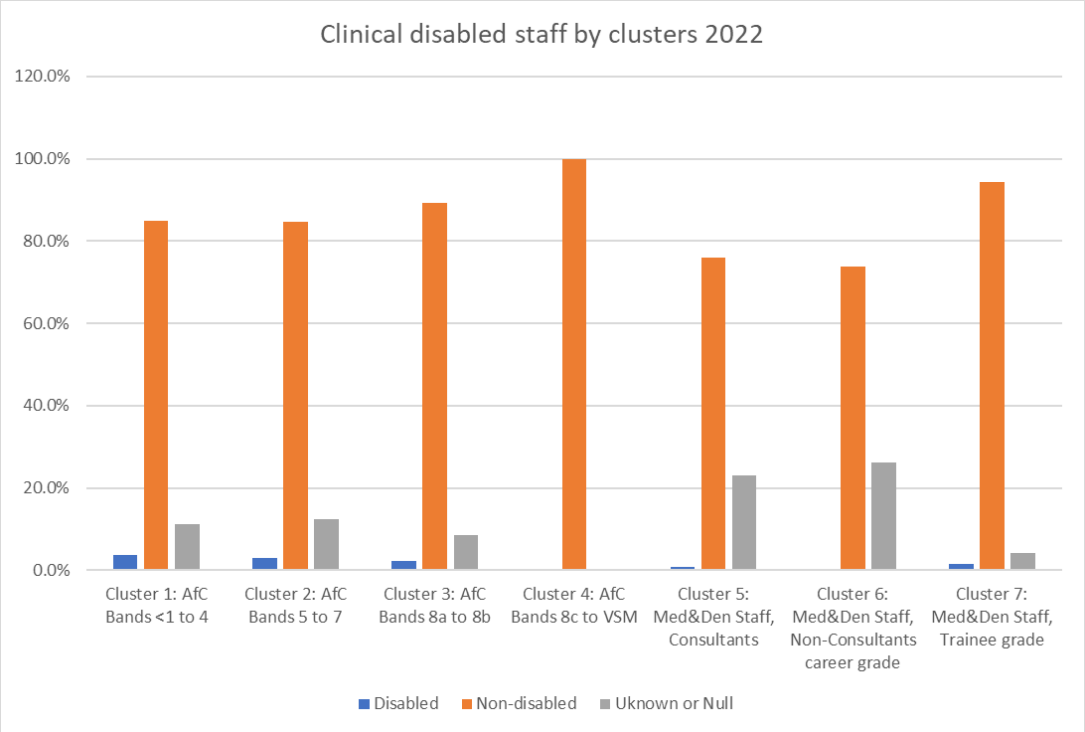
2022 data	Cluster 1: AfC Bands <1 to 4	Cluster 2: AfC Bands 5 to 7	Cluster 3: AfC Bands 8a to 8b	Cluster 4: AfC Bands 8c to VSM
Disabled	5.2%	3.5%	1.4%	0.0%
Non-disabled	85.9%	91.2%	93.2%	100.0%
Uknown or Null	8.8%	5.3%	5.4%	0.0%

Summary analysis shows that:

- The total workforce representation of disabled staff in 2021 was 3.2% and in 2022 was 3.4%
- There has been an improvement in the representation of disabled staff in Band clusters 1 as compared to 2021.
- There has been a <0.2% decrease in representation of disabled staff in Band clusters 3 and 4 as compared to 2021

- There are no disabled within Band cluster 4, down from 3.2% in 2021, but in absolute terms this is a headcount reduction of 2.
- 8.0% of Non-clinical staff have no data in the disability field of the Trust staff data system, the Electronic Staff Record (ESR).

Figure 2 shows the distribution of disabled/non-disabled staff across the AfC pay bands and the medical grades, in the clinical workforce for 2022.



2022 data	Cluster 1: AfC Bands <1 to 4	Cluster 2: AfC Bands 5 to 7	Cluster 3: AfC Bands 8a to 8b	Cluster 4: AfC Bands 8c to VSM	Cluster 5: Med&Den Staff, Consultants	Cluster 6: Med&Den Staff, Non-Consultants career grade	Cluster 7: Med&Den Staff, Trainee grade
Disabled	3.7%	3.0%	2.2%	0.0%	0.90%	0.00%	1.44%
Non-disabled	85.0%	84.6%	89.2%	100.0%	76.02%	73.91%	94.24%
Uknown or Null	11.3%	12.4%	8.6%	0.0%	23.08%	26.09%	4.32%

Summary analysis shows that:

- Percentage of clinical disabled staff in every band is lower than the Trust disabled staff average of 3.4% apart from Band cluster 1.
- All other Band clusters have remained either static or minor change since 2021
- 11.8% non-clinical and 17.0% of Medical and Dental staff have no data recorded in the disability field of the Trust staff data system, the Electronic Staff Record (ESR.)

Indicator 2

	Relative likelihood in 2021	Relative likelihood in 2022	Difference +/-
Relative likelihood of disabled staff being appointed from shortlisting across all posts	1.33	0.54	-0.79

There has been a significant improvement in the relative likelihood of disabled applicants being appointed from shortlisting as compared to non disabled applicants, with disabled applicants slightly more likely to be appointed to the post.

Indicator 3

	Relative likelihood in 2021	Relative likelihood in 2022	Difference +/-
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	1.22	1.00	-0.22

There was an improvement in the relative likelihood of staff entering the formal capability process throughout the 2022 reporting period, with parity now achieved.

Indicator 4
a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i. Patients/Service users, their relatives or other members of the public
ii. Managers
iii. Other colleagues

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

	Disabled staff	Non-disabled staff
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	28.7%	21.9%
Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months	16.6%	9.1%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	22.7%	14.0%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	43.7%	49.2%

There has been an overall decline in staff experiencing harassment, bullying or abuse although for staff with disabilities the figure remains significantly higher than colleagues without a disability.

Indicator 5

	Disabled staff	Non-disabled staff
Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	55.4%	58.8%

There has been a marginal increase with both disabled and non-disabled staff believing that our Trust acts fairly in terms of career progression.

Indicator 6

	Disabled staff	Non-disabled staff
Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	33.9%	21.3%

There has been an increase of 0.3% for disabled staff experiencing pressure from line managers, whereas there has been a 3.7% decrease reported by non disabled staff from the previous year.

Indicator 7

	Disabled staff	Non-disabled staff
Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	30.0%	41.6%

There has been an overall decrease from 32.2% to 30.0% for our disabled staff and 43.9% to 41.6% for our non-disabled staff saying they are satisfied with the extent to which their organisation values their work.

Indicator 8

	Disabled staff
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	70.8%

There has been a 1% decrease in disabled staff stating adequate adjustments have been made since the previous reporting year.

Indicator 9

9a) The staff engagement score for Disabled staff, compared to non-disabled staff.
9b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

9a	Disabled staff	Non-disabled staff
Staff Engagement Scores (1-10) of Disabled Staff v Non-Disabled Staff	6.4	6.9

The staff survey engagement scores show that overall, disabled staff are less engaged than non-disabled colleagues, this remains static from previous reporting year.

9b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? **Yes**

Our Trust has relaunched our Disability and Wellness Network (DAWN) to ensure our staff living with disability and long-term conditions are represented and voices of staff to be heard and meet bi-monthly.
In collaboration, over the last 12 months our workstreams have included

- Realigning the groups workstream priorities to support the WDES action plan
- To strengthen reporting lines to EDI Steering Group and Performance in People Performance Committees (PPC)
- Delivery of Disability awareness training for managers
- Values into Action – delivery of sessions for all staff groups providing information sharing sessions aimed at developing understanding between staff with protected characteristics and those that do not.
- Staff with disabilities were invited to share their lived experiences in inform the work streams of Values into Action group.
- People Pulse, our quarterly survey that collects data around protected characteristics to use in organisational development.
- Attendance and lived learning sharing at Disability Summit 2021
- Working with our community to deliver Disability History Month 2021 to provide in house and community based events, learning set and engagement opportunities for staff, patients, allies, families and carers.

Indicator 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By voting membership of the Board.
- By Executive membership of the Board.

	Disabled	Not Disabled	Not Disclosed /Unknown
Board Membership	0	17	0
Of which; Voting Board Members	0	15	0
Non-voting Board Members	0	2	0
Board Membership	0	17	0
Of which; Exec Board Members	0	8	0

Non-Exec Board Members	0	9	0
Number of staff in overall workforce	199	4941	644
Overall Workforce % by disability	3.4%	85.4%	11.1%
Total Board members by disability (%)	0%	100%	0%
Difference Board membership to overall workforce	-3.4%	14.6%	-11.1%

There are currently no members of the Board who identify as disabled, or have a Long-Term Condition and no members of the board who have not disclosed within the ESR record.

Action Planning
The Equality, Diversity and Inclusion Strategy 2022-2025 looks to address the issues identified by the data in this report. The following table extracts some of the key actions contained within the strategy that addresses the issues identified.

What we will do:	**How we will know we have had impact:**
We will build relationships with local organisations supporting people with protected characteristics into employment to ensure our vacancies reach a diverse audience, with a particular focus on disability/Long Term Condition (LTC)	We will see an increase in the number of people shortlisted/appointed from people with protected characteristics and individuals with disabilities /LTC
We will undertake mandatory implicit and association bias awareness training as part of the recruitment training for all mangers with responsibility for current and future recruitment and selection	Increase in job offers made to people with protected characteristics
We will work with managers to reduce barriers into employment by reviewing and drawing up role descriptions which are more accessible and user friendly and therefore targeted to a wider audience. To facilitate applications from our local population/community We will work with 'Pure Innovations', those on apprenticeships and Guaranteed Interview schemes to ensure people with protected characteristics can transition to employment following initial work experience and training programmes.	Increase in shortlisting and job offers made to people with protected characteristics
We will work closely with our leadership teams to reinforce flexible working opportunities to remove barriers of access to employment for people with protected characteristics	We will see an increase in flexible working across our workforce

We will ensure reasonable adjustments are in place, insofar as operational requirements allow for staff with disabilities / LTC to maximise the time they are available to perform, without feeling pressured to attend work if unwell. Where operational requirements mean staff must attend site, all reasonable adjustments shall be made to assist our staff in performing their duties. Training and support to line managers on these adjustments to be provided, with a particular focus on clinical environments	We will see a reduction in lost working hours from staff with disabilities / LTC and a further reduction in these staff being taken through the capability process
We will re-establish the Reciprocal Mentoring Scheme for BAME and Disabled Staff to support making applications for leadership roles	We will see an increase in internal successful applications for senior roles
Introduce diverse interview panels for selection processes for all Bands 8A and above. To offer different perspectives in recruitment processes.	We will see an increase in the success rates of people with protected characteristics successfully applying for jobs at senior levels
We will relaunch the Staff Networks, Equality Champions, and Allies network. The Board Members shall be nominated as Sponsors and one member aligned to each group.	Increased membership to improve staff experience
We will embed EDI capability and competence for inclusive leadership and management practice into all current and future leadership and management development programmes for all managerial staff and team leaders	Lower reporting of instances of Bullying, Harassment, Abuse and Discrimination
We will incorporate the ‘Hate Crime and Respect’ campaign that is currently focussed on reducing abuse towards staff from patients and visitors, to extend this internally to drive a zero-tolerance culture. This shall be included in staff / team briefings and other literature available to all staff and linked to FTSU process	Greater incident reporting to FTSU and an overall reduction in staff reporting Bullying Harassment and Abuse in the NSS over the three-year period.

NHS Stockport NHS Foundation Trust

Conclusions

The data from this year's WDES submission shows that we have some minor improvements, leading to disabled staff being more likely to be appointed from shortlisting, achieving parity between disabled and non disabled staff entering capability processes.
Conversely, it should be noted whilst there have been some improvements the Trust recognises that there is still a significant amount of work to be undertaken to improve its position.

The 2022 data necessitates significant improvements, with representation of disabled staff far below the local populous across all grades and significantly so in leadership roles. The disparity between disabled and non-disabled colleagues experiencing bullying, harassment, abuse and discrimination both within our organisation and from the community we serve must also be addressed.

As aforementioned, this year we introduced the ED&I strategy 2022-2025 as our platform drive to change. As a consequence of this report we will review and reconfigure action plans to provide a targeted accelerated programme to expedite the outcomes of EDI Strategy objectives in recruitment and culture, these are outlined in the above table.

The report will be shared with the Disability Staff Network and we will engage with the network on the development of the actions required and the revision of the EDI Strategy action plan. This report will be published on the Trust website and intranet page.

Meeting date	4 August 2022	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Wellbeing Guardian Report					
Lead Director	Director of People and OD		Author	Wellbeing Guardian / Non-Executive Director		

Recommendations made / Decisions requested

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

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		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
	x	**PR2.1**	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes

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

Where issues are addressed in the paper-

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

Executive Summary

The purpose of the report is to advise the Board of Directors of the Wellbeing Guardian's reflections on her activities.

Background

This is my first report to the Board after three months in the role as the Wellbeing Guardian. Following discussion at The People and Performance Committee, the Chairman has asked me to provide the Board with a quarterly update on my activities.

As a board we understand that the health and wellbeing of our workforce colleagues is fundamental for us as a caring organisation. Boards and senior leadership teams need to give wellbeing the highest priority as ensuring colleagues are happy and healthy feeds through into better patient care.

Arising from the NHS Staff and Learners Mental Wellbeing Review and championed through the NHS People Plan the role of Wellbeing Guardian is one of assurance and should be empowered to act strategically. I have already been well-supported by our People and OD teams as enabling operational functions to realise the wellbeing agenda for the organisation and to help the Guardian role to be effective.

From an organisational perspective, the Wellbeing Guardian should:

- Challenge the organisation to include employee wellbeing in everything they do and actively create a 'culture of wellbeing'.
- Act as a 'critical friend' to question the impact of decisions on employee wellbeing
- Ensure the Board holds senior leaders to account for the way employees are managed, empowered, and supported with their wellbeing.
- Seek data to show what's happening on the ground, evidencing the wellbeing needs of the diverse workforce and that wellbeing strategy is impactful.
- Champion equality, diversity and inclusion, ensuring that the organisation considers the needs of the diverse groups and adapts holistic approaches to wellbeing.

- Continually and strategically 'sense-check' the wellbeing agenda for the organisation and prompt improvement / developmental action if needed.
- Demonstrate that the Board takes their personal wellbeing responsibilities seriously.

Implementing the Wellbeing Guardian Role at Stockport NHS FT

Whilst there has been good adoption of the role in the first year of the initiative across the NHS, many of us are new to the role and are "finding our feet" in terms of how best to influence improving the health and wellbeing of the workforce. I welcome the national development work and regional networks in helping us to get established in the role.

In line with NHSI guidance, organisations are required to assess their current performance in relation to the nine principles supported by the Wellbeing Guardian. A summary of the progress to date was presented to People and Performance Committee in May 2022.

We now need to self-assess against the three-phase implementation to determine the current 'status' and plan effective implementation and delivery of these principles that the Wellbeing Guardian role will support.

Data

Wellbeing data will be vital to understand the wellbeing landscape in our organisation and will support me, as Wellbeing Guardian, in holding the board to account. The HWB Framework and Stockport's HWB Model Hospital Dataset will help the board to understand organisational progress against developing a wellbeing culture, and in the development of strategy and plans.

EXTERNAL ENGAGEMENT

The development of the Wellbeing Guardian role is well supported at national and regional levels, and I have accessed a number these resources to support this work at our Trust. I am, however, keen to better understand the reach of wellbeing guardians at system level.

I have received excellent peer support across North West Wellbeing Guardian's network as well as, exchanging ideas with my counterpart at Tameside & Glossop NHS FT, Andrew Light, Non-Executive Director.

I was able to meet with Karen Gallagher, Regional Head of Staff Experience and Engagement, Northwest People Team who gave valuable insight into the guardian role and the importance of data in helping the board monitor progress against wellbeing objectives.

TRUST ACTIVITIES

Through a combination of virtual and on-site meetings I have endeavoured to meet as many colleagues and stakeholders as possible. The diversity of the employee voice drives the wellbeing agenda.

Paul Elms, the Freedom to Speak Up Guardian, have met to explore how our respective roles could support each other. We discussed how FTSU guardians work closely with health and wellbeing functions and how this supports the speak-up processes.

In May I visited the new Staff Psychology & Wellbeing Service (SPAWS) which launched funded by NHS Charities Together to support all our staff after the difficult times of the pandemic. The service is run by Dr Jo Black, Consultant Clinical Psychologist and Claire Kerman, senior mental health practitioner. Since its launch in February, the service has received over 110 individual self-referrals as

well many team requests for support.

I was able to hear more about the positive impact of SPAWS on when I visited the ICU/Critical Care Unit. Dr Matt Jackson, Clinical Director shared his reflections on SPAWS, and the challenges in accessing wellbeing services between the staff groups.

In July I was fortunate to be able to attend a networking event and Schwartz Round ‘Community Services: The Hidden Frontline’. It was a powerful session where colleagues come together to discuss the emotional and social aspects of their roles. It was an opportunity to hear from colleagues directly on what they considered to be wellbeing priorities.

Appendix 1

Wellbeing Guardian Principles.
1. The health and wellbeing of NHS people will not be compromised by the work they do.
2. The board and guardian will check the wellbeing of any staff member exposed to distressing clinical events.
3. All new NHS staff will receive a wellbeing induction.
4. The NHS people will have ready access to self-referral and confidential occupational health services.
5. Death by suicide of any NHS people will be independently examined
6. The NHS will ensure a supportive, safe environment to promote psychological and physical wellbeing.
7. The NHS will protect the cultural and spiritual needs of its people, ensuring appropriate support is in place for overseas NHS people
8. Necessary adjustments for the nine groups under the Equality Act 2010 will be made

Meeting date	4 August 2022	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Clinical Research, Development and Innovation Strategy, 2022-2027					
Lead Director	Dr Andrew Loughney, Medical Director and R&I Executive Lead		Author	Wiesia Woodyatt, R&I Manager		

Recommendations made / Decisions requested

The Board of Directors is asked to:

- Review and approve the 5-year strategic plan for research, development and innovation across the South East Sector (Stockport and Tameside), noting the strategic plan will be considered fully ratified following review and approval by the Tameside & Glossop NHS ICFT in September 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	Develop effective partnerships to address health and wellbeing inequalities
X	4	Drive service improvement, through high quality research, innovation and transformation
X	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
X	6	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper is related to these BAF risks	x	**PR1.1**	There is a risk that the Trust 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
	x	**PR2.1**	There is a risk that the Trust fails to support and engage its workforce

	x	**PR2.2**	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
	x	**PR3.1**	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
	x	**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
	x	**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	Throughout proposal
Financial impacts if agreed/ not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

The purpose of this strategic document is to propose the vision, mission and strategic ambitions across the next 5 years for Research, Development and Innovation (RD&I) to reach its potential as an established and flourishing service across the South East Sector.

The document has been considered by the Quality Committee in July 2022 and minor amendments suggested. The strategic document will be considered, and feedback sought via Tameside and Glossop NHS ICFT in September 2022.

The strategic document will be considered fully ratified following approval by both Boards and launched later this year.

1. Purpose

1.1 The purpose of this strategic document is to propose the vision, mission and strategic ambitions across the next 5 years for Research, Development and Innovation (RD&I) to reach its potential as an established and flourishing service across the South East Sector. The document has been considered by the Quality Committee in July 2022 and minor amendments suggested. The strategic document will be considered, and feedback sought via Tameside and Glossop NHS ICFT in September 2022. The strategic document will be considered fully ratified following approval by both Boards and launched later this year.

2. Background and Links to Previous Papers

2.1 During the COVID-19 pandemic, we saw various changes in the senior leadership teams across Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust, with a shared Chief Executive Officer taking responsibility across the two Trusts, additional sharing of posts at director level and the initiation of Board to Board meetings to promote the collaborative ethos.

2.2 Within RD&I, we felt it was a timely opportunity to review our research activities across the two organisations, reflect on successes and gaps and determine a new direction of collaborative working to mirror the changes taking place regionally and improve the research opportunities for our population.

2.3 Engagement sessions were held with key stakeholders across both Trusts and the NIHR GM CRN. These included multiple clinical and non-clinical staff groups including our governors, who represented the interests of our patients and public.

2.4 At all times, the strategy under development kept in mind the overarching Trust strategies and objectives, along with the fast-moving landscape both nationally and regionally for research delivery.

3. Matters under consideration

3.1 To review and approve the 5-year strategic plan for RD&I across the South East Sector (Stockport and Tameside), noting the strategic plan will be considered fully ratified following review and approval by the Tameside and Glossop NHS ICFT in September 2022.

4. Areas of Risk

4.1 The draft document highlights the areas of investment and development needed to ensure the RD&I strategic direction mitigates any potential risks from its aspirations, so they have not been repeated here.

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

NHS
Stockport
NHS Foundation Trust

Our Joint Clinical Strategy for Research, Development & Innovation

2022 – 2027

Stockport NHS Foundation Trust

&

Tameside & Glossop Integrated Care NHS Foundation Trust

NHS Tameside and Glossop Integrated Care NHS Foundation Trust

NHS Stockport NHS Foundation Trust

Our Joint Clinical Strategy for Research, Development and Innovation

2022 - 2027

Contents

Foreword

The local, regional and global response to the COVID-19 pandemic has highlighted the critical importance of clinical research, increasing awareness and interest from our staff and patients alike.

It is well known that clinical research provides the evidence base to answer key questions that help us tackle health and care issues in our population. However, clinical research and its outcomes can also make a real difference to clinical care, patient experience, and organisational reputation, as well as staff satisfaction, development, recruitment and retention. Embedding and maintaining an active research ethos across Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust is therefore vital to fostering a better future for our patients and staff.

That is why research, development and innovation are cited as key enabling themes of our Trust strategies. This Clinical Strategy for Research, Development and Innovation (RD&I) aligns closely to the ambitions of our Trusts and is key to enabling the delivery of both strategies. In developing a joint strategy, we aim to maximise the potential of this service across our two organisations.

Our strategy sets out how we will build on the existing research infrastructure and collaboration across the two Trusts, with scope to expand across the whole South East Sector of Greater Manchester. Our aspiration is to establish our reputations as organisations with regionally and nationally acclaimed research portfolios, delivering high quality research in collaboration with system partners and Integrated Care Systems to make a tangible difference to patient care.

This strategy isn't just about those staff that currently deliver research within our Trusts. It looks to the wider workforce to consider their role in RD&I, from signposting patients to research opportunities for their conditions, sharing our research active ethos, updating clinical skills and practices in line with the latest research, to undertaking their own research activities. We want to develop a real culture of RD&I across our two Trusts, extending throughout the South East Sector, to improve the health, well-being and wealth of the populations we serve.

Andrew Loughney
Medical Director

Karen James OBE
Chief Executive Officer

Dilraj Sandher
Medical Director

NHS Stockport NHS Foundation Trust

NHS Tameside and Glossop Integrated Care NHS Foundation Trust

Context

About the Trusts

Stockport NHS Foundation Trust (SFT) and Tameside and Glossop Integrated Care NHS Foundation Trust (TGIC) aim to be well-led organisations delivering safe, high quality care for local people.

Our Strategic Plans were developed in collaboration with our staff and patients, setting out clear visions for the future.

Our Trusts:	NHS Stockport NHS Foundation Trust	NHS Tameside and Glossop Integrated Care NHS Foundation Trust
Our Mission:	***Making a difference every day***	***Beyond Patient Care to Population Health***
Our Values:	• We Care • We Respect • We Listen	• Safety • Care • Respect • Communication • Learning
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	• Support local people to remain well • Provide high quality integrated services • Develop and retain a workforce fit for the future • Work with partners to innovate, transform and integrate care provision • contribute to the delivery of financial sustainability

Alignment of plans

Our long-term Trust strategies are 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 Trusts develop annual operational plans for in-year priorities, which align to national policy and delivery of our strategic objectives. This hierarchy of plans is set out in the figure to the right.

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

National and regional context

The National Institute for Health and Care Research (NIHR) was founded in 2006 with a clear mission to '*improve the health and wealth of the nation through research*'[i]. The Care Quality Commission (CQC) has also incorporated research into its inspection framework through the 'well-led' domain, assessing the organisation-wide structure with a focus on the systems and processes for learning, continuous improvement and innovation[ii].

The need for the NHS to work better with the commercial life sciences industry has been widely recognised by many funding bodies, with significant investment needed. The Government Industrial Life Sciences Sector Deal 2 publication[iii] sets out aims and objectives to ensure partnership working across sectors to advance the care we offer to our patients, whilst also driving RD&I to a level where the UK is recognised as a global leader. The UK government has confirmed its commitment to this by setting an ambition to triple investment into healthcare research to £900 million by 2027. Such expansion would bring further financial benefit to the NHS, allowing capacity building for Trusts to deliver more. The NIHR Clinical Research Network Impact and Value Assessment[iv] cites KPMG analysis of the benefits of participating in commercial drug studies, where NHS Trusts received £6,658 in revenue and £4,700 - £5,780 in pharmaceutical cost savings per patient recruited.

The NIHR currently provides coordination and support for Trusts to deliver high quality research through 15 regional Clinical Research Networks (CRNs). The CRNs provide funding for staffing and services to support department infrastructure, they facilitate specialist training, provide systems for research information reporting, coordinate patient and public involvement opportunities and support the efficient set-up and conduct of clinical research[v]. Our Trusts reside with the Greater Manchester (GM) CRN, which has a future planning model for 2022/23[vi] to align with the Department of Health and Social Care's (DHSC) vision for the Future of Clinical Research Delivery[vii].

There is a clear ambition to create a patient-centred, pro-innovation and data-enabled clinical research environment. The focus is on empowering those working across health and care services to deliver research and enable everyone taking part in research to be part of a portfolio that strives for relevance, exceptional experiences and inclusive involvement. This is summarised in the NIHR's Best Research for Best Health: The Next Chapter[viii]. This steers towards meaningful research being embedded as part of patient experiences, regardless of where they live and helping to reduce the disparities that exist in health outcomes, '*caused by socio-economic factors, geography, age and ethnicity'*. This vision is balanced with the DHSC's 'Research Reset Programme'[ix], with the aim of making research '*portfolio delivery achievable within planned timelines and sustainable within the resource and capability we currently have in the NHS'* after the impact of the COVID-19 pandemic. The UK Government's Life Sciences Vision 2021[x] goes further to state that we need to '*build on the scientific successes and ways of working from COVID-19 to tackle future disease challenges (i.e. silent pandemics, including cancer, obesity, dementia, ageing; securing jobs and investment'.*

Additionally, there are a number of regional infrastructures and organisations that support collaboration and increased opportunities within the clinical research field, from early phase experimental medicine through the NIHR Biomedical Research Centres (BRCs) and Clinical Research Facilities, through to later phase adoption and roll-out across systems via Academic Health Science Networks[xi] (locally, we have the Manchester Academic Health Science Centre (MAHSC), which is part of Health Innovation Manchester[xii]) with a focus on '*spreading innovation at pace and scale*'. From October 2019, Applied Research Collaborations have re-focussed on population needs at a local level. These organisations allow for the effective local delivery of high-quality research for the benefit of patients today and in the future, as well as a positive financial opportunity for Trusts.

This strategy has considered the current national and regional context for clinical research, balanced with the establishment of Integrated Care Systems (ICS) across England on a statutory basis from 01 July 2022.

Local context

In response to the national and regional changes over the last 5 years, both our organisations have taken significant steps to improve our research activity, with regional recognition of our increased recruitment into NIHR portfolio research studies. In real terms, this means more research opportunities have been offered to our patient populations, due to the hard work of our research delivery teams and lead clinical investigators. Tameside has successfully grown their portfolio of Trust sponsored activity, which Stockport also intends to develop in the future.

Increased activity was particularly evident during the peaks of the COVID-19 pandemic with nationally leading numbers recruited into diagnostic, treatment and vaccination trials. Both Trusts have increased income from various avenues; Stockport has seen significant income generation from the delivery of large scale, high throughput COVID vaccine studies (enrolling >900 participants), with Tameside seeing increases from research networks, commercial small and medium sized enterprises (SMEs) and grant giving bodies. Infrastructure improvements for clinical research delivery have also been evident across both organisations, which have meant better environments for our expanding workforce and patients when conducting research visits. Tameside has also focussed on improved joint working between the Trust and academic partners, which Stockport is keen to learn about and contribute to.

Both Trusts have started to forge links, both with each other and wider with universities, to better support current and future research opportunities across the South East Sector of Greater Manchester. To enable a strong strategic response to the changes in biomedical and health research funding, we must build on the strengths of our individual Trusts, but also the synergies that can be gained from a true collaboration between Tameside and Stockport, as well as academic partner organisations and other regional collaborations. The formation of ICSs provides a timely opportunity to develop and deliver new research relevant to the people in our area, which is more integrated into the revised national healthcare system model. There is a real opportunity with this strategy to align our research with the wider region, through collaboration with Health Innovation Manchester (incorporating MAHSC), the Manchester NIHR BRC themes and other initiatives driven by the NIHR Greater Manchester R&I Oversight Board and NIHR GMCRN.

Whilst the role of the local RD&I department has evolved, our key responsibility is to provide a safe and efficient research support service and ensure financial sustainability both currently and for the future. Financially, Stockport has secured significant funding from COVID-19 vaccine study delivery, with Tameside developing their strategic view of research award applications. Plans to implement joint working systems across the two organisations and other local partners continue at pace to further consolidate efficiencies. This will include restructuring of the research delivery team into hubs with key specialties with defined management structures, combined with new quality, finance and governance processes that can overarch both organisations. The variety of roles will be scrutinised to allow for succession planning and more flexibility across our organisations, enabling new career pathways to be developed, improving staff retention, and potential for expansion of this collaboration across other Trusts in the South East Sector.

For this new partnership to really flourish, the workforce structure will need to be reviewed and adapted to ensure we can deliver on our research vision. A new range of resources will need to be allocated and managed to support this collaboration delivering first class research within a sustainable workforce capacity to our local population. We must manage this resource effectively, facilitate delivery of new and existing research programmes and provide a strong base for further large scale investment by the NIHR and other major funders, in particular our commercial and academic partners.

Introduction

Clinical research is the study of health and the prevention, diagnosis and treatment of illnesses. The NHS Constitution for England recognises that to attain the highest standards of excellence and professionalism, it is essential that we promote, conduct and use clinical research to '*improve the current and future health and care of the population*'[xiii].

The UK Policy Framework for Health and Social Care Research[xiv] confirms research as a core function of health and social care, vital for our health, wellbeing and the care we receive. There is also evidence that clinical research is good for everyone involved in it[xv]. Publications show that active research organisations attract high-quality staff and that the pursuit of research positively impacts on the delivery of clinical care[xvi]. Increased research activity has had a positive effect on staff opinion of their organisation[xvii], as well as patients having more confidence in their care team[xviii]. The NHS Long-Term Plan (2019) also acknowledges research as critical to medical advancements, bringing benefits to patients and the UK economy[xix].

The research taking place at Tameside and Stockport, both COVID-19 and other specialty research areas, already demonstrates how embedding a culture of research in our Trusts can facilitate continuous improvement for patients, staff, the organisation as a whole, and our population.

Stockport and Tameside have a proud history in RD&I and are becoming increasingly active in research with expanding core research teams. Our Trusts and wider communities have the key components to enhance this further, from conscientious and passionate staff, enthusiastic patients, improving facilities and consolidation of a joint working model between Trusts.

This strategy sets out our ambitions over the next 5 years for building on previous successes, working as a partnership with our NHS, university and industry partners to overcome challenges and realise our full research potential in a cross sector, ICS-allied approach. This strategy will guide our priorities and decisions for 2022-2027, but it is important to note that the research landscape is constantly changing, so our approach will need to be flexible and agile to account for this.

Developing our strategy

During the COVID-19 pandemic, we saw a number of changes in the senior leadership teams across our organisations, with a shared Chief Executive Officer taking responsibility across the two Trusts, additional sharing of posts at director level, the initiation of Board to Board meetings to promote the collaborative ethos, as the ICSs have become established.

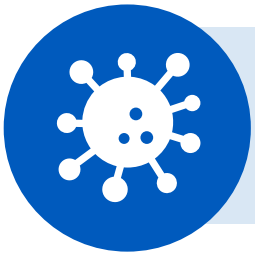
Within RD&I, we felt it was a timely opportunity to review our research activities across the two organisations, reflect on successes and gaps and determine a new direction of collaborative working to mirror the changes taking place regionally and improve the research opportunities for our population.

Engagement sessions were held with key stakeholders across both Trusts and the NIHR GM CRN. This included multiple clinical and non-clinical staff groups and our Trust governors to represent the interests of our patients and public. Strong themes emerged from these which have helped form our research vision.

At all times, the strategy under development kept in mind the overarching Trust strategies and objectives, along with the fast-moving landscape both nationally and regionally for research delivery.

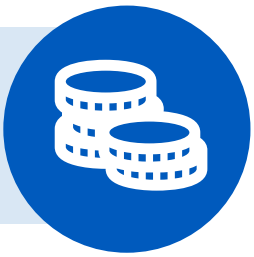
Our journey

Over recent years, SFT and TGIC have delivered significant achievements in RD&I, advancing evidence-based knowledge in a clinical setting and directly benefitting our patient populations. The following section sets out our journey to date as a backdrop to our ambitions for the future.



1,500 patients recruited to 9 COVID studies at Tameside & Glossop Integrated Care Trust

Significant levels of RD&I income generated across the past few years at Tameside & Glossop Integrated Care Trust



Tameside & Glossop Integrated Care Trust is the highest recruiter to diabetes research in England

Over 3,500 patients recruited to 14 COVID studies at Stockport Foundation Trust over 2020/21 and 2021/22

Over £3.3M RD&I gross income generated over 2019/20 to 2021/22 at Stockport Foundation Trust

Stockport Foundation Trust led the GM South East Sector for vaccine study delivery, including Meningitis and COVID

Key relationships and stakeholders

Academic: Health Innovation Manchester, higher education institutes, Northern Health Science Alliance/ Academic Health Science Networks

External: CQC, clinical research organisations, commercial pharmaceutical and device companies, commercial small and medium sized enterprises, research regulators (e.g. Health Research Authority, Medicines and Healthcare Products Regulatory Authority)

Internal: All staff, clinical directorates and other supporting services, communications team, healthcare professionals, service departments (e.g. imaging, laboratories, pharmacy), Stockport Pharmaceuticals

NIHR: Biomedical Research Centres, Clinical Research Facilties, Clinical Research Network, Patient Recruitment Centres, other Greater Manchester partner organisations and Trusts nationally

Patients and Public: Acute, community and primary care settings

Our mission and vision

Our mission

To make a positive difference with clinical research every day.

Our vision

To improve patient health through clinical, translational and applied health sciences research and a culture of innovation.

At the heart of this vision is:

- Fostering of a culture where RD&I is embedded into routine clinical practice, including time to support this in roles.
- Creating an environment where research findings lead to sustained and tangible improvements in the quality of care we deliver.
- Collaboration with the NIHR CRN, NHS, academic and commercial partners to maximise our research potential, including pursuit of University Hospital status and integration with GM-wide initiatives.

Our ambition

Our strategic aim is to build our RD&I capacity through collaboration to directly benefit patient care.

This strategy sets out four high level ambitions, which are broken down into 15 objectives.

Ambition		Objective	
Ambition 1:	High quality research of direct patient benefit, tackling health and care inequalities	1.1	Increase participation and diversity in NIHR studies
		1.2	Increase patient and public involvement in research studies
		1.3	Improve clinical research facilities
		1.4	Deliver NIHR targets
		1.5	Support grant application development
Ambition 2:	Embed an inclusive research active culture within our community	2.1	Protected research time
		2.2	Researcher career pathways
		2.3	Increase understanding of RD&I role in clinical care
		2.4	Quicker uptake of new techniques and therapies
		2.5	Data and resources to support research delivery
Ambition 3:	Integrate RD&I into service development	3.1	Maximise RD&I potential for translational and applied health services
		3.2	Collaboration to improve health outcomes
Ambition 4:	Increase research funding	4.1	Maximise external income opportunities
		4.2	Fiscal transparency
		4.3	increase research infrastructure funding

Ambition 1: Develop and deliver high quality research of direct patient benefit, tackling health and care inequalities

We will support our staff to deliver quality, relevant research that is appropriate and beneficial for our populations across the health and care settings linked to our Trusts (i.e. acute, social care and community). To enable this, we will work with the following parameters.

Objective 1.1: Increase and diversify the participation into NIHR portfolio studies

We will ensure a balanced portfolio of studies take place across the two Trusts, supporting established teams but also those yet to participate in NIHR portfolio studies. This will include developing 'home-grown', local research ideas to a stage where they are able to be NIHR adopted. Consideration will also be given to the 'Research Reset Programme'[xx] post pandemic, to ensure balance in our portfolios across COVID-19 and other specialties, supporting general clinical service recovery where we can.

We will do this by considering:

- Type (i.e. observational, complex interventional, new devices, new drugs etc)
- Sponsorship (commercial, NHS and academic, Tameside or Stockport led)
- Inclusive involvement (appropriate recruitment across our representative populations)
- Clinical specialty and setting (i.e. community vs acute, co-morbidity consideration)

We will actively work with our NIHR and commercial partners to seek out and develop improved data systems and digital screening tools, to ensure all patients are offered research opportunities, with a focus on reducing health and care inequalities.

We will also offer the Participant Research Experience Survey (PRES) to all research participants and ensure relevant teams regularly review and act upon the findings to support continued participation.

Objective 1.2: Promote inclusivity and develop patient and public involvement for clinical studies

We will support our researchers and patients to meet this objective by raising awareness at a Trust and South East Sector level by:

- Providing advice to researchers on avenues of patient and public involvement at all stages of study development delivery.
- Actively engaging with Trust events, equality, diversity and inclusion teams and NIHR led initiatives (e.g. GMCRN Research Champion initiatives, International Clinical Trials Day).
- Increased use of social media and liaison with Trust communications team to ensure our patients and public are informed about research opportunities local to them, success stories are shared and the importance of research participation showcased.
- Refreshing general Trust information and website content to ensure patients are fully aware of all research opportunities and how to access (including NIHR initiatives: Be Part of Research, Join Dementia Research, Research for the Future etc).

Objective 1.3: Ensure adequate clinical research facilities are available

We will work within our teams, and with senior management to develop dedicated clinical research facilities within each organisation. This will involve making best use of the equipment and space available to provide fit for purpose facilities for our patients and staff.

For all research where integration with clinical departments is preferable, we will ensure research facilities are embedded in clinical departments across the Trusts.

We will also explore opportunities to develop shared facilities and infrastructure with other external partners, such as other NHS Trusts with NIHR badged Clinical Research Facilities, community settings and Higher Education Institutes.

Objective 1.4: Ensure delivery targets for the NIHR Portfolio studies are achieved

Our core RD&I teams will monitor and provide support to enable teams to:

- Proactively and efficiently, navigate the necessary regulatory reviews for a study
- Support assessment of study feasibility
- Streamline set-up times for new studies
- Support teams with recruiting to contracted timelines and enrolment targets (including training on the benefits of the NIHR's Open Data Platform for this[xxi])

Objective 1.5: Provide skilled support for the development of grant applications

We will facilitate, support and advise at all stages of grant development, which will include:

- Sign posting to NIHR affiliated resources to support the grant process (e.g. NIHR Research Design and Study Support services, patient and public involvement)
- Horizon scanning and promoting funding opportunities to researchers

- Mentorship
- Provision of specialist support (e.g. critical reading, project management, methodological, costings, resource review), including guidance from standard operating procedures. This will be through forging partnerships with academic institutions that can provide these expertise.
- Reviewing outcomes from grant applications and reporting back to study teams

Ambition 2: Embed an inclusive research active culture in clinical service delivery, our community and across the Trusts

We will develop a culture across both organisations, in which RD&I are embedded and aligned with routine clinical services, leading to efficiency and healthcare improvements in health services delivery. To enable this, we will work with the following parameters.

Objective 2.1: Provide protected research time and pump-prime funding for staff who are, or have the potential to be research active

This objective encompasses all healthcare professionals (e.g. clinicians, allied healthcare professionals (AHPs) and nursing staff). This will include:

- Discussion at executive level of departmental job plan reviews and structures, to ensure protected research time is embedded at some level across all relevant Trust areas.
- Supporting with non-recurrent funding bid submissions to the GMCRN (as and when openings arise and proactive discussion) to secure extra staff funding for research delivery.

Objective 2.2: Support career and personal development pathways for staff and researchers at all stages

This objective will encompass succession planning, as well as the identification and support of emerging talent and will:

- Embed inclusivity, ensuring that people with a passion for RD&I have the opportunity to progress regardless of their personal similarities or differences.
- Ensure potentially research active staff are given the opportunity to participate in research by informing on relevant local and national opportunities (e.g. relevant research studies, NIHR campaigns – Associate Principal Investigator programme, workforce training).
- Provide appropriate academic mentorship and training for researchers to apply for appropriate national training programmes (e.g. through the NIHR Training Academy).
- Ensure career pathways are established, clear and actively managed for research staff with current job descriptions and clear induction, appraisal and competency plans.
- Ensure core research teams are fully established with appropriate administrative and clinical support, fit for purpose Standard Operating Procedures, and clear support, development and succession plans in place.
- Actively support, deliver and promote the suite of educational opportunities available through the NIHR Learn website and the NIHR workforce, learning and development team.
- Actively lead the re-formed North West R&D Managers forum to encourage the sharing of best practice and develop the next cohort of R&D Managers regionally.

Objective 2.3: Promote and increase the understanding of all staff of the role of RD&I in high quality clinical care

This objective will scrutinise and re-configure the promotion of research within our Trusts. We will:

- Develop systems to refresh and regularly maintain our social media accounts, intranet content and links with the Trust Communications team to ensure research activity, data, outcomes and its importance is regularly publicised to staff.
- Work with directorates and specialty areas, using NIHR tools and appropriate forums, to raise the awareness of all staff of the value and contribution research makes to practice.
- Hold an annual engagement event at both Trusts for staff to promote our successes.
- Actively engage with NIHR GMCRN, Northern Health Science Alliance and Health Innovation Manchester/ MAHSC initiatives to ensure South East Sector success stores are promoted regionally across staffing networks.

Objective 2.4: Work with staff at all levels to ensure quicker pull-through of the latest techniques and therapies for patient access benefit

We will work closely with senior clinical teams and regional networks (i.e. through Health Innovation Manchester) to ensure that the results of the research we deliver are made available for evidence-based translation into current practice. This will not only support improvements in patient outcomes, but also their experience, and safety as well as cost efficiencies for the Trust.

Objective 2.5: Provide directorates/ divisions with appropriate performance, financial and resource information to support and promote research delivery

We will scope out appropriate accountability reporting structures and provide fit for purpose, regular reports to directorates/ divisional meetings, to confirm research activity and its benefits.

Ambition 3: Become a national leader in integrating RD&I strategically and operationally into developing clinical services

Objective 3.1: Work with partners to identify, develop and maximise our potential of priority clinical areas for translational and applied health services RD&I in our locality

We will focus on our key specialisms across our acute and community settings which have the potential to be national or even world-leading, including shared areas of strength with local academic institutions and care providers. We will build on this infrastructure to enhance research capacity and delivery. We will do this by:

- Mapping our own (and partners) research into key themes, ensuring each has a coherent RD&I strategy to delivery our vision and mission for Stockport and Tameside research.
- We will ensure active support and engagement of these themes from board level awareness to front-line patient care.
- We will actively work with the NIHR GMCRN on their core working groups to deliver on the regional future plan for research.

Objective 3.2: Align our RD&I, teaching and clinical service strengths with those across the South East Sector to generate significant health improvements for our patients

- We will actively support and advise on work undertaken by our organisations in pursuing University Hospital status. Such status aligns with the strategic ambitions we have outlined over the next 5 years and will require dedicated project management support to develop our case. This will involve fostering and growing relationships with regional links such as the NIHR BRCs, CRFs and Health Innovation Manchester/ MAHSC to support this ambition.
- We will develop a professorial unit structure designed to bring together academics, universities and Stockport and Tameside healthcare professionals. The aspiration will be to increase and improve research and education in areas where both Trusts have expertise, so that a joint structure is formed between Stockport, Tameside and engaged universities to provide critical mass for clinical researchers (clinicians, AHPs and nurses) to collaborate, develop research interests and skills. This will hopefully convert into increased grant application success and expansion of locally led research ideas being delivered to benefit our population.
- We will establish a strong and robust governance structure led by an executive (that includes active researchers) to guide and inform future strategic developments across both Trusts.
- We will also explore with our regional partners (including other acute trusts, Pennine Care etc) around the potential for “partnership bids” for external awards, so locally-led research ideas can be delivered across the whole South East Sector.

Ambition 4: Increase research funding and utilise to support strategic ambitions

Objective 4.1: Work to maximise external income opportunities, focussing on priority areas

We will explore all avenues of income generation opportunities to maximise funding available to increase our research capacity across the South East sector:

- We will support the work of the NIHR GMCRN as active member organisations, increasing collaborations to progress our portfolios with the life sciences industry to generate more commercial income and potentially increased NIHR infrastructure support as our portfolio grows.
- We work collaboratively with partner organisations to ensure we maximise the chances of NIHR (and other) grant applications.
- We will seek NIHR core funding through the various channels available, to underpin our ambitions.

Objective 4.2: Ensure transparency in financial costings, management and resource allocation

We will provide transparent costings and financial management of research at directorate/ divisional level by:

- Ensuring all commercial research is costed in line with the NIHR national costing template, with representation at national meetings to ensure changes are enacted at site level.
- Ensuring transparent, equitable distribution and performance management of NIHR Research Capability Funding, commercial and other study generated income – Formal updates to the DHSC and relevant Trust committees will be provided as required.

Objective 4.3: Work to increase core Trust research infrastructure funding to realise ambitions

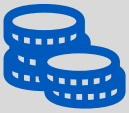
Investment from our organisations to realise these strategic ambitions and to ensure we have a robust quality management and governance structure to underpin our research activities will be necessary. This will need careful consideration of the current RD&I leadership structure and potential to re-configure to ensure it is fit for purpose to deliver on these ambitions.

We will jointly review the current RD&I office structures, delivery teams and accountability and reporting structures across the two organisations, consider strengths, gaps and efficiencies, then develop a new joint-working structure, with a case for change formalised to confirm the investment needed to support our aspirations.

Key indicators of success

The Trusts are committed to ensuring transparency by actively monitor the effectiveness of our plans. The following indicators will be used to assess progress and a detailed priority plan will be prepared to highlight key deliverables for each year

Ambition	Objective	Success Indicator
 **Ambition 1:** High quality research of direct patient benefit, , tackling health and care inequalities	1.1: Increase participation and diversity in NIHR studies	Growing number of NIHR studies with Trust participation, with particular emphasis on those presently known to have lower levels of access to RD&I projects due to personal characteristics or socioeconomic status.
		An increased number of investigator-initiated research studies with industrial partners and academic institutions, adopted by the NIHR.
		Increasing representative sample of participants completing the Participant Research Experience Survey (PRES) with evidence of improvements from feedback.
	1.2: Increase patient and public involvement in research studies	An increased proportion of patients recruited to research studies across all groups within our population, with diversity of participants partaking in studies matching local demographics.
		Number of Trust events with RD&I participation.
		Number of patient and public communications promoting research participation.
	1.3: Improve clinical research facilities	Dedicated clinical research facilities within each Trust.
		Shared facilities and infrastructure with other external partners (e.g. Higher Education Institutes, working with regional Clinical Research Facilities).
	1.4: Deliver NIHR targets	Improved metrics for study feasibility, set-up and delivering to time and target, with evidence to showcase our organisation and efficiencies.
		An increased portfolio of research studies which has tackled health and care inequalities.
	1.5: Support grant application development	Increased number of grant applications supported by RD&I team.
		An increased number of funding awards/ national leadership positions presented to local researchers.
 **Ambition 2:** Embed an inclusive research active culture within our community	2.1: Protected research time	Increased number of roles with protected research time from supporting funding.
	2.2: Researcher career pathways	An increased proportion of staff being research-active across different groups.
		Increased number of staff given academic mentorship, development and training opportunities.
	2.3: Increase understanding of RD&I role in clinical care	Improved engagement of our research workforce (measured by the NHS Staff Satisfaction Survey and local recruitment and retention rates).
	2.4: Quicker uptake of new techniques and therapies	Mechanisms developed so research outcomes are shared with senior clinical teams.
	2.5: Data and resources to support	Improved data systems and digital screening tools in place.

Ambition	Objective	Success Indicator
	research delivery	
 **Ambition 3:** Integrate RD&I into clinical service development	3.1: Maximise RD&I potential for translational and applied health services	Increasing research activity among key specialisms.
	3.2: Collaboration to improve health outcomes	Embedded joint working model across the two organisations with leadership infrastructure re-organisation to enable this.
		Robust university/ academic collaborations in place to support the University Hospital status application.
 **Ambition 4:** Increase research funding	4.1: Maximise external income opportunities	Increase NIHR core funding.
	4.2: Fiscal transparency	Annual reporting on research income, expenditure and performance management.
	4.3: Increase research infrastructure funding	Sustainability of our research financial position, allowing year-on-year investment.

Conclusion

Delivering this strategy will mean that in 2027, the South East Sector of GM will be a thriving centre for research. We will offer opportunities to take part in research to patients across all clinical services in the locality (acute, community and social care). We will have appropriate facilities for clinical research delivery and have significantly increased our rank nationally for research outputs and performance. We will act as a research hub in the South East sector of GM and Cheshire, and boast a national reputation in key areas. Clinical research will be fully integrated into the activity of both organisations and be seen as 'core business' by Trust management at all levels. Infrastructure, training and support will be available to increase the number of our staff who both lead and deliver research. We will also be successful in attracting grant funding from the major grant giving bodies. Our joint Trust partnership will be regarded as a system leader in research. We will be well placed to seize further opportunities emerging in the second half of the decade.

Like the NHS as a whole, both Trusts are operating in a challenging financial environment. However, we recognise that delivering this strategy will require investment, which will be reflected in annual business plans over the coming years. An implementation plan will be produced to set out actions to deliver on these strategic ambitions, and the Trust Boards will track progress against this on a regular basis. On-going patient and public involvement will be a key part of implementing our ambitions, as well as empowering our staff to become part of this vision.

Find out more

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Meeting date	4th August 2022	X	Public		Confidential	Agenda item
Meeting	Trust Board – Public					
Title	Case for Change – Stockport NHS Foundation Trust and East Cheshire NHS Trust					
Lead Director	Jonathan O'Brien – Executive Director of Strategy & Partnerships		Author	N/A		

Recommendations made / Decisions requested

The Board of Directors is asked to **discuss** and **reaffirm approval** for the Case for Change.

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
X	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Drive service improvement, through high quality research, innovation and transformation
X	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
X	6	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		**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
	X	**PR2.2**	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
	X	**PR3.1**	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
	X	**PR4.1**	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes

	X	**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	Throughout
Financial impacts if agreed/ not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

The Case for Change describes the drivers for future collaboration across a range of clinical specialties between the NHS organisations of Stockport NHS Foundation Trust and East Cheshire NHS Trust.

The Case for Change background, an easy read version and a video description are available in the public domain via the Local Voices website: Home - Local voices

The Case for Change is brought to the Trust's Public Board meeting following approval via:

- Stockport NHS Foundation Trust Board (in Private) – May 2022
- East Cheshire NHS Trust Board (in Private) – May 2022
- Stockport NHS Foundation Trust and East Cheshire NHS Foundation Trust Board to Board – May 2022
- NHS England / Improvement Stage 1 Gateway – July 2022

The Trust Board is asked to **discuss** and **reaffirm approval** for the Case for Change.

In addition, the Trust Board is asked to confirm it's support for the programme of work to move to Stage 2, which involves production of clinical service delivery options and a Pre-Consultation Business Case (PCBC) if required.

Case for **CHANGE**

EAST CHESHIRE NHS TRUST & STOCKPORT NHS FOUNDATION TRUST

sustainable hospital services for the people of eastern Cheshire and Stockport

Our Case for Change

Title	**Case for Change:** sustainable hospital services for the people of Stockport & East Cheshire
Senior Responsible Officers	Ged Murphy, Chief Executive Officer, East Cheshire NHS Trust Karen James, Chief Executive Officer, Stockport NHS Foundation Trust
Programme Leads	Katherine Sheerin, Executive Director of Transformation and Partnerships, East Cheshire NHS Trust Jonathan O'Brien, Director of Strategy and Partnerships, Stockport NHS Foundation Trust
Clinical Leads	Dr John Hunter, Medical Director, East Cheshire NHS Trust Mr Andrew Loughney, Medical Director, Stockport NHS Foundation Trust
Authors	Peter Williams, Independent Clinical Advisor Kath Senior, Director of Clinical Strategy, East Cheshire NHS Trust Andy Bailey, Deputy Director of Strategy and Partnerships, Stockport NHS Foundation Trust Dave Nunns, Associate Director of Strategy, East Cheshire NHS Trust Angela Dawber, Head of Strategic Planning, Stockport NHS Foundation Trust
Audience	East Cheshire NHS Trust Stockport NHS Foundation Trust NHS England/Improvement Stockport CCG Cheshire CCG Cheshire & Merseyside ICS Greater Manchester ICS Health & Care Workforce Health and Care Partners Patients, Public & Politicians
Version	1.0
Date Created	May 2022
Date of Issue	July 2022
Status	Draft

Document History

Date	Version	Author	Details
09/05/2022	1.0	A Dawber	Draft case for change supported by the Boards of East Cheshire NHS Trust and Stockport NHS Foundation Trust

Approved by:

The Board of East Cheshire NHS Trust
The Board of Stockport NHS Foundation Trust
The Governing Body of NHS Cheshire Clinical Commissioning Group
The Governing Body of NHS Stockport Clinical Commissioning Group
NHS England / Improvement - Stage 1 Assurance Checkpoint meeting

Contents

Foreword

Our ambition is to work together to deliver services which achieve the best possible outcomes for patients.

We will do this by collaborating wholeheartedly across the two organisations, and with our partners in primary care, local authorities, other providers and local people.

We will play a central role in our integrated care systems, creating new, sustainable models of care that consistently deliver high quality clinical standards for the populations we serve.

The NHS has experienced unprecedented clinical and operational pressures in recent years. Even before the COVID-19 pandemic, healthcare services were struggling to meet growing demand related to demographic changes and persistent challenges in recruiting and retaining a qualified and committed workforce. The pandemic also shone a greater light on the inequalities faced by some of our communities, with poorer access and outcomes experienced.

As such, we know that there are huge challenges for us to address over the coming decade.

The publication of the national policy document, 'Integrating Care: Next steps to building strong and effective integrated care systems across England' in January 2021, signalled the end of competition as the major driver for quality improvement in healthcare, encouraged all NHS providers to enter collaborative relationships to deliver safe, equitable and effective care that is sustainable into the future.

The Boards of East Cheshire NHS Trust (ECT) and Stockport NHS Foundation Trust (SFT) consider each other to be natural partners for collaboration, given the geographical proximity and the range of services provided, acknowledging also the importance of other strategic partners. While ECT is in the Cheshire and Merseyside ICS, the two trusts work together as part of the Greater Manchester hospital system and have worked particularly closely over the past two years in the response to the pandemic.

While our hospitals deliver a good standard of safe care, we recognise that our services are not sustainable and are not consistently delivering NHS constitutional standards seven days a week. Operational performance is extremely challenged. We also recognise the significant workforce challenges, the need to support our teams and to create greater resilience in services.

Both trusts have experienced challenges delivering services due to growing demand and a lack of specialist staff, but we have managed to maintain high quality care for local people by supporting each other – for example, ECT delivers vital breast services for Stockport residents and SFT provides high-quality rheumatology care for the residents of Cheshire East.

Sustainable Hospital Services across eastern Cheshire & Stockport

We believe that there are five key issues:

1. Changing Local Needs:

Our population is growing and people are living longer, with more complex and long-term health care needs. We know that among our population some people have worse health outcomes and have a reduced life expectancy. Access to healthcare services varies among community groups, with some more likely to use urgent and emergency care. Continuing to deliver the same services in the same way is not sustainable and we know that it will not meet the changing needs of our population.

2. Workforce:

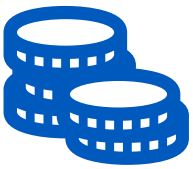
Across the two hospitals, we simply do not have the workforce we need to deliver all services at both sites. Our critical care and anaesthetic workforce is extremely stretched - a symptom of increased demand during the pandemic as well as the long-standing challenges of recruitment and retention in key specialties that are being experienced right across the NHS. While our clinical teams are highly skilled, they are unable to consistently meet necessary national clinical standards within existing resources.

3. Fragile Services:

A number of clinical specialties are sub-scale for the needs of our population. Despite having dedicated and hard-working clinical teams, these services are not sufficiently resilient. Though clinical outcomes are currently good, it is becoming more challenging for both trusts to deliver that level of quality and maintain clinical standards into the future.

4. Patient Flow:

When a hospital has sufficient staff, beds, theatres and funding, patients can be seen in a timely manner, treated effectively, and supported to go back into the community to recuperate, making space for the next patient. This is effective patient flow. The COVID-19 pandemic exacerbated existing challenges. As a result, waiting times for planned procedures at ECT and SFT increased significantly. Thousands of patients have already waited more than a year for surgery. The current configuration of beds does not separate emergency and planned care pathways, so routine procedures are often cancelled because of emergency bed pressures, increasing waiting times. In short, too many patients are waiting too long for care. If no action is taken, it could take three to five years to reduce the surgical backlog to pre-pandemic levels.



5. Effective Use of Resources:

To build a sustainable healthcare model, we must use the combined resources of our integrated health and social care systems effectively to target services where they are most needed. We are not currently doing this well enough, with duplication of services across the system. Working collaboratively across a wider population base would allow us to share resources, including workforce, equipment and estate, to provide the services people need.

Our Case for Change

The combination of these factors means that we will not always be able to deliver the high-quality services and experience we aspire to for our population.

These issues must be addressed – and so it is time to make a change.

The purpose of a case for change is to review the way the services are currently delivered and to assess what improvements can be made.

The focus is on how, by working together, we can sustainably provide safe and effective hospital services for the people of eastern Cheshire and Stockport, as well as the additional populations who access acute hospital services provided by ECT and SFT.

This case for change rightly focuses on the problem of clinical sustainability and recovery of planned care services across our system to help us deliver our overall ambition. Information has been gathered through a range of methods including a review of activity, workforce, finance and performance data; feedback from the clinicians who deliver our services and initial views from patients and carers using our services.

Once we have established what needs to change, we will undertake a collaborative review of how that change can be delivered. Our approach will be open-minded, and all options will be considered. We will involve a range of stakeholders including the clinicians and staff who deliver our services, patients and carers who access our care, other health providers who refer into our services and system partners such as local authorities and the voluntary sector who support the wider health economy.

Our focus will be on the benefits that can be delivered for patients by providing high quality, integrated care at the right time and in the best place to meet local needs.

NHS East Cheshire NHS Trust

Lynn McGill
Chairman of the Board

NHS East Cheshire NHS Trust

Ged Murphy
Chief Executive Officer

NHS Stockport NHS Foundation Trust

Prof. Tony Warne
Chairman of the Board

NHS Stockport NHS Foundation Trust

Karen James OBE
Chief Executive Officer

1. Executive Summary

As our population grows and more people are living longer with multiple long-term conditions, the demand for health services is growing and changing.

Current services were not designed to meet these changing needs. The NHS as a whole does not have enough skilled professionals to deliver every service in every area, and it is becoming harder to keep up with rising costs.

Both trusts are committed to delivering safe, sustainable, high-quality hospital services that meet local needs.

To do this, we recognise that we need to change the way we work to ensure that we have the right skills and equipment to deliver the high standards we expect for our population.

Across the country people are looking at new ways of delivering services to adapt to changing needs. Guided by the NHS's Long-Term Plan, Integrated Care Systems are bringing together health and care partners to build joined-up systems of care.

Our case for change focuses on ten acute clinical services across East Cheshire NHS Trust (ECT) and Stockport NHS Foundation Trust (SFT). It describes the current situation and sets out why change is necessary.

As a clinical case for change, this document has been shaped by our clinicians, providing their knowledge and expertise to develop a picture of what could be improved and how we can make our services sustainable.

For each of the clinical areas, it identifies the reasons why change is needed, in terms of:

- ***Capacity & Demand***
  the ability of services across the two hospital sites to meet growing demands for care for a growing and ageing population within existing budgets, estates, workforce and facilities;
- ***Quality & Outcomes***
  highlighting performance and the ability to deliver clinical standards within existing resources across both sites;
- ***Workforce Resilience***
  considering the significant pressure our workforce is under on a daily basis, with challenges of recruitment to key roles; over-reliance on locum and agency staff to fill the workforce gaps; capacity to train the workforce of the future while delivering care; and the difficulties of maintaining skills where clinicians see a limited number of cases.

The case for change highlights a number of clinical opportunities presented by the NHS's plans for provider collaboration to share resources, improve quality, meet growing demand and train more staff by working as part of a wider clinical team in the specialties of:

- Anaesthesia & Critical Care
- Cardiology
- Diabetes & Endocrinology
- Endoscopy
- Gastroenterology
- General Surgery
- Imaging
- Trauma & Orthopaedics
- Women & Children: Maternity & Gynaecology
- Women & Children: Paediatrics & Neonatology

Our Case for Change

1.1 Our Population

East Cheshire NHS Trust and Stockport NHS Foundation Trust serve a combined population of over three-quarters of a million people.

As close neighbours, there are many similarities between the local populations of eastern Cheshire and Stockport. Both areas have a growing population, with above-average life expectancy and increasing rates of long-term health conditions.

The Boards of ECT and SFT consider themselves natural partners for collaboration between hospital services, given the geographical proximity, the range of services provided and patient choice of our services. Our main hospital sites are just half an hours' drive (11.9 miles) apart and see patients from both catchment areas. While ECT is in Cheshire & Merseyside ICS, patients in the north of the area are more likely to travel the shorter distance to SFT than to Mid Cheshire Hospitals NHS Foundation Trust in the same ICS.

We firmly believe that patients should be at the core of our plans and take precedence over organisational structures and boundaries.

1.2 Our Trusts

East Cheshire NHS Trust is one of the smallest trusts in England, providing hospital and community healthcare services in eastern Cheshire. The trust employs around 2,270 people and has a budget of £176 million to support a quarter of a million patients each year. With around 350 inpatient beds, ECT delivers the full range of hospital care. However, a number of core services are considered to be 'sub scale' – or too small for an effective hospital service - raising significant concerns for their sustainability.

Stockport NHS Foundation Trust is a medium sized trust with around 700 inpatient beds serving the populations of Stockport, High Peak and eastern Cheshire.

The trust employs around 5,500 people and has a budget of £340 million to support over half a million patients each year. In general, core services are larger in scale, however the hospital has a high number of patients waiting a long time for care and it has limited potential to expand services due to its estate.

The Health and Care Act (2022) and the NHS Long-Term Plan highlight the need for healthcare providers to work together at scale to deliver care in the right place at the right time.

ECT and SFT have agreed to work together to strengthen the way services are delivered to ensure the populations of eastern Cheshire, Stockport and the surrounding areas continue to receive safe, high-quality sustainable healthcare into the future.

1.3 Our Ambition

Our ambition is to work together across our clinical teams to create high quality hospital services for our shared population. In doing so, we aim to:

- Improve the health and wellbeing of local people
- Reduce health inequalities, offering the same high standard of access and care across the patch
- Deliver national standards and clinical excellence
- Make our hospitals great places to work, improving staff wellbeing and attracting people with the right skills and potential
- Harness technology to deliver state of the art care, connected to out of hospital services
- Share knowledge, skills and resources to increase capacity and efficiency
- Ensure that our services are sustainable and able to meet growing needs long into the future
- Make a positive impact on our local area through improved health, employment and training opportunities.

While this case for change articulates the issues surrounding sustainability of acute hospital services, we recognise that they are just one element of the wider health and care system. We will work collaboratively as part of that system – at Place level within Cheshire East and Stockport and at system level with Cheshire & Merseyside and Greater Manchester ICSs – to keep people well, to prevent ill health, deliver local support to manage conditions as close to home as possible, and ensure that efficient hospital services are there when needed.

1.4 The Clinical Case for Change

The primary aim of a clinical collaboration must be to deliver benefits for patients – that is, better outcomes and experience, consistently and sustainably.

Our clinical review has identified the following challenges which must be addressed.

Anaesthesia & Critical Care

The focal point for the case for change in anaesthesia & critical care centres on the fragility and resilience of the anaesthetic workforce.

The small size of ECT's Intensive Care Unit makes it difficult to recruit new anaesthetists in a fiercely competitive market and existing staff have limited time to train and develop junior members of the team. As a result, the department is unable to comply with required national workforce standards within available resources.

Clinical outcomes for patients are currently good, but there is a persistent risk to sustainability associated with subscale activity and a potential for de-skilling among staff.

With a projected increase in demand for critical care services, these strains will only increase over time.

Cardiology

Demand for cardiology services is high and waiting times are growing. Demand for diagnostic investigations such as echocardiography is also rising.

Some patients are being admitted to hospital for treatment of heart failure because comprehensive ambulatory care services are not currently in place.

Delays in transfer to specialist centres for interventional procedures impact on patient flow, prolonging length of stay.

ECT has a small consultant workforce of 2.8 WTE which - based on national population recommendations - should be increased to five. Most of the consultants also have clinical sessions at either Manchester Royal Infirmary or Wythenshawe Hospital.

As it stands there is little possibility of a locally provided 24/7 cardiology rota.

Neither trust alone is in a position to deliver CT coronary angiography (CTCA) for the diagnosis of stable chest pain, as recommended by NICE guidance.

Diabetes & Endocrinology

Around one in six of all people admitted to hospital will have diabetes. Evidence shows there are worse outcomes after surgery and in patients who present with a variety of acute medical conditions if their diabetes is not well controlled.

At ECT there is currently no specialist inpatient diabetology service and no specialist consultant review of hospital patients with diabetes.

The ECT endocrinology outpatient service has now been closed to referrals as there is no consultant in place and the trust's specialist nurse has resigned.

Previous attempts to recruit to the small acute services have been unsuccessful.

Our Case for Change

Endoscopy

Demand for endoscopy is increasing year on year due to the ageing population and extension of screening programmes and this growth is expected to continue.

The services are unable to meet current service demand within existing resources and are heavily reliant on private sector capacity at additional cost.

An increase in the consultant workforce is required to meet future demand across both sites, but recruitment to gastroenterology posts is challenging.

The ECT service is not compliant with all standards and is not currently accredited by the Joint Advisory Group on Gastro-Intestinal Endoscopy (JAG). SFT expects results of its JAG accreditation review in May 2022.

General Surgery

The small number of general surgery consultants at ECT makes the service clinically unsustainable, particularly in relation to the on-call rota.

Additional specialist nurse roles are required at both sites, but these roles are not readily available in an increasingly challenged nursing workforce market.

Specialist support services, such as interventional radiology and Endoscopic Retrograde Cholangiopancreatography (ERCP), are not consistently available, requiring patients to be transferred.

The current allocation of beds for surgery does not effectively meet the needs of the service. However, the current estate is not sufficient for more capacity.

Both trusts have a growing backlog of patients waiting for elective surgery as a result of temporary suspensions during the pandemic, with some patients waiting over two years for planned procedures.

Gastroenterology

Gastroenterology is a major receiver of acute medical admissions and has high demand for outpatient activity.

The main challenge relates to capacity. In addition to the growing demand for endoscopy, there has been a progressive increase in the number of patients admitted with acute or chronic liver disease.

Nationwide, there is a shortage of gastroenterology staff at all levels. This means it is unlikely trusts will be able to recruit to meet the increasing demand.

ECT has not been awarded JAG accreditation and SFT expects results of its JAG accreditation review in May 2022.

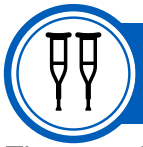
Imaging

The case for change in imaging is based on the overwhelming increase in demand for radiological imaging and intervention, coupled with the national and local shortage of radiologists.

Recruitment is extremely challenging. Both hospitals have significant levels of vacancies, and a growing proportion of existing posts are filled by consultants who are already working past the standard retirement age.

New consultants are increasingly attracted to larger specialist centres with opportunities to sub-specialise.

It is not possible to meet current service demand within existing resources and both sites are heavily reliant on outsourcing clinical reporting to private sector providers.



Trauma & Orthopaedics

The case for change in the trauma and orthopaedics relates to the overwhelming impact of the COVID-19 pandemic on the specialty.

If we do nothing, it is predicted that waiting lists at both sites will continue to increase, as a lack of ring-fenced beds for elective orthopaedics at both sites means that cancellations are inevitable when hospital capacity is stretched.

Given the significant number of local people who have already waited over a year for elective T&O surgery, the implications of the status quo are unacceptable for our patients.

Too many patients are already experiencing long waits for surgery because there is no ring-fenced bed capacity for elective orthopaedics.

Patients are experiencing prolonged periods of pain and discomfort whilst waiting for hip and knee surgery, which is adversely impacting experience of local services.

Women & Children: - Maternity & Gynaecology

Without significant investment in workforce, neither service will be able to meet the requirements set out in the Ockenden Reports.

Even with investment, the workforce is not readily available to recruit into these roles.

ECT also has persistent challenges in recruiting anaesthetic staff, who provide an essential clinical role in obstetric care.

The low number of births in eastern Cheshire means that maintaining skills is more challenging for clinical, midwifery and neonatal staff. This impacts on workforce flexibility and resilience at ECT.

Women & Children: - Paediatrics & Neonatology

Outcomes for both neonates and paediatrics are currently good, but there is a persistent risk to sustainability associated with the impact of subscale activity and potential for staff de-skilling.

The inpatient service at ECT is unable to meet national standards 7 days per week with existing workforce numbers.

Neither site is fully compliant with the requirement for all children admitted with an acute medical problem to be seen by a consultant paediatrician within 14 hours of admission and investment in consultant workforce would be required at both sites to achieve this.

In relation to neonatal care, neither site meets all national workforce standards, and the interdependency of obstetrics and neonatal services is a key factor in considering the case for change as neonatal activity at ECT is sub scale.

1.5 Rationale for Collaboration

The primary aim of a clinical collaboration must be to deliver benefits for patients – that is, better outcomes and experience, consistently and sustainably.

The present and medium-term outlook for clinical services in the NHS is one of increasingly stringent clinical standards and growing demand against a backdrop of workforce shortages in a number of key professional groups.

Larger services tend to be more resilient and are more successful at recruitment and retention of staff. The desire to be part of a high performing team with good peer support is an important factor to newly qualified staff, as is the potential to consolidate or develop sub speciality interests. Participation in teaching and training and in research, development and innovation are also attractive.

Clinical collaboration increases the scale of a service, which increases the number of staff and the case mix. This offers potential benefits of improved resilience and capacity to address growing demand.

1.6 Recommendations & Next Steps

Providers of NHS clinical services have an obligation to deliver sustainable, safe and effective care. Services should:

- ensure equity of access to the service to all of the population
- avoid variation in clinical standards and outcomes
- meet the expectations of patients, families and carers.
- be part of a fully integrated health and social care system.

Our clinical reviews set out a number of areas where our current services fall short of our aspirations for local people.

While the services currently delivered at East Cheshire NHS Trust and Stockport NHS Foundation Trust are safe and of good quality, we recognise that it is taking longer to access care and that the current model is not sustainable in light of growing demand and the backlog created by the COVID-19 pandemic.

The case for change is the start of the conversation about how we deliver high quality hospital care for our population, long into the future.

Collaboration across hospital trusts offers a range of opportunities to meet the challenges of growing demand, limited workforce, estates and funding to consistently deliver the clinical standards we want for our patients.

The next stage will be to develop options for meeting these challenges, which will be co-produced and assessed with our clinicians and the populations we serve.

Key areas to consider in any future model are:

- Does the new model maintain or improve clinical quality, outcomes and experience?

- Does the model support sustainable delivery of growing demand?
- Will the model maintain or improve equality of access and support care closer to home wherever possible?

- Does the model improve recruitment and retention of staff?
- Does it support a consistent 7-day service whenever appropriate?
- Is the model financially viable?

- Is the model supported by local people and clinicians?
- Is the transition to the new model achievable and does it support the development of place-based health and care services within the integrated care systems?

The co-designed options will be assured by NHS England and discussed with local people, including consultation where appropriate.

2. Introduction & Background

East Cheshire NHS Trust (ECT) and Stockport NHS Foundation Trust (SFT) have agreed to work together to strengthen the way services are delivered to ensure the populations of Eastern Cheshire, Stockport and the surrounding areas continue to receive safe, high-quality sustainable healthcare into the future.

Our work spans two health and care systems. Partners across both systems have been involved in the development of this case for change and fully support our proposed programme of work.

Our collaboration focuses on ten acute clinical specialties. We have highlighted many areas of best practice where clinical outcomes are consistently good and we can build on these for the future. However, there are also some persistent issues and challenges which demonstrate that the current configuration of services across the two trusts is not working as effectively as it should for our local populations.

These are set out in this case for change.

As a clinical case for change, this document has been shaped by our clinicians, providing their knowledge and expertise to develop a picture of what we believe is needed to deliver improved outcomes and sustainable services. Ongoing dialogue with patients and the public across both areas have been used to inform the case for change, with specific engagement used to understand current views on our services and local needs.

The Boards of ECT and SFT consider themselves natural partners for collaboration between hospital services, given the geographical proximity and the range of services provided. Our main hospital sites are just 11.9 miles apart and see patients from both catchment areas.

We are clear that patient choice should be at the heart of what we do and take precedence over organisational boundaries.

However, both hospitals acknowledge the importance of continued collaboration with other strategic partnerships across the footprints of the two Integrated Care Systems (ICS).

- ECT has a strategic partnership with Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) to enable the implementation of a shared digital clinical system across both trusts.
- SFT has established a strategic partnership with Tameside & Glossop Integrated Care NHS Foundation Trust (TGIC) and the two trusts will continue to collaborate on that agreed joint work programme.

ECT and SFT will continue to work closely with their Place-based partners in primary care and social care to deliver agreed community transformation programmes.

ECT and SFT have a long and successful track record of working together and our ambition was set out in our published Statement of Intent in December 2021, which signalled our commitment to further develop our strategic collaboration with the aims of:

- delivering better outcomes for patients
- offering staff greater flexibility to develop their skills and experience, and improving recruitment and retention of staff
- ensuring high-quality and sustainable services for the communities ECT and SFT serve; and
- making the best use of available resources.

2.1 National Context

3.2%	**Our population is growing** The UK's population grows by around 0.5% a year. By 2030 there will be another 2.1 million people in the UK (3.2% growth)
8.6m	**People are living longer** There are 12.4 million people aged 65+ and in 50 years' time there are likely to be an additional 8.6 million
65%	**Balance of care** 65% of people admitted to hospital are 65 or over
15m	**More long-term conditions** Around 15 million people in the UK have a long-term condition (LTC)
x2	**Multiple long-term conditions** Between 2015 and 2035 the number of older people with four or more LTCs is expected to double
£7	**Cost of care** £7 out of every £10 in the NHS is spent on long-term conditions
70%	**Focus of care** 50% of all GP appointments 64% of outpatients and 70% of inpatient bed days are related to LTCs

NHS organisations across the country are facing significant workforce and financial pressures as a result of growing demand for healthcare from an ageing population.

There are huge vacancies across the NHS workforce. Based on current trends, the NHS will have a shortfall of 108,000 nurses in 10 years' time[1].

During the height of the pandemic the NHS received additional funding to help cope with the pressures, but this is unlikely to continue. Pre-pandemic 67% of hospitals reported a deficit position and overall NHS trusts finished 2018/19 with a deficit of £571m. As no significant funding increases are anticipated, it is clear that large-scale transformation is required to ensure the future sustainability of NHS services.

Over the past two years, the COVID-19 pandemic has demonstrated the importance of different parts of the health and care system working together in the best interests of the public and patients.

The Health and Care Act passed by parliament in 2022[2] implements NHS England's recommendations to support integration through the development of statutory Integrated Care Systems across England from July 2022 .

The Health and Care Act builds on the commitments made in the NHS Long-Term Plan (2019), which describes a long-term vision for a new, integrated model of health and care. It aims to improve the health and well-being of the population through prevention, early intervention and personalised care delivered as close to home as possible.

The Long-Term Plan aims to reduce health inequalities and ensure that wherever you live you have access to the same quality of service. It highlights the need to work together to deliver care in the right place at the right time.

[1]: Closing the gap (2019). The Health Foundation, Nuffield Trust, and The King's Fund.
[2]: Health & Care Act (2022) HM Government

Sustainable Hospital Services across eastern Cheshire & Stockport

NHS Five Year Forward View[3] (FYVF) sets out the need for change in the NHS to meet growing demand from an ageing population.

2014

Carter Review[4] highlights savings that could be delivered in the NHS through productivity and efficiency improvements

2016

7 Day Services[5] establishes the clinical standards for delivery of seven-day services in the NHS

2017

FYFV Next Steps[6] describes progress and accelerates service redesign through Sustainability and Transformation Partnerships.

2018

NHS Long-Term Plan [7] makes a firm commitment to improve quality and outcomes through new service models and an integrated care system structure.

2019

NHS People Plan[8] describes the NHS commitment to look after its staff, improve inclusion, grow our workforce, and support people to work differently.

2020

Greener NHS Plan[9] sets out a plan for the NHS to deliver net zero carbon services by 2040 achieving 80% by 2032.

2020

Integrating Care[10] Requires all health care providers are part of one or more provider collaborative within Integrated Care Systems

Health & Care Act[11] embeds the principles of integration and collaboration between organisations and establishes Integrated Care Systems.

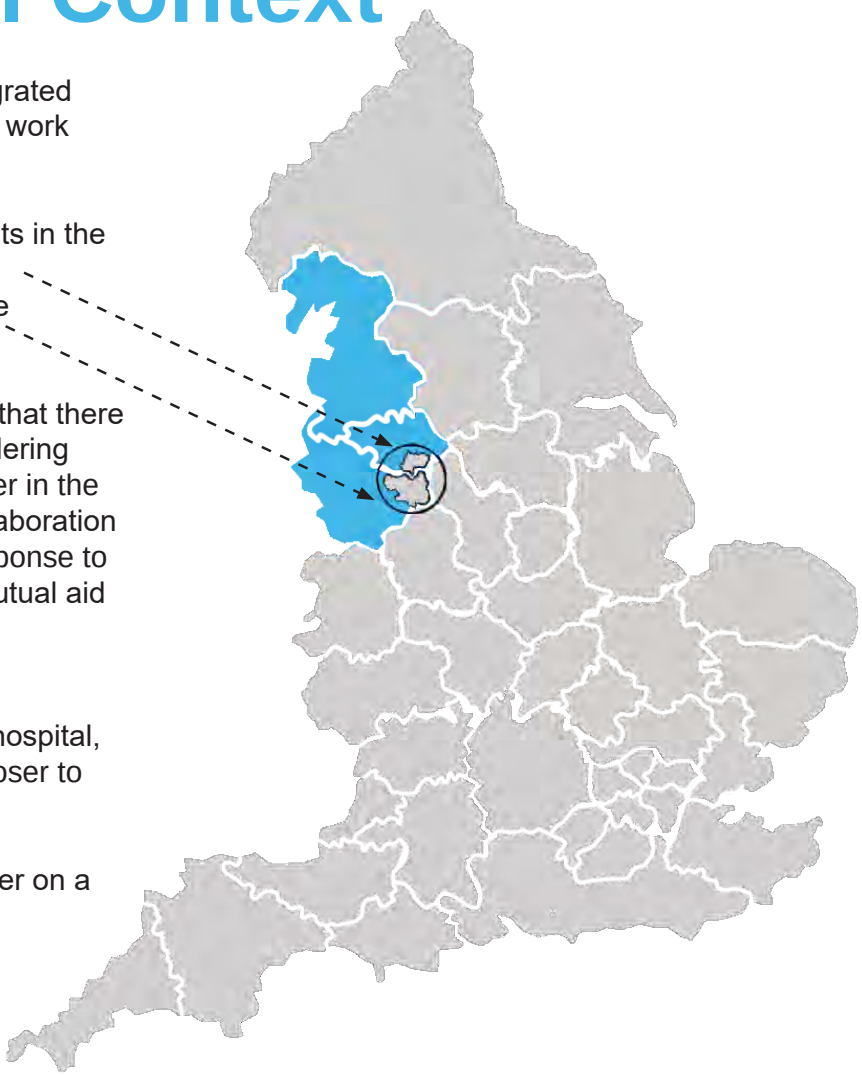
2021

[3]: Five Year Forward View (2014) NHS.
[4]: The Carter Review (2016). HM Government.
[5]: Seven Day Services Clinical Standards (2017) NHS England
[6]: Next steps on the NHS five year forward view (2018) NHS.
[7]: NHS Long Term Plan (2019). NHS.
[8]: Greener NHS (2020). NHS.
[9]: We are the NHS: People Plan (2020). NHS.
[10]: Integrating Care (2020) NHS
[11]: Health & Care Act (2022) HM Government

2.2 Regional Context

The North West region has three Integrated Care Systems (ICS) and our hospitals work across two of those ICSs:

- Stockport NHS Foundation Trust sits in the Greater Manchester ICS.
- East Cheshire NHS Trust sits in the Cheshire & Merseyside ICS.

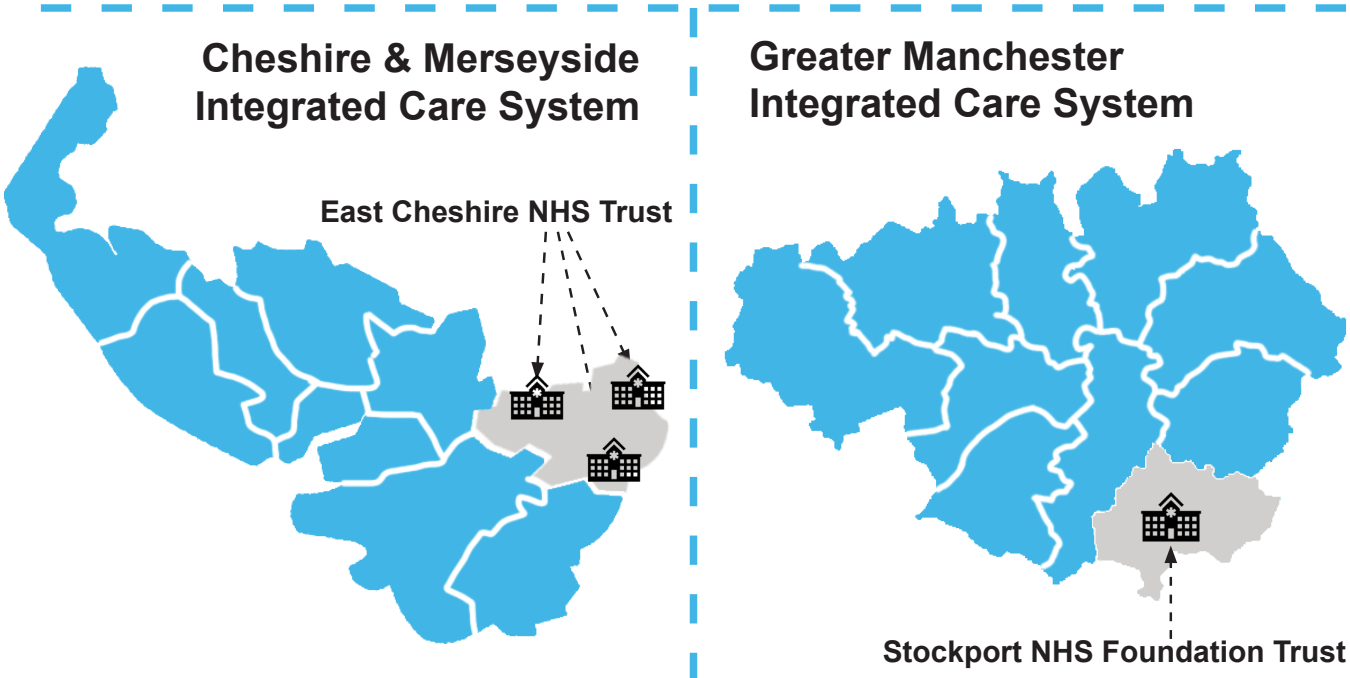


However, our local geography means that there is a lot of cross-over between the bordering areas, with both trusts working together in the Manchester hospital system. This collaboration has been strengthened during the response to COVID-19, with hospitals providing mutual aid to support patients.

For many patients in the North of East Cheshire, Stepping Hill is the closest hospital, while many Stockport residents are closer to East Cheshire services.

The two hospitals already work together on a number of services:

- Urology
- Breast Screening
- Maternity
- Neonatal services.



Sustainable Hospital Services across eastern Cheshire & Stockport

Integrated Care Systems will become statutory bodies in July 2022[12] subject to parliamentary approval. They will take on the NHS commissioning functions of Clinical Commissioning Groups (CCGs) as well as some of NHS England's commissioning functions. They will also be accountable for NHS spending and performance within the system.

Both the Cheshire & Merseyside ICS and the Greater Manchester ICS cover wide geographies and diverse populations with a range of health and care needs.

Central to the Integrated Care System Model is the concept of 'Place'. The ICS framework allows for health and care partners to come together at 'Place' level to coordinate service improvements based on local needs and address the wider determinants of health. A 'Place' typically refers to a population of around 250-500,000 people at Council or Borough level.

- East Cheshire NHS Trust is part of the Cheshire East Place within Cheshire & Merseyside ICS.
- Stockport Foundation NHS Trust is part of the Stockport Place within Greater Manchester ICS.

Many of the challenges that systems face cannot be solved by any one organisation alone. Places bring together hospital, community, primary care and social care services, developing and strengthening provider models for 'anticipatory' care, embedding models for out of hospital care around specialties, hospital discharge and admission avoidance.

Health care providers are also expected to be part of one or more provider collaboratives within integrated care systems[13].

Cheshire and Merseyside Health and Care Partnership

Greater Manchester Health and Social Care Partnership

Cheshire East Council

STOCKPORT METROPOLITAN BOROUGH COUNCIL

Joining up the provision of services will happen in two main ways:

- ***within*** Places - between local primary care providers, community services, mental health, social care, voluntary sector partners, community support and hospitals, through Place-based partnerships - ***'vertical integration'***;
- ***between*** Places, where similar types of provider organisation work together at scale to deliver shared goals such as reducing unwarranted variation, transforming services or providing mutual aid through a formal provider collaborative arrangement - ***'horizontal integration'***.

[12]: Integrated Care Systems: design framework (2021) NHS

[13]: Integrating Care: next steps to building strong and effective integrated care systems (2020) NHS

2.3 Local Place Context

As close neighbours, there are many similarities between the local populations of Cheshire East and Stockport.

This case for change looks at the shared population across Cheshire East Place and Stockport Place.

2.3.1 Cheshire East Place

Cheshire East Place covers the geographical boundaries of Cheshire East Council. It brings together the leadership, planning and delivery of health and local authority care services.

It is one of nine health and social care 'places' in the Cheshire and Merseyside ICS, where the ambition is to work together to join up services across the NHS and local authorities to improve the health and wellbeing of local residents. It brings together:

- Cheshire East Council
- Cheshire & Wirral Partnership NHS FT
- East Cheshire NHS Trust
- NHS Eastern Cheshire CCG
- Mid Cheshire Hospitals NHS FT
- NHS Cheshire CCG
- South Cheshire & Vale Royal GP Alliance
- Eight Care Communities
- Vernova Healthcare CIC's GP-led primary care services
- Healthwatch.

It covers a large geography of 240 square miles – almost five times that of Stockport. As a largely rural area, it is less densely populated than other parts of the North West and generally more affluent, though there are six small areas (all within Crewe) in the most deprived 10% of areas nationally.

In 2019, Cheshire East Partnership published the Cheshire East Partnership Five Year Plan[14] which describes an overall vision:

"to enable people to live well for longer; to live independently and to enjoy the place where they live."

The five-year plan includes four strategic goals:

1. ***To develop and deliver a sustainable, integrated health and care system***
2. ***To create a financially balanced system***
3. ***To create a sustainable workforce***
4. ***To significantly reduce health inequalities.***

Key outcomes include:

- Long term planning and prevention to account for future changes in demographics
- Care delivered as locally and as close to home as possible
- Patients receive personalised care, designed around their needs
- Older patients receive the most suitable care, in the most appropriate environment
- All patients across Cheshire East will experience the right care, at the right time, at the right place to meet their healthcare needs.

In delivering these outcomes, patients within Cheshire East will receive the best quality care delivered by experienced clinical staff, tailored to the needs of patients, ultimately resulting in better clinical outcomes. Not only will this create a service which is fit for purpose, but it will ensure that services are sustainable, efficient and accessible for the future.

[14]: Cheshire East Partnership Five Year Plan (2019). Cheshire East Partnership

Cheshire East

There are around **378,800** people living in Cheshire East[15].

People are living longer

People in Cheshire East are living longer, with a growing proportion of the population aged 65 or over. **22.5%** of people are aged 65+ (85,300 people) and this is likely to increase by 17,000 by 2027. Average life expectancy is higher than the national average, with women in Cheshire East living on average **83.7** years and men **80.3** years.

Lifestyles

Smoking prevalence is higher than the national average in Cheshire East - **16.4%** of adults smoke. **17.5%** of adults are inactive and **64.8%** of the population are overweight or obese.

The local population is growing

The number of residents is expected to grow by **3%** to 390,200 by 2027.

Cheshire East is less diverse than other parts of the North West or the national average. **96.7%** of the population are white.

Long-term conditions

In the last census less than a fifth of Cheshire East's residents reported that their day to day activities were limited due to a long-term health condition or disability.

The main causes of early death (under the age of 75) are cancer, respiratory disease and cardiovascular disease.

[15]: Cheshire East Joint Strategic Needs Assessment (2019) Cheshire East Council

2.3.2 Stockport Place

Stockport Place covers the boundaries of Stockport Metropolitan Borough Council. It is one of 10 metropolitan boroughs in Greater Manchester's ICS.

Stockport is made up of a wide range of communities, local villages and district centres. While part of urban Greater Manchester (GM), Stockport also has Cheshire, North Derbyshire and the Peak District on its doorstep, giving the borough a rural aspect.

Stockport Place brings together the leadership of local health and care commissioners and providers to ensure effective services that work together to meet the needs of the local population.

Stockport NHS Foundation Trust is a key partner in the ONE Stockport Borough Plan[16], helping to lead the development of a single plan for health and care within the borough.

Stockport's ONE Health and Care Plan[17] aims to build on the innovation, community spirit and outpouring of compassion that brought us together during the pandemic to tackle health inequalities and make Stockport a place where everyone has the best start in life, is supported to live well and age well.

The vision for 2030 sees health and care services working together to improve health and wellbeing for all.

"We want people to live the best lives they can and feel happy, healthy, included, and independent."

[16]: One Stockport (2020) Stockport Council
[17]: ONE Health & Care Plan (2021) Stockport Partners

The plan includes four strategic goals:

1. ***Stockport residents will be healthier and happier***
2. ***Health and wellbeing inequalities will be significantly reduced***
3. ***Safe, high quality health and care services will work together for you***
4. ***Stockport residents will be more independent and empowered to live their best lives.***

Key actions include:

- A radical focus on early help and prevention
- Development of a joint, all-age mental health and wellbeing strategy
- Building an age-friendly borough
- A new neighbourhood model of integrated care out of hospital
- A system charter on quality
- Reducing waiting times after the COVID-19 pandemic
- A joint strategy to build a resilient, valued and inclusive health and care workforce.

Stockport

There are **291,775** people living in Stockport and **315,655** registered with a local GP Practice[18].

The local population is growing

The number of Stockport residents grew by **3.6%** over the past decade and is predicted to rise to 306,300 by 2028.

People are living longer

Stockport has the oldest age profile in Greater Manchester and the population continues to age. **19.9%** of people are aged 65 or over and this is likely to rise to 21% by 2024. Average life expectancy in Stockport is high, with women living on average **83.3** years and men **79.8**.

High rates of long-term conditions

At least **93,500** people - **40%** of those registered with a Stockport GP - have one or more long-term health conditions. **26%** of adults have three or more lifestyle risk factors associated with ill-health - **25%** drink unhealthily, and **63%** are overweight or obese.

There are unacceptable differences in health across the borough

While life expectancy in Stockport is above average, there is significant difference within our neighbourhoods, with men in Bramhall South living **11** years longer than those in Brinnington & Central. This variation is also seen in healthy life expectancy - in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas.

[18]: www.stockportjsna.org.uk

2.4 Combined Population

ECT and SFT serve a combined population of over half a million people, treating over three quarters of a million patients a year.

Stockport covers an area of 48.6 square miles, whereas the Cheshire East local authority footprint totals 450 square miles, of which approximately 240 square miles are in 'Cheshire East' to the north as indicated in the map below.

Stepping Hill Hospital is located 11.9 miles to the north of the Macclesfield hospital site. The distance to Stepping Hill increases to 20.4 miles from the Congleton War Memorial Hospital site which is in the south of the eastern Cheshire footprint.

Shared population of **670,575** people

830,000 patients treated by our trusts each year

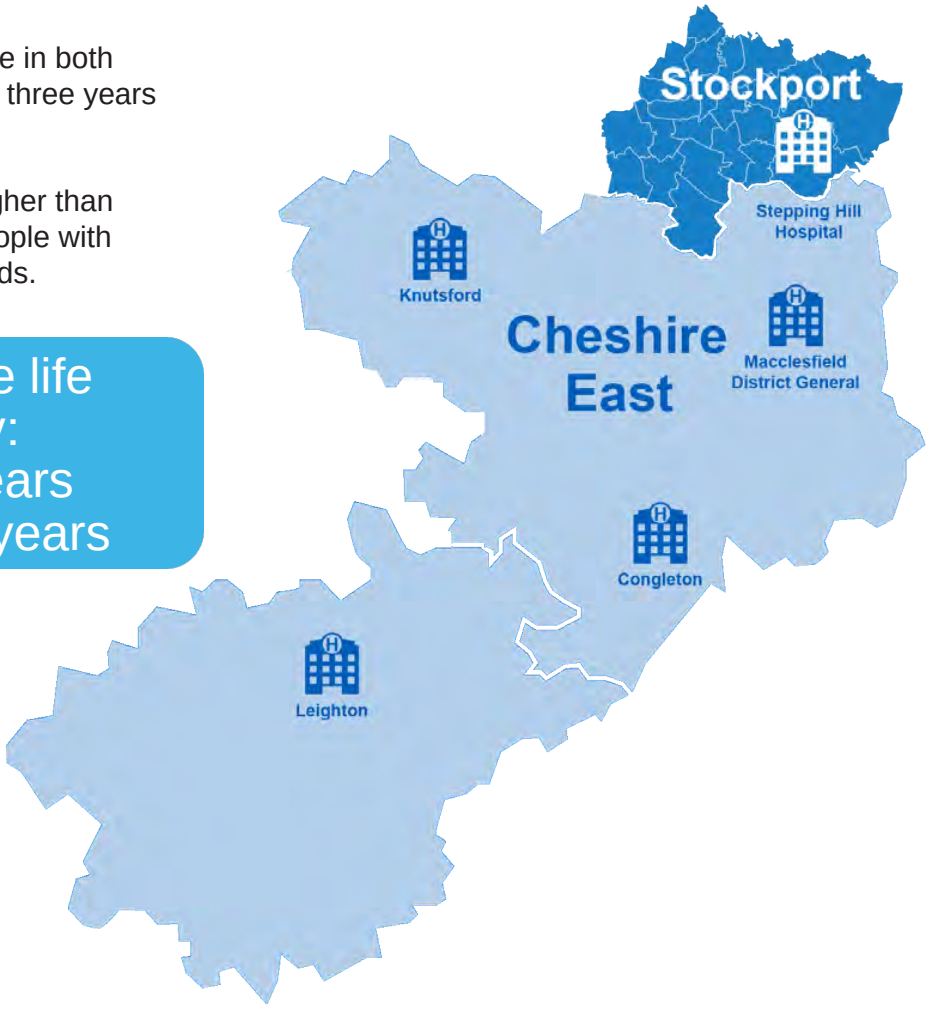
Hospital and community services covering an area of **288** square miles

2.4.1 Age

Life expectancy is above average in both areas, with women living around three years longer than men.

Across both places there is a higher than average proportion of elderly people with increasingly complex health needs.

Above average life expectancy:
Men - **80.2** years
Women - **83.5** years

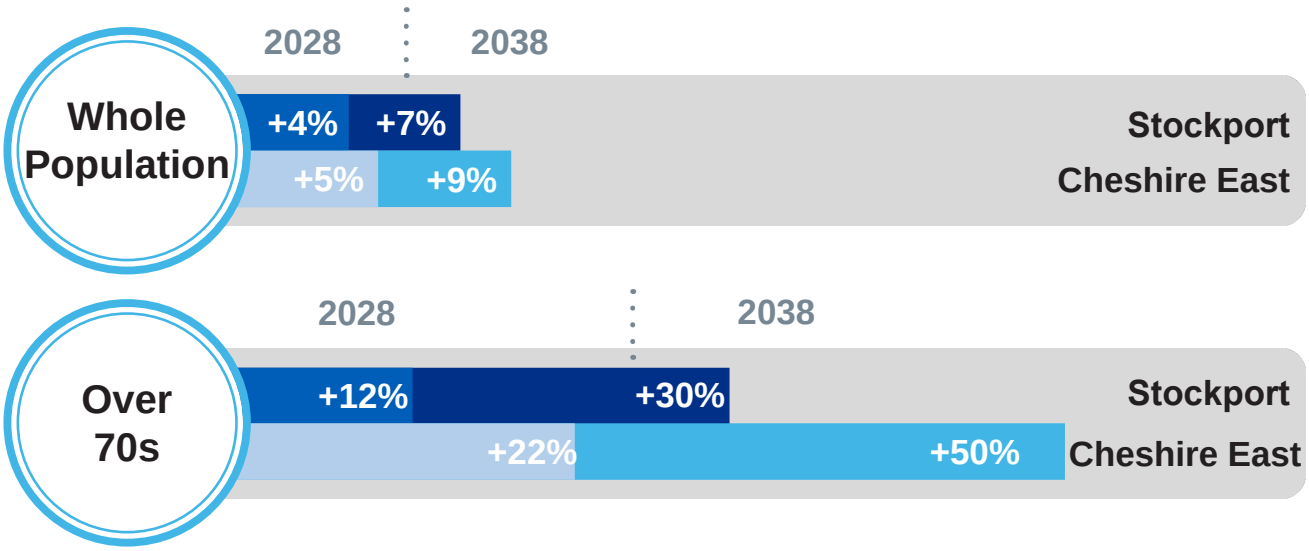


As our population grows, and more people live with long-term conditions, the demands on healthcare services are changing and multiplying.

The Office for National Statistics (ONS)[19] predicts that between 2018 and 2038 the number of patients in Cheshire East is likely to increase by 9% (18,141 people) from 197,296 to 215,437. The growth figures for Stockport CCG are slightly lower with an increase of 7% (19,859) from 291,775 in 2018 to 311,634 patients in 2038.

The most significant growth in our shared population is among people aged 70 and over, which is predicted to increase by 50% in Cheshire East and 30% in Stockport over this same 20 year period.

Predicted Population Growth in Cheshire East & Stockport:



2.4.2 Disability

With an older than average population, both Cheshire East and Stockport have higher rates of people with disabilities and long-term conditions.

At the last census[11], 17.52% of Cheshire East residents and 18.45% of Stockport residents reported having a disability that limits their day-to-day activities.

Based on GP records, 44% of Stockport's population live with one of more long-term conditions, 7.08% have two or more long-term conditions and 2.96% have three or more long-term conditions.

2.4.3 Ethnicity

Cheshire East and Stockport are made up of a wide range of communities, unique neighbourhoods, local villages and district centres. We are proud of where we live and celebrate the diversities that make up our local Places. It is important to understand the diversity of our population to ensure that the different health needs of our communities are met. For example, diabetes is more prevalent in people from South Asia and Afro-Caribbean groups, whereas breast cancer is more common in white females than in Asian or black females. Accessing healthcare can also be more difficult for some ethnic groups meaning that health outcomes can be poorer.

[19]: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections
[20]: https://www.ons.gov.uk/census/2011census

In the 2011 UK Census, Cheshire East had a high proportion of white residents - 96.7% of the population, which is significantly higher than the national (86%) and regional average (90%). This figure of 96.7% included residents who identified as white: other (2.6% of the population) which was used in the 2011 UK Census to describe people who self-identify as white (mostly European) persons who are not of the English, Welsh, Scottish or Irish ethnic groupings. This population group almost doubled in size between the 2001 and 2011 census.

In Stockport the black & ethnic minority population has grown from just 4.3% in 2001 to around 8% at the 2011 census. When white ethnic minorities are included, such as Polish, Irish and traveller populations, this percentage rises to 11% of Stockport's registered population. Areas to the west of the borough have the highest proportion of ethnic diversity - particularly among younger populations.

Any changes that we make to services must therefore include the needs of all ethnic groups as it is important that we do not disadvantage those who may have greater health needs or who may have difficulties accessing care.

Ethnicity	White British	Other White	Black	Asian	Mixed Race	Other Ethnicity
Cheshire East	94.24%	2.46%	0.38%	1.64%	1.05%	0.23%
Stockport	89.00%	3.10%	0.70%	4.90%	1.80%	0.60%
Combined Population	91.96%	2.74%	0.89%	3.03%	1.00%	0.38%

2.4.4 Religion and Belief

In the 2011 UK Census, both Cheshire East and Stockport had a high proportion of people recording their religion as Christian.

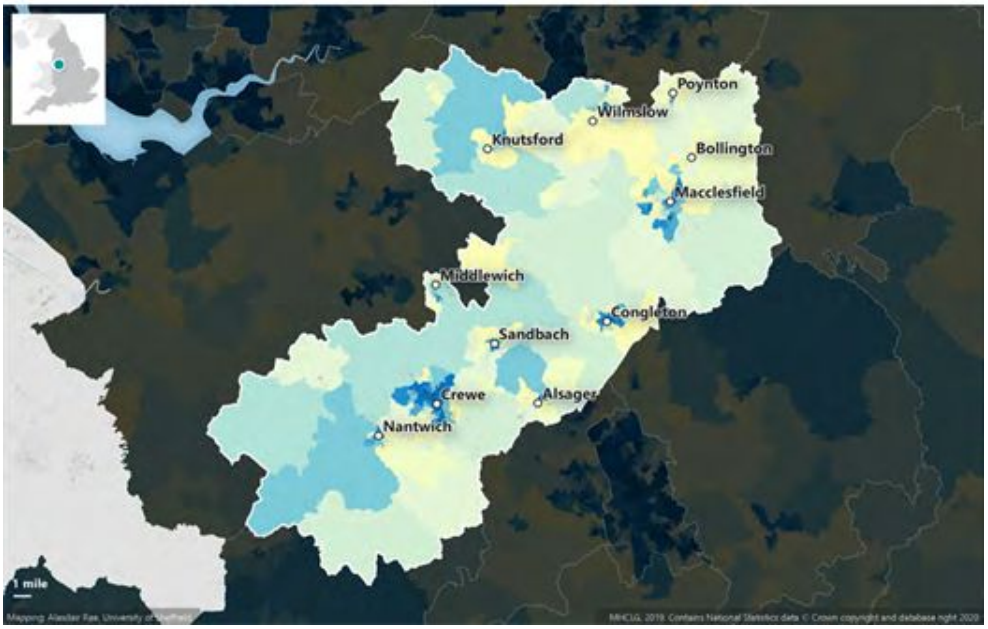
Religion	Cheshire East		Stockport		Combined Population	
Christian	254,940	68.88%	179,055	63.21%	433,995	66.42%
Buddhist	882	0.24%	853	0.30%	1,735	0.27%
Hindu	1,328	0.36%	1,666	0.59%	2,994	0.46%
Jewish	581	0.16%	1,340	0.47%	1,921	0.29%
Muslim	2,438	0.66%	9,431	3.33%	11,869	1.82%
Sikh	279	0.08%	330	0.12%	609	0.09%
Other religion	1,065	0.29%	964	0.34%	2,029	0.31%
No religion	83,973	22.69%	71,126	25.11%	155,099	23.74%
Not stated	24,641	6.66%	18,510	6.53%	43,151	6.60%

2.4.5 Deprivation

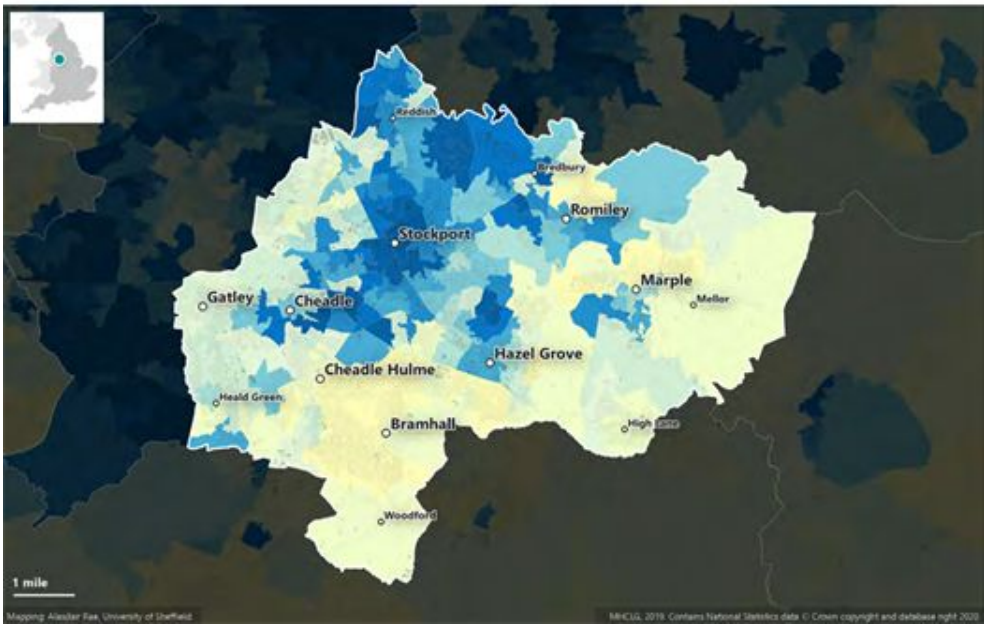
Both Cheshire East and Stockport are relatively affluent compared to the national average[21]. However, both areas have pockets of deprivation. 17.4% of Stockport's residents live in the most derived quintile, compared to just 7.7% of Cheshire East residents, while 25.6% of Stockport's residents live in the most affluent quintile, compared to 41.9% of Cheshire East residents.

There is a significant difference in health outcomes between people in the more affluent and deprived areas of the footprint.

Index of Multiple Deprivation 2019 - Cheshire East



Index of Multiple Deprivation 2019 – Stockport



Relative Level of Deprivation:

Less Deprived

More Deprived

[21]: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

2.5 East Cheshire NHS Trust

East Cheshire NHS Trust is one of the smallest trusts in England, providing hospital and community healthcare services to patients in eastern Cheshire as well as people from Staffordshire, Derbyshire and Stockport.

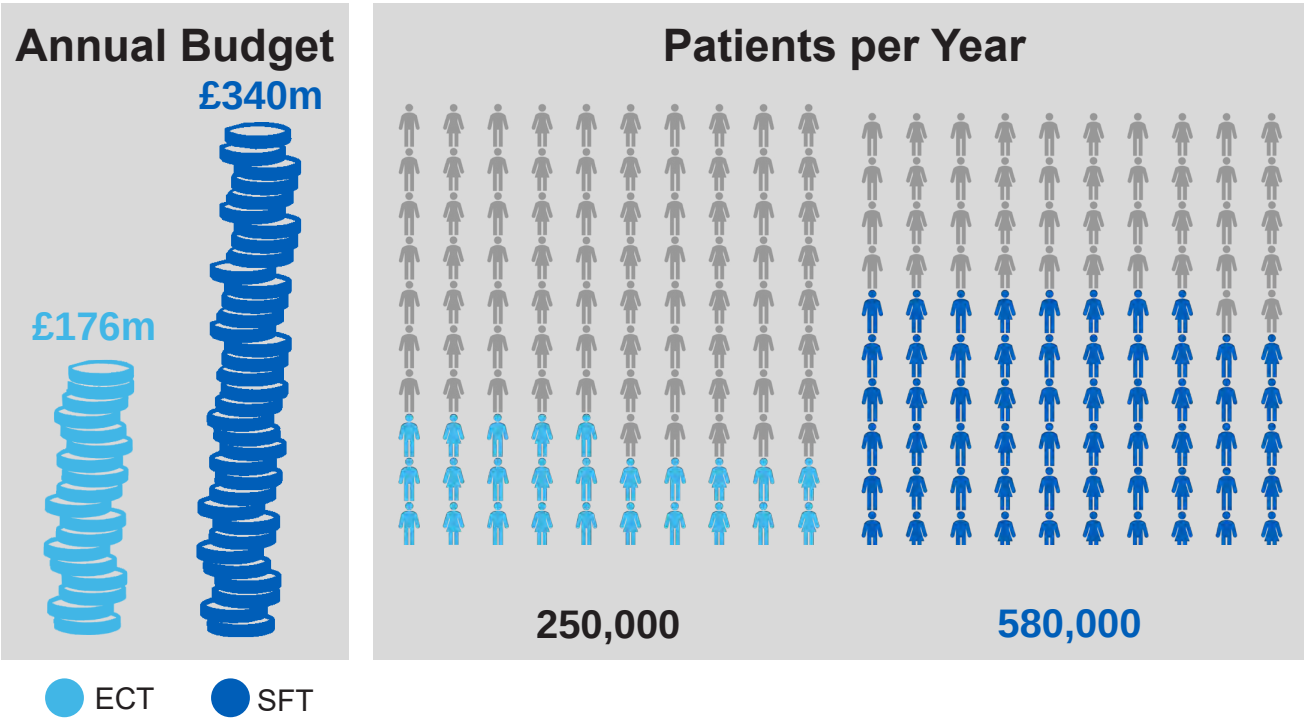
The trust comprises a small district general hospital (DGH) in the centre of Macclesfield; a community hospital in Congleton providing outpatient clinics and intermediate care; and a further community outpatient facility in Knutsford. In total, the trust has 350 inpatient beds and employs around 2,270 people. In 2019/20 ECT had an annual budget of £176 million.

Macclesfield DGH runs an emergency department, predominantly medical inpatient beds, outpatient clinics and diagnostics. Around 92% of all elective activity on the site is undertaken as a day case procedure, with adult inpatient provision for elective general surgery, gynaecology, and orthopaedics. The Macclesfield hospital site was chosen for a significant capital investment in radiotherapy services with the construction of a £26million purpose built 'Christie at Macclesfield' facility which opened in December 2021.

Congleton community hospital provides 26 intermediate care beds and outpatient facilities, while the Knutsford community facility delivers purely outpatient services. Community services are also provided from a range of locations across the five East Cheshire care communities:

- Macclesfield;
- Knutsford;
- Chelford, Handforth, Alderley Edge and Wilmslow (CHAW);
- Congleton and Holmes Chapel (CHOC); and
- Bollington, Disley and Poynton (BDP).

ECT was rated 'Good' by the Care Quality Commission (CQC) with areas of 'Outstanding' practice following inspections in 2019.



2.6 Stockport NHS Foundation Trust

Stockport NHS Foundation Trust is a medium sized trust serving the populations of Stockport, High Peak and eastern Cheshire. It is an integrated community and acute trust employing over 5,500 staff with an annual budget of around £340 million.

The main hospital site is Stepping Hill Hospital, which provides emergency, surgical and medical services. In addition, SFT offer a number of specialist services:

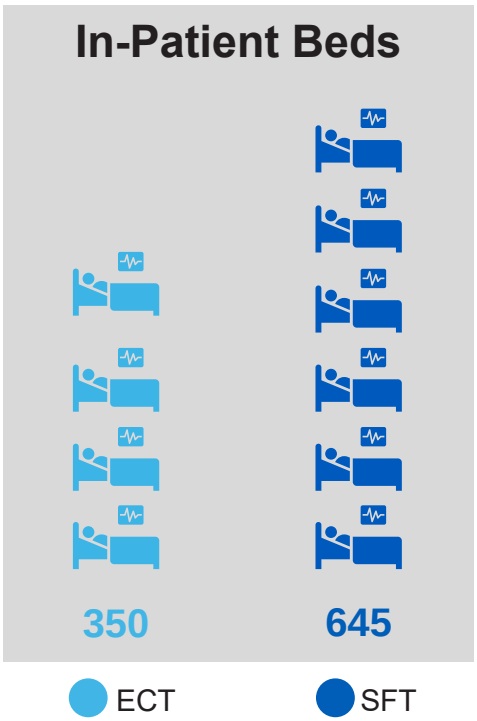
- one of three specialist stroke centres in GM with services rated as the best in England;
- SFT delivers Urology services for the populations of Stockport, Tameside and Cheshire with a national reputation for excellence;
- one of the largest orthopaedic services in the region - one of only two trusts in GM delivering cervical-spine surgery; and
- one of four designated specialist sites for acute and general surgery in Greater Manchester.

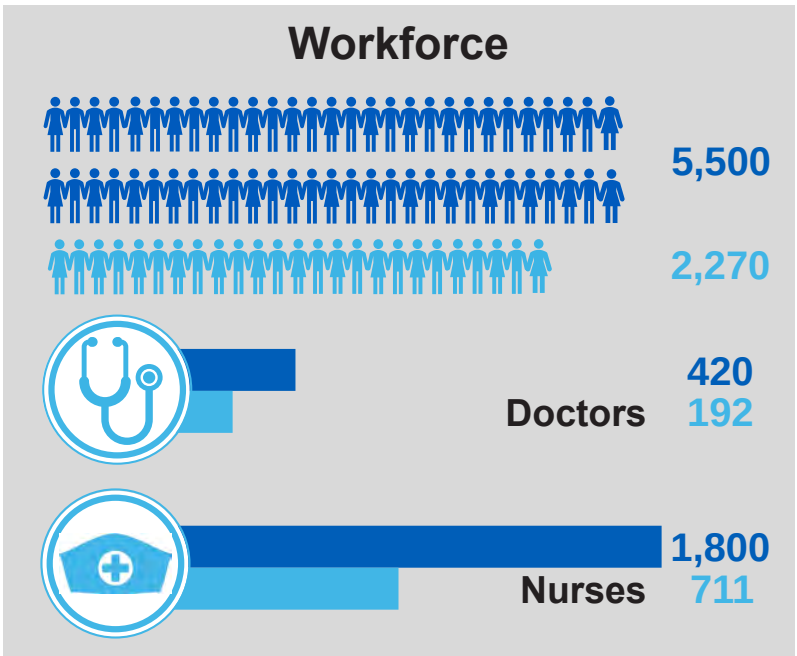
In general, core services are larger in scale than ECT, have more staff and are more sustainable. There are also more sub-specialisms which broaden the service offer to patients.

SFT delivers community health services across 24 health centres and community clinics in Stockport. The trust works closely with local primary care and social care teams to deliver community services as an integrated service at neighbourhood level. SFT also supports a number of community and intermediate care beds, including:

- 24 beds in the Meadows Transfer to Assess and intermediate nursing care facility;
- 4 beds at Swanbourne Gardens, providing overnight breaks for children and young people with severe learning disabilities; and
- 50 Discharge to Assess beds at Bramhall Manor.

Following a CQC inspection in early 2020, SFT was rated as ‘Requires Improvement’. An improvement plan was developed to address issues identified. Progress was demonstrated in a recent inspection of urgent and emergency care, which has now been rated as ‘Good’.





2.7 Challenges Faced by Both Hospitals

There are a number of issues faced by both hospitals that we believe could be improved by working together.

2.7.1 Changing Local Needs

The ageing population and increasing demand for our services have placed a significant financial strain on hospital and community services. At the same time, local authority budgets are under significant pressure, reducing social care and public health provision. This has a direct impact on hospitals, with a consistently high number of patients who are medically fit for discharge but cannot leave as they are waiting for social care packages or placements.

We need to work in partnership with primary care social care and commissioners to meet these challenges.

2.7.2 Financial Pressures

East Cheshire NHS Trust reported small surpluses in 2019/20 and 2020/21 as a result of additional funding allocated by NHSE. It is anticipated the trust will deliver a breakeven financial position for 2021/22 working within the Cheshire and Merseyside system, however it is recognised that the trust has a structural deficit of around £30m, relating to scale and the payment by results regime. The trust has a good track record of delivering its finance savings programme but has been increasingly challenged in the identification of recurrent savings.

SFT has a significant underlying financial deficit of around £85m. It is anticipated the trust will break even in 2021/22, working within the Greater Manchester system. However, the trust's long term financial plan indicates that SFT will require continued financial support and sustained efficiency measures at levels in excess of the national requirement.

2.7.3 Estates

ECT's Macclesfield Hospital was built in the early 1980s and has a structural life of 60 years. As such, it will require significant maintenance over the next five years. The site is densely populated and use of floor space is high. Many areas, including the inpatient wards are no longer compliant with Healthcare Building Notes (HBN) guidance on space requirements.

SFT's main site at Stepping Hill Hospital has been deteriorating for some years and requires significant investment to meet standards. The hospital has grown incrementally, with multiple additions and extensions added to the estate over time, resulting in inefficient space planning with services, and facilities that need to be near to each other dispersed across the hospital estate.

All available space within the estate has been used, leaving no room for the growing number of patients coming to the hospital each year. The ED is already at or over-capacity, making it difficult to cope with surges in activity.

Responding to the recent infection prevention and control requirements to segregate COVID-19 positive patients has been particularly challenging for both hospitals and required significant capital investment in the ECT's critical care unit.

2.7.4 Capacity & Demand

The COVID-19 pandemic has had a significant impact on health and care services across the system. At the start of the pandemic, hospitals across the country mobilised surge protocols, cancelling non-urgent procedures to ensure sufficient space and staff were made available to manage the pandemic.

While all of our hospital services continued throughout the pandemic, the need to prioritise urgent cases and separate wards to prevent the spread of infection has left hospitals with a significant backlog of patients waiting for routine care.

2.7.5 Workforce Resilience

While demand for healthcare has grown, the number of qualified healthcare professionals has not increased at the same speed and so our workforce is under significant pressure. Hospitals across the country struggle to recruit the number of staff they need to deliver safe services 7 days a week.

We want to improve staff wellbeing by creating resilient teams.

A number of core clinical services at ECT are considered sub-scale – or too small for an effective hospital service - raising concerns about their sustainability over time. This challenge, relating to a number of small specialities serving a low volume of patients, makes it more difficult to meet clinical standards and attract staff who want to work as part of a bigger team.

ECT's Board recognises that strong strategic partnerships are required to maintain clinical sustainability and preserve local services.

While SFT is a larger trust, compared with hospitals across the country it is considered medium-sized and often struggles to compete with specialist tertiary care centres for key staff.

2.8 Why Are We Concerned About Sub-Scale Services?

Small services are more likely to be challenged in their ability to meet clinical standards. As a smaller trust, ECT has a number of sub-scale clinical services. Operationally, it is more difficult for smaller services to flex capacity to manage increases in activity, they are less resilient to planned and unplanned staff absences in the clinical teams and this may impact patient access to the service.

For many years, ECT has had a good track record in developing strategic clinical partnerships to support smaller services and maintain local access, on a specialty-by-specialty basis as challenges have arisen.

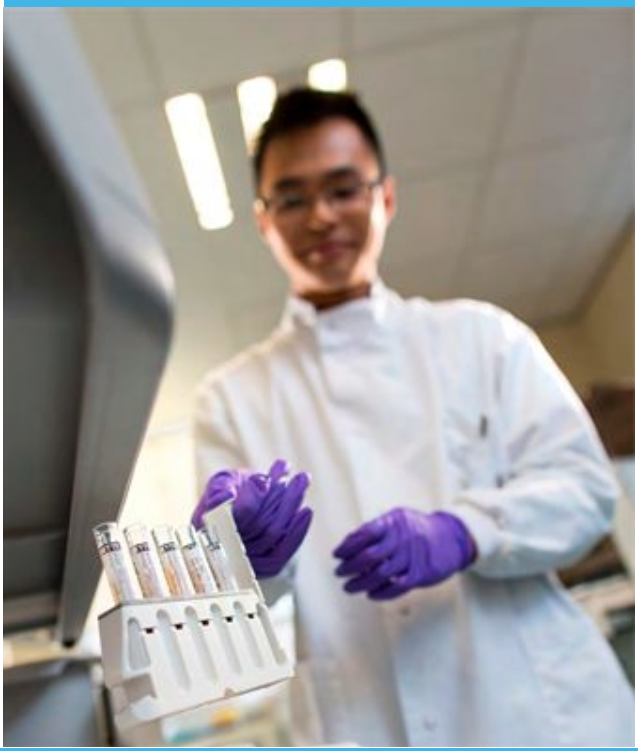
Though SFT is a larger trust, it too has been challenged to deliver all specialties, resulting in collaborative arrangements with other trusts to maintain services for local people.

In 2019, the workforce challenges in rheumatology became so significant that it was no longer possible to recruit medical or nursing staff to the service. This impacted on patient access times and waiting times increased. In discussion with commissioners, it was agreed that the ECT rheumatology service would transition to SFT and a larger, more resilient service offer is now available to both local populations.

While Stockport patients have seen no negative impact on the strong service they receive, the change has benefited the clinical service, improving resilience and skills in a wider team.

In 2019, SFT and the NHS Stockport CCG took the difficult decision to suspend the Breast Service at SFT due to the shortage of specialist staff required to deliver safe and sustainable care. With growing demand and gaps in key specialist roles, the trust struggled to meet the national standard waiting time of two weeks for suspected breast cancer. To ensure that Stockport residents have timely access to vital services, patients referred by their GP can now choose to attend the Breast Service at Macclesfield, Tameside, or Wythenshawe Hospitals. The Breast Cancer Screening service is delivered locally by East Cheshire NHS Trust.

In 2020, Clinical Haematology, a small but critically essential service run by a single-handed consultant at ECT, became impossible to sustain following the retirement of the consultant. The service was successfully transitioned to The Christie FT, which has strengthened resilience and sustained local access.



Sustainable Hospital Services across eastern Cheshire & Stockport

The resilience of sub-scale anaesthetic and critical care services at ECT was also significantly tested in March 2020 when there was an urgent need to flex capacity to receive an increased number of emergency admissions requiring critical care and ventilation during the COVID-19 pandemic. This highlights the interdependency between services like obstetrics and anaesthetics, where additional pressure in one specialty area exposed the fragility of cross-cover workforce arrangements.

The publication of the interim Ockenden report[22] in December 2020 and the final report[23] in March 2022 highlighted serious practice concerns at Shrewsbury and Telford Hospital NHS Trust with recommendations for all maternity service providers to improve the safety of maternity services throughout the country. The intention is to reinstate the full suite of obstetric, midwifery and neonatal services on the Macclesfield site once it is safe to do so. The workforce challenges in anaesthetics are such that this is not yet possible. In the meantime, ECT has agreed to continue the suspension of births until April 2023.

Strengthening the resilience and clinical sustainability of all subscale services is crucial to maintaining local access.

[22]: Interim Ockenden Report (2020). HM Government.
[23]: Final Ockenden Report (2022). HM Government.

2.9 Developing the Strategic Clinical Case for Change

NHS England has clear guidance[24] on the process for planning significant changes to health services and monitor the process through formal gateway reviews.

Our case for change is the first step in this process – identifying the reasons why change needs to happen before designing options for change.

A Programme Board was established to lead this piece of work to:

- design and implement high quality, integrated and sustainable hospital services for the populations served by ECT and SFT
- ensure these hospital services form a key part of an integrated service offer spanning primary, community, social and hospital care.

This will be achieved through joint working on three levels:

- between clinical teams across ECT and SFT
- between the hospital and primary, community, social care, voluntary sector and community support in each area
- in partnership with patients, care and local people.

Intended outcomes of the programme are:

- to create a compelling vision for each site
- to improve health outcomes and reduce health inequalities
- to sustain and improve good clinical outcomes in line with national requirements, addressing variation between services
- to ensure optimal outcomes 7 days a week
- to improve recruitment and retention of staff through greater flexibilities and enhanced opportunities to develop skills and experience, with an increased focus on research, education, and training.
- to ensure value for money for services in scope.

Development of this case for change has involved:

- a review of service data, including workforce numbers, activity levels, performance against clinical standards, finance, patient and staff satisfaction levels
- clinical workshops, bringing together staff from across both hospital sites to discuss what works well in both services and areas for improvement
- a review of ongoing patient and public engagement to understand local needs and aspirations for health services
- a patient and public listening exercise in early 2022 to assess local views of our services and changing needs as a result of the COVID-19 pandemic. A separate report from this exercise is available in appendix 4.

In addition, this case for change includes evidence and insights from a variety of sources, including forums attended by clinicians, patients, and other key stakeholders. It is informed by critical analysis of our performance, benchmarked against national standards.

In developing this case for change, our programme has engaged in monthly dialogue with NHSE regulators through a Stage 1 review process. This includes assurance on programme governance and workstream management.

[24]: Planning, assuring and delivering service change for patients (2018) NHSE

2.9.1 Clinical Engagement

An independent clinical advisor with significant knowledge, experience, and understanding of strategic service change in a hospital setting was appointed to lead the work across the two organisations.

This independent clinical oversight has given our case for change an objective level of scrutiny, check and challenge.

Clinically led workstreams were established, engaging and involving clinical leaders, senior nurses, midwives, therapists and operational managers in the programme of work which focuses on ten clinical specialties.

The workshop and engagement process was designed to facilitate clinically focused conversations to consider the case for change in the ten services identified.

A comprehensive service overview and accompanying data packs were prepared in advance of workshops which provided the context for each clinical service and supported the discussion on opportunities and challenges.

The case for change was considered within workshops from three perspectives:

- delivery of clinical standards and outcomes
- demand and capacity in each specialty;
- workforce resilience.

Following the conclusion of the workshops, further engagement and feedback sessions were held separately with each clinical service team. These sessions reflected on output from the workshop sessions and were an opportunity for both the clinical teams and the independent clinical advisor to feedback on any other issues or concerns.

A full record of clinical engagement to date can be found in appendix 3.

3. Our Ambition

Sustainable Hospital Services across eastern Cheshire & Stockport

Our ambition is to work together across our clinical teams to create high-quality hospital services for our shared population.

In doing so, we aim to:

Improve the health and wellbeing of local people

Reduce health inequalities, offering the same high standard of access and care across the patch

Deliver national standards and clinical excellence

Make our hospitals great places to work, improving staff wellbeing and attracting people with the right skills and potential

Harness technology to deliver state of the art care, connected to out of hospital services

Share knowledge, skills and resources to increase capacity and efficiency

Ensure that our services are sustainable and able to meet growing needs long into the future

Make a positive impact on our local area through improved health, employment and training opportunities.

Hospital care is a central element of the wider health and care system. We will work collaboratively as part of that system to:

- keep people well
- prevent ill health
- provide local support to manage conditions as close to home as possible
- and ensure that efficient hospital services are there when needed.

With a growing population and increasing demand for care, there is simply not enough staff or resources to offer every service on every site at the standard we aspire to for our population.

We propose bringing together clinical teams to ensure the same model of high quality care is delivered to all of our patients, no matter which part of the area they come from.

Some services, such as urgent and emergency care, will intrinsically need to be delivered across existing sites to respond to crisis in a timely way and ensure the safety of our population.

For very specialist and once-in-a-lifetime care, we propose greater collaboration to ensure that we have consultant cover 24/7, state of the art equipment, ample space, high quality facilities, and sufficient nursing staff to guarantee high quality care.

By working together to manage the workload, we aim to reduce waiting times and improve outcomes.

Delivering truly excellent care will allow us to attract the brightest and the best to work in a system they can be proud of, with opportunities to learn and develop their careers, including use of new roles.

Efficient use of our shared resources would also support financial sustainability in the long-term, allowing us to reinvest in further improvements and flex to meet the needs of local people.

4. Scope

4.1 Identifying Clinical Services in Scope

The Boards of ECT and SFT agree that working collaboratively could enable both trusts to:

- Ensure clinical standards are met, leading to better outcomes for patients
- Improve workforce recruitment and retention
- Optimise use of estates and facilities
- Provide opportunities for restoration and recovery of clinical services
- Improve financial efficiency
- Improve clinical models for the benefit of patients.

The scope of clinical specialties included in the joint review process was based on clinical knowledge and an operational understanding of the associated strengths, issues and risks faced by current services at both trusts.
The main criteria for inclusion in the review included:

- Specialties with sub-scale clinical activity
- Single-handed consultant specialties
- Services with persistent workforce resilience challenges
- Services that are unable to consistently meet national clinical standards.

We refer to these services '***fragile***'.

In addition, the impact of the COVID-19 pandemic on operational delivery was considered. Services were added into scope where it was felt that collaboration could support the recovery of services most impacted by the pandemic, even if they do not meet the criteria above.

In considering service changes, it is crucial to understand the impact any change could have on other clinical specialties. These clinically interdependent services, such as the impact on emergency medicine, acute and general medicine, and pathology are considered in section 5.11.

There is no agreed NHS definition of a ***fragile*** service.

We have therefore adopted a working definition of a fragile service as one which is unlikely to be able to sustain high quality care during the upcoming 12-month period.

To help us make the process consistent and objective, we have developed a template of indicative metrics and red flags to assess fragility of a speciality. This uses the three themes in our case for change:

Capacity & Demand:
- does the organisation struggle to deliver a full service?
- are parts of the service closed?
- are parts of the service delivered under a Service Level Agreement (SLA) which itself is fragile?

Quality & Performance:
- do services struggle to consistently meet national standards?
- are there concerns around incidents, harm or complaints from patients?

Workforce Resilience:
- are there sufficient staff to deliver the service?
- are there crucial posts that are difficult or impossible to recruit to?
- are there a number of key people close to retirement?

This process is about developing a clear view of where the service pressures exist now and where they are likely to develop over the next 12- 24 months. It is about planning ahead to ensure there are no service failures which would be detrimental to our patients.

Our Case for Change

Clinical Service	Rationale for Inclusion
 **Anaesthesia & Critical Care**	ECT has one of smallest level 3 intensive care units in England, with anaesthetic/intensivist workforce challenges at consultant and middle grade tiers. Level 3 critical care provision is essential for delivery of 24h ED services, making strategic partnership vital to support clinical sustainability on Macclesfield site.
 **Cardiology**	Both trusts have links to the same specialist tertiary centre at Wythenshawe hospital. This is a large outpatient specialty with a high volume of diagnostics. Collaboration offers the opportunity for improved access and population health benefits.
 **Diabetes & Endocrinology**	The ECT service consists of a single-handed locum consultant and the Trust has struggled to recruit to a permanent role. The service has been commissioned from multiple providers and is facing immediate workforce sustainability issues.
 **Endoscopy**	Both sites have a significant backlog of activity as a result of the COVID-19 pandemic. Different workforce models offer the potential to share good practice and expertise between sites to strengthen delivery; address clinical resilience in rotas; and explore opportunities for subspecialisation, including capsular endoscopy and better access to specialist procedures such as ERCP.
 **Gastronenterology**	This is a large outpatient specialty, with opportunities for collaboration on endoscopy and links to General Surgical model. ECT faces workforce sustainability challenges and has struggled to recruit to this specialty.

Sustainable Hospital Services across eastern Cheshire & Stockport

Clinical Service	Rationale for Inclusion
 **General Surgery**	General Surgery is a sub-scale service at ECT, especially for elective inpatient activity. Both sites have estates and infrastructure issues limiting the amount of day case activity they can deliver alone. While there are good clinical outcomes at both sites, the Trusts are not compliant with national clinical standards for workforce, which would require significant investment in the consultant workforce.
 **Imaging**	All other clinical specialties rely fundamentally on access to a well-functioning imaging service. There are immediate workforce sustainability issues at both sites due the lack of radiologists at a national level.
 **Trauma & Orthopaedics**	Service resilience has been compromised frequently by surges in non-elective activity leading to the cancellation of surgical procedures as inpatient bed were unavailable. Across both sites there is a significant backlog of elective patients waiting for treatment. Current services are not compliant with national clinical workforce standards.
 **Women & Children:** *Maternity & Gynaecology*	Maternity services at ECT are sub-scale with just 1500 births per annum. Lack of resilience was exposed during the COVID-19 pandemic due to pressures on anaesthetic workforce capacity. SFT's maternity service is constrained by workforce challenges, though expansion is being implemented as part of a wider quality improvement plan. ECT's inpatient gynaecology service is small, with just 1-2 beds used predominantly for day case and outpatient procedures. The current service does not meet national clinical workforce standards.
 **Women & Children:** *Paediatrics & Neonatology*	ECT's level 1 neonatal service is sub-scale, with year-on-year reductions in admissions. This service is a critical interdependency for hosting a maternity service. ECT's paediatric inpatient service is also sub-scale. Paediatrics is a key interdependency for the Emergency Department. Though there is a high volume of outpatients, there is very little sub-specialist activity. The current service does not meet national clinical workforce standards.

5. Clinical Service Reviews

Sustainable Hospital Services across eastern Cheshire & Stockport

Service reviews were undertaken jointly by the clinical and operational leads at each trust.

Each service provided a range of data to benchmark what service is offered, the workforce, activity and performance.

Workshops were then facilitated to bring together clinicians and operational leads across each service to understand the challenges faced by each team and the successes of each department; to agree the standards we aspire to deliver; and to discuss how these ambitions can be delivered.

For each service review, there is an overarching description of the specialty and a snapshot of the service offered at each trust.

This snapshot deliberately uses data from 2019/20 in order to give a clear picture of the service before the impacts of COVID-19. Workforce data relates to March 2021 to demonstrate the latest position and the impact of the pandemic on our staff.

Medical staff are divided into three groups, in line with the Royal College of Physicians definitions, as shown in the image below from the British Medical Journal (BMJ)[25]:

Feedback from clinical workshops is then used to set out the challenges we face in delivering high quality services and the impact of the COVID-19 pandemic on service provision.

This is structured in terms of:

- Capacity & Demand
- Quality & Outcomes
- Workforce Resilience.

Finally, there is a summary of the clinical case for change for each specialty.

Service reviews are set out below in alphabetical order.

[25]: https://www.bmj.com/content/362/bmj.k3136

5.1 Anaesthesia & Critical Care

Critical Care - also known as intensive care - is the medical specialty that supports patients with life-threatening conditions. An Intensive Care Unit (ICU) is a specially staffed and equipped, separate and self-contained area of a hospital dedicated to the management and monitoring of patients who are very ill. It provides specialist expertise and the facilities to support vital organ functions.

Critical Care supports patients who need invasive treatment and those recovering from major surgery who require intensive post-operative care. Critical Care is also used to support patients who need organ support to recover from conditions such as:

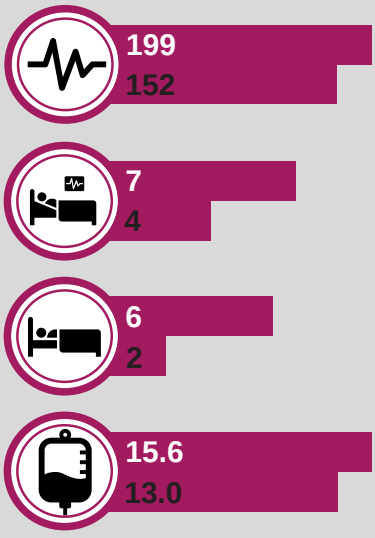
- Severe infections (such as sepsis);
- Acute respiratory infections;
- Neurological problems;
- Post-operative complications; and
- Cardio-vascular incidents (heart attacks or strokes).

Critical Care encompasses all areas that provide level 2 (high dependency) and / or level 3 (intensive care) care as defined by the Intensive Care Society . Any hospital with a 24-hour emergency department must have level 3 critical care provision. Due to the severity of their illness, critical care patients require more nursing and medical input than patients on a general ward. Level 2 High Dependency requires a minimum of one nurse for every two patients, while Level 3 Critical Care requires at least one nurse per patient, as set out in the Guidelines for Provision of Intensive Care Services (GPICS) .

ICU staff also provide services outside of the ICU, such as emergency response to a deteriorating patient (rapid response teams) and critical care outreach services.

[26]: Levels of Critical Care for Adult Patients (2009) Intensive Care Society
[27]: Guidelines for Provision of Intensive Care Services Guidelines for Provision of Intensive Care Services (2019)

Activity



Emergency Admissions (Non-Electives)

Level 3 Beds (number commissioned)

Level 2 Beds (number commissioned)

Length of Stay (days)

Specialty Case Mix (19/20)	ECT	SFT
Emergency Department	0	2
Breast Surgery	2	1
Cardiology	1	0
Critical Care Medicine	0	1
Ear, Nose & Throat (ENT)	1	9
General Medicine	183	285
General Surgery	109	287
Gynaecology	8	4
Obstetrics (hospital bed or birth)	8	0*
Trauma & Orthopaedics	27	41
Urology	0	63**

ECT SFT

* patients requiring high dependency obstetrics care at SFT are admitted to the bespoke high care unit within maternity which is coded as anaesthetics or surgery
** urology admissions to critical care for SFT includes patients from ECT and SFT as all complex inpatient activity is undertaken at SFT

Sustainable Hospital Services across eastern Cheshire & Stockport

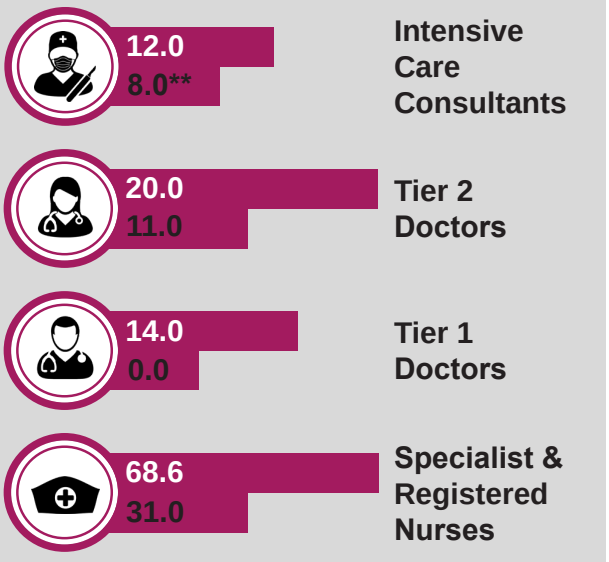
The ICU at SFT has physical capacity for 20 beds, with separate intensive care and high dependency units. SFT is commissioned to deliver 7 Level 3 and 6 Level 2 beds. During the COVID-19 pandemic this capacity was expanded to 18 beds.

The medical workforce at SFT is made up of 12 intensive care and anaesthetics consultants and two single specialty intensive care medicine (ICM) consultants who provide 24-hour cover to the ICU and a consistent seven-day service. A minimum of two dedicated ICM staff are resident 24-hours a day with additional staff available during working hours.

The trust has an excellent reputation among peers, with a full complement of consultants approved by the Faculty of Intensive Care Medicine (FFICM), a training unit for ICM doctors, and participation in ICU research.

SFT's ICU was rated as 'Good' by the CQC. During the COVID-19 pandemic, the unit was expanded to meet guidance on infection prevention. The department achieved excellent COVID-19 survival and Intensive Care National Audit & Research Centre (ICNARC) outcomes, despite a huge increase in patient numbers.

Workforce*



ECT SFT * Whole-time equivalents

The ICU at Macclesfield DGH is extremely small by modern standards in terms of the numbers of patients and staff; and the size of the estate. The trust has seven critical care beds and is commissioned to deliver four Level 3 and two Level 2 beds, which are used flexibly to accommodate patient need.

Demand for critical care is largely driven by acute medical admissions, as there is limited complex surgical activity at ECT.

Medical staffing is provided by the anaesthetics department, which also provides cover to theatres, maternity and the emergency department. The trust's rota of middle-grade anaesthetists is heavily dependent on bank and agency doctors. Mutual aid arrangements are in place with GM providers to support transfers of care, with SFT the designated 'buddy' site for ECT if required.

At the start of the COVID-19 pandemic in March 2020, the trust had to establish two geographically separate areas for the provision of critical care to segregate potentially infectious patients. This significantly increased pressure on the small medical and nursing teams. A £2m capital upgrade was completed in February 2022 to provide a new seven-bed unit.

ECT's critical care services were rated 'Good' by the CQC in 2019, however it is acknowledged that workforce constraints and the sub-scale nature of the service impact the trust's ability to comply with national standards. Since that CQC inspection, the resilience of the unit has been significantly tested by the COVID-19 pandemic.

Performance

** ECT Consultants cover both ICU and general anaesthetics, while SFT consultants cover ICU only

Capacity & Demand

England has some of the lowest rates of critical care beds per head of population in Europe.

The Faculty of Intensive Care Medicine (FICM) predict an increase in the number of critical care beds required over the next five years. NHS England has acknowledged the demand for level 2 and level 3 critical care will continue to grow in the long term.

Both CCUs are currently constrained by their estate:

- At ECT, the small size of the unit restricts the ability to accommodate all patients at times of peak demand. Currently, some patients who require level 2 high dependency care have to be cared for on acute wards due to a lack of space in the CCU. This will continue to be a challenge with a maximum of 7 beds available in the upgraded unit. Risks are mitigated by the critical care outreach service and specialist advice from anaesthetists to the wards. Additional capacity for level 3 care can also be sought from surrounding hospitals through mutual aid.
- At SFT, CCU accommodation is challenging, with only one side room for a 20 bed unit. Estates work was completed in Jan 2022 to install four isolation pods within the existing unit, providing a total of five individual rooms. During the COVID-19 pandemic, critical care capacity was flexed to segregate COVID-19 patients from other patients by using the theatre recovery unit.

Nationally, the Intensive Care Society is requesting an increase in level 2 capacity to support growing demand. However, any expansion requires additional workforce, and this remains a significant challenge.

Quality & Outcomes

The Guidelines for the Provision of Intensive Care Services (GPICS) are described by clinicians as “the blueprint for how intensive care should be run”.

The critical care service at SFT is almost fully compliant with GPICS guidelines, with the exception of the standard on multi-disciplinary team (MDT) working.

Inspection and audit of the ECT service resulted in a ‘good’ rating, with no evidence to suggest that quality is compromised by the size of the unit.

However, service resilience and clinical sustainability at ECT is fragile due to workforce constraints and with limited medical staffing resources, it is not possible to comply with all national GPICS staffing standards. While there are over 100 GPIC recommendations, the following table only covers key standards relating to workforce or senior clinical cover.

It is acknowledged that clinical network and strategic partnership arrangements need to be strengthened to maintain good outcomes.

Sustainable Hospital Services across eastern Cheshire & Stockport

Standard	Measure	ECT	SFT
GPICs-v2 1	Patients' care must be led by a consultant in Intensive Care Medicine, who will have daytime Direct Clinical Care Programmed Activities identified in their job plan. These programmed activities will be exclusively in Intensive Care Medicine and the Consultant will not be responsible for a second specialty at the same time.	✗	✓
GPICs-v2 2	Consultant work patterns must deliver continuity of care.	✗	✓
GPICs-v2 3	The daytime consultant to patient ratio must not normally exceed a range between 1:8 and 1:12. This ratio is complex and needs to be cognisant of the seniority and competency of junior staff, the reason for admission (e.g. standard post-operative care pathway) and the number and complexity of emergency admissions. The night-time ratio cannot be defined.	✓	✓
GPICs-v2 4	The daytime intensive care resident to patient ratio should not normally exceed 1:8.	✓	✓
GPICs-v2 5	All staff that contribute to the resident rota must have basic airway skills. All critical care units must have immediate 24/7 on-site access to a doctor or ACCP with advanced airway skills	✓ ✗*	✓ ✓
GPICs-v2 6	There must be a designated Clinical Director and/or Lead Consultant for Intensive Care Medicine.	✓	✓
GPICs-v2 7	A consultant in Intensive Care Medicine must be immediately available 24/7. The consultant responsible for intensive care out of hours must be able to attend within 30 minutes.	✗	✓
GPICs-v2 8	A small number of units that remain staffed overnight by an anaesthetic consultant without daytime ICM sessions, by necessity dictated by the unit's size and remoteness, must also have a consultant in Intensive Care Medicine available for advice 24/7, either by local agreement or from within the Critical Care Network.	✓	N/A
GPICs-v2 9	A consultant in Intensive Care Medicine must undertake ward rounds twice a day, seven days a week.	✗	✓
GPICs-v2 10	The ward round must have daily input from nursing, microbiology, pharmacy and physiotherapy and regular input from dietetics, speech and language therapy, occupational therapy and clinical psychology to assist decision making. The nurse in charge should be present in person for the ward round.	✗	Partially **
GPICs-v2 11	Rotas for consultants and resident staff must be cognisant of fatigue and the risk of burnout.	✓	✓

* *Prior to suspension the rota was not compliant as middle grades provided cross cover to maternity and critical care unit and,as such might not be immediately available.*

** *In relation to MDT: the nurse in charge is present on all ward rounds and daily input is available from physiotherapy, pharmacy and microbiology on site and present Monday – Friday with telephone availability input for micro and pharmacy at weekends.*

Workforce Resilience

Delivering sufficient critical care goes beyond physical infrastructure, requiring sufficient numbers of trained staff.

Nationally, there is a lack of trained doctors to meet growing demand for critical care - particularly intensive care physicians. While the NHS has invested in additional physical resources for critical care during the COVID-19 pandemic, many hospitals are struggling to recruit enough staff to make use of the extra resources. And while data is still emerging, it is increasingly clear that the pandemic is taking a substantial toll on those who support and deliver critical care services[28].

Workforce resilience is key to sustainability. The critical care service at ECT is viewed as unattractive and unsustainable because of the rota pattern. Anaesthetic workforce challenges at ECT are only expected to worsen in the short to medium term, with at least two of the eight anaesthetic consultants due to retire in the next three years.

Recruitment to the small critical care unit has proved challenging as applicants worry about the long-term sustainability of the unit. ECT's ICU currently has three medical vacancies. However, the market is highly competitive, and the majority of intensive care consultants are appointed by the large teaching hospitals.

Skill maintenance and career progression is also more challenging in smaller hospitals as larger units have better opportunities to recruit and attract staff to advanced clinical practice roles.

Given that the anaesthetist team at ECT also covers maternity services, the trust will struggle to comply with both critical care and maternity workforce standards in the context of the Ockenden Reports without additional investment and recruitment of staff.

The recruitment of skilled and experienced critical care nurses is also challenging, reflecting the national context. Recruitment of less experienced nurses supports numbers within the unit, however the skill mix is diluted by more junior nursing staff as they develop competence and confidence in the role. This can increase clinical risk.

Consequently, workforce resilience and sustainability are major drivers of the case for change in Critical Care.

[28]: Critical Care Services in the English NHS (2020) The King's Fund.

The Case for Change

The focal point for the case for change in anaesthesia & critical care centres on the fragility and resilience of the anaesthetic workforce.

The small size of ECT's Intensive Care Unit makes it difficult to recruit new anaesthetists in a fiercely competitive market and staff already in post have limited time to train and develop junior members of the team. As a result, the department is unable to comply with required national workforce standards within available resources.

Clinical outcomes for patients are currently good, but there is a persistent risk to sustainability associated with subscale activity and a potential for de-skilling among staff who see such a small number of patients.

The case for change can be summarised as follows:

Critical Care:

- Neither service is currently achieving all GPICS workforce standards, with the issue particularly acute at ECT.
- With a projected increase in demand for critical care services, these strains will only increase over time.
- Workforce constraints at ECT make it very difficult to maintain current clinical standards in critical care.
- The sustainability of critical care services is essential to support 24hr ED services on the Macclesfield site and if the challenges in critical care are not resolved the negative impact on other core services is inevitable.

Anaesthetics:

- Action is required to strengthen the resilience of the anaesthetic and critical care workforce so that essential clinical standards are met and sustained.

5.2 Cardiology

Cardiology is one of the largest medical specialties, focusing on the diagnosis and treatment of disorders of the heart and circulatory system.

Cardiology Services offer tests, investigations, and treatment for patients with cardiac problems. Non-invasive tests such as electrocardiograms and echocardiographs are offered in most district general hospitals. Coronary angiogram is usually performed at specialist centres but specialist cardiac imaging with CT/MRI scan is increasingly replacing angiography.

Cardiothoracic surgeons, who specialise in cardiac surgery, only work at specialist centres. Many cardiac procedures which previously required major surgery can now be done in a minimally invasive fashion via a catheter inserted into the coronary arteries or into the heart cavities.

Patients who present to an emergency department with an acute coronary syndrome (heart attack/myocardial infarction or unstable angina) may be referred directly to specialist centres for urgent assessment and treatment. Less acute presentations are seen in rapid access chest pain clinics at the local hospitals.

The NHS Long Term Plan includes a specific focus on the prevention, diagnosis and management of cardiovascular disease (CVD), which includes irregular heart rhythms such as atrial fibrillation (AF) which can cause stroke, valvular heart disease and disorders of the heart muscle, and atherosclerosis -the build-up of fatty deposits in the arteries which increases the risk of blood clots and damage to the arteries in organs.

Activity

1,388 307	**Emergency Admissions** (Non-Electives)	5,621 2,600	**1st Outpatient Appointments**
15 2	**Elective Admissions**	7,427 4,230	**Follow-Up Outpatient Appointments**
448 50	**Day Case Procedures**	7,200 5,441*	**Outpatient Procedures**

ECT SFT

* includes 4,500 direct access GP patients

Sustainable Hospital Services across eastern Cheshire & Stockport

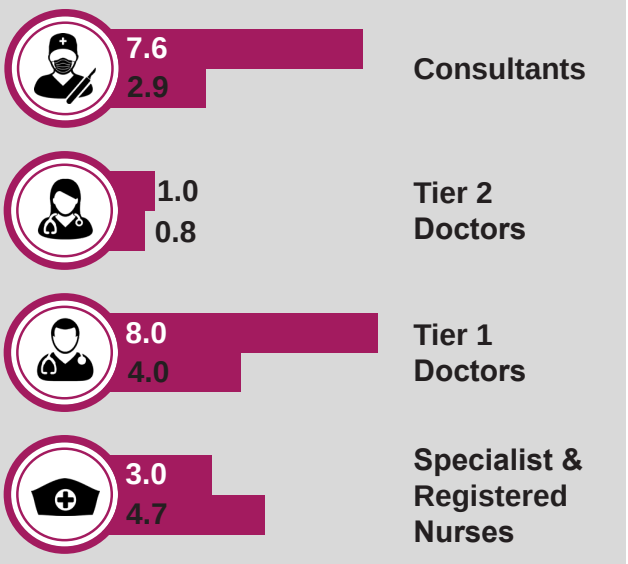
The cardiology teams at ECT and SFT have worked collaboratively for many years to optimise cardiology pathways, with specialist centre liaison and support from MFT.

ECT has a small, highly specialised team of cardiac consultants, nurses and physiologists who offer a comprehensive range of investigations and treatments using state-of-the-art techniques and technology both at Macclesfield District General Hospital and within the community. The service sees approximately 7,800 outpatients each year. It also admits 50 patients a year for planned day case procedures and 300 patients admitted via the emergency department.

The team comprises three substantive consultants, one specialty doctor, two Tier 2 doctors who contribute to the on-call rota and six specialist cardiology nurses. It has good links with the tertiary centre at Wythenshawe with two consultants working across sites for Percutaneous Coronary Intervention (PCI) and Permanent Pacemaker (PPM) procedures. MFT provide one pacing clinic per week.

The Cardiology ward at Macclesfield has 28 beds which are shared with general medicine.

Workforce*



The service performs standard Cardiac Diagnostic tests including dobutamine stress echocardiogram (DSE), transoesophageal echocardiogram (TOE) and pacemaker checks.

The infrastructure and facilities to support cardiac pacing procedures at ECT is suboptimal. Invasive procedures such as PPM and PCI are provided by surrounding specialist centres.

The cardiology teams work closely with the Cardio-Respiratory Department (CRD), which provides a wide range of diagnostic investigations and treatments. The cardiac rehabilitation team provide support and education for patients and is currently in the process of setting up community heart failure rehabilitation programme.

The Cardiology Department at SFT comprises eight consultant cardiologists, plus ten staff grade and junior doctors, supported by a team of three specialist cardiac nurses, physiologists and support staff.

The larger SFT service treats approximately 18,000 people each year in outpatient clinics, 1,400 emergency admissions and 450 day-case procedures. There are 28 cardiology beds at SFT - 24 beds in a shared medical ward, plus eight in a Heart Care Unit.

SFT offer inpatient and outpatient services:

- The cardiac ward provides facilities for cardiac monitoring (telemetry) and specialist patient management in the dedicated beds on this ward
- The ECG department is the focus of cardiac investigations such as echocardiography
- GPs can refer patients with certain categories of chest pain for a prompt assessment in the rapid access chest pain clinic.
- The ambulatory blood pressure monitoring service offers highly specialised evaluation of suspected hypertension and is nationally recognised for its expertise.

- SFT has a dedicated pacing suite for the pacemaker implantation service
- A rehabilitation service is provided for patients recovering from a heart attack, coronary intervention, coronary artery bypass grafting and valve surgery. This provides a comprehensive counselling service, clinic and exercise programme.

SFT benefits from a strong and cohesive consultant team, many of whom are experts in subspecialities such as imaging, myocardial perfusion imaging (MPI), TOE and DSE.

Most consultants hold joint contracts with MFT and provide clinical sessions at the cardiac specialist centre at Wythenshawe. The service also benefits from visiting consultants from MFT running clinics at SFT, including a weekly paediatric cardiology clinic.

Capacity & Demand

Along with many other NHS services, cardiology has been affected by the impact of the COVID 19 pandemic, with much of the elective surgical programme either paused or restricted throughout the pandemic, meaning most planned day case activity was cancelled. This has created some delays in access to treatment and the clinical teams are focused on ensuring clinically urgent patients are prioritised.

At present, some patients are waiting 24-months for follow up review, and the service is not meeting 18-week diagnostic standards. The average waiting time at SFT is currently 6.5 months.

Standard	Measure	ECT	SFT
18 weeks RTT Standard	92% of patients should receive treatment within 18 weeks of GP referral	✗	✗
6-week diagnostic access standard	99% of patients requiring ECHO should receive test within 6 weeks of referral	✗	✗

Reducing this backlog will not be achievable within existing resources as there are not enough consultants in the ECT service.

Cardiology services are likely to face changing demand in the future, due to a combination of national and local factors:

- Both trusts have an ageing population, with increasing risk of local prevalence of cardiovascular disease.
- Both boroughs have pockets of deprivation with worse health outcomes. In addition, growing ethnic minority communities in each area experience coronary disease differently – e. g.members of the South Asian population may experience coronary problems earlier, have a higher prevalence of hypertension, and may become diabetic with a lower Body Mass Index (BMI)
- As people survive coronary disease, they continue to need long term support. It is expected that pacemaker and heart failure services will see an increase in demand in future years
- Valve clinic demand will increase as there is no prevention for the disease.
- Diagnostics which were previously seen as specialised have become more common, like CT coronary angiogram (CTCA) for patients with chest pain - both ECT and SFT have an ambition to offer this service.
- Currently neither ECT nor SFT provide a ST-segment elevation myocardial infarction (STEMI) service, although NICE guidelines recommend this should be available within three days, and it would improve inpatient length of stay if this service was provided locally.

Quality & Outcomes

In their national review of cardiology services in 2021, GIRFT found that acute cardiology services are centred around hospitals rather than care pathways[29], which can be detrimental to patients and risks inappropriate duplication of provision. Their recommendations encompass workforce, diagnostic and treatment services as well as timely access to specialist advice and support.

Clinical teams at both trusts have assessed compliance against the 25 recommendations shown below.

GIRFT Measure	ECT	SFT
All hospitals must deliver cardiology services as part of a defined and agreed network model.	✓	✓
All hospitals receiving acute medical admissions must have a consultant cardiologist on-call 24/7 who is able to return to the hospital as required.	✗	✗
All NHS consultant cardiologists should, by default, participate in an on-call rota for general and/or specialist cardiology.	Partial	Partial
All members of the wider heart team should be supported to work in extended roles and trusts should ensure that appropriate staff are trained, accredited and authorised to prescribe medications relevant to their role.	Partial	Partial
All outpatient referrals should be triaged with maximum use made of the Electronic Referral Service (ERS) Advice and Guidance function.	✓	✓
For the acute chest pain pathway, all networks should provide 7/7 acute coronary syndrome (ACS) lists, accessible to all hospitals in the network. Where cardiac surgery is required, this should by de-fault be undertaken within seven days of coronary angiography.	✓	✓
In each hospital there should be a specialist consultant lead for HF, supported by a multidisciplinary HF team. Secondary care services should be integrated with community teams, with regular joint multi-disciplinary meetings (MDMs).	✓	✓
All networks should ensure that rehabilitation is offered to all eligible patients, including those with HF.	Partial	Partial
All networks should ensure pathways are in place for the diagnosis and management of patients with heart valve disease.	✓	✓
Arrhythmia pathways should incorporate rapid access clinics	✗	✗
Networks should ensure that all hospitals admitting acute cardiology patients have 24/7 access to emergency echo including the facility for immediate remote expert review.	✗	✗
Networks should ensure that all hospitals have ready access CTCA including CT-fractional flow reserve, with all of the images reported by appropriately trained cardiologists and/or radiologists.	✓	Partial

[29]: Getting It Right First Time: Cardiology Report (2021). GIRFT.

Our Case for Change

GIRFT Measure	ECT	SFT
All trusts should ensure that audit teams are appropriately resourced to provide weekly uploads of data to the national cardiac registries.	✗	✗
Trusts must ensure that there is regular clinical validation of coded data, especially that of co-morbidities	✓	✗
Care pathway redesign using digital tools needs to be clinically led and patient centred.	✗	✗
All networks should implement robust evidence-based prescribing guidelines which are regularly reviewed and cover both primary and secondary care.	Partial	Partial

Neither site is compliant with NICE standard 185 on ensuring angiography within 72 hours of admission due to patients needing to be transferred to the specialist centre at MFT for CTCA and interventional procedures. Neither trust has access to onsite CTCA (NICE standard 95).

Average length of stay is around 8.8 days. The rapid transfer of patients to tertiary centres for cardiology diagnostics and care have been delayed due to non-availability of beds which is a persistent challenge

Workforce Resilience

The national GIRFT report highlighted national challenges in workforce recruitment in cardiology and recommended that:

- recruitment into training schemes needs to be increased, particularly for cardiac physiology and the development of extended roles, including that of the advanced clinical practitioner (ACP), should be encouraged for all appropriate cardiovascular health professionals
- staff should be able to work across trusts within a network
- all NHS cardiologists should by default participate in appropriate general and/or subspeciality on-call rotas
- consultant ward rounds should be job planned and undertaken, preferably as a consultant of the week model, seven days a week reviewing all acute and longer-stay cardiology patients ensuring continuity of care; and
- appropriate diagnostic and interventional services should run seven days per week to ensure prompt access and to reduce length of stay.

The ECT medical workforce is sub scale with 2.8 WTE consultants who also contribute to clinical sessions at specialist centres. These consultants provide 1:3 on-call consultant of the week rota, where all admissions on weekdays are allocated to that Consultant, GP queries are directed to them and new referral gradings are also undertaken by them. The frequency is impacted by consultant leave and other absence and is considered onerous and undesirable in attracting any potential future applicants. Consultants do not participate in the ECT general medicine on-call arrangements out of hours, although there is a commitment to provide 1:19 on-call support for the specialist service at MFT.

Patients admitted to the ECT cardiology ward over the weekend are managed by a team of general physicians and do not receive specialty assessment as there is no local cardiology specialty service at weekends.

With such a small team, covering annual leave and sickness absence is a particular challenge as there is no flexibility to provide cover for absent colleagues without significantly disrupting senior input to the cardiology ward. Subsequently, outpatient clinics and day case procedures are cancelled, which delays care and treatment for these patients.

SFT has a strong consultant team, with consultants providing 1:6 on-call and a well-established consultant of the week rota which includes weekend cover 09:00-17:00h. However, there is a lack of flexibility outside of this rota and this was recognised in SFT's GIRFT.

The SFT consultant team includes two electrophysiologists who work out of the tertiary MFT centre. Beyond the team of consultants, there is also a strong nursing team including three specialist coronary care nurses, focused on rapid access chest pain clinics, education and training, as well as specialist support from allied health professionals.

Retention of highly skilled and experienced nurses is a concern in the context of national workforce challenges and cardiology nursing roles are very demanding. Cardiology specialist nurses are important and highly valued members of the MDT.

The Case for Change

The cardiology specialty is challenged by the level of demand for consultant services and a backlog of patients waiting for clinical assessment and treatment, which cannot be managed within existing resources.

The case for change can be summarised as follows:

- GIRFT recommendations are not being met and diagnostic access standards are not being achieved. Patients are waiting too long for consultant assessment and diagnostic services, which delays treatment.
- Both sites have relatively small coronary care units. These are not resourced to meet the workforce standards required and income does not cover staffing costs.
- The ECT service is subscale and there are not enough consultants to provide the capacity required to meet referral demand and manage the backlog of patients.
- The provision of cardiology specialty input out of hours, particularly at ECT, is sub optimal, with patients receiving care from general and acute physicians over the weekend.
- The ambition to expand services at the two trusts, for example to provide CTCA and CMR, is constrained by workforce challenges in radiology. This means patients cannot access first line diagnostic services locally, delaying care and treatment.
- Neither trust provides an inpatient angiography service for acute coronary syndromes, although NICE guidelines recommend this should be available within 3-days.
- Delays in transfer to specialist centres such as MFT for interventional procedures such as angioplasty and diagnostic CTCA impacts inpatient flow at SFT and ECT, prolonging length of stay for patients.
- Some patients are being admitted to hospital for treatment of heart failure because comprehensive ambulatory care services are not currently in place.

5.3 Diabetes & Endocrinology

Diabetes and Endocrinology is a broad-ranging specialty covering conditions caused by abnormalities of hormone production or action, and the endocrine glands that produce them.

Endocrinology encompasses thyroid disease, lipid disorders, adrenal disease, bone and calcium disorders, pituitary disease, and endocrine related effects of cancer treatment.

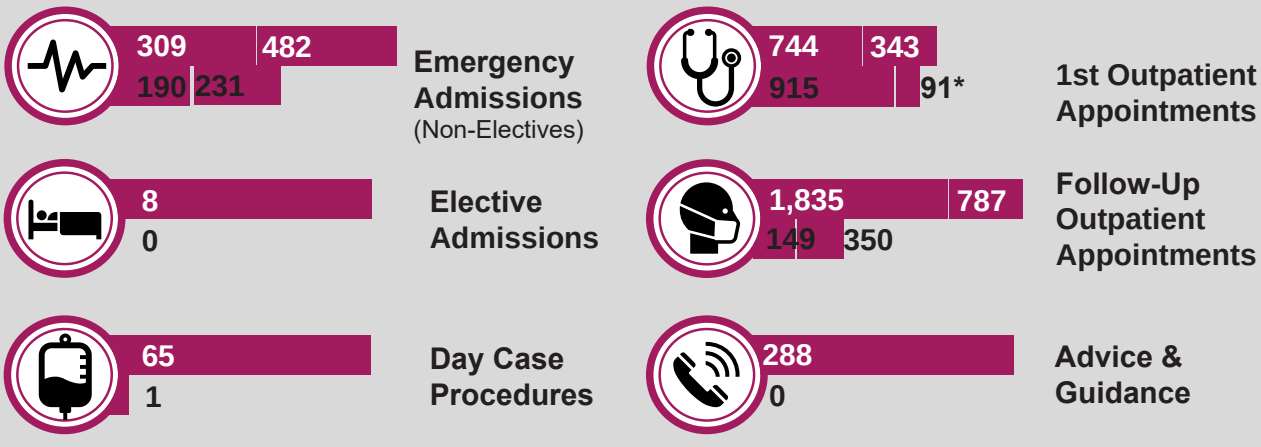
Diabetes is the most common endocrine disorder. Around 8-9% of the population of Cheshire East and Stockport have diabetes, which is broadly in line with the national average:

- Type 1 diabetes reduces the body's capacity to produce insulin. It is irreversible and all people with type 1 diabetes need to take insulin for life.
- People with type 2 diabetes may produce insulin, but their bodies may not be able to use it effectively. It is commonly associated with obesity, physical inactivity, raised blood pressure, disturbed blood lipid levels and risk of developing clots and cardiovascular complications.
- Other types of diabetes associated with pancreatic disease or rare syndromes.

Diabetes and endocrinology physicians treat patients holistically, and increasingly work jointly with colleagues in primary and community care. The specialty is primarily outpatient based, however diabetes and endocrinology physicians are also required to support patients admitted to hospital.

Nearly 17% of all hospital inpatients at ECT and SFT have diabetes and 90% will have been admitted for other conditions such as pneumonia or planned surgical procedures. They are treated by staff across various surgical and medical disciplines, who may not be experienced in diabetes. Patient outcomes are much improved if diabetes control is good, making urgent access and review by a specialist diabetes team essential.

Activity



* Diabetes outpatients for ECT relates to paediatrics

ECT - endocrine ECT - diabetes SFT - endocrine SFT - diabetes

Our Case for Change

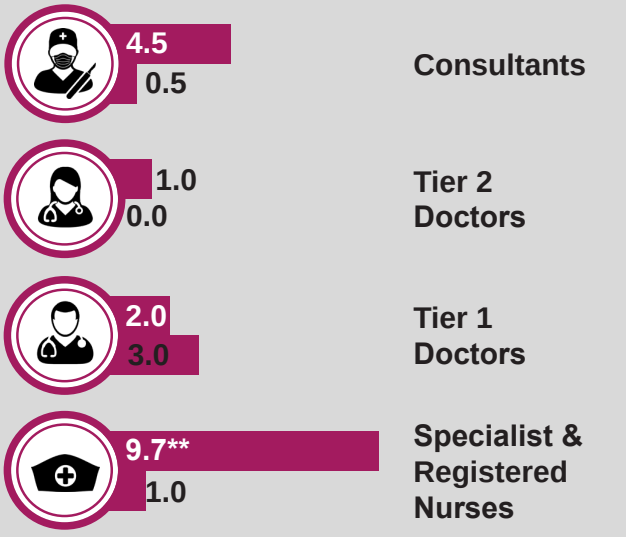
Local diabetes and endocrinology services are commissioned differently for Cheshire and Stockport populations.

ECT provides a small endocrinology outpatient service and specialist input and review of hospital inpatients with diabetic and endocrinology conditions. ECT also provides a smaller paediatric diabetes service for around 120 patients, with approximately 10-15 new patients per year. The paediatric diabetic service is supported by a paediatrician with a special interest in diabetes who runs a monthly clinic and a tertiary endocrinologist who undertakes a joint clinic in Macclesfield four times a year.

Transition arrangements are in place to support young people aged 16-19 on insulin who are referred into adult secondary care at MFT or North Midlands. The ECT paediatric diabetes team works through the transition programme with the young person and the specialist nurse will accompany them to their first appointment in adult services. Young people who have multiple daily injections are supported to transition to the GP and specialist nurse at their practice.

In 2016, Cheshire East CCG redesigned diabetes services for the local population, strengthening out of hospital care.

Workforce*



ECT SFT * Whole-time equivalents ** figure includes community diabetes nurses

Outpatient services for adults with diabetes are now provided by Vernova CIC, a community-based service run by a sessional consultant diabetologist, a local GP with special interest in diabetes, and a team of specialist nurses.

Since 2016, the team at ECT has largely focused on endocrinology, providing specialist care to approximately 900 new outpatients a year. The inpatient service is delivered by an experienced general medical specialty doctor, supported by general physicians in the management of emergency cases.

SFT provides community and outpatient services for both diabetes and endocrinology, as well as specialist review of inpatients. Services include:

- Diagnostic service
- Pregnancy service
- Young people's service, including transition from paediatrics
- Type 1 Diabetes service, including pump technology
- Insulin and injectable therapies for complex cases
- Patient and staff education programmes
- Diabetic foot clinic.

Most day case procedures are diagnostic tests to support outpatient investigation. Benign thyroid surgery and adrenal surgery is offered on site. Parathyroid surgery is provided at MFT and Pituitary surgery at Salford Royal.

The diabetes service comprises three consultants and a dedicated team of specialist nurses, specialist midwife, specialist dieticians, high risk podiatrists and diabetes educators.

The specialist endocrine service offers two clinics per week for thyroid, adrenal, bone, pituitary, gonadal and metabolic medicine disorders that do not fall within the remit of the Diabetes specialty.

The community diabetes specialist nursing service compliments the hospital service with holistic care focused on education, support and advice.

Capacity & Demand

There is significant variation in the two services. Pre-pandemic, ECT had 422hospital spells a year, while SFT saw 864. ECT undertook 1,505 outpatient appointments a year, compared to 3,997 at SFT.

The COVID-19 pandemic has had a significant impact on the Diabetes and Endocrinology service at SFT as clinical staff were re-deployed to support the pandemic response, the most urgent patients were prioritised to be seen by clinicians, and most outpatient appointments became either telephone or video calls. As a result, waiting lists for specialty appointments have increased.

The diabetes and endocrinology service at ECT lacks resilience and is unable to comply with clinical standards as there is a shortfall in the capacity required to effectively manage the demand. Consequently, ECT is not currently taking any new outpatient referrals.

In terms of future demand, national data shows that the rate of diabetes is growing:

- around one fifth of inpatients at the trusts have diabetes
- both our populations are older than the national average and rates of diabetes can be 20% higher in older people
- rates of obesity have grown significantly over the last decade, increasing the risk of Type 2 diabetes
- both areas have seen a growth in ethnic minority populations, which tend to have higher rates of diabetes, even without a raised Body Mass Index.

Quality & Outcomes

Most patients with diabetes are effectively managed in primary care and community settings by their GP and multi professional clinical teams. This case for change focuses on hospital-based provision.

Hospital patients with diabetes have higher infection rates, longer lengths of stay and higher mortality rates than people without diabetes. GIRFT[30] has calculated that the risk of developing diabetic ketoacidosis – a potentially life-threatening complication of diabetes – are between 40-60 times higher when a patient is in hospital due to lack of effective management.

National standards suggest that trusts should have a dedicated multi-disciplinary diabetes inpatient team to help patients manage their condition and reduce risk. ECT is unable to comply with this requirement due to recruitment challenges and the sub scale service which comprises a single-handed consultant and specialist nurse.

Neither trust currently provides a seven-day service with at least one multi-disciplinary team member, such as a specialist diabetes inpatient nurse available for part of the day on Saturday and Sunday. Evidence shows that 7-day diabetes inpatient nursing helps reduce excess length of stay.

Both sites have developed an electronic system for notifying inpatient nurses of patients who are admitted with a known diagnosis of diabetes, however this relies on the diagnosis being communicated within the referral from primary care.

[30]: Getting It Right First Time: Diabetes Report (2021). GIRFT.

Our Case for Change

SFT has networked point of care glucose monitoring and ketone monitoring which enables remote triage of patients. When a patient attending ED tests positive for ketones, the inpatient diabetes team will got to the ED and support staff to manage the clinical risks.

Mandatory training in management of insulin is in place at both trusts.

SFT has implemented a perioperative pathway, including the secondment of a diabetes surgical nurse, which has improved recording of HbA1c, blood glucose checking in the ward, theatre and recovery, a significant reduction in hypoglycaemia from 12% to 9%, a reduction in hyperglycaemia from a mean of 4.4 events to 2.7. There was also a decrease in diabetes related complications (14% to 4%) and the risk of wound healing-related complications also reduced from 5% to 3%.

Measure	ECT	SFT
Trained healthcare professionals initiate and manage therapy with insulin within a structured programme that includes dose titration by the person with diabetes.	Only compliant 5 days a week	Only compliant 5 days a week
People with diabetes are assessed for psychological problems, which are then managed appropriately.	✕	✕
People with diabetes with or at risk of foot ulceration receive regular review by a foot-protection team and those requiring urgent medical attention are treated by a multidisciplinary foot-care team within 24 hours.	Only compliant 5 days a week	Part-Pathway
People with diabetes admitted to hospital are cared for by appropriately trained staff, provided with access to a specialist diabetes team, and given the choice of self-monitoring and managing their own insulin.	Only compliant 5 days a week	Only compliant 5 days a week
People admitted to hospital with diabetic ketoacidosis receive educational and psychological support prior to discharge and are followed up by a specialist diabetes team.	✕	✓
People with diabetes who have experienced hypoglycaemia requiring medical attention are referred to a specialist diabetes team.	✕	✓

Workforce Resilience

ECT's diabetes and endocrinology service is sub scale and has functioned with a single-handed consultant for several years. The low volume of patients seen by the service makes it difficult to attract, recruit and retain consultants. The trust currently has no substantive consultant in post and has been unsuccessful in repeated recruitment efforts, relying on locum cover since 2019.

Feedback from prospective candidates suggests that a single-handed post is unattractive to potential applicants and the service is perceived to be under resourced due to scale of service. The ECT post does not include diabetes outpatients, which may discourage applicants. The requirement for this post to participate in the trust's general medical on call rota is also seen as a major challenge.

The loss of clinical continuity, skills, knowledge and expertise at consultant level has impacted the wider team and increased pressure on service delivery. Discussions are taking place with SFT to urgently explore opportunities for closer collaborative working and peer support for the single specialist nurse.

The delivery model for diabetes care in eastern Cheshire is split across a range of providers, reducing training opportunities for junior doctors and so trainees have been withdrawn from ECT by the NHS deanery, which is responsible for postgraduate medical training. Community based services are well prepared to support patients with diabetes, but will increasingly require support from acute providers in overcoming the more complex challenges of therapeutic options including insulin pumps and continuous blood sugar monitoring.

In comparison to ECT, the SFT service has a more resilient workforce:

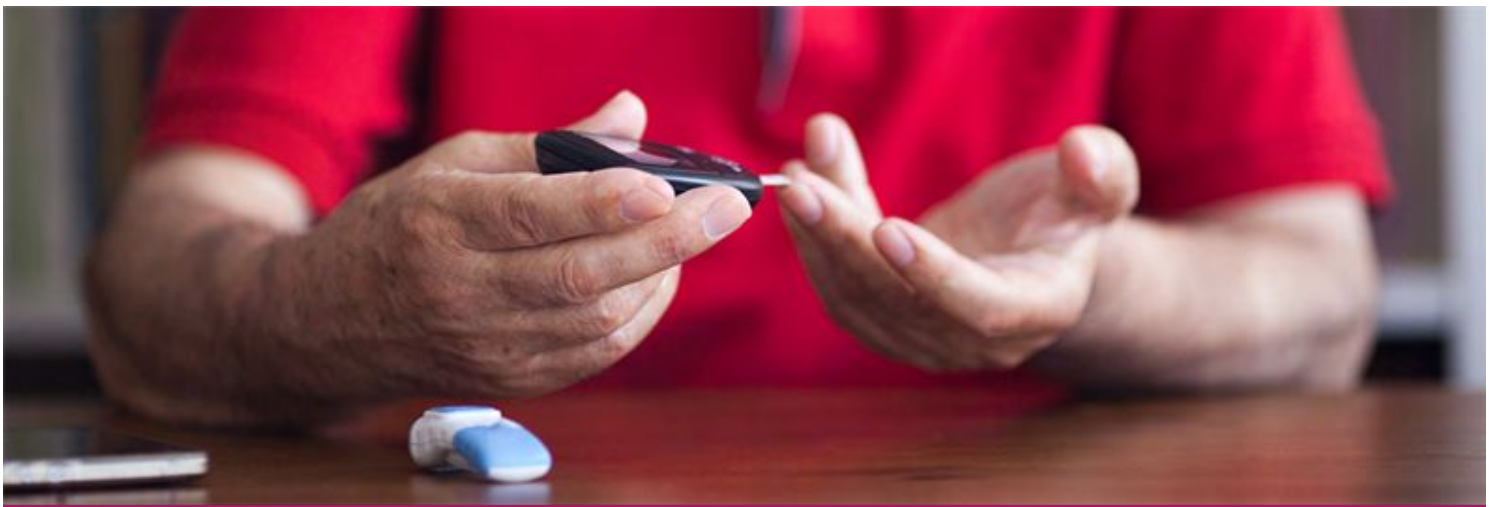
- over the last 10 years the service has grown from 2 to 4.5 consultants
- the service runs a Consultant of the Week model (COW) which is seen as ideal
- there is increasing inpatient activity and skills development has been protected
- the ward-based nursing team are highly skilled and knowledgeable in the care of patients with diabetes and endocrinology conditions.

The Case for Change

The case for change in diabetes and endocrinology relates predominantly to the size of the service at ECT and the pressures this places on recruitment, retention and training of a small team.

The case for change can be summarised as follows:

- Around one in six hospital inpatients has diabetes and rates in the local population are likely to increase in future years due to ageing demography with increased lifestyle risk factors. By working together we will be able to prepare for this more effectively.
- The ECT service model is sub scale with a single-handed consultant post that has proved impossible to recruit to, resulting in the service relying on a series of consultant locums in recent years. This has impacted continuity and limited the opportunity to develop the service and optimise pathways of care. The service is currently closed to new referrals and partnership working is essential to maintain local provision.
- Recruitment to specialist posts is challenging at both sites and there are opportunities to more effectively align workforce resources and capacity across secondary, community and primary care as much of the ongoing care and support is delivered out of hospital.
- Clinical standards for inpatient care are not being consistently achieved on either site and there is an opportunity to strengthen specialist MDTs to ensure specialist advice and input is accessible for inpatients with diabetes 7 days per week.
- Secondary care provision prioritises care delivery around the needs of frail elderly patients, and there is an opportunity at both sites to enhance the care of younger people with type 1 diabetes and offer a more locally accessible service for those patients who currently have to travel out of area.



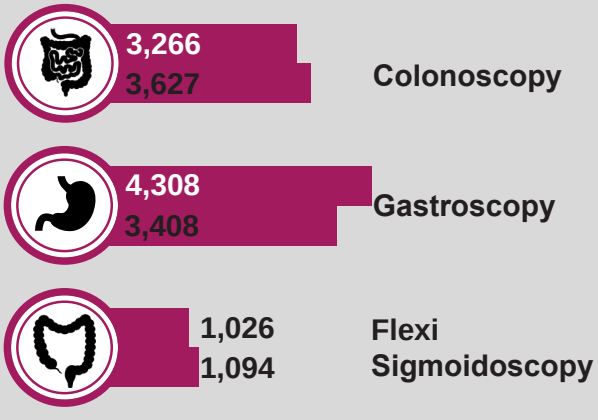
5.4 Endoscopy

Endoscopy is a procedure where organs inside the body are examined using an instrument called an endoscope. An endoscope is a long, thin, flexible tube that has a light and a camera at one end to show images on a screen. The main types of procedure are:

- ***Gastroscopy:*** used to look inside the oesophagus, stomach and first part of the small intestine (duodenum), to investigate problems such as difficulty swallowing or persistent abdominal pain; diagnose conditions such as stomach ulcers or reflux; and to treat conditions such as bleeding ulcers, a blockage in the oesophagus, polyps or small tumours.
- ***Colonoscopy:*** used to look at the rectum and colon. The procedure is used for routine cancer screening in people aged over 50. Small growths (polyps) can be removed during the colonoscopy before they have the opportunity to develop into a colorectal cancer.
- ***Flexible Sigmoidoscopy:*** used to look inside the lower part of the bowel and check for ulcers, polyps or other abnormalities.
- ***Bronchoscopy:*** used to look at the airways and upper part of the lungs where there are unexplained symptoms related to the chest, such as persistent cough, coughing up blood, wheezing, hoarseness, noisy breathing, or shortness of breath.
- ***ERCP:*** Endoscopic retrograde cholangiopancreatography is used to look at the biliary tree pancreatic duct and to remove gallstones from the bile duct.

This review focuses on upper and lower GI procedures that are undertaken by the clinical teams in general surgery and gastroenterology.

Activity



Available Weekly Sessions by Specialty (Mar-21)	ECT	SFT
Gastroenterology	12	15
General Surgery	9	11
Nurse Endoscopists	1	7
Respiratory (Bronchoscopies)	2	1
Bowel Screening	2	0
ERCP	1	3
Unallocated	6	0
Total Sessions	**33**	**37**

Our Case for Change

The Endoscopy and Treatment Unit (ETU) at ECT was rated as 'good' by the CQC and has benefitted from recent investment in equipment.

The ETU has three endoscopy rooms and five recovery trolleys, providing 30 sessions each week. Single-sex sessions are undertaken for elective patients by a medical team from general surgery and gastroenterology with nurse endoscopists. However, there are six endoscopy lists each week that cannot be staffed due to a lack of skilled endoscopists, especially in colonoscopy.

ECT has just two gastroenterology consultants plus one locum, which means most endoscopies are performed by general surgeons. The trust has two nurse endoscopists - both semi-retired - and has been unable to recruit more.

Capacity is very challenged with a backlog of 1,647 patients waiting at the end of February 2021. 45% of these patients had been waiting for 13 weeks or more.

Additional capacity has been procured at weekends through waiting list initiatives and use of private sector providers. This has had a positive impact on waiting lists, but at significant additional cost.

Out of normal working hours, patients requiring emergency endoscopy are managed in the main theatres.

Specialist expertise is provided by The Christie for oncology; Manchester FT for hepatobiliary and advanced ERCP; and Salford Royal for cancer of the stomach and oesophagus. A weekly list of transnasal endoscopy is due to begin soon.

SFT's endoscopy department provides a range of diagnostic and therapeutic procedures, performed by medical staff from gastroenterology, general surgery, and nurse endoscopists.

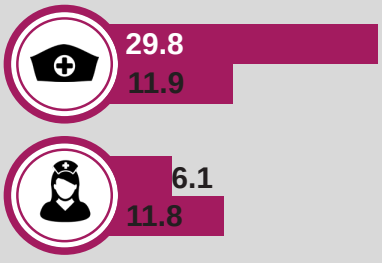
The unit has three procedure rooms and a fourth in the main operating theatres for inpatient endoscopy. It runs single-sex lists and has an eight-bed recovery area with one private cubicle for emergency other sex patients.

A twice-daily inpatient list is provided for urgent upper GI bleeds or urgent inpatients.

Endoscopy staff provide nursing support in radiology as required for insertion of colonic and upper GI stents as well as assistance to theatre staff during emergency GI endoscopy procedures. Out-of-hours emergency endoscopy is performed by the on-call gastroenterology consultant and on-call endoscopy nurse, supported by theatre staff.

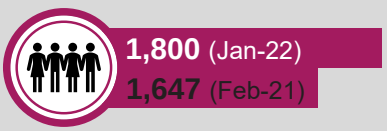
The department provides training for both medical and nursing staff.

Workforce*



* Whole-time equivalents

Performance



ECT SFT

Capacity & Demand

Demand for endoscopy services has been growing over recent years due to expansion of the national bowel cancer screening programmes and ageing populations. The Richards review[31] of diagnostics in the UK found that demand for gastroscopy procedures is growing by 3% a year, colonoscopy activity is increasing by 5.3% a year and demand for flexible sigmoidoscopy has grown by 8.4% a year and is expected to continue for the next three to five years.

At the start of the COVID-19 pandemic, endoscopy activity reduced to only 5% of normal levels[32]. This has generated a significant backlog in the number of patients waiting for an endoscopy procedure.

ECT is unable to meet the current level of demand within its core workforce capacity and the expected growth in demand in future years will only exacerbate the situation. The service is reliant on additional sessions provided at an increased cost at the weekend to achieve urgent access standards, despite having six weekday endoscopy sessions available.

SFT's endoscopy unit is too small for the current levels of activity and relies on the use of additional space in theatre for extra capacity. Development of a 4th endoscopy room is expected to be completed in summer 2022, however this is still unlikely to meet future demand increases. During the pandemic, the number of telephone assessments increased significantly, however access to suitable office accommodation is extremely limited.

Quality & Outcomes

The Joint Advisory Group on Gastro-Intestinal endoscopy (JAG) is responsible for accreditation of endoscopy units against a set of standards and quality framework.

SFT was assessed in June 2021 and expects to be accredited following the publication of the review in May 2022.

The ECT endoscopy service lost JAG accreditation in early 2020 as there is a mixed-sex recovery area whenever there is an emergency patient procedure in ETU.

Plans to reapply for JAG accreditation were constrained by the backlog of patients waiting for endoscopy and ongoing challenges of segregating patients in the small recovery area as a result of the COVID-19 pandemic.

Achievement of the national six-week access standard for diagnostics remains a significant challenge at both ECT and SFT.

The impact of measures associated with COVID-19 pandemic has further increased waiting times at both trusts, however, this back log of cases should not adversely impact on JAG accreditation, if waiting lists are validated and a recovery plan is in place.

[31]: DIAGNOSTICS: recovery and renewal (2020). Professor Sir Mike Richards
[32]: Impact of the COVID-19 pandemic on UK endoscopic activity and cancer detection (2020). Rutter et al.

Workforce Resilience

ECT is unable to meet current levels of demand with its core workforce and relies on additional weekend sessions to meet activity levels. To meet future demand, both ECT and SFT teams have indicated that they would need to recruit three additional gastroenterology consultants. However, the ability to recruit skilled and competent endoscopists is a significant challenge.

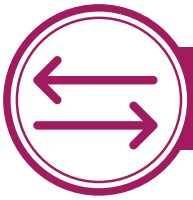
It is anticipated that seven-day working is likely to be required within core job plans.

The current on-call rota for emergency GI bleeds at ECT out of hours is unsustainable. Though consultants are only called in around 10 times a year, the on-call rota is likely to impact on the trust's ability to recruit new consultants.

ECT's ERCP service consists of just one consultant, providing one session a week. Urgent access to ERCP is available 7 days via an integrated service arrangement with MFT, whereby patients are transferred to Wythenshawe when the ECT consultant is unavailable.

SFT is unable to support a seven-day ERCP service in line with NHS 7-day standards as there are limited nurses and doctors who are skilled in this area, requiring patients transfers for urgent cases.

Recruitment of nurse endoscopists has been extremely challenging for ECT. SFT have recruited eight new nurses, and training is being provided on an ongoing basis.



The Case for Change

The case for change in endoscopy is driven by growing activity and significant workforce challenges at both sites, though this is more pressing at ECT.

The case for change can be summarised as follows:

- Demand for endoscopy is increasing year on year due to the ageing population and extension of screening programmes and this growth is expected to continue.
- Additional endoscopy capacity is likely to be required but this is reliant on the availability of workforce skilled in endoscopy.
- The services are unable to meet current service demand within existing resources and are heavily reliant on private sector capacity at additional cost.
- It is anticipated that seven-day working is likely to be required within core job plans.
- Emergency ERCP services are not currently provided on either site 7 days a week. This needs to change to support earlier diagnosis and improve hospital flow.
- An increase in consultant workforce is required to meet future demand across both sites, but recruitment to gastroenterology posts is challenging.
- The ECT service is not compliant with all standards and neither trust is currently accredited by JAG.

5.5 Gastroenterology

Gastroenterology is the branch of medicine dedicated to disorders of the gastrointestinal tract (oesophagus, stomach, small and large bowel), the liver, pancreas, and gallbladder.

Gastroenterology conditions are becoming more prevalent, partly due to lifestyle changes in the population, such as increases in obesity and harmful levels of drinking . Liver disease has continued to rise steadily for decades, while deaths due to cancer or heart disease have decreased. It is the biggest cause of death in people aged between 35 and 49, and the third leading cause of death before the age of 75.

Gastroenterologists support patients with gastrointestinal (GI) symptoms in outpatient clinics, on hospital wards and in endoscopy – screening, diagnosing and treating GI conditions.
All specialists are trained in upper gastrointestinal (GI) endoscopy and most will be trained in lower GI endoscopy (flexible sigmoidoscopy and colonoscopy). Some will have had additional training in hepatobiliary endoscopy (ERCP) or small bowel endoscopy (wireless capsule endoscopy or enteroscopy). Most gastroenterologists are dual accredited, meaning they can practice general medicine as well as their own specialty.

This specialty is highly investigative, using blood tests, X-rays, scans and endoscopy to identify clinical problems. Teams support patients with a range of conditions such as:

- Inflammatory Bowel Disease – Crohn's disease and ulcerative colitis
- Hepatitis – inflammation of the liver caused by viruses (hepatitis A-E), alcoholic liver disease, and autoimmune liver disorders, where the body attacks its own cells
- Upper Gastrointestinal Cancer – for the monitoring, management and treatment of disease
- Gastrointestinal symptoms and issues – including fibroscans to assess liver fibrosis, and hydrogen breath tests to assess lactose intolerance/ bacterial overgrowth.

Activity

* 477	**Emergency Admissions** (Non-Electives)	2,887 3,065	**1st Outpatient Appointments**
5 102	**Elective Admissions**	7,775 6,181	**Follow-Up Outpatient Appointments**
3,803 3,433	**Day Case Procedures** (incl. endoscopy)	73 **	**Outpatient Procedures**

* Non-electives for Gastroenterology are admitted under General Medicine and not coded separately
** Outpatient Procedures at ECT are included in the Day Case figures

ECT SFT

[33]: Getting It Right First Time: Gastroenterology Report (2021). GIRFT

Our Case for Change

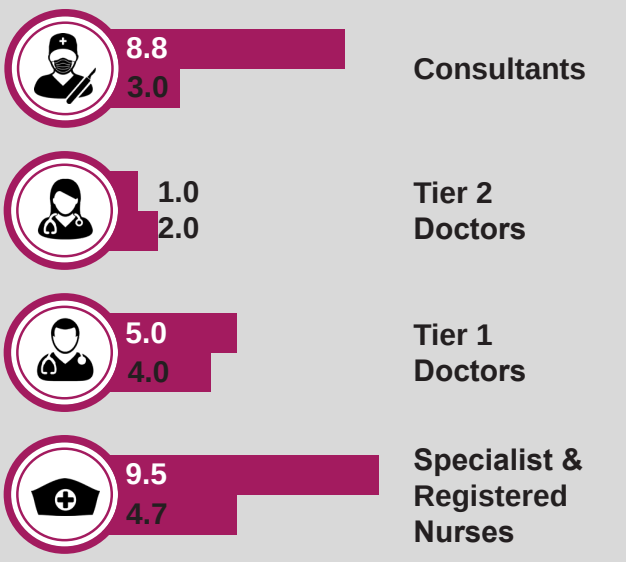
Gastroenterology services at ECT incorporate a collaborative medical and surgical approach to the prevention, diagnosis and treatment of gastrointestinal diseases including cancer and support for patients. The aim is to provide a patient focused approach.

The service is led by three gastroenterology consultants, supported by a team of two staff grade doctors, four junior doctors, five specialist nurses, plus a highly skilled gastroenterology ward team. The service benefits from a highly skilled and dedicated MDT including consultants, gastroenterology specialist nurse and endoscopy specialist nurses, supporting provision of:

- Endoscopy
- Fibroscans
- Inflammatory bowel disease management
- Hepatology including viral hepatitis
- Nutrition support and dietetics
- Gastroenterology inpatient ward
- Cancer pathway
- Gastroenterology outpatient services

Most gastroenterology procedures are delivered as day cases. ECT has a 28-bed gastroenterology inpatient ward located on the first floor of the main hospital building.

Workforce*



ECT SFT * Whole-time equivalents

SFT offers both inpatient and outpatient services for a range of upper and lower gastrointestinal disorders including:

- liver service - providing diagnostic and treatment facilities for patients with alcoholic liver disease, autoimmune liver disease, hemochromatosis and fatty liver disease;
- inflammatory bowel disease; and
- day-case diagnostic facilities for endoscopy and liver biopsy.

The service is led by a team of nine consultants, supported by a highly skilled, multi-professional team consisting of two Tier 2 and six Tier 1 doctors as well as two physician associates and ten specialist nurses.

The innovative service has developed:

- specialist pathways to support rapid access IBD, rapid access jaundice, and coeliac pathway
- a new Fibro scan service;
- a pancreatitis clinic will be piloted in the coming months
- a 24h GI bleed rota in partnership with Tameside General Hospital
- capsule endoscopy, enabling patients to access cancer testing from home with four recorders to support the whole of the South East Sector
- a nurse-led Medical Day Case Unit, reducing bed days by focusing on early assessment and intervention; and
- collaborative pathways with primary care.

SFT's gastroenterology consultants do not participate in the general medical on-call rota which enables them to provide dedicated time to the gastroenterology ward. A specialty triage process is in place to ensure that gastroenterology patients are placed on the dedicated ward to prevent general medical admissions to the ward.

Capacity & Demand

National data suggests that demand for gastroenterology is rising at an unprecedented rate. Even pre-COVID-19, GIRFT identified extensive variation in waiting times nationally – for example, waiting times for a new patient appointment in a gastroenterology clinic varied from 1 to 27 weeks.

Growing demand for both diagnostic and therapeutic endoscopy exceeds available capacity. Lifestyle factors such as diet and alcohol consumption mean an increasing proportion of the population is at risk of gastro-intestinal disease. Many conditions that previously required surgical intervention, such as gastrointestinal bleeding or removal of some colonic polyps, can now be assessed and treated using endoscopy. And the drive for earlier cancer diagnosis, including the introduction of more screening tests has put a significant pressure on gastroenterology services.

In 2019, a survey by the British Society of Gastroenterologists (BSG)[34] demonstrated that 61% of hospitals ran endoscopy lists on a Saturday, and 34% on a Sunday just to meet growing demand. SFT and ECT are both heavily reliant on outsourcing and insourcing endoscopy at weekends to meet the increased demand from outpatient referrals and there is a need to increase weekend services further to meet growing demand.

Some of the recent growth in activity relates to the impact of COVID-19:

- implications of COVID-19 infections, e.g. abdominal pain
- virtual clinics requesting more investigations
- backlog of patients not presenting with issues during the pandemic and an associated increase in urgent two-week access referrals
- increase in the prevalence of liver disease as a result of high alcohol consumption during lockdown.

Although the pandemic caused a temporary reduction in referral rates into both services, demand is rapidly returning to pre-pandemic rates. The pandemic also resulted in rapid service transformation, with many outpatient clinics moved to virtual or telephone appointments. This change is broadly seen as a positive development, in line with the NHS Long Term Plan and is expected to continue.

Gastroenterology beds often come under pressure from other medical specialities, limiting capacity and impacting on waiting times for patients. There is aspiration within the ECT service to ring-fence some elective beds for gastroenterology patients in line with the model at SFT, but this has not yet been achieved. At the time of writing, only 49% of gastroenterology patients at ECT and 48.7% at SFT were treated within 18 weeks of referral, against a national standard of 92% (see table over page).

Length of stay at ECT is impacted by delays in transfers of care to community settings. Where inpatient ERCP is required, delays arise because there is only one on site ERCP list each week. Improvement in length of stay (LOS) at both SFT and ECT could be achieved if a gastroenterologist reviewed complex specialty patients on admission instead of a general physician.

[34]: The shape of gastroenterology services in the UK in 2019 (2020) British Society of Gastroenterologists

Our Case for Change

Standard	Measure	ECT	SFT
2-week access standard (93%)	Maximum 2 week wait to see a specialist for all patients referred with suspected cancer symp-toms	✓	✓
62-day cancer pathway standard (85%)	Maximum 62 day wait from urgent referral for suspected cancer to the first definitive treat-ment for all cancers	✗	✗
18-week referral to treatment pathway standard (92%)	Maximum 18 week wait from time of referral to consultant-led treatment	✗	✗
No 52 week waits	Zero patients waiting more than 52 weeks from referral to first treatment	✗	✗

Quality & Outcomes

IBD UK[35] is a partnership of 17 professional bodies, royal colleges and patient organisations working together to improve care and treatment for everyone affected by Inflammatory Bowel Disease. Their main aim is to ensure that everyone with IBD has consistent, safe, high-quality personalised care, whatever their age and wherever they live in the UK, and core standards have been developed to support this. Clinical teams have self-assessed compliance and are fully committed to continually improving the quality of care provided.

In relation to inpatient services, neither trust is compliant with national standards requiring consultant review within 14 hours of admission and twice daily ward rounds. While SFT have more consultant input to the ward during the week, weekend cover is not routinely provided within job plans and patients are reviewed by the physician on call if clinically required.

[35]: https://ibduk.org/about-ibd-uk

Sustainable Hospital Services across eastern Cheshire & Stockport

Standard	Measure	ECT	SFT
IBD UK Statement 2.2	Patients who are referred with suspected IBD should be seen within four weeks, or more rapidly if clinically necessary	✓	✓
IBD UK Statement 2.3	Patients presenting with acute severe colitis should be admitted to a centre with medical and surgical expertise in managing IBD that is available at all times	✓	✓
IBD UK Statement 3.1	All newly diagnosed IBD patients should be seen by an IBD specialist and enabled to see an adult or paediatric gastroenterologist, IBD nurse specialist, specialist gastroenterology dietitian, surgeon, psychologist and expert pharmacist in IBD as necessary	✓	✓
IBD UK Statement 3.4	After diagnosis, all outpatients with IBD should be able to start a treatment plan within 48 hours for moderate to severe symptoms and within two weeks for mild symptoms	✓	✓
IBD UK Statement 4.3	Rapid access to specialist advice should be available to patients to guide early flare intervention, including access to a telephone/email advice line with response by the end of the next working day	✓	✓
IBD UK Statement 6.1	Patients requiring inpatient care relating to their IBD should be admitted directly, or transferred within 24-48 hours, to a designated specialist ward area under the care of a consultant gastroenterologist and/or colorectal surgeon	✓	✓
IBD UK Statement 6.4	Children and adults admitted as inpatients with acute severe colitis should have daily review by appropriate specialists.	✓	✓
7 day Services Clinical Standard 2	All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	✗	✗
7 day Services Clinical Standard 8	All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	✗	✗

Workforce Resilience

Recruitment and retention of gastroenterologists has been highlighted as a concern nationally, with 45% of consultant gastroenterologist posts unfilled in a very competitive market[36]. The consultant workforce gap in gastroenterology was identified in the 2021 GIRFT report, which references the Royal College of Physicians previous guidance that six WTE gastroenterologists are required per 250,000 population. It also acknowledged that this did not take into account the creation of the national bowel screening programme, the increase in six-or seven-day services, or the steady increase in liver disease. It is therefore likely that this number now needs to be higher.

Reflecting the national situation, local gastroenterology services rely on staff working additional hours at an enhanced rate (insourcing) and outsourcing to private sector providers. This means that expanding the workforce to match growing demand is not currently possible.

Two of the three ECT consultants currently work a job plan that exceeds 13 programmed activities (PAs) per week. This exceeds recommended job plans and exacerbates the risk to individual resilience and wellbeing. The RCP Consultant Wellbeing Survey in 2020 indicated that gastroenterology has the highest risk of burnout with worse mental wellbeing scores.

ECT consultants are part of the 1:10 on call rota for general medicine medicine and a 1:3 on-call rota for GI bleeds. SFT's consultant gastroenterologists do not participate in the general medicine rota.

Gastroenterologists may take on some general medicine work, but over time it is recommended that this should be reduced wherever possible as the associated workload impacts consultants' capacity to manage gastroenterology cases. Enabling ECT clinicians to withdraw from the on-call rota would require the appointment of three additional general or acute physicians.

SFT has seen high consultant turnover rates, in part because the service is constantly evolving, but also because of competition for staff from larger specialist centres nearby.

The ECT team identify workforce resilience as a major concern. With only three consultants it is difficult to deliver a comprehensive service and there is a lack of capacity to reduce the current backlog of patients. A business case is currently under development to expand the nursing, consultant, and non-clinical support, however this is reliant on the ability to recruit.

[36]: Workforce Report 2020 (2021) The British Society of Gastroenterology

The Case for Change

The case for change in gastroenterology primarily relates to the year-on-year increase in outpatient and inpatient referral demand against a background of significant workforce challenges.

The case for change can be summarised as follows:

- Demand for gastroenterology has increased significantly over recent years.
- SFT and ECT are both heavily reliant on outsourcing and insourcing endoscopy at weekends to meet the increased demand from outpatient referrals.
- Outpatients are waiting too long for specialist assessment and treatment, and access standards are not being achieved.
- Clinical standards for 14h consultant review are not being achieved at either site.
- There is variation in how and when complex inpatients receive specialty review, with no specialty input to wards at the weekend at ECT. It is likely that this is adversely impacting length of stay.
- There are persistent difficulties in recruiting to consultant posts nationally and locally, which is impacting workforce resilience of substantive consultants, associated with lack of capacity and the additional burden of insourcing.

5.6 General Surgery

General Surgery is one of the largest specialties in the UK with many sub-specialties, such as breast surgery, colorectal, endocrine, gastrointestinal surgery, transplants, and vascular surgery.

General surgeons perform a wide range of procedures and require extensive of knowledge and skills to deal with surgical emergencies. As such, they are essential to supporting the Emergency Department.

Around 80% of planned general surgery in the UK relates to common conditions of the gall bladder and hernia repair.

Acute abdominal pain is the most frequent symptom for emergency attendances requiring surgery. Common conditions requiring emergency surgery include appendicitis, strangulated hernia, cholecystitis, bowel obstructions and bowel perforations.

Laparoscopic, or minimally invasive surgery – also known as 'key hole surgery' – is now widely used within general surgery. These techniques are popular with patients as there is less scarring, a shorter recovery time and improved outcomes.

Both ECT and SFT currently offer a range of general surgery services for both planned and emergency procedures. Both services are rated as 'good' by the CQC.

Neither trust provides services in relation to upper GI cancer, bariatrics, endocrine or transplants. Highly specialised operations for cancer are usually undertaken in regional specialist units such as The Christie. Transplant surgery including kidney and liver transplantation is also undertaken at specialist regional 'tertiary' centres in Liverpool and Manchester for kidney and Leeds for liver transplants.

Activity

3,907 1,838	**Emergency Admissions** (Non-Electives)	7,387 3,504	**1st Outpatient Appointments**
969 333	**Elective Admissions**	7,046 3,121	**Follow-Up Outpatient Appointments**
1,217 693*	**Day Case Procedures**	691 10	**Outpatient Procedures**

* ECT's day case figures do not include the 2,823 endoscopic procedures undertaken in the Endoscopy Treatment Unit – these numbers are covered in the Endoscopy review.

ECT SFT

[37]: https://www.rcseng.ac.uk/news-and-events/media-centre/media-background-briefings-and-statistics/general-surgery/

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The general surgery service at ECT is relatively small, with just five consultants, providing eight outpatient clinics each week. Four of the five consultants specialise in colorectal surgery and also undertake endoscopy procedures as part of their job plan. The service does not operate on children under eight years.

There are 34 surgical inpatient beds - 13 for planned surgery and 21 for emergencies with a further 12 surgical day-case beds available.

Most planned procedures at ECT are performed as a day case (67%). ECT has a purpose-built Surgical Treatment Unit (STU) which includes a standalone theatre and recovery area, enabling efficient management of day case procedures.

One of the seven theatres at ECT is reserved daily for emergency general surgery. In line with best practice, emergency surgery is performed within normal working hours wherever possible.

Outside of normal working hours, acute surgical problems are managed by experienced specialty doctors with consultant support available on site within 30 minutes as required.

* Whole-time equivalents

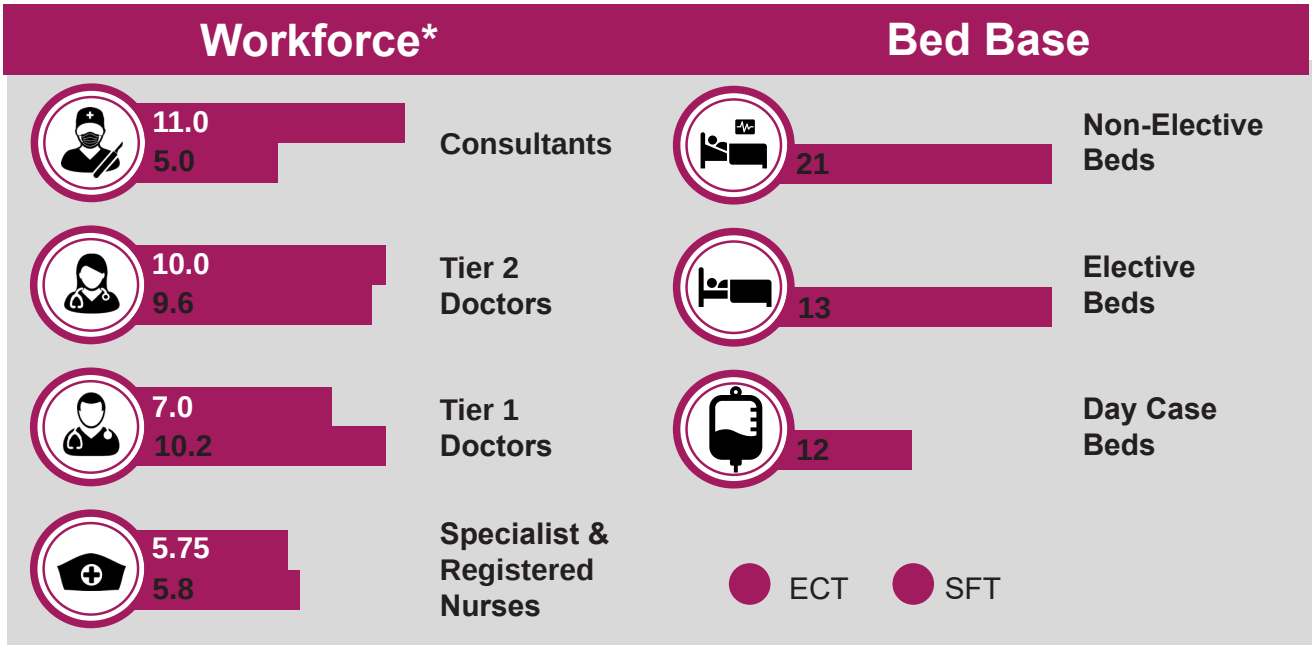
SFT is the designated specialist hub for general surgery in the South East Sector of GM. It has 11 consultants, with eight specialising in colorectal surgery and three specialising in benign upper GI surgery. Paediatric surgery is delivered by one of the consultants alongside visiting surgeons from Manchester Children's Hospital. SFT also has a general surgeon who undertakes robotic assisted surgery.

Stepping Hill Hospital has 16 main operating theatres and two maternity theatres, 11 of which are laminar flow. The hospital also has a standalone day case facility for minor procedures only requiring local anaesthetic. General surgery is allocated 23 elective theatre sessions per week. However, access to routine surgery has been significantly disrupted by the COVID-19 pandemic.

Emergency general surgery is provided 24/7. One of the hospital's 16 theatres is dedicated to emergency surgery.

The general surgery team offer 16 outpatient clinics per week at Stepping Hill and two clinics a month from Buxton. SFT also runs a GP advice and guidance service.

According to the National Emergency Laparotomy Audit (NELA) SFT is one of top four trusts in the country for mortality rates.



Capacity & Demand

The size of service at ECT means it is more challenging to balance capacity and demand.

ECT has access to only one surgical ward for emergency inpatients, including gynaecology. When the surgical ward is full there is an impact on patient flow from the Emergency Department and patients have to wait longer for bed.

Investment in a purpose-built 'Same Day Emergency Care' (SDEC) Unit has recently been completed, which provides surgical assessment capacity adjacent to the ED. There is a very low volume of patients requiring emergency general surgery overnight, but it is still necessary to ensure a fully equipped and staffed emergency theatre is available when needed.

Elective inpatient surgery workload is also very low in volume (333 per year) and managed on a separate ward alongside surgical day case patients. Only a small number of patients remain on the ward overnight. The ability to flex capacity to treat more elective inpatients is constrained by available beds which are shared for day case activity.

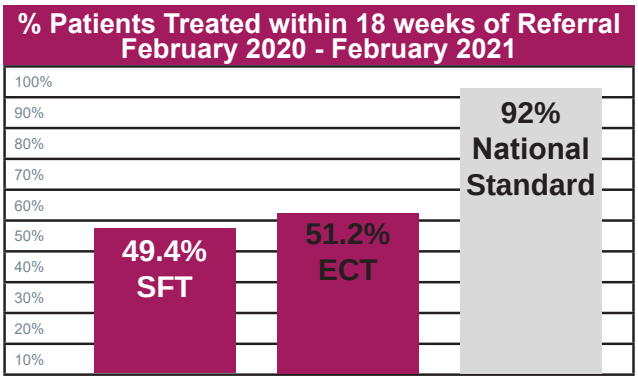
Having a small critical care unit means that ECT is not always able to meet the surgical standard for post-operative care in higher risk surgical patients.

Access to essential clinical support services is more challenging in smaller hospitals. For example, access to interventional radiology at ECT is inconsistent because of persistent workforce shortages. As a consequence, drainage of abscesses may be delayed and patients may need to be transferred to other sites.

Endoscopic Retrograde Cholangiopancreatography (ERCP) is carried out by only one gastroenterology physician at ECT, limiting capacity to a single list each week. At all other times patients must be transferred off site to another unit.

SFT has a significant backlog of planned surgical procedures, with more patients waiting over 52 weeks than ever before.

In the year to February 2021, just 51.2% of ECT patients and 49.4% of SFT patients were treated within 18 weeks of referral. This situation is mainly due to the temporary cessation of non-urgent inpatient activity during the COVID-19 pandemic.



Recovery of performance to the national standard of 92% of patients being treated within18-weeks of referral is likely to be very challenging at both sites as GP referrals – particularly for suspected cancer - are increasing.

Quality & Outcomes

Both trusts perform generally well against NELA recommendations. However, ECT is challenged in consistently achieving all standards due to lower volume activity and case mix.

National Emergency Laparotomy Audit 18/19	National Mean	AHSN* Mean	ECT	SFT
30 day risk adjusted mortality	9.3%	N/A	12.1%	2.4%
CT reported by radiology consultant before surgery	62%	65%	71%	40%**
Risk of death documented before surgery	84%	91%	97%	82%
Arrival in theatre within appropriate timescale	83%	82%	86%	89%
Consultant surgeon in theatre (risk of death >=5%)	96%	98%	98%	98%
Admitted to critical care (risk of death >=5%)	86%	86%	59%	85%
Unplanned return to theatre (crude value)	5%	4%	7%	4%
Postoperative length of stay (number of days)	16	18	14	14

* Academic Health Science Network

** SFT outsources much of its radiology reporting. This activity, which is reported by a radiology consultant, is not included in NELA audits

Both ECT and SFT perform well across the suite of metrics included in the National Bowel Cancer Audit (NBOCA). Clinical analysis indicates some slight variation in practice and outcomes with potential for improved patient outcomes:

- Higher rates of laparoscopic surgery at ECT
- Higher rates of robotic surgery at SFT
- Average 90-day risk adjusted mortality outcomes for ECT and good outcomes at SFT.

National Bowel Cancer Audit 18/19	National Mean	GM Mean	ECT	SFT
No. patients having major surgery according to the Audit	-	-	78	107
Laparoscopic surgery attempted (%)	72	62	67	44
Adjusted 90-day mortality (%)	2.9	2.7	3.5	1.7
Risk adjusted length of stay >5 days (%)	62	66	71	79
Adjusted 30-day unplanned readmission rate (%)	11.8	12.6	13.6	16.6
Proportion of patients who underwent APER (%)	24	31	28	6
Proportion of patients who underwent Hartmanns (%)	10	5	11	25
Adjusted 18-month ileostomy rate using HES/PEDW (%)	28	29	54	40

Neither service is fully compliant with the 7-day clinical standards, which require all patients to be reviewed by a consultant within 14 hours of admission.

- In ECT, this is due to the small workforce of just five consultants, where ten consultants are recommended to support compliance.
- SFT does not have a routine evening ward round. However, SFT have introduced a ‘straight to CT’ approach that ensures that the right patients are admitted to general surgery sooner, enabling some of the benefits of the 14-hour review standard.
- SFT’s weekend on call consultant covers the emergency theatre as well as all surgical wards.

7 Day Services Standard - 90%	Measure	ECT Compliance	SFT Compliance
Clinical Standard 2	All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	✗	✗
Clinical Standard 8 - ongoing review	All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	✓	✓

Workforce Resilience

The general surgery service at ECT has a small consultant workforce. As a consequence, consultants work a high frequency of on-call shifts (1:5), which does not offer the work life balance some surgeons may be seeking. If a consultant were absent, left or retired, the trust may struggle to recruit a replacement. This would increase the pressure on the remaining consultants and the trust would need to pay more for locum cover – neither of which is a sustainable solution.

At SFT the consultant rota has become more onerous and demanding, with increased activity and operational pressures impacting the wider team. The junior doctor rota at SFT is shared with the urology service, which also supports patients from East Cheshire and Tameside. Trainees work a 1:9 rota, which presents a challenge at weekends, when there is only one registrar, often making the workload unmanageable.

Both sites recognise the added value that specialist nurses bring to the surgical team. Not having suitable people in post also affects cancer targets, and national bowel cancer audit results.

A collaborative approach to workforce planning could help address these weaknesses by providing cross-cover arrangements and improving overall service resilience to surges in demand.

The Case for Change

The case for change in General Surgery largely relates to the sub-scale service at ECT, but also includes challenges meeting clinical standards at both sites and the significant impact of the COVID-19 pandemic on waiting times for surgical procedures.

East Cheshire has relatively small numbers of emergency laparotomies and major elective procedures, making it difficult for consultants to maintain skills. To achieve the necessary standards, significant investment would be needed in general surgery Instead, a different way of delivering surgical care is required.

The case for change can be summarised as follows:

- The small number of general surgery consultants at ECT makes the service clinically un-sustainable, particularly in relation to the on-call rota.
- The intensity of the consultant rota at SFT is becoming more challenging over time and additional workforce capacity is required.
- Additional specialist nurse roles are required at both sites, but trained staff are not readily available in an increasingly challenged nursing workforce market.
- The level of demand for emergency surgery overnight is low at ECT, but emergency theatre facilities and skilled staff must be readily accessible and available when needed. This is not making best use of the resources we have available to optimise patient care.
- Robotic assisted surgery is rapidly advancing but cannot be delivered without sufficient scale given its cost and complexity.
- Surgical sub-specialisation is likely to continue for certain colorectal procedures, which will further decrease the number of patients undergoing colorectal cancer surgery at ECT.
- The sub scale critical care service at ECT is unable to consistently support the admission of higher risk patients following emergency and complex procedures.
- Children under eight are currently transferred to RMCH for general surgery, which SFT has insourcing pathways. Working together could provide a better service for local children.
- Specialist support services, such as interventional radiology and ERCP, are not consistently available, requiring patients to be transferred between sites for services that should be available where surgery is taking place.
- The current allocation of beds for surgery does not effectively meet the needs of the service. Additional medical specialty beds would ringfence capacity for planned procedures and reduce the frequency of cancelled operation. However, sufficient space is not available on the current estate.
- Both trusts have a growing backlog of patients waiting for elective surgery as a result of temporary service suspensions during the COVID-19 pandemic, with some patients waiting over two years for planned procedures.

5.7 Imaging

Radiology is the branch of medicine dedicated to the diagnosis and treatment of a wide range of clinical conditions, using specialised imaging techniques, equipment, radiotracers, and interventional expertise. It has contributed significantly to improvements in healthcare by providing accurate and measurable findings which inform and guide most medical treatments. Many clinical specialties are dependent on radiology services for the diagnosis, prognosis, treatment and monitoring of disease progression or recurrence.

Radiology encompasses a variety of imaging techniques, including:

- ***Computerised Tomography (CT):*** a scan that uses X-rays and a computer to provide cross sectional imaging of inside of the body;
- ***Dual Energy X-ray Absorption (DEXA):*** to diagnose or assess the risk of osteoporosis;
- ***Fluoroscopy:*** specialist X-ray procedures such as barium meals and barium enemas;
- ***Interventional Radiology:*** where specially trained radiologists use a range of treatment techniques, guided by real-time images, which can avoid the need for surgery and help to ensure that treatment is given as accurately as possible;
- ***Magnetic Resonance Imaging (MRI):*** which uses strong magnetic fields to produce cross-sectional images of the inside of the body, providing detail without the use of radiation;
- ***Nuclear Medicine:*** where injected radiopharmaceuticals travel round the body and bind to targeted areas which are then imaged, allowing the observation of blood flow and other changes such as heart stress tests;
- ***Screening:*** tests such as mammography for early diagnosis of disease;
- ***Ultrasound Scans (US):*** ultrasonic imaging without radiation; and
- ***X- Ray:*** used to look at bones, joints, and some soft tissues.

Advanced imaging technology allows for treatment options ranging from traditional radiotherapy treatments of cancer growths, 'hybrid imaging' fusing imaging and targeted radiopharmaceutical treatments, through to ‘Radiomics’, which uses artificial intelligence to further enhance imaging data and diagnostic accuracy. New state of the art technology is continually being introduced and both departments have fully replaced analogue X-ray equipment with quicker digital imaging equipment which has enhanced the quality of imaging and assisted with patient flow.

Both sites have a Picture Archive Communication System (PACS) digital archiving solution, which allows all radiological images to be stored digitally, eliminating the need to store X-ray film and allowing clinicians to view the images both in the hospital and remotely. However, the two trusts use different PACS systems, so images are not directly transferrable between teams.

Sustainable Hospital Services across eastern Cheshire & Stockport

Activity

ECT		SFT
55,786	CT	14,059
2,041	Nuclear Medicine	0
4,356	DEXA	0
34,428	Ultrasound (non-obstetrics)	24,106
6,085	Fluoroscopy	956
14,646	Ultrasound (obstetrics)	8,343
16,819	MRI	7,059
125,681	X-Ray	50,100

ECT SFT

Workforce*

ECT		SFT
14.2	Consultants	7.4
2.3	Specialist Nurses	0
3.0	Tier 2 Doctors	4.0
2.6	Registered Nurses	0
1.0	Technicians	0
14.1	Clinical Support Staff	10.1
12.4	Sonographers	5.5
62.0	Radiographers	29.2

ECT SFT

* Whole-time equivalents

Current Service

Imaging services at ECT are led by a team of 7.4 WTE consultant radiologists, supported by four Tier 2 doctors and a team of highly skilled specialty staff and support workers, delivering around 105,000 scans a year.

The Radiology Department at SFT is almost double the size with 14 consultants, three Tier 2 doctors, 62 radiographers and a highly skilled team of Advanced Practitioners, Specialist Nurses, and Assistant Practitioners, delivering around 260,000 scans a year.

Both sites provide:

- General & Emergency radiography;
- CT scanning;
- Fluoroscopy;
- Interventional Radiology;
- Magnetic Resonance Imaging; and
- Ultrasound scanning - abdominal, musculoskeletal & obstetric.

In addition, SFT also provides:

- DEXA scanning;
- Radionuclide imaging - Nuclear Medicine;
- Non-vascular Interventional radiology ; and
- Dental radiography for GP, dental clinics and emergency patients.

Both hospitals have recently invested in imaging equipment. ECT now has two CT scanners and upgraded ultrasound facilities, however there is only one MRI scanner, limiting capacity. SFT now has five CT scanners and two MRI scanners.

ECT's imaging services are also provided at three peripheral sites: Knutsford District Community Hospital, Congleton War Memorial Hospital, and Handforth health clinic. All three deliver ultrasound services, with X-ray facilities in Knutsford and Congleton.

ECT provides the NHS breast screening services for the populations of Crewe, Cheshire East and Stockport. The Victoria Breast Unit at ECT has two mammography machines and 3 Ultrasound machines, providing diagnostic imaging for patients attending screening and symptomatic breast care services. A mobile unit also delivers breast screening in the Stockport area.

SFT provides DEXA scanning for both the populations of Stockport and Tameside.

The COVID-19 pandemic impacted provision of imaging services with some short-term reduction in capacity, largely due to workforce availability challenges. Both services already support remote reporting options, with consultants having access to home-based technology. In addition, reporting for out of hours emergency CT scans at ECT is outsourced to private sector providers to maximise consultant day-time availability.

Capacity & Demand

Across the country, demand for NHS imaging services has been growing year on year and the NHS's Getting It Right First Time (GIRFT) report in 2020 acknowledged that radiology services are struggling to keep pace with demand[38]. In 2012/13, there were just over 35 million radiological examinations performed across the NHS in England. By 2018/19, that had risen to over 43 million. The fastest growth has been in the more complex modalities – MRI and CT. This means that some patients are waiting too long for essential diagnostic tests and this pattern of growth is expected to continue.

SFT is a stroke centre and has a large orthopaedic department which both create significant demands on radiology services. The trust also undertakes DEXA scans for Tameside and East Cheshire, with higher volume activity than any other trust in GM, which has made compliance with access standards very challenging.

Changes in clinical practice have been highlighted as drivers of increasing demand. Radiology is being used earlier and more extensively in the diagnostic pathway and imaging is central to a growing number of screening programmes and health checks. The development of 'same day emergency care' services (SDEC) has placed additional pressure on already stretched radiology services as additional real time capacity is required. The development of optimal timed pathways for several cancers, e.g. lung and prostate, require more scans, delivered earlier. Straight-to-test pathways, such as SFT's acute abdominal process, have been successful in reducing waiting times in the ED and inpatient admission, but have increased CT referrals. And the expansion of national screening programmes has increased demand for imaging services.

ECT's radiology department delivers around 105,000 scans a year, while SFT undertakes almost 260,000 procedures a year.

The impact of COVID-19 has increased demand for follow up CT scanning. In addition, delays in routine appointments have resulted in a significant increase in urgent cancer referrals. Both trusts are experiencing increased demand for MRI scans as part of the elective recovery programme and recovery of cancer standards post-lockdown which is expected to continue for some considerable time.

In addition, the use of interventional radiology (IR) is expanding, offering precise and minimally invasive life-saving treatments as an alternative to surgery, such as complex biopsies, the insertion of a catheter to unblock a kidney (nephrostomy) or blocking a blood vessel to stop bleeding (embolisation). Given the urgency of these procedures, the ideal situation would be for this service to be made available 24/7 in all hospitals, however IR is highly specialised and neither trust is currently able to provide 24/7 access to IR procedures in-house due to a lack of access to day case beds within the radiology department. In addition, ECT does not have the required nursing staff within the radiology workforce to support interventional patient care.

The future development of community diagnostic centres (CDCs) may relieve pressure on acute hospitals, but there will continue to be a requirement for radiologist expertise and input as well as wider specialist roles, which will place an additional burden on the workforce. Additionally, these should increase demand for other specialities as patients will be treated earlier in the disease pathway.

[38]: Getting It Right First Time: Radiology Report (2020). GIRFT

Quality & Outcomes

The imaging services at ECT and SFT meet most of the clinical standards set out by the Royal College of Radiologists (RCR), with the exception of the standards highlighted below.

Standard	Measure	ECT Compliance	SFT Compliance
BFCR(18)1	Standards for interpretation and reporting of imaging investigations – 10% of images should be peer reviewed	✗	✗
BFCR (17)1	Standards for providing a 24-hour interventional radiology service	✗	✗
GIRFT 2020	All radiology services should have access to dedicated facilities to admit and discharge day case patients for interventional procedures	✗	✗

Peer review of reported images is recommended by the RCR, but is very challenging to deliver with increasing rates of demand. Dual reporting is currently in place only for breast services. Quality assurance is provided for cancer pathways via Multi-Disciplinary Team reviews and via clinical review meetings for orthopaedics. While there is no national target, both services also monitor the time it takes to report results of scans to the referring clinician. The teams have developed local performance indicators and work collaboratively to share good practice.

The rapid cessation of all but the most urgent imaging during the COVID-19 pandemic significantly reduced the number of images for reporting, supporting most trusts to eliminate their reporting backlog. Both sites are currently achieving the NHS standard of 99% of patients receiving their diagnostic test within six weeks of a referral, and no patients waiting more than 13 weeks for imaging. However, clinical teams have identified increasing pressure as elective recovery continues, particularly in non-urgent imaging. Without further action performance is likely to deteriorate.

Standard	Measure	ECT Compliance	SFT Compliance
6-week access standard	99% of patients will have imaging assessment within 6 weeks of referral for test	✓	✓
13-week access to diagnostics	0% patients wait longer than 13 weeks for diagnostic test	✓	✓

Earlier diagnosis is a key part of improving cancer survival rates. The NHS Long Term Plan aims to transform cancer care so that from 2028, 75% of cancers will be diagnosed at an early stage and an extra 55,000 people each year will survive for five years or more following their cancer diagnosis. The Faster Diagnosis Standard (FDS) requires patients to be diagnosed or have cancer ruled out within 28 days of referral. This means that people with cancer can begin their treatment as soon as possible. However, rapid access to imaging and reported results will increase pressure on imaging services and impact on the ability to deliver quality standards.

Workforce Resilience

Nationally, there is a significant shortage of trained imaging professionals. This has a knock-on effect at both trusts, with ongoing vacancies that are hard to recruit to. While the ECT team has 56.2 whole-time equivalent (WTE) staff in post, the budget is for 61.4 WTEs, with unfilled vacancies in consultant, specialty doctor and radiographer roles. At SFT, there are 111.6 whole-time equivalent staff in post, however the imaging budget is for 132.6, with a particular gap in the number of consultants and radiographers.

Both trusts are committed to training and developing their staff, including extended and enhanced roles. However, retention of highly skilled staff is extremely challenging in the current workforce market and staff are attracted to specialist diagnostic centres and higher paid roles.

In addition, the radiologist workforce at both trusts is becoming increasingly fragile as a number of consultants approach retirement age. Consultants working past standard retirement age often opt for reduced hours, limiting capacity that radiologists have to supervise additional trainees and develop aspiring consultants. Recruitment efforts have had limited success, reflecting the national shortfall. Consultant gaps are currently covered by internal locums at SFT and outsourcing of reporting at ECT, however this is not financially sustainable.

The consequence of this situation is that both organisations rely heavily on the private sector for out-sourcing and insourcing radiological reporting.

Outsourcing is a common method used by trusts to reduce reporting backlogs by sending images electronically to an external provider, where radiologists report on these images. It is commonly used overnight, especially at smaller trusts, as this means the hospital's radiologists are not required to work night shifts and will therefore be available in the department during the day.

Insourcing is when a trust brings in locum providers or pays their own staff on top of their contract for additional capacity – usually at weekends or evenings. However, this can lead to staff burnout.

The hospitals would like to move this activity back in-house but are limited by a lack of capacity due to low numbers of radiologists. NHS England estimates that over the next five years an additional 2,000 radiologists and 3,500 radiographers will be required[39]. Addressing the shortfall requires an integrated approach to the use of extended roles and advanced practice.

Coronary CT angiograms are currently conducted at Wythenshawe hospital for both trusts. Demand for this minimally invasive test - predominantly used for patients with angina - is increasing rapidly. Both hospitals' cardiology services are keen to offer a local service, but while the hospitals have the high-resolution CT scanning equipment required to do the test, there is limited capacity for specialist reporting, or upskilling staff.

Further challenges exist in recruiting and training dedicated radiology nurses. While there are recognised shortages of nurses across the NHS, the lack of dedicated radiology nurses impacts the delivery of specialist procedures such as Interventional Radiology.

Both trusts take part in national apprenticeship schemes, but struggle to backfill roles while staff are training.

The national development of Community Diagnostics Centres (CDC), in response to the Richards Review[39] aims to provide additional diagnostic capacity. Until more imaging staff have been trained, this will only put additional pressure on the existing workforce.

GIRFT recommends that all trusts move to a network model of service delivery in line with the NHS strategy[40] to optimise workforce capacity, skills and access to training.

[39]: DIAGNOSTICS: recovery and renewal (2020). Professor Richards
[40]: Transforming Imaging Services (2019) NHS

The Case for Change

The case for change in imaging is based on the overwhelming increase in demand for radiological imaging and intervention, coupled with the national and local shortage of radiologists.

The case for change can be summarised as follows:

- The imaging workforce at both sites is increasingly fragile. Recruitment is extremely challenging, and both hospitals have significant levels of vacancies.
- A growing proportion of existing posts are filled by consultants who are already past standard retirement age.
- New consultants are increasingly attracted to larger specialist centres with opportunities to sub-specialise .
- It is not possible to meet current service demand within existing resources and both sites are heavily reliant on outsourcing clinical reporting to private sector providers.
- The two sites are restricted in their ability to share imaging results due to their different PACS systems.
- Demand will continue to grow according to national predictions and if action is not taken waiting times will be impacted, especially for non-urgent patients.
- The further expansion of radiographer roles is constrained by recruitment and retention challenges.
- Development of CDCs is likely to increase demand for imaging staff, further adding to recruitment and retention issues.
- Both sites lack the infrastructure and facilities to provide interventional radiology for patients.
- Local access to CT coronary angiography is constrained by the limited capacity available to develop the specialist skills required for imaging and reporting.

5.8 Trauma & Orthopaedics

Trauma and Orthopaedic (T&O) surgeons diagnose and treat a wide range of conditions relating to the musculoskeletal system. This includes bones, joints, and the parts of the body that enable movement – ligaments, tendons, muscles and nerves. T&O surgeons assess and treat injuries such as fractured bones or dislocated joints, as well as congenital and degenerative conditions of the musculoskeletal system. Common procedures include: telescopic joint examination (arthroscopy); bone fracture repair; joint replacements (arthroplasty); general repair of damaged muscle or tendons and corrective surgery.

Major trauma describes serious and often multiple injuries that may require lifesaving interventions and is the biggest cause of death in people under 45 years in the UK. The designated major trauma centres the North West (for patients with severe life-threatening trauma) are located at University Hospital North Midlands, Salford Royal Hospital, Manchester Royal Infirmary, the Royal Manchester Children's Hospital, Alder Hey Children's Hospital and Aintree University Hospital.

SFT is a trauma unit, seeing serious trauma patients, while ECT is a designated local emergency hospital, which means that it does not routinely receive acute trauma patients.

ECT and SFT are both members of the Greater Manchester Orthopaedic Alliance (GMOA), bringing together clinicians, academics and service providers in Greater Manchester to improve services, education, training and research.

Both trusts offer planned and emergency trauma and orthopaedic services and are rated as 'Good' by the CQC.

Activity

ECT		SFT
1,869	**Emergency Admissions** (Non-Electives)	1,124
1,600	**Elective Admissions**	580
3,648	**Day Case Procedures**	922
14,675	**1st Outpatient Appointments**	7,137
28,488	**Follow-Up Outpatient Appointments**	14,007
1,057	**Outpatient Procedures**	285

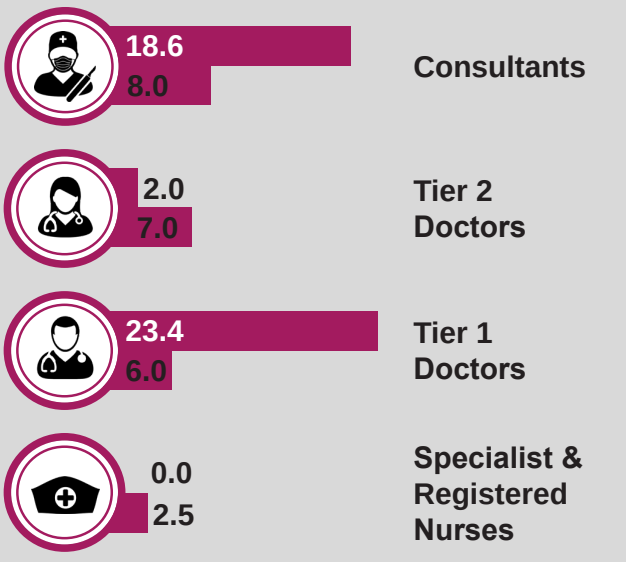
Our Case for Change

The ECT service comprises eight consultants:
- three sub-specialise in hip and knee surgery
- one in hip knee, foot and ankle surgery
- one in knee, foot and ankle surgery
- two in shoulder, elbow and hand surgery
- one sub-specialises in hand surgery.

The Macclesfield site has 38 inpatient orthopaedic beds, 13 elective beds and 25 emergency beds, with a further 12 surgical day case beds available to the specialty. Orthopaedic surgeons have access to five laminar flow theatres on the Macclesfield site with 16 elective lists and seven trauma lists each week. A dedicated outpatient facility with x-ray, plaster and treatment rooms provides nine orthopaedic and fracture clinics a week. The service also provides virtual clinics each week, where medical notes and x-rays are reviewed electronically without the patient being present in the clinic.

ECT is designated as a Local Emergency Hospital and does not routinely receive patients with life-threatening trauma. Pathways are in place to ensure that acute trauma patients are triaged by ambulance and transferred to the nearest designated trauma unit (at SFT) or major trauma centre depending on the severity of their injuries.

Workforce*



ECT SFT * Whole-time equivalents

ECT does not deliver spinal surgery; revision - or replacement - of previously fitted artificial joints; or surgery for bone tumours. Patients requiring spinal surgery are referred to SFT or Salford Royal; joint replacements are carried out at SFT or Wrightington Wigan & Leigh NHS Foundational Trust (WWL); and patients with bone tumours are referred to a specialist bone tumour unit.

SFT's T&O team includes 20 consultants:
- four sub-specialise in knees
- three sub-specialise in hips
- one in lower limb arthroplasty
- three sub-specialise in hands
- three sub-specialise in shoulders
- two sub-specialise in foot and ankle; and
- four sub-specialise in spinal surgery.

SFT is a designated Emergency Trauma Unit. It has 15 main operating theatres and two maternity theatres - 11 of which are laminar flow. Minor procedures which only require a local anaesthetic are undertaken in a day case facility with a small operating theatre and six trolley beds.Orthopaedic surgeons have one dedicated trauma theatre each day, and 48 elective theatre sessions per week, including five elective/trauma 'acute' lists. Core bed capacity comprises 17 ring-fenced elective beds and two trauma wards comprising 48 beds. The service also has shared access to a surgical day case procedure ward with 22 trollies.

Outpatient clinics are delivered largely from one dedicated outpatient clinic suite, close to x-ray and plaster room facilities. Fracture clinics run Monday to Friday with general fracture and sub-specialty appointments. A daily virtual fracture clinic is in place, including at weekends - the elective outpatient service delivers much of its follow up activity virtually via telephone and video-conferencing facilities.

Stockport's T&O service also runs a community tier 2 orthopaedic assessment service, led by allied health professional (AHP). The service also operates a GP advice and guidance service, and patient initiated follow up (PIFU) pathways.

Capacity & Demand

Prior to the COVID-19 pandemic, the ECT service delivered around 21,400 outpatient appointments and 2,600 hospital spells a year, while SFT managed 44,200 outpatient appointments and 7,100 hospital spells a year.

Activity varies throughout the year and the ability to deliver elective orthopaedic inpatient care is significantly impacted by emergency bed pressures during the winter period. From December to April inpatient T&O surgery is reduced significantly as elective beds are occupied by acute medical patients. This has a significant impact on waiting times and both sites struggle to effectively ring-fence bed capacity for elective orthopaedics.

In 2019/20 90.7% of patients at SFT and 65.55% at ECT were treated within the target 18 weeks of referrals. Trauma and Orthopaedics was one of the most severely affected specialties during the COVID-19 pandemic and by February 2021, this performance had reduced significantly to just 60.6% at SFT and 35.72% at ECT.

Both ECT and SFT have a significant backlog of patients waiting for planned T&O procedures. In February 2021 575 patients across the two hospitals had been waiting over a year for planned T&O surgery, compared to just nine before the pandemic.

Period	Measure	Target	ECT	SFT
2019/2020	Number of patients treated wthin 18 weeks of referral	>92%	62.55%	90.70%
	Number of patients waiting more than 52 weeks for elective surgery	0	9	0
February 2021	Number of patients treated wthin 18 weeks of referral	>92%	35.72%	60.60%
	Number of patients waiting more than 52 weeks for elective surgery	0	364	211

Quality & Outcomes

T&O services across both hospitals have been rated as 'good' by the CQC.

Stockport performs strongly on the National Joint Registry (NJR) clinical outcomes for hip and knee surgery. The service is above average for hip revision rates and one of the best in the country for knee revision rates.

The Royal College of Physicians benchmark study for 2020 showed ECT was in the top performance quartile nationally with 69.8% of cases meeting best practice criteria. SFT performs well against the Best Practice Tariff (BPT) measures for hip, knee, and spinal surgery. ECT's monthly performance for the hip fracture BPT quality indicator has improved in recent years to a 12 month average of 68.5%, while SFT's performance ranged between 50-55%.

Neither service is currently delivering national clinical standards on 7 day services:

- ECT consultant job plans include on-site presence on weekend mornings only, as it is not cost effective to roster evening consultant cover on site given the low volume emergency activity
- SFT have one consultant on call at the weekend. This consultant is resident onsite in the daytime but is also allocated to the all-day trauma operating list. It is not possible for this one consultant to review ward inpatients at the same time.

Standards	Measure	ECT (SCU)	SFT (LNU)
7 Day Services Standard 2	All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital	N/A as not a designated Trauma Unit	✗
Best Practice Tariff	Hip fracture Best Practice Tariff (BPT) Quality indicator	Monthly variance 50%-68%	Monthly variance 32%-57%
NICE Clinical guideline CG124	NICE guidelines for hip fracture management recommend orthogeriatrician assessment as part of a multi-disciplinary management approach.	✗	✗

Despite repeated recruitment attempts, neither site has appointed a specialist ortho-geriatrician to support the care of older people who have suffered a fracture, in accordance with NICE guidelines. This has a direct impact on average length of stay (LOS) for patients. The national average LOS is approximately 17 days but is 2.5 days longer at SFT and 4 days longer at ECT.

Length of stay in hospital for orthopaedic patients is also impacted by delays in transfer of care to community rehabilitation and intermediate care.

In the past year, LOS for hip fractures has reduced nationally, largely driven by COVID-19 and increased efforts within health care systems to facilitate early discharge, which may not be sustainable in the context of national workforce challenges.

New clinical requirements mean that knee revisions should be carried out at major revision centres for complex cases (either WWL or Broadgreen) or at revision units, such as SFT.

Workforce Resilience

Orthopaedic services at ECT and SFT are relatively stable, and recruitment is less challenging than in other specialties. However, both services have been challenged in providing access to an ortho geriatrician. This is a key constraint in achievement of best practice tariff for fragility fractures, with performance across the trusts at around 50%.

During the pandemic, a number of theatre staff left the organisations when many non-urgent surgeries were delayed. There is a risk around capacity to fill these roles as services return to pre-pandemic levels.

Access to out of hours spinal MRI scanning to exclude serious conditions requiring urgent surgical intervention is challenging at both sites due to a lack of suitably trained radiographers. This can mean that patients must be sent urgently to Salford Royal Hospital for diagnostic scan.

National guidance suggests that to maintain skills, surgeons should undertake at least 35 total hip replacements a year[41]. Both trusts are well above this volume. For lower limb revision rates, surgeons should be carrying out 20 procedures per year. Due to low volume of patients requiring revision arthroplasty, ECT clinicians are unable to maintain surgical skills (operating on around seven patients each year). Consequently, patients are referred to SFT or WWL for surgery. Clinicians have also highlighted the opportunity to strengthen resilience and improve patient pathways by collaborating in low volume areas of complex ankle joint surgery.

41]: GIRFT National report (2015) GIRFT

The Case for Change

The case for change in the trauma and orthopaedics relates to increasing demand and the impact of the COVID-19 pandemic on the specialty. If we do nothing, it is predicted that waiting lists at both sites will continue to increase, as a lack of ring-fenced beds for elective orthopaedics at both sites means that cancellations are inevitable when hospital capacity is stretched.

Given the significant number of local people who have already waited over a year for elective T&O surgery, the implications of the status quo are unacceptable for our patients.

The case for change can be summarised as follows:

- Patient access standards are not being met and patients are experiencing prolonged periods of pain and discomfort while waiting for hip and knee surgery. With an older population, demand for trauma & orthopaedics has been and will continue to grow and there is an opportunity for the skilled clinical teams to collaborate on sustainable solutions that meet the needs of both populations
- There is no green site - or COVID-free environment without the competing pressures from emergency patients - for elective patients across Stockport and East Cheshire and private provider capacity is already saturated. Working together on a joint solution which would benefit all patients is more likely to gain support for the capital investment that would be required for this.
- Too many patients are already experiencing long waits for surgery. Ring-fencing bed capacity for elective orthopaedics could alleviate the pressure.
- Ortho-geriatric input to optimise the clinical management of hip fracture patients is not being achieved, impacting on length of stay for T&O patients. A larger clinical service is more likely to attract interested applicants.
- New clinical requirements mean that knee revisions should be carried out at revision units or major revision centres, which would be beneficial for patients and make best use of collective capacity.

5.9 Women & Children

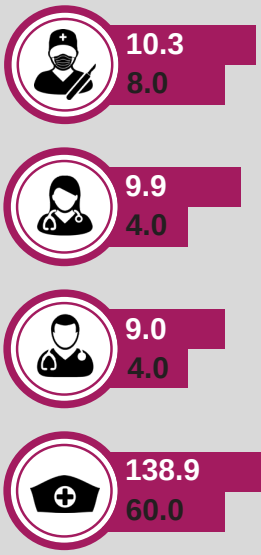
Women's & Children's is a wide-ranging area of healthcare that focuses on treating conditions affecting women's reproductive healthcare and children. Services are generally divided into four main specialties:

- ***Gynaecology*** – focusing on women's reproductive health
- ***Obstetrics & Maternity*** - supporting women through pregnancy and birth
- ***Neonatology*** – specialist care for newborn babies; and
- ***Paediatrics*** – focusing on children's health care.

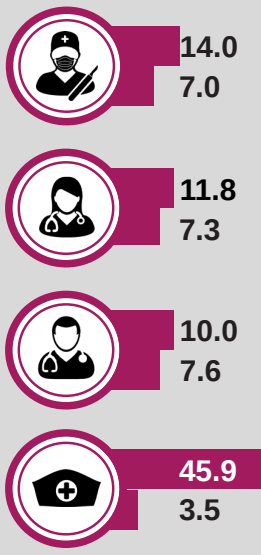
The clinical review of Women & Children's services was divided into two areas:

- Maternity & Gynaecology
- Paediatrics & Neonatology.

Maternity & Gynaecology Workforce*



Paediatrics & Neonatology Workforce*



ECT SFT

* Whole-time equivalents

5.9.1 Maternity & Gynaecology

Obstetricians provide medical and surgical care to pregnant women, while midwives provide midwifery care to all pregnant women, either in conjunction with an obstetrician or as the sole practitioner where no risk factors have been identified.

Gynaecologists provide medical and surgical care to women with diseases of the reproductive tract either before, during or after their reproductive years.

Most doctors in the specialty practice both obstetrics and gynaecology, but some doctors sub-specialise as their careers progress.

Prior to the COVID-19 pandemic, ECT's maternity and gynaecology services were delivered from the Macclesfield site in a purpose-built antenatal unit with ultrasound scanning facilities, an inpatient maternity unit with three standard and two water-birth ensuite rooms, 22 antenatal/postnatal beds and a dedicated obstetrics theatre.

In addition, community midwifery antenatal and postnatal clinics are held in locations across eastern Cheshire with home births offered to all women.

ECT has six substantive consultants who share obstetrics and gynaecology commitments, and all contribute to the on-call rota. Complex foetal-maternal medicine is jointly managed through relationships with neighbouring specialist units at St Mary's in Manchester and Liverpool Women's Hospital.

The maternity service supported the births of around 1,500 babies a year (4 per day), aided by a Level 1 neonatal unit. There were 3,427 antenatal and postnatal attendances plus 1,487 hospital and 23 home births.

In 2019, ECT's maternity service was rated 'Good' by the CQC in all five areas.

In March 2020, the ECT maternity inpatient service was temporarily suspended, due to critical care pressures associated with COVID-19.

Maternity Activity

1,012 386	**Emergency Admissions** (Non-Electives)
20,070 3,427	**All Outpatient Appointments**
3,068 1,487	**Births**

Gynaecology Activity

1,751 385	**Emergency Admissions** (Non-Electives)
559 224	**Elective Admissions**
14,553 8,335	**Outpatient Appointments**
708 590	**Day Case Procedures**

ECT SFT

* SFT Obstetric patients requiring a high level of care admitted to high care area in Maternity, not ICU

Local women continue to receive antenatal support through the midwifery team on site and have the choice of giving birth at home or at neighbouring hospitals, including SFT.

The trust is committed to reinstating the service on the Macclesfield site when safe to do so. As such, the trust has embarked on a parallel process to explore the options for how this can be achieved. The output of this process is due in late June / early July 2022 and will then feed into this work as required.

Both ECT & SFT services are part of the Greater Manchester and Eastern Cheshire Local Maternity System (GMEC LMS).

SFT's 10 obstetric consultants undertake a 1:8 on call rota. The team also includes a specialty and associate specialist (SAS) doctor. The maternity unit has a 28-bed inpatient ward and a delivery suite with 15 en-suite delivery rooms. Stockport Birth Centre is a midwifery led service for women with low-risk pregnancies, and has two birthing rooms with pools and eight postnatal beds.

The service works closely with the trust's level 2 Local Neonatal Unit (LNU).

SFT's antenatal clinic and ultrasound department are situated on the ground floor of the women's unit on the Stockport hospital site. Postnatal care is provided in the community.

The community midwifery team works within the Stockport Family integrated service alongside health visitors, social workers and early years specialists. This service is regarded as an exemplar model for the delivery of integrated children's services. Community based services are also provided in Buxton.

In 2020 SFT's maternity service was rated "requires improvement" by the CQC, mostly related to the number of midwives.

Supported by the Maternity Safety and Support Programme, the service has improved in all on all areas of concern.

Additional midwifery staffing has recently been employed to meet the Birthrate Plus[42] requirements. The trust has invested in delivery suite co-ordinators 24 hours per day and an expansion in consultant numbers to match the requirements of the Interim Ockenden Review[43].

Gynaecology

ECT provides inpatient, outpatient and cancer gynaecology services on the Macclesfield site. However, the number of patients who use gynaecology inpatient and cancer services at the trust is very small.

Outpatient gynaecology clinics are hosted in a recently built women's outpatient facility. Prior to the COVID-19 pandemic general outpatient clinics were also provided in Knutsford, Leek, Wilmslow, Congleton and Handforth.

In 2019/20 there was an average of four admissions per week and around 12 day cases.

The ambulatory gynaecology service offers several 'one stop' clinics providing comprehensive diagnostic and therapeutic procedures.

SFT provides gynaecology services at Stepping Hill Hospital, including inpatient, outpatient and cancer services as well as a Gynaecology Assessment unit.

Outpatient clinics are held in dedicated outpatient facilities on the ground floor of the women's unit.

The ambulatory gynaecology service offers one-stop clinics and nurse-led early pregnancy and pregnancy loss support services.

The trust has a dedicated gynaecology ward with 10 inpatient beds and a four bedded assessment unit. There are currently 11 theatre lists per week including one robotic list.

[42]: https://www.rcm.org.uk/media/2367/birthrate-plus-what-it-is-and-why-you-should-be-using-it.pdf
[43]: Interim Ockenden Report (2020). HM Government

Capacity & Demand

Most maternity units in the UK support between 2,500 and 4,000 births a year. SFT's maternity unit sees on average 3,260 births a year. The maternity service at ECT is one of the smallest in the country and the number of births has decreased over time from 1,983 in 2009/10 to 1,510 in 2019/20 - a reduction of 23%.

A clinical senate review of neonatology provision at ECT in 2018 stated that although no clinical concerns were brought to the attention of the review team, *"the issue with the (maternity) service is fundamentally its size, currently it is not cost effective for the trust due to the limited activity levels and requirements to meet staffing standards. The fragility of the neonatal service is the key factor here in considering whether the options that retain the obstetric service are really viable"*.

National population predictions suggest a relatively static position over the next 10 to 20 years, with a 0.8% increase in women aged 15-44 in eastern Cheshire by 2038 and a 3.9% increase in Stockport.

Women Aged 15-44	Cheshire East	Stockport	Combined Population
2018	29,752	51,367	91,119
2028	30,474	53,867	84,341
2038	29,997	53,368	83,365
Cumulative Difference	+ 0.8%	+ 3.9%	+ 2.8%

In recent years there has been a fundamental shift in gynaecology away from major open surgery for many conditions to day case / ambulatory surgery and medical management. This change in activity has been apparent on both sites, though the procurement of a state of the art da Vinci robot on the SFT site may offer an additional benefit to high-risk gynaecological patients who have complex pelvic diseases requiring surgical intervention. More generally, gynaecological demand is likely to increase marginally on both sites in coming years, consistent with the expected increase in the age of the local populations.

Quality & Outcomes

ECT's maternity service was rated 'Good' by the CQC in 2019, while in 2020 SFT's service was rated as 'requires improvement'. Supported by the Maternity Safety and Support Programme, the service has improved on all areas of concern.

Due to its small size, ECT's maternity service did not meet the Royal College of Anaesthetists / Obstetrics Anaesthetists Association (RCoA /OAA) recommendations around workforce levels. SFT's service complies with these standards.

The Interim Ockenden Report[44] provided a series of 'essential and immediate' actions to ensure that all maternity services are safe and comply with key recommendations already in existence. Neither site is fully compliant with these recommendations, however working together since 2020 has helped strengthen the trusts' ability to respond to the Ockenden recommendations.

Both sites will face challenges to meet the new recommendations set out in the Final Ockenden Report[45].

Neither site is achieving the 7-day clinical standard for consultant review within 14 hours of emergency admission in gynaecology. Activity numbers are low at ECT with 385 non elective inpatient admissions in 2019/20.

SFT delivers the Royal College of Midwives (RCM) staffing standards, while ECT does not deliver on supernumerary labour ward coordinators.

Both sites deliver the Birth Rate Plus ratio of midwifes to births and deliver the 10 safety actions required under the clinical negligence scheme for trusts (CNST) standards.

Standards	Measure	ECT	SFT
RCoA/OAA	Dedicated duty anaesthetist 24/7 for labour ward	✗	✓
RCoA/OAA	12 consultant anaesthetist sessions for maternity	✗	✓
Ockenden	Twice daily consultant led ward round for maternity	Partial	Imminent
7-day Services	Consultant review within 14 hours of admission (gynae)	✗	Partial
RCM	Midwifery staffing – supernumerary labour ward coordinator	✗	✓
RCM	1:1 Care in established labour	✓	✓
Birthrate Plus	Midwife to birth ratio 1:28 or less	✓ 1:26	✓ 1:25
CNST*	Compliance with 10 safety actions	✓	✓

* ECT's latest submission was in 2018/19. SFT's latest submission was in July 2020

[45]: Interim Ockenden Report (2020). HM Government

[46]: Final Ockenden Report (2022). HM Government

Workforce Resilience

At ECT, workforce sustainability for the maternity and gynaecology specialty relates to the resilience of medical staff rotas - specifically the middle grade anaesthetic rota, which covers both obstetrics and anaesthetics. Immediate access to senior anaesthetic expertise is an essential component of safe maternity care in obstetric units. In light of the national shortage of trained anaesthetists, ECT has experienced a persistent challenge with recruitment of middle grade anaesthetic staff.

The challenge to ECT's anaesthetic workforce is expected to worsen in the short to medium term, with at least two of the eight anaesthetic consultants reaching the standard NHS pension age in the next three years. With a small maternity and critical care unit, ECT will struggle to attract trained anaesthetists to replace these consultants. Cross-cover arrangements between critical care and maternity are unlikely to be sustainable in future due to the workforce recommendations in the Ockenden Reports.

There are also gaps in specialist midwife roles at ECT, such as bereavement and diabetes, which would require additional funding.

Skill maintenance and career progression is more challenging in smaller units, and this also applies to nursing. Larger units have more opportunities to recruit and attract staff to advanced clinical practice roles.

Workforce capacity for colposcopy at both ECT and SFT is challenging. ECT has a limited number of trained colposcopists. The SFT clinical team have experienced an increase in referrals in colposcopy and have a backlog of routine patients awaiting assessment and treatment. While two-week cancer access standards are being maintained, interim plans are required to increase local capacity in colposcopy.

The Case for Change

The case for change in the maternity and gynaecology largely relates to workforce resilience at ECT, as well as the ability of both trusts to fully comply with national clinical standards and Ockenden recommendations within available resources.

While patient outcomes are currently good, there is a persistent risk to sustainability at ECT associated with low volume activity, creating a risk of potential de-skilling among staff in future.

The case for change can be summarised as follows:

Gynaecology:

- Neither site is achieving the 7-day clinical standard in gynaecology which requires consultant review within 14 hours of emergency admission. Working together as a larger clinical team would provide both sites with the opportunity to realign resources and meet national clinical standards.
- The gynaecology inpatient service at ECT is sub-scale, with an average of four elective and seven emergency admissions per week. Working together would enable clinical teams to optimise patient pathways and make better use of available resources.

Maternity:

- Neither service is currently meeting the national clinical standards and the requirements set out in the Ockenden Reports, largely due to workforce challenges. Working together would strengthen our ability to respond to these challenges, optimise available resources and respond to the Ockenden recommendations.
- ECT is particularly challenged in meeting the standards expected of a consultant delivered obstetric service as services are sub scale. Due to the small size of ECT's Maternity and Critical Care Units, the (tier 2) middle grade anaesthetic doctor covers both the labour ward and critical care unit, which does not comply with standards as they may not be immediately available when needed. ECT's anaesthetic consultant workforce is unable to deliver twice daily multidisciplinary ward rounds or the requirement to have a dedicated anaesthetist for the labour ward. The ability to recruit and retain accredited intensive care consultants is a key challenge in a highly competitive market and consultant turnover is highly likely in the short term, which would bring the service under considerable pressure. A parallel review is currently underway at ECT to review anaesthetic rota arrangements at the interface with maternity services.
- The relatively low number of births in Eastern Cheshire means that maintaining skills is more challenging for clinical, midwifery and neonatal staff. Skills retention in obstetric anaesthesia would likely require rotation of staff between sites and being part of a larger clinical team would improve workforce resilience and flexibility at both sites.

5.9.2 Paediatrics & Neonatology

Paediatrics is the area of medicine that manages clinical conditions affecting infants, children and young people. Paediatrics can be divided into three main areas:

- General Paediatrics - hospital outpatient and inpatient services covering children from birth to the age of 16
- Neonatology - looking after premature babies or those with problems at birth;
- Community paediatrics - looking after children with developmental, social or behavioural problems and those with a physical disability.

Neonatal care is delivered in 161 Neonatal Units across England :

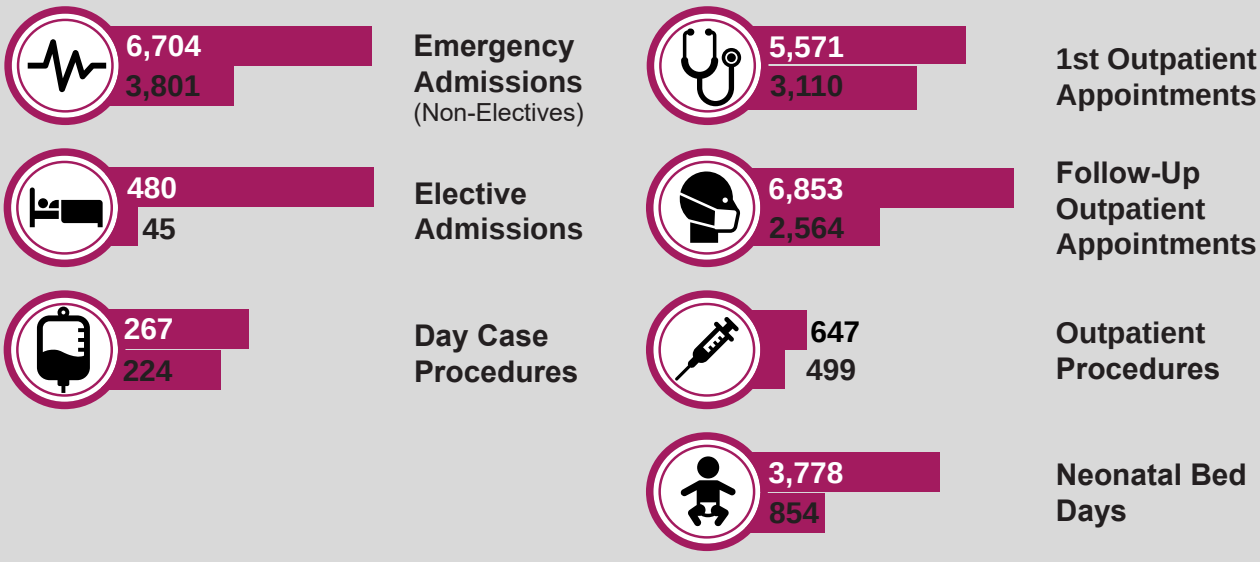
- 44 Neonatal Intensive Care Units
- 77 Local Neonatal Units
- 35 Special Care Units

Neonatal Intensive Care Units (NICU) provide care for the whole range of neonatal care. They are staffed to care for the sickest and most premature babies. Staff work closely with their local maternity teams and foetal medicine services. All babies born at less than 27 weeks of gestation (28 for multiple babies) or at a birthweight lower than 800g should receive perinatal and early neonatal care in a maternity service with a NICU facility.

Local Neonatal Units (LNU) provide care for babies born after 27 weeks of gestation (after 28 for multiple births) and babies weighing over 800g. This includes short-term intensive care where necessary and babies born at 27-31 weeks who require high dependency care.

Special Care Units (SCU) provide local care for babies born at 32 weeks or more and over 1000g birthweight who require only special care or short-term high dependency care.

Paediatrics Activity



[46]: Implementing the Recommendations of the Neonatal Critical Care Transformation Review (2019) NHS

Paediatrics

ECT's paediatric service is delivered by a multi-disciplinary team, providing consultant-led outpatient and inpatient services, community paediatrics and a children's community nursing service. The paediatric service has been rated 'Good' by the CQC with high levels of patient and parent satisfaction.

Paediatric inpatient services are provided at Macclesfield's children's unit, which has ten side rooms, a six-bedded bay and five paediatric observation beds. The paediatric service operates a home-first model, using the skills of the specialist and community nursing teams to reduce admissions and length of stay.

The unit supports children's surgical services in planned day case ENT and dental with eight to ten admissions per week, as well as unplanned orthopaedic and general surgery.

ECT has seven paediatric consultants, providing expertise in allergy, autism, respiratory, epilepsy, neonatology, neurological conditions, diabetes, endocrinology, immunisation, safeguarding, research and teaching. Visiting consultant outpatient clinics are hosted on site for urology, allergy, endocrinology, paediatric general surgery, nephrology, neurology, cardiology and rheumatology.

Patients requiring paediatric intensive care beds are stabilised and transferred using the North West Paediatric Transfer Service (NWTS).

Patients requiring more complex treatment are transferred to tertiary centres with cardiac issues going to Alder Hey Children's Hospital and head injuries to Manchester Children's Hospital (MCH).

The community paediatric service delivers a range of assessments, clinics and therapy to support child development, feeding issues, looked after children's health assessments, autism, and long-term conditions.

The Children's Community Nursing Service provides nursing care in the child's own home for children with chronic conditions, complex needs, and support following a hospital admission.

SFT has 13 paediatric consultants with expertise in allergy, respiratory, epilepsy and neurological conditions, diabetes and endocrinology, chronic fatigue, cardiology, gastroenterology, eating disorders, autism, immunisation, ADHD, child sexual abuse and safeguarding. The unit also supports children's surgical services in orthopaedics, ENT and ophthalmology.

Facilities on the Stockport site include a purpose built 'Tree House' children's unit with 20 medical inpatient beds, four surgical beds (three days per week), an 8-bed assessment and observation unit, and a 2-bed high dependency unit. On the ground floor is an outpatient unit with a day case investigation suite, integrated healthy young minds service alongside paediatric therapy services. Outpatient services also cover specialist clinics, with visiting consultants from MCH and St Mary's in areas such as endocrinology, cystic fibrosis, nephrology, cardiology and neurology.

SFT offers integrated community and hospital services so that a child has only one paediatrician. There are extensive community services, including a child development unit, a children's learning disability team and a respite provision for children with severe physical and learning disabilities.

SFT's paediatric team also runs a multi-disciplinary service for children with neuro developmental problems and disability, including therapists, a specialist nurse and two consultant paediatricians. Family support and respite care is provided by a nurse led team for children with severe learning disabilities and associated behaviour problems. The service also provides home and school-based intervention programmes for these children.

Neonatal Service

Pre-COVID, ECT's paediatric medical team were clinically responsible for the care of babies in the Special Care Unit (SCU) providing a combination of resident and on call 24 hour, 7-day medical cover. The eight-cot unit was re-designated from a Local Neonatal Unit (LNU) to a SCU in August 2019, in line with a 2018 Clinical Senate review recommendation which reflected the local needs.

The SCU accepts admission of babies from 32 weeks gestation. A very small number of infants who do not meet admission criteria are transferred to a level 2 or 3 unit. Infants of less than 32 weeks gestation, and those who required specialist neonatal care, are transferred to neighbouring trusts and tertiary centres, usually Liverpool Women's Hospital.

A flexible four-bed Transitional Care Unit (TCU) is available within the postnatal ward, jointly supported by postnatal midwives, Maternity Care Assistants (MCA), Neonatal unit nursing and medical staff. Separate parent accommodation on the SCU is available for one family at a time - limited by estate within the maternity footprint. Allied health professional input to the unit includes pharmacists, dietitians and specialist speech and language therapy. There is support from radiology for cranial ultrasound and ophthalmology for retinopathy of prematurity screening.

There has always been an ethos at ECT not to separate babies from their mothers whenever this can be clinically avoided. This means short-stay admissions to the SCU are low and 92% of admissions are over 24 hours duration. ECT also has a low term admission rate (3.4% of live births), which is in line with national drivers to reduce full term admissions to neonatal care.

In 2019/20, there were 105 admissions to the unit, with 854 care days. Occupancy was low at 32% occupancy and suggests this unit is sub scale.

As previously described, in 2020, ECT temporarily suspended its maternity and neonatal services due to a lack of anaesthetist cover caused by the COVID-19 pandemic. Neonatal staff were moved to neighbouring hospitals to support eastern Cheshire mothers giving birth in other areas. As set out in the section on Maternity services, the trust has embarked on a separate process to explore the best service model to return services to the Macclesfield site. This work will report in June / July 2022 and will then feed into wider discussions re future service models.

SFT runs a Local Neonatal Unit (LNU) as part of the Greater Manchester clinical network. The unit has 17 cots - two intensive care, three high dependency, and 12 special care - for infants over 27 weeks gestation, including short term ventilation. There is a four-bed transitional care bay on the neonatal unit with transitional care also provided on the post-natal ward in the maternity unit.

In 2019/20 there were 344 admissions to the LNU and 3778 care days. Babies below 27 weeks gestation or with extreme respiratory conditions requiring surgery are transferred to the tertiary unit at St Mary's Hospital in Manchester, or Bolton or Oldham should St Mary's have no capacity.

SFT's neonatal unit was extended and refurbished in 2009 providing ensuite parent bedrooms, a full kitchen, play facilities, breast feeding rooms and a transitional care unit for babies to stay with their mothers until they are ready for discharge home.

Medical cover is provided by the paediatric team with a lead consultant paediatrician with an interest in neonatology. The nursing team is led by a senior nurse manager. The LNU has support from radiology for ultrasound.

Capacity & Demand

The North West Neonatal Operational Delivery Network (NWODN) monitors capacity and demand activity for both trusts. Both units may be asked to accept transfers from other local neonatal units during periods of peak demand, in line with local criteria protocols.

With a larger clinical workforce, the service at SFT is better placed to meet current demand for care. Population projections from the Office for National Statistics suggest a relatively stable population of children and young people over the next 20 years – with a slight reduction of around 2% by 2038. But while growing demand is not a significant pressure in this specialty, there are some issues around workforce capacity to meet current demands at ECT.

Children Aged 0-14	Cheshire East	Stockport	Combined Population
2018	32,736	53,677	86,413
2028	32,115	52,865	84,980
Change	**- 1.8 %**	**- 1.5 %**	**+ 1.7 %**

ECT has a small Special Care Baby Unit with low bed occupancy, which makes compliance with workforce standards more challenging than in larger units where there are economies of scale. In 2019/20, there were 105 admissions to the unit, with 854 care days, and 32% occupancy level.

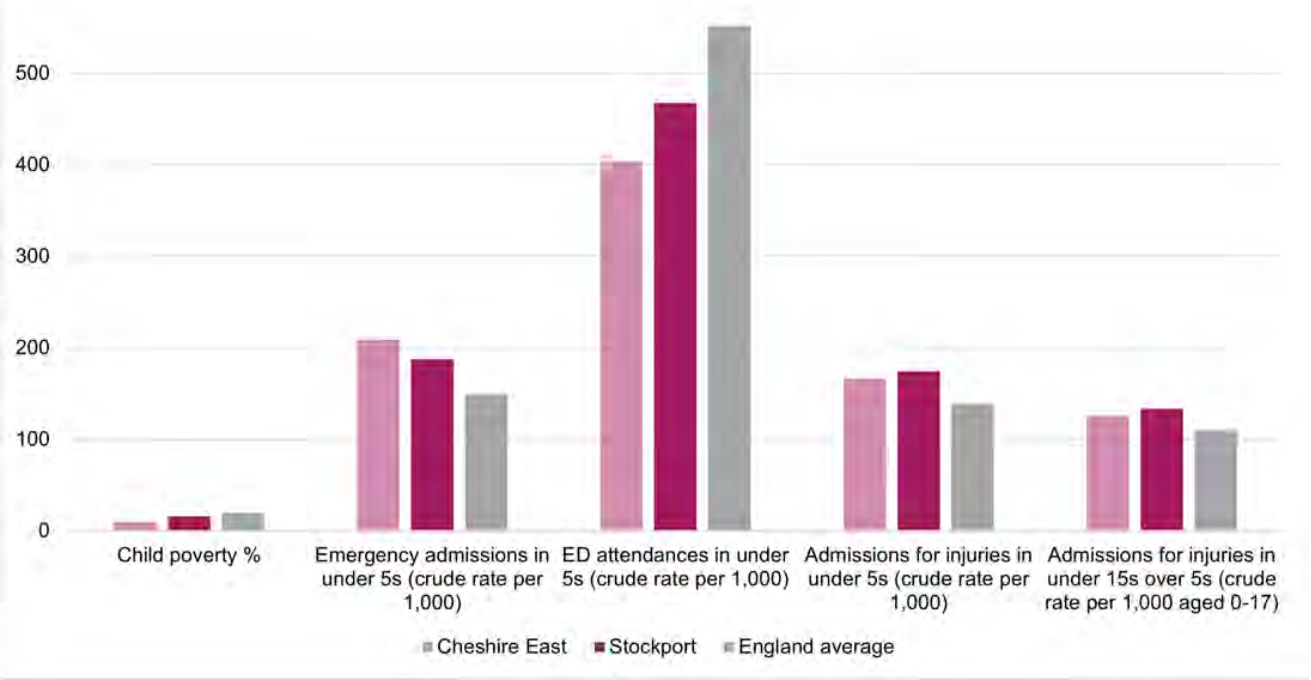
Specialty benchmarking data indicates that ECT's paediatric inpatient activity is also sub-scale. The trust has low volumes of planned paediatric surgery making it difficult to maintain skill sets, with the exception of ENT, dental and oral surgery which are provided by a partner trust on the site.

ECT provides 84% of emergency paediatric care for the local population, with most children (85%) discharged on the day of admission or after a single night in hospital.

The Cheshire East 'Transforming Care for our Population' programme is looking to review paediatric pathways, developing more responsive community services that would potentially prevent many ED attendances and short stay admissions to hospital. While this is the right thing for local children, the consequence of reducing admissions to the already small ECT service may further compound current sustainability issues.

Quality & Outcomes

Across eastern Cheshire and Stockport there are lower than average rates of child poverty and ED attendances among under 5s. However, the emergency admission rate is higher than the national average.



Source	Indicator	Cheshire East	Stockport	England Average
DCLG 2015	Child poverty %	9.7	15.8	19.9
HES 13/14-15/16	Emergency admissions in under 5s (crude rate per 1,000)	208.9	187.9	149.2
HES 11/12-15/16	ED attendances in under 5s (crude rate per 1,000)	403.3	467.6	551.6
HES 11/12-15/16	Admissions for injuries in under 5s (crude rate per 1,000)	166.7	174.2	138.8
HES 11/12-15/16	Admissions for injuries in under 15s over 5s (crude rate per 1,000 aged 0-17)	125.9	133.2	110.1

* SFT emergency admission figures include Paediatrics Observation Unit attendances > 4 hours

Both services have been inspected by the CQC in the last 3 years. SFT's children and young people's services were rated as 'Requires Improvement' due to children being admitted to Treehouse Ward with mental health issues. Improvements have been made in this area with investment in staff training including a mental health nurse educator, redesigned admission paperwork and link nurses in place. ECT's service was rated 'Good' by the CQC.

Both trusts meet the NHS standard of 92% of patients being treated within 18 weeks of referral.

Standards for acute, general paediatric care are set out by the Royal College of Paediatrics and Child Health (RCPCH)[47] . Both trusts are compliant with most of the RCPCH standards.

Standards	Measure	ECT	SFT
RCPCH Facing the Future Standard 1	A consultant paediatrician* is present and readily available in the hospital during times of peak activity, seven days a week. (The direction of travel and the RCPCH's five year strategic plan is that there should be a consultant present for at least 12 hours a day, seven days a week).	✓	✓
Standard 2	Every child who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician* within 14 hours of admission, or more urgently if required	✗	standard met nine months a year
Standard 3	Every child who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician* within 14 hours of admission, with more immediate review as required according to illness severity or if a member staff is concerned.	✓	✓
Standard 4	At least two medical handovers every 24 hours are led by a consultant paediatrician*.	✓	✓
Standard 5	Every child with an acute medical problem who is referred for a paediatric opinion is seen by, or has their case discussed with, a clinician with the necessary skills and competencies before they are discharged. This could be: a paediatrician on the consultant rota, a paediatrician on the tier two (middle grade) rota, or a registered children's nurse who has completed a recognised advanced children's nurse practitioner programme and is an advanced children's nurse practitioner.	✓	✓
Standard 6	Throughout all the hours they are open, paediatric assessment units have access to the opinion of a consultant paediatrician*.	✓	✓
Standard 7	All general paediatric inpatient units adopt an attending consultant* system, most often in the form of the 'consultant of the week' system.	✓	✓
Standard 8	All general paediatric training rotas are made up of at least ten whole time equivalent posts, all of which are compliant with the UK Working Time	✗	✓
Standard 9	Specialist paediatricians are available for immediate tele-phone advice for acute problems for all specialties, and for all paediatricians.	✓	✓
Standard 10	All children, children's social care, police and health teams have access to a paediatrician with child protection experience and skills (of at least level 3 safeguarding competencies) who is available to provide immediate advice and subsequent assessment, if necessary, for children under 18 years of age where there are child protection concerns. The requirement is for advice, clinical assessment and the timely provision of an appropriate medical opinion, supported by a written report.	✓	✓

* or equivalent staff, associate specialist or specialty doctor who is trained and assessed as competent to work on the paediatric consultant rota

[47]: Facing the Future - standards for acute general paediatric services (2015). Royal College of Paediatrics and Child Health

To achieve the RCPCH standard of all new admissions being seen by a consultant within 14 hours ECT would require at least ten consultants, not seven. SFT is only compliant with this standard during nine months of the year when twilight shifts are in operation and would require another 1-2 consultants to deliver in full.

In relation to neonatal care, neither trust meets all standards within the British Association of Peri Natal Medicine (BAPM) framework.

Standards	Measure	ECT (SCU)	SFT (LNU)
BAPM/ NNCCR	Tier 1 Medical Staff – Immediately available 24 hours a day in an SCU	✓	N/A
BAPM	Tier 2 Medical Staff – Immediately available to support at busiest times in an SCU	✓	N/A
BAPM	Tier 2 Medical Staff – LNUs should provide an immediately available resident Tier 2 practitioner dedicated solely to the neonatal service at least during the periods which are usually the busiest in a co-located Paediatric Unit e.g. between 09.00-22.00, seven days a week.	N/A	standard met Mon-Fri
BAPM/RCN	70% of the NNU nursing establishment should be qualified in specialty	✗	✓

Workforce Resilience

Both ECT and SFT's paediatric services operate under a joint acute and community model. This provides both trusts with a challenge, as the same consultants cover the community clinics and acute care. ECT only has seven consultants to cover both acute and community areas.

The low activity volumes at ECT makes it more challenging to maintain skills and competencies for neonatal nurses and medical staff who are not exposed to the same wide range of clinical presentations as a large unit. It is recognised that teams may need to employ rotational working or another form of on-going education to maintain skills. An education programme is in place, including scenario training.

Providing training and continuity of supervision to trainees is a challenge at ECT in terms of the time available to support them within a small consultant team. Previously consultants were only required to support trainees on placement with them, however the deanery has requested that consultants continue to offer support to that trainee throughout a segment of their training. This is an example of how rising standards for the benefit of patients and staff are increasingly challenging the ability of organisations to meet them.

System pathway changes, aiming to reduce ED attendances and hospital admissions, would result in a lack of exposure to a full range of paediatric conditions and could potentially de-skill clinicians.

The Case for Change

The case for change in Paediatrics and Neonatology relates to the challenges of sub-scale services at ECT, as well as the ability of both trusts to deliver clinical workforce standards for paediatrics and neonates within available resources.

Outcomes for both neonates and paediatrics are currently good at ECT and SFT, but there is a persistent risk to sustainability of services at ECT associated with the impact of subscale activity and potential for staff de-skilling.

The case for change can be summarised as follows:

- The inpatient service at ECT is sub-scale and unable to meet national standard 7 days per week with existing workforce numbers. Future service developments to enhance primary and community care for unwell children will further reduce the number of paediatric hospital admissions, exacerbating the current challenges associated with sub scale inpatient activity and the risk of staff becoming de-skilled. Alternative models of care need to be considered to strengthen resilience, sustainability and compliance with the standards expected of a high-quality service.

- Neither site is fully compliant with the requirement for all children admitted with an acute medical problem to be seen by a consultant paediatrician within 14 hours of admission and investment in consultant workforce would be required at both sites to achieve this. Working together as a larger consultant team would provide opportunities for strengthening clinical pathways between secondary care and community services, enabling senior clinical expertise to focus on the specialist clinical and advisory role at the interface with primary care, for the benefit of young patients in Stockport and East Cheshire.

- In relation to neonatal care, neither site meets all national workforce standards and working together would provide an opportunity to achieve compliance and strengthen workforce resilience at both sites in line with neonatal network strategy. The interdependency of obstetrics and neonatal services is a key factor in considering the case for change as neonatal activity is also sub scale. Working as a larger clinical team provides opportunities for enhancing skills retention, improving workforce flexibility and strengthening rota resilience at both sites.

5.10 Clinical Interdependencies

More and more patients now have multiple medical conditions that require the input of a range of specialists, diagnostics and treatments to deliver effective hospital care. This clinical interdependency is more relevant in some specialties, which are unable to function effectively without immediate access to input and support from other clinical teams.

The clinical teams of ECT and SFT have therefore considered what is required to deliver their core functions, specifically in relation to the 10 core services described in this case for change.

Both sites have 24-hour emergency departments which are out of scope of this case for change. These are Type 1 ED departments, comprising a consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.

The ED is the first point of hospital contact for patients attending hospital in an emergency. ED services require multi-skilled, multi-professional clinical teams, available 24 hours a day, with the expertise to provide safe triage, rapid diagnosis and appropriate clinical stabilisation, irrespective of age, diagnosis and severity of illness. In addition, on-site or instantly available clinical, diagnostic and administrative support is required, as well as immediate access to hospital beds, ambulatory care pathways, social care and mental health services. A table can be found in appendix 5 with the national recommendations on the services that a hospital with an emergency department needs on site.

The critical interdependencies of acute inpatient services have been described in a review by the South-East Coast Clinical Senate[48], which defined the key relationships that are necessary to deliver sustainable high-quality care. The services that are required to maintain the core functions of a District General Hospital are:

Diagnostic services

- Pathology, plain radiology and CT scanning – each available 24 hours a day, with immediate reporting, to enable rapid diagnosis for conditions such as acute stroke, the acute abdomen, and major vessel disease. including pulmonary vascular disease.

Critical care services

- With capacity to treat and prevent poor outcomes, including death, of the small numbers (typically <2%) of emergency attendees that are critically ill.

Paediatric expertise

- A significant proportion of emergency department attenders are children, so the ability to appropriately assess the severity of a child's illness is essential. This expertise can be provided within the ED team itself, or through consultant-led paediatric teams with access to inpatient beds, either on site, or via robust, networked pathway arrangements at geographically close specialist paediatric units - the model of care in a number of large cities.

[48]: The Clinical Co-Dependencies of Acute Hospital Services (2014). South East Coast Clinical Senate

Acute medicine, including geriatric medicine expertise

- To deliver rapid diagnosis, treatment and improved outcomes for adult patients with an acute medical illness. This requires a consultant led acute medicine team working within an AMU 7 days per week, for a minimum of 12 hours per day. It is essential that this team has the capability to undertake comprehensive geriatric assessment.

Acute surgery and acute orthopaedics (on-site or as part of network-based support)

- To deliver rapid diagnosis, treatment and improved outcomes for adult patients with acute surgical and orthopaedic illness. Units without comprehensive critical care facilities and consultant support should not be undertaking complex surgery or accepting high-risk patients.

Access to inpatient speciality medicine, general surgical and orthopaedic surgical beds

- Approximately 30% of patients attending the ED require onward hospital admission for further investigation or specialist treatment. The attendance to admission conversion rate varies greatly according to the age of the patient - being typically up to 50% in the very elderly or those with multiple co-morbidities.

Mental Liaison Health Services

- Readily accessible (within 2 hours) psychiatric expertise helps reduce both admission and readmission rates in people with mental health problems.

Strong and more integrated relationships between provider organisations and their clinicians within and across regions are required to maximise the range of options available to provide the highest quality services in the most accessible and sustainable way possible.

Increasingly specialised interventional care is centralised and must be delivered via clinical networks to ensure rapid and equitable access to care. Clinical pressures during the COVID-19 pandemic have strained some of the networks in their capacity to ensure timely access to care, requiring a reassessment as to what should reasonably be delivered locally as opposed to centrally.

The development of this case for change has enabled clinicians from ECT and SFT to work together in assessing the clinical context and inter-dependencies for local service provision and sustainability.

The clinical interdependencies relating to the specialties in this case for change are summarised below.

Our Case for Change

Key Clinical and Service Interdependencies	
Clinical Specialty	**Clinical Interdependencies**
Anaesthetics & Critical Care	• Acute medical, surgical, diagnostic, anaesthetic and • radiology services should be co-located on site. • In-reach access to ENT, gynaecology, interventional radiology and urology. • Access to appropriate recovery and critical care support is needed in surgical units to manage complex and acutely ill patients • Urgent diagnostic haematology and biochemistry, transfusion and blood bank
Cardiology	• Imaging, echocardiography and electrocardiography • Cardiology access is essential to support the management of an unselected patient case-mix via ED.
Diabetes & Endocrinology	• Essential to support the management of an unselected patient case-mix via ED. • Essential to support the effective clinical management of inpatients with diabetes (circa 20% of inpatients) • Haematology and Biochemistry
Endoscopy	• Imaging • Gastroenterology • Emergency management of gastrointestinal bleeding (Non elective or elective inpatient)
Gastroenterology	• Essential to support the management of an unselected patient case-mix via ED. • Diagnostic imaging and endoscopy

Key Clinical and Service Interdependencies	
Clinical Specialty	**Clinical Interdependencies**
General Surgery	• Essential to support the management of an unselected patient case-mix via ED, enabling appropriate investigations and triage to occur, with medical back up from acute and general medicine as well as elderly medicine. • General anaesthetics • On-site gastrointestinal advice with facilities for urgent endoscopy • Acute cardiology services available for advice • Diagnostic imaging required on-site include routine X-ray and ultrasound, CT and MRI, with access to nuclear medicine which could be networked. • Diagnostic haematology and biochemistry, transfusion and blood bank • Less invasive surgical techniques are increasing such as interventional radiology which must be available for patients, ideally on-site to save transfer of patients, but could be networked with adequate out-of-hours in-reach, or patient transfer protocols. • Urgent access to paediatrics, when operating on children.
Imaging	• Essential to the diagnostic function of all acute clinical specialties
Trauma & Orthopaedics	• Essential to support the management of an unselected patient case-mix via ED • General anaesthetics • Imaging • Urgent diagnostic haematology and biochemistry, transfusion and blood bank • Urgent access to paediatrics, when operating on children.
Women & Children	Maternity & Gynaecology: • General anaesthetics • Adult critical care • Neonatology • Urgent diagnostic haematology and biochemistry, transfusion and blood bank Paediatrics and Neonatology: • Essential to support the management of an unselected paediatric patient case-mix via ED. • Neonates is a critical interdependency with maternity • Imaging , particularly urgent diagnostics such as haematology, biochemistry, blood bank, transfusion, and electrocardiography

In summary, in developing this case for change, clinical teams have considered sustainability in the context of the relevant clinical interdependencies to ensure that challenges to resilience and sustainability are fully understood.

6. People & Culture

The NHS's greatest strength is its people, and as demand for healthcare continues to grow, it is essential that NHS staff get the support they need to do their jobs effectively [49] ***.***

A recurring theme across all of the clinical service reviews is workforce capacity, which is key to delivering sustainable services across Stockport and East Cheshire. While demand for healthcare has grown, the number of qualified healthcare professionals has not increased at the same speed and so our workforce is under significant pressure. Hospitals across the country are struggling to recruit the number of staff they need to deliver safe services 7 days a week.

Across the two organisations, we simply do not have the workforce we need to deliver all services at all sites 7 days a week. Our critical care and anaesthetic workforces are extremely stretched - a symptom of increased demand during the pandemic as well as the long-standing challenges of recruitment and retention in key specialties that are being experienced right across the NHS. While our clinical teams are highly skilled, they are unable to consistently meet necessary national standards within existing resources.

6.1 People Plan

Our workforce and the needs of our patients are changing and so is the way we deliver care. Shortages of clinical staff nationally, an older workforce, and changes to education pathways mean our workforce profile is evolving. There are also opportunities to make best use of emerging technology and to support new models of working.

Both organisations have in place a People Plan, which sets out priorities for each trust. Closely aligned to the NHS Long Term Plan, these plans demonstrate a commitment to the workforce, outlining how staff will be supported with more flexible working opportunities, continuing professional development, embracing diversity and a culture of respect and fair treatment for all.

The plans are very much aligned, as demonstrated in the trusts' respective People Plan priorities:

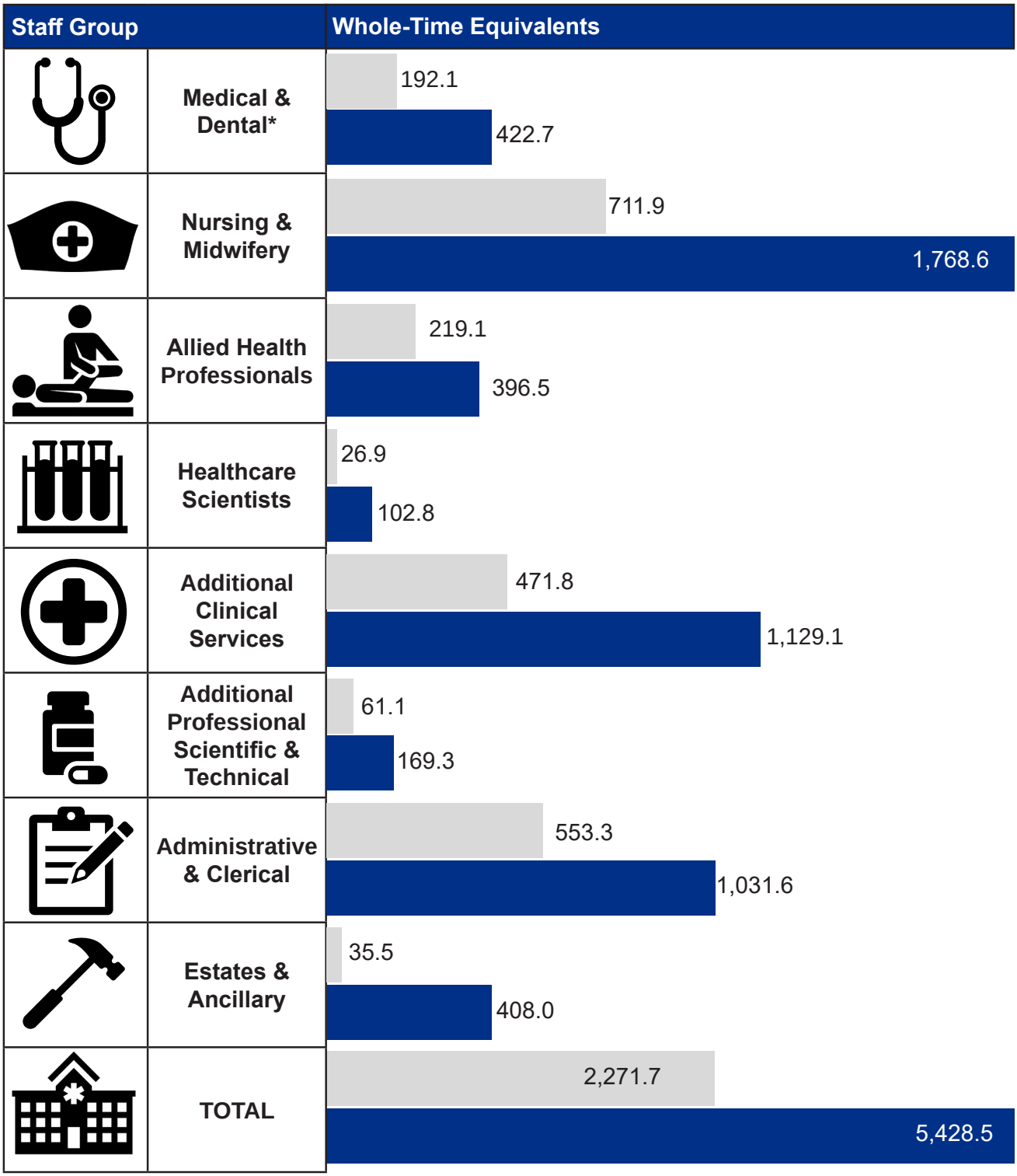
People Plan Priorities	
ECT	**SFT**
• Making ECT the best place to work	• A great place to work
• Taking urgent action on staff shortages	• Fully staffed teams where opportunities and support are given to staff to look after their health and wellbeing
• Developing our staff	• Supporting exciting and rewarding careers across our integrated system • Developing staff to enhance our excellent care to patients
• Enabling a compassionate and inclusive leadership and management culture	• Consistently well-led by ensuring the support and development of our leaders to delivery of an open and inclusive culture; where staff and leaders work together to ensure improvements are achieved.

The healthcare needs of the future will be different from today and our workforce and the way we work with our partners needs to reflect this. Our People Plans seek to create a positive and sustainable future for our staff, setting out how each trust will work in partnership with teams to deliver high quality, safe, integrated hospital and community services that ensure patients receive the best care in the right place at the right time.

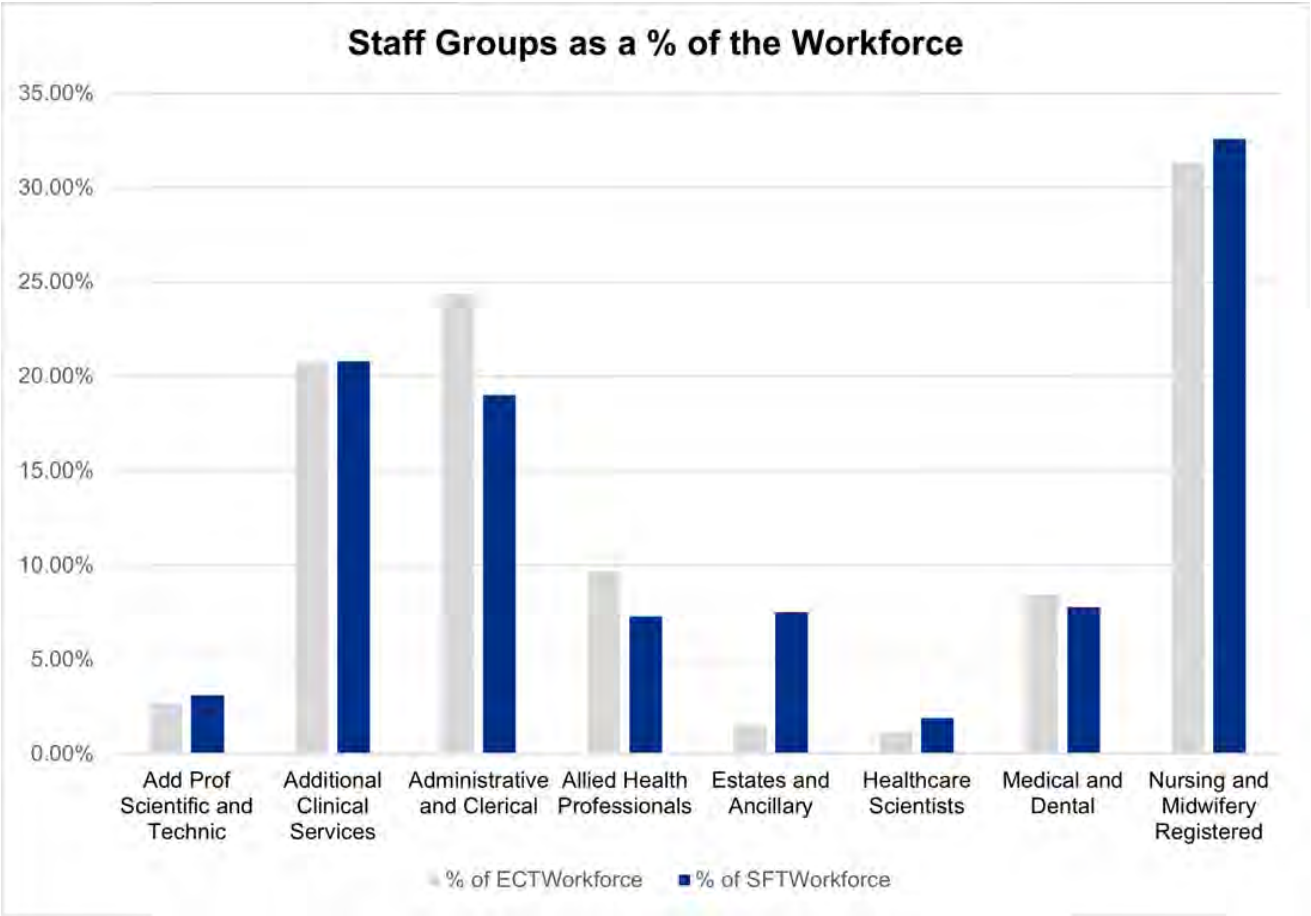
[49]: We are the NHS: People Plan (2020). NHS

6.2 Workforce Summary and Characteristics

Together, East Cheshire NHS Trust and Stockport NHS Foundation Trust employ 7,700 people. As such, we are among the biggest employers in the area. Around 8% of the workforce are doctors; 32% nursing staff; 21% clinical support staff; 7% allied health professionals; 2% healthcare scientists; 3% scientific and technical professionals; around 20% work in administrative and clerical roles; and 7% work in estates and ancillary roles.



* Please note: Junior doctors employed by the lead employer are not included in these figures



Both trusts face challenges around workforce sustainability, with the vacancy rate at almost 6% at ECT and 7.5% at SFT.

Turnover of staff is high, at around 12.6% at ECT and 14.7% at SFT.

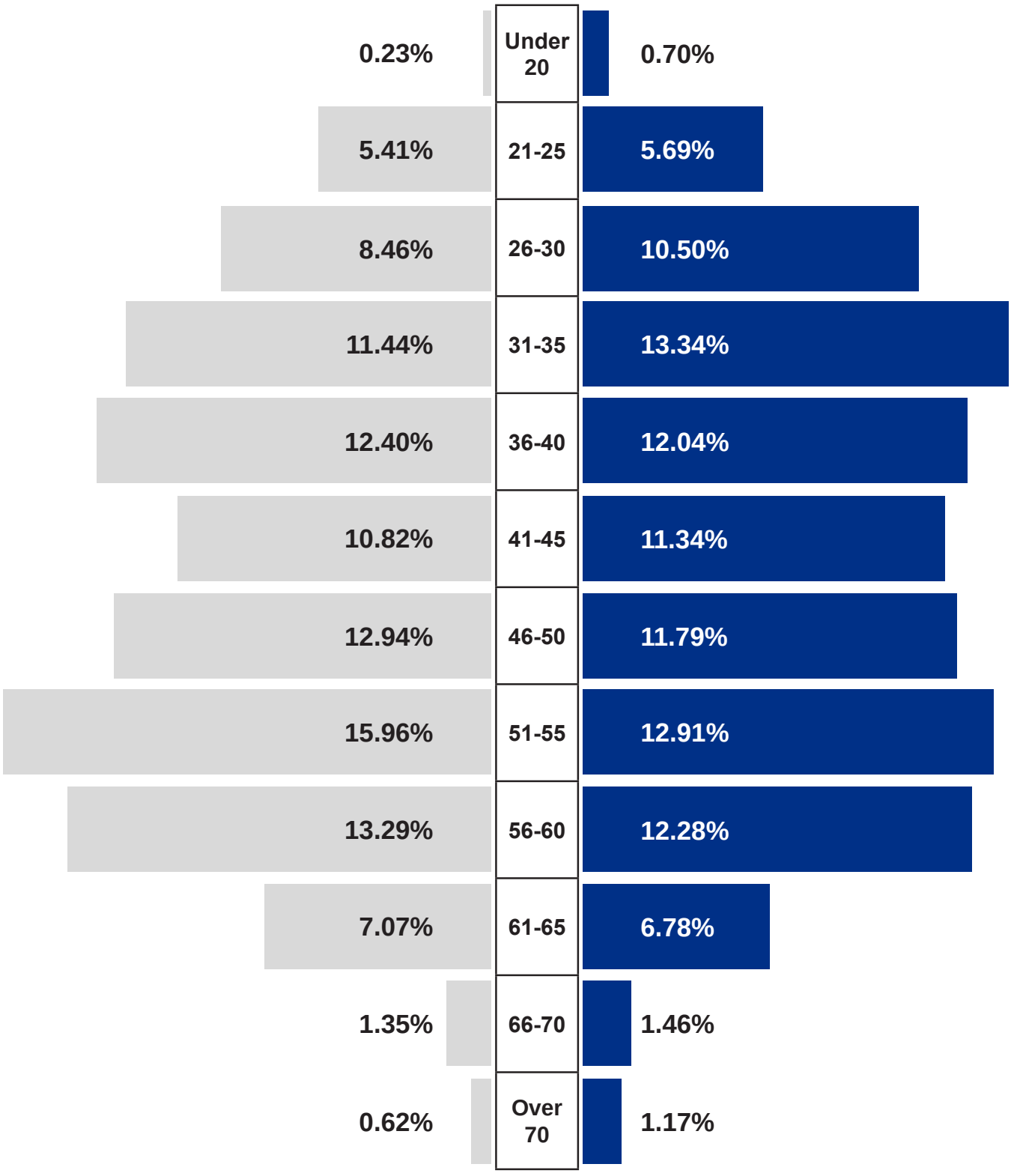
The sickness absence rate at both trusts is similar to the national NHS average at around 5.9%.

Staff Group	Vacancy Rate		Turnover Rate		Sickness Absence	
	ECT	SFT	ECT	SFT	ECT	SFT
Add Prof Scientific & Technic	13.93%	13.92%	18.06%	17.37%	5.34%	4.87%
Additional Clinical Services	1.37%	6.44%	10.23%	14.72%	8.48%	8.18%
Administrative and Clerical	7.72%	4.91%	13.90%	16.70%	4.37%	4.55%
Allied Health Professionals	8.75%	8.38%	10.75%	13.75%	5.84%	3.88%
Estates and Ancillary	4.51%	10.62%	15.79%	16.27%	4.87%	7.10%
Healthcare Scientists	7.90%	7.33%	20.69%	12.09%	5.81%	3.22%
Medical and Dental	1.95%	1.12%	6.45%	11.09%	3.39%	1.95%
Nursing and Midwifery Registered	13.79%	10.11%	14.59%	13.74%	6.13%	6.96%

Age Profile of the Workforce

NHS East Cheshire NHS Trust

NHS Stockport NHS Foundation Trust



Sustainable Hospital Services across eastern Cheshire & Stockport

NHS East Cheshire NHS Trust

The biggest staff group at ECT is Nursing and Midwifery, making up 31.3% of the workforce.

ECT has several small teams that are particularly vulnerable to absence or vacancies. Several other services operate on the minimum numbers required for safe on-call rotas such as General Surgery and Paediatric Services.

Over 50% of staff at ECT work part-time. In many areas this is a positive figure, demonstrating the commitment in the NHS people plan to be 'flexible at all levels' and supporting the work-life balance of our employees. However, in areas where on-call rotas are required this can result in a high reliance on locum or bank staff. 32% of the trust's Medical and Dental staff work part-time.

More than half of the workforce is aged over 46 - 50.6% compared to a national average of 42.3% of NHS employees. Within the Nursing and Medical Staff Groups approximately 50% of the workforce is over 46 years old.

NHS Stockport NHS Foundation Trust

The biggest staff group at SFT is Nursing and Midwifery, making up 31.6% of the workforce.

The trust has a diverse range of staff. When looking at skills mix, the trust has a ratio of 1 senior manager for every 16.5 employees. On the wards, the Trust has a balance of 1.1 support staff for every clinician / senior staff.

Almost half of SFT's employees work part-time (47%) which demonstrates our commitment to flexible working patterns. 17% of the Medical and Dental workforce work less than full time.

The most prominent feature of our workforce is its age profile with half of staff aged over 46 years and 34% over 55 years old. 43% of nurses are over 46 and 39% of medical and dental staff. A high proportion of the clinical workforce is already in their fifties and therefore more likely to retire in the coming 5 to 10 years. Only 0.07% of the workforce is aged under 25 years.

Sustainable Hospital Services across eastern Cheshire & Stockport

6.3 Staff Survey

The NHS Staff Survey is aligned to the seven promises set out in the NHS People Plan. The results are used to benchmark organisations across the country.

Both trusts saw their overall staff engagement scores improve in the 2021 survey with staff reporting that they would recommend the trust as a place to work and that they consider patients to be the top priority.

Survey results demonstrated that staff across both trusts are feeling tired due to high levels of absence and the growing demands at work. This reflects a national position as a result of the increased pressure on NHS services created by the COVID-19 pandemic and both trusts have seen an increase in the number of staff thinking about leaving.

Staff Survey 2021 - areas of improvement	
ECT	**SFT**
Compassionate Culture with improved support from Managers to support Health & Wellbeing and listen to staff concerns	***Compassionate Culture*** – a year on year increase in numbers recommending the trust as a place to work, with care of patients and acting on concerns raised felt to be top priorities.
Equality, Diversity & Inclusion with improvements relating to our people's experience of discrimination and implementation of adjustments	***Equality, Diversity and Inclusion*** - responses show a reduction in those who reported discrimination while national comparators show an increase.
Autonomy & Control such as feeling trusted and the ability to show initiative, alongside good 'team' support	***Raising Concerns*** - Staff feel empowered to raise concerns and our responses in this area have improved above the benchmark average.
	Team Working has improved markedly across all questions, staff report they understand each other's roles and enjoy working with in the team.

6.4 Recruitment & Retention

Both trusts are considered good places to work and are large employers in the local area. However, national shortages in several key occupations impact on many of the services outlined in this case for change. This is of particular significance within nursing, allied health professionals (AHPs) and medical vacancies in certain specialties.

With smaller teams, ECT has struggled to recruit specialist clinical and medical staff - especially at consultant level. This is attributed to the limited scope of procedures within some specialties, proximity to several large teaching hospitals which are seen as more attractive places to work, and the impact smaller teams has on the frequency consultants are required to cover on-call rotas.

SFT has several clinical services where vacancies are hard to fill at consultant level, which reflects national shortages.

A reliance on newly qualified staff is likely to remain a strong recruitment strategy, however the trust is also keen to grow its own, develop staff into registered roles, and adopt further new posts, such as advanced clinical practitioners, physicians associates and nurse associates.

Both ECT and SFT have made investments to support international recruitment in 2022/23, predominantly for nursing and midwifery, but also including AHPs and the medical workforce. These approaches are often targeted to support a reduction in hard-to-fill vacancies and build sustainability within services.

Working collaboratively across clinical services could strengthen the workforce and provide greater resilience for the future as well as offering our staff greater opportunities to develop skills and expertise. In developing options for future services, the impact of change on the trusts' workforces will need to be a key priority, particularly where proposed collaboration could result in a change to where individuals are based.

6.5 Equality, Diversity & Inclusion

Equality, Diversity & Inclusion (EDI) is a central feature of delivering compassionate care and maintaining a highly skilled, quality-driven workforce. Both trusts believe that the EDI agenda is critical to building a sustainable workforce that is truly reflective of the diverse communities we serve. We also believe that in building a diverse workforce, we will increase the talent pool from which we recruit and build services that are responsive to the needs of the local community.

ECT benefits from the diverse talent and cultural heritage within its workforce and actively seeks to deliver programmes and activities designed to further advance equality and equitable treatment of all staff. Examples include:

- staff networks supporting BAME, LGBT+ and Disabled/Carer colleagues
- equality and diversity training for staff which goes beyond the statutory and mandatory requirements for working in the NHS
- creation of paid employment opportunities / apprenticeships for colleagues with learning disabilities
- a BAME Leadership programme in collaboration with place partners
- disability confident leader status (1st trust in the UK to achieve this).

SFT's Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) results highlighted the inequalities that exist for our staff. Data showed a lack of diversity within the trust's leadership and across some elements of the workforce and employees from protected groups reporting poorer experience of working at the trust.

- while SFT's workforce is more ethnically diverse than the local population – particularly among medical roles - there is under-representation of ethnic minority groups at higher pay grades across both clinical and non-clinical roles
- there is significant under-representation of staff with disabilities or long-term conditions compared to the local population. Just 3.2% of the workforce have a disability or long-term condition. This is a feature at all pay grades, but more so at higher bands and in clinical roles.

In response to the findings, the trust has developed an EDI strategy, which includes a focus on:

- board level EDI sponsors
- equality advocates and champions across the trust
- ongoing staff networks supporting BAME, LGBT+ and Disabled/Carer colleagues
- safe space listening events for staff
- equality and diversity training for staff which goes beyond the statutory and mandatory requirements for working in the NHS
- diversity events to celebrate LGBT history month, Black history month, Transgender day of remembrance, Ramadan and other religious observations
- sponsored internships for local people with learning disabilities
- a 10-week pre-employment programme of vocational learning for people who are unemployed
- development of internal leadership offers.

6.6 Organisational Development

Both trusts have organisational development plans in place to support and develop our staff.

ECT is committed to fostering a leadership culture that is people-centred, engaging, inclusive and well-led. Enablers include leadership development programmes for senior clinical leaders and those who aspire to be leaders of the future, alongside a specific leadership development programme for colleagues from ethnic minority groups. Key elements include:

- a focus on good quality appraisals
- new arrangements for talent management and succession planning, supported by a range of OD interventions including internal coaching
- a range of online programmes
- a Continuous Professional Development plan which addresses priority training needs and upskilling
- apprenticeship programmes and development opportunities
- targeted line manager training in areas such as managing distributed teams, personal resilience and challenging conversations.

SFT's organisational development agenda aims to improve the performance and health of teams and services by enhancing people's collective abilities to achieve shared goals, through interventions that are based on the values of respect, inclusion, collaboration, authenticity, self-awareness and empowerment.

Our OD commitment is all about meeting the need for training and development in new and innovative ways to ensure that vital skills are developed to provide even better patient care and retain staff. Key initiatives include:

- Improve the learning & development experience,
- Apprenticeship programmes at all levels
- Encourage students to flourish, and
- Multi-professional approach to clinical skills development & preceptorship
- Leadership development programmes to ensure an open and inclusive culture.

6.7 Workforce Wellbeing

The impact of the pandemic on our workforce cannot be underestimated. We are extremely proud of the amazing efforts made by staff, however two years of intense surge response and managing significant staff shortages, combined with efforts to manage the growing backlog of elective care and the vaccine programme have taken their toll on the NHS workforce as a whole. Both trusts have identified an increase in sickness levels and the number of staff considering early retirement or a move out of the NHS.

The NHS Long Term Plan aims to improve the health and wellbeing of all staff. Both trusts have several initiatives in place for workforce health & wellbeing.

ECT has run several 'Big Conversations', where staff shared stories and experiences of working during the pandemic. Output included:

- creation of Departmental Healthy Workplace Allies, who share information, offer 'in the moment' wellbeing support to colleagues and contribute to the development of Wellbeing delivery plans
- 1:1 Health & Wellbeing Conversations each year for all staff with their line manager to identify how the organisation could help their wellbeing
- launch of Schwartz Rounds, where staff come together to discuss the emotional and social aspects of working in healthcare.

SFT's work focuses around three priorities:

- promoting positive lifestyle behaviours in a healthy and supportive working environment
- ensuring all staff are aware have access to the health and wellbeing services available
- promoting a culture that encourages self-care of physical and mental health and wellbeing.

SFT has signed the NHS Northwest Pledge to foster a person-centred holistic wellbeing approach and invested in a staff psychology and wellbeing service.

7. Financial Context

To build a sustainable model of care, services must use the combined resources of our integrated health and social care systems to effectively deliver services where they are most needed. We are not currently doing this well enough, with duplication of services across the system. Working collaboratively across a wider population base would allow us to share resources, including workforce, equipment and estate, to provide the services people need and make the best use of financial resources across the health and social care system.

7.1 National Financial Context

The NHS Long Term Plan (LTP) recognised the financial pressures faced by the NHS as systems continue to see increasing demand for healthcare services from a growing and ageing population. The Plan set out major reforms to the NHS financial architecture, payment systems and incentives. It established a new Financial Recovery Fund and 'turnaround' process, so that the NHS can progressively return to financial balance over the next five years – at a national, system and individual organisation level.

The 2021 Spending Review (SR21) provided the NHS with a three-year budget covering 2022/23 to 2024/25. The government committed to spending an additional £8 billion to tackle the waiting list backlog over the next three years. SR21 also confirmed that the NHS will receive total capital resources of £23.8 billion over the next three years, including £4.2 billion of funding to support the building of 40 new hospitals and to upgrade more than 70 hospitals; £2.3 billion to transform diagnostic services; £2.1 billion for innovative use of digital technology; and £1.5 billion to support elective recovery.

During the COVID-19 pandemic, the NHS shifted to simplified finance and contracting arrangements that supported systems to focus on responding to immediate operational challenges. The future financial framework will continue to support system collaboration with a focus on financial discipline and management of NHS resources within system financial balance. For ECT and SFT this means working within the two systems of Cheshire & Merseyside and Greater Manchester.

There is a strong emphasis on partner organisations working together to deliver the new duties on ICSs and trusts.

7.2 Local Financial Context

ECT has an annual income of approximately £176m, while SFT's income is around £340m.

In 2019/20 and 2020/21 ECT reported small surpluses as a result of additional funding allocated by NHS England. It is anticipated the trust will deliver a break-even financial position for 2021/22, working within the Cheshire and Merseyside system, however it is recognised that the trust has an underlying structural deficit of around £30m, relating to scale and the payment by results regime. The organisation has a good track record of delivering its finance savings programme but has been increasingly challenged in the identification of recurrent savings.

SFT delivered a surplus of £2.6m in 2019/20 and a deficit of £6.1m in 2020/21; both of which were in line with the plans agreed with NHSE/I. It is anticipated that the trust will deliver a breakeven financial position for 2021/22 working within the Greater Manchester system. However, without system funding the trust has an underlying deficit of c.£85m which also relates to scale, payments by results regime and the layout and condition of its main site.

The following tables provide an overview of the trusts' income.

ECT Income	Inpatients		Outpatients		Other		Total
Source	Activity	£000s	Activity	£000s	Activity	£000s	£000s
NHS Cheshire CCG	29,311	49,226	136,110	14,664	150,715	48,019	111,909
NHS Derby & Derbyshire	1,861	3,546	8,567	1,020	7,425	1,281	5,847
NHS England	1,186	1,062	2,198	351	3,385	7,164	8,577
NHS GM CCGs	177	259	719	81	968	168	508
NHS North Staffordshire	1,658	3,182	8,316	865	5,384	1,072	5,119
NHS Stockport CCG	538	1,022	5,245	719	5,512	490	2,231
NHS Stoke on Trent CCG	192	290	1,525	176	512	72	539
Non-Contract Activity	318	603	963	103	1,867	1,336	2,042
Other patient care income						6,157	6,157
TOTAL Patient Care Income	**34,923**	**58,587**	**162,680**	**17,875**	**173,901**	**65,760**	**142,929**
Other Income						33,777	33,777
TOTAL Trust Income	**34,923**	**58,587**	**162,680**	**17,875**	**173,901**	**99,537**	**176,706**

SFT Income	Inpatients		Outpatients		Other		Total
Source	Activity	£000s	Activity	£000s	Activity	£000s	£000s
Local Authority						5,511	**5,511**
NHS Cheshire CCG	9,169	10,621	15,511	1,885	7,988	1,655	**14,161**
NHS Derby & Derbyshire	12,413	16,565	32,181	3,512	260,461	4,285	**24,362**
NHS England	3,830	7,613	17,557	2,609	584	4,445	**14,667**
NHS GM CCGs	7,404	10,834	15,284	1,732	10,349	2,735	**15,301**
NHS North Staffordshire	152	169	376	49	102	20	**238**
NHS Stockport CCG	75,570	102,640	234,453	24,787	1,239,398	62,730	**190,158**
NHS Stoke on Trent	48	53	117	15	41	8	**7**
Non-Contract Activity	715	1,218	1,408	144	1,834	375	**1,736**
Other patient care income						11,164	**11,164**
TOTAL Patient Care Income	**109,301**	**149,713**	**316,887**	**34,733**	**1,520,756**	**92,928**	**277,373**
Other Income						63,300	**63,300**
TOTAL Trust Income	**109,301**	**149,713**	**316,887**	**34,733**	**1,520,756**	**156,228**	**340,673**

7.3 Financial Context of the Clinical Services Under Review

The services reviewed as part of this case for change make up over half of all inpatient activity at East Cheshire NHS Trust (57.7%), 40.8% of the trust's outpatient activity and 28.9% of the Trust's income. For Stockport NHS FT, the services account for around 40.2% of inpatient activity. 49.0% of outpatient activity and 26% of the trust's income.

Sustainable Hospital Services across eastern Cheshire & Stockport

ECT	Activity			Income	
Service	Service Activity	% of Trust Activity		Service Income £000s	% of Trust Income
		Inpatient	Outpatient		
Anaesthesia & Critical Care	632	1.4%	0.1%	3,097	1.9%
Cardiology	12,630	1.0%	4.8%	2,388	1.4%
Diabetes & Endocrinology	1,526	0.1%	0.9%	381	0.2%
Endoscopy	6,098	17.5%		2,997	1.8%
Gastroenterology	9,989	2.1%	5.7%	3,537	2.1%
General Surgery	9,498	8.2%	4.1%	6,975	4.2%
Imaging	85,979		1.3%	4,259	2.6%
Trauma & Orthopaedics	24,203	7.9%	13.2%	11,617	7.0%
Women & Children					
• Obstetrics	5,500	5.4%	0.1%	7,447	4.5%
• Gynaecology	9,534	3.4%	5.1%	2,752	1.6%
• Paediatrics	13,324	11.7%	5.6%	5,350	3.2%
• Neonatology	124	0.4%		517	0.3%
TOTAL	**178,405**	**57.7%**	**40.8%**	**48,220**	**28.9%**

SFT	Activity			Income	
Service	Service Activity	% of Trust Activity		Service Income £000s	% of Trust Income
		Inpatient	Outpatient		
Anaesthesia & Critical Care	1,135	0.9%	0.1%	7,159	2.1%
Cardiology	17,410	1.1%	5.1%	4,808	1.4%
Diabetes & Endocrinology	3,586	0.1%	1.1%	488	0.1%
Endoscopy	9,324	8.5%		4,612	1.4%
Gastroenterology	12,118	1.0%	3.5%	1,980	0.6%
General Surgery	21,920	6.3%	4.7%	13,668	4.0%
Imaging	79,278	0.0%	11.9%	4,592	1.3%
Trauma & Orthopaedics	50,066	7.2%	13.3%	25,841	7.6%
Women & Children					
• Obstetrics	10,292	3.0%		15,019	4.4%
• Gynaecology	17,603	2.8%	4.6%	5,845	1.7%
• Paediatrics	25,177	9.0%	4.7%	9,145	2.7%
• Neonatology	1,306	1.2%		2,465	0.7%
TOTAL	**248,080**	**40.2%**	**49.0%**	**88,464**	**26.0%**

While the basis of this case for change is clinically driven, it is supported by updated national financial guidance which demonstrates a commitment to support systems to tackle the elective backlog and deliver the NHS Long Term Plan with a continued focus on integration to support the cost-effective delivery of healthcare into the future.

8. Communications & Engagement

Though our case for change concentrates mainly on the clinical aspects that drive the need to review our services, it is also influenced by views from local people about:

- their healthcare needs;
- their experiences of our current services – both as staff delivering those services and as the patients and their carers who use them; and
- what people would like to see from our services in the future.

8.1 Engagement Approach

Our approach to engagement across local NHS partners is open and inclusive.

In the past, people have expressed their frustration at public sector organisations asking the same questions again and again. For this reason, we started with a review of existing information, including reports from previous surveys and engagement events, patient satisfaction surveys, and the compliments and complaints received by our services to feed into our clinical case for change.

Where possible, our approach has been to go to local people, rather than expecting them to come to us, so we have attended community events, local group meetings, forums and strategic boards to understand local views. We have used numerous methods to engage with the public such as stakeholder briefings, newsletters, workshops, focus groups, traditional media such as newspaper articles and local radio, and digital methods including social media, emails and surveys

We understand that many communities are not able to or simply do not want to attend public events and therefore we have undertaken targeted conversations with a wide range of people to hear from voices across all of our community groups. This has been informed by an Equality Impact Analysis and with the support of amazing local organisations who have told us how they would like to be engaged, shared our information with their communities and provided feedback on their behalf.

Since the onset of the COVID-19 pandemic we have been limited in how we can engage with local people, to ensure that infection prevention principles are followed, and vulnerable people are not put at risk. As such, the range of engagement methods used has focused primarily on virtual communications, including social media, online surveys and virtual engagement sessions online.

To ensure a wide range of views, we have spoken to a wide range of people, from: the regulators who oversee quality of services; the commissioners who contract us to deliver services; the organisations and staff who deliver health and care locally; to the people who use our services and representatives of the many communities we serve.

Key Stakeholder Groups			
Regulators	**Commissioners**	**Providers**	**Patients & Public**
• NHS England • CQC • Health Scrutiny Committees • Health & Wellbeing Boards • Local politicians	• ICSs • CCGs • Local Authorities • Place Boards	• Health & Care Staff • NHS Trusts • Community Healthcare • GP Practices • Mental Health • Social Care • Voluntary Sector	• Healthwatch • Trust Governors & Members • Patient Groups • Carers • Community Groups • Advocacy Groups • General Public

8.2 The Conversation to Date

Over recent years there has been an ongoing conversation with local people about their health needs and how we can best meet them. The figure below gives an overview of some of the main strategic conversations in recent years.

Eastern Cheshire programme to develop sustainable health and care providing quick, easy and convenient access to services.

Looked at variation in the access to and quality of health services across Greater Manchester, asking people how we can deliver the right care, in the right place, at the right time so that everyone receives the same quality of care across the city region

Engagement and involvement on a pioneer programme to help local areas integrate services, so that individuals and families experience consistent, high quality, personalised and non-fragmented care and support to meet their needs.

Extensive engagement was undertaken to co-design a new model of integrated health and care in Stockport, bringing together service providers to coordinate care meet increasingly complex needs with more prevention and proactive care close to home and more specialised services in hospital.

Engagement on the development of a 5 year Plan to ensure local services work together to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives through sustainable integrated services.

During the refresh of the borough plan and development of a single strategy for health and care local people were asked what they expect from local public services, how needs have changed during the pandemic and what local priorities look like for the future.

Engagement events run by Cheshire CCG to hear views from local residents and communities and given them the opportunity to shape the future of local healthcare.

To inform our case for change, a six-week listening exercise was undertaken at the start of 2022 to gather opinions from health and care staff, patients, carers and local people on our current services; what works well, what could be improved and any barriers to access to understand how we could work even better together and develop new ways of working to deliver sustainable health services for years to come.

8.3 What You Have Said So Far

We are humbled by the overwhelming support of local people for both East Cheshire NHS Trust and Stockport NHS Foundation Trust. Responses from engagement over recent years, patient satisfaction surveys, and patient choice of our services show that both trusts are key anchor institutions within our communities.

During the COVID-19 pandemic there was an outpouring of support for NHS services and a recognition of the dedication of our healthcare workforce.

A key theme of responses to our strategic conversations has been the importance of having safe, high-quality services and people understand that this will require a change to the way services have traditionally been delivered:

- Local people recognise the challenges we face in growing demand for services and the shortage of staff to deliver every service at every site 7 days a week
- People said that they want to see more care delivered close to home with a greater emphasis on preventing ill health and proactively managing conditions so that our population is less reliant on hospital care.
- There are real challenges for people in rural areas accessing health services, and those with limited access to transportation.
- When people are seriously ill, they want quick access to tests and diagnosis close to home. Many people said they would be happy to travel further for expert treatment by specialists.
- People highlighted the importance of having local and emergency services. They also acknowledged the success of specialist hub-and-spoke models, where patients are triaged and / or stabilised at their local hospital and transferred to a dedicated unit for highly specialist care.
- As the country begins to recover from the COVID-19 pandemic, we are beginning to hear more and more worries about the amount of time it takes for routine care

[50]: https://mentalhealthpartnerships.com/project/caring-together-in-eastern-cheshire/
[51]: www.healthiertogethergm.nhs.uk
[52]: https://www.pas.gov.uk/sites/default/files/documents/connecting-care-cheshire--910.pdf
[53]: Stockport Clinical Commissioning Group Stockport Together (stockportccg.nhs.uk)
[54]: https://www.cheshireeast.gov.uk/pdf/livewell/adults/cheshire-east-partnership-5-year-plan-2019-2024.pdf
[55]: One Stockport | All together as one
[56]: Cheshire Chat - Cheshire CCG
[57]: www.localvoices.uk

8.4 Listening Exercise

The engagement over recent years has been strategic in nature – ongoing conversations, which have varied across the two Places.

Between Monday 21st February and Saturday 2nd April 2022, NHS Cheshire, and NHS Stockport Clinical Commissioning Groups, alongside East Cheshire NHS Trust and Stockport NHS Foundation Trust undertook a listening exercise to understand how health and care services could be improved and sustained in the future.

Together, we launched a period of stakeholder engagement with our patients, staff and other interested people in the areas we serve to ensure they are at the heart of the work we do and with the intention of determining what currently works well, what could be improved, and whether there are any barriers that stop people from accessing health services.

The full report will be available in mid-May however indicative reports to date show that around 250 responses were received across the catchment area of circa 500,000 people. This response rate is slightly lower than would be expected for an exercise such as this (expected approx. 350).

The engagement exercise was distributed via social media, a dedicated website, paper copies sent to children's centres and libraries via each partner organisation. The survey reached all staff and stakeholders including GP surgeries via digital methods and where requested, paper copies. Seldom heard groups were also reached using established patient experience routes and contacts via stakeholder groups. The engagement exercise reach and methods of communication were considered proportional to the size and nature of the exercise.

All but one response was received from individuals (one collective organisational) response. The geographical spread of the responses is generally representative of the catchment area of that of the CCGs and trusts in terms of numbers, ethnic groups and respondents ages. 35% of responses were from NHS staff and 35% from patients, 15% from public members and the remaining responses from carers and others.78 percent of responses were aligned to East Cheshire NHS Trust with a lower response rate from the Stockport area and other NHS organisations.

The majority of comments related to Women's and Children's services (50%), with Urgent and Emergency Care at 30%, closely followed by community (26%) and Imaging (18%). In terms of the detail, early indications show that the main themes emerging from the open-ended questions were that: Services are generally good; staff are generally good but low in numbers; waiting times are poor and communication could be improved. Specifically, there were comments around women's and children's services, with concerns raised over travel and the need to bring these back to Macclesfield. A general level of concern was expressed about the need for ED services to remain at both hospital sites. Waiting times were raised as an issue in both ED and for other areas of care. Parking and public transport were common themes throughout feedback.

A summary report on our listening exercise will be made available in Appendix 4. A copy of the full engagement report can be found at: **https://localvoices.uk**

This is the start of a much broader conversation. We will continue to involve and engage our communities, staff and partners in designing services and models of care that best meet local needs and aspirations.

9. Equality Impact

Sustainable Hospital Services across eastern Cheshire & Stockport

Everyone in Stockport and East Cheshire is likely to use health and care services at some point in their lives, so we recognise that our services and the decisions we take have a major impact on the lives and wellbeing of local people.

9.1 Public Sector Equality Duty

The Public Sector Equality Duty, as set out in the Equality Act (2010[58], requires public sector organisations, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between different community groups
- foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard for advancing equality involves:

- removing or minimising disadvantages suffered by people due to their protected characteristics
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Having due regard to the need to foster good relations between people who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

The characteristics given protection under the Equality Act 2010 are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation.

9.2 Diversity & Health Outcomes

The populations of both East Cheshire and Stockport are older than the national average, with higher life expectancy, and subsequently a higher rate of long-term conditions and disabilities requiring support from health services.

Around 20% of the population is aged 65 or older, with the Office for National Statistics expecting this to reach around 30% by 2038. More than half of older people have a long-term health condition and one in five have two or more long-term conditions. By the age of 85, 87% have a long-term condition and 53% have two or more. The age profile is older in areas of affluence.

Average life expectancy is around 80.2 years for men and 83.5 years for women. There is a significant difference in health outcomes between the more affluent and deprived areas, with men in the most affluent area of Stockport living 11 years longer than those in the most deprived area of the borough and the decline in health starts at age 55 in the most deprived areas, compared to 71 in the most affluent areas.

Around 18% of the shared population report having a disability that limits their day-to-day activities. Rates of disability increase with age, and for those aged 65+ almost half of all people reported having a long-term condition. Women are more likely than men to have a disability, and people from some ethnic and religious groups – especially some Asian Muslims – appear more likely to report a long-term condition or disability. In both cases, the differences tend to become more accentuated at older ages, so for example nearly 2 in 3 Pakistani and Indian women over 65 had a LTC or disability in 2001.

[58]: Equality Act 2010 (legislation.gov.uk)

Our Case for Change

Age Profile:

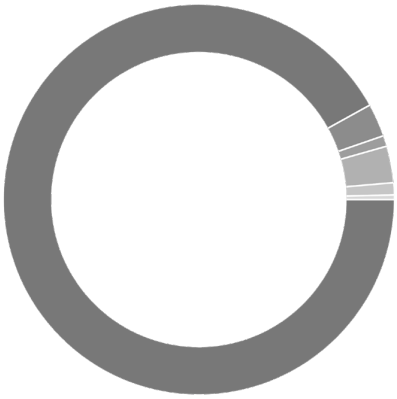
20% Aged 65+

5k Births a year

Life Expectancy:

80.2 : 83.5

Ethnicity:



91.96%	White British
2.74%	White Other
0.89%	Black
3.03%	Asian
1.00%	Mixed Race
0.38%	Other

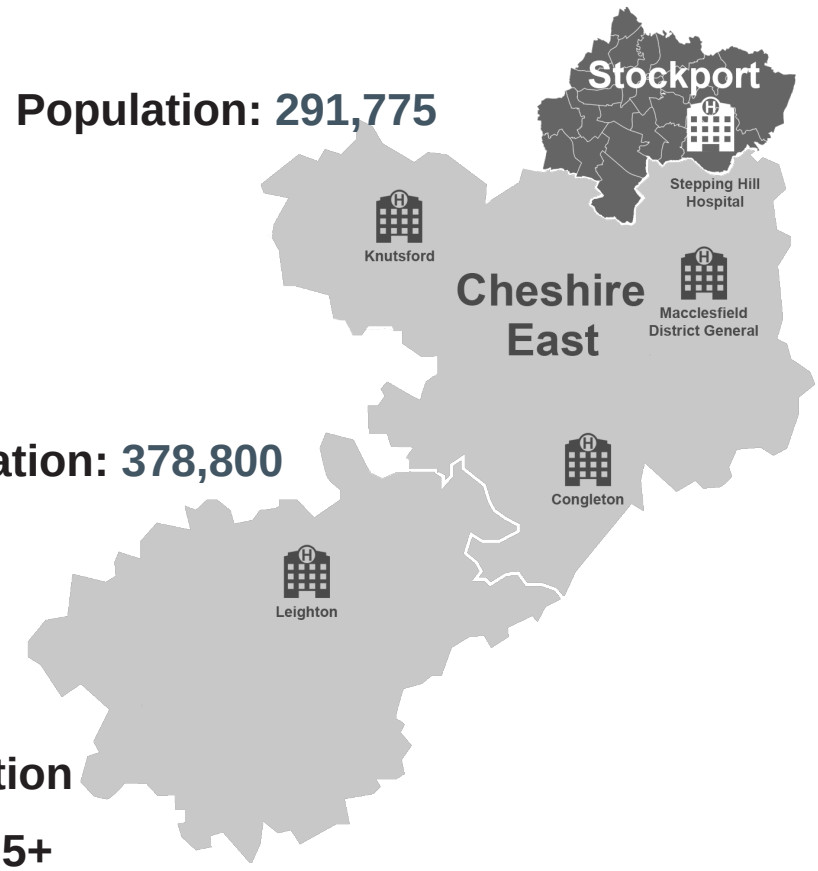
Religion:

66.4%	Christian
23.7%	Atheist
1.82%	Muslim
0.46%	Hindu
0.29%	Jewish
0.27%	Buddhist
0.09%	Sikh
0.31%	Other

LGB

Trans

Population: 291,775



Population: 378,800

Disabilities:

18% Whole Population

50% People Aged 65+

66% Indian & Pakistani Women Aged 65+

Both areas benefit from the diversity within their communities. While there is less ethnic diversity than the national average and in neighbouring areas across the Integrated Care Systems the respective trusts belong to, there has been a marked increase in ethnic diversity in both areas over the past decade and in the diversity of religious beliefs within communities.

91.96% of the combined population is white British, with 2.74% from another white background, 0.89% from a black ethnic background; 3.03% Asian; 1.0% mixed race and 0.38% of the combined population coming from another ethnic background.

At the last census, there were marked variations in rates of long-term illness or disability which restricted daily activities between different ethnic groups. After taking account of the different age structures of the groups, Pakistani and Bangladeshi men and women had the highest rates of disability - around 1.5 times higher than their White British counterparts.

66.4% of the combined population are Christian, 23.7% have no religion, 1.82% are Muslim, 0.46% Hindu, 0.29% Jewish, 0.27% Buddhist, 0.09% Sikh, and 0.31% hold another religious belief.

On average there are around 3,300 births a year in Stockport and 1,500 in East Cheshire. Birth rates are higher in areas of deprivation and among ethnic minority groups, where populations tend to be younger.

It is estimated that 0.3-0.7% of the UK population is gender variant, based on referrals to and diagnoses of people at gender identity clinics. This would equate to between 2,000 and 4,500 people.

Trans people experience some of the most significant health inequalities, with 30% reporting that their health was ‘poor’ or ‘very poor’ compared to 8% of the non-transgender population.

Around 5-7% of the UK population is LGB, which equates to between 34-47,000 people across the shared population. While health outcomes are generally similar to the population as a whole, the LGB population reports higher rates of poor mental wellbeing.

Both Stockport and East Cheshire are relatively affluent compared to the national average. However, both areas have pockets of deprivation. 17.4% of Stockport’s residents live in the most deprived quintile, compared to just 7.7% of East Cheshire residents. 25.6% of Stockport’s residents live in the most affluent quintile, compared to 41.9% of East Cheshire residents. There is a significant difference in health outcomes between people in the more affluent and deprived areas of the footprint.

The review of our services offers a unique opportunity to consider how change can be used to reduce inequalities in access to our services, in the experience of our services and in health outcomes.

9.3 Impacts of Change

We recognise that change could have a different impact on people. Collaborative working across hospitals poses the risk of reducing access to vital services for people with mobility issues or limited access to transportation.

The overarching aim of this work is to improve outcomes for local people and to reduce the inequalities in health outcomes that exist within our populations.

Should this case for change be approved, the next step would be to develop options for how things could be improved. As part of this process we are committed to ensuring that no community groups is worse off. As such, we will undertake equality impact assessments of all options, ensuing that there is no unintentional negative impact on protected groups and taking every opportunity, where possible, to improve outcomes from those who currently suffer health inequalities. To do this, we will work with local groups to ensure that all impacts and opportunities are considered.

10. Summary & Recommendations

As our population grows and more people are living longer with multiple long-term conditions, the demand for health services is growing and changing.

Current services were not designed to meet current or future needs. The NHS as a whole does not have enough skilled professionals to deliver every service in every area, and it is becoming harder to keep up increasing demand.

Both trusts are committed to delivering safe, sustainable, high-quality hospital services that meet changing local needs.

To do this, we recognise that we need to change the way we work to ensure that we have the right skills and equipment to deliver the high standards we expect for our population.

This case for change highlights the clinical reasons why changes must be made and the opportunities presented by further collaboration between the two trusts.

10.1 Clinical Standards, Workforce & the Scale of Services

Clinical standards are defined by regulators and professional bodies such as the Royal Colleges and specialty associations. They are designed to ensure that organisations and services deliver consistently good outcomes.

While the services currently delivered at East Cheshire NHS Trust and Stockport NHS Foundation Trust are safe and of good quality, they do not always meet the national clinical standards of best practice that the trusts aspire to deliver for local populations.

National standards are often focused on appropriate staffing - both in terms of numbers and relevant professional qualifications - and the ability to deliver this standard sustainably 7 days a week, 365 days of the year.

In order to deliver these aspirational targets, it has become clear that a service and its workforce need to be of a certain scale.

- The larger the scale, the bigger the workforce, increasing a service's ability to recruit and retain staff and to cope with absences.
- The larger the scale the more likely it is that there will be staff with specialist skills and knowledge which can be offered to the population, address the inequalities of access that arise when subspecialist skills are confined to a small number of tertiary centres.
- The larger the size of a service, the less likelihood of variability.
- The converse is that the smaller the service, the less likely it is to be able to consistently deliver high quality care and the service may be considered fragile.

Sustainability requires a robust workforce model that delivers a service compliant with national clinical standards. In today's environment maintaining a skilled workforce is a challenge to all acute providers and there are some specialties with vacant posts in even the largest trusts.

We consider a fragile service to be one which may be unable to continue to deliver high quality care over the next 12 months. This is most often due to inability to recruit and retain appropriately qualified clinical staff.

It is within this context and the developing challenges to sustainability, that a collaborative service focus, rather than an organisational focus must be considered.

10.2 The Rationale for Collaboration

The primary aim of a clinical collaboration must be to deliver benefits for patients – that is, better outcomes and experience, consistently and sustainably.

For each service we must also consider the clinical interdependencies and the potential impact on the organisations' core functions, the relationships with primary, community care and social care and the principle that care must be delivered locally whenever possible and centralised only when necessary to ensure equity of access and address health inequalities.

Other organisations have been through a similar process. This experience suggests four common themes for delivering patient benefits:

1 Service Delivery by a Single Integrated Team

- Avoiding duplication - over two thirds of all specialties and support service functions in acute trusts are duplicated
- Higher volume, standardised services deliver better outcomes - The Royal Colleges, Improving Outcomes Guidance, Clinical Networks and NHS national guidelines increasingly relate patient outcomes to population size and emphasise the importance of sufficient clinical volume
- Equity of access for the combined population served.
- Consolidating services onto fewer sites where larger numbers of patients are treated, improvements in treatment

2 Service Delivery via Best Practice Pathways with a Single Infrastructure

- Avoiding variation in practice. Patients receive the same service and access to the same range of treatments, regardless of the timing and site
- Technology investment (eg robotic surgery) available to all
- Patient records unified with access to information for both clinicians and patients
- A single patient tracking list and reporting system to ensure equity Outcomes Guidance, Clinical Networks and NHS national guidelines increasingly relate patient outcomes to population size and emphasise the importance of sufficient clinical volume
- Equity of access for the combined population served.
- Consolidating services onto fewer sites where larger numbers of patients are treated, improvements in treatment processes, and investment in estate and infrastructure.

3 Service Delivery via a Shared Workforce

- Recruiting, developing and retaining a sustainable workforce
- Creating sustainable 7-day *essential* services locally, e.g. Critical Care, Emergency Medicine
- Creating sustainable 7-day *specialist* services where appropriate.

4 Creating a Service of Scale

- Giving a broader educational and training experience for students and trainees
- Improving the opportunities for innovation and research.

10.3 Summary of the Clinical Case for Change & Potential Benefits of Collaboration

The present and medium-term outlook for clinical services in the NHS is one of increasingly stringent clinical standards and growing demand against a backdrop of workforce shortages in a number of key professional groups.

Larger services tend to be more resilient and more successful at recruitment and retention of staff. The desire to be part of a high performing team with good peer support is an important factor to newly qualified staff, as is the potential to consolidate or develop sub speciality interests. Participation in teaching and training and in research, development and innovation are also attractive.

Clinical collaboration increases the scale of a service, which increases the number of staff and the case mix. This offers potential benefits of improved resilience and capacity to address growing demand.

Anaesthesia & Critical Care

Without a level 3 critical care facility a hospital with an Emergency Department accepting unselected urgent cases would not be considered safe. Critical Care also underpins the medical and surgical inpatient services, including complex elective surgical procedures. Without appropriate medical, nursing and other clinical staffing levels, a fully functional level 3 (Critical Care) facility cannot be maintained 24/7.

Capacity & Demand	• During the COVID-19 pandemic demand for consultant anaesthetists increased significantly, putting a strain on ECT's small team.
Quality & Outcomes	• Clinical outcomes for patients are currently good, but there is a persistent risk to sustainability associated with subscale activity and a potential for de-skilling among staff who see such a small number of patients. • The key workforce safety standards, or Guidelines for the Provision of Intensive Care (GPIC), which challenge the sustainability of the ECT service relate to the numbers and availability of consultant and middle grade intensivists and anaesthetists. By the very nature of critical care medicine, such staff must be available 24/7 for emergency situations. SFT's Critical Care department are almost fully compliant with GPIC guidelines.
Workforce Resilience	• The small size of ECT's Critical Care Unit makes it difficult to recruit new anaesthetists in a fiercely competitive market. • Large teaching hospitals attract the majority of newly qualified intensive care staff – ECT has successfully recruited to only two consultant posts in the past ten years. SFT faces a similar, though less acute, challenge. • A standalone service at ECT would require not just investment in staff, but successful recruitment, which appears challenging currently and in the immediate future
Potential Benefits of Collaboration	• Recruitment and retention is likely to be more successful in a larger-scale, combined service across SFT and ECT • A larger team would allow 24/7 staffing cover to meet workforce standards • ECT has a newly refurbished Critical Care unit with isolation facilities and negative pressure ventilation to reduce cross infection risk, which should be attractive to potential job applicants. • Options of rotation within a larger team would support training and reduce the risk of de-skilling.
Urgency of Change	This is a fragile service, requiring action within 12 months to ensure sustainability.

Cardiology

Both ECT and SFT cardiological departments provide a range of services locally with the more specialist and interventional procedures at the tertiary centres at MFT and Wythenshawe. This DGH/Tertiary centre split is found in many health care economies, however, the balance of local versus centralised services is variable. Cardiac surgery or interventional procedures which require surgical presence on site can only be delivered at the tertiary centres.

Capacity & Demand	• Outpatient follow-up demand is high and waiting times are growing. • Demand for diagnostic investigations such as echocardiography is increasing. • Some patients are being admitted to hospital for treatment of heart failure because ambulatory care services are not currently in place. • Delays in transfer to specialist centres for interventional procedures impact on patient flow, prolonging length of stay.
Quality & Outcomes	• Clinical standards for cardiology are based on cardiology networks. • Getting it right first time (GIRFT) recommendation is that all hospitals receiving acute medical admissions should have a cardiologist on call 24/7 who is able to return to the hospital as required. This is not in place at either site.
Workforce Resilience	• ECT have a small consultant workforce of three WTE which - based on national population recommendations - should be increased to five. SFT have eight. • Most of the consultants also have clinical sessions at either Manchester Royal Infirmary or Wythenshawe. • SFT consultants have a ‘consultant of the week’ model and provide seven-day cover until 7 pm. • ECT consultants do not provide cover out of normal working hours. As it stands there is little possibility of a locally provided 24/7 cardiology rota.
Potential Benefits of Collaboration	• There is agreement that the investigation of chest pain and heart failure should be available locally and should include CTCA as a NICE recommendation for the diagnosis of stable chest pain (currently provided at a tertiary centre). However, neither trust is in a position to do this alone. • Many complex diagnostic and therapeutic services are provided by the network at tertiary centres. Local provision, however, could be significantly enhanced. • The consultant workforce at ECT could be made more sustainable through joint working and recruitment. • Provision of a comprehensive ambulatory heart failure and arrythmia service would reduce admissions to hospital.
Urgency of Change	Moderate risk in light of consultant numbers at ECT and waiting time backlog.

Diabetes & Endocrinology

Around one in six of all people admitted to hospital will have diabetes. Evidence shows there are worse outcomes after surgery and in patients who present with a variety of acute medical conditions if their diabetes is not well controlled. Severe hypoglycaemia and diabetic ketoacidosis are more common in type 1 diabetes patients when in hospital.

Capacity & Demand	• Diabetes is generally managed in primary care and the community. More complex therapies such as insulin pumps and continuous glucose monitoring may require greater hospital centre support. However, moving activity into the community has reduced the size of the acute service, making it sub-scale. • The ECT endocrinology service has now been closed to referrals as there is no consultant in place.
Quality & Outcomes	• At ECT there is currently no inpatient diabetology service and no specialist review of hospital patients with diabetes. Evidence shows that when diabetes is not well controlled, patients can have worse outcomes after surgery.
Workforce Resilience	• There is currently no substantive senior medical staff at ECT and the trust's specialist nurse has resigned. Previous attempts to recruit to the small acute services have been unsuccessful.
Potential Benefits of Collaboration	• Consultants and specialist nurses prefer working in a team. • Single handed practitioners or very small teams are a barrier to recruitment and retention – as has proven to be the case at ECT. • Joint recruitment and working by ECT and SFT would benefit both organisations.
Urgency of Change	This is a fragile service. Action is already in progress to support East Cheshire patients now that the endocrinology outpatient service has now been closed to referrals.

Endoscopy

Endoscopy is a key diagnostic gastroenterological investigation. It is a high-volume procedure which is critical in identifying oesophageal, stomach and colon cancer and in differentiating these conditions from the many benign causes of symptoms such as abdominal pain, difficulty swallowing and bleeding. The trusts have a different approach to service delivery with endoscopy delivered predominantly by medically trained gastroenterologists at SFT and by a mixture of general surgeons and gastroenterologists at ECT. SFT offers a wider range of specialist services.

Capacity & Demand	• Waiting lists have grown significantly during the COVID-19 pandemic, compromising prompt diagnosis and treatment. Waiting lists pressures are likely to increase as the criteria for referral are extended to a younger age group.
Quality & Outcomes	• Standards pertaining to the procedures themselves are accredited by the Joint Advisory Group on Endoscopy (JAG). • ECT has not been awarded JAG accreditation and SFT is awaiting results of its review.
Workforce Resilience	• Both ECT and SFT need to expand their clinical workforce. • The out of hours GI bleed rota at ECT is currently delivered by just 3 gastroenterologists, putting a strain on the workforce.
Potential Benefits of Collaboration	• Collaboration offers significant patient benefits relating to improved access to specialist procedures such as ERCP, EUS, fibroscan, and capsular endoscopy. • Potential exists to better maximise use of estate and workforce capacity at both sites by using available endoscopy sessions at ECT to meet demand that cannot be met at SFT. • Collaboration could support a more robust out of hours GI bleed rota - the ECT service delivered by three gastroenterologists is not sustainable. • Both ECT and SFT need to expand their clinical workforce. Joint recruitment of medical and specialist nurse endoscopists is more likely to be successful.
Urgency of Change	Moderate risk related to growing waits for diagnostics and an unstable GI bleed rota at ECT.

Gastroenterology

Gastroenterology is a major receiver of acute medical admissions. Generally, patients who present with non-surgical abdominal conditions would be admitted under the care of a gastroenterology specialist. This service is inextricably linked to the endoscopy service, though gastroenterologists are not the sole professional group involved in delivery of the service.

The trusts have different models of care with the eight consultants at SFT providing a specialist Gastroenterology on-call rota, while the three consultants at ECT are part of the acute general internal medicine rota.

Capacity & Demand	• In addition to the growing demand for endoscopy, there has been a progressive increase in the number of patients admitted with acute or chronic liver disease. The major challenge at present relates to capacity. Many trusts are running six- or seven-day services in endoscopy and on ward rounds to boost capacity and improve patient flow.
Quality & Outcomes	• ECT has not been awarded JAG accreditation and SFT is awaiting results of its review.
Workforce Resilience	• The Workforce Report produced by the British Society of Gastroenterologists highlights a nationwide shortage of available gastroenterology staff at all levels. • This means it is unlikely trusts will be able to recruit to meet the increasing demand.
Potential Benefits of Collaboration	• A larger scale service would be better placed to recruit and retain staff. • A wider team would be able to offer a 6- or 7-day service to address waiting list delays. • Collaboration also offers the potential for more efficient use estate. • Potential for joint recruitment of nurse endoscopists, which both organisations very keen to progress.
Urgency of Change	Moderate risk related to workforce capacity at ECT.

General Surgery

A number of common acute conditions such as appendicitis and peritonitis require urgent access to surgery and, in some cases, post-operative admission to critical care. Similarly, patients undergoing complex abdominal surgery such as bowel resection for cancer may require critical care support.

Capacity & Demand	• SFT's elective service is still not back to pre-pandemic capacity and waiting lists are growing as surgical teams concentrate on urgent care like delivering the 2-week cancer target. • ECT's general surgery team has a key interdependency with critical care and it can be a challenge to admit higher risk patients. • Capacity at both sites is constrained due to beds not being ringfenced for elective surgery.
Quality & Outcomes	• Both trusts have good outcomes following emergency laparotomy. • Emergency surgery standards may be compromised at ECT due to limited access to critical care beds post operatively for higher risk patients. • Outcomes for bowel cancer surgery are satisfactory but mortality rates at ECT may be impacted by access to critical care beds post operatively for higher risk patients. • As ECT have relatively small number of patients, retention of surgical skills can be challenging for staff.
Workforce Resilience	• ECT has five consultant general surgeons, but only four participate in the on-call rota. Lack of resilience in the consultant on call rota would compromise a 7-day emergency general surgery service over time. • SFT has had difficulties in recruiting colorectal cancer nurse specialists, which can affect targets. • SFT has a shortage of nurses on the wards. During the pandemic, surgical wards became medical wards to meet demand and a number of surgically trained nurses have left the service.
Potential Benefits of Collaboration	• Collaboration would support delivery of a robust call-rota, though post-operative access to critical and high dependency care may require a single site for emergency surgery. This would need to be supported by a robust clinical pathway for the emergency department, including accurate diagnosis via a 'straight to CT' policy for urgent cases. • The situation is similar for complex elective procedures. • Centralising colorectal surgery would increase resilience and sub-specialisation. • Creation of a shared green site with ringfenced beds for elective surgery would support both trusts to manage waiting lists. • Robotic surgery is currently only offered at SFT – collaboration offers the potential to extend this to ECT patients without significant investment
Urgency of Change	This is a fragile service in terms of the continuity of the consultant on-call rota at ECT, requiring action within 12 months to ensure sustainability.

Imaging

Demand for imaging services has grown significantly over recent years and is expected to continue to rise. Changes in pathways meant that patients require more scans, earlier in the pathway. Furthermore, the complexity of imaging has increased in recent years, increasing the time it takes to deliver scans and report on results. The major challenge throughout the NHS is that continuous growth in activity has not been matched by a commensurate increase in staff.

Imaging diagnostics are essential for cancer pathways and many elective pathways. Reducing the time from referral to diagnosis and treatment is crucial to improving the prognosis of patients in many conditions but particularly in the cancer pathways.

Capacity & Demand	• Over the next 12 months, increased demand will impact on the Trusts' ability to deliver the six-week waiting standard. • It is not possible to meet current service demand within existing resources and both sites are heavily reliant on outsourcing clinical reporting to private sector providers. • Demand will only increase with outstanding elective work, and the roll out of the diagnostic cancer pathways. • SFT has scanning capacity but shortage of staffing, which affects reporting turnaround. • The national community diagnostic centre programme may support investment in additional scanning equipment, but is likely to further stretch workforce capacity.
Quality & Outcomes	• Neither trust has the workforce capacity to meet Royal College standards on reviewing imaging reports
Workforce Resilience	• High service demand means recruitment is extremely challenging across the country. • Both hospitals have significant levels of vacancies, and a growing proportion of consultants are already past the normal retirement age. • Difficulties in recruitment also impacts on the trusts' ability to attract trainees. ECT has an established apprenticeship scheme, but trainees often don't stay once trained • New consultants are increasingly attracted to larger specialist centres with opportunities to sub-specialise.
Potential Benefits of Collaboration	• Collaboration offers the potential for resilience • Recruitment and retention should be improved in a larger service. • This will also favour the development of sub-specialty skills, such as reporting of CTCA and musculoskeletal MRI. • ECT have a well-developed reporting from home model which is attractive to professional staff and could be replicated for SFT. • A collaborative apprenticeship programme and a joint approach to developing an interventional radiology service are areas for development.
Urgency of Change	It was agreed that Imaging could be described as a fragile service, due to the capacity and demand. It is also a key interdependency for many areas, which needs to be considered with other services in their case for change.

Trauma & Orthopaedics

The case for change in the trauma and orthopaedics relates to the overwhelming impact of the COVID-19 pandemic on the specialty. If we do nothing, it is predicted that waiting lists at both sites will continue to increase, as a lack of ring-fenced beds for elective orthopaedics at both sites means that cancellations are inevitable when hospital capacity is stretched.

Both trusts deliver urgent trauma and elective orthopaedic services. With two fully functioning emergency departments, it is considered necessary to maintain trauma services at both sites.

Capacity & Demand	• The COVID-19 pandemic saw a significant number of elective orthopaedic procedures suspended. • It will take several years for the waiting time to be reduced to pre-pandemic levels. • Even before the pandemic, the lack of ring-fenced elective beds impacted on elective surgery capacity. • Patients are experiencing prolonged periods of pain and discomfort while waiting for hip and knee surgery, with a consequent increase in recovery time.
Quality & Outcomes	• Outcomes remain good, however waiting lists numbers are high, delays are common. • Neither trust has been able to recruit ortho-geriatricians who supervise the older patients recovering particularly from trauma. This condition carries a high 28 day postoperative mortality and morbidity which is mitigated by ortho-geriatrician involvement.
Workforce Resilience	• Neither trust currently has problems recruiting consultants.
Potential Benefits of Collaboration	• The orthopaedic ‘Getting it right first time’ (GIRFT) programme recommends splitting elective surgery from emergency trauma services to reduce elective cancellations and improve quality – where surgeons see high volumes of elective joint replacements, the risk of infection is significantly reduced. • There is a significant potential for developing an elective centre for use by both trusts, separated from the main ward blocks. • As demand for elective orthopaedics continues to grow with an ageing population, a medium-term solution is required by both trusts.
Urgency of Change	Waiting list pressures will continue. This represents a high level of burden upon the older cohort of the population.

Women & Children:
Maternity & Gynaecology

The safety of maternity services across the country has been subject to considerable scrutiny due to poor neonatal outcomes in a number of trusts. The subsequent Ockenden Report identified key areas for immediate action, relating to training and staffing among obstetricians and midwives and consultant anaesthetists.

The case for change in the maternity and gynaecology largely relates to workforce resilience at ECT.

Capacity & Demand	• There has been no significant change in the birth rate in recent years, although the number of births at Macclesfield has reduced significantly over the past decade. • In March 2020 ECT temporarily suspended all births at Macclesfield due to a lack of anaesthetic cover related to the COVID-19 pandemic
Quality & Outcomes	• Neither ECT or SFT are fully compliant with the Ockenden recommendations or the Royal College of Anaesthetists guidelines • A dedicated anaesthetic on call rota for the labour ward and twice daily consultant obstetrician led ward rounds are a challenge.
Workforce Resilience	• SFT has invested in recruiting additional obstetric consultant posts in response to the Ockenden Report. • ECT has struggled to recruit midwives since the transfer of hospital births to SFT. • For intrapartum care to return to the Macclesfield site, a separate anaesthetic rota for maternity needs to be in place. This would be a challenge in terms of the number of anaesthetists available nationally and cost implications.
Potential Benefits of Collaboration	• Both trusts are more likely to be compliant with the current safety standards through a close collaboration. • ECT alone is unlikely to be able to comply even with investment due to the size of the service and recruitment challenges.
Urgency of Change	Both trusts must become compliant with increasingly stringent standards which are dependent on highly skilled workforce, staffing levels, recruitment, and retention. Action plans for compliance with Ockenden requirements must be submitted within the next 12 months.

Women & Children:
Paediatrics & Neonatology

Both SFT and ECT have paediatric outpatient services and in-patient beds for children and young people up to 16 years. The length of stay for admitted children is generally short – over 80% staying no more than one day in hospital. Currently there is no neonatal in-patient service at ECT as the consultant led maternity facility is located on the SFT site.

Capacity & Demand	• Activity at ECT is too low to warrant the number of staff required to meet national standards 7 days a week. • Future service developments to enhance primary and community care for unwell children will reduce the number of paediatric hospital admissions, exacerbating the challenges of a sub scale service.
Quality & Outcomes	• Outcomes for both neonates and paediatrics are currently good, but there is a persistent risk to sustainability at ECT associated with the impact of subscale activity and potential for staff de-skilling. • Clinical standards of both the Royal College Paediatric and Child Health, the British Association of Perinatal Medicine and RCN are heavily weighted to the presence and availability of senior appropriately qualified professional staff. • Neither ECT nor SFT is complaint with current standards
Workforce Resilience	• SFT has 13 WTE consultants ECT has seven. Despite this, both trusts require additional consultant posts to deliver a 7-day service. • Recruitment to medical middle grade post has proven difficult at ECT. • A minimum of three additional consultants would be required at ECT to achieve the standard for all children to be seen by a consultant paediatrician within 14 hours of admission.
Potential Benefits of Collaboration	• Collaboration would support the trusts to deliver challenging workforce standards. • A single in-patient site may offer the most realistic opportunity to deliver against standards. However, both emergency departments at ECT and SFT require specialist advice and review of relevant cases, which emergency medicine trained clinicians do not feel as confident to manage. • The high number of in patient stays which are less than one day suggests that children are admitted for review and a short period of observation rather than for urgent treatment interventions. A satisfactory solution to this may involve investment in acute community based paediatric services.
Urgency of Change	Moderate related to scale of service at ECT. Requires primary care and community involvement to offer a new service model.

10.4 Recommendations & Next Steps

While the services currently delivered at East Cheshire NHS Trust and Stockport NHS Foundation Trust are safe and of good quality, we recognise that it is taking longer to access care and that the current model is not sustainable in light of growing demand.

Providers of NHS clinical services have an obligation to deliver sustainable, safe and effective care. Services should:

- ensure equity of access to the service to all of the population
- avoid variation in clinical standards and outcomes
- meet the expectations of patients, families and carers.
- be part of a fully integrated health and social care system.

Our clinical reviews set out a number of areas where our current services fall short of our aspiration for local people and where both trusts need to change to continue to deliver safe, quality care into the future.

Collaboration across hospital trusts offers a range of opportunities to meet the challenges of growing demand, limited workforce, estates and funding to consistently deliver the clinical standards we want for our patients.

- for East Cheshire NHS Trust this relates primarily to being part of a larger-scale service, providing resilience in the workforce and a wider case mix to support recruitment, retention, and opportunities for sub-specialisation.

- for Stockport NHS Foundation Trust, being part of a larger-scale service offers a potential solution to manage growing backlogs resulting from the pandemic and to effectively balance the competing pressures of planned and emergency care.

As such, it is the recommendation of this case for change that East Cheshire NHS Trust and Stockport NHS Foundation Trust work together to consider alternative models of care that will enable the two organisations to deliver high quality hospital care for the local population, long into the future.

10.4.1 Next Steps

Options should be co-produced and assessed by our clinicians and the populations they serve, considering the various models of collaboration[59].

[59]: Single Hospital Service Review (2016) Manchester Health & Wellbeing Board

Spectrum of Single Service Models			
Shared pathways / standards across each specialty	**Shared staff and assets across a specialty**	**Differentiated sites / hub and spoke for each specialty**	**Single site for each specialty**
• Standardised care pathways and protocols across all teams who provide that service • Each team must adhere to minimum staffing requirements • Shared clinical data • Shared audit processes	• One clinical team shared between sites (joint rota) • Shared assets, e.g., theatres, cath labs, outpatient suites	• Coordinated services across multiple sites with some sites providing care for high complexity / risk cases and other sites providing care for lower risk patients • Common protocols and rapid transfer arrangements between sites	• All resources for a single specialty pooled on a single site

This will require further engagement with clinicians, staff, patients and the public to ensure that local needs and aspirations are at the heart of proposals.

Key areas to consider in any future model will include:

- Does the new model maintain or improve clinical quality, outcomes and experience?

- Does the model support sustainable delivery of growing demand?
- Will the model maintain or improve equality of access and support care closer to home wherever possible?

- Does the model improve recruitment and retention of staff?
- Does it support a consistent 7-day service whenever appropriate?
- Is the model financially viable?

- Is the model supported by local people and clinicians?
- Is the transition to the new model achievable and does it support the development of place-based health and care services within the integrated care system?

10.4.2 Assurance Process

NHS England has an assurance process for managing complex programmes of service change[46] to ensure that proposals meet the government's four tests of service change and NHS England's test for proposed bed closures.

The government's **four tests of service change** are:

1. Strong public and patient engagement.
2. Consistency with current and prospective need for patient choice.
3. Clear, clinical evidence base.
4. Support for proposals from clinical commissioners.

In 2017, NHS England introduced a new test for any proposal including plans to significantly reduce hospital bed numbers. This requires systems to provide assurance that their proposals meet at least one of three conditions.

NHS Bed Test

1. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it
2. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat stroke, will reduce specific categories of admission
3. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example, the Getting It Right First Time programme)

Should this case for change be accepted, we will follow this process to ensure that our proposals are fair, and evidence based.

NHSE will put together an assurance panel consisting of staff suitably qualified to consider evidence submitted against the tests outlined above, as well as other checks, including deliverability, affordability and value for money.

[46]: Planning, assuring and delivering service change for patients (2018) NHS

Appendix 1: Glossary of Abbreviations

The table below outlines the abbreviations and acronyms used in the report.

Abbreviation	Name
ACP	Advanced Clinical Practitioner
ACPGBI	Association of Coloproctology of Great Britain And Ireland
AfC	Agenda for Change
AHP	Allied Health Professional
AHSN	Academic Health Science Network
ANDU	Antenatal Day Assessment Unit
BAPM	British Association of Peri Natal Medicine
BCBV	Better Care Better Value
BCIS	British Cardiovascular Intervention Society
BDP	Bollington, Disley and Poynton Care Community
BMI	Body Mass Index
BMJ	British Medical Journal
BPT	Best Practice Tariff
BSG	British Society of Gastroenterologists
BTA	Business Transfer Agreement
C&M	Cheshire & Merseyside
CCG	Clinical Commissioning Group
CCNS	Children's Community Nursing Service
CCU	Critical Care Unit
CD	Clinical Director
CDC	Community Diagnostics Centre
CEO	Chief Executive Officer
CESR	Certificate of Eligibility for Specialist Registration
CHAW	Chelford, Handforth, Alderley Edge and Wilmslow Care Community
CHOC	Congleton And Holmes Chapel Care Community
CIC	Community Interest Company
CIP	Cost Improvement Plan
CMA	Competition and Markets Authority
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
CPoC	Collaboration Proof Of Concept
CQC	Care Quality Commission
CQUIN	Commissioning For Quality and Innovation
CT	Computerised Tomography
CTCA	CT Coronary Angiography
CVD	Cardiovascular Disease
CVF	Competing Values Framework
D2A	Discharge To Assess

Abbreviation	Name
DEXA	Dual Energy X-Ray Absorption
DGH	District General Hospital
DHSC	Department Of Health & Social Care
DNA	Did Not Attend
DSE	Dobutamine Stress Echocardiogram
DTOC	Delayed Transfer of Care
EBITDA	Earnings Before Interest, Taxation, Depreciation and Amortisation
ECT	East Cheshire Trust
ED	Emergency Department
EDI	Equality, Diversity & Inclusion
EIA	Equality Impact Assessment
EPR	Electronic Patient Record
ERCP	Endoscopic Retrograde Cholangiopancreatography
ESD	Early Supported Discharge
ETU	Endoscopy And Treatment Unit
EUR	Effective Use of Resources
FBC	Full Business Case
FDS	Faster Diagnosis Standard
FFICM	Faculty Of Intensive Care Medicine
FM	Facilities Management
FT	Foundation Trust
FY	Financial Year
FYFV	The NHS Five Year Forward View
GI	Gastrointestinal
GIRFT	Getting It Right First Time
GM	Greater Manchester
GMEC LMS	Greater Manchester and Eastern Cheshire Local Maternity System
GMHSCP	Greater Manchester Health & Social Care Partnership
GMOA	Greater Manchester Orthopaedic Alliance
GP	General Practitioner
GPICS	Guidelines for the Provision of Intensive Care Services
HASU	Hyper Acute Stroke Unit
HMRC	Her Majesty’s Revenue & Customs
HMT	Her Majesty’s Treasury
HR	Human Resources
HSMR	Hospital Standardised Mortality Ratio
HW	Healthwatch
HWBB	Health & Wellbeing Board
I&E	Income And Expenditure
ICB	Integrated Care Board
ICD	Implantable Cardioverter Defibrillator
ICM	Intensive Care Medicine
ICNARC	Intensive Care National Audit & Research Centre

Our Case for Change

Abbreviation	Name
ICS	Integrated Care System
ICU	Intensive Care Unit
IM&T	Information Management & Technology
IMD	Index Of Multiple Deprivation
IR	Interventional Radiology
ISAS	Imaging Services Accreditation Scheme
IT	Information Technology
JAG	Joint Advisory Group on GI Endoscopy
JCAG	Joint Clinical Advisory Group
JCF	Junior Clinical Fellow
JSNA	Joint Strategic Needs Assessment
JV	Joint Venture
KPI	Key Performance Indicator
LNU	Local Neonatal Units
LOS	Length Of Stay
LTC	Long-Term Condition
LTP	The NHS Long-Term Plan
MCA	Maternity Care Assistant
MCH	Manchester Children's Hospital
MCHFT	Mid-Cheshire Hospitals NHS Foundation Trust
MDT	Multi-Disciplinary Team
MPI	Myocardial Perfusion Imaging
MRI	Magnetic Resonance Imaging
NBOCA	National Bowel Cancer Audit
NCEPOD	National Confidential Enquiry Into Patient Outcome And Death
NED	Non-Executive Director
NEL	Non-Elective
NELA	National Emergency Laparotomy Audit
NHS	National Health Service
NHSE	NHS England
NIA	Non Invasive Ventilation
NICE	The National Institute for Health And Care Excellence
NICU	Neonatal Intensive Care Unit
NJR	National Joint Registry
NOUS	Non-Obstetric Ultrasound Scan
NPV	Net Present Value
NTDA	NHS Trust Development Authority
NW	North West
NWODN	North West Neonatal Operational Delivery Network
NWTS	North West Paediatric Transfer Service
O&G	Obstetrics & Gynaecology
OAA	Obstetric Anaesthetists Association
OBC	Outline Business Case

Abbreviation	Name
OD	Organisational Development
ONS	Office For National Statistics
OOH	Out Of Hours
OSC	Overview Scrutiny Committee
PAs	Programmed Activities
PACS	Picture Archiving and Communication System
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PBCIP	Post Business Case Implementation Plan
PbR	Payments By Results
PCI	Percutaneous Coronary Intervention
PCN	Primary Care Network
PDC	Public Dividend Capital
PET-CT	Position Emission Topography – Computed Topography
PFI	Private Finance Initiative
PHE	Public Health England
PID	Project Initiation Document
PIFU	Patient Initiated Follow Up Pathways
PMI	Patient Master Index
PMO	Programme Management Office
POBS	Paediatric Observation Unit
POD	Point Of Delivery
POLCV	Procedures Of Limited Clinical Value
PPCI	Primary Percutaneous Coronary Intervention
PPI	Patient & Public Involvement
PPM	Permanent Pacemaker
PRM	Provider Regulation Meeting
PTIP	Post Transaction Implementation Plan
PTL	Patient Tracking List
QIPP	Quality, Innovation, Productivity and Prevention
R&D	Research & Development
RCM	Royal College of Midwives
RCOA	Royal College of Anaesthetics
RCPCH	The Royal College of Paediatrics And Child Health
RCR	The Royal College of Radiologists
RIS	Radiology Information System
RTT	Referral To Treatment Time
SAS	Specialty And Associate Specialist
SAU	Surgical Assessment Unit
SCC	Spinal Cord Compression
SCU	Special Care Unit
SDEC	Same Day Emergency Care
SECCS	South East Coast Clinical Senate

Our Case for Change

Abbreviation	Name
SFI	Standing Financial Instruction
SFT	Stockport NHS Foundation Trust
SHMI	Summary Hospital-Level Mortality Indicator
SIFT	Service Increment for Training
SLA	Service Level Agreement
SMBC	Stockport Metropolitan Borough Council
SR21	The 2021 Spending Review
SRO	Senior Responsible Officer
SSNAP	Sentinel Stroke National Audit Programme
ST	Specialty Trainees
STEMI	ST-segment Elevation Myocardial Infarction
STF	Sustainability And Transformation Fund
STP	Sustainability And Transformation Plan
SVCO	Superior Vena Cava Obstruction
T&O	Trauma & Orthopaedics
TGIC	Tameside & Glossop Integrated Care NHS Foundation Trust
TIA	Transient Ischaemic Attack
TOE	Transoesophageal Echocardiogram
TUPE	Transfer Of Undertakings (Protection of Employment) Regulations 2006
US	Ultrasound Scan
WLI	Waiting List Initiatives
WTE	Whole-Time Equivalent
WWL	Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust

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Appendix 3: Record of Clinical Engagement

ANAESTHETICS & CRITICAL CARE						
Name	Role	Organisation	Date			
			04/05/21	24/05/21	14/03/22	19/04/22
John Hunter	**Medical Director**	**ECT**	✓	✓	✓	
Andrew Loughney	**Medical Director**	**SFT**		✓	✓	✓
Peter Williams	**Clinical Advisor**	**Independent**	✓	✓	✓	✓
Andy Bailey	Deputy Director of Strategy & Partnerships	SFT	✓			
Simon Brown	General Manager - Urgent Care and Frailty	ECT	✓	✓	✓	✓
Sam Burnett	Business Planning Manager	SFT	✓	✓		
Heather Cooper	Consultant Nurse - Critical Care	ECT	✓		✓	
Belinda Dean	Head of Nursing, Acute & Intensive Care	ECT				✓
Lynne Evans	Associate Nurse Director	SFT	✓	✓	✓	
Hywel Garrard	Consultant - Critical Care	SFT	✓			
Andrew Gorman	Clinical Lead - Anaesthetics	ECT	✓		✓	✓
Sarah Harrison	Project Manager	ECT/SFT	✓	✓		
Karen Hatchell	Business Group Director	SFT	✓	✓	✓	
Matt Jackson	Deputy Clinical Director - Critical Care	SFT		✓	✓	✓
Lisa Kirkup	Associate Director; Allied Health and Planned Care	ECT	✓	✓		✓
Marc Lyons	Clinical Lead - Critical Care	ECT	✓	✓		
Sheena Morris	Strategic Planning Officer	ECT			✓	
Dave Nunns	Associate Director of Strategy	ECT	✓	✓		
Joe O'Brien	Matron	SFT	✓	✓		
Liz Owen	Matron	ECT	✓			
Kath Senior	Director of Clinical Strategy	ECT	✓	✓	✓	
Liz Thomas	Clinical Director	SFT	✓	✓	✓	
Bob Unwin	Business Manager - Critical Care	SFT		✓		
James Wilmott	Consultant Anaesthetist	ECT			✓	
Jo Young	Deputy Director of Operations Acute and Integrated Community Care	ECT	✓	✓	✓	✓
Gordon Yuill	Clinical Director - Anaesthetics	SFT	✓	✓	✓	

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CARDIOLOGY					
Name	Role	Organisation	Date		
			25/10/2021	09/11/2021	18/03/2022
John Hunter	**Medical Director**	**ECT**	✓		
Andrew Loughney	**Medical Director**	**SFT**	✓	✓	✓
Peter Williams	**Clinical Advisor**	**Independent**	✓	✓	✓
Nadine Armitage	Divisional Director	SFT	✓	✓	✓
Marta Babores	Clinical Director	ECT	✓		✓
Angela Barrett	Directorate Manager	SFT	✓	✓	✓
Sam Burnett	Business Planning Manager	SFT	✓	✓	
Arzu Cubukcu	Consultant Cardiologist	ECT	✓		
Jennifer Hemmings	General Manager	ECT	✓	✓	✓
Fran Jackson	Improvement/Project Practitioner	ECT			✓
Sarah Harrison	Project Manager	ECT/SFT			✓
Ngai Kong	Associate Medical Director	SFT		✓	✓
Philip Lewis	Clinical Director - Cardiology	SFT	✓	✓	✓
Carl Miller	Operational Manager	ECT	✓	✓	✓
Dave Nunns	Associate Director of Strategy	ECT	✓	✓	
Stuart Russell	Consultant Cardiologist	ECT		✓	✓
Dilraj Sandher	Deputy Medical Director	SFT		✓	
Martha Scott	Principal Physiologist	ECT	✓	✓	
Kath Senior	Director of Clinical Strategy	ECT		✓	
Jacqueline Williams	Associate Director, Service Transformations.	ECT			✓

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DIABETES & ENDOCRINOLOGY					
Name	Role	Organisation	Date		
			15/10/2021		21/04/22
John Hunter	**Medical Director**	**ECT**	✓		
Andrew Loughney	**Medical Director**	**SFT**	✓		✓
Peter Williams	**Clinical Advisor**	**Independent**	✓		
Nadine Armitage	Divisional Director	SFT			✓
Angela Barrett	Divisional Manager	SFT	✓		✓
Richard Bell	Consultant; Diabetes and Endocrine	SFT	✓		✓
Angela Dawber	Head of Strategic Planning	SFT	✓		
Kate Gascoyne	Business Planning Manager	SFT	✓		
Jennifer Hemming	General Manager Acute Care	ECT	✓		
Sarah Ingleby	Associate Nurse Director	SFT	✓		
Ngai Kong	Associate Medical Director for Medicine	SFT	✓		
Carl Miller	Operational Manager, Medicine	ECT			✓
Dave Nunns	Associate Director of Strategy	ECT	✓		
Jo Young	Deputy director of Operations, Acute and Integrated Community Care	ECT			✓

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ENDOSCOPY					
Name	Role	Organisation	Date		
			07/05/2021	24/05/2021	04/03/2022
John Hunter	**Medical Director**	**ECT**	✓	✓	
Andrew Loughney	**Medical Director**	**SFT**	✓	✓	✓
Peter Williams	**Clinical Advisor**	**Independent**	✓	✓	✓
Marta Babores	Deputy Medical Director	ECT			✓
Sam Burnett	Business Planning Manager	SFT	✓	✓	
Caroline Culverwell	Business Manger - Gastroenterology & General Surgery	SFT		✓	✓
John Dillon	Diagnostic Services Manager - Radiology & Endoscopy	ECT	✓		✓
Lynn Evans	Associate Nursing Director - Surgery, GI & Critical Care	SFT		✓	✓
Asimina Gaglia	Clinical Lead	SFT			✓
Claire Hall	Deputy Clinical Director - General Surgery	SFT	✓		
Sarah Harrison	Project Manager	ECT	✓	✓	✓
Karen Hatchell	Business Group Director - Surgery, GI & Critical Care	SFT	✓	✓	
Jennifer Hemming	General Manager Medicine	ECT			
Wisam Jafar	Clinical Director	SFT	✓	✓	✓
Collin Kaydon	Assistant Directorate Manager	SFT			
Lisa Kirkup	Associate Director of Operations (Planned Care and Clinical Support Services)	ECT	✓	✓	✓
Konrad Koss	Clinical Lead - Endoscopy	ECT	✓	✓	✓
Nicola Mercer	Matron	SFT			✓
Carl Miller	Operational Manager - Medicine	ECT			✓
Sheena Morris	Strategic Planning Officer	ECT			✓
Steven Murphy	Service Lead - Endoscopy	SFT	✓	✓	
Dave Nunns	Associate Director of Strategy	ECT	✓	✓	✓
Ramasamay Saravana	Consultant Gastroenterologist	ECT			✓
Kath Senior	Director of Clinical Strategy	ECT	✓	✓	
Rebecca Simmons	Business Planning Manager	SFT	✓	✓	

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GASTROENTEROLOGY					
Name	Role	Organisation	Date		
			18/11/2021	10/12/2021	04/03/2022
John Hunter	**Medical Director**	**ECT**	✓	✓	
Andrew Loughney	**Medical Director**	**SFT**	✓	✓	✓
Peter Williams	**Clinical Advisor**	**Independent**	✓	✓	✓
Marta Babores	Deputy Medical Director	ECT			✓
Sam Burnett	Business Planning Manager	SFT	✓		
Caroline Culverwell	Business Manger - Gastroenterology & General Surgery	SFT		✓	✓
John Dillon	Diagnostic Services Manager - Radiology & Endoscopy	ECT			✓
Lynn Evans	Associate Nursing Director - Surgery, GI & Critical Care	SFT	✓		✓
Asimina Gaglia	Clinical Lead	SFT			✓
Claire Hall	Deputy Clinical Director - General Surgery	SFT			
Sarah Harrison	Project Manager	ECT/SFT			✓
Karen Hatchell	Business Group Director - Surgery, GI & Critical Care	SFT			
Jennifer Hemming	General Manager Medicine	ECT	✓	✓	
Wisam Jafar	Clinical Director	SFT	✓	✓	✓
Collin Kaydon	Assistant Directorate Manager	SFT	✓		
Lisa Kirkup	Associate Director of Operations (Planned Care and Clinical Support Services)	ECT			✓
Konrad Koss	Clinical Lead - Endoscopy	ECT	✓	✓	✓
Nicola Mercer	Matron	SFT	✓		✓
Carl Miller	Operational Manager - Medicine	ECT	✓		✓
Sheena Morris	Strategic Planning Officer	ECT			✓
Steven Murphy	Service Lead - Endoscopy	SFT			
Dave Nunns	Associate Director of Strategy	ECT	✓	✓	✓
Ramasamay Saravana	Consultant Gastroenterologist	ECT	✓	✓	✓
Kath Senior	Director of Clinical Strategy	ECT			
Rebecca Simmons	Business Planning Manager	SFT			
Sheena Morris	Strategic Planning Officer	ECT			✓

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GENERAL SURGERY					
Name	Role	Organisation	Date		
			30/04/2021	21/05/2021	08/03/2022
John Hunter	**Medical Director**	**ECT**	✓	✓	✓
Andrew Loughney	**Medical Director**	**SFT**	✓	✓	✓
Peter Williams	**Clinical Director**	**Independent**	✓	✓	✓
Andy Bailey	Deputy Director of Strategy & Partnerships	SFT	✓	✓	
Sam Burnett	Business Planning Manager	SFT	✓		
Caroline Culverwell	Business Manager - General Surgery	SFT	✓	✓	
Sarah Dean	Operational Manager - General Surgery	ECT	✓	✓	✓
Lynn Evans	Associate Nurse Director	SFT	✓		
Kate Gascoyne	Business Planning Manager	SFT	✓	✓	
Adele Gatley	General Manager - Planned Care	ECT	✓		
Katy Greensdale	Matron - General Surgery	SFT		✓	
Kayode Habeeb	Clinical Lead General Surgery	ECT	✓	✓	✓
Claire Hall	Consultant	SFT	✓	✓	✓
Sarah Harrison	Project Manager	ECT/SFT			✓
Karen Hatchell	Business Group Director	SFT	✓	✓	✓
Natasha Henley	Clinical Director	SFT	✓	✓	✓
Quasim Humayun	Consultant	SFT			✓
Annela Hussain	E, D and I Lead	SFT		✓	
Usman Khan	Clinical Director Planned Care	ECT	✓	✓	
Lisa Kirkup	Associate Director, Allied Health and Planned Care	ECT	✓	✓	
Lizzi Moussa	E, D and I Lead	SFT		✓	
Dave Nunns	Associate Director of Strategy	ECT	✓	✓	✓
Jonathan O'Brien	Director of Strategy and Partnerships	SFT			✓
Nnamdi Okolie	Business Manager	SFT			✓
Kath Senior	Director of Clinical Strategy	ECT	✓	✓	✓
Karen Smith	Head of Nursing, Allied Health and Planned Care	ECT	✓	✓	✓
Lucy Tideswell	Strategic Planning Officer	ECT		✓	

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IMAGING						
Name	Role	Organisation	Date			
			22/10/21	01/11/21	11/03/22	22/04/22
John Hunter	**Medical Director**	**SFT**	✓	✓		
Andrew Loughney	**Medical Director**	**SFT**	✓		✓	✓
Peter Williams	**Clinical Advisor**	**Independent**	✓	✓	✓	✓
Marta Babores	Deputy Medical Director	ECT			✓	
Stuart Cooper	Operational Lead	SFT	✓	✓	✓	✓
Angela Dawber	Head of Strategic Planning	SFT			✓	✓
John Dillon	General Manager, Diagnostics	ECT	✓	✓	✓	✓
Najmul Huq	Clinical Director	SFT			✓	✓
Lisa Kirkup	Associate Director, Allied Health and Planned Care	ECT	✓	✓		
Mong-Yang Loh	Clinical Director	SFT	✓	✓	✓	
Sheena Morris	Strategic Planning Officer	ECT			✓	✓
Dave Nunns	Associate Director of Strategy	ECT	✓	✓		
Dilraj Sandher	Deputy Medical Director	SFT		✓		
Kath Senior	Director of Clinical Strategy	ECT	✓		✓	✓
Robin Sil	Consultant Radiologist	ECT	✓		✓	
Sue Tebby-Lees	Clinical Lead, Consultant Radiologist	ECT		✓		
Zoe Turner	Divisional Director	SFT			✓	✓
Fiona Walton	Head of AHP Services/Clinical Director	ECT			✓	

TRAUMA AND ORTHOPAEDICS						
Name	Role	Organisation	Date			
			27/04/21	18/05/21	01/03/22	06/04/22
John Hunter	**Medical Director**	**ECT**	✓	✓	✓	
Andrew Loughney	**Medical Director**	**SFT**				
Peter Williams	**Clinical Director**	**Independent**	✓	✓	✓	✓
Andy Bailey	Deputy Director of Strategy & Partnerships	SFT	✓	✓		
Keith Barnes	Consultant Orthopaedic Surgeon	ECT	✓	✓		
Rashpal Bassi	Clinical Lead	ECT	✓	✓	✓	
Lynn Evans	Associate Nurse Director	SFT	✓	✓	✓	
Kate Gascoyne	Business Planning Manager	SFT	✓	✓		
Adele Gatley	General Manager Surgery	ECT	✓	✓	✓	
Sarah Harrison	Project Manager - East Cheshire NHS Trust	ECT/SFT	✓	✓	✓	
Karen Hatchell	Business Group Director	SFT	✓		✓	
Lisa Kirkup	Associate Director, Allied Health and Planned Care	ECT	✓	✓	✓	
Tahir Mahmud	Consultant Orthopaedic Surgeon	ECT	✓			
Barnes Morgan	Clinical Director	SFT	✓	✓	✓	✓
Sheena Morris	Strategic Planning Officer	ECT			✓	✓
Dave Nunns	Associate Director of Strategy	ECT	✓	✓		
Sue Roberts	Operational Manager	ECT	✓	✓	✓	✓
Dilraj Sandher	Associate Medical Director	SFT	✓	✓	✓	
Kath Senior	Director of Clinical Strategy	ECT	✓	✓	✓	
Karen Smith	Head of Nursing, Allied Health and Planned Care	ECT	✓	✓	✓	✓
Andrew Tunnicliffe	Associate Business Group Director	SFT	✓	✓	✓	✓

Our Case for Change

WOMEN & CHILDREN: MATERNITY & GYNAECOLOGY						
Name	Role	Organisation	Date			
			26/04/21	17/05/21	18/03/22	20/04/22
John Hunter	**Medical Director**	**ECT**	✓	✓	✓	
Andrew Loughney	**Medical Director**	**SFT**		✓	✓	✓
Peter Williams	**Clinical Advisor**	**Independent**	✓	✓	✓	✓
Jyotsna Acharya	Clinical Lead and Consultant Obstetrician & Gynaecologist	ECT	✓	✓		✓
Andy Bailey	Deputy Director of Strategy & Partnerships	SFT				
Nicky Biggar	Deputy Head of Midwifery	ECT	✓	✓	✓	
Sonia Chachan	Clinical Director	SFT	✓	✓	✓	
Surendran Chandrasekaran	Consultant Paediatrician	ECT				
Kelly Curtis	Business Manager	SFT	✓	✓	✓	✓
Sarah Fullwood	Matron	SFT				
Bo Hamilton Cody	Head of Midwifery and Children's Services	ECT	✓	✓	✓	
Kate Gascoyne	Business Planning Manager	SFT	✓	✓		
Sarah Harrison	Project Manager	ECT/SFT	✓	✓		
Carrie Heal	Consultant Lead Neonates	SFT			✓	✓
Sharon Hyde	Head of Midwifery	SFT	✓			
Alison Jobling	Associate Medical Director	SFT	✓	✓		✓
Joe Kabyemela	Consultant Obstetrician & Gynaecologist	ECT	✓	✓		
Sheena Morris	Strategic Planning Officer	ECT			✓	
Elizabeth Newby	Clinical Director	SFT			✓	✓
Dave Nunns	Associate Director of Strategy	ECT	✓	✓	✓	
Rachel Owen	Consultant Obstetrician & Gynaecologist	SFT	✓	✓		
Rachel Patton	Deputy Head of Midwifery	SFT			✓	✓
Madhavi Pureti	Consultant Obstetrician & Gynaecologist	SFT	✓			
Kath Senior	Director of Clinical Strategy	ECT	✓	✓	✓	
Jo Shippey	Paediatric Matron	ECT			✓	✓
Rebecca Simmons	Business Planning Manager	SFT				
Zoe Turner	Divisional Director	SFT				✓
Fiona Walton	Deputy Director of Operations, Allied Health and planned care	ECT	✓	✓	✓	✓
Gail Whitehead	Clinical Lead Paediatrics & Neonates	ECT			✓	✓
Rachael Whittington	Associate Nurse Director	SFT			✓	✓
Claire Woodford	Business Group Director	SFT	✓	✓		

Sustainable Hospital Services across eastern Cheshire & Stockport

WOMEN & CHILDREN: PAEDIATRICS & NEONATOLOGY						
Name	Role	Organisation	Date			
			26/04/21	17/05/21	18/03/22	20/04/22
John Hunter	**Medical Director**	**ECT**	✓	✓	✓	
Andrew Loughney	**Medical Director**	**SFT**			✓	✓
Peter Williams	**Clinical Advisor**	**Independent**	✓	✓	✓	✓
Jyotsna Acharya	Clinical Lead and Consultant Obstetrician & Gynaecologist	ECT				✓
Andy Bailey	Deputy Director of Strategy & Partnerships	SFT		✓		
Nicky Biggar	Deputy Head of Midwifery	ECT	✓	✓	✓	
Sonia Chachan	Clinical Director	SFT			✓	
Surendran Chandrasekaran	Consultant Paediatrician	ECT	✓	✓		
Kelly Curtis	Business Manager	SFT	✓	✓	✓	✓
Sarah Fullwood	Matron	SFT	✓	✓		
Bo Hamilton Cody	Head of Midwifery and Children's Services	ECT	✓	✓	✓	
Kate Gascoyne	Business Planning Manager	SFT	✓	✓		
Sarah Harrison	Project Manager	ECT/SFT		✓		
Carrie Heal	Consultant Lead Neonates	SFT	✓	✓	✓	✓
Sharon Hyde	Head of Midwifery	SFT				
Alison Jobling	Associate Medical Director	SFT	✓	✓		✓
Joe Kabyemela	Consultant Obstetrician & Gynaecologist	ECT				
Sheena Morris	Strategic Planning Officer	ECT			✓	
Elizabeth Newby	Clinical Director	SFT	✓	✓	✓	✓
Dave Nunns	Associate Director of Strategy	ECT	✓	✓	✓	
Rachel Owen	Consultant Obstetrician & Gynaecologist	SFT				
Rachel Patton	Deputy Head of Midwifery	SFT			✓	✓
Madhavi Pureti	Consultant Obstetrician & Gynaecologist	SFT				
Kath Senior	Director of Clinical Strategy	ECT	✓	✓	✓	
Jo Shippey	Paediatric Matron	ECT	✓	✓	✓	✓
Rebecca Simmons	Business Planning Manager	SFT	✓	✓		
Zoe Turner	Divisional Director	SFT				✓
Fiona Walton	Deputy Director of Operations, Allied Health and planned care	ECT	✓	✓	✓	✓
Gail Whitehead	Clinical Lead Paediatrics & Neonates	ECT	✓	✓	✓	✓
Rachael Whittington	Associate Nurse Director	SFT	✓	✓	✓	✓
Claire Woodford	Business Group Director	SFT	✓			

Our Case for Change

Joint Clinical Advisory Group (JCAG)					
Name	**Job Title**	Organisation	**Meeting Date**		
			18/02/22	**18/03/22**	**24/04/22**
Andrew Loughney	Medical Director	SFT	✓	✓	✓
John Hunter	Medical Director	ECT	✓	✓	
Peter Williams	Independent Clinical Advisor	Independent	✓	✓	✓
Jyotsna Acharya	Clinical Lead, Obstetrics & Gynaecology	ECT	✓		
Dr Javaid Ali	Primary Care Representative	SCCG	✓	✓	✓
Catherine Allbright	Equality Diversity & Inclusion Rep	ECT	✓		✓
Marta Babores	Clinical Director	ECT	✓	✓	
Tom Bartram	Clinical Lead, Emergency Department	ECT			
Rashpal Bassi	Clinical Lead, Trauma & Orthopaedics	ECT	✓	✓	✓
Richard Bell	Consultant, Diabetes and Endocrinology	SFT		✓	✓
Karl Bonnici	Associate Medical Director, Integrated Care	SFT			
Kate Daly-Brown	Director of Nursing & Quality	ECT	✓	✓	✓
John Dillon	Head of Diagnostics	ECT	✓		
Fiona Doorey	Head of Communications & Engagement	ECT			✓
Nicola Firth	Chief Nurse DIPC	SFT			
Andrew Gorman	Clinical Lead, Anaesthetics	ECT			
Kayode Habeeb	Clinical Lead, General Surgery	ECT	✓	✓	
Dr Rachel Hall	General Practice Representative	CCCG			✓
Sarah Harrison	Project Manager	ECT/SFT	✓	✓	
Natasha Henley	Associate Medical Director, GI & Critical Care	SFT	✓	✓	✓
Alison Jobling	Associate Medical Director, Women, Children and Diagnostic Services	SFT	✓	✓	
Steven Kershaw	Medical Staff Committee Chair	SFT			
Usman Khan	Clinical Director	ECT	✓		
Ngai Kong	Associate Medical Director, Medicine & Clinical Support	SFT	✓	✓	
Shivakuma Krishnamoorthy	Associate Medical Director, Hospital Care, Medical Staff, Stroke	SFT	✓	✓	✓
Sheena Morris	Strategic Planning Officer	ECT			✓
Mahu Reddy	Clinical Director, Emergency Director	SFT			
Dilraj Sandher	Deputy Medical Director	SFT			
Kath Senior	Director of Clinical Strategy	ECT	✓	✓	✓
Neela Surange	Medical Staff Committee Chair	SFT	✓		✓
Sue Tebby-Lees	Clinical Lead, Radiology	ECT			
Gail Whitehead	Clinical Lead, Paediatrics & Neonates	ECT	✓	✓	✓
James Willmott	Clinical Lead, ICU	ECT	✓		

Engagement with Stockport GPs 5th April 2022	
Name	**Role**
Dr Darren Aspinall	Medical Director, Viaduct Care CIC
Stacey Davidson	Pharmacy Lead, Stockport Integrated Pharmacy service
Dr Ranjit Gill	Clinical Director, Victoria Primary Care Network
Dr James Higgins	Clinical Director, Tame Valley Primary Care Network
Dr Becky Locke	Clinical Director, Heatons Primary Care Network
Dr Viren Mehta	Clinical Director, Cheadle Primary Care Network
Dr Tim Merchant	Clinical Director, Viaduct Care CIC
Dr Louise Monk	Clinical Director, Bramhall & Cheadle Hulme Primary Care Network
Anita Rolfe	Executive Nurse, NHS Stockport CCG
Dr Rukhsana Salim	Clinical Director, Hazel Grove, High Lane & Marple Primary Care Network
Paul Stevens	Local Medical Committee
Dr Simon Woodworth	Medical Director, NHS Stockport CCG

Engagement with Stockport Stockport One Health & Care Shadow Locality Board, 29th March 2022	
Name	**Role**
Cllr J Wells	Cabinet Member for Adult Care & Health, Stockport Metropolitan Borough Council (Chair)
Ms A Green	Chief Accountable Officer, NHS Stockport CCG
Ms K James	Chief Executive, Stockport NHS Foundation Trust
Ms J McGrath	Chief Executive, Sector 3
Dr V Mehta	Primary Care Representative
Mrs A Rolfe	Executive Nurse, NHS Stockport CCG
Ms C Simpson	Chief Executive, Stockport Metropolitan Borough Council
Mr M Cullen	Chief Finance Officer, Stockport CCG
Mr J Graham	Director of Finance, Deputy Chief Executive, Stockport NHS FT
Ms A Harper	Head of Communications and Engagement, NHS Stockport CCG
Mrs M Maguinness	Director of Integrated Commissioning, NHS Stockport CCG
Ms K Rees	Service Director Strategy and Commissioning, Stockport Metropolitan Borough Council
Miss A Newton	Corporate Support Administrator, Stockport CCG (Minutes)

Engagement with Stockport CCG Governing Body 20th April 2022	
Name	**Role**
Mr P Winrow	Lay Member for Audit & Governance, Chair
Mr M Cullen	Chief Finance Officer, Stockport CCG
Dr M Richardson	General Practice Representative
Mr P Riley	Lay Member for Primary Care Commissioning
Ms A Rolfe	Interim Accountable Officer & Executive Nurse, Stockport CCG
Mr C McGuire	Interim Deputy Director of Corporate Affairs
Ms A Harper	Head of Communications and Engagement
Mr A Bailey	Deputy Director for Strategy and Partnerships at SFT

Engagement with Stockport CCG Governing Body 6th May 2022	
Name	**Role**
Ms M Maguinness	Director of Integrated Commissioning
Mr D Phillips	Lay Member for Patient & Public Involvement
Dr M Richardson	General Practice Representative
Mr P Riley	Lay Member for Primary Care Commissioning
Ms A Rolfe	Interim Chief Accountable Officer, Executive Nurse
Mr P Winrow	Lay Member for Audit & Governance
Dr M Valluri	General Practice Representative
Ms L Rigg	Interim Deputy Director of Corporate Affairs
Ms N Hussein	Interim Corporate Affairs Manager
Ms A Harper	Head of Communications and Engagement
Ms F Vaughan	Corporate Administrator (Minutes)
Mr J O'Brien	Director of Strategy and Partnerships, Stockport FT

Engagement with Cheshire Place Executives, Chairs and GP representatives 28 February 2022	
Name	**Role**
Rachael Charlton	Interim Deputy Chief Executive, East Cheshire NHS Trust
Helen Charlesworth-May	Executive Director, Adult Health & Integration, Cheshire East Council
Sam Corcoran	Leader, Cheshire East Council
Sheena Cumiskey	Chief Executive, Cheshire & Wirral Partnership NHS Foundation Trust
Denis Dunn	Chair, Mid Cheshire Hospitals NHS Foundation Trust
Dr Dave Holden	Chair, Cheshire East ICP Transformation Board/ Clinical Lead – Southern PCNs/CCs
Justin Johnson	Chief Executive, Vernova, Community Interest Company
Dr Paddy Kearns	Chair, Cheshire East ICP Board / Clinical Lead – Eastern PCNs / CCs
Lynn McGill	Chair, East Cheshire NHS Trust
Dr Steven Michael OBE	Independent Chair, Cheshire East Place Partnership
Ged Murphy	Interim Chief Executive, East Cheshire NHS Trust
Lorraine O'Donnell	Chief Executive, Cheshire East Council
Dr Anushta Sivananthan	Medical Director, Cheshire & Wirral Partnership NHS Foundation Trust
James Sumner	Chief Executive, Mid Cheshire Hospitals NHS Foundation Trust
Clare Watson	Accountable Officer, NHS Cheshire Clinical Commissioning Group
Dr Andy Wilson	Clinical Chair, NHS Cheshire Clinical Commissioning Group
Isla Wilson	Chair, Cheshire & Wirral Partnership NHS Foundation Trust

Engagement with NHS Cheshire CCG Place Committee 21 April 2022	
Name	**Role**
Dr Andrew Wilson	Chair, NHS Cheshire CCG (Cheshire East)

Engagement with Eastern Cheshire GP Practices' Meeting 6 May 2022		
Name	**Role**	**Organisation**
Laura Cunningham	PCN Lead	Middlewood PCN
Lynne Garner	Practice Manager	Kenmore MC
Dr Daniel Harle	GP / Care Community Lead	Broken Cross Surgery / Macclesfield Care Community
Helen Hawthorne	Practice Manager	South Park Surgery
Shaun Liu	Practice Manager	Alderley Edge MC
Dr Mark Lumb	GP / Director / Deputy Clinical Director	South Park Surgery / Vernova / Macclesfield PCN
Dr Gareth Morelli	GP / Director	Middlewood Partnership / Vernova
Joanne Morton	PCN Manager	CHAW PCN
Samantha Pownall	Executive Manager	Knutsford Medical Partnership
Elaine Skepper	Practice Manager	Chelford Surgery
Sheila Williamson	Managing Director	Middlewood Partnership

Appendix 4: Report on Listening Exercise

1 Executive summary

1.1 Introduction

East Cheshire NHS Trust (ECT) and Stockport NHS Foundation Trust (SFT) aim to ensure the people they care for across Eastern Cheshire, Stockport and the surrounding areas continue to receive safe, high quality sustainable healthcare into the future.

The trusts and clinical commissioning groups (CCGs) wanted to hear what patients, staff and other stakeholders felt they needed to do to improve the following services:

- Cardiology
- Critical care and anaesthetics
- Diabetes and endocrinology
- Gastroenterology and endoscopy
- General surgery
- Imaging (X-ray and radiology)
- Trauma and orthopaedics
- Urgent and emergency care (A&E)
- Women's and children's services
- Planned care
- Community services.

1.2 Communications and engagement

Respondents were able to have their say by sending correspondence and completing the survey. Awareness of the engagement was increased through the following channels:

- Stakeholder engagement
- Press and media
- Engagement documents
- Websites and a dedicated engagement microsite
- Social media.

1.3 Numbers of respondents

The survey was live between 21 February 2022 to 2 April 2022 and received 273 responses.

1.4 Findings

Findings are set out over the page by clinical specialty.

1.4.1 Cardiology

Number of respondents: Overall, 38 respondents indicated they wanted to comment on cardiology services with 24 respondents accessing cardiology services in the last three years.

Top location: Macclesfield District General Hospital (12 / 50%) and Stepping Hill Hospital (12 / 50%)

Rating of service: Overall, 12 (50%) respondents rated services very good or good and 7 (29%) respondents rated services poor or very poor.

Top themes on service:

- Negative – Access – Waiting time for services is too long (9 / 28%)
- Positive – Staff – Staff were professional and friendly (7 / 22%)
- Positive – Quality of services – Services provided are good (5 / 16%).

1.4.2 Critical care and anaesthetics

Number of respondents: Overall, 28 respondents indicated they wanted to comment on critical care and anaesthetics services with 10 respondents accessing critical care and anaesthetics services in the last three years.

Top location: Macclesfield District General Hospital (9 / 90%).

Rating of service: Overall, 9 (90%) respondents rated services very good or good and no respondents rated services poor or very poor.

Top themes on service:
- Positive – Staff – Staff were professional and friendly (5 / 25%)
- Positive – Quality of services – Services provided are good (5 / 25%)
- Observation – Staff – Consider greater support for staff (e.g. recognition) (3 / 23%).

1.4.3 Community services

Number of respondents: Overall, 72 respondents indicated they wanted to comment on community services with 44 respondents accessing community services in the last three years.

Top location: At home (15 / 34%).

Rating of service: Overall, 23 (53%) respondents rated services very good or good, and 10 (23%) respondents rated services poor or very poor.

Top themes on service:
- Observation – Staff – Consider the need for adequate staffing (11 / 21%)
- Negative – Communication – Communication with patients requires improvement (10 / 19%)
- Observation – Service provision – Increased provision of services is required (e.g. to reduce hospital stays) (8 / 15%)
- Positive – Staff – Staff were helpful and friendly (8 / 15%).

1.4.4 Diabetes and endocrinology

Number of respondents: Overall, 30 respondents indicated they wanted to comment on diabetes and endocrinology services with 17 respondents accessing diabetes and endocrinology services in the last three years.

Top location: Macclesfield District General Hospital (7 / 41%).

Rating of service: Overall, 11 (69%) respondents rated services very good or good, and 4 (25%) respondents rated services poor or very poor.

Top themes on service:
- Observation – Staff – Ensure appropriate staffing (e.g. specialist expertise) (6 / 26%)
- Negative – General – Services provided were poor (5 / 22%)
- Negative – Staff – Concern over lack of specialists (e.g. endocrine consultant, adult diabetologist) (5 / 22%).

1.4.5 Gastroenterology and endoscopy

Number of respondents: Overall, 39 respondents indicated they wanted to comment on gastroenterology and endoscopy services with 27 respondents accessing gastroenterology and endoscopy services in the last three years.

Top location: Macclesfield District General Hospital (16 / 59%).

Rating of service: Overall, 19 (70%) respondents rated services very good or good, and 2 (7%) respondents rated services poor or very poor.

Top themes on service:
- Positive – Quality of services – Services provided are good (16 / 49%)
- Positive – Staff – Staff are professional and helpful (11 / 33%)
- Observation – Staff – Ensure adequate staffing (e.g. more staff, share specialists knowledge) (5 / 15%).

1.4.6 General surgery

Number of respondents: Overall, 34 respondents indicated they wanted to comment on general surgery services with 19 respondents accessing general surgery services in the last three years.

Top location: Stepping Hill Hospital (10 / 53%).

Rating of service: Overall, 15 (79%) respondents rated services very good or good, and 1 (5%) respondent rated services poor or very poor.

Top themes on service:
- Positive – Quality of services – Services provided are good (9 / 36%)
- Observation – Staff – Ensure appropriate staffing (4 / 16%)
- Observation – Integration – Ensure greater integration between healthcare providers (4 / 16%).

1.4.7 Imaging (X-ray and radiology)

Number of respondents: Overall, 49 respondents indicated they wanted to comment on imaging (X-ray and radiology) services with 40 respondents accessing imaging (X-ray and radiology) services in the last three years.

Top location: Macclesfield District General Hospital (22 / 55%).

Rating of service: Overall, 33 (83%) respondents rated services very good or good, and 4 (10%) respondents rated services poor or very poor.

Top themes on service:
- Positive – Staff – Staff were professional and friendly (14 / 37%)
- Positive – Quality of services – Services provided are good (e.g. efficient) (14 / 37%)
- Negative – Access – Concern over long waiting time for services (e.g. availability of appointments) (9 / 24%).

1.4.8 Planned care

Number of respondents: Overall, 41 respondents indicated they wanted to comment on planned care services with 18 respondents accessing planned care services in the last three years.

Top location: Macclesfield District General Hospital (10 / 56%).

Rating of service: Overall, 12 (67%) respondents rated services very good or good, and 3 (17%) respondents rated services poor or very poor.

Top themes on service:
- Negative – Access – Concern over waiting lists to access care (e.g. backlog) (7 / 28%)
- Negative – Communication – Communication with patients requires improvement (6 / 24%)
- Positive – Quality of services – Services provided are good (5 / 20%).

1.4.9 Trauma and orthopaedics

Number of respondents: Overall, 38 respondents indicated they wanted to comment on trauma and orthopaedics services with 20 respondents accessing trauma and orthopaedics services in the last three years.

Top location: Macclesfield District General Hospital (15 / 75%).

Rating of service: Overall, 14 (74%) respondents rated services very good or good, and 2 (11%) respondents rated services poor or very poor.

Top themes on service:
- Positive – Quality of services – Services provided are good (6 / 20%)
- Negative – Access – Waiting time for services is long (6 / 20%)
- Observation – Service provision – Ensure provision of trauma and orthopaedic services locally (5 / 17%)
- Observation – Cost and efficiency – Ensure sufficient resources and capacity to meet demand (5 / 17%).

1.4.10 Urgent and emergency care (A&E)

Number of respondents: Overall, 88 respondents indicated they wanted to comment on urgent and emergency care (A&E) with 74 respondents accessing urgent and emergency care (A&E) in the last three years.

Top location: Macclesfield District General Hospital (46 / 63%).

Rating of service: Overall, 48 (66%) respondents rated services very good or good, and 19 (26%) respondents rated services poor or very poor.

Top themes on service:
- Positive – Quality of services – Services provided are good (19 / 26%)
- Negative – Access – Concern over long waiting time to be seen (14 / 19%)
- Negative – Staff – Concern over inadequate staffing (e.g. lack of staff) (10 / 14%)
- Positive – Staff – Staff were professional and helpful (10 / 14%).

1.4.11 Women's and children's services

Number of respondents: Overall, 141 respondents indicated they wanted to comment on women's and children's services with 114 respondents accessing women's and children's services in the last three years.

Top location: Macclesfield District General Hospital (81 / 72%).

Rating of service: Overall, 81 (73%) respondents rated services very good or good, and 17 (15%) respondents rated services poor or very poor.

Top themes on service:
- Positive – Quality of care – Quality of care was good (e.g. antenatal, postnatal care) (34 / 29%)
- Positive – Staff – Staff were professional and helpful (33 / 27%)
- Observation – Service provision – Consider the need to re-open maternity unit at Macclesfield Hospital (23 / 19%).

1.4.12 Travel and transport

Top travel method: Car (236 / 87%).

Average travel time: 26 minutes.

Top themes on travel issues:
- Parking – Difficulties parking at hospital (e.g. spaces, cost) (87 / 40%)
- General – No issues (85 / 39%)
- Transport – Lack of adequate public transport (16 / 7%).

A copy of the full engagement report can be found at:

https://localvoices.uk

Appendix 5: Recommended on-site services for hospitals with an Emergency Department

On site services recommended for hospitals with emergency departments, including adult surgical patients	Additional services that should 'in-reach' if not based on-site
• Acute and General Medicine • Elderly Medicine • Respiratory Medicine (including bronchoscopy) • Medical Gastroenterology • Urgent GI endoscopy (Upper and Lower) • Cardiology (non-invasive) • General (Adult) Surgery • Gynaecology • Trauma • Orthopaedics • Urology • ENT • Critical Care (adult): Level 2 and 3 • General Anaesthetics • X-ray and Diagnostic Ultrasound • CT Scan • MRI Scan • Urgent Diagnostic Haematology and Bio-chemistry • Clinical Microbiology/Infection Service • Occupational Therapy • Physiotherapy • Acute Mental Health Services (Liaison Psychiatry)	• Diabetes and Endocrinology • Rheumatology • Dermatology • Acute Oncology • Palliative Care • Neurology • Nephrology • Maxillo-Facial Surgery • Plastic Surgery • Burns • Interventional Radiology • Speech and Language • Dietetics

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Follow us on Twitter:
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Watch us on YouTube:
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Poplar Grove,
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Website: www.stockport.nhs.uk

Join us on Facebook:
www.facebook.com/StockportNHS

Follow us on Twitter:
@StockportNHS

Watch us on YouTube:
www.youtube.com/stockportNHS

See us on Instagram:
www.instagram.com/stockportnhs

Meeting date	4 August 2022	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Risk Management Strategy and Policy					
Lead Director	Chief Executive		Author	Deputy Director of Quality Governance		

Recommendations made / Decisions requested

The Board of Directors is asked to:

- Review and approve the Risk Management Strategy and Policy, including the risk appetite statements

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks	x	**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
	x	**PR1.2**	There is a risk that the Trust fails to reduce harm against agreed baseline
	x	**PR1.3**	There is a risk that patient flow plans are not effective leading to decline in A&E performance
	x	**PR1.4**	There is a risk that inclusive restoration plans to address elective backlog are not delivered
	x	**PR2.1**	There is a risk that the Trust fails to support and engage its workforce
	x	**PR2.2**	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
	x	**PR3.1**	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
	x	**PR4.1**	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes
	x	**PR5.1**	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented
	x	**PR5.2**	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy
	x	**PR6.1**	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position

	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
	x	**PR7.3**	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
	x	**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 Risk Management Strategy and Policy provides a systematic approach for the management of risk across the organisation. It is intended to be utilised from 'ward to Board' to support a standardised approach to risk management.

The updated Risk Management Strategy and Policy has been updated to provide additional detail on the step by step approach to risk management, a new section on risk appetite including risk appetite statements of the Board, and updated appendices including: updated Board committee structure, NPSA Matrix for Risk Managers, risk approval process flowchart, and risk appetite matrix.

The Risk Management Strategy and Policy is presented to Board for approval following submission to Risk Management Committee on 13 July 2022.

Stockport
NHS Foundation Trust

RISK MANAGEMENT STRATEGY AND POLICY

2022-2025

CONTENTS

THE PROCESS - AT A GLANCE

Stockport NHS Foundation Trust recognises that the provision of healthcare and associated activities related to service provision are by their very nature inherently risky. However by understanding the risks we face and managing them appropriately and in a consistent manner we will enhance our ability to improve our services, make better decisions and achieve our principle objectives as an organisation.

Steps within the risk management process are explained as follows:

1. Step 1: Determine Priorities
   As a Trust it is important to set out clear objectives that we aim to achieve.

2. Step 2: Risk Identification
   This involves considering and identifying potential sources of risk to the Trust that may stop us from achieving our objectives Risks may relate to safety, quality, finance, reputation, transformation and innovation etc.

3. Step 3: Risk Assessment and Scoring
   A thorough assessment of risk, including a detailed review of the controls in place to mitigate the risk allows us to score the risk based on the likelihood of the risk happening and the severity/ consequences if it did. This score allows the Trust to prioritise the management of risks and respond appropriately.

4. Step 4: Risk Escalation and Approval
   Dependent upon the risk score the Trust has an approval process for all risk assessments. Risks scoring 15+ are considered significant risks and must be escalated to the Risk Management Committee.

5. Step 5: Managing and Treating Risk
   The way the risk is managed will depend upon the risk appetite of the Trust in relation to that particular risk. Treatment options include: accept the risk, reduce the likelihood of the risk occurring, reduce the consequences of the risk occurring, transfer the risk, avoid the risk.

6. Step 6: Monitoring and Review
   Risk management is a continual process whereby risks should be reassessed in line with the expectations set out within the Risk Management Strategy.

1. EXECUTIVE SUMMARY

Stockport NHS Foundation Trust (here after known as 'the Trust') recognises that the principles of good governance must be underpinned by an effective risk management system designed to ensure the proactive identification, assessment and mitigation of risks. This will support the Trust in achieving its principal objectives, and in doing so maintain the safety of its patients, service users, visitors and staff.

Risk management is an integral part of the Trust's management activity and is a fundamental pillar in embedding high quality, sustainable services for the people we serve. As provider of complex services in a challenging and ever changing health landscape, it is accepted that risk is an inherent part of the day to day operational management of the Trust. Robust risk management ensures the Trust is resilient and able to deal with any unanticipated exposure to risk that could threaten our success.

Through the implementation of this Risk Management Strategy and Policy, the Trust aims to ensure that there is a systematic approach for the management of risk that enables the organisation to realise its strategic ambition, as set out in our principal objectives. Stockport NHS Foundation Trust has implemented a Board Assurance Framework which describes the risks against achievement of our principal objectives, alongside a significant risk register which documents additional serious risks to the organisation. Whilst the Trust Board carries overall responsibility for risk management, the key to success is local leadership. It is the responsibility of all staff to identify and report risks that impact on the quality, safety and effectiveness of service provision. The Trust is committed to an integrated risk management system which incorporates all aspects on risk including strategic, clinical, financial, workforce, infrastructure, health and safety, operational, compliance and reputational risk.

We recognise that risk management is the responsibility of every employee and requires commitment to collaboration from both clinical and non-clinical staff. Managers at all levels are expected to take an active lead to ensure that risk management is a fundamental part of their operational working and service delivery.

KAREN JAMES, CHIEF EXECUTIVE

2. SCOPE AND PURPOSE

The Risk Management Strategy and Policy describes Stockport NHS Foundation Trust's approach to managing risk both at a strategic and operational level and also serves as a guide to staff on the identification, assessment and management of the risks associated with delivering healthcare at all levels of the organisation.

All risks regardless of their nature or origin will be managed via the process set out in this document. Risk assessments will be maintained via risk registers held on the Risk Management System (Datix).

Risk management is everyone's responsibility. This policy applies to all employees, contractors and volunteers. All employees are required to co-operate with the Trust in managing and keeping risk under prudent control. Specific responsibilities are placed on members of the management team for ensuring the requirements of this policy are met within their respective areas of control. These are summarised within the Roles and Responsibilities section of this document.

The key objectives of the Risk Management Strategy and Policy are to provide a structure through which the Trust will:

- Embed a positive risk management culture throughout the organisation
- Ensure that there are effective risk management systems and processes in place and that these are continually monitored
- Ensure that staff are aware of the process for the identification, assessment and management of risk at a local, divisional and Trust level along with the committee structures in place to support effective risk management and escalation throughout the organisation
- Ensure staff are aware of their duties in relation to risk management, with clearly defined roles and responsibilities for the management of risk, and clear levels of authority in relation to risk approval and escalation
- Support the population and development of the Board Assurance Framework, significant risk register, divisional and local risk registers
- Identify processes through which the Trust will review, scrutinise and monitor risks at the most appropriate level
- Ensure that staff have the required competencies and capabilities to support a proactive approach to risk management
- Support and promote on-going development as a learning organisation and in doing so maintain a safe environment for patients, employees, contractors and visitors

3. DUTIES AND RESPONSIBILITIES

This section defines the responsibilities for risk management within the Trust. Specific responsibilities reside both with individuals and with committees and groups. These responsibilities are set out below:

3.1. Responsibilities of individual officers and Board Members

The Chief Executive has overall accountability for risk management across the Trust and exercises this responsibility through membership of the Trust Board and through being the Chair of the Risk Management Committee. The Chief Executive delegates general responsibility to those listed below. It is the Chief Executive who signs off the annual governance statement on behalf of the Board.

Executive Directors are accountable to the Chief Executive for the identification, assessment and management of risks arising from areas linked to their executive responsibilities. The Board as a whole is required to provide leadership of the organisation within a framework of prudent and effective control that enables risk to be assessed and managed.

Non-Executive Directors are responsible for providing independent judgement in relation to risk management issues and satisfying themselves that the systems of risk management are robust and reliable. Via the Board level committee structure they provide an additional layer of scrutiny.

The Deputy Director of Quality Governance has responsibility for the development and implementation of the Risk Management Strategy and policy, the effective management of the risk management system (Datix) used to support the effective documentation of risk, and ensuring appropriate monitoring of compliance with the Risk Strategy and Policy. They are also responsible for ensuring risk management training is available for staff across the organisation.

The Trust Secretary has delegated responsibility to work with the Trust Executive Team to produce the Trust Board Assurance Framework (BAF) and to ensure that the BAF is presented to Board and where delegated the assurance committees of Board.

The Head of Quality Governance has day-to-day responsibility for supporting, training and providing advice to staff in the management of risk. They shall oversee the effective utilisation of risk management processes across the Trust. They shall analyse and distil risk exposures populated on Datix, ensuring a clear and up-to-date picture of risk is available at all times. The Head of Quality Governance will be visible and act as central reference point for risk management issues, providing advice and challenge. They shall oversee day-to-day administrative responsibility of the risk management system (Datix).

The Risk and Safety Team has responsibility for the maintenance of the risk management system (Datix) and ensuring that it supports the management of risk across the organisation. They are responsible for ensuring that all staff can access and report risks in line with the Risk Management Strategy and Policy and will provide support in development and management of risks.

Divisional Directors, including Associate Medical Directors and Deputy Nurse Directors and Head of Midwifery have responsibility for day to day management of risk within their Division, including identification, management and appropriate

escalation of risk within and beyond the Division.

Divisional Quality and Governance Managers have responsibility to support the Divisional Triumvirates in the management and oversight of risk related to the Division including appropriate escalation of risks in line with the Risk Strategy and Policy.

3.2. Responsibilities of managers and staff

All Managers have responsibility for the management of day to day risks of all types, including health and safety. They are charged with ensuring risk assessments are undertaken in their area of responsibilities when a risk is identified, and that action is carried out. They are responsible for escalating any concerns in relation to known risks in their area of work.

All Trust Staff have a duty to ensure that identified risks are reported to their immediate line manage, in order that a risk assessment can be completed where required and any necessary actions considered. Individual members of staff should:

- Work to Trust policies and procedures
- Maintain safe systems of work
- Safeguard confidentiality
- Take care of their own safety and that of their colleagues
- Report risks, incidents and near misses and take remedial action in accordance with Trust policies and procedures
- Attended training as required
- Ensure that the meet professional registration requirements, including those relating to continuing professional development

3.3. Committee structure and responsibilities

The Trust has constituted a number of committees and sub-committees that have responsibility for risk management issues. An organigram of the Board committee structure is shown at Appendix 1.

The Trust Board is accountable for ensuring a system of internal control and stewardship which supports the achievement of the organisation's objectives. The system of internal control ensures that:

- The Trust's principle objectives are agreed
- Principle risks to those objectives are identified and documented within the Board Assurance Framework, including oversight of controls in place to eliminate or reduce risks
- Keep under review the Trust's risk exposure as recorded in the Trust risk register.

The Audit Committee is a committee of the Board of Directors and provides the Board with an independent and objective review of the effectiveness of risk management and

internal controls within the Trust.

The Risk Management Committee is chaired by the Chief Executive and takes overall responsibility for the oversight of significant risks scoring 15 and above across the Trust. It also receives regular risk reports from Divisional and Corporate services. The Risk Management Committee reports to the Audit Committee.

All other Board Level Committees have responsibility for overseeing the management of risks in line with the committee's individual remit, as set out in their terms of reference. Committees should ensure that risk issues are reflected in meeting agendas, work plans and information provided to the committee.

Corporate and Divisional Assurance Groups are responsible for review of divisional and corporate risk registers and the appropriate management and escalation of risk to Directors in line with the Risk Strategy and Policy.

4. GLOSSARY OF TERMS

Term	Definition
Board Assurance Framework	A method for the effective and focused management of the principal risks that rise in meeting the Trust's principle objectives
Consequence	Outcome or impact of an event
Control	The mitigating action intended to reduce the likelihood or consequence of the risk occurring
Initial risk	Exposure arising from a specific risk before any action has been taken to manage it
Likelihood	Used as a general description of probability or frequency
Residual Risk	Risk remaining after implementation of risk treatment
Risk	The combination of the probability of an event and its consequence. Risk is considered in terms of the chances of something happening that will have an impact upon objectives.
Risk Appetite	The amount and type of risk that an organisation is prepared to seek, accept or tolerate
Risk Assessment	The overall process of risk identification, analysis and evaluation
Risk Management	The culture, processes and structures that an organisation applies in order to realise potential opportunities, whilst managing adverse effects

Risk Score	Magnitude of a risk expressed in terms of the combination of consequences/ severity and their likelihood
Significant Risk Register	All risk assessments scoring 15+ are brought together to form the risk register

5. THE RISK MANAGEMENT PROCESS

The risk management process outlined below describes how risks will be identified, assessed, controlled and monitored.

5.1. Step 1: Determine Priorities

Risk is defined as the effect of uncertainty on the objective. It is therefore essential to be clear about objectives for the Trust and each service and to express these in specific, measurable and achievable ways with timescales for delivery. Priorities will be determined by the Board of Directors and expressed through Divisions, services and personal objectives.

5.2. Step 2: Risk Identification

Risk identification involves examining all sources of potential risk that the Trust may be exposed to from the perspective of all stakeholders throughout the organisation. When identifying potential risk there are two key approaches; the top down and bottom up approach.

Identifying strategic risk (Top down) – Strategic risk management is undertaken through Board and Committee structures and enables the identification, assessment and recording of strategic risks which threaten the achievement of the Trust's principle objectives. In addition to this strategic risks may also be identified via upward escalation of operational risks.

Identifying operational risk (Bottom up) – Operational risk management is supported by staff working in adherence to the organisation's policies and procedures. Operational risks may present themselves via incidents, complaints, patient feedback, inspections or external reviews etc. which may impact on the organisation's ability to meet its objectives.

Types of risk to consider include:

- Risks related to safety and quality
- Risks to resources including:
  - Financial/ value for money
  - People/ staffing
- Risks to Trust reputation
- Risks to regulatory compliance
- Risks to transformation and innovation

The identification of risk is an on-going process and should never be static.

5.3. Step 3: Risk Assessment and Scoring

Once a risk is identified it must be documented within the risk management system (Datix). The risk assessment must include:

- Risk title – This must provide a summary of 'what the risk is' in a clear and concise way
- Risk cause, risk circumstance and risk consequence – Combined these provide an overview of what has caused the risk (for example - high staff sickness), what the circumstances are (for example - unavailability of specialist clinical staff), and the consequence (for example - a potential impact upon delivery of safe care).
- Details of controls in place at the time of assessment, to prevent the risk occurring
- Details of any gaps in control
- Assurance sources in place at the time of assessment
- Actions to be implemented to reduce the risk coming to fruition

Once this detail has been considered and assessed the risk should then be scored. This allows for the risk to be assigned a score which determines at which level the risk will be managed within the organisation. It also assists in prioritising risk and setting investment priorities via revenue and capital budgets and allocations.

Each risk assessment should have three risk scores:

Initial Risk Score: This is the score when the risk is first identified and assessed with existing controls in place. This score will not change for the lifetime of the risk and can be used to measure the impact of the risk controls and mitigations in place.

Residual Risk Score: This is the current risk score at the time the risk was last reviewed. It would be expected that the residual risk score will reduce as actions are completed, and additional controls are implemented. However there may be occasions where residual risk scores increase, for example if external forces on the risk are outside of the Trust's control.

Risk Appetite Score: This is the score that is intended after the actions to reduce the risk score are fully implemented. This should be aligned to the Trust's risk appetite relating to the type of risk being described.

Risk scores are calculated using a standard 5x5 matrix. Each risk can be measured by multiplying the severity of harm and the likelihood of that risk coming to fruition together to give a score of between 1 and 25.

Severity/ Consequence Scoring: This focuses the risk assessor on how severe the consequences of the risk are likely to be. Severity is graded using a 5 point scale in which 1 represents the least amount of harm, whilst 5 represents catastrophic harm or loss. The risk assessor is required to be objective and realistic and to use their experience in setting these levels. The 'Matrix for Risk Managers' at Appendix 2

provides severity scoring guidance.

Likelihood Scoring: This focuses the risk assessor on how likely the risk is of coming to fruition. It is graded using a 5 point scale in which 1 represents an extremely unlikely occurrence and 5 represents a very likely occurrence. It is sensible to focus on the probability that the risk will be actualised given existing controls that are in place. The 'Matrix for Risk Managers' at Appendix 2 provides likelihood scoring guidance.

Utilising both the severity and likelihood score allows the assessor to determine the level of risk.

Severity/ Consequence x Likelihood = Risk score

	Consequence				
Likelihood	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Rare	1	2	3	4	5
Low/Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
High/Likely	4	8	12	16	20
Almost Certain	5	10	15	20	25

5.4. Step 4: Risk Escalation and Approval

An integral part of effective risk management is ensuring that risks are escalated through the organisation in line with the relevant governance committee structures. This will ensure visibility of risks throughout the organisation and appropriate management and prioritisation of resources.

Risks are escalated according to their initial risk profile score and/ or residual risk score as summarised below:

Risk Score	Level of Risk	Level of escalation, approval and management	Timescale for review
Score 1-3	Very Low Risk	Very low and low level risks are managed at local service/ ward/ department level in accordance with the identified review date or if any significant change occurs.	Very low and level risk review timescale is determined by local risk arrangements but must take place **at least once every financial year,** unless any significant change occurs.
Score 4-6	Low Risk		
Score 8-12	Moderate Risk	Moderate level risks require management attention and must be presented, and approved at the appropriate Divisional	Risks that are scored between 8 and 12 must be reviewed **at least quarterly** and presented to the

		or corporate group. The Divisional Director, Associate Medical Director and Divisional Nurse Director as a triumvirate team, or appropriate Corporate Director must have oversight of these risks.	appropriate Divisional or corporate group on a quarterly basis to ensure appropriate review and approval. The risk profiles (for risks ≥10) for all Divisions and corporate services are reviewed by the Risk Management Committee at least annually as part of a rolling programme of reviews.
Score 15-25	High Risk	High level risks require immediate escalation to the relevant Divisional Director, Associate Medical Director and Divisional Nurse Director as a triumvirate team. Any corporate risks scoring 15+ require immediate escalation to the relevant Corporate Director. All high level risks require escalation and approval at the appropriate Divisional or Corporate Group and will then be shared at the next Risk Management Committee for final approval and review.	Risks that are scored at 15 or above must be reviewed monthly and reported to appropriate Divisional or corporate groups on **a monthly basis** to ensure appropriate review and approval. All risks scoring 15+ will also be included in the significant risk register presented to Risk Management Committee (RMC). A report from RMC will be presented to the Audit Committee including all risks scoring 15+. Risks scoring 15+ will also be presented to Board on a quarterly basis.

In order to appropriately track approval of risks within the risk management system the

process at Appendix 3 must be followed for all risk assessments completed.

Where the review of risk identifies a change in risk score for example, from the initial risk score to a different residual risk score, the risk must be managed as at the new residual risk score.

5.5. Step 5: Managing and Treating Risk

Alongside the escalation and approval of risk it is imperative that the organisation undertakes a plan to manage any risk it identifies. There are a number of different options for responding to a risk. These options are referred to as risk treatment.

Risk treatment involves identifying the range of options for controlling or treating risk, assessing these options, preparing risk action plans and implementing them. The options available for treatment are:

- **Accept the risk** – if, after controls are put in place, the remaining risk is deemed acceptable to the organisation, the risk can be retained.

- **Reduce the likelihood of the risk occurring** – by preventative maintenance, assessment, relationship management, audit and compliance programs, supervision, policies and procedures, testing, investment training of staff, technical controls and quality assurance programmes etc.

- **Reduce the consequences of the risk occurring** – through contingency planning, disaster recovery and business continuity plans, public relations, emergency procedures and staff training etc.

- **Transfer the risk** – this involves another party bearing or sharing some part of the risk by the use of contracts, insurance, outsourcing joint ventures or partnerships etc.

- **Avoid the risk** – decide not to proceed with the activity likely to generate the risk, where this is practicable

When developing an action plan in order to mitigate/ reduce risk it may be helpful to consider:

- What are the existing controls and are there any gaps?
- What further controls are practical and sustainable?
- Are the controls currently in place designed well – how can they be strengthened?
- How will you assure that the control measures implemented will remain effective and not result in the risk re-emerging?

Action plans should be focused on gaps in control and should have clear timescales for completion, a responsible lead for completion and must be appropriate to the level of the current risk. All actions must be documented within the risk management system (Datix).

5.6. Step 6: Monitor and Review the risk

In line with the timescale for review of the risk based upon the risk score, the risk should be monitored and reviewed on an ongoing basis to ensure adequacy of controls and any additional actions required.

6. RISK APPETITE

Risk appetite is defined as the amount and type of risk an organisation is prepared to take in order to meet its strategic objectives. This decision is made after balancing the potential opportunities and threats to a situation. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings.

Every organisation will have a different perception of the level of risk it is willing to seek, accept or tolerate. Risk appetite levels may also vary dependent upon circumstances, for example an organisation may have a low tolerance on risks impacting upon staff and patient safety but may be more willing to tolerate a higher level of risk in relation to service developments which will ultimately bring benefits to the organisation.

6.1. Risk Appetite Statements

The Trust Board has considered its risk appetite utilising the Good Governance Institute 'Risk Appetite for NHS Organisations – A Matrix to support better risk sensitivity in decision taking'. This is shared at Appendix 4.

Expressing risk appetite can support the organisation to take decisions based upon an understanding of the risks involved. The risk appetite statements below support the expectations for risk-taking to managers and improve oversight of risk by the Board.

Risk Category	Risk Appetite Statement
Quality and Patient Safety	The quality of our services and the safety of our patients is a priority for the Trust. Our preference is for risk avoidance and to keep quality and safety at the heart of what we do. We will, if necessary, take decisions of quality where there is a low degree of inherent risk and possibility of improved outcomes, and appropriate controls are in place.
Financial/ Value for Money	We are prepared to accept the possibility of limited financial risk. However VFM is our primary concern.
Compliance/ Regulation	We recognise that we operate in a regulated environment and as a Foundation Trust have a high level of compliance required from numerous regulatory sources. We have a minimal risk appetite in relation to this and will avoid decision making that may result in heightened regulatory challenge, unless there is clear evidence where similar actions have been successful.
Reputation	We have a minimal risk appetite relating to reputational risks. Risk is limited to those events where this is no change of significant reputational

	repercussions. The reputation of services from our local population and system partners is important to us as we move forwards.
People	We have a low risk appetite in relation to our staff safety at work however we are prepared to accept the possibility of some workforce risk as a direct result of innovation. The current workforce challenges faced across the NHS require us to look at the potential to improve recruitment, retention and development opportunities for our staff.
Innovation	The Trust has a greater risk appetite to pursue innovation, challenge current working practices and take opportunities where there are anticipated benefits for our local population. We will support a focus on growth and service development but priority will be given to improvements that protect current operations.

6.2. Expressing Risk Appetite

The Trust will express risk appetite as set out below:

- **Agreement of an escalation boundary on the risk matrix (likelihood and consequence)**
  All risks that score 15 or above on the risk matrix will be entered onto the Trust significant risk register and will be presented to the Risk Management Committee on a monthly basis. A risk score of 15 or above should therefore be treated as a trigger for a discussion and some challenge as to whether the Trust is willing to accept this level of risk.
- **Risk Appetite Rating**
- All risks will have a risk appetite rating documented within the risk management system (Datix). This will be derived from the risk appetite matrix at Appendix 4 and in light of the risk appetite statements included in the Risk Management Strategy and Policy.

7. Training

The training and development of staff is integral to the Trust's approach to risk management.

- Monthly risk management training will be available to all members of staff involved in risk assessment and management. This will be coordinated by the Deputy Director of Quality Governance in conjunction with Learning and Development.
- All Board members will be invited to be part of a risk based Board development session. This will be coordinated by the Trust Company Secretary and supported by the Deputy Director of Quality Governance.
- Ad-hoc support for risk management will be available upon request through the Divisional Governance and Quality Manager or The Risk and Safety Team.

8. Monitoring Compliance

The following mechanisms will be used to monitor compliance with the requirements

of this document:

CQC Regulated Activities	Process for monitoring e.g. audit	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring action plan and implementation
1,2,3,4,5,7,8,9 ,16,17,18,19	Evidence of review of significant risk exposure by the Risk Management Committee at each formal meeting of the committee.	Deputy Director of Quality Governance	Monthly	Risk Management Committee	Deputy Director of Quality Governance/ Chief Nurse	Board of Directors
	Periodic internal audit of any or all aspects of the Risk Management process as determined by the Audit Committee	Audit Committee	As requested	Audit Committee	Audit Committee	Board of Directors

9. References/ Associated Documentation

- Good Governance Institute (May 2020) Board guidance on risk appetite

10. IMPACT ASSESSMENT

To be completed and attached to any policy or procedural document when submitted to the appropriate committee for consideration and approval.

Office Use Only

Submission Date:	8 July 2022
Approved By:	N Baynham
Full EIA needed:	No

Equality Impact Assessment – Policies, SOP's and Services not undergoing re-design

1	**Name of the Policy/SOP/Service**	**TRUST RISK MANAGEMENT STRATEGY & POLICY**	
2	**Department/Business Group**	Quality Governance	
3	**Details of the Person responsible for the EIA**	**Name:**	Natalie Davies
		Job Title:	Deputy Director of Quality Governance
		Contact Details:	Natalie.davies@stockport.nhs.uk
4	**What are the main aims and objectives of the Policy/SOP/Service?**	To outline the strategy and process of effective risk management across the Trust	

For the following question, please use the EIA Guidance document for reference:

5	**A) IMPACT** **Is the policy/SOP/Service likely to have a differential impact on any of the protected characteristics below?** **Please state whether it is positive or negative.** **What data do you have to evidence this?** **Consider:** • What does existing evidence show? E.g. consultations, demographic data, questionnaires, equality monitoring data, analysis of complaints. • Are all people from the protected characteristics equally accessing the service?	**B) MITIGATION** **Can any potential negative impact be justified? If not, how will you mitigate any negative impacts?** ✓ Think about reasonable adjustment and/or positive action ✓ Consider how you would measure and monitor the impact going forward e.g. equality monitoring data, analysis of complaints. ✓ Assign a responsible lead. ✓ Produce action plan if further data/evidence needed ✓ Re-visit after the designated time period to check for improvement.	**Lead**
Age	Positive Impact	See general comments	

	Trust Workforce: Largest age band: 46-55 (average 44.5 years)		
Carers	Positive Impact Trust Workforce: No Data	See general comments	
Disability	Positive Impact Trust Workforce: 3.32% report disability. 11.94% not declared	See general comments	
Race / Ethnicity	Positive Impact Trust Workforce: BAME make up 16.18%	See general comments	
Gender	Positive Impact Trust Workforce: 79.9% female	See general comments	
Gender Reassignment	Positive Impact Trust Workforce: No Data	See general comments	
Marriage & Civil Partnership	Positive Impact Trust Workforce: 54.9% married & 0.7% Civil Partnership	See general comments	
Pregnancy & Maternity	Positive Impact Trust Workforce: 2.14% on maternity or adoption leave*	See general comments	
Religion & Belief	Positive Impact Trust Workforce: 52.47% Christian	See general comments	
Sexual Orientation	Positive Impact Trust Workforce: 2.12% LGBT 20.09% did not want to declare	See general comments	
General Comments across all equality strands	This Policy is likely to have a positive impact on all protected groups. The policy describes the process to be followed when identifying, assessing and managing risks, confirms the responsibilities of staff and provides user guides to aid them in effective risk management and reporting, taking into consideration protected characteristics and ensuring mitigations/adjustments are put in place. All information will be provided in accessible formats to meet an individual needs/requirements	See general comments	

Action Plan
What actions have been identified to ensure equal access and fairness for all?

Action	Lead	Timescales	Review &Comments

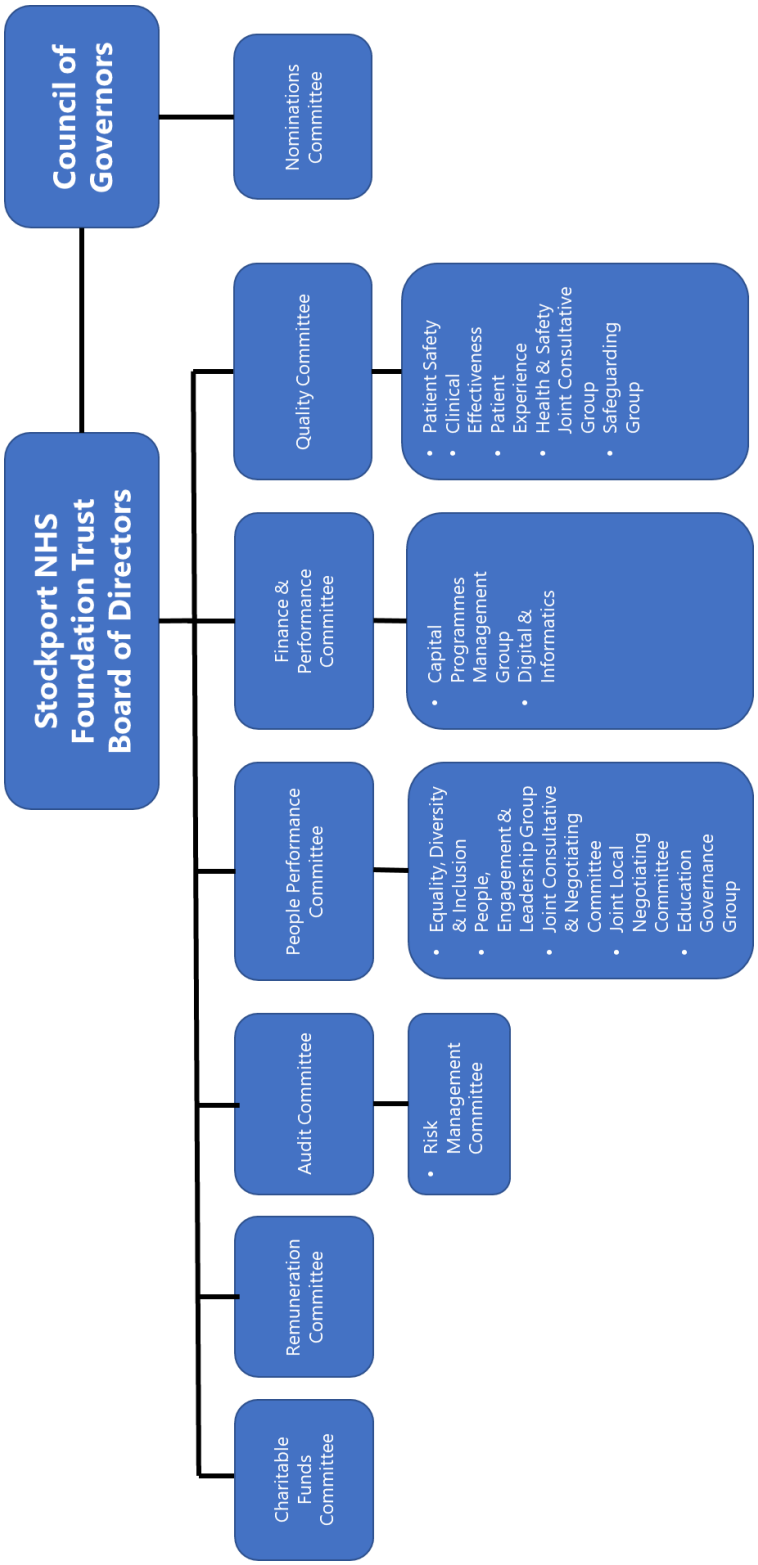
EIA Sign-Off	**Your completed EIA should be sent to the Equality, Diversity & Inclusion team for approval:** equality@stockport.nhs.uk

11. DOCUMENT INFORMATION BOX

Item	Value
Type of Document	Strategy/ Policy
Title	Risk Management Strategy and Policy
Version Number	V3
Consultation	Risk Management Committee
Recommended By:	Risk Management Committee
Approved By:	Audit Committee
Approval Date	
Next Review Date	
Document Author	Natalie Davies, Deputy Director of Quality Governance
Document Director	Chief Executive
For use by:	All Staff
Specialty / Ward / Department	All
	Unrestricted

Version	Date of Change	Date of Release	Changed by	Reason for Change
3	**6 July 2022**		**Deputy Director of Quality Governance**	**Rewrite of the previous Risk Management Policy (v2) to become the Risk Management Strategy and Policy including further detail regarding steps of risk management, changes to appendices and inclusion of risk appetite section. EIA also updated and signed off 18 July 2022.**

Appendix 1: Board Committee Structure



Appendix 2: Guidance to severity and likelihood scoring

This grading guidance is taken from the National Patient Safety Agency document 'A Matrix for Risk Managers' (2008).

Severity Score

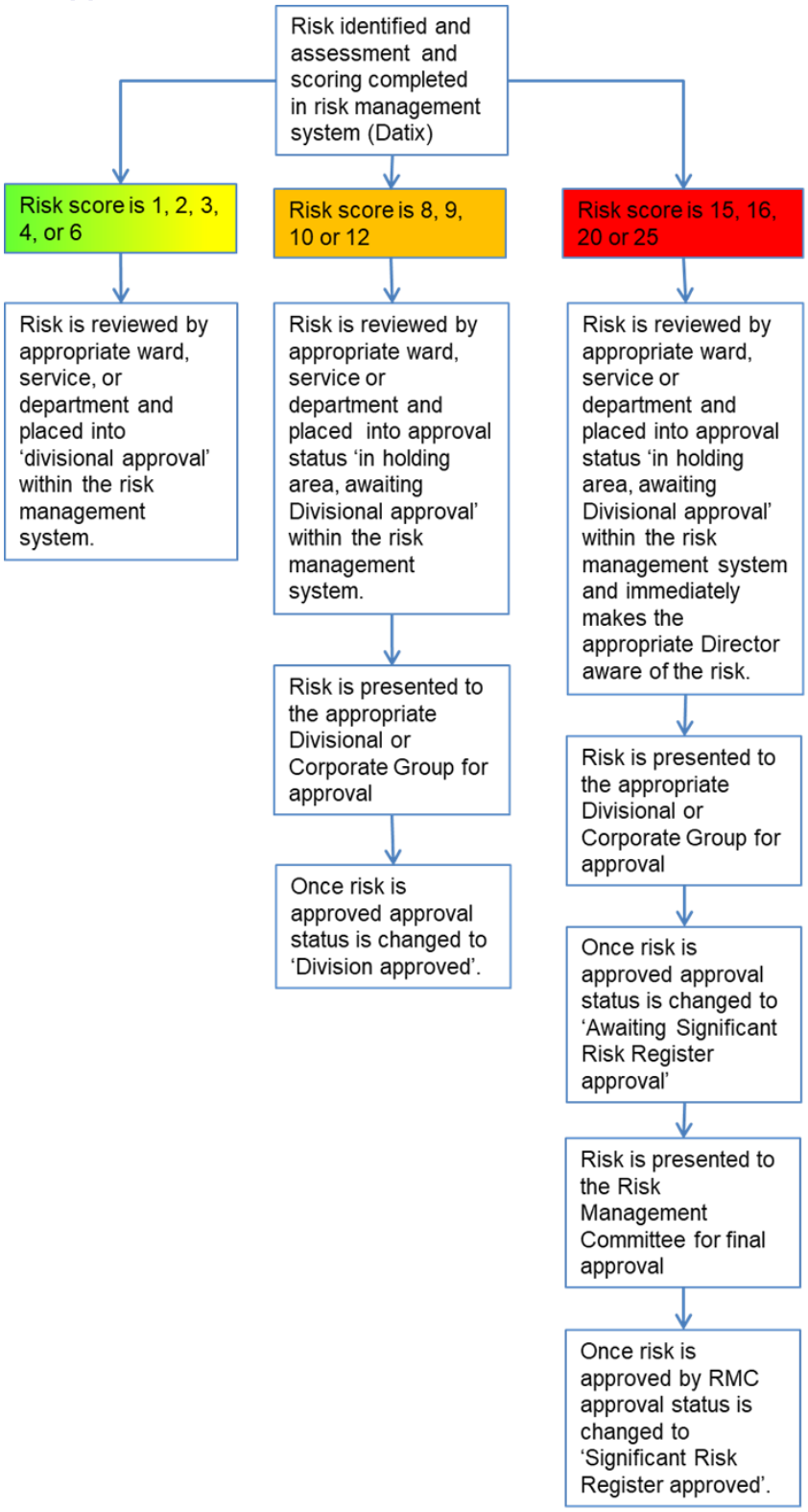
	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman an inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff On-going unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an on-going basis

Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interrupt i on of >1 hour Minimal or no impact on the	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruptio n of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Likelihood Score

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Appendix 3: Risk Approval Process



Appendix 4: Risk Appetite Matrix

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

(Adapted from Good Governance Institute Risk Appetite for NHS Organisations – A Matrix to support better risk sensitivity in decision taking')

Stockport NHS Foundation Trust

Meeting date	4 August 2022	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Board Assurance Framework 2022/23					
Lead Director	Karen James, Chief Executive		Author	Rebecca McCarthy, Company Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to:
- Review and approve the Board Assurance Framework 2022/23
- Confirm the Trust's current Significant Risk profile

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper is related to these BAF risks	All

Where issues are addressed in the paper-

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

Executive Summary

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

The Corporate Objectives 2022/23 and key outcome measures were approved by the Board in May 2022. Following a Risk Appetite Workshop in June 2022, where the Trusts risk appetite in relation to key areas of risk e.g., finance, quality, people, innovation was considered, Principal Risks to achievement of the objectives have been developed via the respective Board assurance committees.

In developing the Principal Risks consideration was given to the key controls and assurances in relation to each, any gaps and required actions. Those risks are set out in the Board Assurance Framework 2022/23 detailed in this paper (Appendix 1), including a heat map and gap analysis between current and target risk score. Principal risks are prioritised as follows:

No.	Principal Risk	C	L	Opening position	Target Score
PR1.2	There is a risk that patient flow plans are not effective impacting urgent and elective care performance	4	4	16	8
PR5.1	There is a risk that the Trust is unable to recruit optimal number of staff	4	4	16	8
PR1.1	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards	4	3	12	8
PR1.3	There is a risk that the Trust does not have sufficient capacity to deliver inclusive restoration plans	4	3	12	8
PR2.1	There is a risk that the Trust fails to support and engage its workforce	4	3	12	8
PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT),	4	3	12	8
PR6.1	There is a risk that the Trust fails to deliver its agreed 2022/23 financial position	4	3	12	8
PR7.2	There is a risk that the estate is not fit for purpose and does not meet national standards	4	3	12	8
PR7.3	There is a risk that the Trust does not materially improve environmental sustainability	4	3	12	8
PR7.4	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus	3	4	12	8
PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health	3	3	9	6
PR3.1	There is a risk in approving and implementing a new Provider Collaborative model	3	3	9	6
PR4.1	There is a risk that there the Trust does not deliver high quality research and transformation programmes	3	3	9	6
PR5.2	There is a risk that the Trust fails to develop a workforce reflective of communities served and improve experience	3	3	9	6

	of staff with protected characteristics				
PR6.2	There is a risk that the Trust fails to develop and agree with partners a multi-year financial recovery plan to secure financial sustainability	3	3	9	6
PR7.1	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy	3	3	9	6

In addition, the Trust's Significant Risk Register (as at 6 July 2022) (Appendix 2) is provided in the paper to ensure triangulation between operational and principal risks. There are currently 6 significant risks relating to the following areas:

- Restoration and capacity & demand of services – A&E 4 hour access standard, Patient flow/ NCTR due to access to community capacity
- Critical IT System Failure – Telepath System
- Infection Prevention and Control - Clostridium Difficile
- Financial – Cash position

Stockport NHS Foundation Trust

Board Assurance Framework

2022/2023

Corporate Objectives 2022/23

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

Key to Board Assurance Framework

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

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

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

Risk Appetite Framework

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

BAF 2022/23 Summary, Heat Map & Gap Analysis

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

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

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - To deliver safe accessible and personalised services for those we care for																	
Principal Risk Number: PR1.1				**Risk Appetite: Moderate**													
There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards.	Quality Committee	Board Quality Committee established. Subgroups: Patient Safety, Clinical Effectiveness, Patient Experience, Health & Safety, Integrated Safeguarding Divisional Quality Boards established and standardised through implementation of NHSE/Divisional Governance Project (Safety, Experience, Effectiveness) SFT Quality Strategy 2021-2024 - Established subgroup of Patient Safety Group - Quality Safety & Improvement Group SFT Patient, Carer, Family & Friends Experience Strategy 2022-2025 SFT Mental Health Plan 2022-2025 CQC Action Plans in place (2020 & 2022) Established process for managing and learning from: - Incidents including Serious Incidents - Duty of Candour - Complaints - Legal Claims Mechanisms in place to gather patient experience and staff experience: - Family & Friends - Carers Opinion - Patient Stories - Walkabout Wednesday - Senior Nurse Walkarounds - Feedback Friday Clinical Audit & NICE Guidelines - Established clinical audit programme including national and local audit - Compliance Review Process – All NICE documents relevant to SFT portfolio Learning from Deaths - Mortality Review Policy - Learning from Deaths review process - Medical Examiner Team StARS - Ward assurance & accreditation process established. Also established for: Paediatrics, Theatres Safe Staffing - Defined Nurse Establishments - Defined Medical Establishments - Medical Job Planning process in place - Medical Appraisal & Revalidation process in place including quality assessment Maternity Improvement/Sustainability Plan in place and Maternity Strategy.	StARS – Maternity, Community & Outpatients CQC Mock Inspection Programme	**Level 1 - Management:** Divisional Quality Boards (Monthly) – Quality & Safety Integrated Performance Report Divisional Clinical Audit Meeting (Quarterly) StARS: Baseline assessment for inpatients completed		Expansion of StARS: Community & Outpatients	Q3 2022/23 Q4 2022/23	4	3	12					4	2	8
				Level 2 – Corporate Quality Committee: - Quality IPR - Key Issues & Assurance Reports: o Patient Safety (Serious Incidents & Duty of Candour) o Clinical Effectiveness (Clinical Audit & NICE Compliance) o Patient Experience o Health & Safety o Integrated Safeguarding - CQC Report including CQC Action Plan Update, CQC Preparation (Quarterly) - StARS Position Statement & Key Themes (Quarterly) - Patient Safety Report (Quarterly) (Incidents, Complaints) - Quality Strategy Progress Report (Biannually) - Maternity Services Report - Incorporates all improvement/action plans including: CNST, Saving Babies Lives, Continuity of Carer, Ockenden Report, Maternity Safety Support Programme (MSSP) - Waiting List harm Reviews - LMS Insight Report NHSE/I NW - Learning from Deaths Reports / Mortality Reviews (Quarterly - Board of Directors) Board of Directors: - Safe Care Report including nurse establishments/E-roster (Quarterly) - Guardian of Safe Working / Freedom to Speak Up Report to Board (Bi-annually) Annual Quality Accounts	Triangulation meeting or Chairs Notes between Quality Committee	Gap analysis of all NICE Guidance to be completed. CQC Mock Inspection Programme – Pilot Establish Nursing, Midwifery & AHP Group Patient Safety Strategy based on Patient Safety Incident Response Framework	July 2022 Q4 2022/23 July 2022 Q4 2022/23								
				Level 3 - Independent CQC Inspection 'Requires Improvement' November 2020 Stockport Improvement Board *(NB Stood down from April 2022)* CQC Inspection Urgent & Emergency Care – 'Good' November 2021 Health & Safety Executive Inspection, November 21. No concerns highlighted. Friends & Family Test National Patient Experience Surveys: - Adult Inpatient Survey													

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - To deliver safe accessible and personalised services for those we care for																	
				- National Cancer Survey - Emergency Department Survey MIAA Internal Audits 2021-22 • SI Report (Substantial) • ERostering (Substantial) • Niche Evidence Report (High) • Committee Effectiveness (Substantial) MIAA Internal Audits 2020-21 • CQC Evidence Process Review (High) • Complaints (Substantial) Maternity Safety Support Programme (Formal Exit)												
Principal Risk Number: PR1.2				**Risk Appetite: Moderate**													
There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care.	Finance & Performance Committee	ED Patient Streaming established Urgent Care Treatment Centre implemented Rapid emergency diagnostic pathway in place – General Surgery & Medical Rapid Ambulance Handover process in place. System wide Urgent & Emergency Care Board in place (oversight of patient flow management plans) System wide Intermediate Tier Transformation Programme in place (11 Workstreams) Trust and System escalation process in place, aligned to a single OPEL system Winter Planning process in place at GM, Locality and Trust. Bed Modelling – 18 Month Plan Workforce models in place - Reflect demand and flexible to adapt to surges. Learning from Deaths process includes: - Delayed admission - Delayed discharge	Capacity constraints in domiciliary & bed based care impacting on levels of patients with no criteria to reside Approved Winter Plan 2022/23 Significant increase in unfunded non-elective demand	**Level 1 – Management** Divisional Operations Boards (Monthly) – Performance Management Report - ED Attendance - Overall bed occupancy rate - Patients No Criteria to Reside - ED 4 Hour Target Performance - Ambulance Handover times - ED 12 hour waits (Shadow metric) - Time to triage Daily Bed meetings (x 4)	Shadow reporting new ED metrics			4	4	16					4	2	8
				Level 2 – Corporate Divisional Performance Review (Monthly) including targeted 'Deep Dives' Finance & Performance Committee - Operational Performance Report (Monthly) - Themes from Performance Review Integrated Performance Report - Board (Bimonthly)	System-wide dashboard of acute, intermediate and domiciliary care capacity and performance	Approved Winter Plan 2022/23 Locality agreement for community capacity System-wide dashboard of acute, intermediate and domiciliary care capacity and performance	Oct 2022 Q4 2022/23 Dec 2022										
				Level 3 - Independent Stockport Improvement Board *(NB Stood down from April 2022)* Urgent & Emergency Care Delivery Board NHSE/I - Activity Returns													
Principal Risk Number: PR1.3				**Risk Appetite: Moderate**													
There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care.	Finance & Performance Committee	Weekly Trust Performance Meeting 6-4-2 processes in place for Theatre and Diagnostic utilisation Agreed Specialty Activity Plans & Budget Increased bed base approved (M6) Escalation process in place with Performance Team – 78+ week wait	Approved Winter Plan 2022/23 Expansion of Endoscopy Workforce – Sickness Absence & Recruitment	**Level 1 – Management** Divisional Operations Boards (Monthly) Trust Performance Meeting: - Elective demand - Activity v Plan (Waits) - % Patients on PIFU - Levels Advice & Guidance - Theatre Utilisation - Outpatient Utilisation - Endoscopy Utilisation		Expansion of Endoscopy	Sept 2022	4	3	12					4	2	8

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - To deliver safe accessible and personalised services for those we care for																	
		patients and any P2/cancer patients that are not dated. Clinical Prioritisation Group established & clinical harm review process in place for patients waiting – Including review of demographics of patients waiting to identify inequalities. Cancer Quality Improvement Board established chaired by Lead Cancer Clinician Established efficiency/transformation programmes: - Radiology - Theatres, Endoscopy & Diagnostics - Outpatient Transformation Booking & Scheduling centralisation		**Level 2 – Corporate** Divisional Performance Review (Monthly) including targeted 'Deep Dives' Finance & Performance Committee Operational Performance Report (Monthly) - 52+ week waits - 78+ week waits - 104+ week waits - Overall RTT waiting list size - Cancer 2ww - Cancer 62 day - Diagnostic waits Quality Committee - Waiting List Harms Review (3 x year) Integrated Performance Report (Operational Performance) - Board (Bimonthly)	Limited availability of GM wide restoration performance data for benchmarking, including inequalities data.	Approved Winter Plan 2022/23 Waiting List Harms Review – Further disaggregation of data to enable demonstration of progress against health inequalities.	Oct 2022 Q2 2022/23										
				Level 3 – Independent NHSE/I - Activity Returns													

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and staff																	
Principal Risk Number: PR2.1				**Risk Appetite: High**													
There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care.	People Performance Committee	Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession Planning Approved People policies, procedures, guidelines and/or action cards in place (including. staff development; appraisal process; sickness and relationships at work policy) Risk assessments undertaken for all staff; including BAME & Covid specific Risk Assessments Influenza & Covid 19 vaccination programmes Staff Wellbeing Programme established including staff psychology and wellbeing service Occupational Health Service Values into Action programme established Award & Recognition including Staff Awards (Oct 2022), MADE Awards, Long Service Awards Wellbeing Guardian supported by Schwartz Rounds Freedom to Speak Up Guardian / Guardian of Safe Working	Continuing impact of the pandemic on staff sickness/isolation/return to work Divisional Staff Survey Action Plans Embedded approach to Wellbeing Conversations Embedded approach to flexible working System to learn from exit conversations System for monitoring talent	**Level 1 - Management:** People, Engagement & Leadership Group - People Plan – Workstream Reports		Delivery of Divisional Staff Survey Action Plans – Staff Survey 2021 underway Mii People System to be implemented Launch OD Programme Inc. Civility and Leadership Programmes	August 2022 October 2022 October 2022	4	3	12					4	2	8
				Level 2 – Corporate Performance Reviews – Workforce Metrics NHS People Plan Self-Assessment People Performance Committee - People Plan Update (bimonthly) - Workforce KPIs (bimonthly) - Freedom to Speak-up Report (Quarterly) - Freedom to Speak-up Guardian (Bi-annually) Integrated Performance Report (Workforce) - Board (Bimonthly)		Delivery Plan, including timescales and outcomes to support pledge for 'the wellbeing of our NHS people' Collaborative Occupational Health function with T&G	Dec 2022 Dec 2022										
				Level 3 - Independent CQC Well-led Mapping Report – Recognition of Staff Health & Wellbeing offer National Staff Survey													
Principal Risk Number: PR2.2				**Risk Appetite: Moderate**													
There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health	Finance & Performance Committee	Operational & Winter Planning processes established with system arrangements. Established joint community Health & Well Being programmes e.g. Waiting Well, Active Hospitals, Stop Smoking CURE project. Integrated service models established including: Adults: District Nursing Teams - Work across 7 PCNs with GPs, Social Care, VCSE Children's: Stockport Family - Health, Social Care & Education Adult's: Neighbourhood Leadership Group established with multi partner representation. Children's: Joint oversight groups established with multi partner representation	Unfunded growth in demand for community services Capacity & demand modelling for community services to support appropriate deployment of resources Alignment of Community Services to PCNs – Potential change to PCN geographical footprints Locality arrangements to be embedded including full work plan	**Level 1 – Management** Divisional Quality & Operations Boards (Monthly) Performance Management Report - Integrated Care Division - Women, Children & Diagnostics Adult's: Neighbourhood Leadership Group (Monthly) Children's: - Joint Public Health Oversight Group - SEND Joint Commissioning Group - CYP Mental health & Well-being Partnership Board - Joint Safeguarding Board		Completion of capacity & demand modelling for community services Align Trust community services & workforce to PCNs	Q4 2022/23 Q4 2022/23	3	3	9					3	2	6
				Level 2 – Corporate Divisional Performance Review (Monthly) including targeted 'Deep Dives'	Community Services Dashboard Locality arrangements to be embedded	Integration of Community Services Dashboard to IPR Full enactment of Stockport locality arrangements	Q3 2022/23 Q2 2022/23										

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and staff																	
		(SEND, Public Health, Safeguarding, Mental Health) ONE Stockport Health and Care Plan & Delivery Plan/Outcomes developed with focus on reducing inequalities and improving population health outcomes Trust represented on the One Health & Care Board for Stockport via the CEO. Locality Provider Partnership established (first meeting July 2022) with key focus on population health.		**Level 3 - Independent** Children's – SEND Inspection Ofsted Report – 'Good' SALT - External multiagency review – Pathways & capacity and demand *(Findings not yet published)*.	including full work plan	including Provider Partnership arrangements											

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 3 - Develop effective partnerships to address health and wellbeing inequalities																	
Principal Risk Number: PR3.1					**Risk Appetite: High**												
There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic	Finance & Performance Committee	Locality shadow ICS arrangements developed and approved by all partners. ONE Stockport Health and Care (Locality Board) established from 1st July 2022. Stockport Place Based Partnership Board established – first meeting 26th July 2022. ONE Stockport Plan and ONE Stockport Health and Care Plan and Delivery Plan CEO and Chair members of Stockport Health & Wellbeing Board Operational & Winter planning processes well established with system arrangements as a focus	Locality arrangements to be fully enacted Controls not yet designed for the management of the One Stockport Health & Care Plan	**Level 1 - Management**				3	3	9					3	2	6
				Level 2 – Corporate Executive Team / Finance & Performance Committee oversight of key strategic matters Trust Board Reports as required – Key Strategic Developments: - ICS - Stockport One Health & Care Plan Joint system meetings on ONE Stockport plan		Full enactment of Stockport locality arrangements including Provider Collaborative Board.	Q2 2022/23										
				Level 3 - Independent Health & Wellbeing Board													
Principal Risk Number: PR3.2					**Risk Appetite: High**												
There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited-service resilience across the footprint of both Trusts	Finance & Performance Committee	Established Board to Board meetings with ECT. Established ECT & SFT programme governance arrangements with clinical and support workstreams identified: Joint Programme Board in place (Monthly). Approved SFT & ECT Case for Change in June 2022. Clear work programme in place for 2022/23 including development of clinical workstreams / service options and PCBC (if required). Funding identified for 2022/23 for the programme to continue at pace. Full stakeholder engagement plan in place including LA, Healthwatch, DPHs, VCSE and NHSE/I regulators.	Failure to gain key stakeholder support for Joint Clinical Strategy	**Level 1 – Management** Joint Programme Board and Clinical Advisory Groups Programme Governance Meeting				4	3	12					4	2	8
				Level 2 – Corporate Executive Team oversight of key strategic matters. Trust Board & ECT/SFT Board to Board - Progress Report (Monthly)		Produce Pre-Consultation Business Case (if required) Plan for and commence implementation of service changes where no formal further process is required.	Q3 2022/23 Q3 2022/23										
				Level 3 - Independent Oversight and challenge by NHSEI and other health care partners on Joint Clinical Strategy development													

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

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

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 5 - Develop a diverse, capable and motivated workforce to meet future service and user needs																	
		Hate Crime Reduction Policy in place (Red/Yellow card) Dying to Work Charter Accessible Scheme Risk assessments undertaken for all staff; including BAME & Covid specific risk assessments.															

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 - Use our resources in an efficient and effective manner																	
Principal Risk Number: PR6.1					**Risk Appetite: Moderate**												
There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention.	Finance & Performance Committee	Annual financial plan 2022/23 approved - Confirmed deficit as part of GM control total SFT Capital Plan approved – Within GM Capital Plan Annual cash plan 2022/23 in place – Cash support if required from GM Approved Opening Budgets 2022/23 including requirement for recurrent and non-recurrent CIP Established CIP planning processes. PMO coordination of delivery Divisional Performance Review process - including financial escalation Working Intelligently Group – Data Analysis & Benchmarking Delivery of budget holder training and enhancements to financial reporting SFI's & Scheme of Delegation in place including authorisation limits	Potential requirement for reduced Trust deficit as part of GM control total Implementation of recurrent CIP Plan	**Level 1 – Management** Division Operation Board - Finance Metrics Divisional CIP Meetings Finance Training Group – Training Materials Cash Action Group (Monthly) - Cash flow monitoring Financial Position Review Group (Monthly)	Opportunities for benchmarking: GIRFT / Model Hospital	Confirm CIP Implementation Plan 2022/23 including recurrent delivery	Ongoing	4	3	12					4	2	8
				Level 2 – Corporate CIP Oversight Group - Monthly chaired by Director of Operations. Division level reporting for all schemes and tracking of savings Finance & Performance Committee - Finance Report (Monthly) - CPMG – Capital Position Divisional Performance Review (Monthly) including Financial Position/CIP Integrated Performance Report (Finance) - Board (Bimonthly)		Dashboard for Benchmarking Opportunities	Q2 2022/23										
				Level 3 - Independent Internal Audit Reports - Key Financial Systems (Substantial) 2021/22 Provider Director of Finance GM Meeting Monthly Provider Finance Return (GM & NHSE/I)													
Principal Risk Number: PR6.2					**Risk Appetite: Moderate**												
There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability.	Finance & Performance Committee	GM ICS financial planning/position processes established including GM DoFs Planning Group. Locality financial planning/position processes in place including monthly meeting Local Authority Treasurer & Trust CFO. Trust planning processes - Triangulates activity, workforce and cost. Prioritisation of investments linked to planning priorities Drivers of financial deficit review including benchmarking data and levels of efficiency	Underlying financial deficit Lack of certainty regarding system funding beyond 2022/23 Potential requirement for increased % CIP (recurrent/non-recurrent) Comprehensive benchmarking data review/key data sources GM system Financial Recovery Subcommittee to be established	**Level 1 - Management**		Review of budget methodology for delivery and transaction of CIP	Q3 2022/23	3	3	9					3	2	6
				Level 2 – Corporate CIP Oversight Group - Monthly chaired by Director of Operations. Division level reporting for all schemes and tracking of savings Finance & Performance Committee - Finance Report (Monthly) - Multi Year Financial Recovery Plan (Quarterly)		Multi Year Financial Recovery Plan (including consideration of key data sources) – In line with planning guidance. Dashboard for Benchmarking Opportunities	March 23 Q2 2022/23										
				Level 3 - Independent Provider Director of Finance GM Meeting		GM system Financial Recovery Subcommittee to be established GM Financial Risk Framework to be agreed	August 2023 September 2023										

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score		
								Impact	Likelihood	Current	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 - Use our resources in an efficient and effective manner																	
			GM Financial Risk Framework to be agreed														

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

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

Appendix 2 – Significant Risk Register – (as at 6 July 2022)

Risk ID	Division	Risk Title	Consequence	Likelihood	Rating	Target Rating	Change since last report
130	Emergency Department and Clinical Decision Unit	There is a risk that 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	↔
957	Women Children and Diagnostics	There is a risk to patient care if the Laboratory Information Management System (Telepath) Fails	5	3	15	10	↔
2133	Integrated Care	There is a risk that patient flow may be compromised by the reduced access to community capacity and therefore rising NCTR.	3	5	15	6	↔
1534	Corporate Nursing	There is a risk of patients developing Clostridium Difficile due to no robust antibiotic stewardship monitoring	3	5	15	6	↔
101	Corporate Services – Finance	There is a risk that the Trust will run out of cash and therefore have insufficient cash reserves to operate	5	3	15	5	↔
2148	Surgery	There is a risk of reduced critical care capacity if the medical workforce cannot be recruited to.	4	4	16	4	↔

Stockport NHS Foundation Trust

Meeting date	4th August 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Finance & Performance Committee Key Issues & Assurance Report					
Lead Director	John Graham, Chief Finance Officer Jackie McShane, Director of Operations Jonathan O'Brian, Joint Director of Strategy & Partnerships		Author	Rebecca McCarthy, Trust Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to review and confirm the Finance & Performance Committee Key Issues & Assurance 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
X	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Drive service improvement, through high quality research, innovation and transformation
	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
X	6	Use our resources in an efficient and effective manner
X	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF	**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	X	There is a risk that patient flow plans are not effective leading to decline in A&E performance
	PR1.4	X	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

risks	**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	X	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position
	PR6.2	X	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
	PR7.1	X	There is a risk that the estate is not fit for purpose and does not meet national standards
	PR7.2	X	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.3	X	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
	PR7.4	X	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)	N/A

Executive Summary

The Board of Directors has established a Finance & Performance Committee to provide oversight and assurance on the Trust's financial and operational performance against the agreed annual plan; provide oversight of delivery of the Trust's digital, estates and sustainability related strategies and plans; and support the Board in the development of future business plans.

The committee reports to the Board of Directors by means of a Key Issues & Assurance Report summarising business conducted by the committee together with key actions and/or risks.

A report is provided for the Board of Directors of the key matters and decisions from the meetings of the Finance & Performance Committee held on 16 June 2022 and 21 July 2022.

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT *Finance & Performance Committee* *16 June 2022*				
The Finance & Performance Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Wireless Business Case	The Chief Technology Officer presented the Wireless Business Case.	The Committee recommended the business case to the Board of Directors for approval.	Business case to the Board for approval	July 2022
Out of Hours Business Cases	The Director of Operations presented the following business cases to invest in supporting the out of hours service provision currently in place: • Improved medical staffing out of hours • Improved non-medical staffing out of hours (site cover)	The Committee recommended the business cases to the Board of Directors for approval.	Business cases to the Board for approval	July 2022
Procurement Contracts Approvals Process	The Deputy Director of Finance presented a report which sought the Committee's approval of a revised approach to contract awards.	The Committee approved the revised approach to contract awards.		
Procurement Contract Approvals for June 2022	The Deputy Director of Finance presented a Contract Approvals Report.	The Committee recommended the award of the contract for Arthroscopy as part of a Greater Manchester collaboration to the Board of Directors for approval.	Procurement Contract Awards to the Board for approval	July 2022
Procurement Policy	The Deputy Director of Finance presented an updated Procurement Policy.	The Committee reviewed and supported the updated Procurement Policy.		

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT *Finance & Performance Committee* *21 July 2022*				
The Finance & Performance Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Health Care Assistant Re-Banding Claim	The Director of People & OD presented a report seeking the Committee's endorsement to recommend the Health Care Assistant Re-Banding Claim to the Board of Directors for approval. The Director of People & OD briefed the Committee on the content of the report and provided an overview of the two elements to the re-banding proposal, relating to back pay and the going forward position. The Chief Nurse supported the proposal from a quality perspective, noting that this would support recruitment and retention.	The Committee recommended the Health Care Assistant Re-Banding Claim to the Board of Directors for approval.	Report to the Board for approval	August 2022
Financial Forecasting Process	The Committee received a presentation on the Trust's financial forecasting process.	The Committee noted the robust forecasting process.		
Finance Report and Cost Improvement Programme (CIP) Progress Report	The Director of Finance provided an update on financial performance for Month 3 2022/23. The Committee heard that the Month 3 financial position was £742k adverse to plan, but that at this point the forecast was to deliver the planned deficit of £23m by year-end.	The Committee received and confirmed the financial position as at Month 3. The Committee noted the CIP update, while acknowledging that further work was required to achieve full recurrent delivery.		

	The Committee considered the drivers of the movement from plan, including escalation beds that remained open beyond the planned winter period, continued growth in ED attendances and additional inflationary pressures. The Director of Finance highlighted potential impact of the pay award on the cash position and other plans, including capital. The Director of Finance provided an update on the Cost Improvement Programme (CIP) and delivered a presentation. The Committee considered the Trust's plans in this area while ensuring patient safety was not compromised.			
Financial Sustainability – Development of a Medium Term Financial Plan	The Director of Finance delivered a presentation on financial sustainability and the development of a Medium Term Financial Plan. The Director of Finance highlighted the following principles of the financial plan, with a key focus on quality and safety: • Become financially sustainable • Work with our partners to deliver efficiencies • Maximise the use of all our resources	It was noted that further work was required regarding assumptions and an inital plan would be presented to the Committee in October 2022.	Plan to be presented to the Committee in October 2022	October 2022
Pharmacy Shop Board Report	The Chief Pharmacist presented a report providing an update on the 2021/22 financial performance of the Trust's wholly owned subsidiary, 'Stepping Hill Healthcare Enterprises Ltd' (Pharmacy Shop).	The Committee acknowledged the effectiveness of Pharmacy Shop arrangements and the profit made in 2021/22, as well as key financial risks to performance in 2022/23.		

Procurement Update	The Director of Finance presented a report which asked the Committee to note: • The update on the Trauma tender process • That there are no contracts over £750k this month • The procurement processes in progress over £750k	The Committee received and noted the report.		
Emergency & Urgent Care Campus – Enabling Works Cashflow	The Director of Finance presented a report that had been sent to Board members for virtual approval and noted that the report was included in the meeting pack for the Committee's information.	The Committee received and noted the report.		
Post-Implementation Appraisal of Business Cases and Business Case Template Review Update	The Director of Strategy & Partnerships delivered a presentation on post-implementation appraisal of business cases, including the business case template review.	The Committee noted the robustness of the process in place around business cases and post-implementation appraisals, which had also been confirmed by the MIAA internal audit that had provided substantial assurance. The Committee received confirmation of work that had taken place to strengthen the business case templates, including improved links to the Trust's Green Plan and sustainability agenda.		
Operational Performance	The Director of Operations presented the Operational Performance Report, including performance at the end of June 2022 against the strategic core operating standards (A&E 4-hour standard, Cancer 62-day standard, 18-week Referral to Treatment standard, and Diagnostic 6-week wait standard), outpatient theatre metrics, and restoration of elective activity. The Director of Operations advised that	The Committee noted that the Trust continued to perform below the national target against all core operating standards, and the Director of Operations highlighted the continued non-elective pressures, no criteria to reside and the capacity for domiciliary care and intermediate bed base as significant areas of concern. The Committee also noted the associated financial pressure of the escalation wards that remained open.	Long waits to be included as a key metric in the next operational performance report	September 2022

	trajectories were in place in relation to certain metrics and briefed the Committee on plans to address the increased echocardiogram activity levels and 78-week waits.			
Performance Framework	The Director of Operations presented the Divisional Performance Framework, which detailed the Trust's approach to conducting performance reviews with the operational divisions.	The Committee noted that the framework provided a fair and transparent means of comprehensively understanding performance across the Trust and supported the Divisional Performance Framework		
System Links with the Third Sector	The Director of Operations presented a report which provided an overview of the services commissioned by the Trust from third sector organisations. The Director of Operations advised that consideration would be given to further involvement of the third sector through the GM Deputy Chief Operating Officers' Group.	The Committee received and noted the report		
Update - Community Beds	The Director of Operations provided a verbal update and briefed the Committee on work taking place with locality colleagues regarding intermediate provision, including the development of an associated business case.	The Committee received and noted the verbal update.		
Board Assurance Framework 2022/23: Draft Principal Risks Review	The Trust Secretary presented a report detailing the current position of the principal risks assigned to the Committee, which had been developed, including consideration of the key controls and assurances in relation to each, any gaps and required actions. It was noted that following the Risk Appetite Workshop, a Board Assurance Framework 2022/23 was being developed and would be presented to the Board for	The Committee reviewed and approved the finance and performance related principal risks to be included within the Board Assurance Framework 2022/23 to be presented to the Board of Directors for approval in August 2022, subject to the outcome of the Risk Management Committee's consideration of the scores relating to estates and sustainability and the confidence levels around moving from residual scores to target scores.	BAF 2022/23 to be presented to the Board for approval Risk Management Committee to give further consideration to the estates and sustainability risk scores and confidence levels around moving from residual scores to target scores.	August 2022

	approval in August 2022.			
Policies for Approval	The Committee reviewed the following policies for approval: • Confidential Waste Policy • Information Security Policy • Records Scanning Policy and Audit Methodology • National Data Opt-Out Policy	The Committee approved the policies	Trust Secretary to consider if any further detail regarding Board of Directors was required in relation to the Confidential Waste Policy	
Standing Committees	The Committee received and noted the Capital Programme Management Group key issues reports.			
Items for Information – Stockport Locality Board Financial Plan 2022/23	The Committee noted the Stockport Locality Board Financial Plan 2022/23.			

Stockport NHS Foundation Trust

Meeting date	4th August 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	People Performance Committee Key Issues & Assurance Report					
Lead Director	Amanda Bromley, Director of People & Organisational Development (OD)		Author	Rebecca McCarthy, Trust Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to review and confirm the People Performance Committee Key Issues & Assurance Report.

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	Develop effective partnerships to address health and wellbeing inequalities
	4	Drive service improvement, through high quality research, innovation and transformation
X	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
	6	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains -

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

This paper is related to these BAF risks	**PR1.1**		There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
	PR1.2		There is a risk that the Trust fails to reduce harm against agreed baseline
	PR1.3		There is a risk that patient flow plans are not effective leading to decline in A&E performance
	PR1.4		There is a risk that inclusive restoration plans to address elective backlog are not delivered
	PR2.1	X	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	X	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented
	PR5.2	X	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	All
Financial impacts if agreed/ not agreed	All
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

The Board of Directors has established a People Performance Committee to support the Board in the development of people related strategies/plans; and provide oversight and assurance regarding delivery of such strategies/plans and people performance against the agreed annual plan.

The committee reports to the Board of Directors by means of a Key Issues & Assurance Report summarising business conducted by the committee together with key actions and/or risks.

A report is provided for the Board of Directors of the key matters and decisions from the meetings of the People Performance Committee held on 14 July 2022.

KEY ISSUES AND ASSURANCE REPORT *People Performance Committee* *14 July 2022*				
The People Performance Committee draws the following matters to the Board of Director's attention				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Workforce Race Equality Standards Report	The Committee considered the Workforce Race Equality Standards Report, which summarised the Trust's position and progress against the ten indicators of the NHS Workforce Race Equality Standard (WRES). The Committee held a comprehensive discussion around mitigating actions and the link with the Equality, Diversity & Inclusion (EDI) Strategy and noted that recruitment and career progression would be a key focus for this year.	The Committee noted that while the Trust had seen a slight improvement in the staff survey metrics relating to harassment and bullying, there was still significant work to be done, particularly around leadership development and progression of Black, Asian and Minority Ethnic (BAME) staff within the Trust, as well as recruitment and likelihood of BAME staff members being shortlisted and the disparity figures in relation to disciplinary procedures. The Committee reviewed and approved the WRES report for publication.	Liaise with Trust Chair regarding presentation to the Board of Directors	July 2022
Workforce Disability Equality Standards Report	The Committee considered the Workforce Disability Equality Standard Report, which summarised the Trust's position and progress against the ten indicators of the NHS Workforce Disability Equality Standard (WDES). The Committee held a comprehensive discussion around mitigating actions and highlighted the need for a proactive approach in this area. The Director of People & OD briefed the Committee on work to encourage reporting of disabilities, including providing opportunities for staff to disclose disabilities retrospectively as well as disclosing new disabilities during	The Committee noted that while some positive improvements had taken place, there was still significant work to be done to improve the experience of staff with a disability. The Committee reviewed and approved the WDES report for publication.	Liaise with Trust Chair regarding presentation to the Board of Directors	July 2022

	employment. The Committee highlighted the need for conversations with staff to ensure clarity on what constituted as a disability.			
Workforce Performance Report	The Committee considered the Workforce Performance Report and received an update on the following areas: sickness absence, statutory and mandatory training, role specific training, appraisals, turnover, vacancies, pay and expenditure and recruitment pipeline. Turnover was highlighted as an area of concern and the Committee heard of mitigating actions. The Committee discussed sickness absence, particularly the increase in anxiety and stress related absence and heard about the additional facilities put in place, including the SPAWS service offering psychological support for staff. It was noted that the Trust was not an outlier around the increase in anxiety and stress related sickness absence, and the trend was replicated across GM trusts, most likely due to the pandemic.	The Committee received positive assurances from the Workforce Performance Report but noted turnover and sickness absence as areas of concern.		
Consultant Job Planning Update	The Medical Director presented a report outlining the Trust's current position in relation to the agreement of job plans with consultants and associate specialist and specialty (SAS) doctors. The Committee heard that the Job Planning Policy had been updated last year to ensure consistency across the organisation.	The Committee noted that all consultant job plans were due to be completed by September 2022, and the Trust was on track with this trajectory.		
Wellbeing Guardian Report	The Wellbeing Guardian (Non-Executive Director) presented the first quarterly report to the Committee, providing an	The Committee noted the activities and positive engagement of the Wellbeing Guardian.		

	update on activities. Discussion took place regarding assurance to the Board. The Committee noted that the indicators relating to wellbeing were reported via a suite of assurance reports to PPC, with the Wellbeing Guardian able to triangulate assurances received within the assurance reports with empirical evidence gathered. The Committee also noted the health and wellbeing pledge which focused on presenteeism and ensured a more individual approach to wellbeing.			
Freedom to Speak Up Report	The Freedom to Speak Up (FTSU) Guardian presented a report providing an update on activity in relation to the Trust's FTSU Guardian role, case management, themes and trends, and concerns about the provision of the FTSU service across the Trust. The FTSU Guardian highlighted concern regarding the way in which the Trust responded to the issues raised via FTSU route, noting suggested actions for improvement to support the speaking up agenda within the Trust and provide assurance regarding positive changes occurred because of their speaking up. The Committee acknowledged concerns raised by the FTSU Guardian and the Director of People & Organisational Development (OD) commented that the Trust was cognisant of issues relating to bullying and harassment through the staff survey and the WRES and WDES reports. The Committee received update on associated mitigating actions led by the	The Committee: • received and noted the report and the concerns raised • agreed that the training proposed by the FTSU Guardian would be incorporated within the developing Organisational Development (OD) programme, including the civility programme and compassionate leaders.	Training proposed by FTSU Guardian to be incorporated into the OD programme	

	newly appointed Deputy Director of OD. It was agreed that the training proposed by the FTSU Guardian would be incorporated into the OD programme, including the civility programme and compassionate leaders and that this would be considered by the Executive Team.			
Strategic Workforce Plan Report	The Head of Strategic Workforce Planning delivered a presentation summarising progress against the Strategic Workforce Plan during 2021/22, priorities for the 2022/23 plan and assurance that workforce planning continued to support the Trust's services, patients and staff.	The Committee received assurance that workforce planning continued to support the Trust's services, patients and staff.		
Messenger Report	The Director of People & OD presented a report which detailed key findings from the Messenger review undertaken by General Sir Gordon Messenger and Dame Linda Pollard around leadership and management in the health and social care sector, and associated key recommendations. The Committee supported the suggestion to await further national guidance in this area and the Director of People & OD agreed to keep the Committee updated on developments in the meantime.	The Committee noted the report and agreed to receive updates on progress while national guidance was awaited.	Ongoing monitoring	
Facility Time Report 2021/22	The Director of People & OD presented a report which detailed the annual position regarding the Trade Union (Facility Time Publication Requirements) Regulations 2017.	The Committee approved the Facility Time Report 2021/22 for publishing.		
Resourcing Programme	The Associate Director of Workforce Delivery presented a report updating the Committee on the current programmes of	The Committee noted the report and the positive assurance on the programmes of work supporting the resourcing agenda.		

	work supporting the resourcing agenda: • Recruiting and onboarding new staff • Vacancies and turnover • Alternative pipelines and career development • Stockport shortage occupation list • Electronic rostering • Temporary staffing			
eRostering Audit – Trust's Response and Action Plan	The Chief Nurse presented a report which detailed the Trust's action plan following the Mersey Internal Audit Agency (MIAA) eRostering Audit. The Committee heard that the audit had provided substantial assurance around the systems and process for eRostering across the Trust. It was noted that the Committee would receive progress updates against the action plan through the Safe Staffing Report.	The Committee acknowledged the significant improvements and assurance received regarding eRostering.		
Safe Staffing Report	The Chief Nurse presented a report providing assurances and risks associated with safe nurse and midwifery staffing and the actions to mitigate the risks to patient safety and quality, based on patients' needs, acuity, dependency and risks. The Committee welcomed a suggestion made by the Chief Nurse to revise future Safe Staffing Reports to provide a multi-disciplinary position.	The Committee received and noted the report and welcomed the suggested revision of future reports		
Board Assurance Framework (BAF)	The Trust Secretary presented a report detailing the current position of the three principal risks assigned to the Committee, which had been developed, including consideration of the key controls and	The Committee reviewed and approved the people related principal risks to be included within the Board Assurance Framework 2022/23 to be presented to the Board of Directors for approval in August 2022.	BAF 2022/23 to be presented to the Board for approval	August 2022

	assurances in relation to each, any gaps and required actions. It was noted that following the Risk Appetite Workshop, a Board Assurance Framework 2022/23 was being developed and would be presented to the Board for approval in August 2022.			
Policies for Approval	The Committee reviewed the following policies for approval: • Policy on Overpayments and Underpayments • Relocation Policy • Job Evaluation Policy • Policy on Raising Concerns (Speaking Up) at Work The Committee noted the need to compare and align the Trust's Policy on Raising Concerns (Speaking Up) at Work with the new national Freedom to Speak Up Policy.		To align the Trust's Policy on Raising Concerns (Speaking Up) at Work with the new national Freedom to Speak Up Policy	
Key Issues and Assurance Reports	The Committee received and noted the following key issues and assurance reports: • People, Engagement & Leadership Group • Equality, Diversity & Inclusion Group • Educational Governance Group • Joint Consultative & Negotiating Committee • Joint Local Negotiating Committee			

Stockport NHS Foundation Trust

Meeting date	4th August 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Quality Committee Key Issues & Assurance Report					
Lead Director	Nic Firth, Chief Nurse Dr Andrew Loughney, Medical Director		Author	Rebecca McCarthy, Trust Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to:

- Review and confirm the Quality Committee Key Issues & Assurance Reports
- Review and approve the local implementation plan for Midwifery Continuity of Carer (MCoC) as recommended by Quality Committee
- Review and confirm the Annual Safeguarding Report 2021/22 as recommended by Quality Committee

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	Develop effective partnerships to address health and wellbeing inequalities
	4	Drive service improvement, through high quality research, innovation and transformation
X	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
	6	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains -

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

This paper is related to these BAF	**PR1.1**	X	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
	PR1.2	X	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

risks	**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	All
Financial impacts if agreed/ not agreed	All
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

The Board of Directors has established a Quality Committee to support the Board in the development of strategies related to quality of care; provide oversight and assurance regarding the operation of systems and processes to ensure the quality of care, encompassing patient safety, clinical effectiveness, and experience; and provide oversight and assurance of quality related performance against the agreed annual plan.

The committee reports to the Board of Directors by means of a Key Issues & Assurance Report summarising business conducted by the committee together with key actions and/or risks.

A report is provided for the Board of Directors of the key matters and decisions from the meetings of the Quality Committee held on 28 June 2022 and 26 July 2022.

KEY ISSUES AND ASSURANCE REPORT
Quality Committee
28 June 2022 (Including extraordinary meeting on 17th June 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 a patient perspective.		
Action Log	All outstanding actions for May 2022 were reviewed, with updates on progress or completion or on the agenda.	The SFT Mental Health Plan was considered at an extraordinary meeting of Quality Committee on 17th June 2022	Onward reporting of the strategic document to be discussed at Board	August 2022
Patient Safety Group Key Issues & Assurance Report	The Committee reviewed the Patient Safety Group Key Issues & Assurance Report.	There was positive assurance of good representation of the subsidiary groups and the assurances received. There was clear identification of areas where further assurance was needed and work in progress.		
Notification of Serious Incidents (SIs) Report	The Committee received and reviewed report describing data relating to serious incidents (as defined within the 2015 Serious Incident Framework) and inquests, concerning Stockport NHS Foundation Trust, during May 2022. The Committee noted 4 serious incidents (SIs) were declared to the CCG via StEIS	The Committee confirmed: - There was 1 overdue report to the CCG. - 5 investigations were completed and assured through the Serious Incident Review Group. - There was 1 outstanding serious incident action plan. Following the disestablishment of GGC's in July 2022 SIs would continue to be reported via the StEIS system. At the point the SI Framework was replaced with Patient Safety Incident Response Framework (PSIRF), the Board would be responsible for sign off of Sis.	Patient Safety Incident Response Framework (PSIRF) training for NEDS	TBC following publication of PSIRF

Issue	Committee Update	Assurance received	Action	Timescale
Maternity Services Report	The Committee received the Maternity Services Continuity of Carer (MCoC) Implementation Plan. The Quality Committee reviewed the local implementation plan for Midwifery Continuity of Carer (MCoC) in light of the final Ockenden Report recommendation to pause MCoC roll out until safe staffing was evident, with the long term plan including a commitment to implement an enhanced and targeted MCoC model to improve outcomes for the most vulnerable mothers and babies. Quality Committee reviewed and confirmed support for the maternity service in delivery of transformed model of care to be recommended to the Board of Directors. The Committee acknowledged national guidance required quarterly monitoring of the above plan and agreed for return of plan to Quality Committee on a quarterly basis for review. The Committee reviewed and supported the maternity services strategy, developed following recommendation from CQC inspection. The committee noted alignment with arching trust strategy and Quality Strategy – Start Well aim.	Continued positive assurance and additional positive assurance against the Ockenden final report. Decision based on recommendations to pause Continuity of Care.	Recommend approval of Maternity Continuity of Carer Implementation Plan to Board.	August 2022
Annual Infection Prevention Report 2021-22	The Committee received the Annual Infection Prevention Report 2021-22 including performance against trajectories, successes and challenges in year and the IPC 2-year strategy.	Positive assurance against a challenging year with Covid 19 pandemic, noting performance against key metrics. Positive assurance on the delivery and uptake of Covid vaccination.	Delivery of 2 year strategy and 2022-2023 objectives Monitor actions	June 2023 July 2022

Issue	Committee Update	Assurance received	Action	Timescale
		Key objectives outlined for 2022-23 Blood culture contaminants continue to be an issue, assurance form IPC that this continues to be an area of focus.	for improvement on Blood Culture Contaminants	
Clinical Effectiveness Report	The Committee reviewed the Clinical Effectiveness Group Key Issues & Assurance Report with focus on clinical audit activity and outcomes by each division.	Quality Committee reviewed the report which focused on positive assurances and progress on clinical audit activity.		
Patient Experience Group Key Issues & Assurance	The Committee reviewed the Patient Experience Group Key Issues & Assurance Report	Positive assurance and update on the following: - Patient Experience Report Quarter 4 - Volunteer Strategy - Walkabout Wednesday - Patient, Carers, Family & Friends Strategy update Assurance to focus delivery of the Patient, Carers, Family & Friends Strategy aims.		
Health & Safety JCG Key Issues & Assurance Report	The Committee reviewed the Health & Safety JCG Key Issues & Assurance Report.	Assurances were received on progress on: -Emergency Preparedness Report - Health & Safety Quarterly Report (Q4 2021-2022) - Divisions Quarterly KPI Update. - Medical Devices Group - Update: Estates & Facilities: - Safety Performance Monitoring - Health and Safety Data March 2022 - Health and Wellbeing Steering Group - Laser Safety Group Report & Terms of Reference Positive assurance that mandatory training in relation to Health and Safety is monitored via PPC		

Issue	Committee Update	Assurance received	Action	Timescale
		Positive assurance for safeguarding support to better understand incidents of violence and aggression within the Emergency Department, particularly if the increase may be linked to mental health support issues.		
Trust Integrated Safeguarding Group Key Issues & Assurance Report Annual Safeguarding Report	The Head of Safeguarding presented Trust Integrated Safeguarding Group Key Issues & Assurance Report and Annual Safeguarding Report 2021-22.	Assurances were received on progress on: - Adult Safeguarding Integrated Report - Children's Activity Performance Report - Early Help Data Stockport Q1-Q2 2021-2022 - MARAC SOP - Maternity Safeguarding Activity report - Liberty Protection Safeguards (LPS) - CCG Safeguarding Assurance with positive assurance on process' for safeguarding governance and assurance following the disestablishment of CCG's in July 2022 Positive assurance that the annual report was produced following a collaborative workshop with NED's	Non-Executive Directors to Receive training on this to aid understanding. Annual Safeguarding Report 2021-22 to be presented to Board.	TBC
Waiting List Harms Report	The Committee reviewed the Waiting List Harms Report considering update and outcome of the harm review process in place for patients who were waiting for treatment. The Committee received confirmation regarding assessment of waiting lists to assess health inequalities and conducted a deep dive for the pediatric waiting list for oral surgery.	Limited assurance on progress towards reducing long waits and acknowledgement that a GM wide approach was in development. Positive assurance that processes were in place for clinical reviews for long waiters and a patient initiated follow up was advised to all patients via a letter. Limited assurance on line of sight of harm whilst waiting as multiple pathways and points where harm could occur,	Medical Director to consider the scope of the report to provide line of sight to potential harms and assurance processes in place.	Q3
Quality & Safety Integrated Performance	The IPR Report was presented, reviewed, and noted.	The Committee identified that the IPR triangulates with assurances on performance identified throughout the meeting, with remaining metrics		

Issue	Committee Update	Assurance received	Action	Timescale
Report (IPR)	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.	considered by exception.		

Assurance gained includes the Committee receiving evidence that:

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

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KEY ISSUES AND ASSURANCE REPORT
Quality Committee
26 July 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 story about staff member going above and beyond in responding to refugees requiring maternity services		
Action Log	All outstanding actions for March 2022 were reviewed, with updates on progress or completion or on the agenda.	N/A		
Board Assurance Framework (BAF) 2022/23 – Draft Principal Risks	The Committee reviewed the draft Principal Risks to be incorporated with the BAF 2022/23 and overseen by Quality Committee, considering controls, assurances and mitigating actions.	Positive assurance from quality document, adding value to Quality Committee agenda. Support progress to Board	Recommend principal risks for inclusion in BAF 2022/23 to be presented to Board.	August 2022
Joint Stockport NHS Foundation Trust & Tameside & Glossop ICFT Research, Development & Innovation Strategy 2022-2027	The Committee reviewed the strategic document describing the vision, mission and strategic ambitions across the next 5 years for Research, Development and Innovation (RD&I) across SFT & TGICFT. The Committee supportive of the level of ambition in this joint strategy with T&G.	Positive assurance from a good 5 year strategy, clearly articulated with well described aims and plans.	Recommend to the Board for approval, noting document will be fully ratified following review by TGICFT.	August 2022
Patient Safety Group Key Issues & Assurance Report	The Committee reviewed the Patient Safety Group Key Issues & Assurance Report.	There was positive assurance regarding representation of the subsidiary groups and the assurances received. There was clear identification of areas where further assurance was needed and work in progress.		September 2022

		- Positive assurance from proactive review of external reports (e.g. York CQC) - Limited assurance from ED – quality governance meeting stood down due to pressure of presentations, Clinical Director reviewed documentation as mitigation - Mortality review positive assurance from addition of safeguarding rep to the group - Medicines safety positive assurance - Sepsis – positive assurance re. screening rates and ongoing actions to improve administration – refocusing staff time in role - Pressure ulcer – limited assurance due to recent spike		
Notification of Serious incidents	The Committee received and reviewed report describing data relating to serious incidents (as defined within the 2015 Serious Incident Framework) and inquests, concerning Stockport NHS Foundation Trust, during June 2022. The Committee noted 6 serious incidents were declared to the CCG via StEIS.	The Committee received positive assurance on the process for reporting, investigating incidents, compliance with Duty of Candour and other reporting time frames. • Positive assurance regarding compliance with Duty of Candour, by letter, sent within 10 days was 100% • 1 investigation was completed and signed off through the Serious Incident Review Group. • Actions identified to reduce the likelihood of the same incident happening again are in the • process of being implemented • There were 2 de-escalation requests made to the CCG • There were 2 outstanding serious incident action plans • The Trust received no new PFD notices from the Coroner in June 2022 • 4 overdue SI reports to CCG, but good debate about rationale for how this is being managed – decision not to ask for extensions. Positive assurance about use of audit to evidence learning from incidents.	Patient Safety Incident Response Framework (PSIRF) training for NEDS	TBC following publication of PSIRF

Infection Prevention Control Report (Quarterly)	The Committee reviewed the Infection Prevention Control (IPC) update including surveillance and quality metrics and outcome of hand hygiene audits. In additional the Committee considered additional information on Hospital Onset Covid-19, antimicrobial stewardship and an update on the IPC BAF.	Negative assurance about hand hygiene, swabbing compliance and rates of specific organism infections. No further progress or assurance on improvement of blood culture contaminants. The Committee considered the format of the report and acknowledged that analysis of data over time/trend analysis and action being taken would strengthen report for purpose of assurance.	Review report format to ensure use of data to provide clear analysis and actions.	Q3
Clinical Effectiveness Group Key Issues and Assurance Report	The Committee reviewed the Clinical Effectiveness Group Key Issues & Assurance Report, including quarterly Nice Guideline Update updated on clinical audit activity and the clinical audit annual report, detailing the 'process' of clinical audit carried out in the previous 12 months. The committee noted direction of travel to focus audit resource on national mandates and supporting learning.	Positive assurance from increasing maturity of the Clinical Effectiveness Group, with consistent divisional engagement. The Committee received assurance regarding allocation of clinical guidelines and quality standards with future focus on scrutinising gap analyses. Clinical Audit Annual Report - Positive assurance from clear report.		
Stockport Accreditation & Recognition System (StARS) Progress Report	The Committee reviewed the StARS Progress Report detailing: • Current status of results in Quarter 1. • Accreditation assessments since the implementation of the scheme and progress against agreed trajectories • Key issues and themes identified including top 3 performing standards and areas for improvement.	Positive assurance received: Accreditation assessments since the implementation of the scheme - Total of 77 assessments across 32 individual areas including Pediatrics and two Community areas over the rolling 12-month period. Limited assurance from wards which remain red / amber despite re-inspections. Focus on themes where compliance consistently low and celebrate those where it is consistently high	Report format - Comparison data to enable demonstration of progress	Q3 2022/23
Patient Experience Group Key Issues & Assurance Report:	The Committee reviewed the Patient Experience Group Key Issues & Assurance Report including the Annual Patient Experience Report 2021-22.	Positive assurance on development of Patient Experience Group. Limited assurance identified noting the report could provide increased assurance: • data on impact of initiatives		

- Annual Patient Experience Report 2021-22		• inclusion of equality access standards • inclusion of complaints themes to triangulate with other sources of feedback.		
Health & Safety JCG Key Issues & Assurance Report	The Committee reviewed the Health & Safety JCG Key Issues & Assurance Report.	Limited assurance due to ongoing high rates of violence and aggression – Deep dive being undertaken. Negative assurance relating to compliance with monthly H&S audits has reduced – Further focus and scrutiny to take place. Negative assurance with respect to the H&WB steering group not taking place for 2 – 3months. To be escalated to Board and PPC	Escalation to PPC and Trust Board re Health & Wellbeing Steering Group	TBC
Quality & Safety Integrated Performance Report (IPR)	The Quality & Safety IPR Report was presented, reviewed, and noted. Assurance was reviewed and agreed, and further actions and focus agreed. The Committee noted many of the metrics and assurances in the IPR have been addressed in previous papers on this agenda and not repeated here.	The Committee identified that the IPR triangulates with assurances on performance identified throughout the meeting, with remaining metrics considered by exception. Negative assurance re. inability to impact No Criteria to Reside (NCtR), both Stockport and Derbyshire worsening position with reduction D2A beds and no clear solutions apparent.	For escalation to the Board via IPR	Aug 2022

Assurance gained includes the Committee receiving evidence that:

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

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust
Integrated Safeguarding Annual Report 21/22

FOREWORD

Stockport NHS Foundation Trust firmly believes that a whole organisational approach is required to safeguard and promote the welfare of children, young people and adults at risk using Trust services.

I am delighted to present the Trusts Integrated Safeguarding Annual Report for the period of April 2021 - March 2022.

The report outlines the work which has been undertaken to support this agenda and work with our partners both from within Stockport and across the wider Greater Manchester footprint. The report outlines the progress and challenges experienced over the year across a diverse and complex agenda.

The team have also continued to meet these challenges during the COVID19 pandemic, ensuring we were continuing to meet our statutory duty to keep our patients and their families safe. There are also further challenges we will need to respond to in the coming year both as the legislation changes and which will need to be reflected in practice, but also as we change the way we work with our patients and families in response to COVID19.

I would like to take this opportunity to thank all those who have contributed to the work completed over the last year. We look forward to addressing those challenges and developments for the forthcoming year.

Nicola Firth
Chief Nurse/DIPC and Executive Lead for Safeguarding

CONTENTS

Introduction and purpose

As the Trust moves forward in the delivery of its Safeguarding strategy with particular emphasis placed on the protection of at-risk people in our care. It is necessary for us to reflect and identify learning from the period of 2021 - 2022. This annual report provides not only an update on activity in the protection of both children and adults, but also offers the level of assurance and compliance with both local and national standards, this report will focus on its core Safeguarding activity for Adults and Children and not all aspects of the wider safeguarding agenda, this will be further explored in supplementary reports for Dementia, Learning disability, Autism, and Mental health.

The purpose of this report is to provide a declaration of assurance that the Trust is fulling its duties and responsibilities in relation to promoting the welfare of children, young people, adults, and their families who encounter Trust services.

This annual report will provide a key summary of the activity, developments, and achievements from the previous financial year.

Furthermore, the report will:

- Assure the Trust board that the Trust and its services are developing the statutory obligations to safeguard individuals
- Assure service commissioners and regulators that the Trusts activity over the reporting year has continued to embed learning, seek service developments, and make improvements to the way in which the Trust safeguards people
- Appraise key stakeholders internally and externally about the work undertaken to safeguard people and how the safeguarding team support all colleagues in clinical and operational services
- Provide the public with an overview of safeguarding activity within he Trust and demonstrate that safeguarding is a key priority for the Trust and its services

What is Safeguarding?

The Care Quality Commission (CQC) state that Safeguarding means protecting people's health, wellbeing and human rights and enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health and social care (CQC, 2016)

Safeguarding Adults: An adult is an individual aged over 18 years and over, the Care Act 2014 defines an adult at risk as:

- An adult who has care and support needs (whether the needs are met or not)
- Is experiencing or risk of experiencing abuse or neglect and
- As a result of those care and support needs is unable to protect themselves from either the risk of, of the experience of, abuse or neglect

Safeguarding children: a child is defined within the Children Act 1989 as "an individual who has not yet reached their 18th birthday"

Statutory and national drivers

Safeguarding adults and children is enshrined within UK law and is key to ensuring that all safeguarding practice is supported by legislation, statutory guidance, and regulations. Key legislation and guidance for safeguarding are:

- Care Act 2014
- Human Rights Act 1998
- Children Act 1989, 2004
- Working together to safeguard children 2018
- Children and Social Work Act 2017
- Serious Crime Act 2015
- Domestic Abuse Act 2021
- Modern Slavery Act 2015
- Counter-terrorism Act 2015
- Health and Social Care Act 2008
- NHS constitution

- Children and Families Act 2014
- Promoting the health and wellbeing of looked-after-children
- Mental Capacity Amendment Act 2019
- Mental Health Act 1983, 2007

Key Achievements

This reporting year has seen significant transformation across safeguarding services and there is a wealth of achievements for the Trust in relation to safeguarding the most at risk in the local community, below is a snapshot of key achievements, these are not all of them and none of the achievements are possible without the dedicated teams in the Trust.

- Level 1 & 2 Safeguarding Training staff compliance has been consistency over 90% with Level 3 being over 80 % compliant for Safeguarding Children
- The safeguarding and LAC teams have continued to support families and staff throughout the Covid 19 pandemic and subsequent post Covid 19 recovery
- There has been an increase in the amount of Early Health Assessments being completed by Midwifery and Health visiting, therefore identifying families early that are requiring extra support and intervening before they require more specialised social care input.
- The Trust has provided the required IHA clinics to meet statutory requirements. The Looked After Children's Team has supported the effective delivery for the completion of statutory Review Health Assessments in line with Stockport's model of delivery. These LAC KPI's are monitored effectively through a data dashboard.
- LAC profiling data has been developed which will provide a comprehensive overview of health needs for Looked after children living in Stockport.
- Training and supervision for Looked After Children is integrated within the children's training and supervision strategies.
- In collaboration with multi-agencies partners the Trust is seen as exemplary at both local and national Learning from Death Reviews (LeDeR).
- The Adult Safeguarding Team have produced guidance for best interest decision making and supporting individuals to take part in best interest meetings.
- The Adult Safeguarding Team now has a Deprivation of Liberty Safeguards (DoLS) administrator who has improved the process for receiving, processing, and recording all applications for DoLS. This also provides evidence of Mental Capacity assessments being conducted across the Divisions.
- The Adult Safeguarding Team has implemented a monthly Safeguarding Supervision session with all Divisions. This comprises of virtual team meetings allowing members to bring any concerns of queries to the group for discussion. Feedback has been positive and has enabled practitioners to improve their practice. The Adult Safeguarding Team has issued Supervision Guidelines to provide governance to the service offered.

Safeguarding structure / roles

Stockport NHS Foundation Trust employees several highly skilled safeguarding practitioners in a variety of roles both statutory and non-statutory to support the Trust in discharging its safeguarding duties.

The Chief Nurse is the Executive Lead for Safeguarding, the Deputy Chief Nurse (DCN) and the Head of Safeguarding (HoS) provide both strategic and operational support for all aspects of safeguarding and the wider agenda covering mental health, learning disability, autism, dementia, and delirium. Alongside the DCN and HoS the Divisional Nurse Director and Divisional Director of Midwifery and Nursing for Women's, Children's and Diagnostics support the safeguarding agenda with line management and professional support to named professionals.

The current safeguarding structure as of April 2022 can be found in Appendix 2 of this report.

Governance and reporting Structure

The Trust has a Trust Integrated safeguarding group which is chaired by the Chief Nurse/Executive Lead for Safeguarding whereby assurance is sought from named professionals, divisional colleagues and partnership updates are provided, this then reports to Trust Quality Committee in the form of a key issues report to provide robust assurance through to the Board of Directors. The Trust group is supported by operational groups for adults, children, and public health nursing, all these groups have a term of reference, action plans

and business cycles. Further details of the governance structure for Safeguarding can be found in appendix 2 of this report.

SNHSFT have reporting structures in place for safeguarding across the Trust and work will be progressed this year to support a think family single point of access to raising concerns and sharing information. Safeguarding incident reporting is managed through internal systems and processes which specialist practitioners support with providing advice, guidance, and support to Trust staff. The Trust has a mechanism of reporting safeguarding incidents using the Trust intranet and the Do it online form for Adult Safeguarding and via telephone contact and heath information sharing forms for children's safeguarding. Staff can also refer directly to social care through the Multi Agency Safeguarding Support Hub (MASSH) and via the Adult social care referral form. Incidents that relate to the possible abuse and or neglect whilst in hospital and or concerns regarding patient safety will be discussed at other Trust meetings which include safeguarding staff for scrutiny and oversight

External Safeguarding Governance and Partnership working

SNHFT continue to work with external safeguarding partners across the borough of Stockport and Greater Manchester.
The Safeguarding teams participate in several multi-agency meetings to support safeguarding arrangements. The HoS and DCN represent the Trust at the Local Safeguarding Adult Board in Stockport and the HoS and Chief Nurse represent the Trust at the Executive meeting for the Local Safeguarding Children Partnership. Members of the safeguarding teams also attend subgroups of the respective boards and partnerships.

A representative from safeguarding attends the following strategic and operational multiagency safeguarding meetings:

Adult	Children's	Joint
Stockport Local Safeguarding Adult Board	Children's Practice Improvement Partnership	Stockport Joint Safeguarding Adults Partnership Board & Safeguarding Children Partnership Executive Meeting
Adults Practice improvement partnership	Children's Quality Assurance Partnership	Domestic Abuse Partnership Board
Adults Quality assurance partnership		Domestic Abuse Operational Meeting
Multiagency adults at risk system (MAARS)	Integrated Looked after Children Board	Channel Panel
Safeguarding adult review (SAR) consideration and panel	Rapid review & Child safeguarding practice review panel and process	Domestic Homicide Review Consideration Panel
Hate crime partnership		Complex safeguarding subgroup
		Training & Workforce development

The Trust continues to provide assurance to Stockport CCG via the Greater Manchester Safeguarding Assurance Framework document that is provided by the safeguarding team each quarter and then is reviewed and scrutinised by commissioning colleagues to monitor the Trust in its ability to safeguard individuals. This quarterly report is produced into an action plan whereby the safeguarding team and key leads from the trust and CCG meet to discuss. In addition to this an annual self-assessment of commissioning standards is completed for all aspects of safeguarding and sent as assurance to the CCG, this provides robust assurance in that the Trust is delivering its statutory obligations and this supports the section 11 audit that is required of NHS Trust as directed by the Children Act 2004.

Adult Safeguarding

The Trust continues to support Local Authorities in their statutory lead role for safeguarding adults and as such actively contribute to safeguarding enquiries (section 42, Care Act 2014) and other reviews. The Adult Safeguarding team continue to attend external strategy meetings, case conferences section 42 outcome meetings to ensure that any lessons learned are disseminated and embedded in Trust practice.
The Trust has a reporting mechanism which enables staff to raise concerns once they have identified possible abuse and neglect, these cause for concern forms and supporting information can be located on the Adult Safeguarding microsite. The Adult Safeguarding team then process these concerns and refer out to the relevant local authority under their lead role for safeguarding, furthermore the team support practitioners in

providing specialist advice, guidance and support in risk and safety planning, complex care planning and training and educating staff.

Concerns raised by Trust staff during the reporting period 21-22

Month	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021/2022	77	80	66	41	47	52	87	84	77	67	68	81	827
2020/2021	45	79	94	71	55	57	62	73	80	74	16	82	833

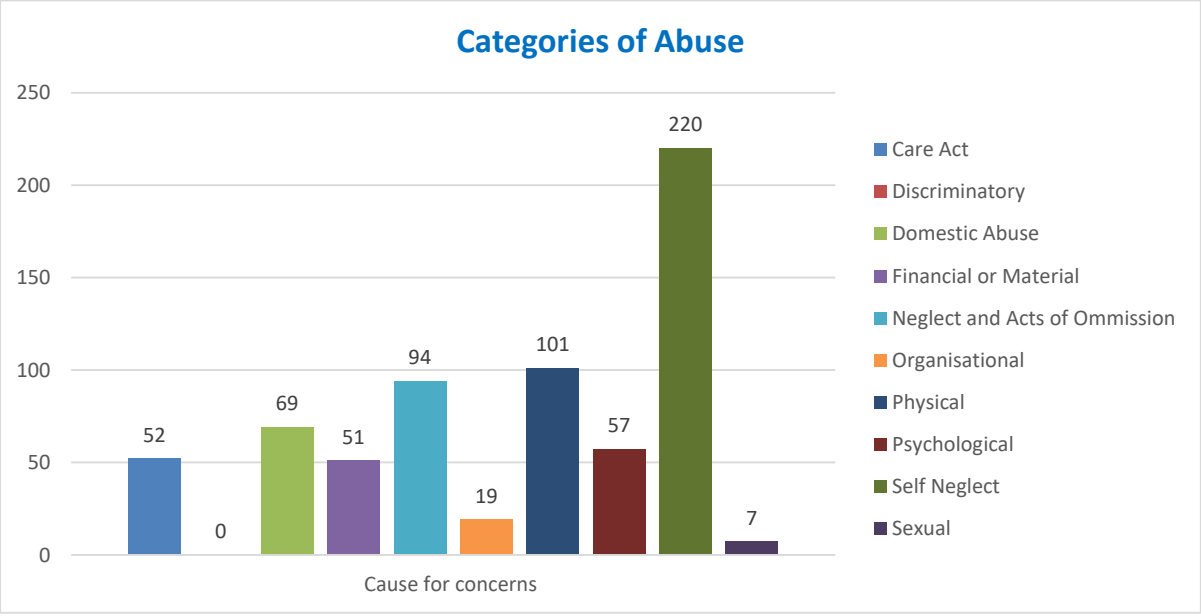
These numbers highlight a consistent referral rate from practitioners within SNHFT and demonstrates that staff are identifying possible abuse and or neglect and acting on this.

Referrals to Adult Social Care

Month	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021/2022	68	62	55	41	43	34	56	31	56	56	51	42	595
2020/2021	38	68	73	59	51	44	52	58	71	59	59	74	706

The data highlights that there has been a decrease in the number of referrals sent out to respective social care local authorities, this is seen as positive as referrals are being triaged by the team and screened for support to be offered and alternative pathways considered.

The below graph highlights the cause for concern categories made by Trust staff in this reporting period. Self-neglect and physical abuse are the largest reporting concern made by staff, this is in keeping with local and national reporting data.



Adult Safeguarding Supervision

Safeguarding supervision is the most influential and effective of safeguarding interventions taken by safeguarding professionals. The Adult Safeguarding Team have implemented a monthly safeguarding supervision session with all Divisions across the Trust. Safeguarding supervision is offered to all Band 7 and 8a staff either on a one-to-one basis or a group session. These sessions have increased knowledge and awareness of safeguarding issues, escalations of safeguarding concerns and staff report they feel better supported and empowered in their safeguarding practice. Further work is being considered to develop a survey poll to measure impact and effectiveness of sessions being delivered. Monthly safeguarding supervision is to be extended to the occupational therapy teams along with toolbox training. Safeguarding supervision can be made available for any member of staff to support them and can be accessed by contacting the adult safeguarding team directly.

Mental Capacity, Deprivation of Liberty (DoLS) and Liberty Protection Safeguards (LPS)

As part of the Trusts statutory obligation to ensure that there are effective arrangements in place to safeguard individuals this is embedded in the work the Trusts undertakes in Mental Capacity assessment and DoLS applications and authorisations. The Trust has systems and processes in place to monitor the effectiveness of MCA assessments and regularly reviews this to support learning and education to all staff members. The adult safeguarding team play a critical role in supporting the Trust in working within the regulations for DoLS and MCA. The team continue to work with Divisions in improving the standard of applications and authorisations that are sent to the relevant Local Authorities for further scrutiny and processing.

An MCA audit was undertaken in February/March 2022. The findings highlighted that family members were fully involved within the patients discharge planning process, and that MCA documentation was in place. However, learning from the audit identified the need for guidance to frontline staff around the best interest assessment process.

The table below illustrates good examples of practice and areas for improvement which allows the performance relating to MCA/DOLs to be shared with key clinical staff. Reporting to divisional governance forums has begun and enabled trends around MCA compliance to be shared.

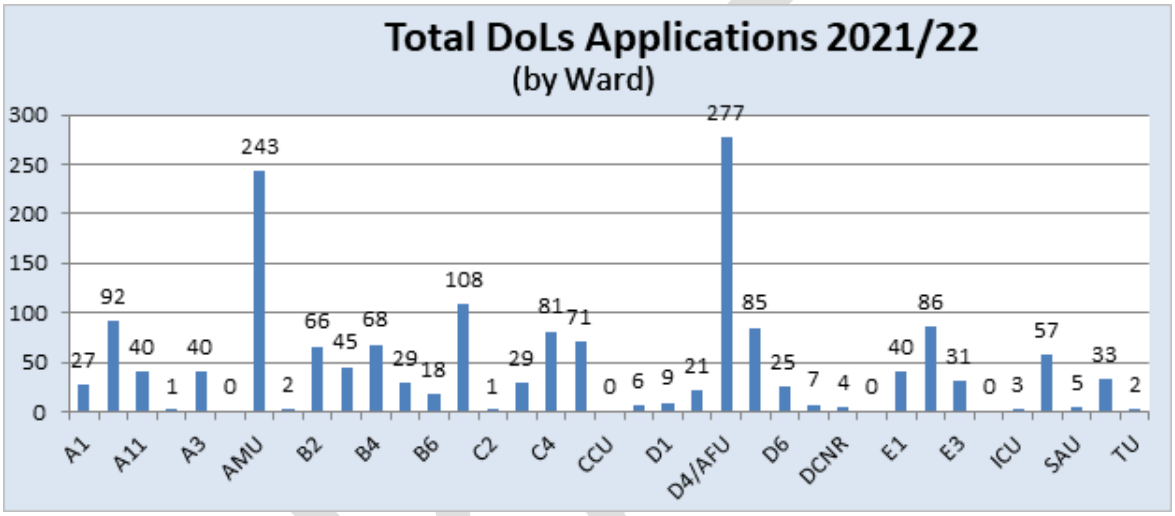
What was done well	What could be improved
Two stage test was completed, and each patient had an MCA assessment	Some MCA assessments lacked narrative and information within some sections of the assessment where details can be provided.
Hospital Health Passports were present and completed for all 10 patients.	There is a need to raise awareness of the use of advocacy services.
Making Safeguarding Personal was applied well in some cases and there was good involvement of family and friends.	Nothing within audit was evident to indicate that patients had LPA recorded within their notes.
There were good examples of effective multi-agency working.	The audit identified some issues with the recording of mental capacity assessments and how this is quality monitored.
Blue Butterfly was visible at the top of each patient's bed, and markers were updated on to Advantis CDS.	The audit identified a need to review training on mental capacity assessments and best interests decision making.
Medical reports illustrate where family were fully involved within the discharge planning, and best interest documentation in place.	The audit identified the need to raise awareness of the completion of DoLS and the interface between Mental Health Act and MCA 2005.
The five principles of the MCA were demonstrated when planning or providing care to the patient.	There is a need to raise awareness of the decision specific nature of mental capacity assessments.
Reasonable adjustment care plans were completed and in place for each patient.	Some of the care plans lacked detail and information with limited information.
Good examples of communication techniques. *Different communication methods were used to determine individual participation, such like observation of body language, use of objects, pictures used as conversation tools and through individuals own expressions.*	

Staff knowledge of the Mental Capacity Act has improved. While this is a good assessment of the status of the Trust, work is still required to embed the knowledge, skills, and consistency of staff in application of the MCA. MCA toolbox training was introduced last year and was successfully promoted at divisional level and now forms part of an essential training requirement within the divisions. The adult safeguarding team takes an active role in delivering this training to the wards.

Deprivation of Liberty Authorisations / Applications April 2021 – March 2022

Each DoLS authorisation and application is reviewed by the safeguarding adult's team prior to the safeguarding administrator sending to the appropriate DoLS supervisory office. An administrative and clinical review is undertaken prior to the submission of the DoLS application and or authorisation form. This ensures a relevant mental capacity assessment is documented accurate, appropriate, and comprehensive.

The Trust continues to provide care for patients under best interest arrangements due to the supervisory body having a back log of applications requiring a Best Interest Assessment this reflects the national position.



The above table demonstrates the number of DoLS applications by each ward for the reporting year. Due to the pandemic and the need to support operational need, wards have relocated therefore the reporting against each ward is not entirely accurate but provides an overview of activity for the Trust.

However, there are some wards that have remained in place, including AMU. It is significant and reflective of the increased understanding of staff of the requirement for DoLS for patients that the number of applications made by staff on AMU has increased.

There was an increase in the number of DoLS applications made in 2021/22 whereby 1689 applications were made compared to 1193 applications in 2020/21 an increase of 41%.

The figures in the tables below illustrate the activity over the year and show significant trends of applications related to 'spikes' in admissions of vulnerable people related to the time of year being the winter months and high summer.

The tables below illustrate the number of applications on a month-by-month basis; overall there is a 496 increase in the number of applications made by Trust staff.

Quarter 1 2020-2021	April	May	June	TOTAL
Urgent Authorisations	104	150	144	398
Quarter 1 2021-2022	**April**	**May**	**June**	**TOTAL**
Urgent Authorisations	54	92	103	249

Quarter 2 2020-2021	July	August	September	TOTAL
Urgent Authorisations	124	108	122	354

Quarter 2 2020-2021	July	August	September	TOTAL
Urgent Authorisations	80	105	123	308

Quarter 3 2021-2022	October	November	December	TOTAL
Urgent Authorisations	128	151	187	466
Quarter 3 2021-2022	**October**	**November**	**December**	**TOTAL**
Urgent Authorisations	133	108	131	372

Quarter 4 2021-2022	January	February	March	TOTAL
Urgent Authorisations	166	130	175	471
Quarter 4 2021-2022	**January**	**February**	**March**	**TOTAL**
Urgent Authorisations	95	98	71	264

Quarter 1-4 2020-21	**1193**
Quarter 1-4 2021-22	**1689**
Increase of	**496**

The Trust is aware that the introduction of Liberty Protection Safeguards has been delayed until Spring 2023. This is to give the Local Authority, care providers, and NHS organisations time to prepare for the new Law coming in to force. LPS consultation has begun and will close on 7th July 2022. The Trust will respond to the consultation in partnership with Stockport's Safeguarding Partnership Boards to assist the Trust in preparation for the implementation date.

Looked after children (LAC)

The Trust is commissioned to provide a dedicated resource for Looked After Children which sit alongside universal services. Together these fulfil the aim of reducing inequalities and ensuring Looked After Children's health needs are met, in accordance with statutory guidance.

The vision across Stockport is that Looked After Children will access universal health services in the same way as other children and young people. Additional needs will be met through targeted interventions and specialist services. Furthermore, children and young people who are cared for by any Local Authority, but living in Stockport, will receive the same opportunities to access health services within the borough irrespective of their originating CCG. It should however be acknowledged that this can cause difficulties due to commissioning arrangements for these children within some services.

Stockport can and does provide care to Looked After Children from outside the Local Authority due in part to the high number of private residential provisions. Placements here from other local authorities have a significant impact on the whole health economy

Placements

In addition to Stockport's 163 mainstream foster carers there are 61 family and friend carers for Stockport children living in Stockport, in addition to this there are numerous different IFA (Independent Fostering Agency) carer's registered in Stockport. Stockport also has a large number of children who are looked after but continue to be placed at home with their parents.

The large number of children placed in Stockport by other areas are accommodated in a variety of settings, including private agency foster carers, residential homes, and therapeutic placements and specialist provisions. Currently Stockport has 45 homes providing approximately 211 places to children and young people.

Some of these placements provide accommodation for some of the most complex and vulnerable young people in Stockport, who access a variety of provision across the health economy. The Specialist Looked After Children's health team ensure that information is shared timely and appropriately to support access to services while here in Stockport.

Looked After Children placed here from outside the Greater Manchester (GM) area face further challenges as they are not provided with any on-going therapy they may require. The current commissioning arrangements would mean that following assessment it would be up to the placing CCG to find and commission something privately.

There are currently 365 children from other local authorities placed in Stockport with 236 moving into the area during the year. For Stockport Local authority there were 448 LAC at the end of Q4 with an additional 161 starting their journey into care over the year.

Children are placed in Stockport from across the country with currently 65 local authorities placing children locally.

Specialist LAC team activity

The LAC team provides a specialist resource to address the health needs of children and young people who are looked after by Stockport Local Authority, and young people who are living in Stockport who are looked after by other LAs. The delivery model for LAC is that services will primarily be delivered through existing primary and community services (such as health visitors, school nurses), with additional targeted support provided by the LAC nursing team for those children and young people who either do not fall within the remit of, or find it difficult to access, local services. The team coordinate health assessment requests and provide support and guidance to professionals completing assessments. They also provide quality assurance for health assessments completed both in and out of area.

Most Stockport children that are placed out of area remain within Greater Manchester (GM) meaning many of the children living on the borders of Stockport remain on Stockport caseloads. The Specialist LAC team is currently working with a caseload of 184 young people, in addition to this the team coordinates the health requests for those children placed out of area and provides clinical oversight for those children with additional complexities and risk.

Information including safeguarding information, placement moves and requests for this year's 662 health assessments comes through the Specialist LAC team, activity is captured through the quarterly activity reports and will need considering in terms of capacity, delivery and the commissioning of future service requirements.

Emotional Health and Wellbeing

There is a significant challenge for looked after children to access appropriate mental health provision, with the reduction of tier 2 services, LAC young people are required to meet the threshold for tier 3 to receive specialist support. The health and wellbeing team commissioned by the LA are providing consultation to Social Workers and supporting carers and schools with interventions. There is hope in the future that they will be able to offer 1:1 work with young people. All children between the ages of 4-16years have an SDQ (strengths and difficulties questionnaire) completed to inform the health assessment. Health professionals completing the review health assessment (RHA) also complete an age-appropriate assessment of emotional well-being; this provides a basis for discussion, support and on-going referral.
Children placed locally from other authorities outside of GM experience further challenge with emotional health support as currently Stockport CAMHS do not provide therapeutic support for these children.

Considering LAC make up a small proportion of the child population (nationally 67 per 10,000) they are significantly overrepresented in mental health presentations. Whilst there is recognition that during COVID 19 there has been an increase in demand in the general population, there needs to be consideration as to how services are experienced by young people and whether the provision is available and proportionate to need.

Key Performance Indicators (KPI) – Looked after children

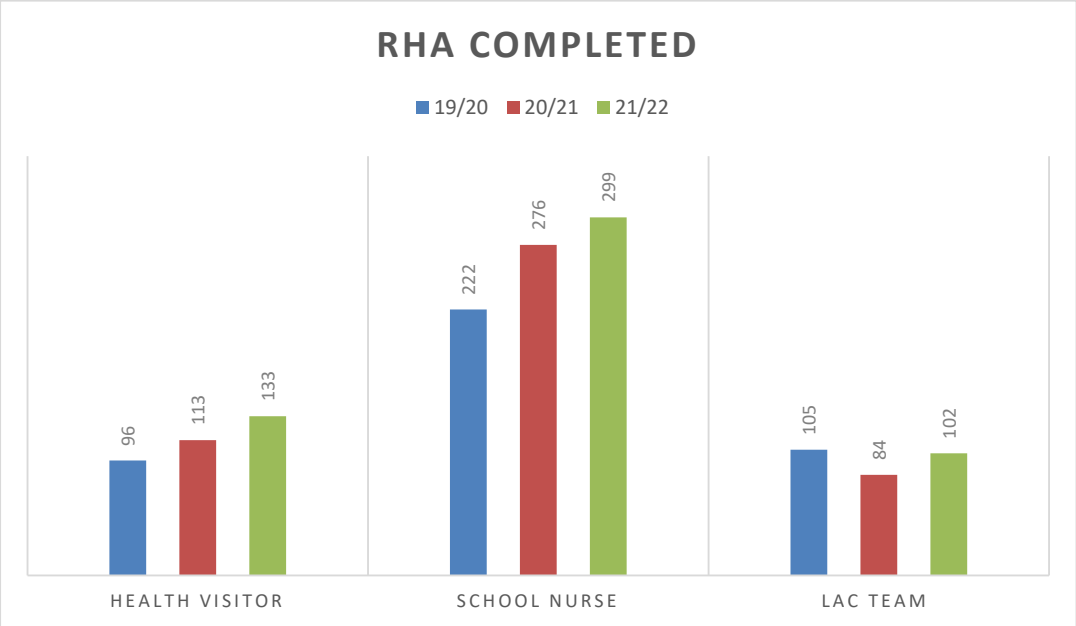
Initial Health Assessments

This reporting year the Trust provided 48 clinics. Following the implementation of the additional consultant hours there has been a significant improvement in performance with many breaches being outside the trusts influence. Following initial challenges in receiving requests for health assessments from the local authority in a timely way, weekly meetings with service leaders is now showing a positive an impact on performance.

Review Health Assessments

Review Health Assessments are completed by the caseload holder. In Stockport the Health Visitor completes the under 5's and the School Nurse would complete any 5-16's in mainstream education. Any 16-18 year olds or young people in specialist educational provision would be completed by the specialist Looked After Children's team.

The challenges in meeting these KPI's are now monitored within a LAC dashboard. This is providing greater oversight from managers and will feed into continuous service review.



There continues to be an overall increase in LAC related activity for both IHA and RHA work, in association with increased activity the complexity of each child and or young person continues to present challenges which need further support.

Missing from Home

Looked After Children make up a significant proportion of all children that go missing in Stockport. Ensuring that they have a multiagency plan for support is key when considering their safeguarding needs. For Stockport children there is a weekly staying safe panel for which there is health input too. This is attended by the aspire nurse or a member of the specialist LAC team will attend when this isn't possible. A process is in place to ensure that the health professional is informed and future support can be planned appropriately.

For Out of area children living in Stockport a process has been developed, following learning from a Serious Case Review, to ensure that the health professional is also notified. This has now been extended to include all Stockport looked after children as well. The team ensure that the appropriate professional receives the notification so they can review and support appropriately. This has a had significant impact on the work of both the specialist LAC team alongside the wider health economy with 923 missing notifications processed over the year.

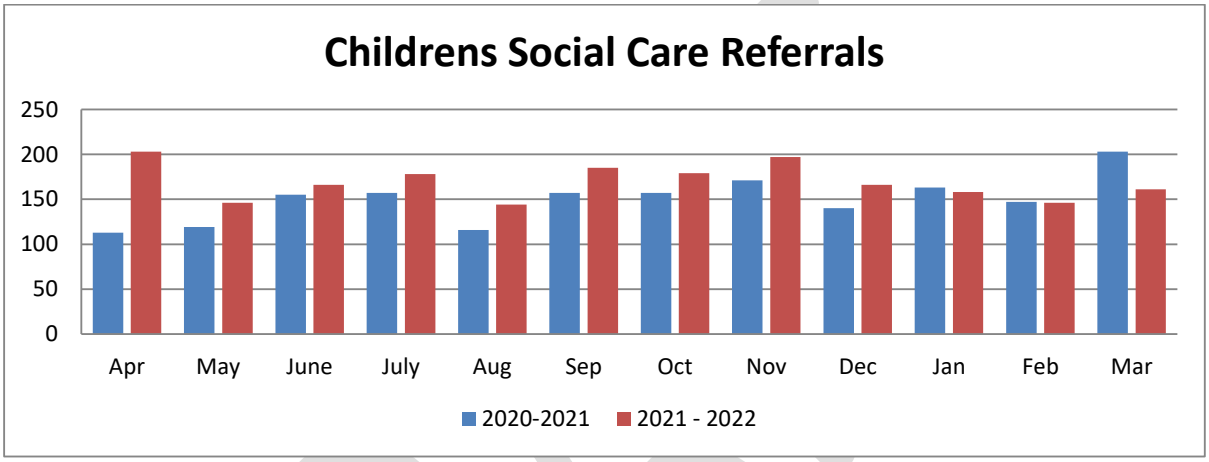
Children's and Maternity Safeguarding

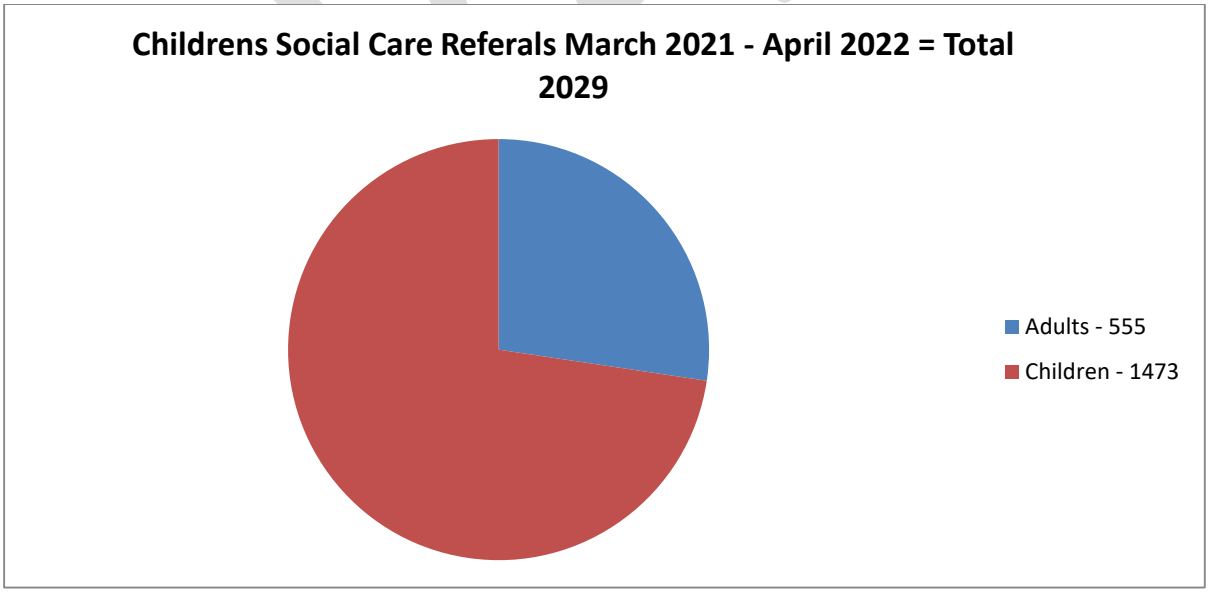
The Trust have a specialist safeguarding team which provide specialist advice, guidance and support to staff, patients, visitors, and other key agencies in the protection of children, unborn babies, and adults, they are supported by the adult safeguarding team and work in collaboration to support the needs of individuals. These specialist teams attend internal and external strategy meetings, case conferences, section 47 meetings, and other key safeguarding meetings to ensure that any lessons learned are disseminated and embedded in Trust practice and people are continued to be safeguarded.

This reporting period has seen 24,664 children and young people under the age of 18 present to the Trusts Emergency Department. 2031 referrals to children's social care (CSC) have been sent, this represents 8.2% of all children and young people attending ED result in a referral to CSC.

The referral activity has remained high across the Trust during the pandemic. The overall increase in activity is due to the developments in recognition and response within the key hot spot areas such as ED, the children's ward and some of the adult services. Ensuring the safeguarding children's team provides direct support to the departments and wards has been pivotal in developing working relationships and guiding staff through the relevant processes especially during this challenging time.

It is noted however that the Safeguarding children's team complete a proportion of the referral activity and further work has been completed within the ED to ensure that the relevant actions are completed at the time the concern is raised when the patient presents. This will ensure the right detail regarding the incident is collated at the time and the patient is updated regarding the actions taken. From review of the figures, it is noted that there has been a marked improvement within the last two quarters of the year.





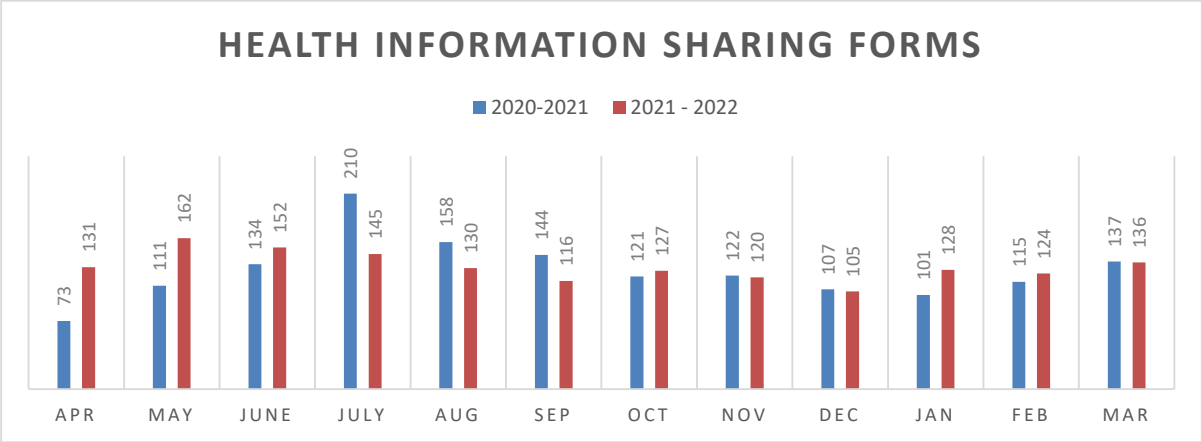
It must be noted that out of the total referrals submitted 1473 of the cases were in relation to children with the remaining 555 generated because of adults presenting to the Trust.

The Trust have referred to 53 different local authorities in the last 12 month with the top 5 locations being:

Local Authority	Number
Stockport	1542 **(75.9%)**

Derbyshire	133 **(6.5%)**
Manchester	67 **(3.3%)**
Tameside	56 **(2.7%)**
Cheshire East	52 **(2.5%)**

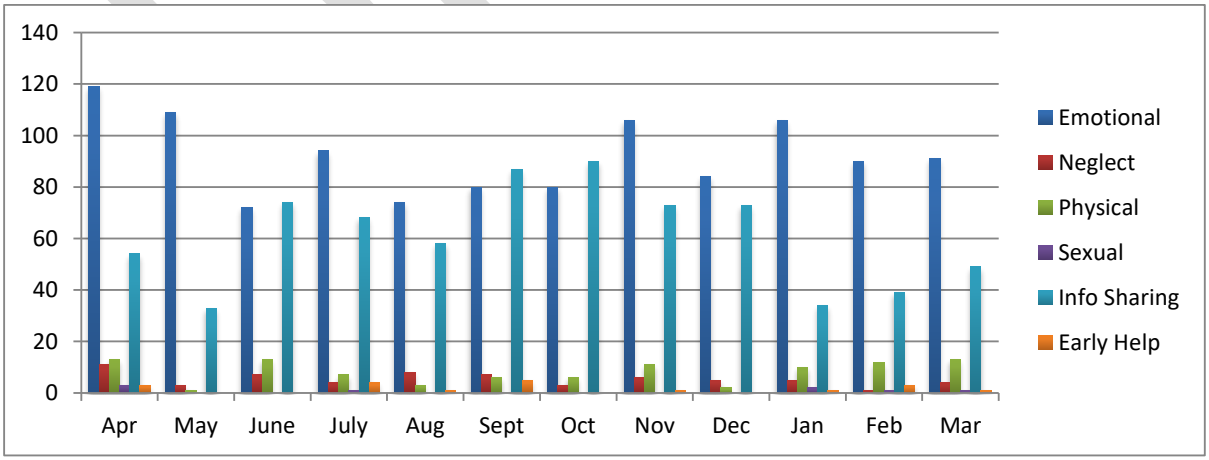
Health information sharing:



Referral Categories

The chart below highlights the category of concern regarding the patient's presentation to the organisation. It is acknowledged that a large majority of the organisation referral activity is in relation emotional harm. This is in line with the analysis of the presenting concerns which shows a high proportion of ED presentations are due to children and adults attending due to concerns for their mental health. This has become significantly more prominent during the pandemic.

A large amount of referrals have been generated for information sharing purposes. This is due to the number of presentations to the ED by children and young people that are known to services, subject to a child protection plan or they are Looked After (in and out of area placements). The organisation has a duty to ensure this information is shared with the right teams inclusive of Children's Social Care. The current method to communicate this information is by completing a safeguarding referral form to the respective Local Authority area.



Mental Health Presentations

During the pandemic the safeguarding team has noted an increase in the number of children, young people and adults presenting to the ED due to concerns for their mental health. The data below demonstrates the referral activity in relation to children and young people who have presented due to concerns for their mental

health and emotional wellbeing. In addition the safeguarding children's team reviews the cases whereby a referral is generated due to the concerns identified as part of an adult presenting to the organisation.

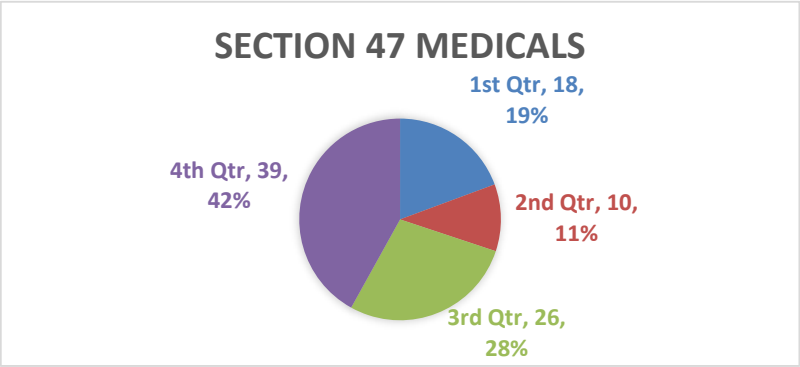
Month	CYP MH Presentations **2021 / 2022**	CYP MH Presentations 2020 / 2021	Adult MH presentations **2021 / 2022**	Adult MH presentations 2020/2021
April 2021	66		55	
May 2021	74	42	53	36
June 2021	78	52	46	42
July 2021	58	31	37	31
August 2021	40	32	48	28
September 2021	65	51	40	25
October 2021	66	45	30	23
November 2021	77	60	42	25
December 2021	59	39	23	20
January 2022	80	54	30	46
February 2022	71	59	27	26
March 2022	85	80	28	62

Emergency department attendances – pediatric liaison

The Paediatric Liaison Nurse function is an established role within the organisation. The role ensures that there is an effective communication pathway between hospitals and community services which enables children and their families to receive appropriate care and support. Within the organisation the Paediatric Liaison Nurse is based on the hospital site and reviews in detail all Emergency Department attendances of children and young people up to the age of 17years. This is to identify any potential concerns and to ensure that the appropriate community professionals and services are notified of the child or young person's presentation within a timely manner to ensure the families are in receipt of early intervention services. Dependent on the need of the family further communications may be held with other multiagency partners such as children's social care, youth offending services, mental health services, and drug and alcohol services. The detail below captures the activity for this reporting year and with the comparative data from the previous 2 years.

Emergency department Attendances 0 – 17yrs (2021/2022)		**2020 / 2021**	**2019 / 2020**
April 2021	**1801**	**595**	**1702**
May 2021	**2095**	**876**	**1824**
June 2021	**2079**	**1024**	**1673**
July 2021	**2431**	**1075**	**1776**
August 2021	**1623**	**1204**	**1206**
September 2021	**2136**	**1595**	**1734**
October 2021	1744	**1299**	**1828**
November 2021	1643	**1203**	**2256**
December 2021	**1416**	**1127**	**1674**
January 2022	**1394**	**867**	**1506**
February 2022	**1603**	**905**	**1459**
March 2022	**Awaiting Data**	**1482**	**1399**

Requests for Section 47 Child protection medicals

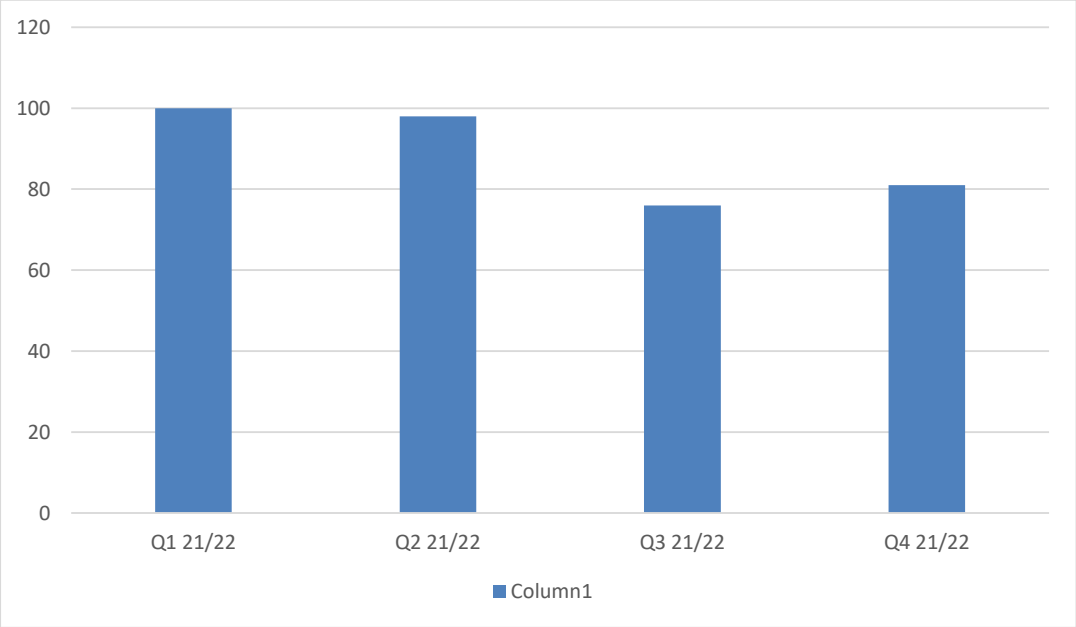


There was a total of 93 requests for S47 Child Protection medicals which is an increase from last year (2020 – 2021) where there was 87 requests (6.8 % increase).

Safeguarding Children's Supervision

Safeguarding supervision continues to be a core practice for Trust staff to protect the most at risk in the community. These sessions support practitioners with identifying safeguarding concerns, acting on them, evaluating the response and learning from cases, it also provides oversight and assurance from safeguarding professionals to support practitioners in securing the best possible outcome for all involved.

Community Vulnerable Children's Team Safeguarding supervision for Health Visitors and School Nurses compliance



Children's therapy services which include the following teams: Speech and Language, Occupational therapy, Physiotherapy, Dietetics and Children equipment and adaptions service are all 100% compliant and have supervision every 12-14 weeks.

Case holding staff consists of: Learning Disability, Diabetes, respiratory and epilepsy specialist teams are also 100% complaint with safeguarding supervision.

Non-Case holding practitioners consists of: Community nursing, Treehouse, neonatal, Emergency department, paediatric outpatients and orthoptics are also 100% compliant with safeguarding supervision.

The safeguarding teams have worked incredibly hard with teams to ensure that safeguarding supervision remains core business for all practitioners and to maintain such high levels of compliance is commended to all involved.

Safeguarding Training compliance

Safeguarding training remains a key priority for all employees at Stockport NHS FT, there is a nationally set requirement for levels of safeguarding training as appropriate to individuals' roles and responsibilities. Key learning aims and outcomes for safeguarding training are refenced in relevant Intercollegiate documents for all staff. During the reporting year safeguarding training has continued through a variety of different platforms to aide staff and reporting of this in measured regularly through divisional performance reviews and Trust Integrated Safeguarding Group. Moreover, adult safeguarding level 3 remains below the allocated target however reference must be paid to the improvements that have been made. In addition, actions to continue to improve this picture are being worked through by relevant safeguarding teams and reported through internal and external governance and assurance routes. To support the work in educating staff work is being completed on the reporting and recording system that the Trust utilises to ensure that reporting is accurate.

The safeguarding teams acknowledge that whilst an improvement is required in safeguarding training, staff are committed to protecting people to keep them safe from harm and abuse and utilise specialist teams to support them in this.

Safeguarding Adult's Training	2021-2022			
	Q1	Q2	Q3	Q4
Level 1 (TARGET 85%)	89.79	95.95	97.13%	95.61
Level 2 (TARGET: 85%)	94.56	88.33	94.02%	92.04
Level 3 (TARGET: 85%)	19.23	33.33	46.41%	54.45
Prevent WRAP 3 Training (TARGET: 95%)	95.74	89.29	90.73%	89.81%
Prevent Basic Awareness (TARGET: 95%)	92.21	95.44	96.35%	94.37%
Safeguarding Children Training	2021-2022			
	Q1	Q2	Q3	Q4
Level 1 (TARGET 85%)	91.32%	92.92%	95.12%	94.99%
Level 2 (TARGET: 85%)	94.18%	93.94%	94.96%	93.08%
Level 3 (TARGET: 85%)	83.01%	80.32%	86.04%	82.05%

Domestic Abuse / MARAC

Domestic abuse concerns across the Trust both in acute and community services continue to increase in both activity and complexity. The Trust continues to participate in MARAC meetings across Stockport, these meetings are held every 2 weeks and the Trust is represented by the vulnerable children's teams and specialist Adult safeguarding practitioner who attend to gather information to support risk assessment and planning for practitioners who have case holding responsibilities.
MARAC data

MARAC –2021/2022												
	April 2021	May 2021	June 2021	July 2021	August 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2022	Jan 2022	Feb 2022	Mar 2022
Total Cases heard	53	56	68	61	102	56	65	68	65	40	59	101
Total No. of cases with children	40	41	57	45	78	43	51	53	49	32	43	73
Total number of children	105	108	118	117	183	114	107	133	108	88	108	199
Total pregnant	1	3	5	5	8	5	0	7	1	1	4	9
Total No. of DA referrals.	2	1	4	4	3	2	2	2	1	0	1	4
Total No. of DA Notifications	161	194	117	122	160	252	200	123	123	97	80	73

Female Genital Mutilation (FGM)

The safeguarding teams continue to support the Trusts mandatory recording and reporting of FGM data on a quarterly basis. The FGM enhanced dataset requires organisations to record collect and return detailed information about FGM within the patient population, as treated by the NHS in England. There has been a total of 20 reportable cases identified between April 2021 - March 2022.

The data collected is used to produce information that helps to:

- Improve how the NHS supports women and girls who have had or who are at risk of FGM
- Plan the local NHS services needed both now and in the future
- Help other organisations e.g. local authorities to develop plans to stop FGM happening in local communities.

As part of the Level 3 training offer, the Named Midwife delivers FGM training for the Trust.

Safeguarding Learning Reviews – SAR/DHR/CSPR/RR

During the reporting year SNHSFT have contributed to several safeguarding reviews and learning events hosted by Stockport Safeguarding Board and Partnerships, the Trust is committed to identifying learning and after each of these reviews take place, action plans are created to track key areas of work and improvements to practice. These are monitored through respective safeguarding groups in the Trust and form part of supervision, training and education, objective, and strategy planning.
The Trust has been part of the Domestic Homicide Review (DHR) consideration panel where 7 cases were considered, and the Trust is part of two of these reviews. There have been no Safeguarding Adult Reviews (SAR) consider in the reporting year. The Safeguarding children's team have completed 7 rapid reviews in the reporting year, all which have highlighted learning for the Trust and wider partners, action plans continue to be monitored through the action plan review meeting.

PREVENT

There have been no Prevent concerns raised from the Trust with outside agencies into Channel panel for Quarter 4 2021/22. The Named Professional for Safeguarding Adults attends Stockport multi agency Channel panel bi-monthly, and meetings continue to be held virtual to ensure strong representation from all

Partner agencies. Information is shared upon request and the safeguarding team will assist with Channel enquiries.

The Trust also attends the Prevent steering group and supports the partnership approach to training and communication.

Direct links to training courses are listed on the Safeguarding Resource Library and shared with members of the Safeguarding Operational Group to disseminate to each of the divisions.

Quarterly Prevent returns are completed upon request and submitted to NHS England.

GM Network updates:

- More training with Health & Social Care, Housing and Voluntary, Community, Faith and Social enterprise (VCFSE) sectors are required, as most referrals come from schools. GMP note though that this may be because VCFSE/community are referring to GMP direct, where most referrals indicate mental health issues and assurance is required that these agencies are sufficiently trained.
- Prevent week of action 19-23rd Sept focused on practitioners not public -The Named Professional for Adult Safeguarding will be on planning group which will link into our community engagement plans.
- Rise in swastika symbols across a few areas following Russia invasion
- Awaiting formal peer review feedback from July 2021. The suggestion is to introduce a peer review task and finish group from Stockport Prevent Steering Group (SPSG).

PREVENT Training

Prevent training compliance is above the Trusts target although it is important to recognise there has been a gradual decline on compliance, which suggests divisions need to remind staff to refresh training when necessary. Overall training compliance is above target.

- Basic Prevent - 94.37%
- Prevent Awareness - 89.81%

Raising awareness of the Trusts contribution to the Prevent strategy is a key agenda item at the Safeguarding Adults Operational Group. Prevent information and updates are also a key topic and resources materials and Newsletters are distributed to each of the divisions bi-monthly.

Conclusion

The Trust acknowledges that this year has continued to present the people of Stockport with significant challenges both in health and social care, the Trust Integrated Safeguarding Annual Report for 21/22 highlights that although the challenges have been unprecedented the Trust continues to have safeguarding as core business and have continued to support the most at risk in society. The annual report provides assurance in how the Trust has delivered its statutory obligations to safeguard people, learn from incidents both local and national and set the objectives for the next reporting year.

Core objectives for 22/23 Year 1

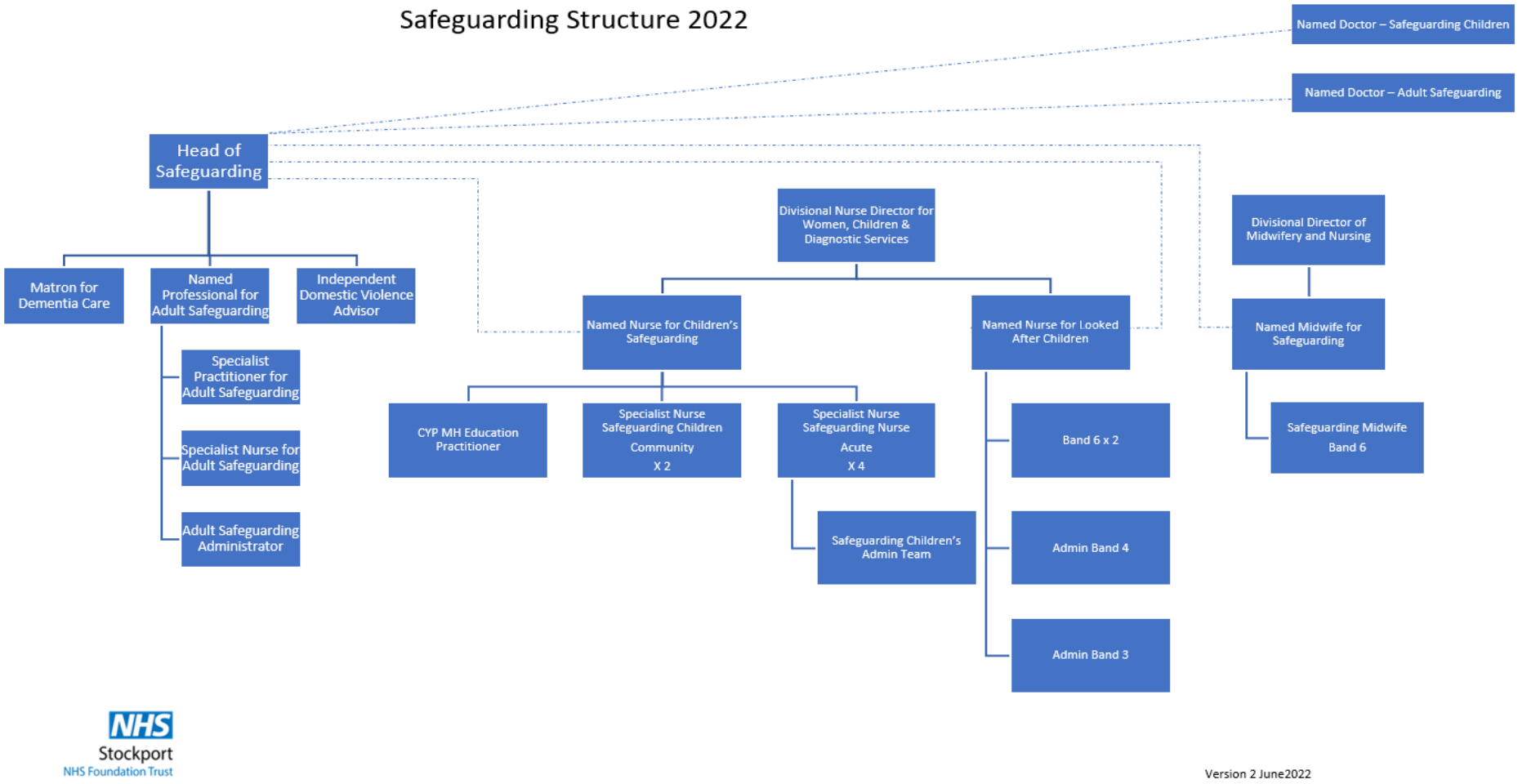
- To ensure that all safeguarding policies are current and updated to reflect legislation, local and national policy change
- Devise a Safeguarding strategy that is underpinned by a Think Family ethos
- To ensure that there is robust governance systems and processes and reporting structures for safeguarding from ward to board
- To review and potentially restructure safeguarding teams to support an integrated and sustainable approach to safeguarding that meets the needs of the patient population
- To ensure the Trust meets its regulatory, statutory safeguarding arrangements

Appendix 1

Safeguarding 2-year strategy annual update 21/22

AIM	HOW	UPDATE
Integrated Services	• Adopt the proposed Safeguarding Structure for the Trust	• The Trust approved business case for adult safeguarding team and Head of Safeguarding now in post to support with further embedding Think Family structure • Senior safeguarding team meeting each week to support integrated approach to safeguarding
Training and Supervision	• Ensure Leadership and medical staffing is compliant with intercollegiate guidelines regarding Named Doctors. • Enhance current safeguarding supervision. • Establish training Strategy based on skill-based learning. • Establish Non-Violent Resistance Training (NVR)	• SNHSFT training compliance for level 1 and 2 for both safeguarding adults and safeguarding children remain consistently high • Level 3 adults and children increased and continues to be monitored • Adult safeguarding supervision sessions now embedded • Children's safeguarding supervision is well attended across the Trust
Policy Development	• Trust wide adoption of the Domestic Abuse Strategy. • Roll out suicide and self-harm toolkit. • Mental Capacity Act to be threaded through all training and practice. • Ensure all policies, SOP's and guidelines are in date and evidence based.	• IDVA provision to support the Domestic Abuse strategy has been secured for 2 years – recruitment in progress • Safehold training in place and therapeutic intervention and enhanced supervision training package is available for staff • MCA Toolbox training being delivered, MCA DoLS training figures remain high across the Trust • Policy trackers now in place, reviewing all safeguarding related policies
Safeguarding Report	• Demonstrate compliance in line with the NHS Assurance Framework. • Develop a refined reporting process and establish a safeguarding dashboard.	• NHS Stockport CCG reviewed annual self-assessment and agreed compliance with standards, ongoing action plan to support areas for development is monitored quarterly • Work has developed in streamlining safeguarding reporting via groups, committees, and board. • Safeguarding governance review completed and terms of reference and business cycles reviewed and established
Multi-agency Working	• Partnership process mapping of Liberty Protection Safeguarding. • Implementation of Transitional Service developments from Child to Adult • Adopt the Homelessness Strategy into practice. • Develop Mental Health Strategy with Partner agencies. • Adopt the Modern Slavery Bill. • Commence the Comprehensive service review for Looked After Children.	• Trust has been represented at LPS meetings within local systems and at GM and National level • Implementation of Transitional Service developments from Child to Adult • Adopt the Homelessness Strategy into practice. • Mental health strategy developed and approved • Modern slavery statement in development • LAC service review to be planned for 22/23 in line with ICB development

Appendix 2


Safeguarding Structure 2022
Named Doctor – Safeguarding Children
Named Doctor – Adult Safeguarding
Head of Safeguarding
Matron for Dementia Care
Named Professional for Adult Safeguarding
Independent Domestic Violence Advisor
Specialist Practitioner for Adult Safeguarding
Specialist Nurse for Adult Safeguarding
Adult Safeguarding Administrator
Divisional Nurse Director for Women, Children & Diagnostic Services
Named Nurse for Children's Safeguarding
CYP MH Education Practitioner
Specialist Nurse Safeguarding Children Community X 2
Specialist Nurse Safeguarding Nurse Acute X 4
Safeguarding Children's Admin Team
Named Nurse for Looked After Children
Band 6 x 2
Admin Band 4
Admin Band 3
Divisional Director of Midwifery and Nursing
Named Midwife for Safeguarding
Safeguarding Midwife Band 6
NHS
Stockport
NHS Foundation Trust
Version 2 June2022

Purpose of Report: For Board adoption and subsequent monitoring of a plan to achieve Midwifery Continuity of carer as the default model of care.

Maternity Board Paper			
Agenda item:		**Enclosure Number:**	
Date:	13 June 2022		
Title:	**Plan to Board for Default Midwifery Continuity of Carer (MCoC) - Draft**		
Author /Sponsoring Director/Presenter	Zoe Turner (Divisional Director - Women, Children & Diagnostics) Sharon Hyde (Divisional Director of Midwifery and Nursing) Rachel Alexander-Patton (Deputy head of Midwifery + Nursing) Louise Burns (Community Matron)		

Purpose of Report		Tick all that apply ✓	
To provide assurance	√	For discussion and debate	√
For information only		For approval	√
To highlight an emerging risk or issue		For monitoring	√

Summary of Report:

This paper outlines:

- Background
- Current position including
  - Activity
  - Imports and exports
  - Current staffing
- Staffing deployment plan with time scales and recruitment plan ensuring building blocks are in place
- Framework of activities that will ensure readiness to implement and sustain MCoC
- Time frame and monitoring process.

Recommendation:

- Accept the contents of this report
- Support maternity service in delivery of transformed model of care.
- National guidance requires quarterly monitoring of this plan – agree for return of plan to board on a quarterly basis for review

Background:

Midwifery Continuity of Carer has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long

Term Plan, the ambition for the NHS in England is for Continuity of Carer to be the default model of care for maternity services, and available to all pregnant women in England. Where safe staffing allows and the building blocks are in place**.**

What does it mean to offer Midwifery Continuity of Carer as the 'default model of care'?

In line with *Better Births* and the *NHS Long Term Plan*, all women should be offered the opportunity to receive the benefits of Continuity of Carer across antenatal, intrapartum, and postnatal care. However, not all women will be in a position to receive continuity of carer, through choosing to receive some of their care at another maternity service. In a small number of cases, women will be offered a transfer of care to a specialist service for maternal / fetal medicine reasons.

Providing Continuity of Carer at Stockport by default therefore means:

- Offering MCoC to all vulnerable women as early as possible and within an enhanced team
- Offering MCoC to all women as early as possible in pregnancy
- Putting in place clinical capacity to provide Continuity of Carer to all those eligible to receive antenatal, intrapartum and postnatal care from Stockport Midwives.

Maternity services and LMS (or LMNS) are asked to prepare a plan to reach a position where midwifery Continuity of Carer is the default position model of care available to all women to:

- Improve the overall experience of maternity care and clinical outcomes for vulnerable women & families
- Continue to improve the overall experience of maternity care and clinical outcomes for women receiving Midwifery led care
- Support labour and birth as a physiological process and ensure the provision of informed individual choice in birth for women.
- Improve experiences and job satisfaction of Midwives providing care.
- Become the default model of care delivery for women choosing intrapartum care at Stockport

As a first step, Local Maternity Systems (or and neonatal systems) agree a local plan that includes putting in place the 'building blocks' for sustainable models of Continuity of Carer by March 2022; so that Continuity of Carer is the default model of care offered to all women. This

plan will include:

- The **number of women** that can be expected to receive continuity of carer, when offered as the default model of care
- **When** this will be achieved, with a redeployment plan into MCoC teams to meet this level of provision, that is phased alongside the fulfilment of safe staffing levels
- **How** continuity of carer teams are established in compliance with national principles and standards, to ensure high levels of relational continuity
- How **rollout will be prioritised** to those most likely to experience poor outcomes, including the development of enhanced models of continuity of carer
- **How care will be monitored locally**, and providers ensure accurate and complete reporting on provision of continuity of carer using the Maternity Services Data Set
- **Building blocks** that demonstrate readiness for implementation and sustainability assessment – ensuring all the key building blocks are in place.

Current position:

Stockport NHS Foundation Trust currently provides maternity services across Stockport and the High Peak.

From the start of Covid (March 2020) the service has also been providing intrapartum and inpatient care to women booked at East Cheshire (360 births/annum)

In 2021/22 the service had 3370 women booking for care, 889 women intended to birth elsewhere and 320 out of area referrals. Total births 3413 births

Since Better Births (2016) Stockport's developments within maternity services to improve relational based care and build sustainable models of MCoC initially focused on the development of a low risk MCoC teams.

The offer was increased to include MCoC during the intrapartum period for those eligible to use the birth centre. This incorporated the integration of services, more choice and personalisation of care. Within the context of MCoC targets at the time, this model of care was developed within existing resources and negated the need for whole system change. Existing caseloads, skill mix, individual motivation towards the provision of MCoC and existing expertise in low risk care was used to facilitate three low risk Community midwifery teams:

- Luna
- Juno
- High Peak

Through Covid the service maintained the provision of all three MCoC teams, however due to staffing challenges and Covid related absences intrapartum care was not always achievable, this is reflected in the monthly submission to Greater Manchester and East Cheshire Continuity of Carer working group (GMEC CoC)

In response to the national MCoC recommendation to prioritise roll out of MCoC to those most

likely to experience poor outcomes including families from ethnic minority communities and those living in areas of high social vulnerability (November 2021). Stockport is in the process of developing an enhanced team (CORA) which will increase the MCoC teams to four, this team is currently in place providing Antenatal and Postnatal care

The team was developed in the Brinnington & Central geographical area as this was identified as the most deprived area in GM according to IMD 2019 EYFS Ward Level dashboard 2018 (tableau.nhs.uk). Brinnington specifically has been targeted within Stockport's Startwell strategy with the recognition that optimal development begins during pregnancy. As a result the CORA team model enables the promotion of collaborative working with families using continuity of carer as a key enabler to address health inequalities.

Current MCoC Data: (snapshot)

In August 2021: (total comprised from the 3 low risk teams and enhanced CORA team)

- 52% of women were booked onto a MCoC pathway
- 15% of women (were in full receipt of MCoC)
- 55% of women from ethnic minorities
- 60% of women from the lowest decile of deprivation.

In December 2021

- 53% of women were booked onto a MCoC pathway
- 13% of women (were in full receipt of MCoC)
- 72% of women from ethnic minorities
- 68% of women from the lowest decile of deprivation.

In February 2022

- 50% of women were booked onto a MCoC pathway
- 4% of women (were in full receipt of MCoC)
- 59% of women from ethnic minorities
- 64% of women from the lowest decile of deprivation.

In response to the final Ockenden report Stockport have concluded that they can meet the safe minimum staffing requirements to sustain the existing MCoC provisions but will cease further roll out and continue to support at the current level of provision until safe minimum staffing requirement levels are met.

The Plan:

Based on actual births in 2021/22 - 3413 (excluding East Cheshire) 3093 women will be eligible to receive MCoC when this becomes the default model of care in Stockport. (See appendix B)

The remainder of women are 'out of area' and receive care from other maternity services and

are unlikely to change their position due to (tertiary referral/geography), including 8.2% attrition this equates to 1486 women.

Out of the 3093 – 7% are Black, Asian, or Mixed ethnicity.

Data shows the Black Asian and mixed ethnicity families mainly live in a clearly defined geographical area in Stockport. For this reason the caseload of Shaw Heath has been included within criteria for enhanced MCoC. There is also the capacity to refer other minority ethnic women who would benefit from MCoC including early help during pregnancy to the CORA team from other caseloads including asylum seekers and migrants.

Out of the 3093 - 12% are from the bottom decile of deprivation in Stockport

Data shows the most vulnerable families mainly live in a clearly defined geographical area in Stockport. For this reason the caseload of Brinnington has been included within criteria for enhanced MCoC.

The capacity to refer to the enhanced MCoC team also applies to women and vulnerable families living within a Stockport postcode elsewhere (see SOP for referral criteria and process)

In line with the above, the plan for Stockport is to rebuild the existing teams with a focus on deprivation and ethnicity initially and then mixed risk teams to ensure that women and their families likely to experience poorer outcomes are targeted for receipt of MCoC as a priority

Three teams with a focus on deprivation and enhanced care will be described as 'CORA' teams - based on the existing CORA social model of enhanced midwifery care and working closely with partners in the community to offer a holistic family approach/. Although only 1 area in Stockport (Brinnington) is in the lowest decile, there are pockets of deprivation across the borough, and therefore a further two 'CORA' enhanced teams will be established. The remaining teams will be mixed risk.

To this effect; an additional two teams will be developed incrementally and as staffing and funding allows

CORA 1 – April 2022 (within existing resource) focusing on 'early help' in pregnancy and a Team around Family coordinated approach. This team is currently providing Antenatal and Postnatal care with a plan to roll out intrapartum care in 2022/23 following the upskilling of midwifery teams.

CORA 2 – (with staffing redeployment/recruitment) will focus on communication needs and poor access to safe maternity care (and will include asylum seekers, neurodiversity, marginalised groups)

CORA 3 – (with additional staffing from recruitment) will focus on vulnerability arising from previous poor outcome/bereavement 'rainbow', high risk pregnancies

9 MIXED RISK TEAMS – adapt existing low risk teams to all risk model (with additional staffing from recruitment)

The CORA teams will run simultaneously with the low risk community teams with the latter informing the building blocks for transformation and training to enable a default MCoC model for

all women in the longer term.

The low risk teams will adapt to become all risk MCoC teams following establishment of the enhanced teams. This will also occur when capacity for increased midwifery staffing is in place and essential training to support the MCoC model has established and embedded.

We will deliver our offer over 6 waves. Based on best evidence we will prioritise the CORA team model for those most likely to experience poorer outcomes in maternity care in the first instance.

- Stockport NHSFT aims to provide MCoC to 250 vulnerable women within CORA 1
- Stockport NHSFT aims to provide MCoC to 250 vulnerable women within CORA 2
- Stockport NHSFT aims to provide MCoC to 250 vulnerable women within CORA 3

This equates to 750 women (24.6%) in addition to the number of women in receipt of low risk MCoC

- Each enhanced team will incorporate 8 Midwives (7.16) WTE
- Midwives will work autonomously to ensure effective care and appropriate referral and liaison within Stockport Family and specialist services
- Each team will have an allocated band 4 Assistant Practitioner.
- Families will get the opportunity to meet all midwives in the team at various 'Meet the midwife' events. In this way, a woman will recognise the midwife caring for her in labour.
- Women should encounter no more than four midwives throughout their pregnancy and birth journey
- Each Midwife will have a caseload size of 1:36 to enable facilitation of MCoC and the on call process required to sustain this. (The BR plus model calculated establishments within a traditional delivery model for community based teams in the absence of intrapartum care 1:100)

Stockport Community caseloads are based on pregnant women within a particular geographical area (GP linked) and so include those women choosing to birth elsewhere yet receiving their antenatal and postnatal care from community midwives exports.

Up to 15% of total caseloads comprise of women booked to deliver elsewhere yet who live in Stockport and receive antenatal and postnatal care from the Stockport team. This number would need to be factored into staff planning

The above negates all (15%) women being able to receive full MCoC – maximum 85% probable eligibility for MCoC

MCoC teams will be prioritised for roll out in the highest areas of Black, Asian and Mixed ethnicity populations and the postcodes of the lowest deciles as mapped in our Perinatal Equity and Equality Analysis. This ensures that we target women who are most likely to experience adverse outcomes first.

The planning guidance sets out that building blocks need to be in place prior to and during rollout of MCoC. They are set out as a readiness to implement and sustain MCoC assessment

framework (appendix A of the planning guidance and this document). This provides an opportunity to RAG status all the building blocks that need to be in place to achieve and monitor sustained transformation. These building blocks are the key elements in the plan to roll out MCoC from the current position to default MCoC for most women.

Safe staffing:

The services refreshed BR plus assessment funded by the LMS in GMEC in 20/21 incorporating core services and continuity of carer at 51% recommended an increase in establishments of 2.35 wte.

In addition to this the trust received Ockenden funding which increased the overall establishment by a further 11.40 wte Midwives increasing the total funded establishment to 157.66wte (B5-8C)

Our current staff in post is 154.66 wte; Current vacancy rate is 3.0 wte, which have successfully been recruited to.

Current position:

Funded Establishment	In post	Vacancy
157.66 wte (B5-8C)	154.77 wte	3wte (2 community, 1 DS)

The calculations from the Continuity of carer workforce modelling tool (Appendix C) show that we require 22.22 wte midwives over 6 waves to achieve full scale MCoC of 3093 eligible women (based on in area births)

Plan to recruit in waves to the 22.22 wte deficit, subject to funding;

Wave 1 2022 –recruit to current vacancy 3 wte

Wave 2 22/23 – 5.32wte

Wave 3 23/24 – 4.66wte

Wave 4 24/25 – 6.32wte

Wave 5 25/26 – 5.92wte

Strategic Staffing report submitted to Board by the deputy chief nurse biannually.

Stockport maternity service is involved in a GMEC review on the roles of the maternity support worker. It involves all support workers completing competencies and will provide consistency across the region in relation to the job description and remuneration.

Robust plan in place to recruit to turnover and continued recruitment forecast in place as submitted in line with Ockenden Stockport maternity services are actively involved in the international recruitment of midwives as a part of the North West collaboration.
Planning spreadsheet demonstrating who will receive care where and ratios to evidence safety *You can use the one in the toolkit*
We will develop our offer over 6 waves. Based on best evidence our MCoC teams will comprise of 2 CORA teams and the remaining 10 teams will be mixed risk geographically teams, where the lead midwife will follow the woman as necessary/ appropriate where specialist input is required. We have used the NHSE/I toolkit to plan the phased role out. (Appendix B). This will demonstrate, time frames for roll out, recruitment plan – (how many midwives and when). The toolkit account for staffing ratios, demonstrating planned safe staffing at any given time during this process, providing assurance that appropriate staffing ratios have been considered in this plan. We currently have 20.6 wte midwives deployed in 3 teams, this represents wave one. In order to proceed to wave two we need to recruit to our 3 vacancies and an additional 5.32 wte midwives, reduce the Delivery suite establishment by 1wte midwife and reduce the community establishment by 8.0 wte this will enable Stockport to establish 5 continuity teams. Additional roll out of full continuity can be found in appendix B 1. We intend to under-take an evaluation at each wave to check that all our systems and processes work as per plan. We also want to observe if there are any emerging patterns such as a reduction in foot fall in postnatal ward/triage etc. We want to check there are no unintended consequences. At each phase we will use the PDSA cycle to consider if our plans need amending and make any changes accordingly.
Communication and engagement plan
MCoC has been central to the delivery of care within the community setting specifically for some time. This is in relation to the low risk MCoC model (2018/2019) • Development of an action plan with AQUA transformation team (2018/19) • 2 staff engagement events involved restorative learning circles & planning, sharing of vision • Meeting with HR re increased on-call commitments involved in the delivery of low risk MCoC • Redeployment of Midwives from the BC to support the low risk model in community • Co-production & focus meetings with MVP- scoping exercise (2021) • Regular Updates at management & directorate meetings • Recruitment incorporating MCoC as essential criteria for employment in community teams (2021)

- Co-production & discussion with Early years/Startwell colleagues (in relation to enhanced CORA team model) (2021)
- MVP survey – experience of care 2021
- Meeting with Equity Equality lead , MVP to coordinate focus of enhanced team criteria & targets
- Local restructure of community teams to accommodate low risk model & enhanced team CORA model
- Trust Board patient story MCoC (May 2021) Trust internet
- Comms – display & posters of MCoC teams and Midwives (January 2021)
- Learning circles within S Family re enhanced MCoC

PLAN going forwards: to ensure vital and early engagement & interest towards full scale MCoC

- Expression of Interest to join enhanced teams (January 2022)
- Wide distribution of draft SOP re enhanced MCoC (March 2022)
- Meeting with maternity leadership to identify working group of key leaders (March 2022)
- Identified MCoC band 7 leads from community & in patients to work collaboratively (April 2022) reporting to community matron/Deputy HOM (March 2022)
- Planned event to attract in patient staff towards MCoC – inviting recipient service user (July 2022) facilitated by matrons and PEF team
- Identified 24 hour MCoC 'buddies' to support within high risk environment – over establishment maintained within intrapartum establishment (April 2022)
- MCoC inclusive to PROMPT and all MDT training (April 2022)
- Individual learning 'Passports' for midwives working within team & identified training needs to be developed by PEF team (April 2022)
- MCoC theme of safety bus (May 2022)
- Training needs analysis developed by PEF team to support MCoC (July 2022)
- Preceptorship package from PEF team to support band 5 development beginning within teams & community (July 2022).

Skill mix planning

Following the recent recommendation by Ockenden newly qualified midwives will no longer transition in to the MCoC posted qualification, in response to this a robust preceptor programme will be developed to align the training requirements to the needs of a newly qualified midwife to be placed in a MCoC 12 months post qualification.

- The DS lead and band 7 DS coordinators form part of the MCoC working group led by the Community/In patient matrons to support the programme of change going forward
- A preceptorship programme is being developed by a community band 7 and PEF team to support MCoC and ensure a suitable programme of support is sustainable
- Initially as the MCoC midwives come into hospital to work within an all risk capacity with their caseload the establishment will be maintained. This is to ensure the MCoC

midwives are supernumerary in the first instance focusing on advocacy of the woman /birthing person.

- There will be MCoC 'buddies' available to support the MCoC midwives with process and procedure on each shift and at all times.to ensure safe practice
- Any midwives moving to the community from the hospital setting will be appropriately buddied with an experienced midwife and receive support from the band 7 team leaders
- There will be a band 4 assistant practitioner in each team to support the enhanced teams within areas of greatest need

Training

- We acknowledge training as a key building block to sustainability. Since Ockenden enabled increased capacity for training and clinical support we have increased the PEF team. As a result we have agreed they will lead the training of midwives changing practice towards MCoC and those who need updating (April 2022).

- This will begin within the enhanced teams and each MCoC will have a personal training needs analysis outlining specific competencies.

- There will be a designated MCoC Support Midwife on DS each shift to support CORA midwives working within the high Risk environment and to assist with the development of new competence and skills. This process will be overseen by the PEF team

- Three midwives from the community are in the process of developing a MCoC survival kit which will be available in digital and hard copy (This is based on the Norfolk model) for all midwives (June 2022).

- MCoC and its progress will become inclusive to mandatory education/Prompt training day (April 2022)

- Clinical supervision of caseloads began in the community in March 2022 and will include all midwives working within the MCoC model. This will be facilitated by the band 7 community team leaders

- Midwives working within the enhanced teams will also be encouraged to attend, Restorative, Solihull , Neonatal behavioural Observation (NBO) and Cultural & Diversity safety training, trauma informed practice training and Mellow Bumps parenting training to support relational working with vulnerable families

- Psychological supervision – including reflection and containment to reduce vicarious trauma associated with enhanced caseloads and vulnerability - pending SLA with psychologist from Infant Parenting team IPS (already successfully established for perinatal MH Midwives)

- Time allocated for team building and wellbeing sessions (yoga and relaxation) as midwives move to a new way of working.

- Request development support from Learning & development.

Linked Obstetrician

There is a named Obstetrician linked to CORA 1 enhanced team (with an interest in perinatal mental health). A second named Obstetrician has been linked to CORA 2 (who has been working collaboratively with community matron on aspects of equity and equality relating to asylum seekers and refugees).

It is anticipated the mixed risk teams will have a named consultant obstetrician as they evolve to become all risk. This has yet to be established and in the interim they will continue with the allocated consultants based on the geography of teams.

Standard operating Policy (SOP)

This is the Standard operating procedure to ensure the prioritisation of the roll out of enhanced MCoC teams in the first instance and a basis from which additional all risk MCoC the teams will be developed at whole scale. This is currently in draft awaiting comment prior to ratification

SOP CoC.doc

The CORA model will act as a comparative outcome measure to evidence success and the improved outcomes that MCoC all-risk case holding teams can achieve when targeting families can. This is in line with key strategic drivers: saving babies Lives (SBL), Better Births, MBRACE, NHS Long term plan and recent recommendations from the Ockenden Review (2021).

Midwifery Pay

The trust is committed to reviewing the Maternity uplift required to support ongoing costs inclusive of on call and additional mileage.
The trust intend to undertake a piece of work with finance and HR to look at the average take home pay of a midwife working in a MCoC model and that of a midwife working in the traditional model and compare the two to ensure that no midwife is financially disadvantaged. This may include using the national average of 4.5% for unsociable hours for all midwives in teams, with a different approach for those who work predominantly nights/weekends.

Estate and equipment

The enhanced CORA teams will be based in areas of known vulnerability and deprivation reflecting the Stockport Family footprint and integrated Startwell approach. The existing enhanced team is located within the Startwell centre in an area of deprivation Brinnington and this arrangement which enables integrated working with families will remain.

Pending Stockport's bid relating to community hubs It is anticipated the enhanced MCoC teams will be affiliated with the Startwell community hubs initiative (March 2022) with the expense

retained by the local authority CCG current arrangement.

CORA team 1 will remain within its origin – Brinnington – December 2022

CORA team 2 will create a base hub at Abacus Startwell – March 2023

Until detail is known regarding community hubs Midwives within co existing low risk MCoC teams will continue to work form GP surgeries for the purpose of facilitating AN clinics. As caseloads are reduced to incorporate an all risk model (when staffing and training allows) it may be more difficult to accommodate the number of midwives within the team creating a capacity issue.

Potential team hubs (accommodation and potential overflow clinics) for other MCoC teams:

- Aveta – Hulme Hall HC
- Luna – Abacus CC
- Juno – H Norris HC
- Marple Woodley HC

We have successfully completed a submission paper for additional equipment required and are working with finance to facilitate this. This will include resources to specifically support women with increased vulnerability relating to impaired communication and access to care. This is as a result of ethnicity, refugee status neurodiversity learning needs and specific marginalised groups

Review Process

1. The plan will go to Board on 4th August 2022 for final approval.
2. The plan will be reviewed quarterly at Quality Committee for assurance and escalation to Board and quarterly to the LMS and ICB for assurance.

Appendix A Readiness to implement and sustain MCoC assessment framework:

Item	Detail/Notes	RAG
	The plan needs to written first and presented to board. The remainder of the work should roll out in accordance to specific Trust needs. Work that is already in place should not need to cease unless there is an urgent reason to do so.	
Planning spreadsheet	Demonstrates safety from a staffing perspective: • How many women can receive MCoC -reviewing in area and out of area, cross boundary movement. • Where women are cared for at any given time, now and in MCoC models (see NHSE/I toolkit for example of this.	

	• Midwifery deployment plan for MCoC including timescales and recruitment plan for a phased scale up to default position.	
Safe Staffing	• How many midwives required • How many in post • Recruitment plan to optimal midwifery staffing with time frames	
Communication and engagement	• Provides evidence of staff engagement and logs responses/counter responses • Gives opportunity to share vision • Whether or not you plan to do a consultation	
Skill mix	• Review of skill mix, including number of band 5 midwives placed in MCoC team. B5 midwives those working in the core ensuring appropriate support throughout. Band 5 (usually 1 per team) report being very well supported whilst undertaking preceptor programme. • Appropriate and planned use of MSW particularly in teams working in areas of greatest need. • Ensure preparedness of band 7 DS coordinators to support programme of change.	
Training	Each midwife has planning on working in the team has a personal Training Needs Analysis (TNA) examples planned for the tool kit or existing ones can be used.	
Team building	Time allocated for team building and softer midwifery development as midwives move to a new way of working. Consider organisational development support	
Linked Obstetrician	Has there been obstetric involvement and linked obstetricians identified? Is the referral to obstetrician process clearly set out in the SOP as well as other clinical guidance?	
Standard Operating Policy (SOP)	Each Trust needs a SOP that outlines roles and responsibilities to support delivery of care in this way, it should pass through the maternity service governance processes as with other guidance documents.	
Pay	RCM requests that no midwife should be financially disadvantaged for working in this way. Each Trust needs to review and manage but there is helpful information in the NHSE/I toolkit	
Estate and equipment	Place for midwives to see women. Equipment with which to provide care. Where problems are encountered this should be escalated at Trust Board quarterly review and to ICS.	
Evaluation	There will be local, regional, and national evaluation and reporting in place. Is there a system for this to occur smoothly?	

Review Process	Date for initial plan to be review by Trust Board. Quarterly review dates set. Dates set for LMS and regional and national review.	

Appendix B – Staffing deployment plan to deliver MCoC with dates and recruitment plan.

Stockport staffing deployment plan Fina

Appendix C – Continuity of carer workforce modelling tool

Stockport MCoC WORKFORCE TOOL 2

Stockport NHS Foundation Trust

Meeting date	4 August 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Audit Committee Key Issue & Assurance Report					
Lead Director	John Graham, Director of Finance		Author	Lisa Byers, Assistant Director of Finance		

Recommendations made / Decisions requested

The Board of Directors is asked to:

- **Review and confirm the Audit Committee Key Issues & Assurance Report from the meetings held on 26th May 2022, 21st June 2022 and 14th July 2022.**
- **Review and approve the outcome of the Annual Review of Audit Committee 2021/22 including approval of the Terms of Reference and Work Plan 2022/23.**

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

		PR2.1	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		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 sections
Sustainability (including environmental impacts)	N/A

Executive Summary

The Board of Directors has established an Audit Committee to review the establishment and maintenance of an effective system of governance and internal control; ensure there is an effective internal audit function established; consider the findings of the External Auditor; and review and approve for audit the annual report and annual accounts.

The committee reports to the Board of Directors by means of a Key Issues & Assurance Report summarising business conducted by the committee together with key actions and/or risks.

A report is provided for the Board of Directors of the key matters and decisions from the meetings of the Audit Committee held on 26th May 2022, 21st June 2022 and 14th July 2022.

The Audit Committee Annual Review 2021/22 is presented to the Board of Directors, including the Terms of Reference and Work Plan for approval.

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT Audit Committee 26th May 2022
The Audit Committee draws the following matters to the Board of Director's attention -

Issue	Committee Update	Assurance received	Action	Timescale
Audit Committee Work plan 2022/23	The Committee received the 2022/23 Audit Committee Work plan.	The Committee reviewed the Audit Committee Work Plan for 2022/23 and agreed to re-profile the Clinical Audit review to later in the financial year.	To move the Clinical Audit Review to Quarter 3 2022/23	June 2022
Internal Audit Progress Report	The Committee received a report of: • Progress against Plan • Internal Audit Reports • Follow up Tracker • Internal Audit Plan 2022/23 • Head of Internal Audit Opinion	The Committee received assurance that reviews are progressing well. There were no significant issues to report on outstanding follow up actions. The Internal Audit progress against plan report was discussed and noted. The Committee received assurance on the timings of the outstanding 2021/22 audits and that this will have no impact on the Head of Internal Audit opinion. The Committee received assurance that the 2022/23 work plan was a more balanced workload and had already been agreed. The Committee received substantial assurance on the Key Financial Systems Review. The Committee received moderate assurance on the Payroll Overpayments Review because there was one high risk recommendation. The Committee received substantial assurance on the IM&T Software Licence	A follow up review and detailed briefing note on the payroll monitoring of the contract with ELFS to be included in the 2022/23 work plan.	July 2022

		Management Review. The Committee received high assurance on the Niche Review with evidence that 48 from 49 recommendations complete with the remaining review partially complete and in progress. The Committee reviewed and noted the Internal Audit Plan for 2022/23.		
Internal Audit Counter Fraud Report	The Committee received a report of: • Anti-Fraud Progress Report • Anti-Fraud Annual Report • Head of Internal Audit Opinion	The MIAA counter fraud report was received and progress against work plan noted and approved. The Committee received assurance that the Trust had reviewed all fraud notices and that there had been no impact to the Trust. The Committee received assurance that the Trust is receiving referrals to the Anti-Fraud service. A benchmarking report will be provided in 2022/23 to compare referrals to other Trusts. The Committee received substantial assurance in the Head of Internal Audit opinion that there was a good system of internal control designed to meet the organisation's objectives and that controls were generally being applied consistently	Benchmarking report to be produced on the number of referrals to Counter Fraud	2022/23
Conflict of Interests Report	The Committee received a report on the Conflict of Interests compliance.	The Committee noted the report and received assurance that an Internal Audit Review was due in 2022/23. In view of the revised processes it was discussed if the timing of this audit was correct in Quarter 2.	MIAA agreed to review the timing of the Conflicts of Interest audit	June 2022

Review of Waivers	The Committee received a report of waivers for the period November 2021 to March 2022.	The Committee noted the report and received assurance that all waivers were issued in accordance with Standing Financial Instructions. The Committee received assurance about the use of non-framework suppliers and that this was sometimes necessary where the Procurement department were able to secure better prices.		
Annual Report and Accounts 2021/2022	The Committee received reports on: • Draft Annual Governance Statement/Self Certification 2021-22; • Draft Annual Report; • Draft Annual Accounts; • Key Accounting Issue Report; • Going Concern Preparation	The Committee reviewed the Annual Governance Statement and received assurance that it correctly reflected the Trust position. The Committee received an update on the licence conditions that the Trust were still subject to and that this was considered within the AGS. The Committee considered and noted the key accounting issues relevant to the 2021/22 Annual Accounts. The Committee reviewed and noted the Draft Annual Report The Committee reviewed and noted the draft Annual Accounts and received assurance on the final accounts processes and timetable to deliver audited accounts by the 22nd June 2022. The Committee supported the declaration that the Trust continued to adopt the going concern basis in the preparation of the accounts.	The Committee agreed it could recommend the draft AGS to the Board of Directors for approval. The Committee agreed to provide any comments on the Draft Annual Report to the Deputy Company Secretary. The Director of Finance to review the financial outturn section narrative.	June 2022 3rd June 2022 21st June 2022
External Audit Annual Report.	The Committee received a verbal update on the external audit of the Annual Report and Accounts 2021/2022.	The Committee received assurance that Mazars were comfortable with the progress of the external audit for 2021/2022 and the going concern basis adopted. It was also	External Audit Report to be submitted to the June Audit Committee	21st June 2022

		assured that they expected to be able to deliver an audit opinion by the 22nd June 2022.		
Risk Management Committee Summary Report	The Committee received: • a report on the work of the Risk Committee • a list of significant risks at the 1st May 2022	The Committee noted the report of the work of the Risk Committee.		
Trust Committee updates	The Committee received verbal reports from the Chairs of key Board Committees.	The Committee noted the key risks identified in other Board Committees from the Chairs of the Finance and Performance, People Performance and Quality Committees. The Committee received assurance that the Trust risk register reflected the expected deterioration of the Trust cash position in the Annual Plan for 2022/23 and that this was regularly reviewed for the Risk Management Committee.		

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT Audit Committee 21st June 2022
The Audit Committee draws the following matters to the Board of Director's attention -

Issue	Committee Update	Assurance received	Action	Timescale
Approval of Annual Accounts and Annual Report 2021/2022	The Committee received a report of: • Annual Report including Annual Governance Statement; • Annual Accounts • Management Representation Letter • Head of Internal Audit Opinion	The Committee had previously considered the Annual Report and Annual Governance Statement as draft and have reviewed and submitted comments. The final Annual Report and AGS was presented after these minor amendments. The Committee recommended the final Annual Report with AGS for approval by the Board for submission to NHSE&I on the 22nd June 2022.	The Committee recommended the Annual Report (with AGS) and Annual Accounts 2021/2022 to the Board for approval	21st June 2022
		The Committee received an update to the Annual Accounts as previously presented at the 26th May 2022 Committee. The Committee were assured that there were no changes to the key financial statements with minor presentational and comparative year changes.	The Committee recommended the Annual Accounts to the Board for approval	21st June 2022
		The Committee received a draft of the Letter of Representation to be submitted to Mazars on the 2021/2022 Annual Accounts. The Committee discussed the unadjusted misstatements reported within the Letter of Representation and External Audit ISA 260 and the Trust response. The Committee noted and approved the Management Letter of Representation on the 2021/2022 Annual Accounts.	The Committee recommended that the Letter of Representation was signed by the Chief Executive.	21st June 2022

Internal Audit Report	The Committee received a report of: • Head of Internal Audit Opinion	The Committee received an update to the Head of Internal Audit opinion following the completion of the e-rostering internal audit review. The opinion was confirmed as substantial assurance.		
External Audit Governance Reports	The Committee received a report of: • External Audit Opinion • ISA 260 Report	The Committee received assurance on all the key risks highlighted within the Audit Annual Report on management override, revenue, expenditure and property, plant and equipment recognition, IFRS 16 disclosures and provisions. The Committee received assurance from Mazars that the Accounts were of a high standard with good working papers and that the Accounts were to be signed with an unqualified opinion. The Committee received assurance that internal controls remained robust in comparison to 2020/2021. The Committee received an update on the Value for Money report from Mazars. It also noted the reporting of the current operating licence conditions by Mazars. The Committee received assurance that the Trust was not an outlier from other comparable Trusts in the reporting of a significant risk to financial sustainability.	The Committee noted the content of the External Audit Governance Reports for 2021/22 and approved the Trust response to matters raised. The External Audit Governance Reports are to be submitted to NHSE&I together with the Trust Annual Report and Accounts for 2021/22. The Audit Committee confirmed earlier recommendations in the meeting that the Annual Report (with AGS) and Annual Accounts 2021/2022 are recommended to the Board for approval.	21st June 2022

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Audit Committee
14th July 2022

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

Issue	Committee Update	Assurance received	Action	Timescale
Approval of Audit Committee Annual Review	The Committee received a report to consider the Annual Review for 2021/22 including the revised Audit Committee Terms of Reference.	The Committee received assurance that it met its terms of reference and that its self-assessment of its effectiveness was positive. It was noted that each agenda included a requirement to review the meeting effectiveness. The timing of Audit Committees for review of Key Issues and approval of the Annual Accounts and Annual Report was discussed.	From the self-assessment, an action was agreed for the Chief Finance Officer, Company Secretary and Chair of Audit Committee to consider the reporting of the Audit Committee from the Board Assurance Committees and also how the Committee can gain assurance from third parties who manage/operate key functions.	September 2022
Internal Audit Progress Report	The Committee received a report of: • Progress against Plan • Internal Audit Reports • Follow up Tracker • Internal Audit Plan 2022/23	The Committee received assurance that reviews are progressing well. There were no significant issues to report on outstanding follow up actions. The Internal Audit progress against plan report was discussed and noted. The Committee received substantial assurance on the e-rostering audit which was noted as a considerable achievement. The Committee received substantial assurance on the Lessons Learned: Gold Command audit. The Committee received substantial assurance on the Self-Assessment element of the Data Security and Protection Toolkit	Recommendations from the Lessons Learned: Gold Command audit will be addressed in the wider EPPR review. MIAA IT expert to attend Audit Committee	EPPR review at draft stage September 2022

		and Moderate assurance on the National Data Guardian Standards. The Committee discussed the merits of the investment required to move to substantial assurance. MIAA confirmed that the Trust was not an outlier amongst other Trusts. The IT MIAA expert will attend the September Audit Committee to answer in more detail questions on this and the risk to the organisation on the moderate assurance for the areas highlighted in the report (Managing Data Access, Continuity Planning, Unsupported Systems and IT Protection). The Committee reviewed the Internal Audit Work Plan for 2022/23 and the additional work requested of MIAA. This includes the request by NHSE&I that Internal Audit conduct a Financial Controls review using the HFMA checklist. It was proposed, with NHSE&I national approval of these reviews, to move to Q3 and include within the scheduled annual Financial Systems Review. There is also a request to review the monitoring arrangements on payroll performance with ELFS. It was agreed not to include a review of Patient Letters as this area was under review and not the appropriate time. The Committee approved the additional work requests with a view to managing within the current work plan but extra days will be funded if necessary.	National discussions with NHSE&I with Internal Audit to confirm timing of HFMA Financial Controls Checklist. Ongoing review of work plan.	

Internal Audit Progress Report (continued)	The Committee received a report of: • Anti-Fraud Progress Report	The MIAA counter fraud report was received and progress against work plan noted and approved. MIAA reported that the NHS Counter Fraud Authority Functional Standard Return was submitted for Counter Fraud work completed in 2021/22. The Committee received assurance that the Trust was rated as green. The Committee received assurance that feedback is provided to the wider organisation on learning points from investigation cases.	The Committee requested feedback on the reasons for cases closing where lack of evidence was cited.	September 2022
External Audit Annual Report.	The Committee received: • External Audit Annual Report	The Committee received the final Mazars Annual Report for 2021/2022 which included their assessment of VFM.	The Committee approved the Audit Annual Report 2021/22.	
Review of Losses and Special Payments	The Committee received a report from the Director of Finance on the annual Losses and Special Payments reported in the financial statements for 2021/2022	The Committee was updated on the significant losses and special payments reported; specifically on the equipment loss recorded in the financial year. The Committee received assurance that systems and processes were in place to address equipment tracking to prevent a recurrence of the incident recorded.	The Committee approved the Losses and Special Payments report for 2021/22.	
Update on IT Continuity Planning and Unsupported Systems	The Committee received a report on IT Continuity Planning and unsupported systems.	The Committee received updated assurance on two areas of the 2021/22 Data Security and Protection (DSP) Toolkit standards in relation to IT continuity planning and unsupported systems that were rated “Moderate Assurance” in the DSP Toolkit Audit Report for 2020/21. The Committee were assured that the Trust Committees received regular updates and		

		monitoring. Business Continuity Planning is reported to the Health and Safety Committee which subsequently reports to the Quality Committee. The Annual EPPR review is presented to both the Risk Committee and Board of Directors. Digital assurance, separate from the EPPR assurance, is reported to the Digital Informatics Group and then Finance and Performance Committee.		
Risk Management Committee Summary Report	The Committee received: • a report on the work of the Risk Committee • a list of significant risks at June 2022	The Committee noted the report of the work of the Risk Committee and received assurance that the reporting of risk continue to mature and develop.		
Trust Committee updates	The Committee received verbal reports from the Chairs of key Board Committees.	The Committee noted the key risks identified in other Board Committees from the Chairs of the Finance and Performance, People Performance and Quality Committees.		

1. INTRODUCTION

1.1 The Board of Directors is asked to consider and approve the Audit Committee Annual Review, including the revised Terms of Reference and Work Plan.

2. BACKGROUND

2.1 Section 8.1 of the current Terms of Reference requires that the Terms of Reference of the Audit Committee shall be reviewed by the Board of Directors annually. The Terms of Reference were last reviewed and approved by the Board of Directors on 3 September 2020 and are therefore now due for review.

3. COMPLIANCE WITH TERMS OF REFERENCE

3.1 The Audit Committee has a well-established workplan which sets out its annual cycle of work and reporting. This is kept under regular review and updated to consider matters relevant to the responsibilities of Audit Committee.

The Audit Committee also works with the Board's other assurance committees and will receive matters for its consideration and refer matters to other committees for assurance purposes.

Appendix 1 details key matters considered at the Audit Committee during 2021/22. In addition, the Committee also requested the following deep dives / presentations, which were considered at meetings during 2021/22:

- Findings of NHSE/I Rostering Review
- Internal Due Diligence for Emergency Care Campus Business Case
- Patient clinical letter issue update
- GP letter incident update
- Staffing hub review
- Process of appointing contractors and payment mechanisms upon completion
- Policy on the use of electronic signatures
- Trust's exposure due to unsupported systems

3.2 <u>Internal Audit & Counter Fraud</u>

The Internal Audit Work Plan was delivered by Mersey Internal Audit Agency (MIAA) in line with the plan for 2021/22, subject to any adjustments agreed by the Committee.

The Committee reviews in detail the findings of Internal Audit reports, and management are asked for a specific written response to these reports. Responsible managers are also asked to attend the Audit Committee where required.

Each year, the Audit Committee receives and considers the annual Counter Fraud plan, with regular progress reports and updates and the annual Counter Fraud report provided to Committee.

The Committee has reviewed the performance of the internal audit & counter fraud function in 2021/22 and considers that this is satisfactory.

3.3 External Audit

Mazars LLP are the Trust's external auditors – having taken over this contract from the 2019/20 financial year.

The Committee reviewed the audit for 2021/22 as it progressed including final audit reports and management letters. As part of the annual audit process for 2021/22, the Chair of the Audit Committee provided Mazars with assurances from 'those charged with governance' about the arrangements put in place to:

- prevent and detect fraud; and
- comply with applicable law and regulations

3.4 Review of Annual Report and Accounts for 2021/22

The Committee considered the draft Annual Report and Accounts, including Annual Governance Statement (AGS) at its meeting in May 2022. The final Annual Report and Accounts were reviewed and recommended for approval to the Board of Directors in June 2022.

4. Committee Effectiveness

An annual assessment has been completed by members of Audit Committee and regular attendees.

The assessment included two parts; a checklist focused on committee administration and processes; the second on how well the committee operates over several categories.

The checklist focused on committee administration and processes was completed by the committee's secretary and distributed to Audit Committee members and regular attendees. The checklist was designed to elicit a simple yes or no answer to each question. There was a single 'no' answer with regards to the Audit Committee receiving regular Clinical Audit report. The assessment confirmed that Audit Committee will receive update from Quality Committee on this matter as required.

The outcome of the second part of the assessment is presented in Appendix 2. The outcome of the self-assessment was positive.

5. Attendance

Attendance at 2021/22 Audit Committee meetings is provided in Appendix 3. The Committee met on seven occasions in 2021/22 (+ two year-end meetings in May and June 2022), and all meetings were quorate.

6. Terms of Reference

A review of the draft Terms of Reference was conducted by the Audit Committee at its meeting in March 2022. In line with discussion, the revised Terms of Reference are included at Appendix 4 for presentation to the Board of Directors for approval.

7. Work Plan 2022/23

A review of the draft work plan was conducted by the Audit Committee at its meeting in March 2022 (Appendix 5).

Committee members are asked to note that the ‘year-end’ meeting dates will be determined in line with NHS England financial accounting and reporting year-end requirements 2022/23. Any subsequent change to meetings in 2023 will be communicated to members & attendees as soon as possible.

Appendix 1: Key Matters considered by Audit Committee 2021/22

AUDIT COMMITTEE 2021/22

Topic	6 Apr 2021	11 May 2021	1 Jun 2021	22 Jul 2021	23 Sep 2021	25 Nov 2021	24 Mar 2022	26 May 2022	21 June 2022
Approval of Committee Work Plan	✓	✓							
Approval of Committee Terms of Reference and Work Plan							✓		
Internal Audit Progress Report	✓	✓		✓	✓	✓	✓	✓	
Review of Internal Audit Plan	✓	✓		✓	✓	✓	✓	✓	
Internal Audit Charter							✓		
Receipt of annual Internal Audit Report and Associated Opinions		✓						✓	
Anti-Fraud Progress Report	✓	✓		✓	✓	✓	✓	✓	
Anti-Fraud Annual Report								✓	
Draft Anti-Fraud Work Plan	✓						✓		
External Audit Update Report	✓	✓		✓	✓	✓		✓	
External Audit Annual Report					✓				
External Audit Opinion and ISA260 Report			✓						✓
Audit Strategy Memorandum 2021/22							✓		
Review outstanding implementation of recommendations with significant / fundamental status	✓			✓	✓	✓	✓		
Board Assurance Framework	✓								
Review of other reports and policies as appropriate	✓								
Accounting Policies	✓	✓	✓				✓		
Key Accounting Issues Report								✓	
Review of Going Concern basis of preparation		✓	✓					✓	
Review of Annual Accounts, progress and final accounts process and timetable		✓	✓					✓	✓

Topic	6 Apr 2021	11 May 2021	1 Jun 2021	22 Jul 2021	23 Sep 2021	25 Nov 2021	24 Mar 2022	26 May 2022	21 June 2022
Management Representation Letter: Annual Accounts									✓
Review of Annual Governance Declarations / Self-Certifications								✓	
AGS and related disclosure statements		✓	✓					✓	✓
Annual Report		✓	✓					✓	✓
Approach to changes arising prior to submission of Annual Report & Accounts			✓						
Head of Internal Audit Opinion			✓					✓	✓
Standing Orders and Standing Financial Instructions for 2021/22		✓		✓					
Scheme of Reservation & Delegation			✓						
Waiver Report		✓				✓		✓	
Accounting Standards Update on IFRS 16						✓			
Losses and Special Payments			✓						
Audit Committee Annual Report				✓					
Risk Register Report				✓					
Conflicts of Interests Policy					✓				
Declaration of Interests Annual Report								✓	
Risk Management Committee Summary Report *(inc. approval of Terms of Reference and Work Plan in Mar '22)*							✓	✓	
Assurance from Board Committees	✓	✓		✓	✓	✓	✓	✓	
Audit Committee Work Plan								✓	

Appendix 2: Outcome of Audit Committee Review & Self-Assessment

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Unable to answer	Comments/Action
Theme 1 – committee focus						
The committee has set itself a series of objectives it wants to achieve this year.	2	2 / 2				I think this is the workplan Defined workplan is in place which is supported by an agreed Terms of Reference which is reviewed annually
The committee has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business.	2	2 / 2				Meetings are manageable and the Cttee maintains scrutiny on the level and quality of papers etc
Committee members contribute regularly across the range of issues discussed.	2	2 / 2				All members of the Cttee engage and contribute across the agenda
The committee is fully aware of the key sources of assurance and who provides them in support of the controls mitigating the key risks to the organisation.	2	2 / 2				We have the BAF that records this, but I don't feel we have a rigorous process of reporting against all those sources of assurance to the Audit Committee (via the Board Committees) The risk register and BAF are taken to cttee.
The committee clearly understands and receives assurances from third parties the organisation uses to manage/operate key functions – for example, financial services operated by NHS Shared Business Services, other NHS bodies, commissioning support units or private contractors.	1	1 / 3	1			This is an interesting question - it would be useful for the committee to explore who these third parties are and check whether we have assurances on each Cttee is aware of 3rd party assurances but potential for an annual paper confirming such assurances and any highlighted concerns.

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Unable to answer	Comments/Action
Equal prominence is given to both quality and financial assurance.	1	2 / 3				This has come a long way, probably still a bit more that we can do Key issues from all sub committee's are discussed at each meeting and forms part of the workplan.
Theme 2 – committee team working						
The committee has the right balance of experience, knowledge and skills to fulfil the role described in the *NHS Audit Committee Handbook.*	2	1 / 2			1	
The committee has structured is agenda to cover, quality, data quality, performance targets and financial control.	1 / 2	1 / 2				
The committee ensures that the relevant executive director/manager attends meetings to enable it to secure the required level of understanding of the reports and information it receives (i.e. the right executive lead is there to discuss risk and internal matters in their area of responsibility rather than the committee having to rely on the DoF to act as conduit to the executive team).	1 / 1	1 / 3				
Management fully briefs the committee via the assurance framework in relation to the key risks and assurances received and any gaps in control/assurance in a timely fashion thereby eradicating the potential for 'surprises'.	1	1 / 3				
Other committees provide timely and clear information in support of the committee thereby eradicating the potential for 'surprises'.	1	1 / 3				
I feel sufficiently comfortable within the committee environment to be able to express my views, doubts and opinions.	2 / 2	1				
I understand the messages being given by the organisation's assurance advisors (external audit/internal audit/counter fraud specialists).	2 / 2	2				
Internal audit contributes to the debate across the range of the agenda and not just on the papers they present.	2	2 / 2				
Members hold their assurance providers to account for late or missing assurances.	1 / 1	1 / 3				
When a decision has been made or action agreed I feel confident that it will be implemented as agreed and in line with the timescale set down.	1 / 1	1 / 3				
Theme 3 – committee effectiveness						
The quality of committee papers received allows me to perform my role effectively.	2	2 / 2				
Members provide real and genuine challenge – they do not just seek clarification and/or reassurance.	1 / 2	1 / 2				
Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints etc.	1 / 2	1 / 2				
Each agenda item is 'closed off' appropriately so that I am clear what the conclusion is; who is doing what, when and how etc and how it is being	1 / 1	1 / 3				

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Unable to answer	Comments/Action
monitored.						
At the end of each meeting we discuss the outcomes and reflect back on decision's made and what worked well, not so well etc.	1 / 1	1 / 3				
The committee provides a written summary report of its meetings to the Board.	1 / 2	1 / 1			1	
The Board challenges and understands the reporting from this committee.		2 / 2			2	
There is a formal appraisal of the committee's effectiveness each year which is evidence based and takes into account my views and external views.	1 / 2	1 / 2				
Theme 4 – committee engagement						
The committee actively challenges both management and other assurance providers during the year to gain a clear understanding of their findings.	1 / 2	1 / 2				
The committee is clear about the complementary relationship it has with other Board committees that play a role in relation to clinical governance, quality and risk management.	2	2 / 2				
The committee receives clear and timely reports from other Board committees which set out the assurances they have received and their impact (either positive or not) on the organisation's assurance framework.	2	1 / 2	1			
I can provide two examples of where we as a committee have focused on improvements to the system of internal control as a result of assurance gaps identified.	1 / 2	1 / 2				
Theme 4 – committee leadership						
The committee Chair has a positive impact on the performance of the committee.	1 / 2	1 / 1				
Committee meetings are chaired effectively and with clarity of purpose and outcome.	1 / 2	1 / 1				
The committee Chair is visible within the organisation and is considered approachable.	1	2			2	
The committee Chair allows debate to flow freely and does not assert his/her own views too strongly.	1 / 2	1 / 1				
The committee Chair provides clear and concise information to the Board on the activities of the committee and the implications of all identified gaps in assurance/control.	1 / 2	1 / 1				
Green = Response from Members / **Blue = Response from Regular Attendees**						

Appendix 3: Audit Committee 2021/22 Attendance Register

Member	Name	6 Apr 21	11 May 21	1 Jun 21	22 Jul 21	23 Sep 21	25 Nov 21	24 Mar 22	26 May 22	21 Jun 22
Core Members										
Chair of Audit Committee, Non-Executive Director	David Hopewell	Y	Y	Y	Y	Y	Y	Y	Y	Y
Chair of F&P Committee/Non-Executive Director	Catherine Anderson / Tony Bell	A	Y	Y	Y	Y	Y	Y	Y	Y
Chair of People Performance Committee/Non-Executive Director	Catherine Barber-Brown	Y	Y	Y	Y	Y	Y	Y	A	Y
Chair of Quality Committee/Non-Executive Director	Marisa Logan-Ward / Mary Moore	Y	Y	Y	Y	Y	Y	Y	Y	Y
Regular Attendees										
Chief Executive	Karen James	A	A	Y	A	Y	A	A	Y	Y
Director of Finance	John Graham	Y	Y	Y	Y	Y	Y	Y	Y	Y
Chief Nurse	Nic Firth	A	Y	A	Y	Y	Y	A	A	A
Associate Director of Finance	Andy Large	Y	Y	Y						
Acting Associate Director of Finance, Financial Services	Lisa Byers	Y	A	Y	Y	Y	Y	Y	Y	Y
Deputy Director of Finance	Kay Wiss								Y	Y
Director of Communications & Corporate Affairs	Caroline Parnell	Y	A	Y	Y	Y	Y	Y	A	Y
Company Secretary	Rebecca McCarthy					Y	A	Y	A	Y
Associate Non-Executive Director	Joanne Newton			Y			Y	Y		
MIAA	Representative from Internal Audit	Y	Y	Y	Y	Y	Y	Y	Y	N/A
MIAA	Counter-Fraud Specialist	Y	Y	N/A	Y	Y	Y	Y	Y	N/A
Mazars	Representative from External Audit	Y	Y	Y	Y	Y	Y	Y	Y	Y
Non-Executive Director	Tony Bell		Y	Y	Y	Y	Y	Y		
Was Meeting Quorate (Y/N)		**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Key										
Y	= Present									
A	= Apologies									
A (D)	= Attended as Deputy									

NHS Stockport NHS Foundation Trust

AUDIT COMMITTEE

TERMS OF REFERENCE

1. CONSTITUTION

1.1. The Board of Directors hereby resolves to appoint a Committee, to be known as the Audit Committee (the Committee).

1.2 It shall have terms of reference and powers delegated by the Board of Directors and is subject to such conditions, such as reporting to the Board of Directors, in accordance with any legislation, regulation or direction issued by the Trust.

1.3 The Audit Committee will provide report to the Council of Governors identifying any matters in respect of which it considers that action of improvement is needed and recommendation as to the action to be taken.

2. PURPOSE OF THE COMMITTEE

The overarching purpose of Audit Committee is to:

2.1 review the establishment and maintenance of an effective system of governance, and internal control, including risk management, across the whole of the organisation's activities (both clinical and non-clinical);

2.2 ensure there is an effective internal audit function established which provides appropriate independent assurance to the Committee;

2.3 review the findings of the External Auditor, as appointed by the Council of Governors, as part of its delegated authority from the Trust Board of Directors and consider the implications and management's responses to their work;

2.4 review and approve for audit the annual report (including Annual Governance Statement), annual accounts and financial statements as part of its delegated responsibility from the Board.

3. COMPOSITION & CONDUCT OF THE COMMITTEE

3.1 Membership

3.1.1 Membership will comprise:

- A non-executive director who should have recent and relevant financial experience and should be appointed Chair of the Committee by the Board.
- In addition to the Chair, the Committee shall comprise at least three non-executive directors, to include the Chair of each of the Trust's Board assurance committees.

3.1.2 The Chair of the Foundation Trust shall neither chair nor be a member of the Committee but can attend meetings by invitation of the Chair of the Committee.

3.1.3 The following shall attend the Committee meetings on a regular basis:

- Chief Executive
- Executive Director of Finance
- Deputy Director of Finance
- Associate Director of Finance (Financial Services)
- Company Secretary
- A representative of the Internal Auditors
- A representative of the External Auditors
- Counter-Fraud Lead

3.1.4 There is an expectation that members will attend all Committee meetings during the financial year. Individual attendance levels will be monitored by the Chair of the Committee who will take appropriate measures should attendance be less than 75%.

3.1.5 Nominated deputies may attend in the absence of any member; however, this shall be in an advisory capacity only and attendance of a deputy shall not count towards the attendance level set out above.

3.1.6 Executive Directors and/or senior leaders shall be invited to attend those meetings in which the Audit Committee will consider areas of risk or operation that are their responsibility.

3.2. Chair

3.2.1 The Chair of the Committee will be a Non-Executive Director with recent and relevant financial experience.

3.2.2 Another Non-Executive Director will deputise as the Chair of the Committee in the Chair's absence.

3.3 Quorum

3.3.1 A quorum will consist of at least two independent non-executive directors.

3.3.2 Members withdrawing from the meeting owing to a conflict of interest shall no longer count towards a quorum.

3.3.3 However, at the discretion of the Chair, matters and decisions deemed urgent may proceed within the absence of a quorum with any actions from that meeting being confirmed at the next full meeting.

3.4 Notice of meeting

3.4.1 Before each meeting, a notice of the meeting specifying the business proposed to be transacted and supporting papers for the business expected shall be sent by electronic mail to the usual place of business of each member, to be available at least five clear days before the meeting.

3.4.2 The Chair of the Committee may, at their discretion, allow additional agenda items and papers to be circulated after the notice of the meeting.

3.5 Frequency of meetings

3.5.1 Meetings shall be held at least five times per year, with additional meetings where necessary.

3.5.2 The External Auditor and Internal Auditor shall have the opportunity at least once per year to meet with the Audit Committee without executive directors present.

3.5.3 The Chair may at times convene additional meetings of the Committee to consider business that requires urgent attention.

3.6. Administration

3.6.1 The Trust Secretary will ensure appropriate administrative arrangements are in place and that minutes are recorded, confirmed and appropriately archived from each meeting.

4. DELEGATED AUTHORITY

The Audit Committee is authorised by the Board of Directors to:

4.1 Investigate any matter within these terms of reference.

4.2 Seek information from any Director, officer, or employee; and all Directors, officers and employees are directed to extend the fullest co-operation to the Committee in the discharge of its functions.

4.3 Within the procedures approved by the Board, obtain outside legal or other independent professional advice. The Committee is authorised by the Board of Directors to request the attendance of individuals and authorities from outside the Foundation Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.

5. RESPONSIBILITIES

5.1 Integrated governance, risk management and internal control

5.1.1 To review provision of an effective system of integrated governance, including systems for risk management and clinical audit, and internal control aligned to the overall governance agenda.

5.1.2 To maintain oversight of the Trust's risk management structures, processes and responsibilities, including the production and issue of any risk and control-related disclosure statements.

5.1.3 To review processes to ensure appropriate information flows to the Audit Committee from executive management and other Board Committees in relation to the Trust's overall internal control and risk management.

5.1.4 To review the adequacy of underlying assurance processes that indicate the degree of achievement of corporate objectives and the effectiveness of the management of principal risks. In respect of the controls in place to manage risks recorded on the Board Assurance Framework, each Board Committee (through its Chair) shall report regularly to the Audit Committee.

5.1.5 To review the adequacy of arrangements by which staff can raise issues in confidence about possible improprieties in matters of financial reporting and control and related matters or any other matters of concern.

5.1.6 To review the adequacy of the policies and procedures in respect of all local Counter-Fraud services

work**.**

5.1.7 To review the adequacy of policies and procedures for ensuring compliance with relevant regulatory, legal and code of conduct requirements.

5.2 Internal Audit & Counter Fraud

5.2.1 To review and approve the internal audit strategy and programme, ensuring that it is consistent with the needs and priorities of the organisation.

5.2.2 To oversee on an on-going basis the effective operation of internal audit in respect of:
- Adequate resourcing;
- Co-ordination with external audit;
- Meeting relevant internal audit standards;
- Providing adequate independence assurances;
- Having appropriate standing within the Foundation Trust; and
- Meeting the internal audit needs of the Foundation Trust.

5.2.3 To consider the findings of internal audit investigations and management's response and their implications and monitor progress on the implementation of recommendations.

5.2.4 To evaluate performance of the internal audit service against relevant key performance indicators on an annual basis.

5.2.5 Receive the Head of Internal Audit Opinion

5.2.6 To oversee the conduct of a market testing exercise for the appointment of an internal auditor at least once every five years and, based on the outcome, make a recommendation to the Board of Directors for award of contract.

5.2.7 To review and approve the Trust's annual Anti-Fraud workplan, ensuring that it is consistent with the needs of the organisation.

5.2.8 To satisfy itself that the organisation has adequate arrangements in place for anti-fraud, bribery and corruption that meets the NHS Counter Fraud Authority's (NHS CFA) standards. In doing so, the Audit Committee will refer any suspicious of fraud, bribery and corruption to the NHS CFA via its Anti-Fraud Specialist.

5.3 External Audit

5.3.1 To oversee, in liaison with the Council of Governors, the conduct of a market testing exercise for the appointment of an external auditor at least once every five years and, based on the outcome, make a recommendation to the Council of Governors for award of contract.

5.3.2 To assess the external auditor's work and fees in line with the contract award, and based on this assessment, make the recommendation to the Council of Governors with respect to the re-appointment or removal of the auditor. This assessment should include the review and monitoring of the external auditor's independence and objectivity and effectiveness of the audit process in light of relevant professional and regulatory standards.

5.3.3 To discuss with the external auditor, before the audit commences, the nature and scope of the audit, and ensure co-ordination, as appropriate, with other external auditors in the local health economy.

5.3.4 To review all external audit reports, including the 'auditor's annual report', together with the management response, and to monitor progress on the implementation of recommendations.

5.3.5 To develop and implement a policy on the engagement of the external auditor to supply non-audit services.

5.3.6 To consider the provision of the external audit service, the cost of the audit and any questions of resignation and dismissal of the auditors.

5.3.7 To ensure mechanisms are in place to engage with the external auditor out with the Audit Committee as maybe required.

5.4 Annual Report & Accounts

5.4.1 To review and approve for audit the Annual Accounts, before they are presented to the Board of Directors, in order to determine their completeness, objectivity, integrity and accuracy. This review will cover but is not limited to:

- The meaning and significance of the figures, notes and significant changes;
- Areas where judgment has been exercised;
- Adherence to accounting policies and practices;
- Explanation of estimates or provisions having material effect;
- The schedule of losses and special payments;
- Any unadjusted statements; and
- Any reservations and disagreements between the external auditors and management which have not been satisfactorily resolved.

5.4.2 To review and approve for audit the Annual Report and Annual Governance Statement, before they are presented to the Board of Directors, to determine completeness, objectivity, integrity and accuracy.

5.4.3 To review accounting and reporting systems on a cyclical basis for reporting to the Board of Directors, including in respect of budgetary control.

5.5 Scheme of Reservation & Delegation, Standing Financial Instructions and Standards of Business Conduct

5.5.1 To review on behalf of the Board of Directors the operation of, and proposed changes to, the Standing Orders, Scheme of Reservation & Delegation and Standing Financial Instructions.

5.5.2 To examine the circumstances of any significant departure from the requirements of any of the foregoing, and whether those departures relate to a failing, an overruling or a suspension.

5.5.3 To monitor the implementation of policy of the Standards of Business Conduct and Codes of Conduct, on behalf of the Board of Directors.

5.6 Other

5.6.1 To examine any other matter referred to the Audit Committee by the Board of Directors and to initiate investigation as determined by the Audit Committee.

5.6.2 To review each year the accounting policies of the Foundation Trust and make appropriate

recommendations to the Board of Directors.

5.6.3 Review and approve the Annual Report, Work Plans and Terms of Reference of any group/committee that reports directly to the Committee.

5.6.4 To consider the outcomes of significant reviews carried out by other bodies which include but are not limited to regulators and inspectors within the health and social care sector and professional bodies with responsibilities that relate to staff performance and functions.

6. RELATIONSHIP WITH THE BOARD OF DIRECTORS

6.1 The Committee will 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.

6.2 The Key Issues Report will be forwarded to the Board of Directors following each Committee meeting.

7. RELATIONSHIP WITH OTHER GROUPS

7.1 The Committee will receive reports, in the form of Key Issues Reports, from the following:
- Risk Management Committee

8. REVIEW

8.1 The Committee will review its terms of reference and membership annually and recommend any changes to the Board of Directors for approval.

8.2 The Committee will review the effectiveness and performance of the Committee on an annual basis and report the outcome to the Board of Directors.

Appendix 5: Audit Committee Work Plan 2022/23

			2022									2023					
	Items		**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
		Lead	**Q1**			**Q2**			**Q3**			**Q4**			**Q1**		
General																	
1.	Review the operation of, and proposed changes to, changes to the **Standing Orders, Scheme of Reservation & Delegation and Standing Financial Instructions**	Director of Finance				•							•				
2.	Board Assurance Framework review	Trust Secretary						•							•	•	
3.	To review the establishment of an annual Clinical Audit work programme and ensure effective arrangements are in place for delivery	Medical Director		•						•					•	•	
4.	To review arrangements by which staff can raise issues	Director of People & OD						•									
5.	Review of **waivers**	Director of Finance		•						•					•	•	
Internal Audit																	
6.	Oversee the conduct of a **market testing exercise for the appointment of an internal auditor** at least once every five years and, based on the outcome, make a recommendation to the Board of Directors for award of contract									•			•				
7.	**Approval of the internal audit plan and counter fraud plan** based on risk assessments	Internal Audit											• *Draft*		• *Final*	• *Final*	
8.	**Review of internal audit plan** to ensure it remains consistent with Trust priorities	Internal Audit		•		•		•		•			•		•	•	
9.	**Review of internal audit reports issued since last meeting** and major audit issues arising from audits in progress	Internal Audit		•		•		•		•			•		•	•	
10.	**Review of internal audit follow up report** including follow up of outstanding recommendations and ongoing review of key governance processes	Internal Audit		•		•		•		•			•		•	•	
11.	**Review of Local Counter Fraud specialist activities** through consideration of progress reports.	Local Counter Fraud Specialist (LCFS)		•		•		•		•			•		•	•	
12.	**Counter Fraud Annual Report**	LCFS		•											•	•	
13.	Emerging Issues (with urgent and emergent issues	Internal Audit /		•		•		•		•			•		•	•	

	reported outside of formal timetable as required)	LCFS															
External Audit																	
14.	Oversee, in liaison with the Council of Governors, the conduct of a **market testing exercise for the appointment of an external auditor** at least once every five years and, based on the outcome, make a recommendation to the Council of Governors for award of contract ***To commence in Sept 2023***																
15.	**Assess the external auditor's work and fees** and make recommendation to the Council of Governors re re-appointment or removal of the auditor ***Presented to CoG in Feb 2022***																
16.	**Approval of the external audit plan**, based on risk assessments, and the proposed fee for the next year	External Audit											•				
17.	**External Audit Update Report** including review of outstanding implementation of recommendations with significant / fundamental status as required	External Audit		•		•		•		•			•		•	•	
18.	Policy on the engagement of the External Auditor to supply non-audit services	Trust Secretary / Deputy Dir of Finance											•				
19.	Emerging Issues (with urgent and emergent issues reported outside of formal timetable as required)	External Audit		•	•	•		•		•			•		•	•	•
20.	Private discussions with Internal and External Audit (if required)	Chair		•		•		•		•			•		•	•	•
Year End Matters																	
21.	Review of **Accounting Policies**	Director of Finance											• *Draft*		•	•	
22.	Review of **annual accounts progress** and **agreement of final accounts process and timetable**	Director of Finance		•											•	•	
23.	**Annual Report and Accounts** review and recommendation to the Board	Director of Finance / Trust Secretary		• *Draft*	• *Final*										• *Draft*	• *Draft*	• *Final*
24.	**Review of Going Concern basis of preparation**	Director of Finance		•											•	•	
25.	Review **Annual Governance Statement** (AGS) **and related disclosure statements** and make recommendation to the Board	Chief Executive / Trust Secretary		• *Draft*	• *Final*										• *Draft*	• *Draft*	• *Final*

26.	Receipt of **Annual Internal Audit Annual Report and Head of Internal Audit Opinion**	Internal Audit		•											•	•	
27.	**External Audit Opinion & ISA260 Report**	External Audit			•												•
28.	**Management Representation letter: Financial Accounts**	Director of Finance			•												•
29.	Review of **losses and special payments**	Director of Finance				•											•
30.	Review **Declaration of Interests Annual Report**	Trust Secretary		•											•	•	
Board Committees																	
31.	Consider verbal reports from Committee members (items of audit interest)	Committee Chairs		•		•		•		•			•		•	•	•
Subgroups																	
32.	**Risk Management Committee** Key Issues Report	Chief Executive		•		•		•		•			•		•	•	•
Committee Business																	
33.	Review **Terms of Reference**	Chair		•		•									•	•	
34.	Review **Annual Work Plan**	Chair		•		•									•	•	
35.	Formal Committee Evaluation	Chair			•	•									•	•	
36.	Informal Review of Committee Effectiveness	Led by Chair		•	•	•		•		•			•		•	•	•

NB. Subject to NHSE/I financial accounting and reporting requirements for 2022/23 year-end meetings will take place in April & May 2023 or May & June 2023 and the work plan will be followed accordingly.