NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

6 MAY 2021

Making a difference every day.

NHS Stockport NHS Foundation Trust

Board of Directors Meeting
Thursday, 6 May 2021

Held at 9.30am via Webex

(This meeting is recorded on Webex)

AGENDA

Time			Enc	Presenting
0930	**1.**	Apologies for absence		
	2.	Declaration of Interests	*Verbal*	
0930	**3.**	Patient Story		**N Firth**
0945	**4.**	Minutes of Previous Meeting – 1 April 2021	✓	**T Warne**
0945	**5.**	Action Log	✓	**T Warne**
0950	**6.**	Chair's Report • Board Work Plan	✓ ✓	**T Warne**
1000	**7.**	Chief Executive's Report	✓	**K James**
1010	**8.**	Board Assurance Framework 2020/21	✓	**C Parnell**
	9.	**QUALITY**		
1020	9.1	IPR – Quality Section • Nursing & Midwifery Staffing Update Report	✓ ✓	**N Firth / A Loughney**
1030	9.2	Quality Committee Report	✓	**M Logan-Ward**
	10.	**OPERATIONS**		
1035	10.1	IPR – Operations Section		**J McShane**
1050	10.2	Finance & Performance Committee Report (Operations related key issues)	✓	**C Anderson**
1055		*Comfort break*		
	11.	**FINANCE**		
1105	11.1	IPR – Finance Section		**J Graham**
1115	11.2	Finance & Performance Committee Report (Finance related key issues)	✓	**C Anderson**
1120	11.3	Audit Committee Report	✓	**D Hopewell**
1125	11.4	Going Concern	✓	**J Graham**
	12.	**WORKFORCE**		
1135	12.1	IPR – Workforce Section		**E Stimpson**

1145	12.2	People Performance Committee Report	✓	**C Barber-Brown**
1150	12.3	Nurse Establishment Report	✓	**N Firth**
1200	12.4	Freedom to Speak Up Guardian Report	✓	**C Parnell**
	13.	**STRATEGIC ISSUES**		
1205	13.1	Operational Plan	✓	**A Bailey**
1215	13.2	Service Objectives	✓	**K James**
1220	13.3	Governance Development	✓	**C Parnell / N Firth / A Loughney**
	14.	**CONSENT AGENDA**		
1230	14.1	Single Gender Declaration	✓	**J McShane**
	15.	**DATE, TIME & VENUE OF NEXT MEETING**		
	15.1	Thursday, 3 June 2021, 9.30am, via Webex		
	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".*		

STOCKPORT NHS FOUNDATION TRUST

Minutes of a public meeting of the Board of Directors held remotely

at 9.30am on Thursday 1 April 2021

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Present:

Mr A Belton	Chair
Mrs C Anderson	Non-Executive Director
Mrs C Barber-Brown	Non-Executive Director
Mr J Graham	Director of Finance
Mr D Hopewell	Non-Executive Director
Mrs K James OBE	Chief Executive
Dr M Logan-Ward	Non-Executive Director
Dr A Loughney	Medical Director
Mrs J McShane	Director of Operations
Mrs M Moore	Non-Executive Director
Mr P Moore	Director of Quality Governance & Risk Assurance*
Mrs C Parnell	Director of Communications & Corporate Affairs*
Dr L Sell	Non-Executive Director

**indicates a non-voting member*

In attendance:

Mr A Bailey	Acting Director of Strategy & Planning
Mrs C Griffiths	Transformation Director, NHSE/I
Mr S Lucas	Insight Programme
Mrs E Stimpson	Acting Director of Workforce & OD

78/21 Apologies for Absence

Apologies for absence were received from Mr G Moores.

79/21 Declarations of interest

There were no declarations of interest.

80/21 Patient's story

Mrs Firth introduced a short film explaining the maternity team's approach to implementing the continuity of care programme in line with national guidance, and the experience of one woman, who gave birth at home in January 2021.

Dr Loughney explained that implementation of the programme, particularly during the pandemic, had been difficult for most organisations to achieve, but the Trust was ahead of the curve in delivery, particularly in relation to women from ethnic minorities. He explained that the annual Saving Women's Lives data shows that women from ethnic minorities often have poorer outcomes and this is partly due to access to ante-natal care, which the continuity of care programme has a big impact on improving.

In response to a query from Mrs Barber-Brown about the proportion of women from ethnic minorities accessing continuity of care, Mrs Firth said she would include the figures in future maternity dashboards presented to the Quality Committee.

Mrs Barber-Brown said implementation of continuity of care was a great achievement for the maternity team and queried how the Trust engaged with pregnant women to hear what they wanted from the programme. Mrs Firth said the maternity team had given a presentation to a recent Quality Committee about how they liaise with various groups, and Dr Loughney added that the Maternity Voice group is one of the most active patient engagement groups.

Dr Logan-Ward advised the Board that as a member of the North West Assembly for BAME she had seen information about poorer outcomes for women from ethnic minorities, and she complimented the maternity team on its work.

Mrs Anderson said it was good to see an increase in births at Stockport and she queried the influence of the temporary closure of East Cheshire maternity services on the figures. Dr Loughney said there was an increase in births due to the move but the implementation of continuity of care would also have had a positive impact. He added that the Board needed to keep the position under review as there was a risk birth numbers would reduce when the East Cheshire service re-opened.

The Board of Directors:

- noted the content of the film and the positive experience of the patient featured.

81/21 Minutes of the previous meeting

The minutes of the previous meeting held on 4 March 2021 were agreed as a true and accurate record of proceedings.

82/21 Action log

The action log was reviewed and annotated accordingly.

With regards to corporate governance Dr Logan-Ward queried the position in relation to the Board Assurance Framework (BAF) and whether there was any regulatory risk. Mrs Parnell outlined the process for the re-development of the BAF, including iterations presented to the Risk Management

Committee, review by the Executive Directors team, and circulation to Non-Executive Directors. She added that as part of end of year processes the BAF for 2020-21 would be presented to the Audit Committee on 6 April 2021 before being presented to the next Board meeting for sign off.

Dr Sell said it would be helpful to understand the BAF development process and where it was scheduled in the Board work plan, and Mrs Parnell agreed to circulate information outside of the meeting.

Mrs James said that the Board's assurance committees would need to review their individual strategic risks, and the Audit Committee would also provide additional assurance by reviewing the BAF process.

83/21 Chair's Report

Mr Belton presented a report reflecting on recent activities in relation to looking ahead and Board changes. He emphasised the importance of the Board focusing on the people agenda as the organisation moved out of the pandemic and into recovery.

On behalf of the Board he thanked all Trust staff for the work they had done over the last year in responding to the pandemic and caring for patients.

The Board of Directors:

- noted the content of the report.

84/21 Chief Executive's Report

Mrs James presented a report providing an update on local and national strategic and operational developments. She added that in response to the Government's recent White Paper around the development of ICS' there was good partnership work going on to consider how organisations across Greater Manchester and Stockport respond to the opportunities the proposed changes may provide.

Directors heard that Mrs James had been asked to join a national Chief Executives' advisory group on workforce, and she said it was important that the NHS developed supporting strategies for staff as they faced working in a rapidly changing system.

The Board was advised that the Trust's catering service had been named as one of just 14 exemplar sites – and the only one in GM – due to its commitment to improving standards of hospital food, and it would be sharing its learning with other organisations.

Mr Belton said he visited the Trust's kitchens before lockdown and had been really impressed by the team, and Mrs Anderson acknowledge the huge contribution made by Mr Duncan O'Neil in leading a team that was always striving to make improvements and was really focused on patient care.

The Board of Directors:

- noted the content of the report.

85/21 Corporate objectives – outcome measures

Mrs James reminded the Board that the corporate objectives for 2021-22 had been agreed at the previous meeting, but further work was required on quantifying the measures of successful delivery, which she would circulate to Board members outside of the meeting.

Dr Sell said she would welcome the corporate objectives being re-presented at the next meeting as she believed the document could be clearer about the Board's ambitions and how it measured success. She added that it was important the Board was clear about what it had signed up to.

Mr Belton suggested that Board members should forward their comments on the objectives and outcome measures to Mrs James outside of the meeting so that a final document could be presented at the next meeting.

The Board of Directors:

- agreed to forward comments to Mrs James to inform a final document to be presented to the next meeting.

86/21 Planning guidance

Mr Bailey gave a presentation on the latest national priorities and operational planning guidance for 2021-22, which set out the NHS' six priorities for the year and the timescales for the submission of key Trust information for the first six months of the year. He advised the Board that further details on submissions were expected shortly.

The meeting heard that the priorities had a major focus on workforce and people aspects, as they were seen as crucial to the recovery of services post-pandemic. Mr Bailey said that thresholds are being set for recovery, and currently the Trust was benchmarking well.

Directors were told that diagnostics were another key area of focus in the guidance with emphasis on the development of community diagnostic hubs. Mr Bailey said the Trust had agreed with Stockport CCG that the system was not in a position to set up such a hub up in the first year.

The meeting heard that further guidance was expected around changes to the Code of Governance for NHS Foundation Trusts and potential changes to the provider licence to make collaboration a requirement.

In response to a question from Dr Logan-Ward about the community diagnostic hubs, Mr Bailey explained that there had been a couple of regional workshops to discuss the development of the hubs outside of acute hospitals and localities had been asked to develop plans. However, there were concerns about the risks in relation to scarce workforce to operate the services, and as a system Stockport needed to do some scoping work around the options. Mr Bailey added that GM would be expected to have eight to ten hubs, but currently only Manchester and Salford FTs had put forward proposals.

With regards to the financial aspect of the guidance Mr Graham said that further clarity was required to understand the funding that would go directly to the Trust and what would go via the GM Health and Social Care Partnership. He advised the Board that the Trust would be working to the

GM set timeline for the submission of information, which was unlikely to coincide with planned Committee and Board meetings. He added that it would be important for the Trust to be clear about its financial plan in terms of managing current spending, as well as the organisation's sustainability and role as part of the Stockport place and ICS going forward.

With regards to the national guidance around workforce Mr Graham said that the Trust had done a number of things over the last year to support staff, and that focus would continue into 2021-22 as one of the constraints on delivering the Trust's plan would be the availability and resilience of its staff.

Mrs Barber-Brown commented that in the past it had been difficult to engage staff in the annual planning round and current pressures coupled with tight timescales for submissions would make this even more difficult. She also queried what plans were in place to engage the broad range of external stakeholders. Dr Sell said she would be interested to see how the Trust translated the latest information into a plan on a page with next steps and assurance around what is realistic for the organisation to deliver.

With regards to staff engagement Dr Loughney agreed it was important to engage staff in planning, and a number of clinicians were already involved in recovery planning at GM level. Mr Graham assured the Board that the organisation had been engaged in preparing its plan for 2021-22 for a number of months and it had not just waited for the national guidance. He suggested that a discussion planned for the private part of the board around significant investment in more staff was an example of that planning work.

Mrs McShane said the Trust was ahead of others in terms of planning and the assumptions it had made ahead of the national guidance, and it now had good information systems in place to monitor progress against delivery. She added that a full gap analysis of the planning guidance would be carried put over the coming weeks with the involvement of local partners.

Mrs James told the meeting that there had been a number of meetings with Stockport CCG and the local authority on how the system works with partners, and as part of the development of provider collaborative there would be broad engagement with external partners about how they will be involved going forward.

With regards to the people focus in the national guidance Mrs Stimpson advised the Board that there was a health and wellbeing presentation at the last People Performance Committee, as highlighted in the assurance committee report, which had focused on the pandemic's impact on staff. She added that preparation was underway in anticipation of the support for staff that will be required in the coming months.

In response to a query from Mrs Moore about the elective backlog and how key categories of patients are being addressed, Dr Loughney said that data about the harm reviews will be going to the Quality Committee. Mrs Moore suggested it would be helpful to have more information about how the organisation is maximising resources to address the backlog, and Mrs James said metrics could be included in the integrated performance report as part of restoration plans. Dr Sell commented that different aspects of the issue were being considered by the assurance committees

and she suggested it may be useful for the work to be brought together for the Board to look at in the round.

The Board of Directors:

- noted the content of the presentation.

87/21 Integrated Performance Report and key issues reports from Assurance Committees

Mr Belton suggested that the Board should consider the reports from the assurance committees alongside the relevant part of the integrated performance report ahead of plans to change the Board agenda in May to reflect such a format.

Quality

Mrs Firth advised the Board that the key quality indicators had been reviewed by the Quality Committee and there had been little change in month. However, she highlighted that falls with moderate or severe harm had reduced to zero in February and the incidences of pressure ulcers had also reduced, so both indicators were now back on track to achieve their improvement trajectories. Mrs Firth added that the relevant improvement trajectories will be reflected in the corporate objectives.

The meeting heard that the Trust was holding a Spring Essentials Week to reset the organisation's focus on the fundamentals of care, and this resetting process had given staff a positive boost to morale.

With regards to the mortality indicators Dr Loughney advised the Board that the investigation process into nosocomial infections was moving at pace, with around 20% of cases requiring reporting via STEIS. He added that a Medical Examiner Team had now been appointed after a period of interim arrangements, and it had representation from the hospital, GPs, hospice care and pathology. The meeting heard that the team would be focusing on end of life care and mortality standards.

Dr Loughney drew the Board's attention to the never event and advised that the circumstances around the incident were continuing to be investigated.

Mrs Barber-Brown commented that with the current lockdown restrictions it was difficult for Non-Executive Directors to triangulate quality with personal visits to services, and she highlighted activity in another organisation where Non-Executive Directors were able to digitally visit services.

Mr Belton said that it would be good to think about a programme of Non-Executive Director and governor engagement as the Covid-19 position improves, and Dr Loughney suggested that lateral flow testing may be able to help facilitate on-site visits. Mrs Barber-Brown welcomed this idea but suggested that digital options should also be considered. Mrs James said she would discuss a potential programme with Executive Directors.

In response to a query from Mrs Anderson about an apparent spike in C-section rates, Dr Loughney said he would welcome a discussion at Quality Committee as a rise in C-section rates was not an indicator in itself of poor care. He said he would rather know about C-sections that did not need to

be carried out, as well as the outcomes for mothers and babies. Mrs Anderson supported this view and Dr Logan-Ward suggested the Quality Committee could look at the indicator as part of the maternity dashboard.

Quality Committee key issues report

Dr Logan-Ward presented the key issues report and advised the Board that the committee was closely monitoring the pathology test results process, which was a large piece of work. She added that members had taken negative assurance around resuscitation trolley checks, but had been reassured that this was an absolute area of focus for the executive team.

With regards to infection prevention and control the Board heard that the committee considered this to be a positive position, particularly in relation to c.difficile, but there were some concerns around hand hygiene and antibiotic stewardship.

Dr Logan-Ward added that the committee had reviewed the CQC improvement plan, which concluded at the end of March with a small number of actions still in progress, and the committee had a major focus on waiting list harm. With regards to the BAF, Dr Logan-Ward queried whether there was any regulatory risk from the current position.

In response to a query from Mr Belton about the never event, Dr Loughney said that the investigation was on-going into the incident that related to a wrong site block. He advised the Board that there is a clear process to follow for such a procedure and the investigation would look at how embedded that processes is when minor procedures are taking place.

With regards to the BAF Mrs James said that as discussed earlier in the meeting the Trust has a BAF, and work has been going on to review its format and content following due process.

Performance

Mrs McShane advised the Board that there were incremental improvements in performance against the four hour A&E standard, despite attendances being at pre-Covid levels. With regards to diagnostic standards Directors heard that CT performance would be back on track for quarter one of the new financial year, and endoscopy performance had improved due to increased internal and external capacity.

The meeting heard that with regards to Referral to Treatment standards the pandemic had had a significant impact on the 18 week position, and it was a key area of focus for the recovery plan. The Trust had achieved the two week wait trajectory, and services were prioritising patients who had waited over a year for treatment.

In response to a question from Mrs Anderson about the focus on improving care for people with mental health issues, Mrs Firth said that a mental health operations group had been set up in partnership with Pennine Care FT, and in the emergency department the focus was now on embedding and sustaining the improvements made to mental health care. She added that system-wide a mental health board has been set up and its first meeting was held recently. Jointly chaired by Dr Loughney and the Director of Nursing for Pennine, Mrs Firth said the Board would be working

on a joint mental health strategy for Stockport. She added that a lot of work was still required to support people with mental health in the community to prevent them needing acute hospital care.

Mrs Anderson commented that the commissioning of mental health services had been an issue in the past and she queried how commissioners were involved in the partnership work. Mrs Firth assured her that the commissioners were part of the Board, along with local authority representatives.

Dr Sell welcomed the partnership approach to improving services for people with mental health issues and offered her support with the work. She said that any future mental health strategy should be presented to the Board, and suggested there was also an opportunity for drug and alcohol services to be part of the work.

In response to a question from Mrs Moore about MOAT patients, Mrs McShane explained that while significant progress had been made with partners in Stockport 20-25% of MOAT patients can be from out of the local area, and the process for MOAT patients in GM is not the same as that for other areas. The Board heard that the Trust had engaged the support of NHSE/I to try to address the position, and twice weekly meetings were now held with partners from Stockport, Derbyshire and Cheshire.

Finance

Mr Graham advised the Board that the organisation was focusing on end of year processes and further guidance was still awaited. Mrs Anderson commented that it was difficult to understand the bottom line position when the organisation did not know what income would be provided under the current financial framework and what would be delivered through the ICS.

Finance and Performance Committee key issues report

Mrs Anderson presented the key issues report and advised the meeting that most of the issues had been addressed by the Board discussions. She added that the key areas of focus had been planning, as well as performance in relation to cancer and diagnostic standards, and ward establishments. She added that the uncertainty around the financial landscape for 2021-22 was challenging.

Mrs Barber-Brown queried whether having reflected on previous patients stories the Committee should to look at the impact of patients being moved, end of life processes, and intentional rounding in the emergency department. Mrs James said that each committee should be looking at the metrics it wanted to review and these suggestions could be considered as part of those reviews.

Workforce

Mrs Stimpson said there had been little change in a number of indicators since the last meeting, but she welcomed a reduction in the sickness absence rateof almost 1% and a 5% improvement in appraisals.

People Performance Committee key issues report

Mrs Barber-Brown presented the key issues report and highlighted concerns around the low uptake of resuscitation training identified by the committee during a deep dive into role specific training, and an update would be presented to the next meeting.

She highlighted a detailed focus on the wellbeing agenda at the most recent meeting with a presentation by Jo Black, which she suggested should be presented to a future Board meeting with the results of the wellbeing framework.

In response to a query from Dr Logan-Ward about WRES outcomes, Mrs Parnell confirmed that it is on the Board's work plan as it is a requirement for the Board to review. Dr Logan-Ward said that it would be helpful to think about how the outcomes could be used to have a rich discussion about the issues they highlight.

Reflecting on the wellbeing presentation to the committee, Dr Sell queried how the leadership of the organisation was modelling behaviour that demonstrated that it was "ok not to be ok". Mrs Barber-Brown said this was highlighted in the presentation as there is a tendency for healthcare staff to soldier on, and the committee was expecting some actions in relation to this to be presented by the wellbeing group.

Mrs Stimpson added that the Trust has a leaders' wellbeing pack, which focuses not only on leaders' role in supporting the wellbeing of their teams but also on looking after themselves, and it was also a key element of the Swartz rounds. Mrs James said that when she talks to staff they often report the huddles as the most effective way of identifying issues, and Mrs Firth added that role modelling was one of the areas she had discussed with ward managers earlier in the week

Covid-19

Mrs Firth advised the Board that an establishment review of general and surgical wards had been completed and a proposal had been presented to the Finance and Performance Committee. Members heard about the development of a new accreditation tool – Stars – which will be launched in April along with the first assessments. Mrs Firth said the new scheme had been well received by staff and approved by the Quality Committee.

The meeting heard that currently five per cent of the Trust's beds were taken up with 33 Covid patients, including eight in critical care, and this reflected a continuing downward trajectory. With regards to nosocomial infections the Board was told there was just one case in the previous week, which was a significant improvement on the position earlier in the year.

Mrs Firth advised the Board that maternity services had met the deadline for the re-introduction of partners at all appointments through the use of lateral flow testing, and the current limit on patient visiting to local hospitals was being reviewed by Directors of Nursing and IPC experts across the North West. She added that the decision to re-introduce visiting will be data driven and a risk based tool was being developed.

The Board heard that leaders of NHSE/I's IPC improvement programme had visited the hospital to see the improvements that had been undertaken, and Mrs Firth said they had given very positive

feedback about the changes that had been made and embedded into services. She added that Mrs Nesta Featherstone had been asked to present the Trust's IPC improvement work at a national conference with the Chief Nursing Officer for England.

In response to a question from Mr Belton about the e.rostering Mrs Firth said there had been a significant improvement in the position in the previous month and each ward had a trajectory for improvement. Feedback from ward managers was also positive as they were starting to see e.rostering as a helpful tool to assist with running their wards.

In response to a question from Dr Sell about validation of a staffing incident, Mrs Firth confirmed that it had been reported to both the Quality Committee and People Performance Committee.

The Board of Directors:

- noted the content of the integrated performance report and assurance committees' key issues reports,
- agreed that Executive Directors would consider how to facilitate future service visits by Board members and governors,
- agreed that the Quality Committee would consider C-Section metrics as part of the maternity dashboard
- agreed that the mental health strategy being developed for Stockport would be presented to the Board, in partnership with Pennine Care FT, at the end of quarter 2.

88/21 Risk report and health and safety policy

Mrs James presented the report which gave an update on the review of the risk register, the work of the Risk Management Committee, significant risk exposures, and potential future strategic risks. She advised the Board that the committee is undertaking deep dives into the key risks identified by business groups and corporate services, and further work is required around describing the risks and how they are reported to the committee.

Directors heard that there had been a good discussion at the last committee meeting about emergency preparedness, and it had concluded that further work was required around both emergency preparedness and continuity plans. Mrs James asked the Board to approve the health and safety policy, which sets out clear responsibilities for individuals in the organisation.

Mrs Anderson commented that the risks discussed at the committee are those on which the BAF is built upon. Mrs Barber-Brown said it would be helpful to see the detail of what is being done to address over exposure to some risks. Mr Moore advised the Board that such detail is included in the reports that go to the committee, and Mrs Anderson said that key risks should be reviewed by the relevant committees of the Board, which also should be identifying any risks for review by the Risk Management Committee.

The Board of Directors:

- noted the content of the report,
- approved the health and safety policy.

89/21 Stockport System Improvement Programme

Mrs James shared a presentation that had previously been provided to the Stockport System Improvement Board (SSIB) to give assurance about progress in relation to compliance issues. She advised Directors that the information formed part of the Trust's single improvement plan, and the presentation highlighted the improvements that already been made, areas that still needed further attention, and the outcome measures the Trust expected to deliver.

The meeting heard that the mental health section still needed further work by the system to address outcome measures, and SSIB planned to undertake a deep dive into mental health at its next meeting.

Mrs Anderson suggested that the outcome measures could be tightened up, and Mrs James said it was important to understand the baseline position and then set more tangible outcome measures for delivery over the next 12 months. Mr Belton said it would be helpful to see a series of milestones to be achieved over the next year towards full delivery of the plan by March 2022. Mrs James said that in some instances there would be monthly improvements, but the improvement board would be focusing next on deep dives into mental health, the emergency department and maternity services.

Dr Logan-Ward queried how the Board could get assurance that SSIB were being assured by the information provided by the Trust, and Mrs James said that if SSIB had any concerns about the organisation's input then they would be raised with the Board by the SSIB Chair, Dr David Levy.

In response to a query from Mrs Anderson, Mrs James confirmed that the Trust has a single plan that gives a broad view of where the organisation wants to be in terms of improvement. She added that the information presented to SSIB only relates to compliance issues.

Dr Sell said she understood the deep dive approach that SSIB was undertaking but she was not clear about the milestones for the Trust's improvement across a range of areas, such as falls. Mrs Firth explained how a variety of groups, such as the falls group, develop action plans and feed reports into the Quality Committee to provide assurance about progress against those actions, and so Directors would not expect the Board to see all the detail. However, she added that key issues and progress to address them are reflected in the integrated performance report.

Dr Sell said it would helpful for the Quality Committee to have high level updates on the information that goes to SSIB, and Mrs James suggested the integrated performance report could be annotated to highlight those indicators being reviewed by SSIB.

The Board of Directors:

- noted the content of the presentation,
- agreed that the integrated performance report would be annotated to highlight those indicators reviewed by the improvement board.

90/21 Fit and proper persons declarations

Mrs Parnell presented an annual update on Board members Fit and Proper Persons declarations and the results of required external searches.

The Board of Directors:

- confirmed that all Board members has complied with the Fit and Proper Persons test.

91/21 Non-Executive Director independence

Mrs Parnell presented an annual update on Non-Executive Director declarations in relation to a number of criteria that would exclude them from being considered to be independent.

The Board of Directors:

- confirmed that it considered all Non-Executive Directors to be independent.

92/21 Register of Directors' interests

Mrs Parnell presented the annual review of members of the Board of Directors declared interests.

Mrs Anderson commented that she had found the electronic system difficult to use, particularly in relation to changing or removing declarations. Mrs Parnell acknowledged the issues and said this would be picked up with the system provider. She added that she would also be looking at alternative systems when the current contract was due for renewal.

The Board of Directors:

- received the review and confirmed that the information was accurate and up-to-date.

93/21 Appointment of Deputy Chair

Mr Belton presented a proposal by the Nominations Committee that Dr Logan-Ward be appointed as Deputy Chair from 1 April 2021. The proposal had previously been endorsed by the Council of Governors.

The Board of Directors:

- approved the appointment of Dr Logan-Ward as Deputy Chair.

94/21 Use of common seal

Mrs Parnell presented an annual update on the use of the Trust's common seal.

The Board of Directors:

- noted the use of the common seal during 2020-21.

95/21 Any other business

Mrs Anderson highlighted Mr Belton was attending his last Board meeting before standing down from the role of Chair, and on behalf of the whole Board she thanked him for the contribution he had made to the Trust and wished him well for the future.

96/21 Date and time of next meeting

The next public meeting of the Board Directors will be held remotely at 9.30am on Thursday, 6 May 2021.

97/21 Resolution

The Board resolved that:

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

Signed:…….. Date:……..

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Meeting	Minute reference	Subject	Action	Bring Forward	RO
07/01/21	11/21	Winter planning	Outcome of the winter de-brief to be report to the Board or appropriate assurance committee. **Update 4 Feb 2021** – It was agreed to consider the outcome of the winter de-brief at the May Board meeting. **Update 1 April 2021** – winter debrief to be scheduled.	TBC 2021	J McShane
05/02/21	33/21	Chief Executive's Report	Present outcome of evaluation NHS 111 signposting to the Board including any issues raised by patients in accessing the NHS 111 service.	TBC	K James
05/02/21	35/21	Ockenden Report	Provide an update against the outstanding CNST action relating to clinical neonatal workforce planning at the next meeting. **Update 5 Mar 2021** – currently there is no separate neonatal on-call rota. An action plan with mitigations was being prepared for presentation to the Board.	July 2021	A Loughney
05/02/21	37/21	Progress against NHSE/I governance review recommendations	Reference made to improving the governance architecture and to providing greater clarity about reporting arrangements. It was suggested this could form part of a future Board development session. **Update 4 Mar 2021** – C Parnell agreed to identify a date following a meeting with N Firth and A Loughney.	May 2021	N Firth /C Parnell/A Loughney

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			Update 1 April 2021 – update on development of governance infrastructure to next Board meeting.		
04/03/21	60/21	Corporate Objectives	It was agreed to present the objectives with further information on targets around the deliverables for formal approval at the April meeting. **Update 1 April 2021** – Board members to provide comments to Mrs James for presentation of final document at the next meeting.	May 2021	K James
04/03/21	61/21	Planning guidance and regime	Update would be provided to the Board.	April 2021	J Graham
04/03/21	62/21	ICS White Paper	A monthly progress update to be presented the Board. **Update for 1 Apr 2021 –** Mr Bailey to provide a verbal update as part of the action log review.	As required	A Bailey
04/03/21	63/21	IPR	Present a monthly overarching key themes report to the Board, pulling together safe staffing related information presented to Assurance Committees.	April 2021	N Firth
01/04/21	82/21	Action log – governance arrangements	Circulate information on the BAF development process to the Board outside of the meeting	April 2021	C Parnell
01/04/21	87/21	IPR	Consider how to facilitate future service visits by Board members	TBC	K James
01/04/21	87/21	IPR - quality	Quality Committee to consider C-section metrics as part of maternity dashboard		N Firth/A Loughney
01/04/21	87/21	IPR - quality	Mental health strategy for Stockport to be presented to the Board	Sept 21	A Loughney

Meeting	Minute reference	Subject	Action	Bring Forward	RO
01/04/21	89/21	Stockport System Improvement Board	IPR to be annotated to highlight indicators reviewed by SSIB	May 2021	J McShane

On agenda
Not due
Overdue
Closed

NHS Stockport NHS Foundation Trust

BOARD OF DIRECTORS

Meeting date	6 May 2021	x	Public		Confidential	Agenda item
Title	Chair's report					
Lead Director	Chair					
Author	Mrs C Parnell					

Recommendations made/ Decisions requested

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

This paper relates to the following Strategic Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.
	N/A

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity 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

This report advises the Board of Directors of the Chair's reflections on recent activities in relation to:

- Looking ahead
- Board changes

1. PURPOSE OF THE REPORT

The purpose of this report is to advise the Board of Directors of the Chair's recent activities in relation to:

2. LOOKING AHEAD

One of my first duties as Chair has been to write the introduction for our annual report of 2020-2, and it has been interesting to look back on what, by anyone's standards, was an extraordinary year for the country, the NHS and Stockport NHS Foundation Trust.

It was a year that impacted on all of our lives whether we or those closest to us contracted the virus, were furloughed, or suffered the isolation and loneliness of lockdown. For Stockport NHS Foundation Trust it was a year in which we saw the unwavering dedication and commitment of our staff in doing their very best for patients – whether they were providing hands on care or supporting clinical colleagues.

Theatre staff up skilled to work in intensive care, community nurses staffed our patient liaison team, ward staff found themselves working on different wards and in different teams, procurement colleagues ensured millions of items of personal protective equipment were always available, cleaners increased their efforts to help prevent cross infection, IT staff installed the technology to carry out remote outpatient appointments, and our HR and pathology teams organised a highly efficient vaccination programme. Every member of staff, in every part of the Trust played their part in helping us respond to the unprecedented challenges posed by the pandemic.

NHS staff are known for being great in a crisis, but few of us have experienced a crisis that has lasted over 12 months. The resilience of our staff to be there for our patients and just keep going is admirable, but it is not something we can take for granted.

The last year has taken a huge toll on colleagues and we know that for some people that impact will continue to affect them for some time to come. During 2020-21 we were committed to ensuring that the best possible range of health and wellbeing support for our staff was provided and available for all. That focus on supporting colleagues will continue as we work on recovering our services, and tackling the waiting list of patients that has built up as a result of the pandemic.

During the extraordinary year that was 2020-21 our organisation has also seen a number of leadership changes. It is testament to the individuals involved that the people changes and handovers of responsibilities, which can often destabilise an organisation, happened so smoothly. I would like to

take this opportunity to thank Adrian Belton and past and present Board members for leading our organisation through some truly challenging times.

They laid the foundations of an excellent Board of Directors, as well as an organisation that is ready to embrace the changes that are facing the health and care system as a result of both recovery from the pandemic and the Government's White Paper *Integration and Innovation: working together to improve health and care for all*.

Good governance is at the heart of running a safe and effective organisation, and over the last year the Board of Directors has made a number of improvements to the organisation's governance arrangements, and it is good to see proposals around further enhancing those improvements on the Board agenda today. Directors will continue to see this as a key area of focus on our journey towards being a "good" and eventually, an "outstanding" organisation.

We are fortunate at Stockport NHS Foundation Trust to have a Council of Governors that is so supportive of our organisation and its improvement journey. They want the very best for our patients, staff and the communities we serve, and they are not afraid to hold the Board, through the non-executive directors, to account for delivering what we say we will do. As we work through the changes to the health and care system planned for the next year our governors will be crucial in helping us to effectively engage with our members and local population.

As I take on the role of Chair I look forward to the opportunities that lie ahead for our organisation in 2021-22. During the pandemic we embraced the benefits of working in partnership with other organisations across Stockport and the wider Greater Manchester (GM) system. We will continue to build on that experience and further strengthen collaborative working for the benefit of patients and our staff.

3. BOARD CHANGES

My appointment as Chair coincides with two further new additions to the Board – Mr Tony Bell, Non-Executive Director, and Mrs Joanne Newton, Associate Non-Executive. They were both appointed by our Council of Governors to start their roles from 1 May 2020, and I know we will all welcome the experience and skills they will bring to our organisation.

BOARD OF DIRECTORS WORKPLAN 2021-22

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Patient story	x	x	x	x	x	x	x	x	x	x	x	x
Chair's report	x	x	x	x	x	x	x	x	x	x	x	x
CEO report	x	x	x	x	x	x	x	x	x	x	x	x
IPR including safe staffing	x	x	x	x	x	x	x	x	x	x	x	x
Committee key issue reports	x	x	x	x	x	x	x	x	x	x	x	x
BAF			x			x			x			x
FSUG		x					x					
NED independence	x											
Use of Trust seal	x											
Declaration of interests	x											
Review of Board effectiveness			x									
Annual report & accounts			x									
Annual governance statements			x									
Corporate objectives 2021-22 review						x						

	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March
New Corporate objectives 2022-23												x
Health & safety annual report												x
Annual plan												x
Safeguarding annual report				x								
NHS Resolution incentive scheme			x									
IPC annual report			x									
Flu self assessment										x		
Medical appraisal & revalidation											x	
Mortality – learning from deaths									x			
NHS staff survey	x											
Patient experience including annual inpatient survey			x									

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Guardian of safe working								x				
Safe staffing	x						x					
WRES						x						
Charity annual accounts										x		
Single gender declaration		x										
Gender pay gap												x
Jnt clinical strategy					x							
Digital strategy									x			
Estates regen. prospectus				x								
Estates strategy									x			
People strategy												x
Quality strategy				x								
Comms strategy			x									

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Stockport mental health strategy						x						
GM Diagnostic networks	x		x									
Emergency care campus update		x										

NHS Stockport NHS Foundation Trust

BOARD OF DIRECTORS

Meeting date	6 May 2021	x	Public		Confidential	Agenda item
Title	Chief Executive's Report					
Lead Director	Chief Executive					
Author	Mrs C Parnell					

Recommendations made/ Decisions requested

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

7

This paper relates to the following Strategic Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.
	N/A

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity 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:

- National CEO group on the future of HR & OD in the NHS,
- National performance,
- NHS staff survey,
- Exemplar centre for VTE,
- Royal caller,
- Making a Difference awards,
- Vaccine programme,
- Health awareness,
- Supporting our staff.

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 National CEO Group on the future of HR & OD in the NHS

I have been asked to join the national Chief Executive's advisory group supporting NHS England's work to review how HR and OD can work better in the NHS. Led by Prerana Issar, the NHS Chief People Officer, the group will bring the voice of providers into this area of work. It will also challenge proposals to ensure that they work effectively to meet the twin aims of providing the NHS with sufficient highly trained staff and ensuring staff have the most effective and supportive environment in which to work.

2.2 The Government White paper : Integration & Innovation : working together to improve Health & Social Care

Greater Manchester is currently in the process of undertaking a series of engagement sessions to develop the proposed GM Integrated Care System operating model. The workshops are focussed on the known key areas:-

- The right spatial levels to plan and deliver services
- Governance and accountability
- The allocation of resources
- The balance between standardisation and sectorial flexibility of approach

The outcome of the sessions will be discussed with stakeholders at the end of the month.

The Stockport locality will also be working together to examine ways in which it may wish to work as a collaborative to improve the health outcomes of the population.

2.3 Performance

Recently published performance information has highlighted that more than 100,000 Covid-19 patients needed hospital treatment in January, but thanks to the hard work of NHS staff 1.3m people had non-Covid care compared to around 847,000 in April 2020 when Covid admissions first peaked.

In the first month of the year 961,000 patients received elective care and 350,000 received emergency care. January also saw 171,231 cancer referrals – more than double the number in April 2020 – with 22,942 patients beginning required treatment.

As the number of patients requiring hospital treatment for Covid-19 declines in Greater Manchester (GM) we continue to work closely with local partners to address the significant number of non-Covid patients waiting for diagnostic tests and treatment, with a particular focus on cancer patients in partnership with the regional cancer hub, those patients at greatest clinical need, and those waiting the longest.

3. TRUST NEWS

3.1 NHS staff survey

The results of the annual NHS staff survey were published recently and it was very pleasing to see that we had the highest return rate in GM with 51.1% of our staff taking the time to complete the survey.

This is a real indicator of how engaged our staff are in the organisation, but more importantly it provides us with robust data on which to develop our improvement plans as we work towards our objective to make the Trust a great place to work.

At the time the survey was carried in Autumn 2020 our staff had been dealing with the considerable challenges of Covid-19 for many months, so it is remarkable that we did not see a significant reduction in the key indicators. While our results were largely in line with neighbouring organisations for the majority of the indicators it was disappointing to see that just 55.1% of those who completed the survey would recommend the Trust as a place to work.

We are now putting plans in place to undertake focus groups with staff from across the organisation to drill down into a number of areas highlighted in the survey. This should help us to better understand the reasons for some of the responses, as well as inform our improvement plans, which we hope will lead to a better working experience for our staff and more positive staff survey results next year.

The results of the staff survey and our improvement plans have been reviewed by the People Performance Committee.

3.2 Exemplar Centre

The Trust has been named as an exemplar centre for VTE prevention. The accolade follows a virtual accreditation visit to the Trust by the NHS VTE Exemplar Centres Network, who said that our thrombosis team's commitment to VTE prevention and quality of our services was highly impressive.

Preventing VTE is a major clinical priority for the NHS and as part of national network our team will continue to promote best practice in VTE prevention and care.

3.3 Royal caller

Tracey Stockwell, our Head of Procurement, recently took a very special telephone call from HRH the Duke of Cambridge.

The Duke has been contacting NHS staff across the country to thank them for their efforts during the pandemic, and he was very interested to learn about Tracey's work, which has involved leading a team that has procured of over 13 million pieces of PPE to keep our staff and patients safe.

3.4 Making a Difference Everyday Awards

Our Thank You February programme of awards were so popular with staff that I have continued this month to visit teams and individuals who were nominated for their efforts over the last year.

It was a please to meet with the following people to present them with their well deserved Making a Difference awards, as well as cake and fruit to share with colleagues:

- Jennifer Kilheeney, emergency preparedness and resilience manager;
- the vaccination hub team,
- Rebecca Dooley for her work ensuring medical cover for all wards,
- Sri Meadipudi who led by example supporting seven day working,

Following the success of our Thank You February programme we have launched a new awards programme for colleagues.The Making a Difference Everyday Awards will be presented quarterly to staff nominated by their line manager or colleagues. Everyone nominated will be receive a certificate and a badge in recognition of their great work, and

two winners each quarter will also be presented with gift vouchers.

3.5 Vaccine programme

It was a pleasure to catch up with some of the team that have done such a brilliant job at setting up the Covid-19 vaccine hub so rapidly and effectively. The second of its kind to be set up in GM, the hub has delivered more than 28,000 doses of the vaccine. Some 87.14% of our staff have now been vaccinated - 65.58% have had both doses - and 81.24% of our staff with an ethnic background have accessed the hub, with 52.9% receiving both doses so far.

3.6 Health awareness

It was great to see our staff out and about across our services this month supporting two important health awareness campaigns – Bowel Cancer Awareness Month and Sepsis Awareness Week. Both campaigns focused on helping our staff recognise the signs and symptoms of these conditions.

3.7 Supporting our staff

We are one of many NHS organisations to benefit from money donated during the pandemic to NHS Charities Together. The Trust's charity is using our share of those donations to support a number of initiatives focused on the health and wellbeing of our staff, and following staff feedback about the importance of hydration we have this month delivered thousands of colourful drinks bottles to our hospital and community teams.

4. RECOMMENDATION

The Board of Directors is recommended to receive this report and note the contents.

BOARD OF DIRECTORS

Meeting date	6 May 2021	x	Public		Confidential	Agenda item
Title	Board Assurance Framework					
Lead Director	Director of Communications & Corporate Affairs					
Author	Director of Communications & Corporate Affairs					

Recommendations made/ Decisions requested

The Board of Directors is recommended to:

- Review the year end position of the BAF for 2020-21,
- Note the level of levels of control and assurance which are in place in relation to the Trust's strategic risks and that actions being taken to address identified gaps,
- Note the next steps being taken in development of the BAF for 2021-22.

8

This paper relates to the following Strategic Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.
	N/A

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity 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 purpose of this report is

- present the 2020-21 year-end position of the Board Assurance Framework (BAF),
- confirm the top risks to the achievement of the organisation's strategic objectives,
- outline the process being undertaken to develop the BAF for 2021-22.

It sets out the background to the BAF and its redevelopment over the last three months. It highlights the five strategic objectives that rolled over from 2019-20 and how the key strategic risks are mapped against those objectives.

The report also sets out the key steps in the development of the BAF for 2021-22.

BOARD ASSURANCE FRAMEWORK 2020/21 - QUARTER 4 YEAR-END POSITION

1. Background

1.1. The BAF provides a simple but comprehensive method for the effective and focused management of the principal (strategic) risks that arise in meeting the Trust's strategic objectives. It aims to provide the Board with confidence that the Trust has identified its strategic risks and has robust systems, policies, and processes in place (controls) that are effective and driving the delivery of their objectives (assurances). It similarly provides confidence and evidence to management that 'what needs to be happening is actually happening in practice'.

1.2. The BAF plays an important role in informing the production of the Trust's Annual Governance Statement and is the main tool the Trust uses in discharging its overall responsibility for ensuring that an effective system of internal control is in place.

2. BAF Development

2.1. For 2020-21 the Trust's strategic objectives were rolled over from the previous year, and the as part of the Trust's commitment to continuous improvement, the BAF has undergone significant improvements to its format, structure and content over the previous three months to ensure that it is 'fit for purpose' and meets current best practice.

2.2. The main changes to the BAF include:

- a more granular presentation of the organisation's key strategic risks – enabling debate and a shared understanding of the organisation's top risks;
- the identification of initial, tolerable and target risk scores (helping identify our risk appetite);
- action plan where there are gaps in control; and
- improved alignment to lead Board committees, signalling the need to review the relevant dimensions of the BAF within those committees;

2.3. The process undertaken to develop the 2020-21 BAF has been reviewed by the Trust's internal auditor as part of year end reporting.

2.4. It is intended that the BAF will remain subject to ongoing review and development over the coming months.

3. Identifying our Strategic Risks

3.1. The five strategic objectives for 2020- 21 were:

SO1: A great place to work
SO2: Always learning, continually improving
SO3: Helping others live their best lives
SO4: Using resources well to invest in the future
SO5: Working with others for our patients and communities

3.2. For ease of understanding, these objectives are underpinned by the following Key Lines of Enquires (KLOEs):

- Are our patients safe
- Are our staff safe?
- Are we using our resources effectively?
- Are we implementing the recovery plan?

3.3. The refreshed BAF maps eight strategic (principal) risks against our strategic objectives. These represent a combination of internal and external strategic risks to achieving the objectives identified for 2020-21.

3.4. The top six risks (score of 15 or above) to achieving the strategic objectives are as follows:

- Deterioration in standards of safety and care
- Demand overwhelms capacity to deliver care effectively
- Critical shortage of workforce capacity and capability
- Failure to implement recovery plan to achieve and maintain financial sustainability
- Major disruptive event leading to rapid operational instability
- Condition of Trust's estate fails to meet current standards, national specifications and to provide a sustainable patient environment

All have been identified as risks that will have a significant impact on the delivery of patient care, the patient and staff experience, the financial sustainability and reputation of the Trust, or a combination of these. The identified areas are those that require most focus from the Board in terms of scrutiny and the provision of assurance from the executive team. Particular attention is also being given to those risks that are not wholly within the organisation's control to mitigate and a strategy developed as to how to manage such external factors.

3.5. It can be confirmed that the executive team have reviewed the BAF and is satisfied that there are no additional risks that require escalation to the Board in this quarter. As the new format for the BAF has developed it has been regularly presented to the Risk Committee and the latest version was reviewed at the Audit Committee's meeting on 6 April 2021.

4. Conclusion

4.1. The BAF provides assurance to the Board on the robustness of the organisation's system of internal controls through the identification of controls, assurances and management of any 'gaps'.

4.2. As such, members of the Board can be assured that a robust control framework is in place to support the 2020-21 Annual Governance Statement.

5. Next Steps

5.1. The following key steps have been identified:

- Revised strategic objectives for 2021-22 have been approved by the Board,
- Those objectives have been assigned to executive leads, who will identify strategic risks to delivery along with the controls and assurances in place,
- Strategic risks to the Trust's statutory duties are being aligned to ensure clear line of sign between the BBAF and the year-end annual reporting requirements,
- Each committee of the Board will receive monthly updates on their assigned objectives so they can review the strategic risks, controls and assurance,
- Feedback from the committee reviews will be used to update the BAF for quarterly presentation to the Audit Committee and Board with an opening position due in June 2021.

6. Recommendation

The Board of Directors is recommended to:

- Review the year end position of the BAF for 2020-21,
- Note the level of levels of control and assurance which are in place in relation to the Trust's strategic risks and that actions being taken to address identified gaps,
- Note the next steps being taken in development of the BAF for 2021-22.

Stockport NHS Foundation Trust

Board Assurance Framework (BAF)

Covering April 2020 – March 2021 (Covid Pandemic)

2020/21 Q4 YEAR-END REVIEW

Strategic objectives 2020/21

1. **A great place to work**
2. **Always learning, continually improving**
3. **Helping others live their best lives**
4. **Using resources well to go invest in the future**
5. **Working with other for our patients and communities**

This BAF includes the following Principal Risks that could, if not sufficiently mitigated, impact adversely on delivery of the Board's strategic priorities:

	Primary Risk Scenario's	Likelihood	Consequence	Current Risk Exposure	Tolerable Risk Score	Target Risk Score	Gaps in control	Gaps in assurance	Risk Appetite	Lead Board Assurance Committee	Page No.
PR1	Significant deterioration in standards of safety and care			**20**	9	**6**	Yes	Yes	Minimal	Quality	4
PR2	Demand that overwhelms capacity to deliver care effectively	4	5	**20**	9	6	Yes	Yes	Minimal	Quality	7
PR3	Critical shortage of workforce capacity & capability	4	4	**16**	12	8	Yes	Yes	Cautious	People Performance	9
PR4	Failure to implement the recovery plan to achieve and maintain financial sustainability	4	4	**16**	12	8	Yes	Yes	Cautious	Finance & Performance	13
PR5	A major disruptive event leading to rapid operational instability	4	4	**16**	12	4	Yes	Yes	Cautious	Finance & Performance	15
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	4	3	**12**	8	4	Yes	Yes	Open	Transformation Board	17
PR7	Condition of current Trust estate requires significant backlog investment to meet current standards, national specifications and to provide a sustainable patient environment	4	4	**16**	12	*9*	Yes	None identified	Open	Finance & Performance	19
PR8	Failure to provide robust Digital Infrastructures and digital defences against cyber security	3	4	**12**	9	6	Yes	None identified	Open	Finance & Performance	21

The key elements of the BAF to be considered are:

- A simplified description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding significant and operational risks defined at a [system], Trust wide and service level)
- A simplified way of displaying the risk ratings - current (residual), tolerable and target levels
- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk within which they are expected to materialise and the degree of certainty that the level of risk will change (**Intensifying** = risk level is expected to increase; **Uncertain** = unable to predict change; **Moderating** = risk level if likely to reduce)
- A statement of risk appetite for each risk, to be determined by the Lead Committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low risk options; **Cautious** = preference for low risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- The over-arching risk treatment strategy for each principal risk is identified (**Seek**; **Modify**; **Avoid**; **Accept**; **Transfer**)
- Key elements of the risk treatment strategy identified for each risk, each assigned to an executive lead and individually rated by the Lead Committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: **Level 1** Management (those responsible for the area reported on); **Level 2** Risk and compliance functions (internal but independent of the area reported on); and **Level 3** Independent assurance (Internal audit and other external assurance providers)
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Executive Team with agreed timescales.

Risk Scoring Matrix

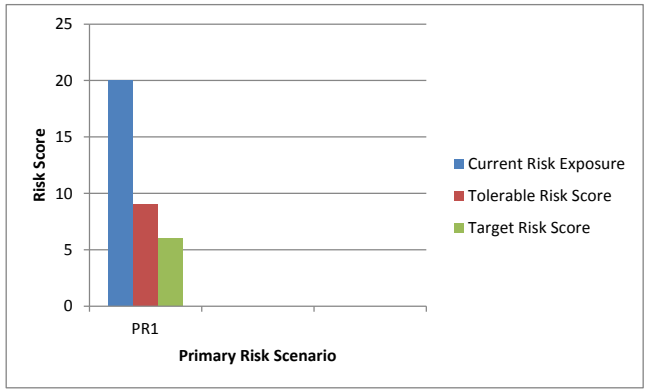
Likelihood Rating / Consequence Rating	Very Likely 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Very High 5	25	20	15	10	5
High 4	20	16	12	8	4
Moderate 3	15	12	9	6	3
Low 2	10	8	6	4	2
Insignificant 1	5	4	3	2	1

Key to Lead Board Committee Assurance Ratings:	
GREEN	**Positive assurance:** Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the risk - no gaps in assurance or control AND current risk exposure risk rating = target OR - gaps in control and assurance are being addressed
AMBER	**Inconclusive assurance:** Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy
RED	**Negative assurance**: Committee is satisfied that there is sufficient reliable evidence that the current risk treatment strategy is not appropriate to the nature and/or scale of the risk

This approach is intended to inform the agenda and regular management information received by the relevant Lead Committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.

A rolling committee work programme will ensure the Committee reviews their delegated strategic risks a minimum of four times a year.

Strategic priority	SO3: Helping others live their best lives	**Current risk exposure**		**Tolerable risk**	**Target risk**	**Risk Type**	Patient Harm
Principal risk (what could prevent us achieving this strategic priority)	**PR 1: Significant deterioration in standards of safety and care** A significant deterioration or failure in standards of safety and quality of patient care across the Trust resulting in multiple incidents of severe, avoidable harm and poor clinical outcomes	**Likelihood:**	**4. Likely**	3. Possible	2. Unlikely		
		Consequence	**5. High**	3. Moderate	3. Moderate	**Risk Treatment Strategy**	Modify
		Risk rating	**20 Significant**	**9 Medium**	**6. Low**		
Lead Board Committee	Quality					**Risk appetite**	Minimal
Executive Lead Supported by:	Senior Nurse Medical Director Chief Operating Officer					**Rationale for risk appetite**	
Initial date of assessment	29/ 03/21						
Last reviewed	29/03/21						
Last changed	30/03/21						
Date of next review							



Rationale for current risk score

Board to floor governance has been strengthened, however there are gaps in clinical workforce to ensure optimal improvements in delivery and growth of future clinical modes and outcomes

Date when target risk score is expected to be achieved

Link to associated Significant Risk Register

162, 1559. 1572.1707

The Trust has a **low appetite** for risks that impact on patient experience, but it is higher than the appetite for those that impact on patient safety. This recognises that when patient experience is in conflict with providing a safe service safely will always be the highest priority

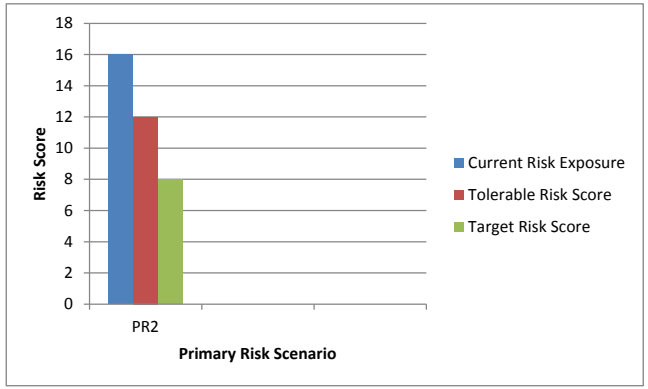
Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
An **outbreak of infectious disease** (such as pandemic influenza; Coronavirus, norovirus; infections resistant to antibiotics) that forces closure to one or more areas of the hospital and/or causes avoidable serious harm or death to service users	• Chief Nurse identified as DIPC, who reports directly to the Trust Board through the Quality Committee • Strengthened infection prevention & control (IPC) systems and processes in place which use risk assessments to monitor and consider susceptibility of service users • Providing and maintaining a clean and appropriate environment in managed premises that facilities the prevention and control of infections • Systems and processes have been put in place to ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance • The provision of appropriate, accurate and timely information on infections to service users and their visitors • Systems and processes to ensure the prompt identification of people who have or are at risk of developing an infection so they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people	• Level of clinical engagement in IPC • Bed occupancy levels • Microbiology capacity for IPC • Limited assurance that the Trust is fully compliant with the Hygiene Code • Additional estates work required to separate [•] streams [ward location]. • [Lack of side rooms results in cohorting of non-elective patients awaiting swab results]	• Isolating or cohorting infectious patients • Continue enlisting public support to restrict visiting • Accelerate delivery of Estate refurbishment plans • Improved staff compliance with PPE usage and social distancing • Correct patient swabbing regimens to be reinforced	**Level 1 - Management:** • Business Group reports to [IPC] Committee (every • weeks); • IPC Annual Report to Quality Committee and Trust Board • Daily Sitrep analysis shared with senior staff **Level 2 - Risk and compliance** • IPC Improvement Plan • IPC Committee report to Quality Committee (monthly) • IPR to Trust Board (monthly) • Annual Flu Plan • Significant Risk Register reflects IPC risks associated with Covid-19 • Annual mandatory training submission • IPC - Covid BAF **Level 3 - Independent assurance:**	Learning from the impact on activity, patient safety and staffing due to COVID-19 wave 2 (and any subsequent waves) Constraints of critical care capacity dependent on the size of future waves and restorative activity Nosocomial infections leading to patient death – LFD to be completed.	Inconclusive

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
	• Enhancement of systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infections • The provision of adequate isolation facilities • Systems and processes in place to ensure adequate access to laboratory testing support as appropriate • Systems and processes in place to ensure that staff are supported in adhering to all IPC polices, including those for other alert organisms; also that any changes to the PPE national guidance on PPE are quicky identified and effectively communicated • Ward Managers prioritising areas for maintenance works to inform overall Estates Strategy • IPC measures in relation to Covid-19 included in staff induction and mandatory training			• IPC Improvement Plan • Internal Audit reports • PHE reports • PLACE assessment and scores • Routine reporting of IPC data to CCG CQPD • National Clinical Audits • Data submitted to NHSE/I • Stepped down from NHSE/I Support Programme		

A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction	• Clinical service structures, accountability and quality governance arrangements at Trust, business group and service levels, including;
	  • Monthly meeting of [Patient Safety& Quality Board] with work programme aligned to CQC registration regulations
	  • Advancing Quality Programme and AQP oversight group]
	  • Clinical policies, procedures, guidelines, pathways, supporting documentation and IT systems
	  • Clinical audit programme and monitoring arrangements
	  • Clinical staff recruitment, induction, mandatory training, registration and re-validation
	  • Defined safe medical and nurse staffing levels for all wards and departments. Nursing safeguard monitored by [Chief Nurse].
	  • Ward assurance / metrics and accreditation programme
	  • Nursing and Midwifery Strategy
	  • Allied Health Professions (AHPs) Strategy
	  • Scoping and sign-off process for incidents, SIs and complaints handling
	  • Mortality review policy and process
	  • Central Alerting System (CAS) Implementation process
	• Mortality review policy and triangulation of mortality reviews – service user/carer experience, deaths in ED included
	• Senior Nurse walkarounds
	• Three x weekly incident review meetings
		• Current levels of mortality review and structured judgement reviews where these are required
		• Exposure to serious incidents
			• Improved LFD processes and a genuine focus on learning lessons for proactive use
			• Improved quality of learning from incidents. SIs and never events with greater analysis at Patient Safety Quality Group
			• Quality strategy development
			• Review Business Group's quality governance processes
			• Nurse staffing establishment review
				Level 1 - Management:
				• Business Groups risk reports to Risk Committee (monthly) and Quality Committee (bi-monthly)
				• Learning from deaths reports / Mortality Reviews to Quality Committee and Trust Board
				• Guardian of Safe Working report to Board (bi-annually)
				• Board and Senior Leadership walkabouts {currently suspended in light of national social distancing restrictions)
				• All complaints subject to Executive sign-off
				• Safeguarding annual report
				• EoLC annual report to Quality Committee
				
				Level 2 - Risk and compliance:
				• Quality performance dashboard (monthly)
				• Quality Accounts (annual)
				• Serious Incident Review Group
				• Duty of Candour report to Quality Committee
				• CQC report to Quality Committee (bi-monthly)
				• Significant Risk Register to Risk Committee and Board (monthly)
				• Serious Incident Review Group (weekly)
				• Safety Summits (monthly)
				
				Level 3 - Independent assurance:
				• Adult Impatient / Staff Surveys
				• Maternity Inpatient Survey
				• Medicines Optimisation Report to Quality Committee
					• Review Business Group Quality Governance Systems
					• New ward/department accreditation and regulation system (April 21)
						Inconclusive

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
				• Dr Foster updates • SHIMI / HSMR data • Internal Audit Reports • CCG oversight of SI's (monthly) • CQC Insight Tool to Executive team (monthly)		

Strategic priority	S03: Helping others live their best lives	**Current risk exposure**		**Tolerable risk**	**Target risk**	**Risk Type**	Patient Harm
Principal risk (what could prevent us achieving this strategic priority)	**PR 2: Demand that overwhelms capacity to deliver care effectively** A sustained, exceptional level of demand for services that overwhelms capacity resulting in a deterioration in the quality, safety and effectiveness of patient care and repeated failure to achieve constitutional standards	**Likelihood:**	4. Likely	3. Possible	2. Unlikely		
		Consequence	4. High	4. High	4. High	**Risk Treatment Strategy**	Modify
		Risk rating	**16 Significant**	**12. High**	**8. Medium**		
		Anticipated change	Intensifying			**Risk appetite**	Minimal
Lead Board Committee	Quality			**Rationale for current risk score**		**Rationale for risk appetite**	
Executive Lead Supported by:	Chief Operating Officer			Significant increase in RTT and patient waiting over 52 weeks due to COVID-19 pandemic. Reduced capacity due to reconfiguration of services to support green and amber elective pathways and infection control requirements		The Trust has a **low appetite** for risks that impact on operational delivery of services and is working with a range of stakeholders to redesign and improve effectiveness and efficiency to improve patient experience, safety and quality.	
Initial date of assessment	29/ 03/21			**Date when target risk score is expected to be achieved**			
Last reviewed	29/03/21						
Last changed	30/03/21			**Link to associated Significant Risk Register**			
Date of next review				130, 1387,1549, 1857			



Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Threat: Growth in demand for care caused by a reduction in capacity to meet current and future demand due to the impact of COVID-19; or an ageing population; reduced social care funding and longer length of stay; **Proximity of threat**	• Emergency demand and patient flow management across the system • Single streaming process for ED & Primary Care – regular • meetings with NEMs • Trust and System escalation process • Cancer Improvement plan • Trust leadership of and attendance at A&E Board • Patient pathway, some of which are joint with NUH • Inter-professional standards across the Trust to ensure turnaround times such as diagnostics are completed within 1 day • Proactive system leadership engagement • Patient Flow Programme • Winter Capacity Plan • Detailed operational plans agreed annually • Referral management systems shared between primary and secondary care • Workforce model adjusted for planned care • MSK pathways • COVID-19 Incident planning and governance process • Some cancer services maintained during COVID-19 • Risk assessments to prioritise individual patients	Robust delivery of the demand management schemes across the system Suboptimal processes to encourage flow of patients from Emergency Department, through wards and to discharge	Continuation of system-wide Command Centre during periods of exceptional demand **SLT Lead:** COO **Timescale:** As required On-going discussion across the GMHSCP system to describe future service delivery. Continued delivery of Clinical Services Strategy **SLT Lead:** **Timescale:**	**Level 1 – Management** • Performance management reporting arrangements between Care Groups, Service Lines and SLT reviews • Cancer 62 Day Improvement Plan • Overall bed occupancy rate (daily) • Ambulance Handover times (daily) • Command Centre meetings • System-wide dashboard of acute, intermediate and domiciliary care capacity and performance. • COVID-19 Recovery Plan to Board **Level 2 – Risk & Compliance** • Care Group risk registers to Risk Committee [quarterly] • Significant Risk Report to Risk Committee and Board (monthly) • Integrated Performance Report to Trust Board (monthly) • Targeted 'Deep Dives'	Impact on cancer surgery and screening programmes due to COVID-19	Inconclusive

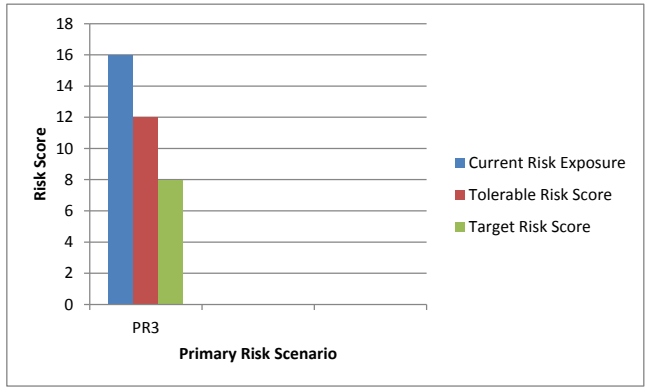
Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
	• Establishment of the Recovery Committee			**Level 3 – Independent Assurance** • NHSEI Intensive Support Team reviews • Internal Audit review • CQC improvement oversight; • CQC unannounced inspection • Contract meetings • Model hospital – data submissions to regulator (monthly / annually)		
Threat & Opportunity: Operational **failure of General Practice** to cope with the demand resulting in even higher demand for secondary care as the 'provider' of last resort'	• Engagement with stakeholders across local health system to establish foresight and adaptive capacity in the event of practice collapse • Visibility on the CCG risk register/BAF entry relating to operational failure of General Practice • System partners escalation process	Not within the Trusts sphere of control. In the event of a collapse in Stockport, there would likely be surges in demand for secondary care	Engagement with CCG Engagement with GPs Improved primary / secondary care interface **SLT Lead:** COO **Timescale:** Ongoing	**Level 1 – Management** • Routine mechanism for sharing CCG and Trust's risk registers – particularly with regard to risks for primary care staffing and demand	Uncertainty re fragility of General Practice owing to insufficient recent GP data/intelligence received from Primary Care Actively pursue current GP vacancy data **SLT Lead:** COO Timescale: End of March 2021	Inconclusive
Threat & Opportunity: Drop in operational **performance of neighbouring providers** that creates a shift in the flow of patients and referrals to SFT	• Engagement with stakeholders across local health system to establish foresight and adaptive capacity in the event of practice collapse • Horizon scanning with neighbour organisations via meetings between relevant Executive Directors • System partners escalation process in place	Not within the Trusts sphere of control. In the event of a collapse, emergency procedures will govern the response	Engage with Commissioners **SLT Lead:** COO **Timescale:** Ongoing	**Level 3 – Independent Assurance** • Confirm and Challenge by NHSEI NW Regional team and CCGs (Ongoing)	Lack of control over the flow of patients from the surrounding area	Inconclusive

Strategic priority	SO1: A great place to work 2021/22: Develop our workforce to meet future service and user needs	**Current risk exposure**		**Tolerable risk**	**Target risk**
Principal risk (what could prevent us achieving this strategic priority)	**PR 3: Critical shortage of skilled workforce capacity and capability** A critical shortage of workforce capacity with the required skills to manage demand resulting in a deterioration of staff experience, morale and well-being which can have an adverse impact on patient care	**Likelihood:** **Consequence** **Risk rating**	4.**Likely** 4. High **16 Significant**	3. Possible 4. High **12 High**	2. Unlikely 4. High **8. Medium**

Services

Modify

Lead Board Committee	People Performance
Executive Lead Supported by:	Director of Workforce & OD
Initial date of assessment	29/ 03/21
Last reviewed	29/03/21
Last changed	30/03/21
Date of next review	



Rationale for current risk score

The Trust is unable to predict the impact of continued response to COVID 19, demand on staff and workforce. There is an anticipated demand on services and resources across the NHS nationally, GM and the locality and the impact of system wide risks and third party decisions and actions. Current position reflect score with best reasonable mitigation put in place currently.

Date when target risk score is expected to be achieved

Link to associated Significant Risk Register

1402,1695,1703,1706

Risk appetite Cautious

Rationale for risk appetite

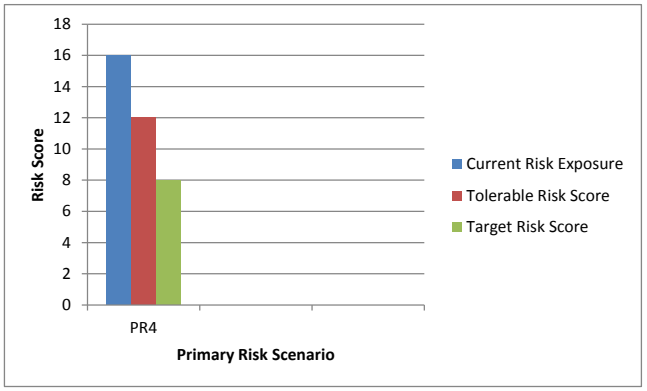
The Trust is not willing to compromise on its focus on workforce or staff wellbeing care or values and behaviours nor compromise its regulatory and statutory requirements. However there is recognition that during a period of unprecedented response to COVID-19 , the needs of the workforce remain significant and this is subject to iterative review.

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Threat: Inability to attract and retain an appropriate workforce to meet the needs of the current and future patient base, may lead to the Trust breaching guidance, regulatory action taken against the Trust, poorer patient outcomes and increased harm; and adverse publicity and/or reputational	[Recruitment & Retention Implementation Plan in place to inform organisational approach to recruitment, retention and Education and Development of staff • Vacancy management and recruitment systems and processes • E-rostering and job planning to support staff deployment • TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation • Defined safe medical and nurse staffing levels for all wards and departments/ Safe Staffing Standard	High levels of escalation resulting in high use of agency staff Vacancy rates / high locum use and hard to recruit medical posts Inconsistent application of recruitment controls to cover exiting vacancies and turnover	• Targeted recruitment, including ongoing programme of international and domestic recruitment • Increase in local clinical career pathways • Focussed work with NHSE/I on retention programme to improving flexibility of	**Level 1 – Management** • Divisional performance reviews – access to workforce metrics dashboard system to support workforce decisions (monthly) • Safe Staffing Report - (quarterly) • Nursing & Midwifery Recruitment and Retention Strategy • Exception reports for Mandatory & Role Essential Training, Attendance, Appraisal and Staff	• Staff becoming infected, leading to increased sickness absence • Staff working in unfamiliar roles • Staff mental health as a result of psychological trauma	Inconclusive

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
damage. Furthermore, this may lead to the financial unsustainability of some services.	Operating Procedure • Temporary staffing and approval processes with defined authorisation levels (establishment control panel) • Volunteer Strategy • Communication issues regarding HMRC taxation rules on pensions and the provision of pension advice • Risk assessments undertaken for all staff • Local/ Regional/National Education partnerships • Culture and engagement programme which supports the embedding of Trust's and behaviours values • National People Strategy objectives	Fragility of some services	clinical work patterns to address age related dissatisfaction and turnover • Enhanced psychological wellbeing support for staff • Improved working conditions to encourage staff recruitment • Bespoke job plans to account for professionals' interests • Delivery of the Workforce / People plan	Turnover **Level 2 – Risk & Compliance** • Risk Committee Significant Risk Report (monthly) • Workforce KPIs (monthly) • Bank and agency report (monthly) • Guardian of Safe Working report to Trust Board • Quality and Performance Dashboard • People Performance Committee • Wellbeing Guardian identified **Level 3 – Independent Assurance** • CQC Well-led report • Model Hospital and comparative benchmarking data • NHSI Use of Resources report • Internal / External Audit reports		
Threat: A signifcant loss of workforce productivitiy arising from a short-term reduction in staff avaiallbity or a reduction in effort above and beyond contractual requirements amongst a substantial proportion of the workforce and/or loss of experienced colleagues from the service, or caused by other factors such as poor job satisfaction, lack of opportuniy for personal development, on-going pa restraint, workforce fatigue, or wellbeing issues; or failure to achieve consistent values and behaviours in line with desired culture. This coud also lead to lack of engagement with patients, resulting in failure to address patient empowerment and self-help and failure to work across the system to empower patients and	• Recruitment & Retention Plan Implementation Plan • Chief Executive's blog / Staff Communication bulletin/ EDI newsletters • Engagement events with Staff Networks (BAME, LGBT, etc) • Schwartz rounds & Team Time events • Learning from COVID • Staff morale identified as 'profile risk' in Divisional risk registers • MADE Awards and Rewards and recognition (i.e. annual staff celebrations) • Divisional action staff survey plans • Policies (inc. staff development; appraisal process; sickness and relationships at work policy) • Leadership development programme • Just and restorative culture & respect campaign • Influenza vaccination programme • COVID-19 vaccination programme • Attendance Management procedures • Staff wellbeing programme, including Staff counselling / Occupational Health Support / Resilience Hub psychological support for staff & managers • Enhanced equality, diversity and inclusion focus on workforce demographics & Respect champions • Freedom to Speak Up Guardian • Oversight of OD delivery via the People Performance Committee	Lack of consistent approach to welfare and wellbeing discussions Inequalities in staff wellbeing across protected characteristics groups	Introduction of a personally-centred health and wellbeing discussion process **SLT Lead:** Director of Workforce & OD **Timescale:** Completion and delivery of WRES and WDES action plans **SLT Lead:** Director of Workforce & OD **Timescale:** Review and refine the current health and wellbeing offer **SLT Lead:** Director of Workforce & OD **Timescale:** E Roster system is roll-out and embedded **SLT Lead:** Director of Workforce & OD **Timescale**	**Level 1 – Management** • National Staff Survey, action plan and annual report to Board • Diversity & Inclusion annual report • WRES and WDES report to Board • Raising Assurance • Care Groups performance reviews – workforce metrics (monthly) • Business Continuity exercises – post exercise reports • Health and Wellbeing Update reports • FTSU reports (bi-annually) **Level 2 – Risk & Compliance** • Significant Risk report to Quality Committee and Board (monthly) • EPPR Report • Freedom to Speak-up self-review • Freedom to Speak-up Guardian report to Board (bi-annually) • Gender Pay Gap report to Board • TRAC Performance report • Interim NHS People Plan self-assessment • **Level 3 – Independent Assurance** • National Staff Survey • CQC Well-Led report • CQC report • Confirm and Challenge by NHSEI NW Regional Team • Internal audit reports	• Reduction in available staff due to COVID-19, e.g. shielding of vulnerable staff groups and social distancing; redeployment to the vaccination programme • Reduction in effort above and beyond contractual requirements due to COVID-19 service restrictions and moral fatigue • Reluctance of some staff members to return to work due to COVID-19 associated health concerns • Restrictions to deployment of key staff due to reduced availability of Mandatory and Statutory Training and the consequential expiry of certification	Inconclusive

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
carers to enable personalised patient centred care				**Level 1 – Management** • National Staff Survey, action plan and annual report to PPC • Diversity & Inclusion annual report • WRES and WDES report to PPC /Board • Divisional performance reviews – workforce metrics (monthly) • Business Continuity exercises – post exercise reports • Health and Wellbeing Update reports • FTSU & GoSW reports (bi-annually) **Level 2 – Risk & Compliance** • Significant Risk report to Quality Committee and Board (monthly) • EPPR Report • Freedom to Speak-up self-review • Freedom to Speak-up Guardian report to Board (bi-annually) • Gender Pay Gap report to PPC/ Board • TRAC Performance report **Level 3 – Independent Assurance** • National Staff Survey • CQC Well-Led report • CQC report • Confirm and Challenge by NHSEI NW Regional Team • Internal/external audit reports		
	• Emergency Planning, Resilience & Response (EPRR) arrangements for temporary loss of essential staffing (including industrial action & extreme weather event) • Annual Review of EPRR Assurance Statement of Compliance	Limits to the extent contingencies can provide the state required in emergency	Test EPRR arrangements for widespread disruption to availability of staff **SLT Lead:** DOF **Timescale:**	**Level 1 – Management:** • Education Review • Care Groups' mandatory training compliance reports (monthly) **Level 2 – Risk & Compliance:** • Q&P Dashboard- Mandatory Training (monthly); • Report of People Performance		Inconclusive

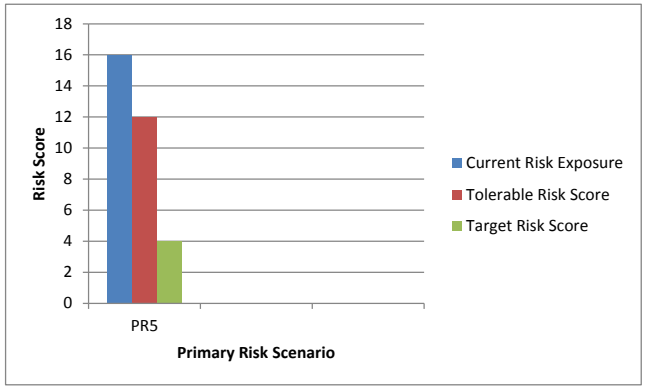
Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
				Committee to Board (monthly) • Launch of Values & Behaviours • Workforce Key Performance Indicators (KPI's) People Performance Committee (monthly) **Level 3 – Independent assurance** • National Staff survey **Level 1 – Management:** • Education Review • Care Groups' mandatory training compliance reports (monthly) **Level 2 – Risk & Compliance:** • Q&P Dashboard- Mandatory Training (monthly); • Report of People Performance Committee to Board (monthly) • Launch of Values & Behaviours • Workforce Key Performance Indicators (KPI's) [(People Performance)} Committee **Level 3 – Independent assurance** • National Staff survey		
Threat: Workforce becomes de-skilled due to diminishing training budget and / or inability to complete mandatory or role specific training	• Induction; Mandatory and role specific training programmes • Corporate teams provide support and training as required • Exercises to test business continuity and incident management plans, including loss of technology • ESR training record • Protected budgets for training & development • Practice educators • Effectiveness of mandatory training knowledge acquisition in practice: • Education Review / training needs analysis	Induction and mandatory training suspended owing to COVID-19	Induction programme delivered electronically via video conference facility Improved on-line and e-learning offer for mandatory training. Improved access to face to face training despite Covid restrictions.	**Level 1 – Management** • Education Review • Care Group' mandatory training compliance reports (monthly) **Level – Risk & Compliance** • Q&P Dashboard- Mandatory training (monthly); • Report of People Performance] Committee to Board (monthly) • Launch of Values & Behaviours • Workforce KPIs **Level 3 – Independent Assurance** • National Staff survey	Accuracy of reporting figures for some aspects of mandatory training have been questioned.	Inconclusive

Strategic priority	SO4: Using resources well to invest in the future	**Current risk exposure**		**Tolerable risk**	**Target risk**	**Risk Type**	Regulatory
Principal risk (what could prevent us achieving this strategic priority)	**PR 4: Failure to implement the recovery plan to achieve and maintain long-term financial sustainability** Failure to achieve agreed financial trajectories resulting in a loss of confidence and potential regulatory action	**Likelihood:**	4. High	3. Possible	2. Unlikely	**Risk Treatment Strategy**	Modify
		Consequence	4. High	4. High	4. High		
		Risk rating	**16. Significant**	**12. High**	**8. Medium**		
Lead Board Committee	Finance & Performance			**Rationale for current risk score**		**Risk appetite**	Cautious
Executive Lead Supported by:	Director of Finance Director of Strategy & Transformation Director of Workforce & OD			Volume of work to be recorded versus capacity		**Rationale for risk appetite**	The Trust is continually evaluating its duties and obligations to ensure Quality, Safety, Performance and Financial governance. Whilst the resources required by the NHS to respond to the COVID-19 pandemic were made available, financial governance within the Trust remains a focus with the statutory duty to carry out functions effectively, efficiently and economically remaining. Funding is public money and the NHS will continue be held to account for the resources used and its stewardship. Financial oversight going forwards will need to be considered in the context of the new financial regime.
Initial date of assessment	29/ 03/21			**Date when target risk score is expected to be achieved**			
Last reviewed	29/03/21						
Last changed	30/03/21			**Link to associated Significant Risk Register**			
Date of next review				1702			

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Threat: A reduction in funding or change in financial trajectory or unexpected event resulting in an increased Financial Improvement Plan (FIP) requirement to reduce deficit, without having an adverse impact on quality and safety	• 5-year long term financial model/Recovery plan • Delivery of 2020/21 CIP • Revenue, annual l and cash annual plans • Working capital support through agreed loan arrangements • Annual plan, including control total consideration; reduction of underlying financial deficit • Financial Improvement/Recovery] Plan, planning processes and PMO coordination of delivery • Delivery of budget holder training and enhancements to financial reporting • Appropriate SFI's authorisation limits /Scheme of Delegation • A full 'wash up' of portfolio planning, delivery and engagement conducted; recovery plan in place, Board approved & governance in place • Executive oversight of commitments	No long-term commitment received for liquidity / cash support	Budget setting process for 2021/22 to include enhanced confirm and challenge **SLT Lead:** Director of Finance **Timescale:**	**Level 1 – Management** • **CFOs Financial Reports &** Financial Improvement/Recovery] Plan, (monthly) • Business Groups' Risk reports to Risk Committee **Level 2 – Risk & Compliance** • Significant risk report to Risk Committee and Board (Monthly) **Level 3 – Independent Assurance** • Internal Audit reports • All costs associated with COVID-19 reimbursed in full to 30/9/20	Harm reviews and priority setting are subjective and prove to inherent bias from clinicians	Inconclusive
		Lack of identification of opportunities for recurrent delivery of Financial [Improvement/ Recovery] Plan	Full review of ability to improve recurrent delivery of Financial [Improvement/Recovery] Plan within financial planning for 2021/22 **SLT Lead:** **Timescale:**			

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
	• All costs and required cash associated with COVID-19 funded in full for period 1/4/20 -30/9/20	Lack of clarify on the financial regime for 2021/22	Budget setting process for 2021/22 to include enhanced confirm and challenge **SLT Lead:** Director of Finance **Timescale:**			
Threat: Wider system deficit results ina negative financial impact to the Trust	• Full participation in GMHSCP financial planning • DoFs Planning Group	Underlying financial deficit				

Strategic priority	SO4: Using resources well to invest in the future	Current risk exposure		Tolerable risk	Target risk	Risk Type	Services
Principal risk (what could prevent us achieving this strategic priority)	**PR 5: A major disruptive event leading to rapid operational instability** A major incident resulting in temporary hospital closure or a prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community	**Likelihood:** **Consequence** **Risk rating** **Anticipated change**	**4. Possible** **4. High** **16. Significant**	3. Possible 4. High **12. High**	1. Very unlikely 4. High **4. Low**	**Risk Treatment Strategy**	Modify
Lead Board Committee	Finance and Performance					**Risk appetite**	Cautious
Executive Lead Supported by:	Director of Finance Chief Operating Officer						
Initial date of assessment	29/ 03/21						
Last reviewed	29/03/21						
Last changed	30/03/21						
Date of next review							



Rationale for current risk score

Reducing but ongoing risk of Covid-19 negatively impacting on services.

Date when target risk score is expected to be achieved

Link to associated Significant Risk Register

Rationale for risk appetite

The Trust is continually evaluating its constitutional duties to maintain service provision for the local community.

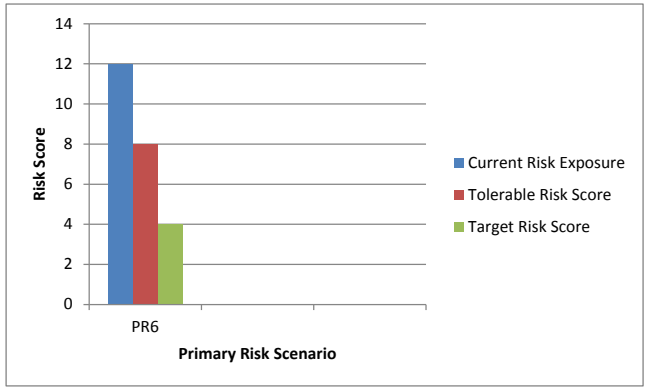
The Covid-19 pandemic has tested the organisation's emergency preparedness and while the organisation was able to continue to operate the experience has highlighted areas were further improvements could be made. An internal review of EPR capacity is to be carried out and regular testing of emergency preparedness is scheduled.

The Trust is increasingly reliant on IT systems and processes for the delivery of services and cyber attacks on public sector organisations are increasing.

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Threat: A large scale **cyber attack** that shuts down the IT network and severely limits the availability of essential information for a prolonged period	• information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy • Fire wall controls • VPN access • Spam and malware email notifications and anti-virus updates • Network accounts checked after period of inactivity – disabled if not used • Major incident plan in place • Spam and malware email notifications circulated		Digital strategy addresses elements of cyber weakness in the trust's system	**Level 1 – Management** • Data Protection and Security Toolkit submission to Board • Board level training • IG report to Risk Committee • Cyber Security report to Board **Level 3 – Independent Assurance :** • Business Continuity Confirm and Challenge NHSEI • ISO 270o1 Information Security Management Certification • Internal Audit Reports		

Threat: A critical infastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water), an uncontrolled fire or security incident or failure of the built environment that renders a signifcant proportion of the estate inaccessible or unservicable, distrupting services for a prolonged period	• Emergency Preparedness, Resilience & Response (EPRR) arrangements at regional, Trust, Care Group and service levels • Operational strategies & plans for specific types of major incident (e.g. fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNe) • Gold, Silver, Bronze command structure for major incidents • Business Continuity, Emergency Planning & Security policies • Business Impact assessments • Major incident plan in place	Deterioration of plant equipment & Fabric of building due to age of estate and availability of funding & extent of work required.	Oxygen tanks to be separated to reduce risk of single catastrophic event	**Level 1 – Management** • EPRR annual report to Risk Committee • Fire Safety Annual Report **Level 2 – Risk & Compliance** • Significant Risk Report to Risk Committee (monthly) **Level 3 – Independent Assurance** • EPPR Core Standards compliance rating • Internal Audit reports		
Threat: A critical supply chain failure that serverely restricts the aviallblility of essential goods, medicines or services for a prolonged period	• NHS Supply Chain resilience planning Business Continuity Management System & Core standards • CAS alert system – Disruption in supply alerts • Major incident plan in place • PPE Strategy • PPE Winter Forecast 2020/21 • EU Exit Preparation Meetings • COVID-19 Pandemic Surge Plan • Procurement Influenza Pandemic Business Continuity Plan • Interim provision for transmission of personal data to the United Kingdom clause within the EU Exit agreement	Lack of comprehensive visibility of (a) critical supplies and services and (b) supply chain risks, Impacts on ability to plan effectively for supply chain disruption/failures.	Development of a comprehensive Critical Supplies Risk Register. Develop a Contingency plan for critical supplies which may include: • Review of existing supply agreements	**Level 1 – Management** • Procurement Annual Report to [Audit] Committee • Oxygen Supply Assurance report to [Incident Control Team] • COVID-19 Governance Assurance report to Trust Board • EPPR Annual Report **Level 2 – Risk & Compliance** • EPRR Compliance Statement **Level 3 – Independent Assurance** • Letter of assurance, DoHSC	Security of supplies due to: • Unknown impact of Brexit on critical items including medicines • Potential ban on exports to the UK from China	

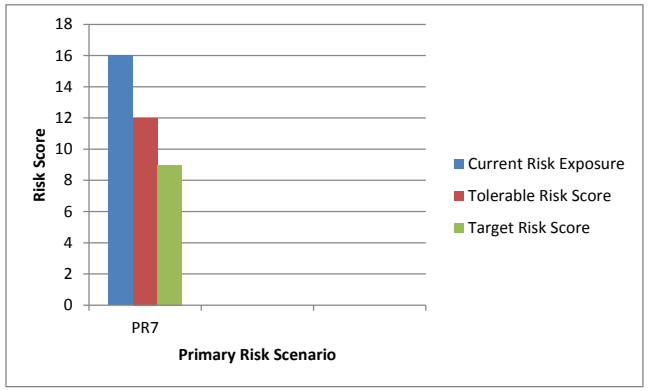
Strategic priority	SO5: Working with others for our patients and communities	**Risk rating**	**Current exposure**	**Tolerable risk**	**Target risk**	**Risk Type**	Services
Principal risk (what could prevent us achieving this strategic priority)	**PR 6: Working more closely with local health and care partners and other neighbouring partner organisations does not fully deliver the required benefits** Influencing the wider determinants of health and improving our collective financial position requires close partnership working. This may be difficult because of differences in governance, objectives, culture and appetite for and ability to change	**Likelihood:** **Consequence** **Risk rating** **Anticipated change**	4. Likely 3. Moderate **12. High**	4. Possible 2. Low **8.Medium**	2. Unlikely 2. Low **4. Low**	**Risk Treatment Strategy**	Modify
Lead Board Committee	Transformation Board			**Rationale for current risk score**		**Risk appetite**	Open
Executive Lead Supported by	Chief Executive			Level of uncertainty around the changing health and care landscape		**Rationale for risk appetite**	The Covid-19 pandemic has strengthened partnership working across Stockport, GM and the surrounding area. Government's White Paper provides opportunities to build on existing effective partnerships to better meet the needs of local communities, But it also raises challenges for partners as they the work together to establish new ICS and locality arrangements without a high degree of clarity about how the White Paper will be implemented.
Initial date of assessment	29/ 03/21			**Date when target risk score is expected to be achieved**			
Last reviewed	29/03/21						
Last changed	30/03/21			**Link to associated Significant Risk Register**			
Date of next review							



Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Threat: Conflicting priorities, financial pressures (system financial plan misalignment) and/or ineffective governance resulting in a breakdown of relationships amongst GM Partnership and other ICPs partners and an inability to influence further integration of services across acute, mental, primary and social care	• GMHSCP Board • Continued engagement with GMHSCP planning and governance arrangements • Alignment of Trust, ICS and ICP plans • Finance Directors Group • Board to Board meetings with partner organisations • Conflict of interests and whistleblowing arrangements • External oversight from regulators via System Improvement Board • Transformation Board and Transformation Plan in place • Interim arrangements while substantive Director of Strategy is appointed • Programme resources in place	Continued misalignment in organisational priorities	Agree with system partners a governance /locality construct to support partnership working and commissioning at Place Review of ICS governance and assurance processes	**Level 1 – Management** • Managing Conflicts of Interest Policy • Freedom to Speak-up • Transformation Board **Level 2 – Risk & Compliance** • **Level 3 – Independent Assurance** •	Delay in delivering the benefits of system working due to the impact COVID-19; Continued effect of national command-and-control means that the real-terms ability of the Trust to execute improvement and change is of necessity compromised at this time; The emergent strategic aims and objectives of neighbouring providers may have	Inconclusive

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
					consequences for our own clinical services strategy which we cannot control .	
Threat and Opportunity: Clinical service stratgies and/or commissioning intentions that do not suffiiently anticipate evolving healthcare needs of the local population and/or reduce health inequaities	• Continued engagement with commissioners and ICS developments in clinical service strategies focussed on prevention • Clinical service structures, accountability and quality governance arrangements established at Trust, Care Group, Service levels • Quality Strategy in place	Insufficient granularity of plans to meet the needs of the population and the statutory obligations of each individual organisation	Development and implementation of Clinical Services Strategy which receives endorsement by NHSEI Development of Stakeholder Engagement Strategy Combined clinical strategy being developed with East Cheshire Trust. Partnership objectives, system priorities and delivery models to be determined		Delay in delivering the benefits of system working due to the impact COVID-19 Continued effect of national command-and-control means that the real-terms ability of the Trust to execute improvement and change is of necessity compromised at this time;	Inconclusive

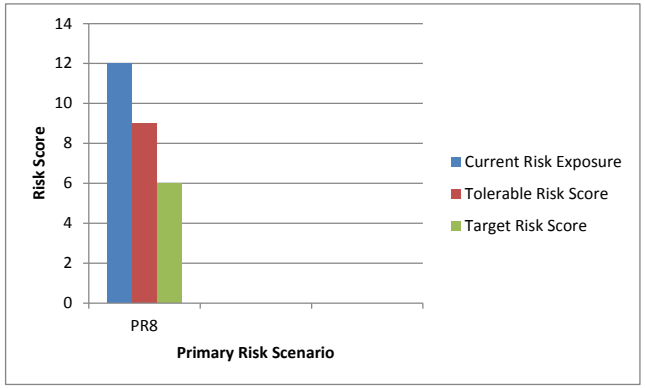
Strategic priority	SO4: Using resources well to invest in the future	**Risk rating**	**Current risk exposure**	**Tolerable risk**	**Target risk**	**Risk Type**	Sustainability
Principal risk (what could prevent us achieving this strategic priority)	**PR 7: Condition of current Trust estate requires significant backlog investment to meet current standards, national specifications and to provide a sustainable patient environment**	**Likelihood: Consequence**	4 High 4 Likely	3 Moderate 4 Possible	3 Moderate 3 Possible	**Risk Treatment Strategy**	Modify
		Risk rating	**16 Significant**	**12 High**	**9 High**		
		Anticipated change				**Risk appetite**	Open
Lead Board Committee	Finance & Performance			**Rationale for current risk score**		**Rationale for risk appetite**	
Executive Lead Supported by:	Director of Finance			Historical estates issues in multiple respects. This risk recognises that delivery of outstanding care requires effective supporting infrastructure to be in place. This includes the physical estates maintained to a high standard.		The Trust is continually evaluating the quality of its estate in line with national guidance as well as how it impacts on the ability to provide quality of care. The Board recognises the negative impact of historic under investment in the estate and facilities, and in 2019-20 and 2020-21 has made efforts to address some of the pressing issues. Capital funding for whole improvements remains limited and the Trust is open to looking at a range of options for improving its estate.	
Initial date of assessment	29/ 03/21			**Date when target risk score is expected to be achieved**			
Last reviewed	29/03/21						
Last changed	30/03/21			**Link to associated Significant Risk Register**			
Date of next review							



Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Threat: The ageing buildings, physical environment, associated infrastructure and inadequate backlog resources present a risk of services failing and impacting on the delivery of patient services which may result in the Trust breaching its licence conditions, regulatory action being taken against the Trust; poorer patient outcomes and/or patient harm; and adverse publicity	• Emergency Preparedness, Resilience & Response (EPRR) arrangements at regional, Trust, Care Group and service levels • Operational strategies and plans for specific types of major incidents (e.g. industrial action, fuel shortage, pandemic, disease, power failure, severe winter weather, evacuation, • Estates strategy and Site Development Plan in place	Limitations of the Estate hinder remedial work being undertaken while clinical services are being delivered.	To be detailed in Estates Strategy.	**Level 1 – Management** • Major Incident Plan • Gold, Silver, Bronze command structure for major incidents • Resilience Assurance Committee has oversight of EPRR • Estates risk to Risk Committee (monthly) **Level 2 – Risk & Compliance** • Additional capital allocation for backlog maintenance		Inconclusive

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
and reputational damage.		Limitations of the Estate hinder remedial work being undertaken while clinical services are being delivered.		**Level 3 – Independent Assurance** • NHS Supply Chain Resilience Planning • Annual six facet survey		

Strategic priority	SO4: Using resources well to invest in the future	**Risk rating**	**Current risk exposure**	**Tolerable risk**	**Target risk**	**Risk Type**	Sustainability
Principal risk (what could prevent us achieving this strategic priority)	**PR 8: Failure to provide robust IM&T Infrastructures and digital defences against cyber security.** The ability of the Trust to provide and use reliable data (business intelligence) making the best use of technology is compromised	**Likelihood:**	3 Moderate	3 Moderate	2 Moderate	**Risk Treatment Strategy**	Modify
		Consequence	4 Likely	3 Possible	3 Possible		
		Risk rating	**12**	**9**	**6**		
Lead Board Committee	Finance & Performance					**Risk appetite**	Open
Executive Lead Supported by:	Director of Finance					**Rationale for risk appetite**	The Trust is continually evaluating the robustness of its IM&T infrastructure to support service's clinical reliance on IT based systems. Cyber attacks on public sector systems are increasing and becoming more sophisticated.
Initial date of assessment	29/ 03/21						
Last reviewed	29/03/21						
Last changed	30/03/21						
Date of next review							



Rationale for current risk score

The challenges relating to complex inter-operability and digital transformation present a risk to the delivery of optimal patient outcomes and operational effectiveness.

BI is provided, but is sourced from multiple sites, reducing reliability and ease of access.

Date when target risk score is expected to be achieved

Link to associated Significant Risk Register

957

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Threat: Unable to deliver excellent patient outcomes and maintain financial and operational sustainability due to a failure to develop and embed a robust Clinical IT Strategy. This might potentially lead to inefficiencies financially and technically causing further financial pressure on the Trust and the potential for patient harm	• Digital Programme Board and Work plan • Data are captured on multiple systems • Manual data handling required from staff with expertise	Central data repository required with user-friendly tool for interrogation	Implementation of a Trust data warehouse Establishment of centralised performance and validation team Development of an IT Roadmap to deliver a paper light organisation	**Level 1 – Management** • Weekly performance metrics and reporting to facilitate an overview of Trust's performance against national /local standards **Level 2 – Risk & Compliance** • Additional capital allocation for backlog maintenance		

Strategic Threat (what might cause this to happen)	**Primary Risk Controls** (what controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources and level of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gap in Assurance/ Action to address gap and issues relating to COVID-19** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Threat: A failure to ensure appropriate investment in and applicaion of digital defences to detr cyber attacks, may lead to patient harm, fiancial loss and sisruption and/or damage to the reputation of the Trust from the failure of information technolgy sysyems						

NHS Stockport NHS Foundation Trust

BOARD OF DIRECTORS

Meeting date	6th May 2021	x	Public		Confidential	Agenda item
Title	Integrated Performance Report					
Lead Director	Chief Executive					
Author	Jo Pemrick (Head of Performance)					

Recommendations made/ Decisions requested

Report for noting.

This paper relates to the following Strategic Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.

Where issues are addressed in the paper-

9.1

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

Executive Summary

The Board is asked to note and challenge:

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

Integrated Performance Report

Reporting Period March 2021

Quality | Operations | Workforce | Finance

9.1

Integrated Performance Report

Trust Highlight Report

Quality

The number of MOAT patients has continued to reduce which is also reflected in the improved 7+ day length of stay metric.

The electronic sepsis screening tool was successfully implemented in March leading to a step change in compliance with the sepsis standard.

Hospital on-set COVID rate continues to reduce.

The Trust remained 100% compliance in responding to complaints within required timescales.

Operations

The Trust achieved the National 2ww Cancer standard in March and is on track to maintain this performance in April.

There has been a sustained increase in ED attendances, including an increase in complex mental health presentations.

Additional CT capacity has been secured in May provided by the National Team which will expedite the reduction of 6+ week waits

Additional elective theatre capacity opened in April. The surgical team are looking to extend the number of theatres further in mid-May.

Cancer peer reviews are taking place throughout April 2021, led by the Director of Operations. This will provide Executive level support to teams in delivering the wider cancer agenda

The Business Group Performance Review meetings focused on workforce issues this month to help identify and address key resource gaps.

A review of ED 4hr breaches by admission location is being undertaken to ensure effectiveness of SDEC pathways

Workforce

Staff in post numbers have increased again in month which should continue as our recruitment strategies start to deliver.

Workforce turnover rates also continue to reduce showing a sustained improvement. This is an important indicator for the Trust, as we invest in recruiting new staff we also want to see that staff want to stay working within our teams.

Recruitment events to attract registered nurses and Health Care Assistants continue to recruit to existing vacancies and also newly established post on the inpatient wards.

India, which is one of the countries that we are currently working with to recruit registered nurses, have now been moved to the 'red list', this will have an impact on quarantine arrangements that we are currently working to deliver.

Finance

The Trust has delivered its internal planned deficit in financial year 2020/21 ending 31st March 2021, based on the original assumptions of the plan submission.

In addition to this the Trust has received £2.0m of non-NHS income support for loss of non-NHS income for October 2020 to March 2021 (H2), which is accounted for separately in the financial returns and excluded from the control total. In addition the Trust has received £1.4m of system support from Greater Manchester (GM) to improve the system out-turn position. These are part of a number of accounting and reporting changes made as part of the year end accounts process within the national system.

However the recurrent deficit for the Trust has increased during the Covid-19 pandemic, which feeds into the nationally deferred planning round for 2021/22. Financial block contracts will roll-over to Q1 of 2021/22, and based on 2019/20 Q3 actuals, and will again be topped up by system support. The annual NHS finance and operational planning rounds have been delayed and system funding envelopes are still being negotiated across Greater Manchester (GM).

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

Quality Metrics	Latest Performance			Target
VTE Risk Assessment	Feb-21		98.1%	>= 95%
Sepsis: Timely recognition	Mar-21		90.6%	>= 85%
Sepsis: Antibiotic administration	Mar-21		75%	>= 85%
Medication Errors: Rate	Mar-21		4.11	
Mortality: HSMR	Jan-21		1.04	<= 1
Mortality: SHMI	Oct-20		0.99	<= 1
Never Event: Incidence	Mar-21		0	<= 0
Serious Incidents: STEIS Reportable	Mar-21		7	
Stroke: Time spent on stroke ward	Feb-21		91%	>= 90%
Hospital Onset Covid (HOC) Rate	Mar-21		36.1%	<= 18.34%
C.Diff Infection Rate	Feb-21		15.82	
C.Diff Infection Count	Feb-21		24	<= 46
MRSA Infection Rate	Feb-21		1.22	
MRSA Infection Count	Feb-21		0	
MSSA Infection Rate	Feb-21		4.87	
E.Coli Infection Rate	Feb-21		19.47	
E.Coli Infection Count	Feb-21		3	
Falls: Total Incidence of Inpatient Falls	Mar-21		908	<= 889
Falls: Causing Moderate Harm and Above	Mar-21		22	<= 26
Pressure Ulcers: Hospital, Category 2	Feb-21		82	<= 85
Pressure Ulcers: Hospital, Category 3	Feb-21		14	<= 9
Pressure Ulcers: Hospital, Category 4	Feb-21		3	<= 3
Emergency C-Section Rate	Mar-21		18.8%	<= 15.4%
Friends & Family Test: Response Rate	Feb-21		19.9%	
Friends & Family Test: Inpatient	Feb-21		96.1%	
Friends & Family Test: A&E	Feb-21		91.9%	
Friends & Family Test: Maternity	Feb-21		94.8%	
Complaints Rate	Mar-21		0.7%	
Complaints: Timely response	Mar-21		100%	>= 95%

Operational Metrics	Latest Performance			Target
A&E: 4hr Standard	Mar-21		77.6%	>= 85%
A&E: 12hr Trolley Wait	Mar-21		0	<= 0
Diagnostics: 6 Week Standard	Mar-21		47.3%	<= 34%
Cancer: 62 Day Standard	Mar-21		59.4%	>= 79.7%
Cancer: 14 day standard	Mar-21		97.5%	>= 93%
Cancer: 31 Day 1st Treatment	Mar-21		92.5%	>= 96%
Cancer: 104 Day Breaches	Feb-21		10	<= 0
Referral to Treatment: Incomplete Pathways	Mar-21		56.1%	>= 65%
Referral to Treatment: Incomplete Waiting List Size	Mar-21		31782	<= 24637
Referral to Treatment: 52 Week Breaches	Mar-21		4753	<= 7500
Length of Stay: Non-Elective (UoR)	Mar-21		10.57	<= 9
Length of Stay: Elective (UoR)	Mar-21		2.09	<= 2.6
Long Length of Stay 7 Days	Mar-21		41.3%	<= 32%
Long Length of Stay 21 Days	Mar-21		16.8%	<= 11%
Medical Optimised Awaiting Transfer (MOAT)	Mar-21		65	<= 40

Workforce Metrics	Latest Performance			Target
Substantive Staff-in-Post	Mar-21		93.2%	>= 90%
Sickness Absence: Monthly Rate (UoR)	Mar-21		4.7%	<= 4.2%
Sickness Absence: Rolling 12-Month Rate (UoR)	Mar-21		5.3%	<= 4.2%
Workforce Turnover (UoR)	Mar-21		11.9%	<= 12.6%
Staff Friends & Family Test: Recommend for Work	Sep-20		51.2%	
Staff Friends & Family Test: Recommend for Care	Sep-20		64.8%	
Appraisal Rate: Medical	Mar-21		91.9%	>= 95%
Appraisal Rate: Non-medical	Mar-21		81.1%	>= 95%
Statutory & Mandatory Training	Mar-21		92.8%	>= 90%
Bank & Agency Costs	Mar-21		22.8%	<= 5%
Agency Shifts Above Capped Rates	Mar-21		2698	<= 0
Agency Spend: Distance From Ceiling (UoR)	Mar-21		71.5%	<= 3%

Finance Metrics	Latest Performance			Target
Financial Controls: I&E Position	Mar-21		-25.8%	<= 0%
Cash Balance	Mar-21		33.6	>= 18.8
CIP Cumulative Achievement	Mar-21		0%	>= 0%
Capital Expenditure	Mar-21		17.4%	<= 10%

Performance variation

- Grey indicates common cause, which shows no significant change in the data values
- Orange indicates special cause of concerning nature or higher pressure due to higher or lower data values
- Blue indicates special cause of improving nature or lower pressure due to higher or lower data values

Target assurance

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

Quality | Operations | Workforce | Finance

Integrated Performance Report

Quality Highlight Report

Matters of Concern or Key Risks to Escalate:

Major Actions Commissioned / Work Underway:

It has been agreed that double sided slip socks will be introduced to all areas for patients without suitable footwear to reduce the falls. Procurement will be supporting the ward/unit areas, making sure that all wards have easy access to ordering the slip socks

All areas will also have Falls Champions who will assist with preventing falls

Positive Assurances to Provide:

The number of MOAT patients has continued to reduce which is also reflected in the improved 7+ day length of stay metric.

The electronic sepsis screening tool was successfully implemented in March leading to a step change in compliance with the sepsis standard.

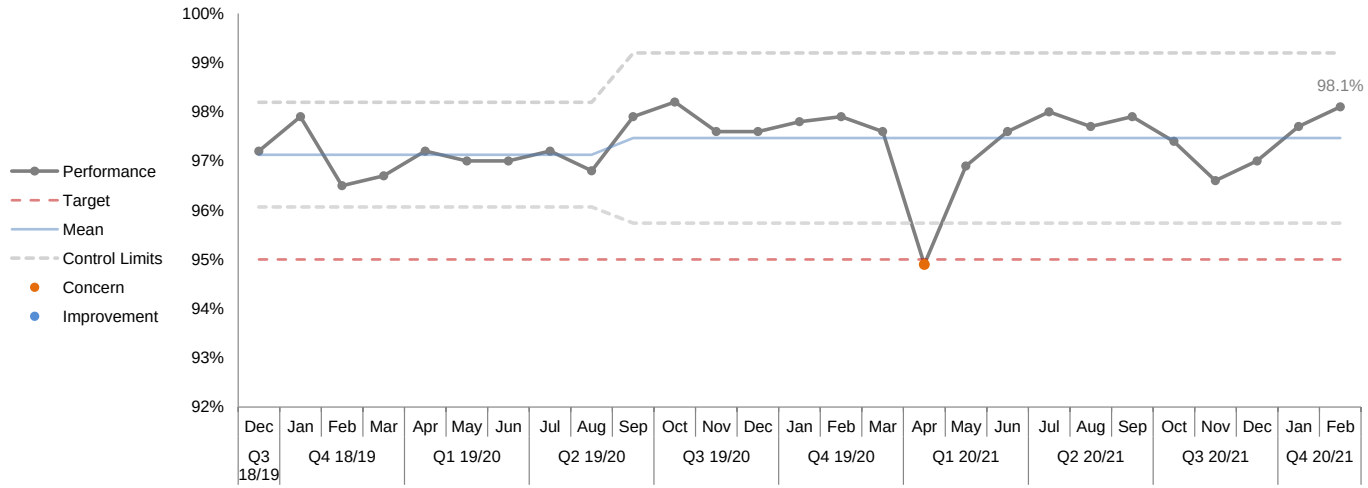
Hospital on-set COVID rate continues to reduce.

100% compliance in responding to complaints within required timescales continues

Decisions Made:

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**VTE Risk Assessment** The percentage of eligible admitted patients who have been given a VTE risk assessment.
Performance of this measure over time	
What the chart tells us	The chart shows that between September 2019 and March 2020 there is a run of high performance above the average. April 2020 saw a significant drop in performance for just that month, with a return to normal performance levels from May to October 2020. Apart from the drop in April, performance is consistently above the target level, suggesting we have a robust process in place.

Variance

Latest Month	Actual
Feb-21	98.1%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
>= 95%

Apart from a drop in performance during April 2020, performance is consistently above the target level.

Narrative	Issues:	Actions & Mitigations:
	No issues	No actions

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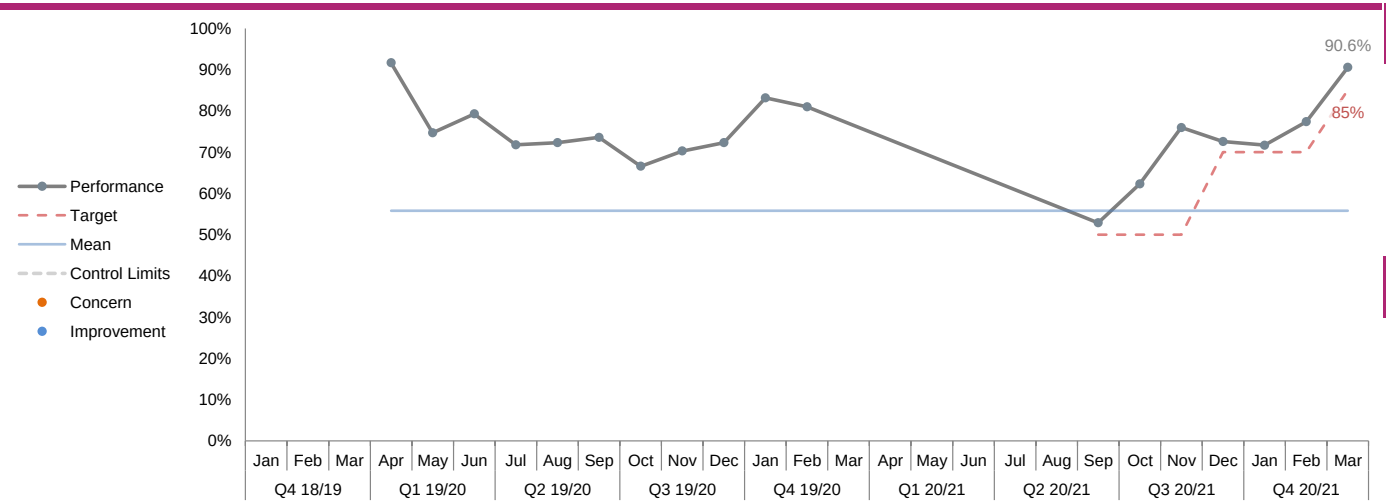
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sepsis: Timely recognition** The number of patients who are screened for sepsis, as a percentage of those eligible patients audited. Performance for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.
Performance of this measure over time	
What the chart tells us	It this stage, there is not enough data to determine how sustainable this may be. Performance since September 2020 has continued to be above trajectory, and at the end of March performance has achieved the target amount as planned.

Variance

Latest Month	Actual
Mar-21	90.6%

There are too few data points to accurately determine control limits and special cause variation.

Assurance

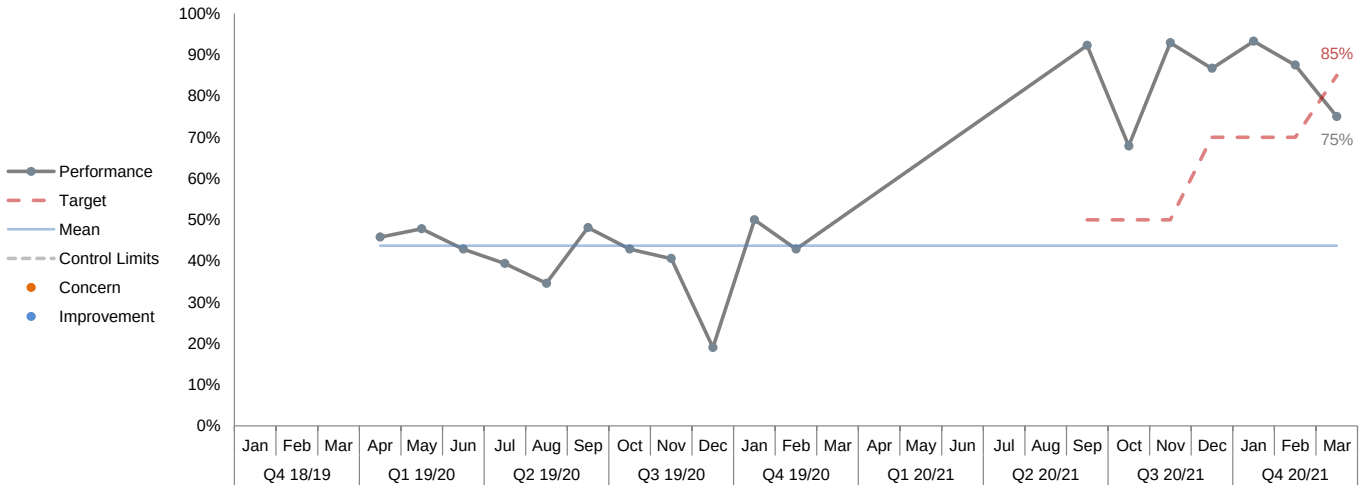
Target
>= 85%

Since data collection recommenced, performance has exceeded the target amount.

Narrative	Issues:	Actions & Mitigations:
	No issues	The electronic sepsis screening process was implemented on 3rd march 2021. The results for March demonstrate a positive step change in compliance to the timely recognition of possible sepsis. To continue to embed the importance of completing the screening tool within Patientrack. The Sepsis Practitioners will continue to undertake local training and increase awareness for sustained performance.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sepsis: Antibiotic administration** The number of patients who received IV antibiotics within agreed standards for sepsis patients, as a percentage of those eligible patients audited and found to have sepsis. Performance for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.
Performance of this measure over time	
What the chart tells us	It this stage, there is not enough data to determine how sustainable this may be. Performance since September 2020 has continued to be above trajectory, but performance appears to have dropped below trajectory for March.

Variance

Latest Month	Actual
Mar-21	75%

There are too few data points to accurately determine control limits and special cause variation.

Assurance

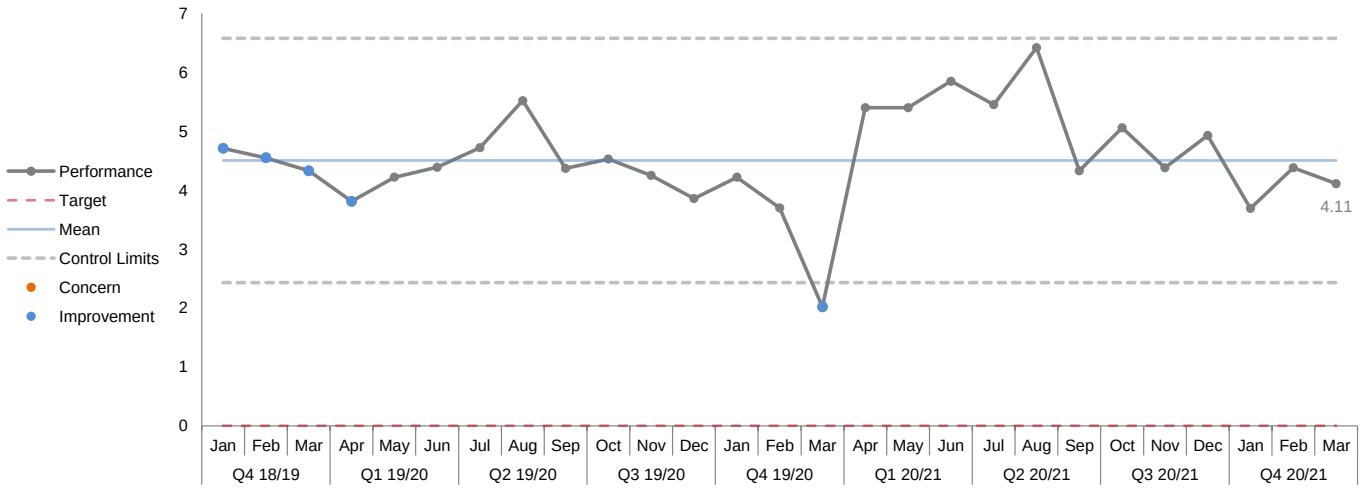
Target
>= 85%

Performance against the trajectory target is inconsistent.

Narrative	Issues:	Actions & Mitigations:
	Since the implementation of the electronic screening tool within Patientrack, we have greater confidence in the number of patients reviewed and identified as possible sepsis (both amber and red flag). Of the 16 patients deemed to be red flag sepsis, all had a timely clinician review within 1 hour. 8 were diagnosed with sepsis and all received antibiotics. the 3 patients who did not receive antibiotics were out of hours triggers.	Communication has been sent to all BGs AMDS to reiterate the importance of ensuring timely administration of antibiotics within 1 hour for red flag sepsis. Lead Microbiologist will support further education and training.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Medication Errors: Rate** Rate of medication errors, calculated as incidence per 1000 bed days.
Performance of this measure over time	
What the chart tells us	The charts there have been improving trends between Nov18 and Apr19, and again between Sep19 and Mar20, but this improvements have not been sustainable. The rate of medication errors since Apr20 have not changed significantly.
Narrative	**Issues:** / **Actions & Mitigations:**

Variance

Latest Month	Actual
Mar-21	4.11

The data shows common cause variation, indicating no significant changes in performance.

Assurance

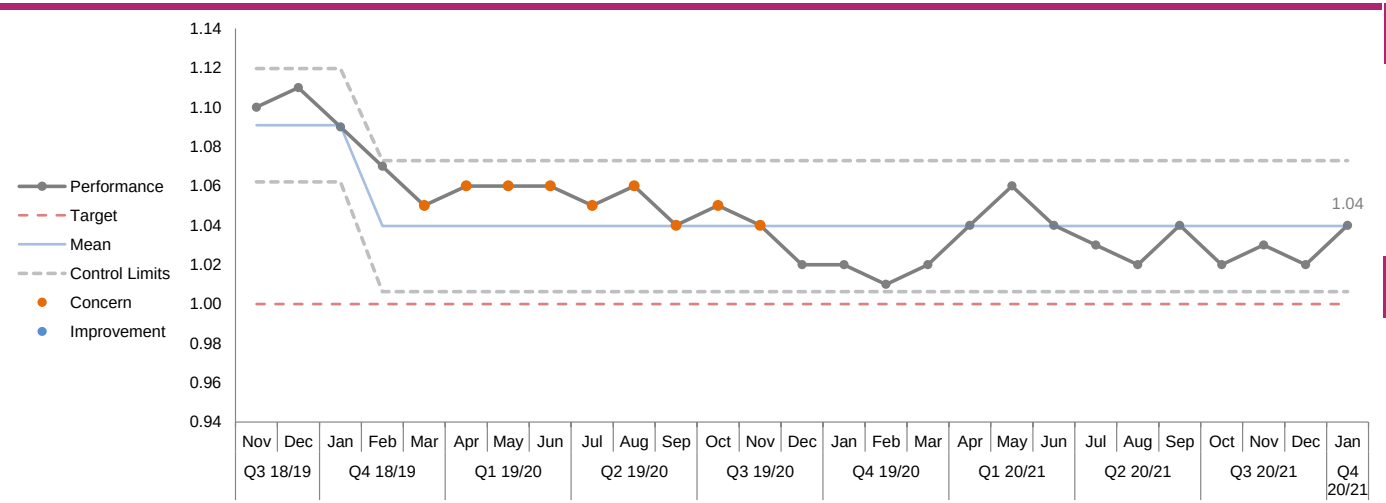
Target

There is no target for this metric.

Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Mortality: HSMR** This is the ratio between the actual number of patients who either die while in hospital compared to the number of patients that would be expected to die based on whether patients are receiving palliative care, and socio-economic deprivation.
Performance of this measure over time	
What the chart tells us	The chart shows that from February 2019 the Trust has seen a new lower mortality rate. Since then there is variation in performance month to month, but there have been no significant changes to our HSMR mortality rate.
Narrative	**Issues:** / **Actions & Mitigations:**

Variance

Latest Month	Actual
Jan-21	1.04

The data shows common cause variation, indicating no significant changes in performance.

Assurance

Target
<= 1

Performance consistently exceeds the target amount.

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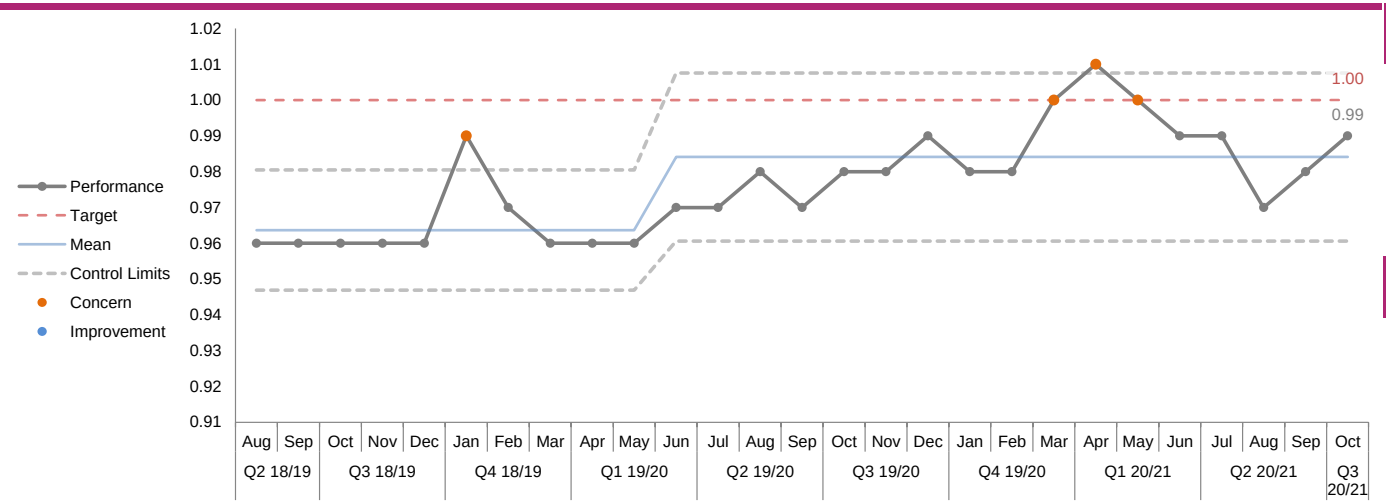
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Mortality: SHMI** This is the ratio between the actual number of patients who either die while in hospital or within 30 days of discharge compared to the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated.
Performance of this measure over time	
What the chart tells us	In June 2019 we see a new higher rate of mortality measured for SHMI. The latest data refresh shows that in March April and May of 2020 we saw an increasing mortality rate above the expected levels. Although this was above, it was not high enough to be statistically significant. Since June, mortality rates return to the expected range and there have been no significant changes.
Narrative	**Issues:** / **Actions & Mitigations:**

Variance

Latest Month	Actual
Oct-20	0.99

The data shows common cause variation, indicating no significant changes in performance.

Assurance

Target
<= 1

Performance is consistently below the target amount.

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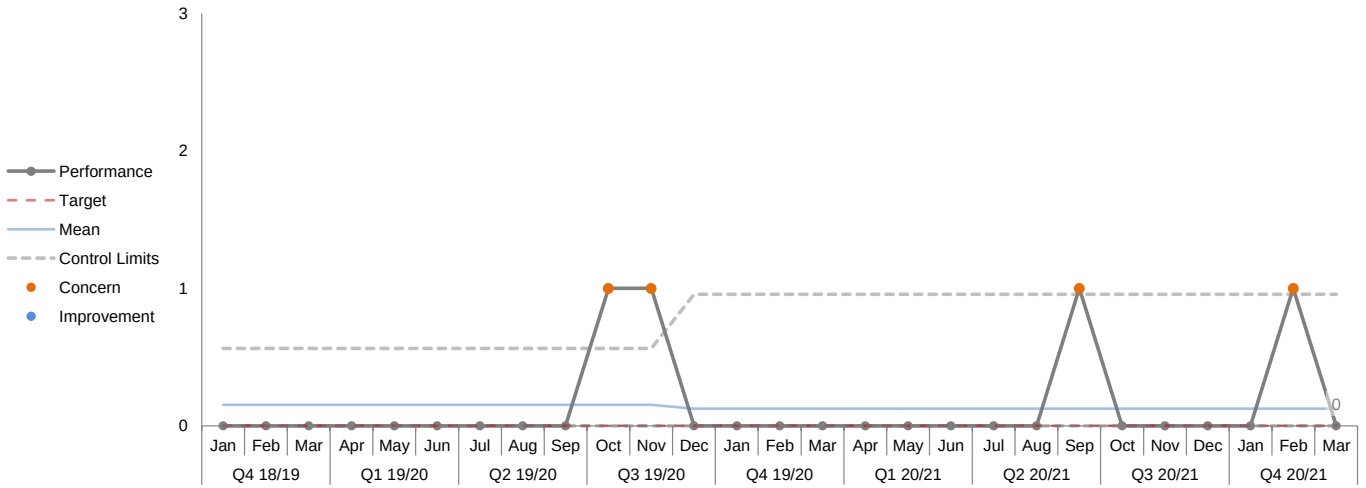
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Never Event: Incidence** Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
Performance of this measure over time	
What the chart tells us	The chart shows that there are extended periods where no never events are reported, for 10 months and Nov18 and Sep19 and then again for 9 months between Dec19 and Aug20. A shorter period of 4 months between Oct20 and Dec20 is seen before a Never Event is reported in February 2020.
Narrative	**Issues:** No issues **Actions & Mitigations:** No actions

Variance

Latest Month	Actual
Mar-21	0

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
<= 0

In the last 6 months, the target has not been achieved consistently.

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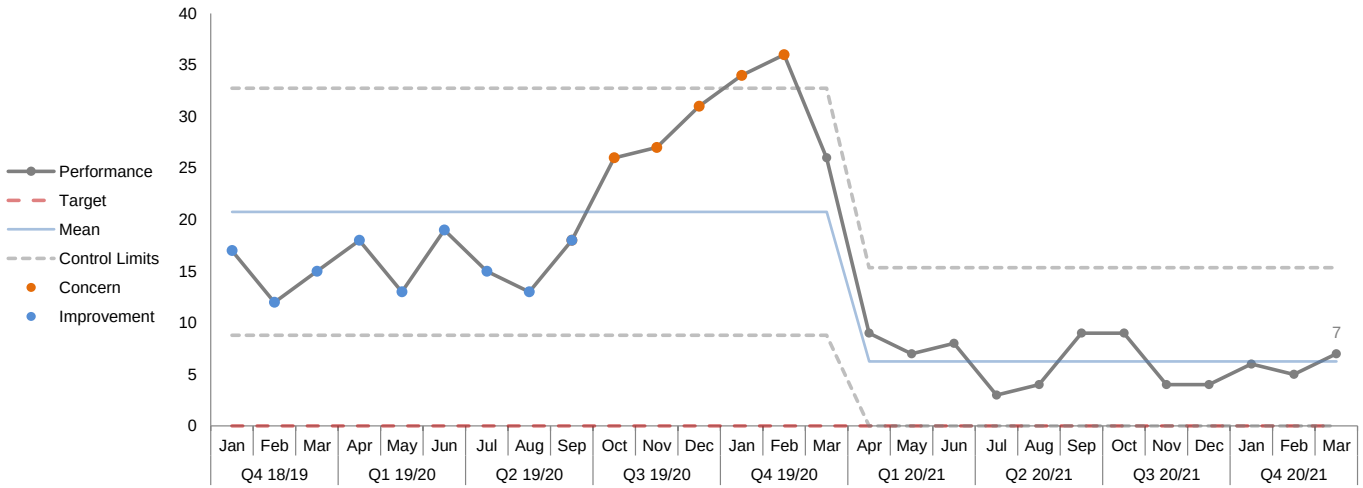
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Serious Incidents: STEIS Reportable** The total number of STEIS reportable incidents.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	7

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

There is no target for this metric.

What the chart tells us

The charts shows that between September 2019 and March 2020 there is a period where the number of STEIS reportable incidents is significantly higher. However, there is a consistent change in performance from April 2020 onwards indicated by a new lower level of reportable incidents. There has been no significant change in performance since that time.

Narrative

Issues:

The 7 Serious Incidents StEIS reported in March 2021, were as follows:

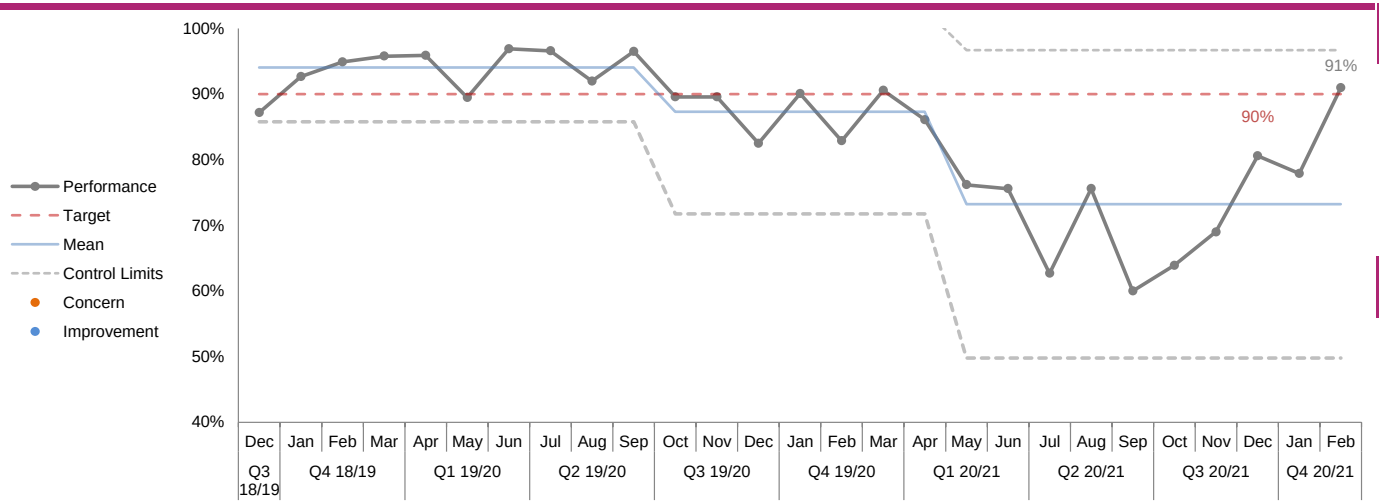
- 1 incident of hospital acquired Covid, which resulted in the patient's death.
- 1 incident of patient suffering 10kg weight loss during inpatient stay.
- 1 incident of delayed cancer diagnosis.
- 1 incident of missed diagnosis of aortic aneurysm, which resulted in the patient's death.
- 1 incident of an unwitnessed fall resulting in a fractured right neck of femur.
- 1 incident of missed diagnosis of aortic root dissection and haemopericardium, which resulted in cardiac arrest and the patient's death.
- 1 incident of failure to follow-up on a potential lung cancer relapse.

Actions & Mitigations:

Investigations are being undertaken as per policy

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Stroke: Time spent on stroke ward** The amount of time stroke patients spent on a stroke ward, as a percentage of overall time in the spell.
Performance of this measure over time	
What the chart tells us	The charts shows that up until September 2019 there was no significant change in performance month to month. From October 2019 the chart shows wider control limits, which suggest that performance is much less consistent. In May 2020 performance drops to a new consistently lower level of performance against this metric. October does appear to show the start of an improving trend, with the latest figures for February 2021 showing above the target for the first time since March 2020.
Narrative	**Issues:** / **Actions & Mitigations:**

Variance

Latest Month	Actual
Feb-21	91%

There are too few data points to accurately determine control limits and special cause variation.

Assurance

Target

>= 90%

Performance against the target is inconsistent.

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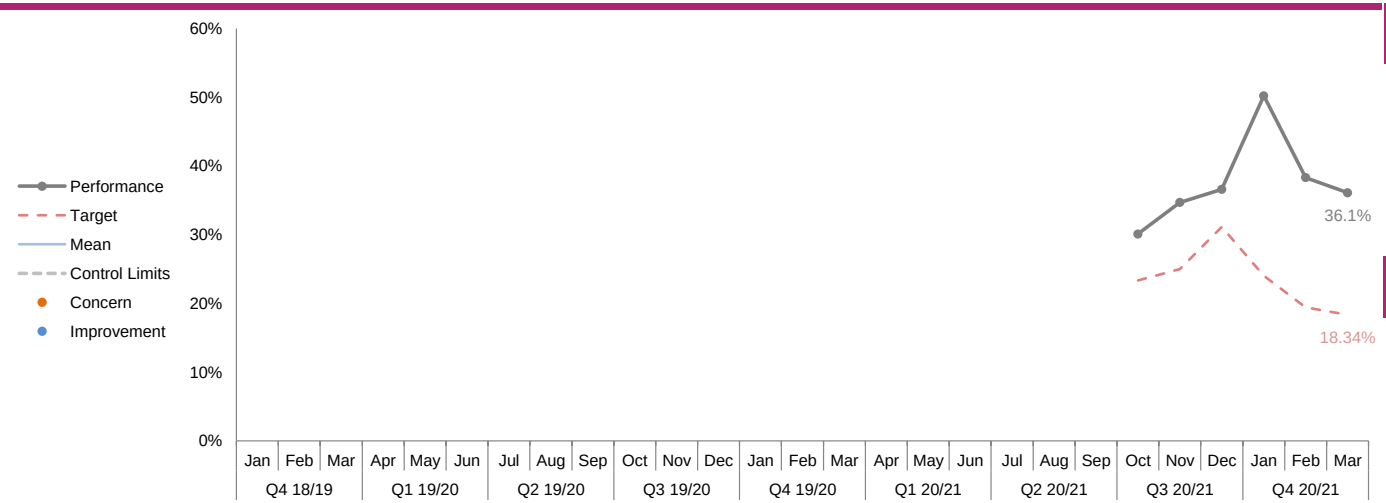
Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Variance

Latest Month	Actual
Mar-21	36.1%

As this is a new indicator, there is not yet enough data to identify special cause variations.

Assurance

Target
<= 18.34%

Performance is consistently higher than the regional average.

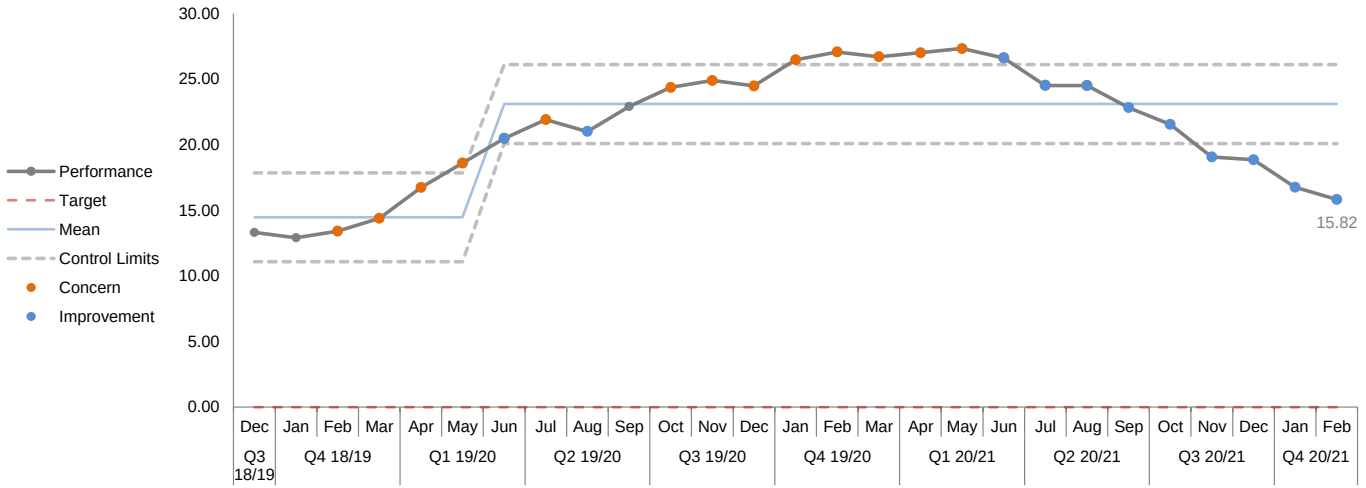
What the chart tells us	This is a new metric which has been recorded since October 2020. The available data shows that the hospital on-set Covid-19 rate for our Trust continues to be higher than the average for the region.

Narrative

Issues:	Actions & Mitigations:
No issues to report	We continue to encourage social distancing across the Trust. We continue to encourage the use of masks for patients. We continue to monitor the use of PPE compliance. Enhanced surface cleaning is carried out on all wards. Visitors are not permitted unless for extenuating circumstances.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**C.Diff Infection Rate** Average number of C.Diff infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable C.Diff infections compared to the rolling 12 month average number of bed days per 100,000.
Performance of this measure over time	
What the chart tells us	The chart does show an increasing trend in C.Diff infection rates right through until January 2020. The infection rate does then appear to level off, and from June 2020 onwards an improved decreasing trend can be seen in the data.

Variance

Latest Month	Actual
Feb-21	15.82

The data shows special cause variation, with a value at the edge of the control limits, suggesting a potential improvement.

Assurance

Target

There is no target set for this metric.

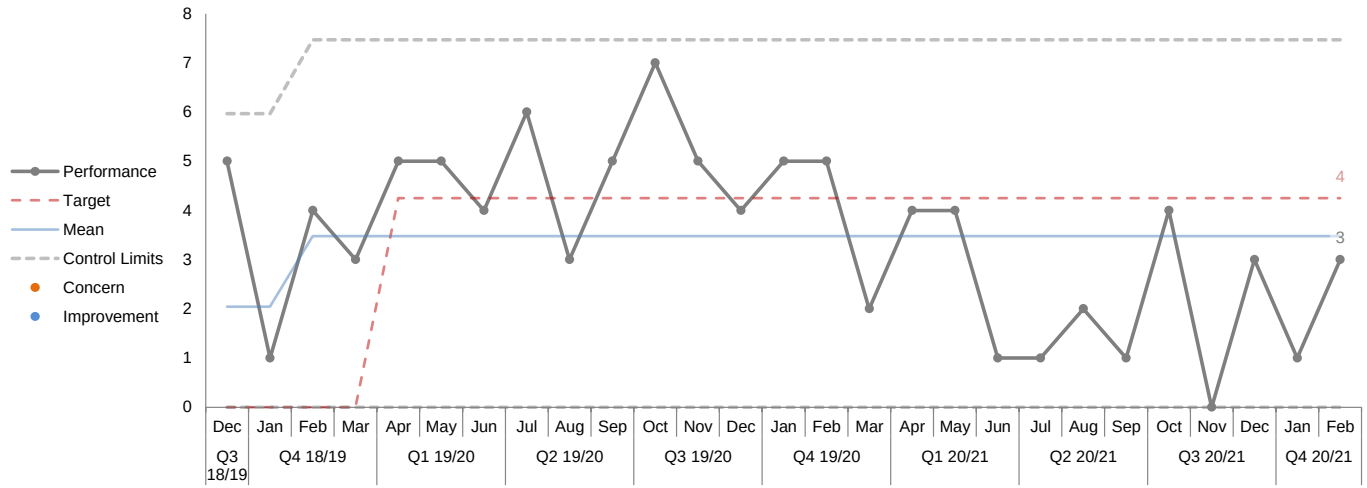
Narrative	Issues:	Actions & Mitigations:
	No issues to report	We are continuing to experience low numbers of Cdiff cases, this is thought to be largely attributed to the increased requirements for social distancing , improved compliance around Hand hygiene and the enhanced cleaning of touch surfaces. Virtual antibiotic stewardship rounds have challenged prescribed antibiotics which is also helping in the reduction and acquisition of C difficile

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Feb-21	24

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
<= 46

So far there have been 24 infections reported, against a cumulative target of 46 for the 11-month period.

What the chart tells us

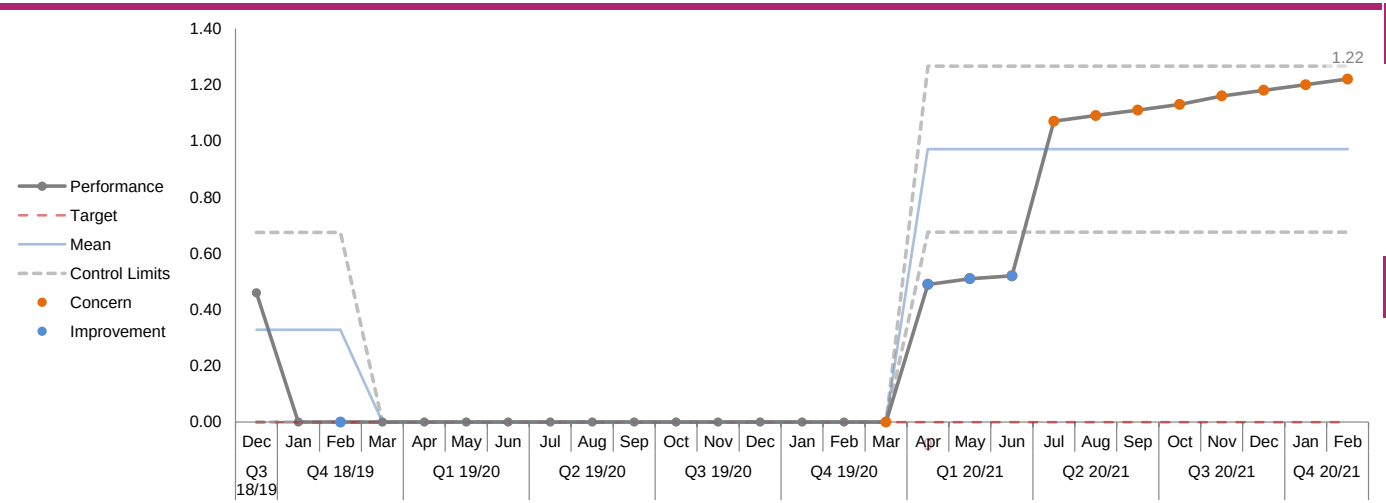
The control limits in the chart are very wide, suggesting that month to month the number of infections reported is quite inconsistent and variable. Although not a significant change, you can see that the number of infections reported since April 2020 has largely been lower than average. Performance for this metric is measured against a cumulative target for the year.

Narrative

Issues:	Actions & Mitigations:
No issues to report	We are continuing to experience low numbers of Cdiff cases, this is thought to be largely attributed to the increased requirements for social distancing , improved compliance around Hand hygiene and the enhanced cleaning of touch surfaces. Virtual antibiotic stewardship rounds have challenged prescribed antibiotics which is also helping in the reduction and acquisition of C difficile.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**MRSA Infection Rate** Average number of MRSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MRSA infections compared to the rolling 12 month average number of bed days per 100,000.
Performance of this measure over time	
What the chart tells us	The chart shows that from January 2019 to March 2020 the Trust maintained a 0 infection rate for MRSA. April and July show a change as the infection rate increases at these two points which is increasing through to the current month. This is because the figure is based on a rolling 12-month period, and we have reduced our bed numbers over the month - which translates to an increasing rate figure.

Variance

Latest Month	Actual
Feb-21	1.22

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

Assurance

Target

There is no target set for this metric.

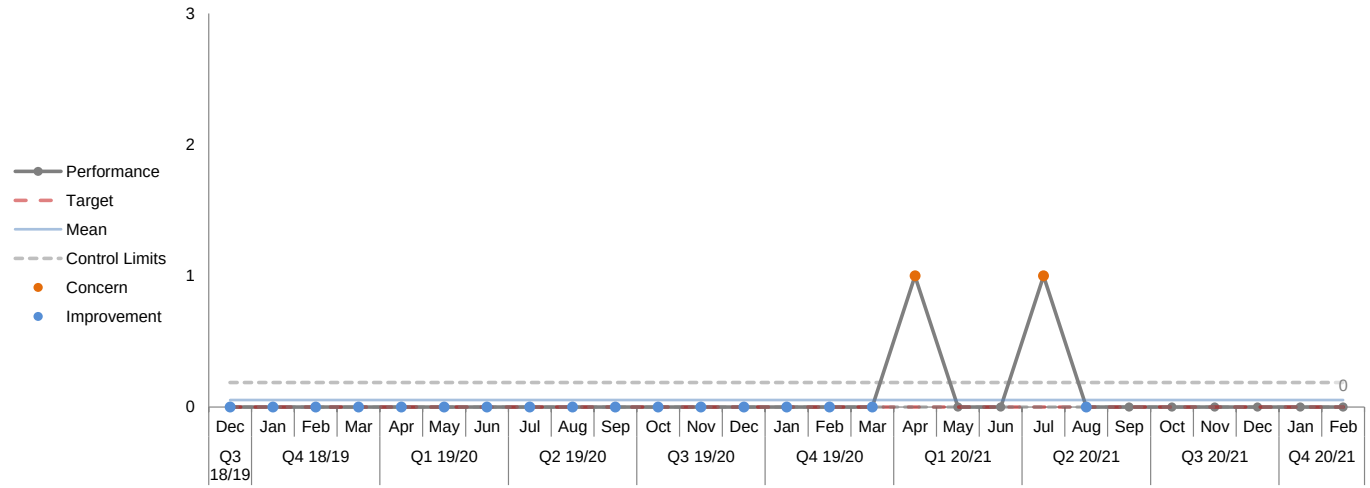
Narrative	Issues:	Actions & Mitigations:
	No issues to report	Spot audits are carried out to ensure the trust processes are followed for managing MRSA patients care. Alerts received informing of new MRSA cases are actioned by the Infection prevention service by visiting the ward/department, advising on the correct decolonisation and on further screening required. Emphasis is placed on the importance of ANTT when performing any invasive procedure to minimise the risk of Infection/bacteraemia.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**MRSA Infection Count** Total number of MRSA infections.

Performance of this measure over time



Variance

Latest Month	Actual
Feb-21	0

The data shows common cause variation, which suggests no significant changes in performance.

Assurance

Target

There is no target for this metric.

What the chart tells us	The chart shows that over much of the reporting period there are 0 MRSA infections. April and July 2020 show a change, with 1 infection reported in each of these months. No further infections have now been reported for the last 7 months.

Narrative

Issues:	Actions & Mitigations:
No issues to report	No new actions required this month.

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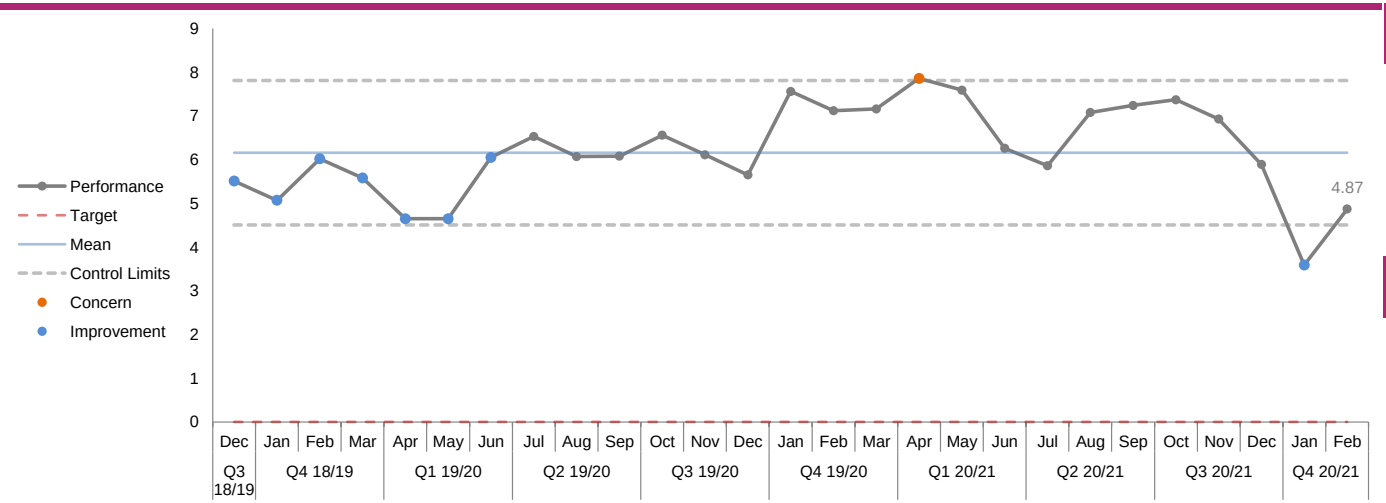
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**MSSA Infection Rate** Average number of MSSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MSSA infections compared to the rolling 12 month average number of bed days per 100,000.
Performance of this measure over time	
What the chart tells us	The chart shows a period of reduced MSSA infection rate between Nov18 and Jun19 below the average for the reporting period. Other than an unusually higher rate in Apr20, performance across the whole reporting period does not change significantly until January 2020, where we see a significant drop in MSSA rates for the Trust.

Variance

Latest Month	Actual
Feb-21	4.87

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

There is no target for this metric.

Narrative	**Issues:**	**Actions & Mitigations:**
	No issues to report	Mini toolbox sessions are carried out at ward/department level raising the importance of ANTT and skin correct preparation prior to any invasive procedure to minimise the risk of MSSA.

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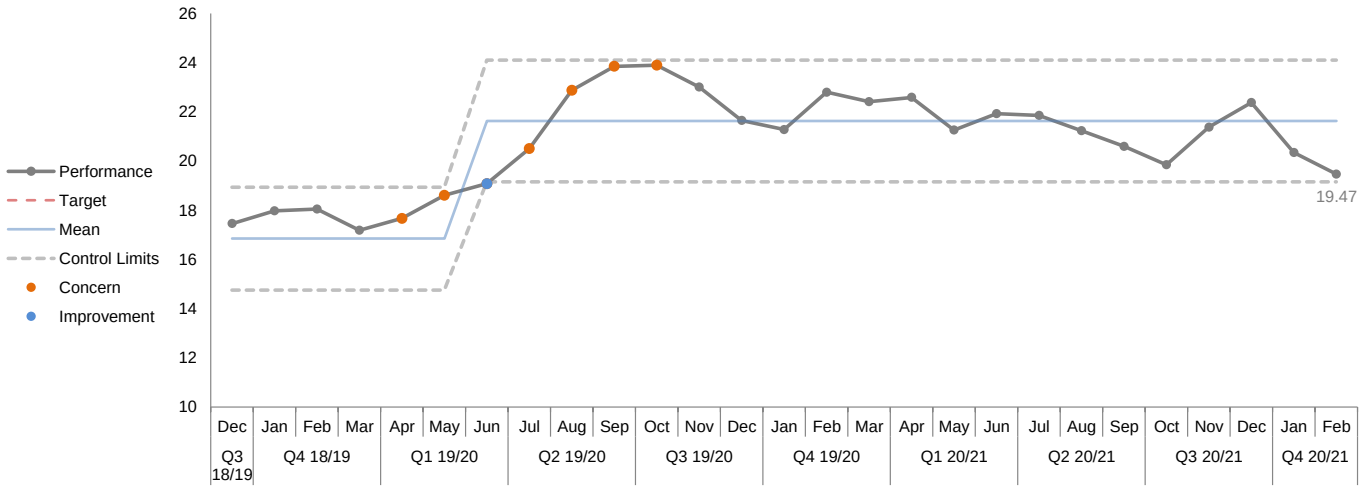
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**E.Coli Infection Rate** Average number of E.Coli infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable E.Coli infections compared to the rolling 12 month average number of bed days per 100,000.
Performance of this measure over time	
What the chart tells us	The chart shows that there has been a steadily increasing E.Coli infection rate up until October 2019. The infection rate appears to stabilise, albeit at a new higher level and there has been no significant change in infection rates since that point.

Variance

Latest Month	Actual
Feb-21	19.47

Data shows common cause variation, suggesting no significant change in performance.

Assurance

Target

There is no target for this metric.

Narrative

Issues:	Actions & Mitigations:
No issues to report	Mini toolbox sessions are delivered on resistant and non resistant organisms at ward/department level providing awareness of E-coli and the importance of catheter care where applicable and also personal hygiene if loose stools present the patients will need to be isolated. Spot audits carried out on commodes. Encouragement of hand hygiene prior to meals.

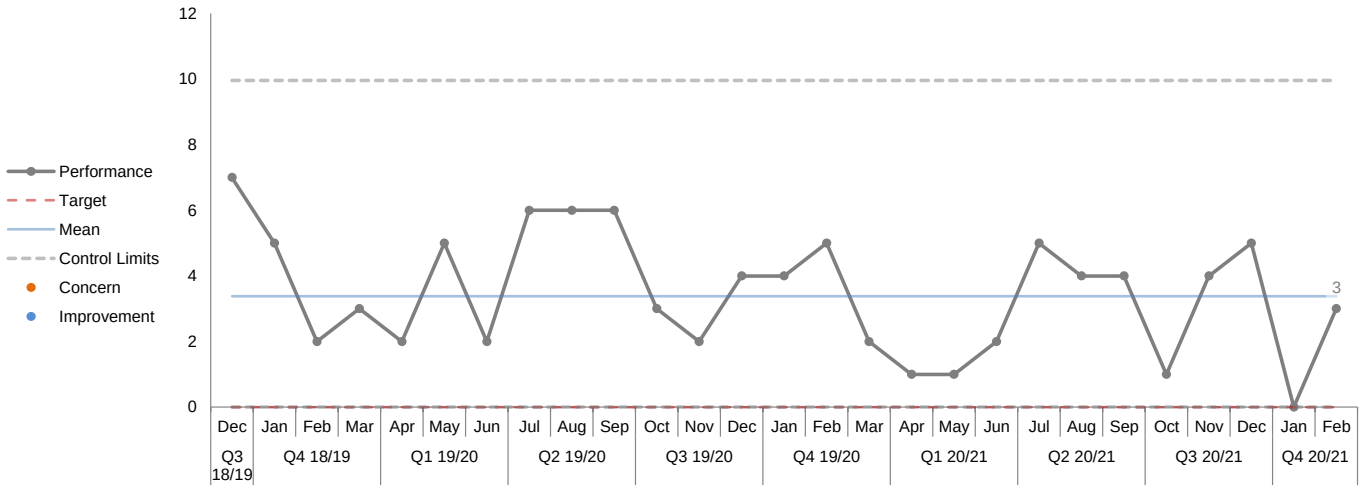
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**E.Coli Infection Count** Total number of E.Coli infections.

Performance of this measure over time



Variance

Latest Month	Actual
Feb-21	3

The data shows common cause variation, suggesting no significant change in performance.

Assurance

Target

The is no target for this metric.

What the chart tells us	The chart shows that across the whole reporting period, there has been no significant changes in the number of E.Coli infections across the Trust, although in January 2021 we can see the first time across the entire reporting period where no new E-Coli infections have been reported.

Narrative

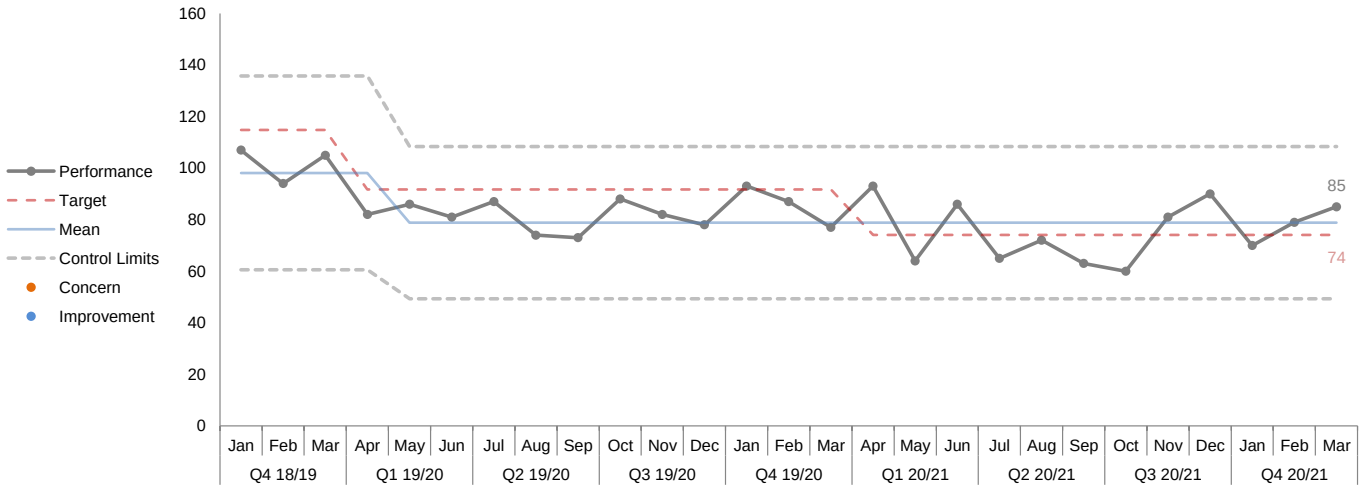
Issues:	Actions & Mitigations:
No issues to report	Mini toolbox sessions are delivered on resistant and non resistant organisms at ward/department level providing awareness of E-coli and the importance of catheter care where applicable and also personal hygiene if loose stools present the patients will need to be isolated. Spot audits carried out on commodes. Encouragement of hand hygiene prior to meals.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Falls: Total Incidence of Inpatient Falls** Total number of Inpatient falls - excludes any patient falls in emergency department

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	908

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
<= 889

There have been 908 falls reported, against a cumulative target of 889 for the 12-month period.

What the chart tells us

The chart shows that across much of the reporting period there have been no significant changes in the number of falls reported each month. Although the target for falls dropped in Apr20, there has not been a significant decrease in the number of falls since that point, with 6 months of the year so far being higher than the monthly target. January to March have taken our cumulative figure for the year over the target amount. Performance for this metric is measured against an cumulative target for the year.

Narrative

Issues:

Due to COVID-19 pandemic there have been a lot of patient moves which has resulted in late night transfers.

Vulnerable patients who are old, frail and lack capacity have been transferred number of times during their stay in hospital. Some moves are after 20:00hrs which increases the risk of falls. These issues are discussed in transfer collaborative meeting

Ward managers are monitoring compliance with documentation and incomplete risk assessments via quality metrics. This forms part of business group overarching action plans submitted to Deputy Chief Nurse for review at the Quality and Safety Improvement Strategy Group

The request which was submitted for the development of a visual numerical indicator to be displayed on Advantis ward and plasma screen tracker patient moves was successful.

Actions & Mitigations:

All patients moves/transfers have now been introduced on the Advantis plasma screens which helps and supports the decision making around patient transfers

Nursing and Therapy Teams are working collaboratively to support the work around falls prevention. Review of the falls policy has been undertaken and is ready to be approved.

Matrons' checklist has been reviewed along side patient information leaflet

It has also been agreed that double sided slip socks will be introduced to all areas for patients without suitable footwear to reduce the falls. Procurement will be supporting the ward/unit areas, making sure that all wards have easy access to ordering the slip socks

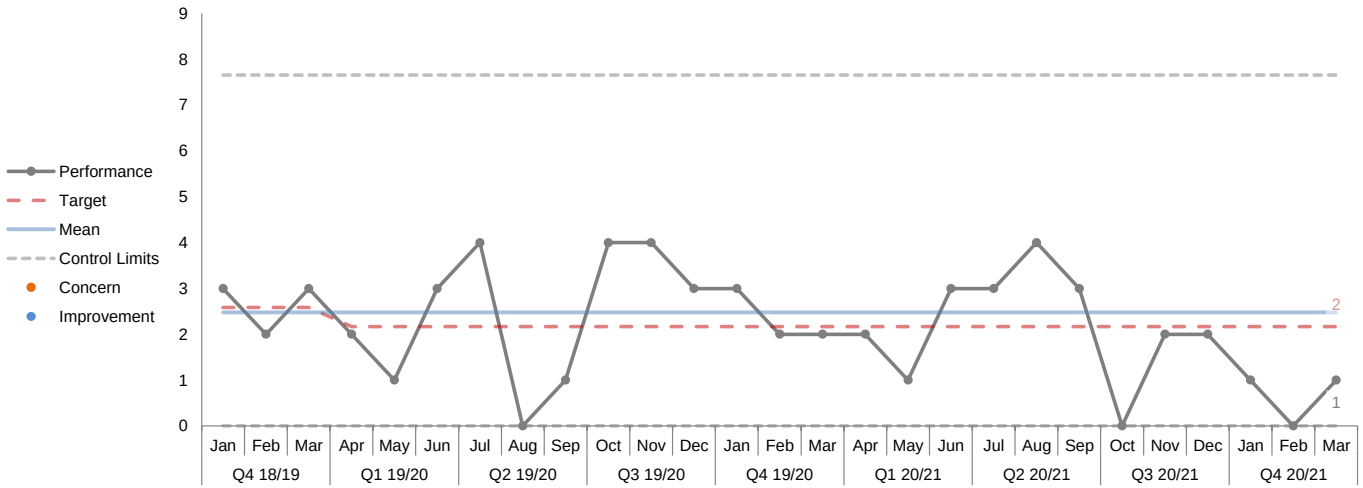
All areas will also have Falls Champions who will assist with preventing falls

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	22

The data shows common cause variation, suggesting no significant changes in the data.

Assurance

Target

<= 26

There have been 22 falls reported, against a cumulative target of 26 for the 12-month period.

What the chart tells us	The chart shows no significant change in the number of falls causing moderate harm and above across the whole reporting period. Performance for this metric is measured against an cumulative target for the year.

Narrative

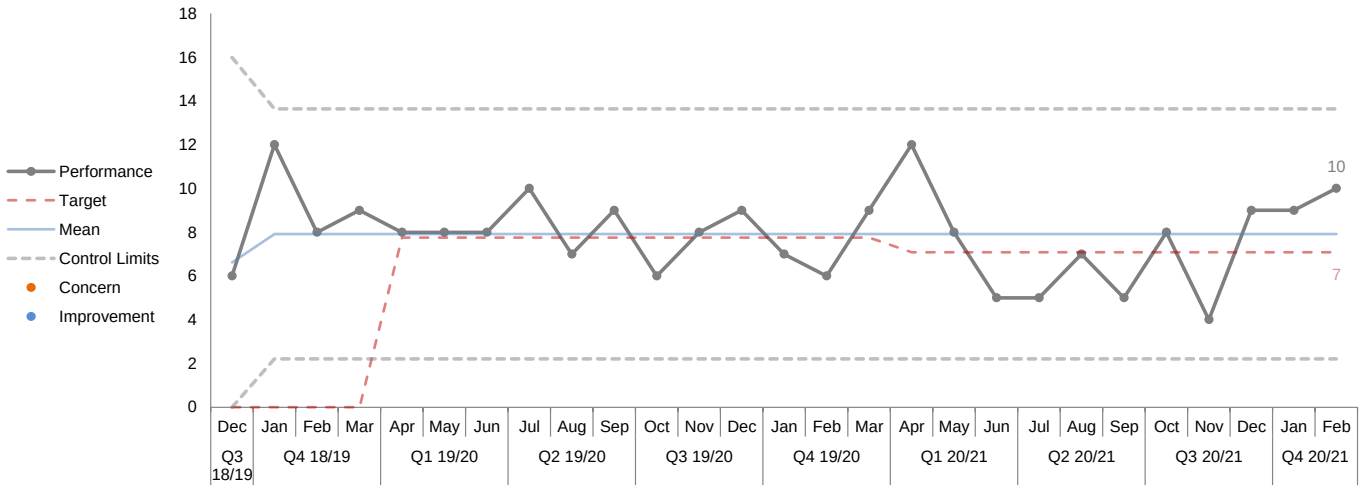
Issues:	Actions & Mitigations:
No issues to report	Nursing and Therapy Teams are working collaboratively to support the work around falls prevention. Review of the falls policy has been undertaken and is ready to be approved. Matrons checklist has been reviewed along side patient information leaflet It has also been agreed that double sided slip socks will be introduced to all areas for patients without suitable footwear to reduce the falls. Procurement will be supporting the ward/unit areas, making sure that all wards have easy access to ordering the slip socks All areas will also have Falls champions who will assist with preventing falls and we are relaunching the falls steering group again to ensure that we are getting full representatives from all business groups

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Pressure Ulcers: Hospital, Category 2** Total number of category 2 pressure ulcers in a hospital setting.

Performance of this measure over time



Variance

Latest Month	Actual
Feb-21	82

The data shows common cause variation, indicating no significant changes in performance.

Assurance

Target

<= 85

So far there have been 82 pressure ulcers, against a cumulative target of 85 for the 11-month period.

What the chart tells us

The data shows that across the most of the reporting period there have been no significant changes in the number of category 2 pressure ulcers month to month. However, December 2020 sees an increase in the number of pressure ulcers reported, although the total reported pressure ulcers for the year is still consistently lower than the target amount. Performance for this metric is measured against a cumulative total for the year.

Narrative

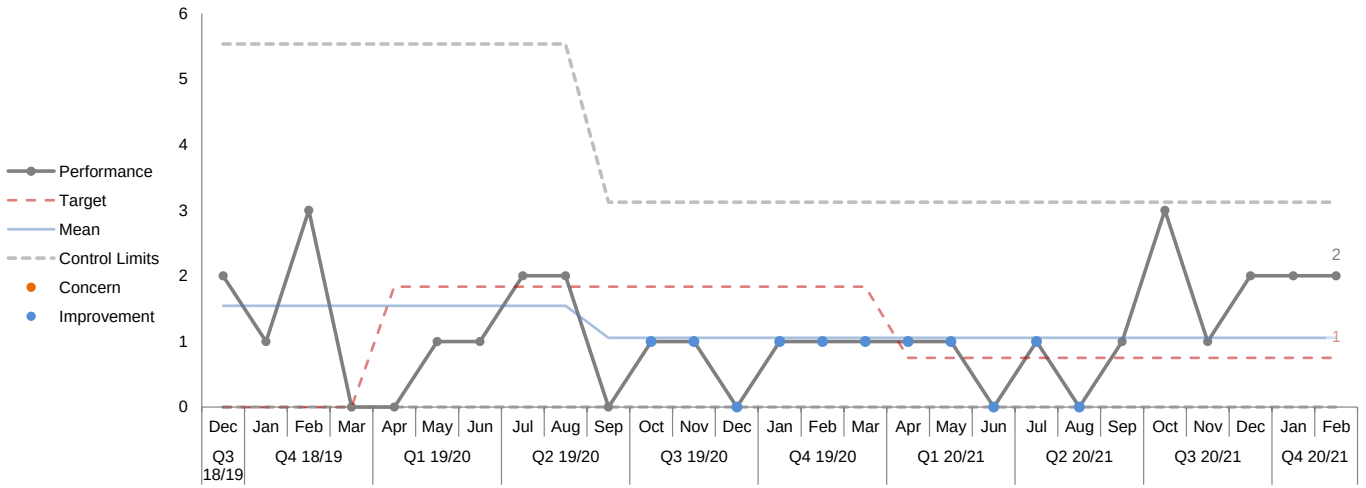
Issues:	Actions & Mitigations:
No issues to report	A Matrons post new pressure ulcer checklist has now been launched; with the aim to ensure pressure ulcers are verified, and any actions or learning can be identified quickly. Initial feedback is that this is an effective tool The medical device task and finish group has re-convened in January with additional support from Consultants, outpatients and ED- an action plan with time frame is now in place. Increased engagement from the Business groups for Pre-HFC with weekly meetings between TV Matron and BG Matrons and AND's to review incidents and identify learning points. □ A Trust Wide Pressure Ulcer Reduction Strategy is in progress developing quality initiatives around the themes of training, equipment, guidelines and incident processes.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Pressure Ulcers: Hospital, Category 3** Total number of category 3 pressure ulcers in a hospital setting.

Performance of this measure over time



Variance

Latest Month	Actual
Feb-21	14

The data show common cause variation, suggestion no significant changes in performance.

Assurance

Target

<= 9 (cumulative)

So far there have been 14 pressure ulcers, against a cumulative target of 9 for the 11-month period.

What the chart tells us	The data shows that since September 2019 there have been no significant changes in the number of category 3 pressure ulcers month to month. However, since September 2020 we have regularly reported more category 3 pressure ulcers than average. Performance for this metric is measured against a cumulative total for the year.

Narrative

Issues:

The Trust set a target to reduce the overall number of Hospital acquired pressure ulcers (by 10% over the forthcoming 12 months).

This month (February data) we have had 10 category 2 pressure ulcers reported, 2 category 3 and 0 category 4 pressure ulcers reported.

We are now over our reduction target by 12 % for total number of pressure ulcers reported. Pressure ulcer incidents have stabilised this month, but remain elevated.

Actions & Mitigations:

A Matrons' post new pressure ulcer checklist has now been launched; with the aim to ensure pressure ulcers are verified, and any actions or learning can be identified quickly. Initial feedback is that this is an effective tool

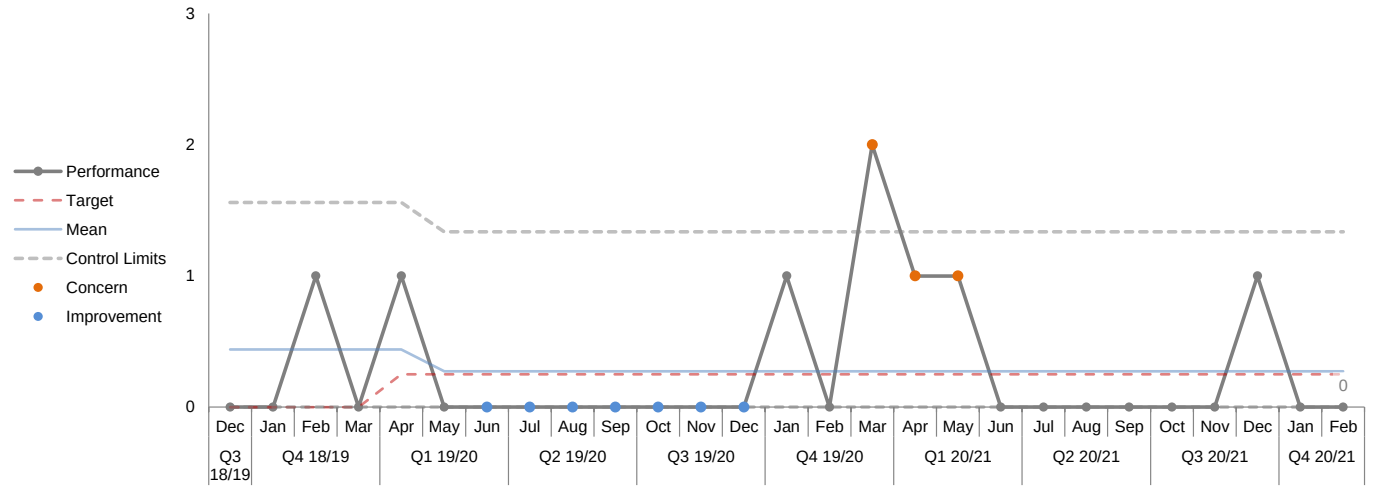
The medical device task and finish group has re-convened in January with additional support from Consultants, outpatients and ED- an action plan with time frame is now in place.

Increased engagement from the Business groups for Pre-HFC with weekly meetings between TV Matron and BG Matrons and Associate Nurse Directors (ANDs) to review incidents and identify learning points.

A Trust Wide Pressure Ulcer Reduction Strategy is in progress developing quality initiatives around the themes of training, equipment, guidelines and incident processes.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Pressure Ulcers: Hospital, Category 4** Total number of category 4 pressure ulcers in a hospital setting.
Performance of this measure over time	
What the chart tells us	The chart shows that between May 2019 and December 2019 there was a significant improvement in performance and 0 grade 4 pressure ulcers were reported during this 8 month period. This changes between January and May 2020. Since then we saw a further 6 month period where no grade 4 pressure ulcers were reported. Although there has been a reported grade 1 in December, we are still below the cumulative target. Performance for this metric is measured against a cumulative total for the year.

Variance

Latest Month	Actual
Feb-21	3

The data show common cause variation, suggestion no significant changes in performance.

Assurance

Target

<= 3 (cumulative)

So far there have been 3 pressure ulcers, against a cumulative target of 3 for the 11-month period.

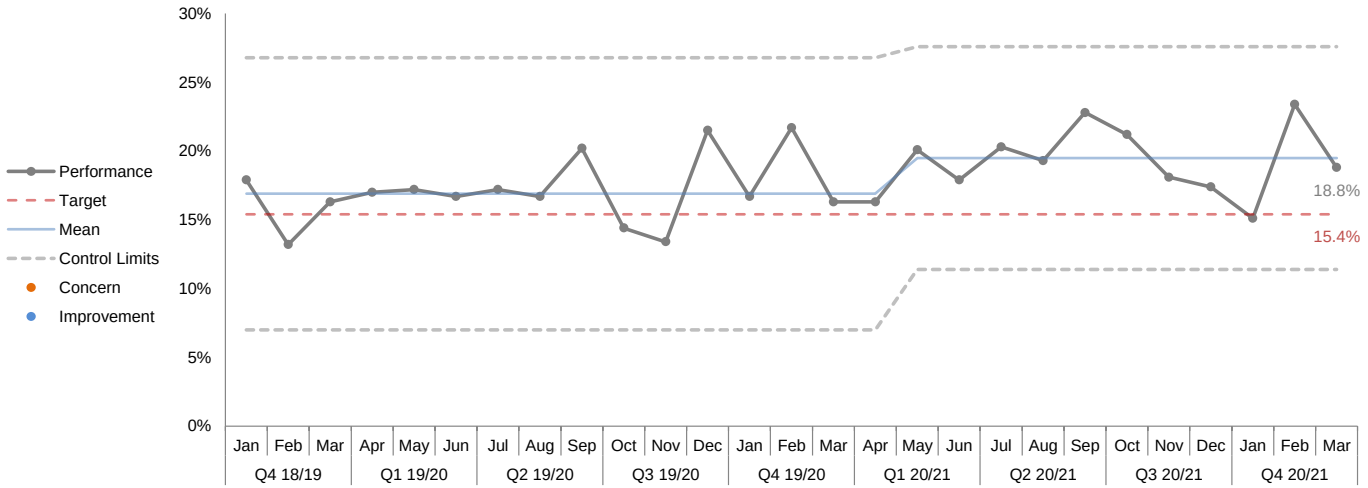
Narrative	**Issues:**	**Actions & Mitigations:**
	No issues to report	A Matrons post new pressure ulcer checklist has now been launched; with the aim to ensure pressure ulcers are verified, and any actions or learning can be identified quickly. Initial feedback is that this is an effective tool The medical device task and finish group has re-convened in January with additional support from Consultants, outpatients and ED- an action plan with time frame is now in place. Increased engagement from the Business groups for Pre-HFC with weekly meetings between TV Matron and BG Matrons and AND's to review incidents and identify learning points. □ A Trust Wide Pressure Ulcer Reduction Strategy is in progress developing quality initiatives around the themes of training, equipment, guidelines and incident processes.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Emergency C-Section Rate** The number of patients having an emergency c-section, as a percentage of all patients having registerable births.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	18.8%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

<= 15.4%

Performance against the target is inconsistent.

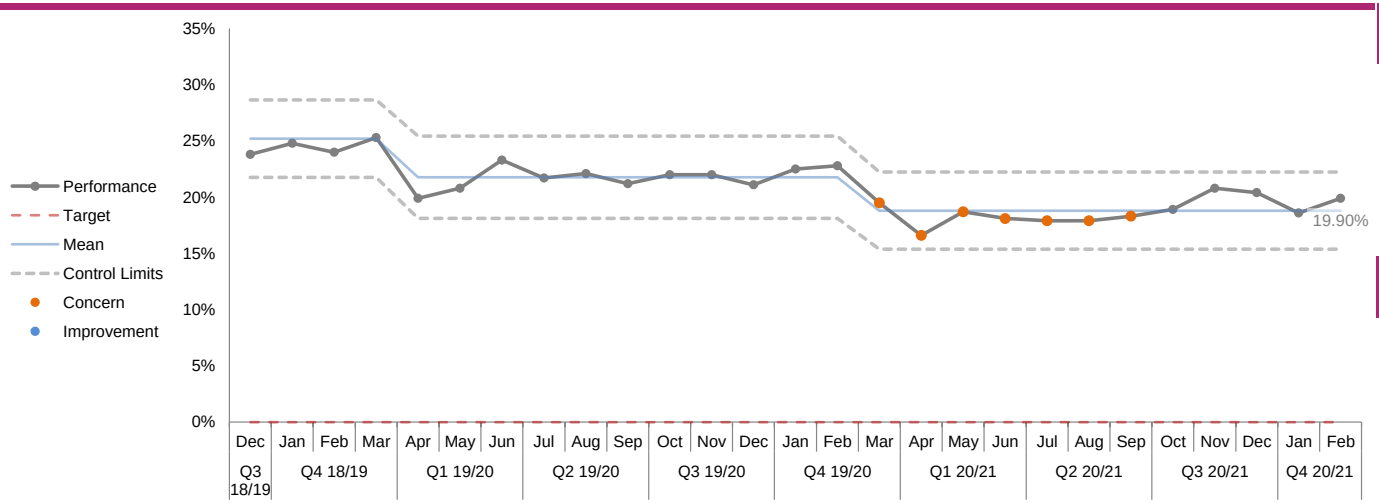
What the chart tells us	The data shows that across the reporting period there have been no significant changes in performance. In May 2020 there is a change in the data, which now shows more consistent performance with less variation, though at a higher rate of emergencies than the period before. The data for January 2021 shows that for the first time since November 2019, performance was lower than the target, but in February performance has reached the highest point for the whole reporting period.

Narrative

Issues:	Actions & Mitigations:
No issues to report	The Emergency caesarean section rate is monitored within the business group and via the strategic clinical network steering group. The emergency caesarean section rate needs to be taken into account alongside the increased complexities of women giving birth, compared to a few years ago, these women have a higher risk of emergency caesarean section and therefore as the percentage of these women increase, so will our Caesarean section rate. We are seeing an increase in C/S rates nationally due to the impact of Saving Babies' Lives Care Bundle Version Two (SBLCBv2) and the introduction of new pathways e.g. Reduced Fetal movement and Fetal growth restriction guidelines, Higher acuity of women across the board e.g. Older women, women with co morbidities and we are monitoring pregnancies more closely to reduce poor outcomes in known vulnerable groups e.g. BAME/Vulnerable women. As a result of this the business group will be reporting caesarean section overall, rather than elective and emergency rates (These rates will continue to be documented but for information only)

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Friends & Family Test: Response Rate** The percentage of eligible patients completing an FFT survey.
Performance of this measure over time	
What the chart tells us	The charts shows that from April 2019 we see a new lower response rate that runs through to February 2020. March 2020 sees our overall response lower again. There have not been any significant changes in response rate since then.
Narrative	**Issues:** The overall number of responses for the Trust this month was 2881 out of a possible 14490 (19.9%). This is comparable year on year with 2020 (19.5%) but less than March 2019 (25.3%). Despite communications to the B7 ward managers, matrons and ANDs responses have been low across all inpatient areas, with some areas questioning control of infection as rationale for not offering the cards to their patients. During the month of February the Trust was awaiting delivery of cards from Healthcare Communications which may account for the low submission rates.
	Actions & Mitigations: The ward areas were given pdf versions of the cards to print off and use until the delivery arrived. Emails sent to generic Ward email address to capture and engage the ward clerks and other staff aside from ward managers and above. Advice sought from the Prevention of Infection team who advise that no quarantine period required for returned cards, standard PPE and precautions to be taken when handling any and all cards including hand hygiene. Ergo FFT surveys can be undertaken in all areas.

Variance

Latest Month	Actual
Feb-21	19.9%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

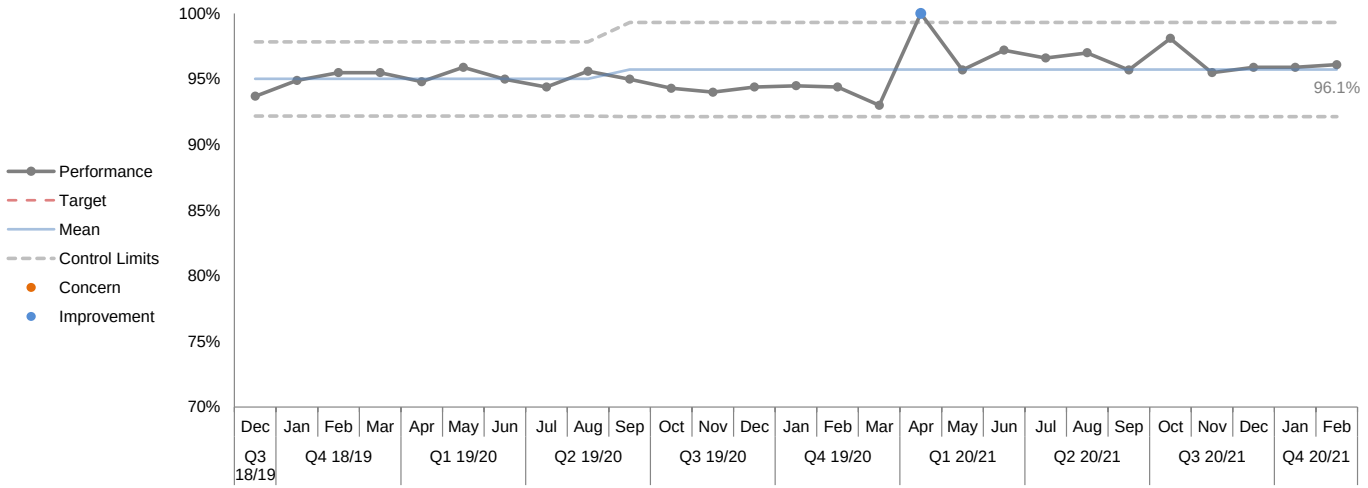
There is no target for this metric.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Friends & Family Test: Inpatient** The percentage of surveyed inpatients who are extremely likely or likely to recommend the Trust for care.

Performance of this measure over time



Variance

Latest Month	Actual
Feb-21	96.1%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

There is no target for this metric.

What the chart tells us	The chart shows that between September 2019 and March 2020 there is a run of lower than average performance, but this picks up in April as performance shows a run of performance on or above the average level, which could indicate a sustainable improvement in positive responses.

Narrative

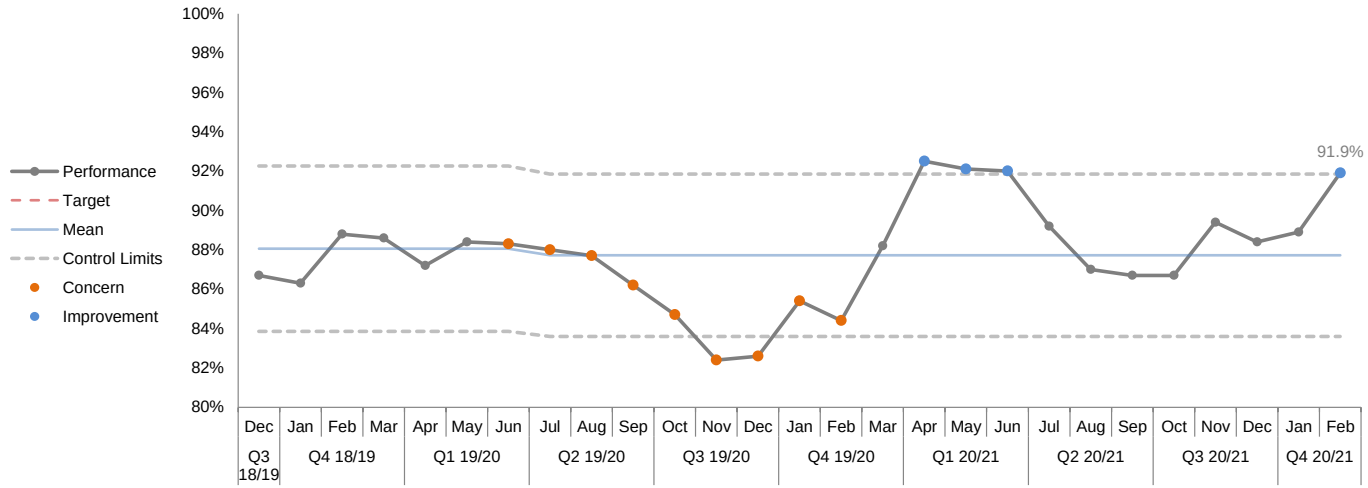
Issues:	Actions & Mitigations:
Despite communications to the B7 ward managers, matrons and ANDs responses have been low across all inpatient areas, with some areas questioning control of infection as rationale for not offering the cards to their patients. During the month of February the Trust was awaiting delivery of cards from Healthcare Communications which may account for the low submission rates.	The ward areas were given pdf versions of the cards to print off and use until the delivery arrived. Emails sent to generic Ward email address to capture and engage the ward clerks and other staff aside from ward managers and above. Advice sought from the Prevention of Infection team who advise that no quarantine period required for returned cards, standard PPE and precautions to be taken when handling any and all cards including hand hygiene. Ergo FFT surveys can be undertaken in all areas and this has been shared to affected areas.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Friends & Family Test: A&E** The percentage of surveyed A&E patients who are extremely likely or likely to recommend the Trust for care.

Performance of this measure over time



Variance

Latest Month	Actual
Feb-21	91.9%

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

Assurance

Target

There is no target for this metric.

What the chart tells us

The chart shows that between June 2019 and December 2019 there is a decreasing trend in positive response rates, but this picks up from January 2019, with a significant increase in positive response rates between April and June 2020. Response rates return to expected levels again from July onwards. Latest results in February 2021 shows a significant higher positive response rate.

Narrative

Issues:	Actions & Mitigations:
No issues to report	An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan.

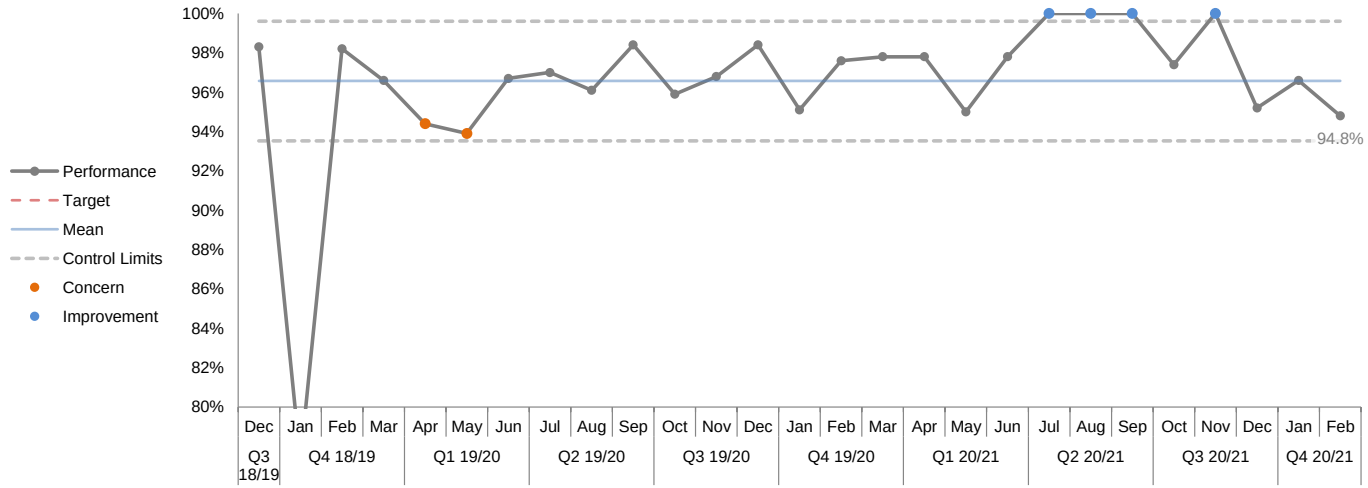
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Friends & Family Test: Maternity** The percentage of surveyed maternity patients who are extremely likely or likely to recommend the Trust for care.

Performance of this measure over time



Variance

Latest Month	Actual
Feb-21	94.8%

The data shows common cause variation, indicating no significant changes in performance.

Assurance

Target

There is no target for this metric.

What the chart tells us

The chart shows that through much of the reporting period, performance varies between 95% and 98%. July to September, and then again for October saw a run of unusually high performance where 100% of survey responses are positive. Positive response rates return to expected levels after that, though still between 94% and 97%.

Narrative

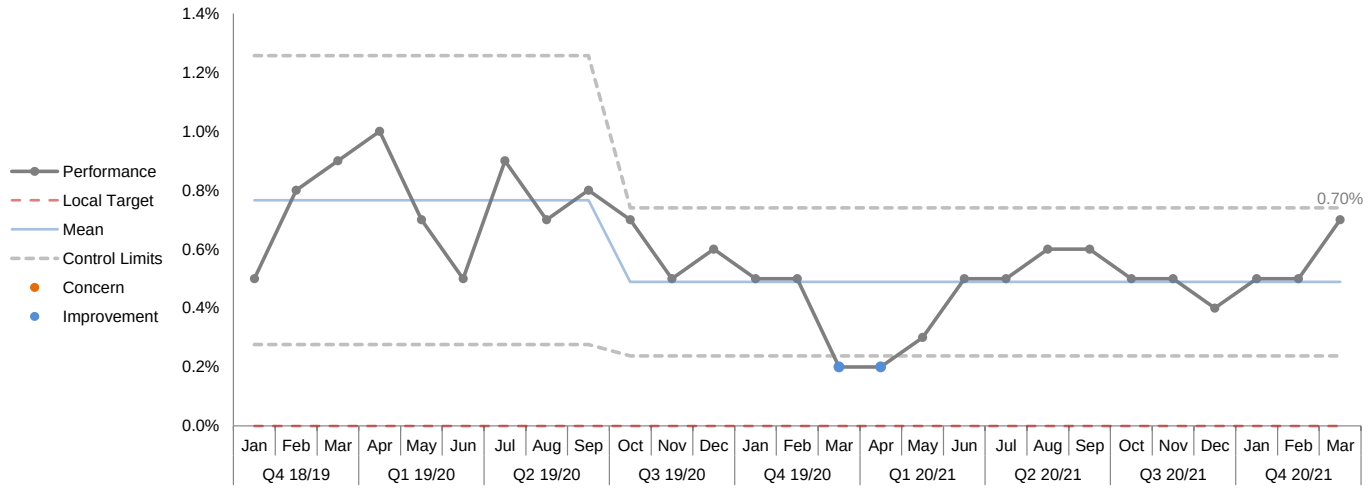
Issues:	Actions & Mitigations:
During the month of February the Trust was awaiting delivery of cards from Healthcare Communications which may account for the low submission rates.	The ward areas were given pdf versions of the cards to print off and use until the delivery arrived. Emails sent to generic Ward email address to capture and engage the ward clerks and other staff aside from ward managers and above. An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. The Patient Experience website also has been reviewed and updated, with the development of a web-link to FFT.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Complaints Rate** The total number of formal written complaints received compared with the whole time equivalent staff.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	0.7%

Data shows common cause variation, suggestion no significant changes in performance.

Assurance

Target

There is currently no target set for this metric.

What the chart tells us

The chart shows that from October 2019 the Trust has consistently seen a lower rate of complaints. In March and April 2020, rates are significantly lower. Rates return to expected levels from that point onward, although since August 2020 complaint rates have largely been above average - albeit still below 1%.

Narrative

Issues:

34 formal complaints were received in March 2021: Integrated Care = 3, Medicine = 12, Surgery = 8, WCDS = 8 and Emergency Department = 3

Actions & Mitigations:

The PALS & Complaints Team continue to focus on resolving concerns informally where appropriate with the hope that the number of formal complaints received remains low.

The top themes in formal complaints for March 2021:
Communication = 35
Clinical treatment = 21
Patient care = 12
Staff values & behaviours = 11
Admissions & discharges = 8

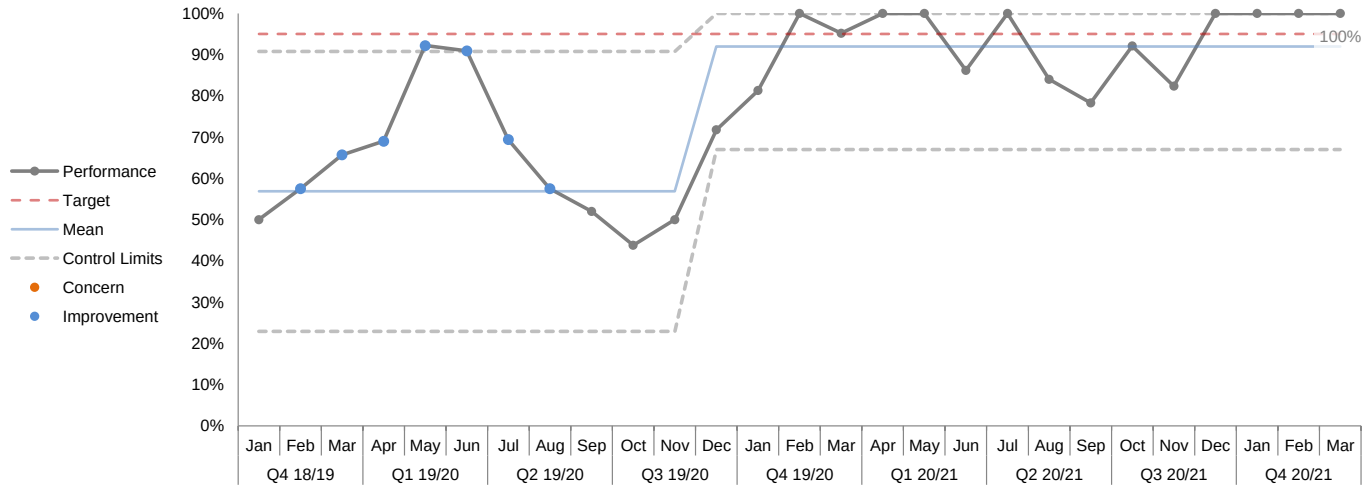
*please note the figures may total more than the number of complaints received as each complaint may raise numerous issues.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Complaints: Timely response** The total number of formal complaints responded to within agreed timescales, as a percentage of all complaints responded to.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	100%

Data shows common cause variation, significant improvement in performance.

Assurance

Target
>= 95%

Performance is inconsistent against the target although significantly improved.

What the chart tells us

The chart shows that from December 2019 there is an improvement in performance and we are regularly achieving a much higher complaints response rate. Since that point there have been no significant changes in performance, although we have achieved 100% in the last 4 months.

Narrative

Issues:	Actions & Mitigations:
No issues to report	No actions to report

Integrated Performance Report

Operations Highlight Report

Matters of Concern or Key Risks to Escalate:

Significant challenges remain around the response to COVID19, which continues to impact on both the non-elective and elective work within the Trust.

There has been a sustained increase in ED attendances, including an increase in complex mental health presentations.

Routine Endoscopy waiting times continue to impact General Surgery and Gastroenterology pathways.

The number of patients waiting beyond 52 weeks on their Referral to Treatment pathway for routine surgery remains a key area of concern.

Staffing levels remain challenging within Surgery which may impact the pace of elective recovery.

Major Actions Commissioned / Work Underway:

Additional CT capacity has been secured in May provided by the National Team which will expedite the reduction of 6+ week waits

Additional elective theatre capacity opened in April. The surgical team are looking to extend the number of theatres further in mid-May.

Cancer peer reviews are taking place throughout April 2021, led by the Director of Operations. This will provide Executive level support to teams in delivering the wider cancer agenda

The Business Group Performance Review meetings focused on workforce issues this month to help identify and address key resource gaps.

A review of ED 4hr breaches by admission location being undertaken to ensure effectiveness of SDEC pathways

Positive Assurances to Provide:

The Trust achieved the National 2ww Cancer standard in March and is on track to maintain this performance in April.

Significant progress was made again this month in discharging longer length of stay patients, particular those with more complex needs.

There has been consistent uptake of the GM Endoscopy capacity at Fairfield which is starting to positively impact on the waiting list for routine procedures.

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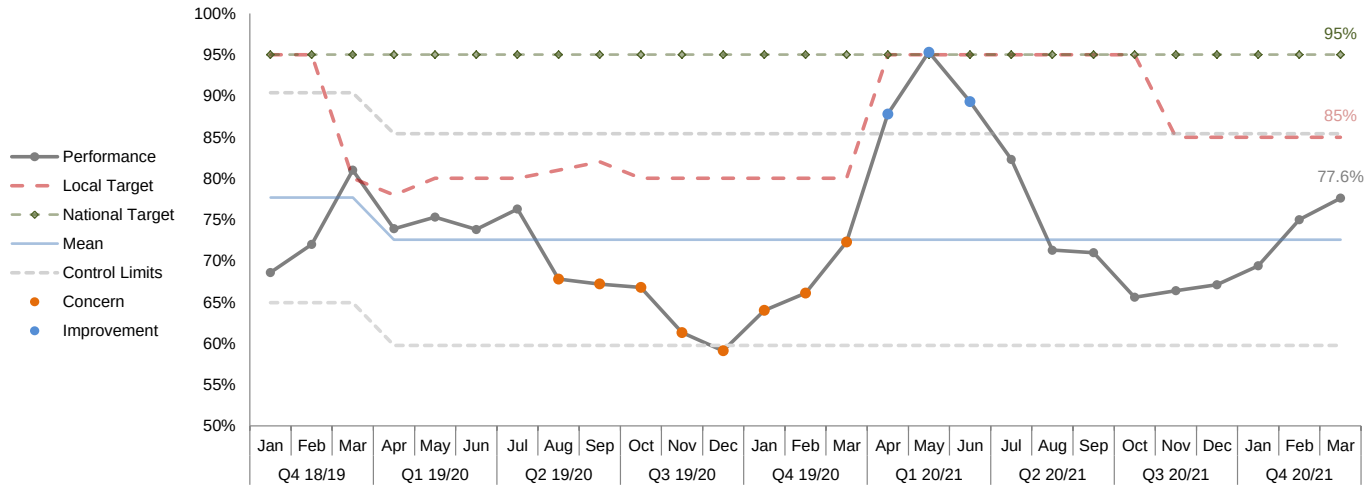
Decisions Made:

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	77.6%

The data shows common cause variation, indicating no significant changes in performance.

Assurance

Target
>= 85%

Performance consistently falls short of the target value.

What the chart tells us

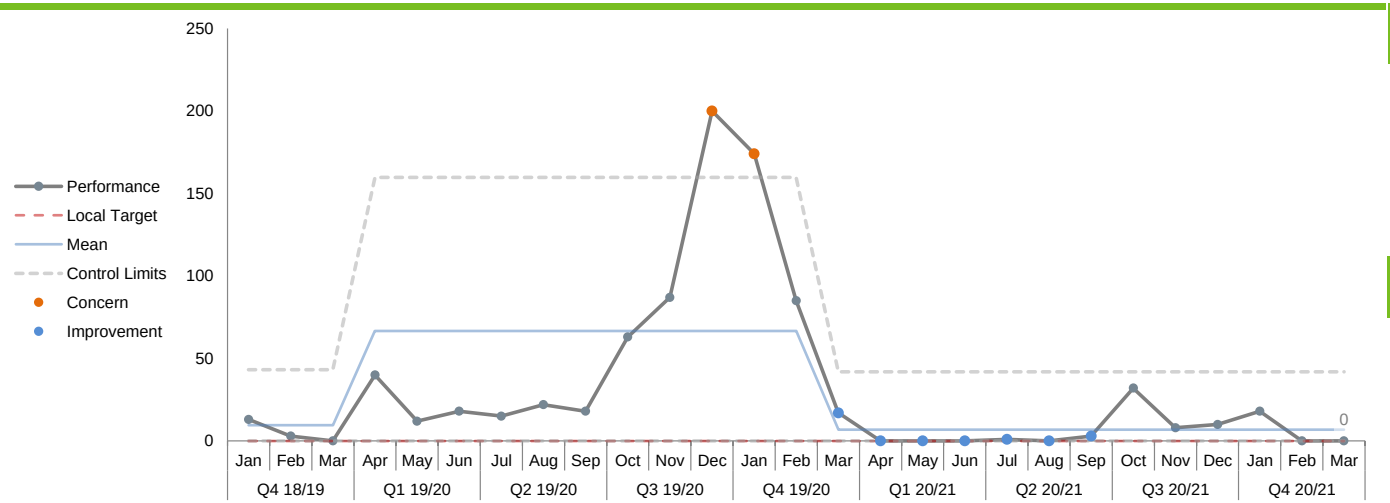
The chart shows that performance is significantly higher between April and June 2020, but returns to expected levels of performance from July onwards. Performance appears to have stabilised from August onwards at a lower than average level. Performance between Oct20 and Mar21 does appear to show an improving trend.

Narrative

Issues:	Actions & Mitigations:
Sustained increase in attendances, including an increase in complex mental health presentations.	Trialling new triage straight to mental health pathway.
Wait for Radiology investigations and reports.	Increase in primary care streaming
Inconsistent streaming to primary care.	Diagnostic liaison meeting has been established.
	MOAT numbers significantly reduced
	Frailty unit proactively pulling patients from ED.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**A&E: 12hr Trolley Wait** Total number of patients whose decision to admit from A&E was over 12 hours from their actual admission.
Performance of this measure over time	
What the chart tells us	The chart shows that between April 2019 and March 2020 there is a significant increasing trend in the number of 12-hour trolley waits. In April, May, June and August 2020 we managed to achieve the target of 0 trolley waits, but we are still not consistently achieving on a regular basis. The data shows that for both February and March we have managed to have 0 trolley waits.

Variance

Latest Month	Actual
Mar-21	0

The data shows common cause variation, which suggests no significant changes in performance.

Assurance

Target
<= 0

Performance inconsistently achieves the target.

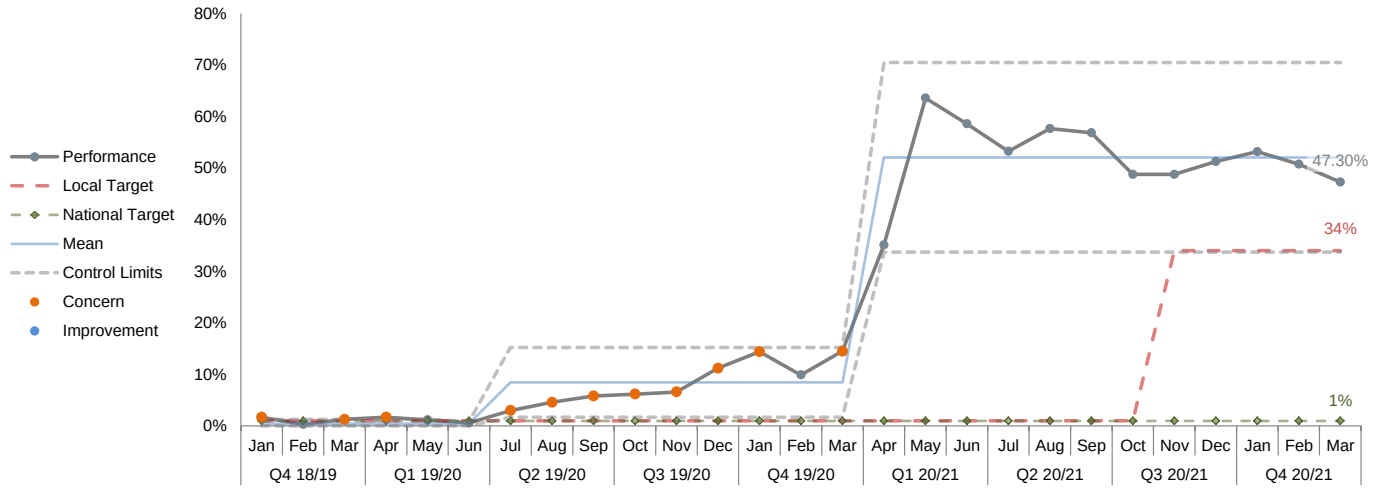
Narrative	Issues:	Actions & Mitigations:
	No 12hr Trolley waits were reported in March.	None required.

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.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	47.3%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

<= 34%

Performance is consistently higher than the standard.

What the chart tells us

The charts shows that since July 2019 there was a steady deterioration in performance through to March 2020. Performance significantly worsened in April and May 2020 to a high of 63.6% of diagnostics breaching the 6 week target. Performance appears to have stabilised, with no significant changes or improvements since May 2020.

Narrative

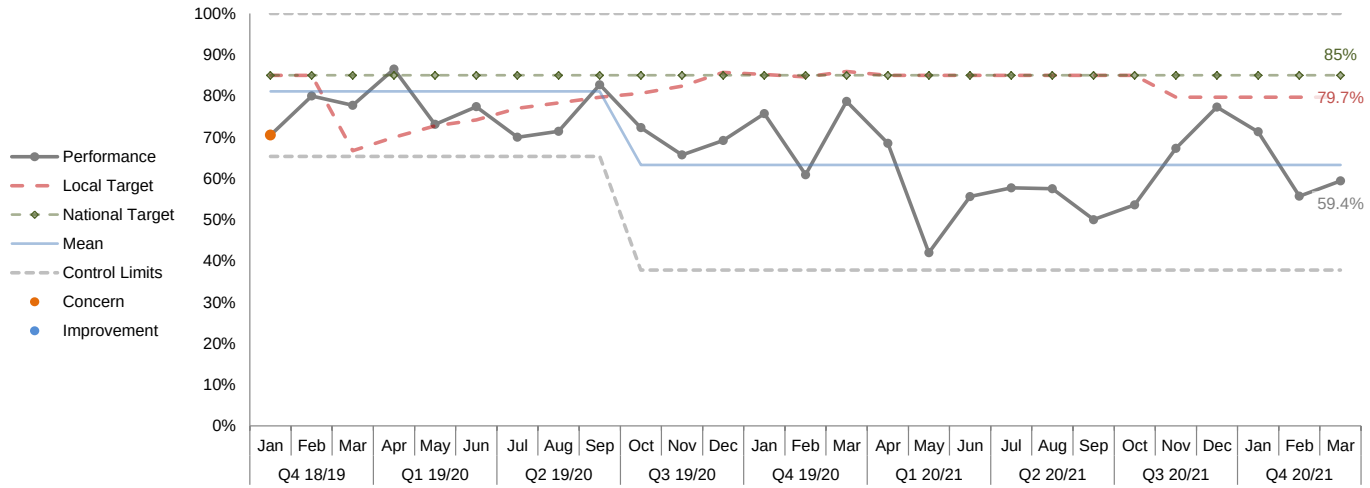
Issues:	Actions & Mitigations:
Slight improvement in performance seen in March as the number of patients waiting 6+ weeks continues to decrease.	Consistent uptake of the GM Endoscopy capacity at Fairfield. Additional CT capacity secured in May provided by the National Team which will expedite the reduction of 6+ week waits. Recruited to DEXA Radiographer post.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	59.4%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
>= 79.7%

Performance consistently falls short of the target value.

What the chart tells us	The chart shows that performance began to deteriorate in May 2019. October 2019 sees performance becoming more variable and less stable, indicated by the new wider control limits in the chart. A trajectory/recovery target was introduced in November 2020 in order to help improve performance.

Narrative

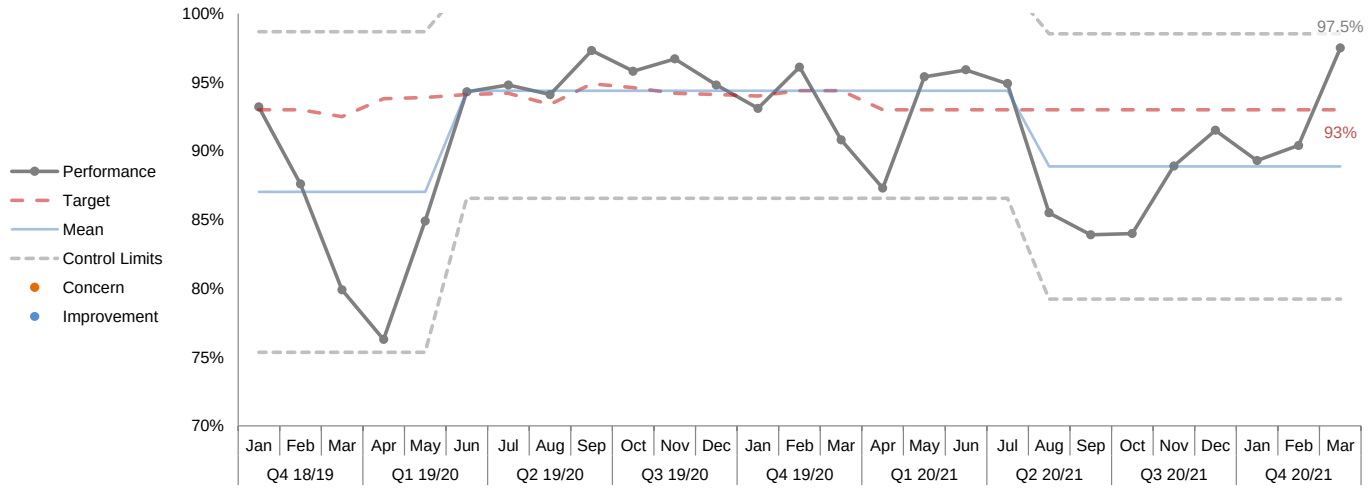
Issues:	Actions & Mitigations:
Reduction in elective operating capacity in January extended the wait for treatment. As operating resumed a significant proportion of patients were beyond day 62 of their pathway and this is therefore reflected in the performance metric. Loss of Independent Sector capacity for cancer patients (incl. HDU) from April 2021 may be of concern if the required level of elective capacity cannot be sustained on site due to future COVID-19 pressures.	Elective HDU admissions recommenced on site from w/c 15/03/21. Endoscopy capacity has further improved which is better supporting the UGI 2ww straight to test pathway and has enabled the Trust to achieve the overall 2ww standard in March. Additional elective theatre capacity opened in April. The surgical team are looking to extend the number of theatres further in mid-May. Cancer peer reviews are taking place throughout April 2021, led by the Director of Operations. This will provide Executive level support to teams in delivering the wider cancer agenda .

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Cancer: 14 day standard** The percentage of patients on a cancer pathway that have attended their first outpatient appointment within 14 days of their GP referral. This indicator excludes Breast Symptomatic referrals.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	97.5%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
>= 93%

Performance against the target is inconsistent.

What the chart tells us	The chart shows that between July 2019 and February 2020 there is run of what appears to be an improved level of performance with values above the average. August and October 2020 do show significantly reduced levels of performance, which appears to be the start of a new trend of lower than average performance. Performance then fluctuates between 88% and 92% and in March 2021 we have achieved the target for the first time since July 2020.

Narrative

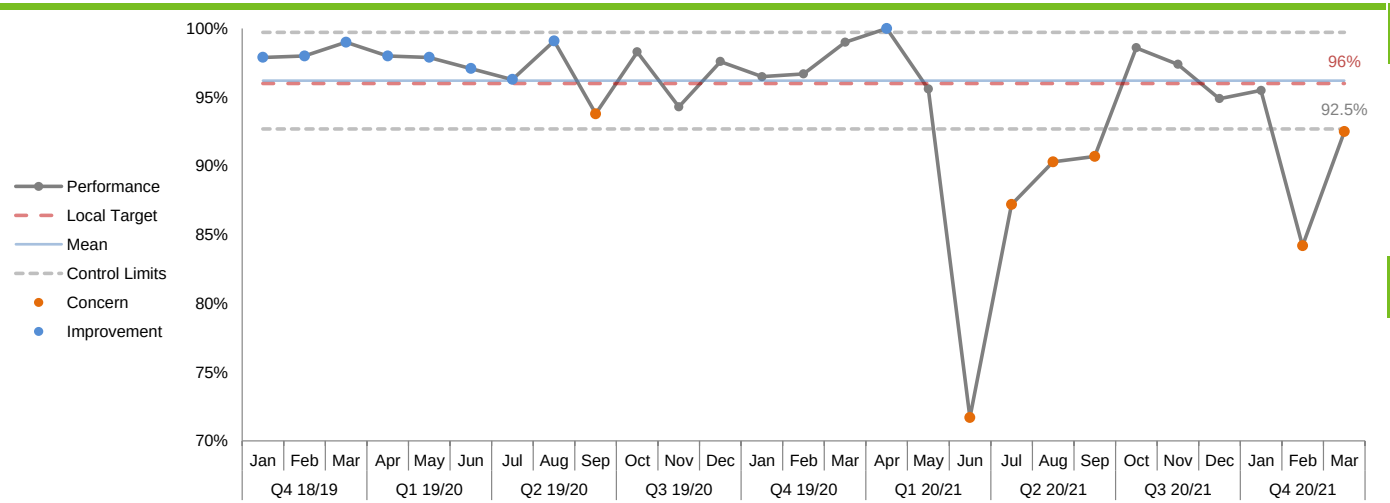
Issues:	Actions & Mitigations:
2ww performance has been affected by Endoscopy capacity for the UGI straight to test pathway. Increased capacity in March has enabled compliance with the 2ww standard to be regained.	Maintain weekly monitoring of performance.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Cancer: 31 Day 1st Treatment** The percentage of patients on a cancer pathway that have received their first treatment within 31 days of their diagnosis.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	92.5%

The data shows special cause variation, indicated by a significantly lower performance value.

Assurance

Target
>= 96%

Performance against the target is inconsistent.

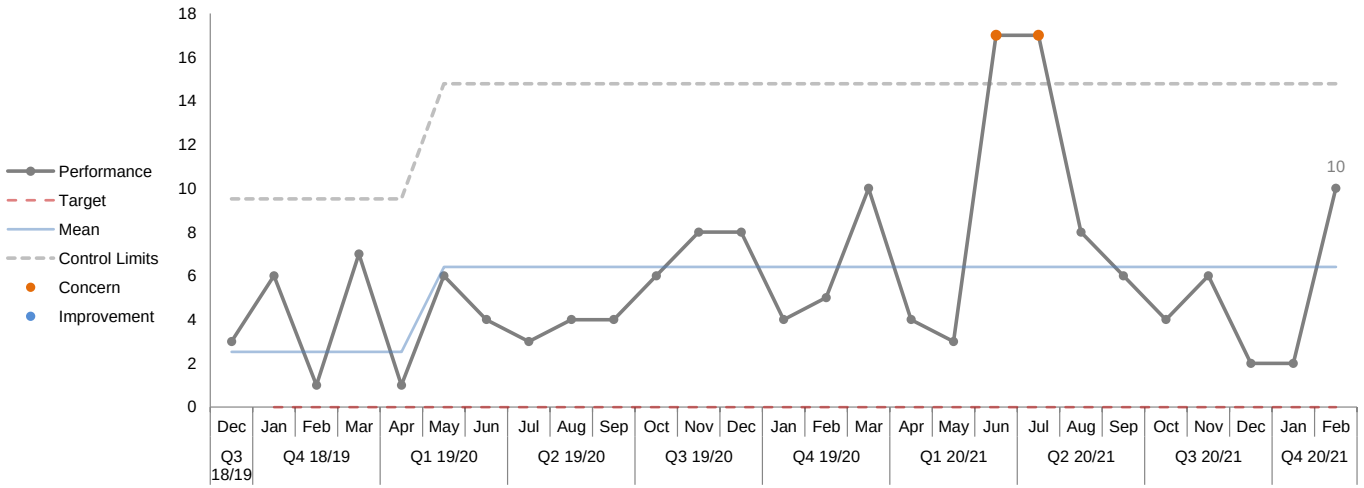
What the chart tells us	The chart shows Jun20 to Sep20 there is significant deterioration of performance. This does appear to return to expected performance levels between Oct20 and Jan21, but another significant drop in performance is seen for February.

Narrative

Issues:	Actions & Mitigations:
The majority of patients treated outside 31 days were Urology cases requiring robotic surgery.	Additional elective theatre capacity opened in April. The surgical team are looking to extend the number of theatres further in mid-May. Cancer peer reviews are taking place throughout April 2021, led by the Director of Operations. This will provide Executive level support to teams in delivering the wider cancer agenda .

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Cancer: 104 Day Breaches** The number of patients that have pathway length of 104 days or more at the point of treatment.
Performance of this measure over time	
What the chart tells us	The chart shows that in May 2019 the control limits widened, suggesting that the number of cancer breaches being reported became more inconsistent and variable. As a result it is difficult to determine any real trends in the data. There is a significantly higher number of breaches in June and July 2020, but the latest data sees a return to just below the average for the reporting period.

Variance

Latest Month	Actual
Feb-21	10

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
<= 0

Performance consistently exceeds the target amount.

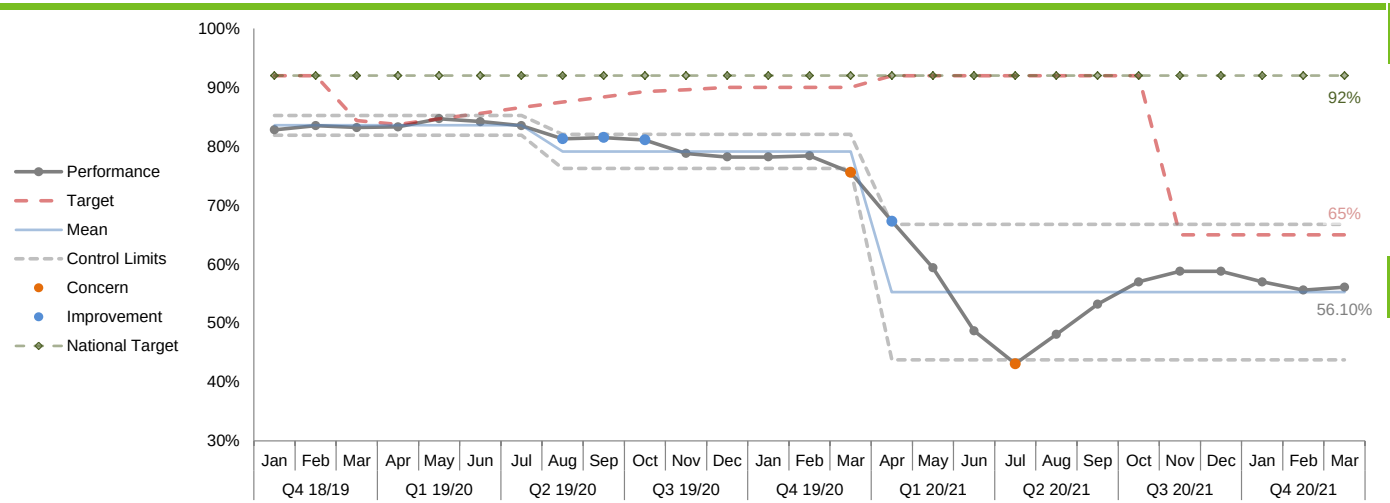
Narrative	Issues:	Actions & Mitigations:
	Reduction in elective operating capacity in January extended the wait for treatment in subsequent months.	Weekly meeting continues with a focus on those approaching 104+ days. Number of patients over 104+ days continues to reduce. Additional Endoscopy capacity is reducing the overall time to diagnosis.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Referral to Treatment: Incomplete Pathways** The percentage of patients on an open pathway, whose clock period is less than 18 weeks.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	56.1%

The data shows common cause variation, suggesting no significant improvements in performance.

Assurance

Target
>= 65%

Performance consistently falls short of the target.

What the chart tells us	From August 2019 performance took a drop to 81% and continued to deteriorate to 75% in March 2020. April saw the start of a more significant deterioration in performance, reaching a low of 43.1% in July 2020, though data appears to show performance beginning to recover it has levelled at an average of 55%.

Narrative

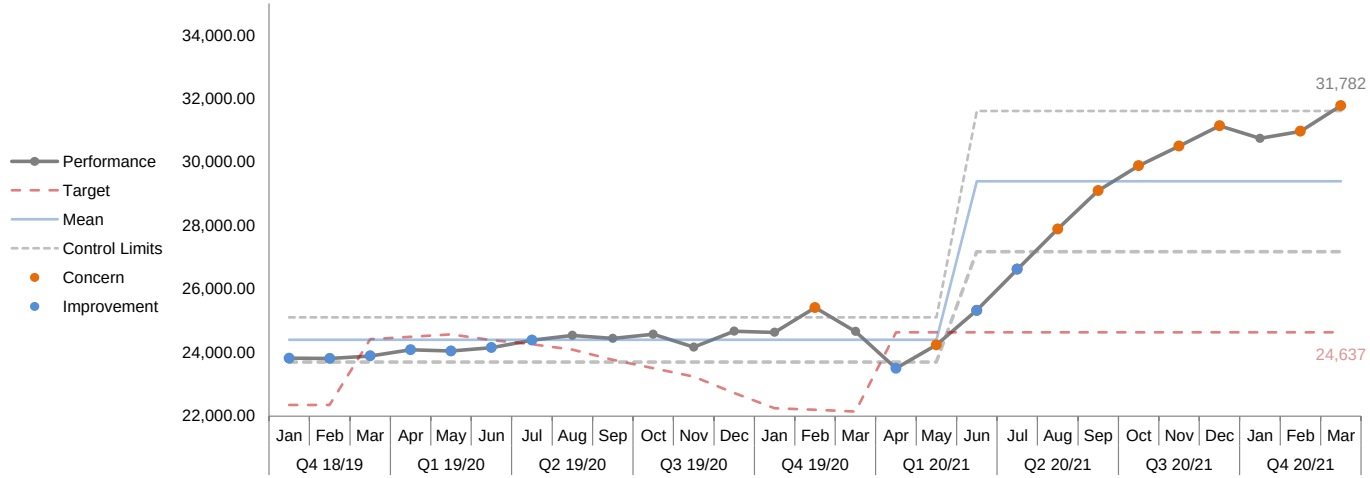
Issues:	Actions & Mitigations:
Reduction in face-to-face appointment capacity in specialties where this is imperative to progress patients, such as ENT and Oral Surgery , remains a pressure. Significant challenge in terms of elective operating for both diagnostic and treatment procedures, as a result of reduced theatre capacity and the challenges in restoring the available capacity to pre-covid levels. Routine Endoscopy waiting times continue to impact General Surgery and , Gastroenterology pathways.	Allocation of theatre lists in accordance with longest waits once clinically urgent patients have been accommodated. Prioritisation within Endoscopy for patients who have waited the longest for routine investigations. Additional CT capacity to expedite diagnostic investigations.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Referral to Treatment: Incomplete Waiting List Size** The total number of patients on an open pathway. Please note: This indicator is measured against January 2020 level as per NHSI/E Planning Guidance

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	31782

Data shows special cause variation, with performance near to the upper control limits.

Assurance

Target
<= 24637

Performance consistently exceeds the target amount.

What the chart tells us

The chart shows that trajectory targets have been set in an attempt to reduce waiting list size, but there has been no significant changes in waiting list size between October 2018 and May 2020, other than a spike in waiting list size in February 2020. April shows the start of an increasing trend in list size, which is significantly larger in June and continues to increase in size each month.

Narrative

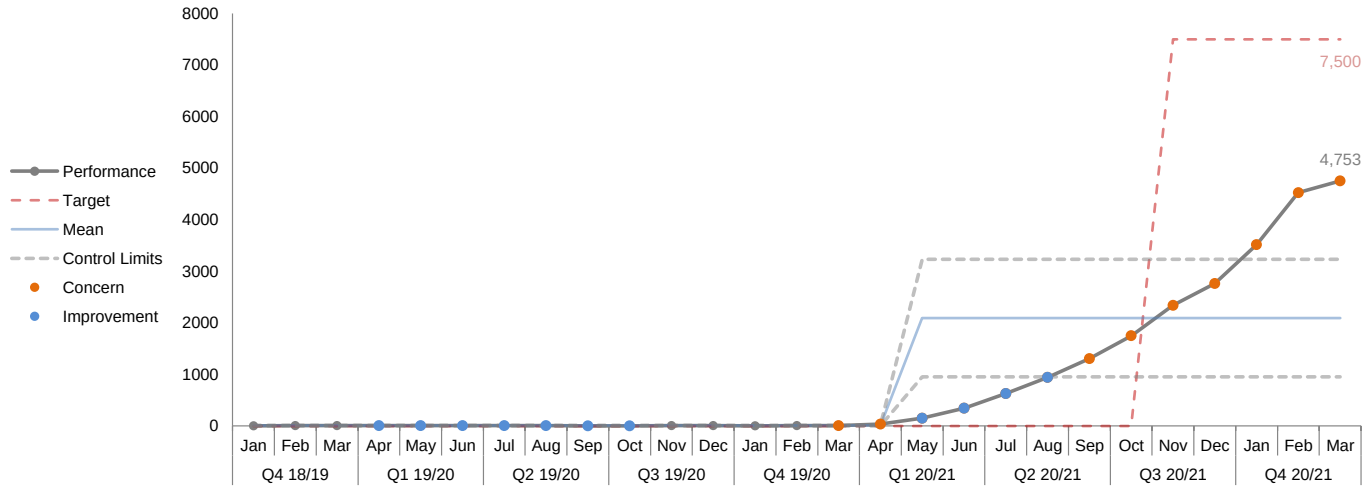
Issues:	Actions & Mitigations:
Reduction in face-to-face appointment capacity in specialties where this is imperative to progress patients, such as ENT and Oral Surgery , remains a pressure. Significant challenge in terms of elective operating for both diagnostic and treatment procedures, as a result of reduced theatre capacity and the challenges in restoring the available capacity to pre-covid levels. Routine Endoscopy waiting times continue to impact General Surgery and , Gastroenterology pathways.	Allocation of theatre lists in accordance with longest waits once clinically urgent patients have been accommodated. Prioritisation within Endoscopy for patients who have waited the longest for routine investigations. Additional CT capacity to expedite diagnostic investigations.

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.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	4753

The data shows special cause, with values far outside the control limits.

Assurance

Target
<= 7500

Current performance exceeds the national target of 0. However, performance is still below the trajectory target of 7500.

What the chart tells us	The chart shows that the number of 52 week breaches was maintained within expected levels until January 2020. From that point a trend of worsening performance can be seen, which continues through to the current month.

Narrative

Issues:

The majority of patients 52+ weeks are waiting dates for routine surgery.

The longest waiting patients are being reclassified as a priority 2.

Actions & Mitigations:

Theatre capacity will be used to address longest waiting routine patients once clinically urgent cases have been accommodated.

The Clinical Advisory and Review panel has been strengthened with clinicians across specialties validating the clinical validity of the PTL prioritisation in line with the Royal college guidance.

The GM Endoscopy asset at the Fairfield continues to be uses for the longest waiting routine patients

A contract is in place with the Independent Sector to offer long waiting patients the choice to transfer providers for General Surgery and Orthopaedics for Q1 2021/22.

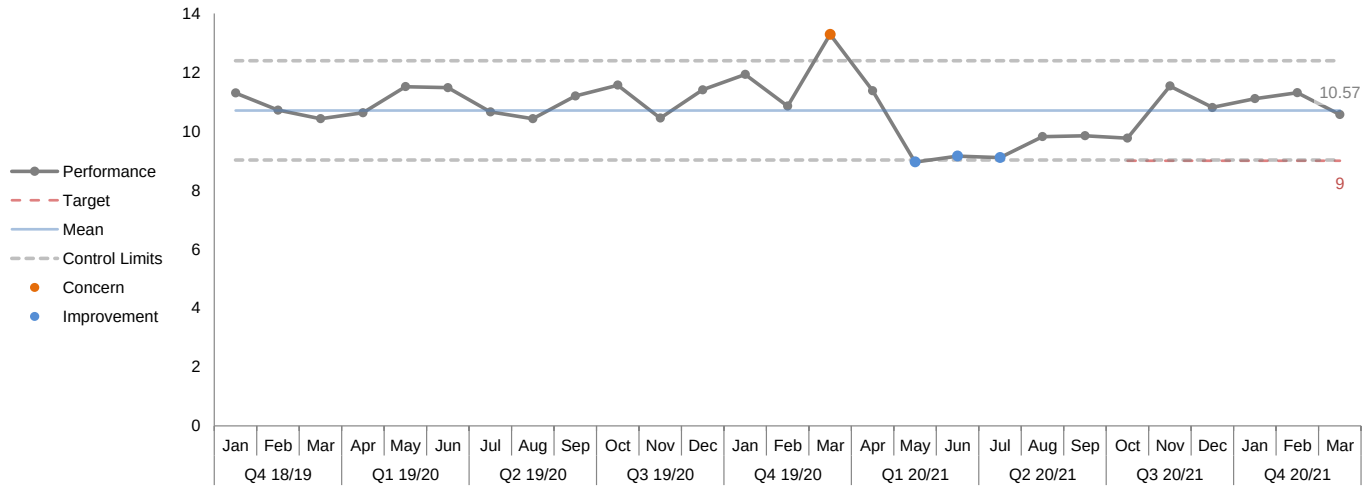
Regular clinical reviews are undertaken for all routine patients waiting over 50 weeks to assess risk of harm and priority of care.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Length of Stay: Non-Elective (UoR)** The average length of a patient spell, from admission to discharge. Calculated using non-elective admissions only. Excludes Obstetrics/Maternity. Excludes admissions of 0 and 1 days length of stay. Reported by month of discharge.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	10.57

Data shows common cause variation, suggesting no significant change in performance.

Assurance

Target
<= 9

Performance consistently exceeds the target.

What the chart tells us	The chart shows no significant change in the average non-elective length of stay across most of the reporting period. March 2020 shows a spike above 13 days, which significantly improves through to July 2020. August onwards show a return to normal levels of length of stay.

Narrative

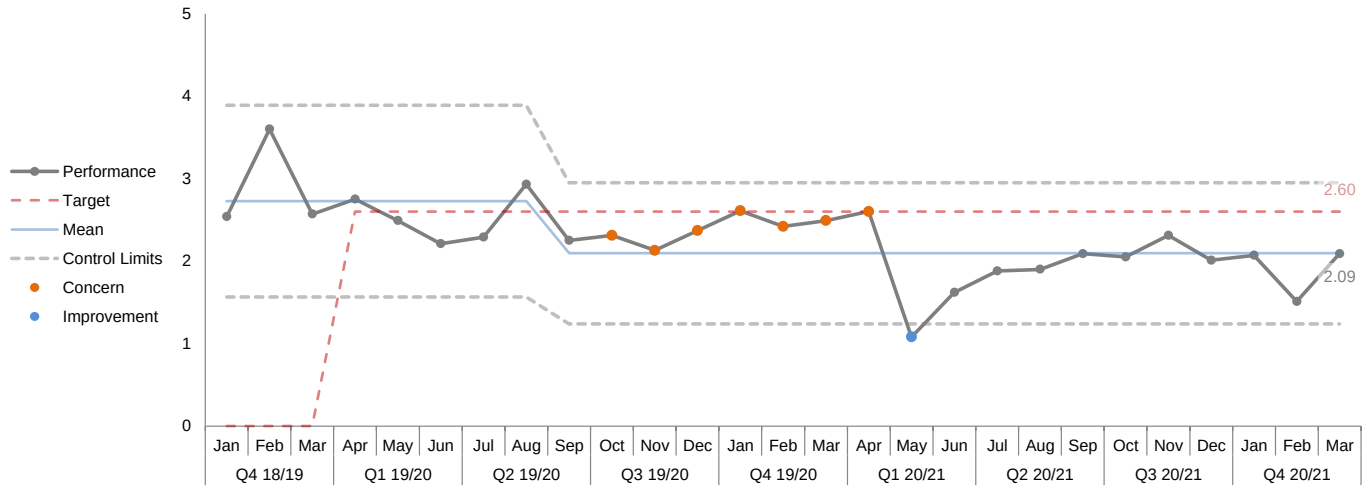
Issues:	Actions & Mitigations:
Non-elective length of stay remains higher than target levels.	The work associated with reducing MOAT patients should start to impact this indicator.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Length of Stay: Elective (UoR)** The average length of a patient spell, from admission to discharge. Calculated using elective admissions only. Excludes day case admissions with length of stay of 0 days. Excludes Obstetrics/Maternity. Reported by month of discharge.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	2.09

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
<= 2.6

Performance consistently achieves the target.

What the chart tells us	The chart indicates that in September 2019 a change process lead to reduced length of stay for elective patients. Other than a dip in overall length of stay in May 2020, most likely due to the reduction in elective activity, there are no other significant changes in elective length of stay across the reporting period.

Narrative	**Issues:**	**Actions & Mitigations:**
	As anticipated, the elective length of stay has increased slightly in month reflecting the increase in major surgical cases being undertaken on site.	None required.

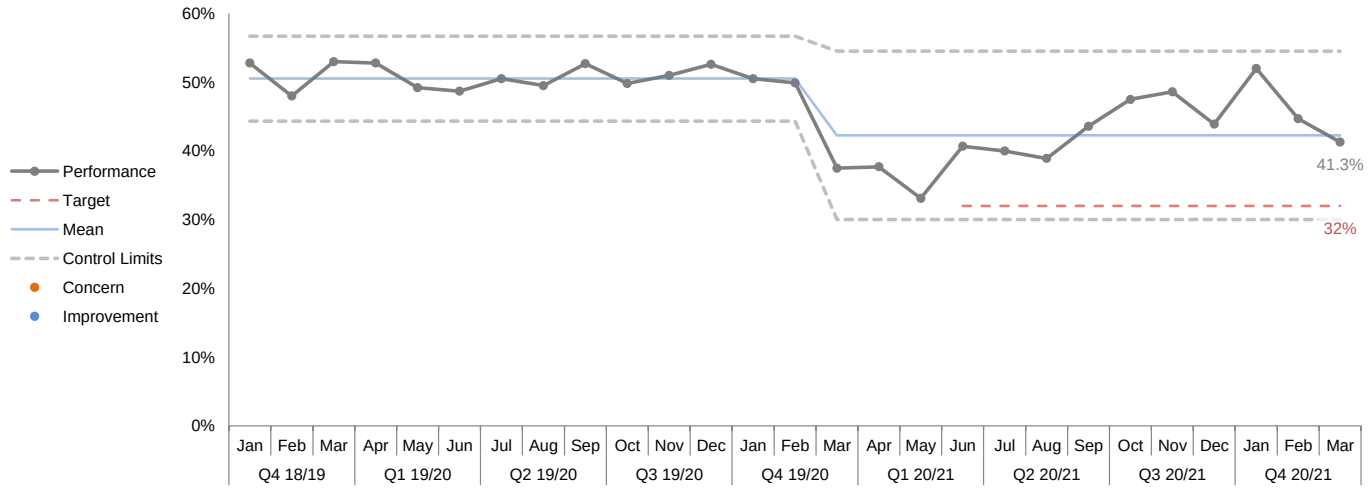
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Long Length of Stay 7 Days** Patients that have had a length of stay of 7 days or more, as a percentage of all open general & acute beds. Calculated using snapshot data from the last Monday of the reporting month.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	41.3%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
<= 32%

Performance consistently exceeds the target amount.

What the chart tells us

The chart shows that from March 2020 there is a new lower level of performance, indicating an improved position. There have been no significant changes in performance since then.

Narrative

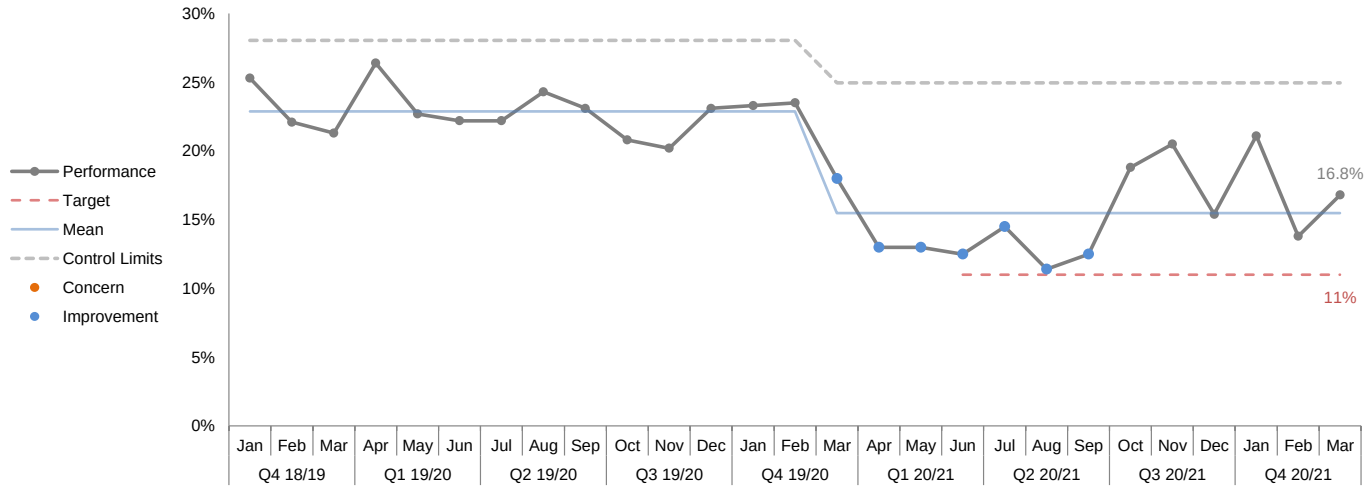
Issues:	Actions & Mitigations:
7 day+ Length of Stay much improved in March.	The work associated with reducing MOAT patients should start to impact this indicator.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Long Length of Stay 21 Days** Patients that have had a length of stay of 21 days or more, as a percentage of all open general & acute beds. Calculated using snapshot data from the last Monday of the reporting month.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	16.8%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

<= 11%

Performance consistently exceeds the target amount.

What the chart tells us	The chart shows that from March 2020 there is a new lower level of performance, indicating an improved position. This improvement appears to continue through to September with a run of performance below the average, though performance has returned to normal levels.

Narrative

Issues:	Actions & Mitigations:
Performance in month impacted by MOAT discharges.	The work associated with reducing MOAT patients should start to impact this indicator.

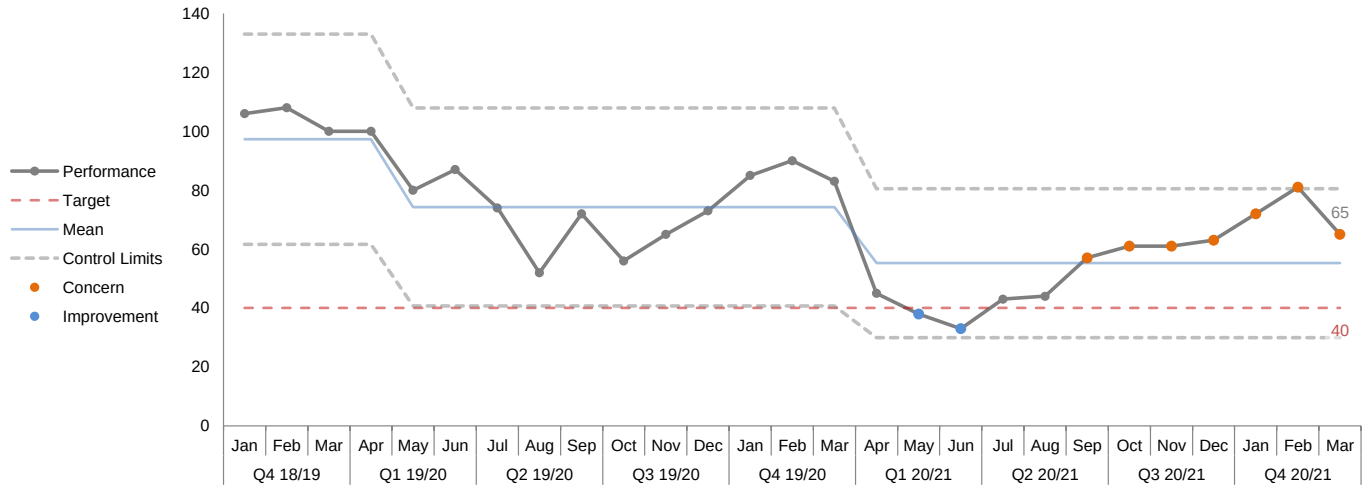
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Medical Optimised Awaiting Transfer (MOAT)** Total number of patients each day who have been medically optimised. This is an average number calculated using daily snapshot data. 'Medical optimisation' is the point at which care and assessment can safely be continued in a non-acute setting.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	65

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

Assurance

Target
<= 40

Performance consistently exceeds the target amount.

What the chart tells us	The chart shows that from May 2019 there is a significant change in the average number of MOAT patients month to month. In April 2020 this changes again, with a drop to significantly lower levels in May and June. September does see the start of an increasing trend, with the number of MOAT patients being higher than average month to month, and reaching a new high of 81 in February 2021. This has dropped in March, but it still above the average for the 7th consecutive month.

Narrative

Issues:	Actions & Mitigations:
Excellent progress is being made in reducing the number of MOAT patients within the Trust. Out of area and complex discharges remain the most significant issues.	Frailty Unit supporting admission avoidance and reduced length of stay. Continuing to work with partners regarding facilitating transfer or discharge of patients without a criteria to reside. Increased COVID virtual ward capacity to support early discharge.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Workforce Highlight Report

Matters of Concern or Key Risks to Escalate:

Agency spend has seen a marked increase in March. This is a combination of:

- temporary workers continuing to support the winter plans
-- increased levels of annual leave
- year end invoicing

Major Actions Commissioned / Work Underway:

Recruitment events to attract registered nurses and Health Care Assistants continue to recruit to existing vacancies and also newly established post on the inpatient wards.

India, which is one of the countries that we are currently working with to recruit registered nurses, have now been moved to the 'red list', this will have an impact on quarantine arrangements that we are currently working to deliver.

Positive Assurances to Provide:

Staff in post numbers have increased again in month which should continue as our recruitment strategies start to deliver.

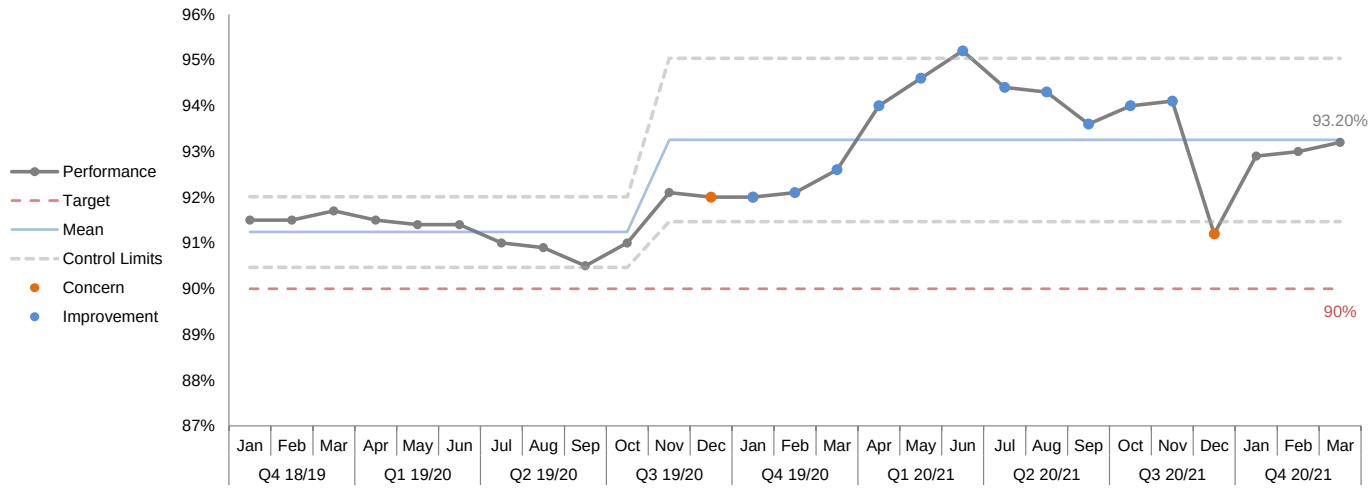
Workforce turnover rates also continue to reduce showing a sustained improvement. This is an important indicator for the Trust, as we invest in recruiting new staff we also want to see that staff want to stay working within our teams.

Decisions Made:

Following the end of the Workforce Improvement and Governance Group, bank and agency approvals now take place weekly in a new temporary staffing meeting.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Substantive Staff-in-Post** Total whole-time-equivalent (wte) staff-in-post, as a percentage of the current establishment.
Performance of this measure over time	
What the chart tells us	October 2019 shows a significant shift in performance levels and an increasing trend that peaks in June 2020 with a performance above the normal levels of variation. Performance continues to be above average through to November. There is an unusual drop to 91% in December, though this returns to expected levels again from January onwards.

Variance

Latest Month	Actual
Mar-21	93.2%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

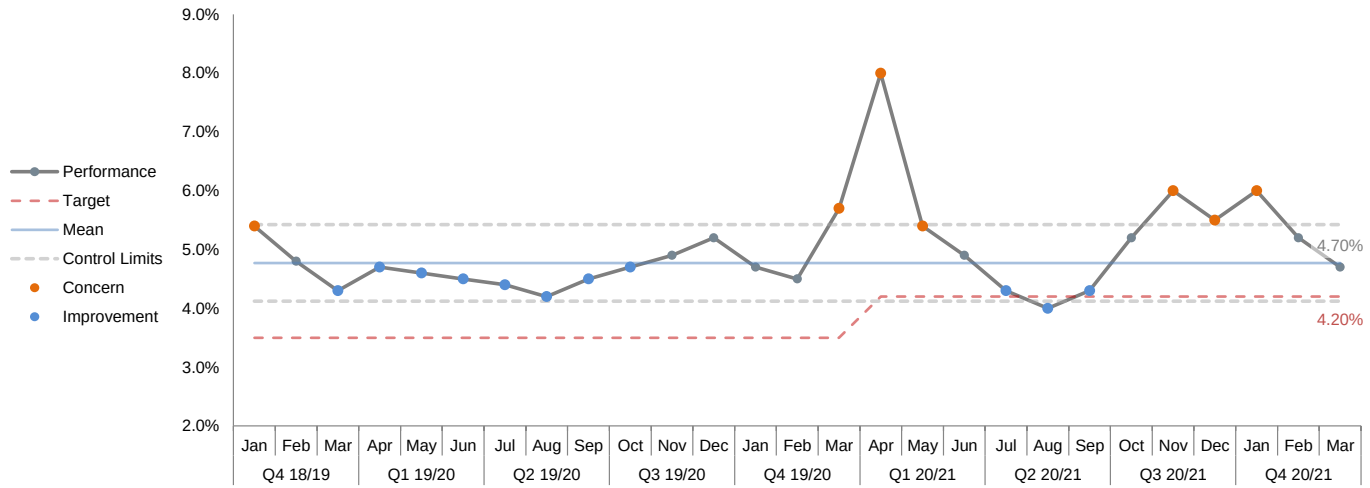
Target
>= 90%

The target is consistently achieved and is below the control limits, which suggests there are stable processes in place regarding this metric.

Narrative	Issues:	Actions & Mitigations:
	The Trust staff in post figure for March 2021 is 93.2% of the current establishment, an increase from 92.0% in February. Actual FTE staff in post increased by 26.9 FTE. There have been no significant changes to any staff groups.	NHSPI International Recruitment Update – We have now deployed 53 nurses. Further cohorts are expected in May and June, however, there are some actions required regarding quarantine that we will need to take once we receive clarification from NHSI/E. HCAs recruitment – We have recruited 66 HCAs since January, with a further 13 awaiting start dates. We are awaiting guidance from NHSI/E regarding India being added to the 'Red List' countries due to Covid. This may have an effect on nurses and other shortage occupations being able to enter the UK and the type of quarantine required.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sickness Absence: Monthly Rate (UoR)** The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.
Performance of this measure over time	
What the chart tells us	Data shows that on average sickness levels have been maintained throughout the reporting period. A period of improvement can be seen between March and October 2019, but this is not sustained beyond that. April 2020 saw an unusually high spike in sickness absence levels, but this returns to normal levels the following month, dropping to a new low of 4% in August. Sickness levels then significantly increase again November to January, but return to normal levels from February onwards.

Variance

Latest Month	Actual
Mar-21	4.7%

The shows common cause variation, suggesting no significant changes in performance.

Assurance

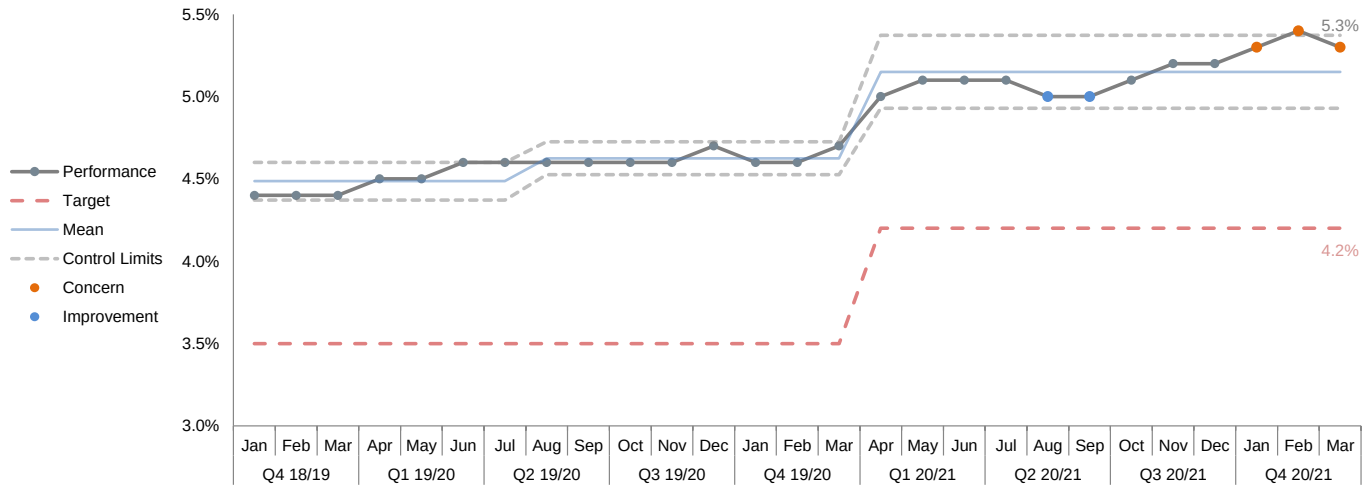
Target
<= 4.2%

Performance consistently exceeds the target amount, and is unlikely to achieve consistently without a review of processes related to this metric.

Narrative	Issues:	Actions & Mitigations:
	The in-month sickness absence figure for March 2021 is 4.70%; a decrease of 0.54% compared to the previous month's adjusted figure of 5.24%. COVID-related sickness has also decreased from 1.02% to 0.66%. The cost of sickness absence in March 2021 is £608K; an increase of approximately 3K from the previous month. The number of Covid related absence episodes decreased from 221 in January to 117 in February and 83 in March.	As of 1st April 2021, shielding ended and work is ongoing to support these staff back into the workplace. Managers have been asked to review all CEV risk assessments with the staff member to confirm their options for return to their role (with adjustments if required) or alternative duties. As at 30-Mar-21 the Pinewood Vaccination hub had performed a total of 24,389 vaccinations, 100% of staff have been offered the vaccine and 79.77% of the staff working directly for the Trust have received the vaccination, of these 51.45% have received both doses of the vaccine. It has been identified that the recording of Lateral Flow tests results have dropped significantly in recent months, managers are being asked to remind staff of the necessities of continuing to take the tests and record the results in order to identify staff who are asymptomatic and reduce infection rates.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sickness Absence: Rolling 12-Month Rate (UoR)** The total number of staff on sickness absence, as a percentage of all staff-in-post whole time equivalent. Calculated as a 12-month rolling average.
Performance of this measure over time	
What the chart tells us	Data shows that performance has been on an increasing trend across the reporting period. From April 2020 we see a spike in sickness absence above the normal levels which has continued through to December 2020 without any significant variation. January, February and March 2021 are flagged as a significant change, with the three months being consistently high and close to the upper range of normal performance.

Variance

Latest Month	Actual
Mar-21	5.3%

The data shows special cause variation, indicated by 3 values on or near to the edge of the upper control limit.

Assurance

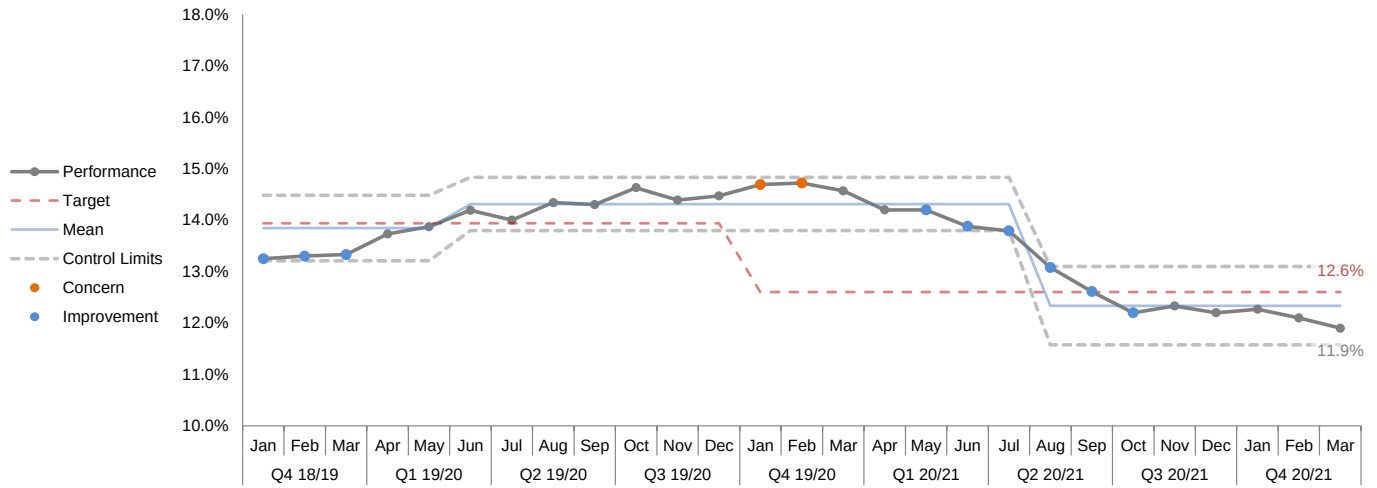
Target
<= 4.2%

Performance consistently exceeds the target amount.

Narrative	Issues:	Actions & Mitigations:
	The 12-month rolling sickness percentage for the period April 2020 to March 2021 is 5.3%.	Since Lateral Flow testing commenced, a total of 76,581 tests have been reported by staff. So far 194 of these tests were positive (0.25%), 41 of these have subsequently been tested by Occupational Health, of which 25 have been confirmed as positive.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Workforce Turnover (UoR)** The percentage of employees leaving the Trust and being replaced by new employees.
Performance of this measure over time	
What the chart tells us	The charts shows that between August 2019 and March 2020 there is a run of values above the average, indicating a level of worsening performance. May 2020 sees the start of an improving trend, and lower level of workforce turnover is consistently seen from August. From October 2020 onwards workforce turnover is then consistently below average.

Variance

Latest Month	Actual
Mar-21	11.9%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

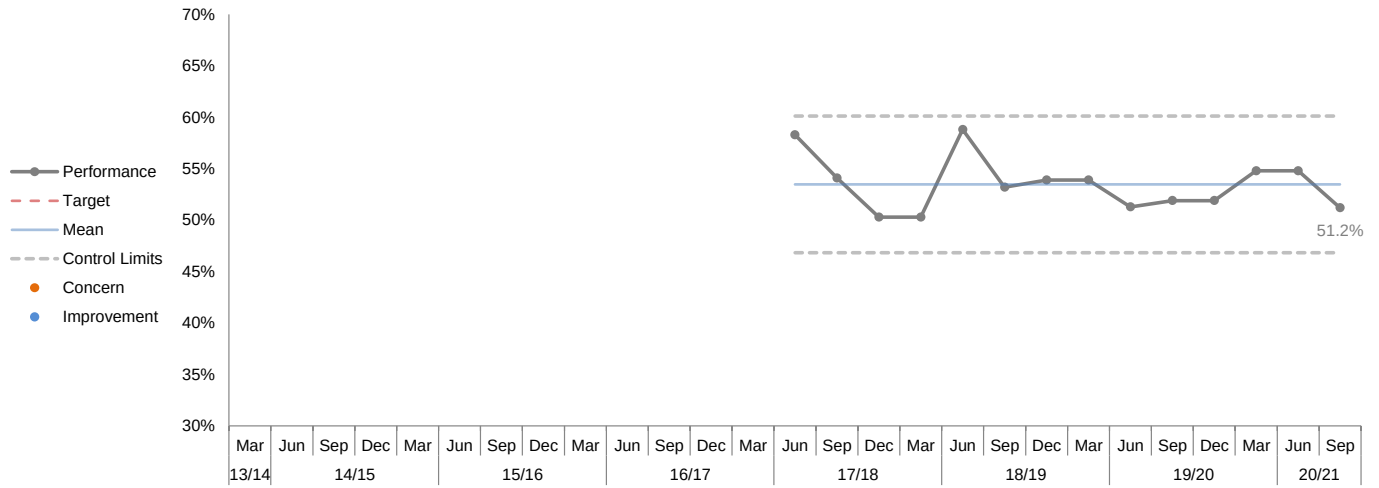
Target
<= 12.6%

Performance is consistently below the target amount.

Narrative	Issues:	Actions & Mitigations:
	The top known leaving reasons are: Voluntary Resignation – Work Life Balance (13.73%), Relocation (13.12%) and Retirement Age (12.39%).	The Trust has recently commenced a programme of work with NHSE/I on supporting further retention improvement. This work is focusing on health and wellbeing support and offering increased flexibility within clinical rosters to avoid unnecessary leavers. The Trust is also looking at medical turnover which looks high when compared to other Trusts, it is thought that this is due to the high number of LED doctors who subsequently obtain access to the training routes; however, this analysis is currently underway to see if there are any other issues.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Staff Friends & Family Test: Recommend for Work** The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust as a place of work.
Performance of this measure over time	
What the chart tells us	The chart suggests that performance of this quarterly metric fluctuates between 45% and 60%. The have been no significant changes in performance outside of this normal variation.
Narrative	**Issues:** The most current data we possess for staff recommending Stockport FT as a place to work comes from the 2019 Staff Survey and stands at 54.9% up 0.4% from the previous year's survey. **Actions & Mitigations:** During the Covid19 pandemic there has been a suspension of data collection. The Trust however has continued with staff engagement through focus groups, pulse check/check ins and through survey monkey questionnaires. The OD team is supporting individual business groups to engage with staff and review their latest data in order to action plan and make improvements within their areas. An FFT was launched on 10th September 2019.

Variance

Latest Month	Actual
Sep-20	51.2%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

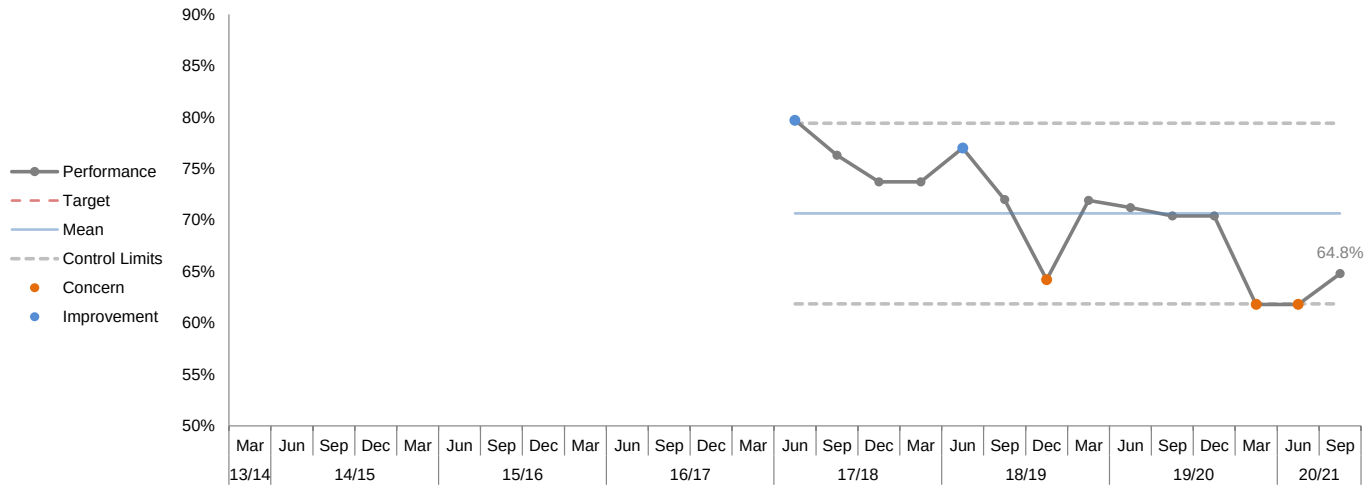
There is no target set for this metric.

Quality | Operations | Workforce | Finance

9.1

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Staff Friends & Family Test: Recommend for Care** The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust for care.
Performance of this measure over time	
What the chart tells us	The chart suggests that this quarterly metric fluctuates between 62% and 79%. Although the data does at first appear to show a deteriorating trend across the reporting period, the chart suggests that this is still within the expected range of variation.
Performance of this measure over time	**Issues:** The most current data we possess for staff recommending Stockport FT as a place for care comes from the 2019 Staff Survey and stands at 61.8%. Whilst this percentage has decreased since September the data was collated at the end of 2019 during the NHS Staff Survey. **Actions & Mitigations:** The Covid19 Pandemic has suspended data collection for Staff Friends and Family and therefore there is no current Friends and Family data. We have continued to support staff to engage and improve their personal and professional development through leadership programmes, staff engagement, focus groups, and team development which will impact on and improve patient care.

Variance

Latest Month	Actual
Sep-20	64.8%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target

There is no target set for this metric.

Quality | Operations | Workforce | Finance

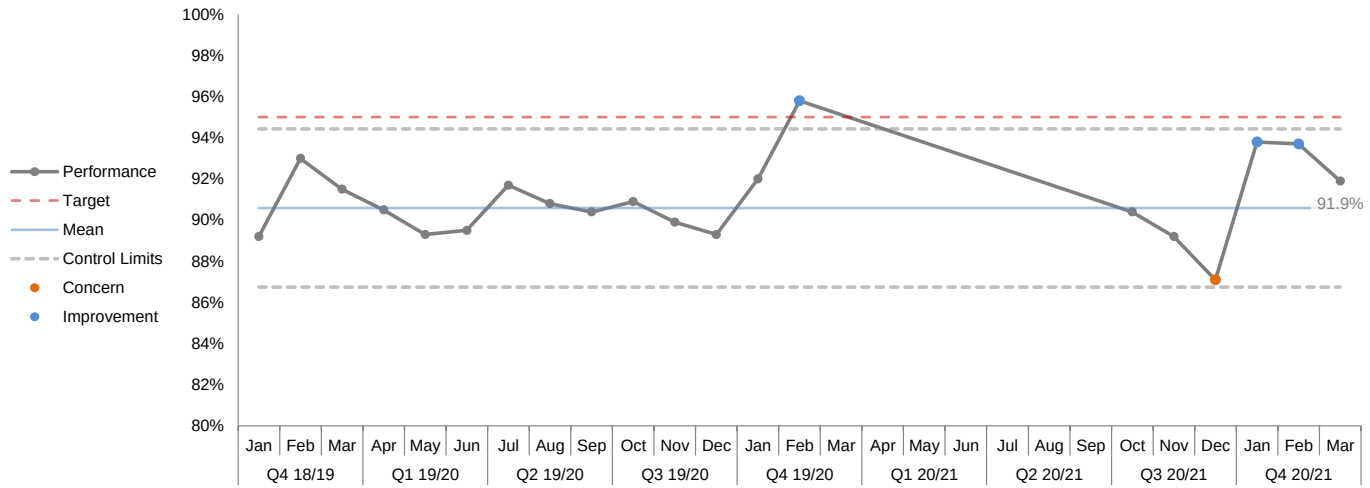
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Appraisal Rate: Medical

The percentage of medical staff that have been appraised within the last 15 months.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	91.9%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
>= 95%

Performance consistently falls short of the target.

What the chart tells us

The chart shows that for much of the reporting period, performance varies just above and just below the average of 90%. Due to the pandemic, no data was made available between February and September 2020. Performance in January and February shows a significant improvement, with a return to expected levels for March 2021.

Narrative

Issues:

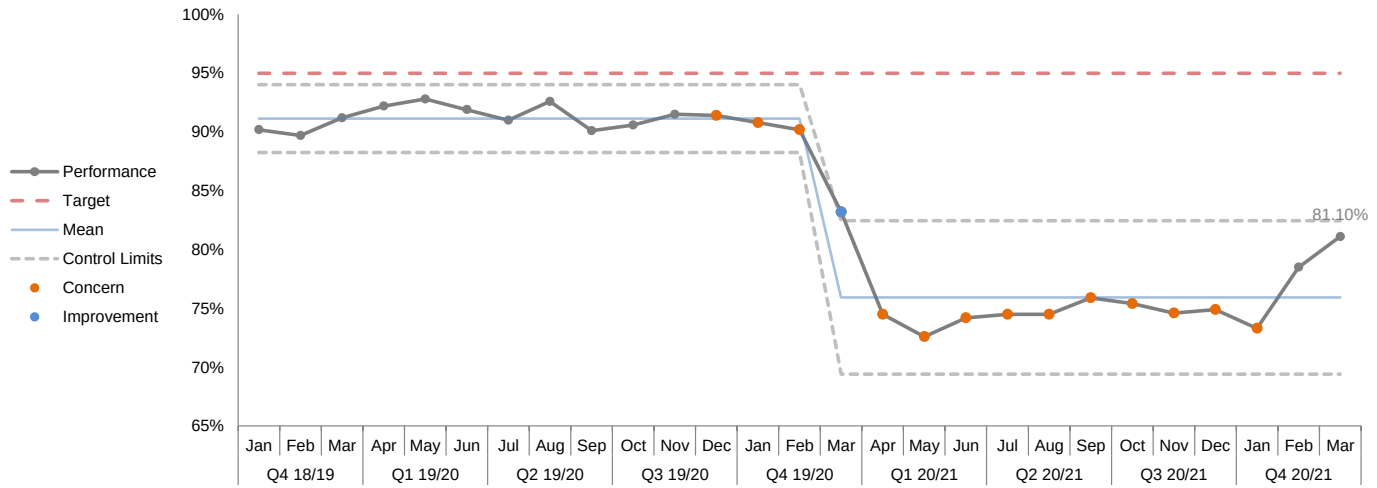
The medical appraisal rate has decreased from 93.73% in February to 91.94% in March, and is below the Trust target of 95%. This reflects the pause of medical revalidation during the pandemic.

Actions & Mitigations:

Due to ESR's inability to appropriately record the extended national timeframe to undertake medical appraisal, the figures for March have been taken from the PREP system in order to show compliance across the 2 year timeframe.
Medical appraisals continue to be managed in accordance with the altered national timeframes.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Appraisal Rate: Non-medical** The percentage of non-medical staff that have been appraised within the last 15 months.
Performance of this measure over time	
What the chart tells us	The charts shows performance varies between 90% and 95% until August 2019. December 2019 sees the start of a slow decline in performance, with a significantly worsened performance from March onwards. Performance does appear to be improving in February and March 2021, but it is too soon to see if this improvement is consistent.

Variance

Latest Month	Actual
Mar-21	81.1%

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

Assurance

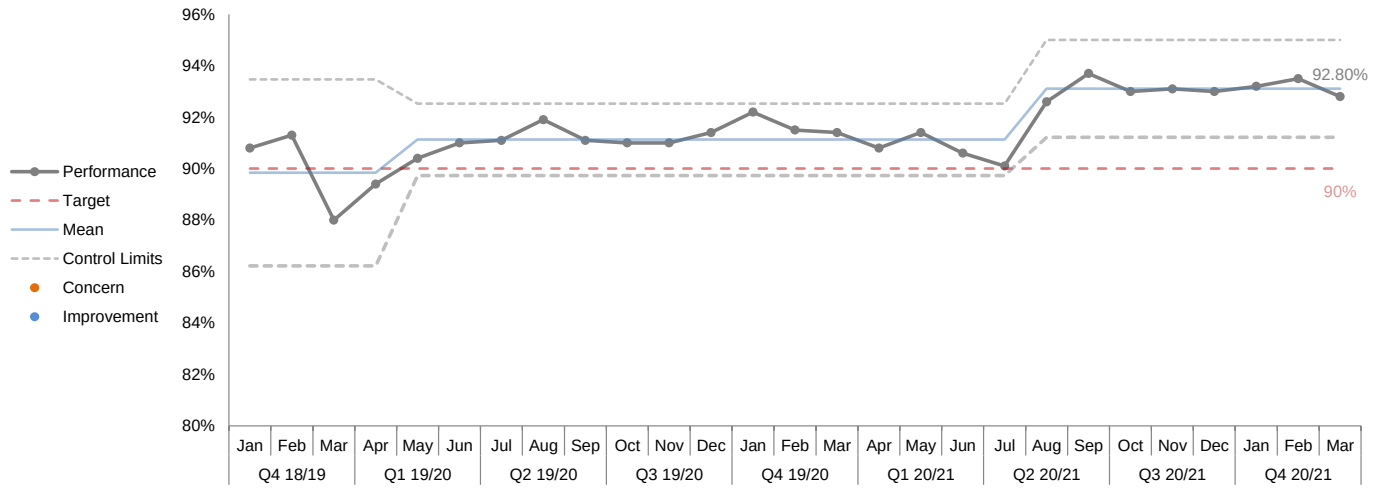
Target
>= 95%

Performance consistently falls short of the target throughout the reporting period.

Narrative	Issues:	Actions & Mitigations:
	All Business Groups remain under the Trust target of 95% with the highest compliance rate being Estates and Facilities at 87.94% and the lowest Surgery, GI and Critical Care at 67%.	The OD Team continue to deliver Performance Appraisal training as part of the Leadership Development Programme and Preparing for Your Performance Appraisal to support staff to hold worthwhile development conversations. Business Groups are given detailed reports to help them identify which order appraisals should be completed to help increase their compliance rate.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Statutory & Mandatory Training** The percentage of statutory & mandatory training modules showing as compliant.
Performance of this measure over time	
What the chart tells us	The chart that from May 2019 onwards a more stable process around Statutory and Mandatory training has been established, and variation in performance ranges between 91% and 92% through to June 2020. A new higher level of performance is then seen from August 2020 onwards, which continues through to the current month.

Variance

Latest Month	Actual
Mar-21	92.8%

The data shows common cause variation, indicating no significant changes in performance.

Assurance

Target

>= 90%

Performance consistently exceeds the target value.

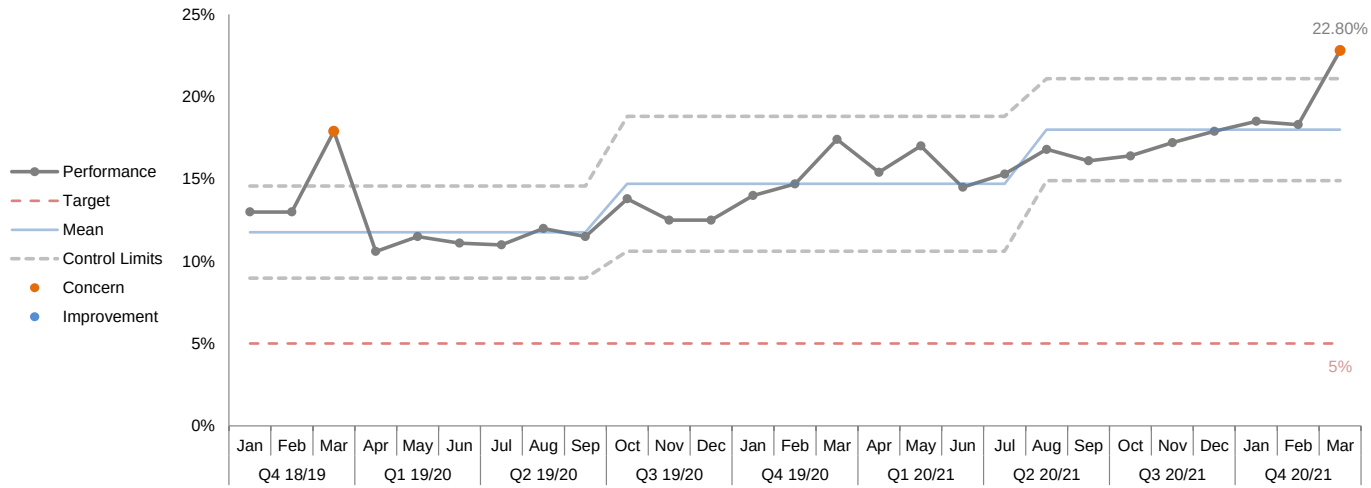
Narrative	Issues:	Actions & Mitigations:
	Overall, compliance is increasing month on month. Targeted actions across Business Groups and specific topics are making a difference incrementally each month. Level 2 & 3 Resus compliance is gradually improving, with additional weekend, bespoke session and steps planned to increase trainer capacity. Statutory, Mandatory & Role Specific Training discussed at meeting with Non-Exec Directors held to explain background and understand their needs from an assurance point of view	Level 2 & 3 Resus current compliance & capacity reported for assurance to PPC in April Additional sessions advertised ahead of roster lockdown CPF upskilled to deliver Level 3 in addition to Level 2 to increase capacity – sessions offered for integrated care before / after shift start times, evenings and weekends. Weekend sessions trialled – Saturday & Sunday mornings peak time, however impact on both cost (NHSP) and trainer availability during the week if this is adopted as business as usual (not currently established as 7 day team) Review of Level 4 (ALS) requirements to ensure staff are given credit for compliance at a higher level (Specifically ED)

Integrated Performance Report

NHS Stockport NHS Foundation Trust

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

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	22.8%

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

Assurance

Target
<= 5%

Performance consistently exceeds the target value across the reporting period.

What the chart tells us

The chart shows that up to September 2019, normal performance varies between 10% and 13%.
October 2019 shows the start of a new higher level of bank & agency costs, which runs through to July 2020. Another step increase in bank & agency costs can be seen starting from August through to February, with the March position being significantly higher than that.

Narrative

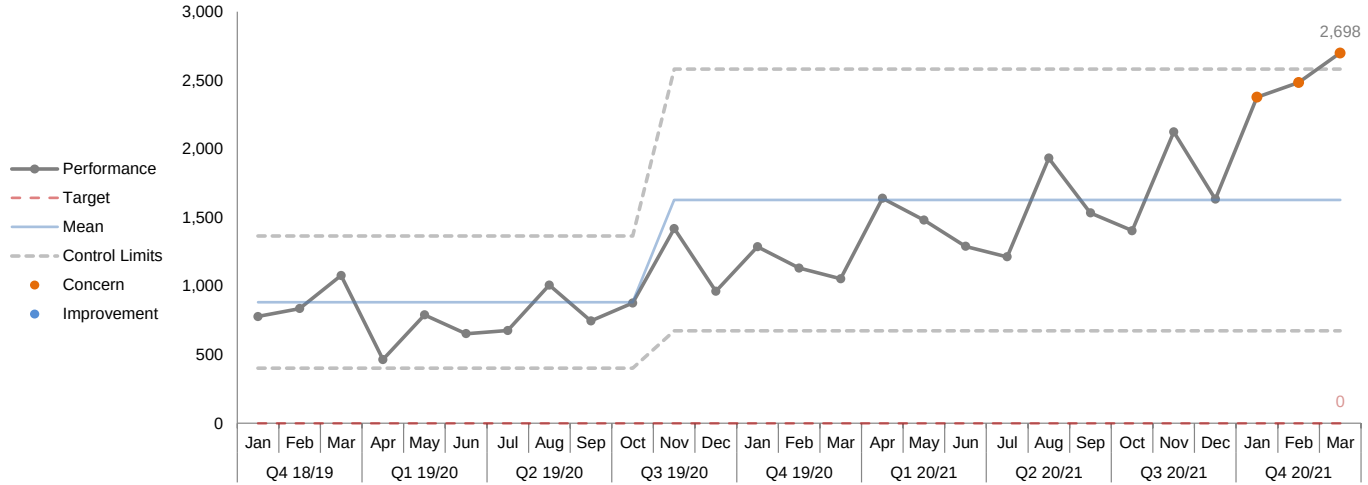
Issues:	Actions & Mitigations:
The total bank and agency spend in March was £8.99M, which represents 28.54% of the total pay bill within the month. The business group with the highest bank & agency spend in February was M&CS (£1.68M) which is an increase of £109K compared to February.	International recruitment continues and plans will be made regarding the next cohort of nurses for which we have received funding from NHSI/E. We have signed a new framework agreement which has allowed us to move some off-framework agencies on framework, which will provide better value.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Agency Shifts Above Capped Rates** Number of agency shifts above above the provider spend cap.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	2698

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

Assurance

Target
<= 0

Performance consistently exceeds the target value across the reporting period.

What the chart tells us

The chart shows that from July 2018 to October 2019, normal performance varies between 500 to 1000 shifts. Due to the erratic and variable nature of performance month to month, the limits of variation increase from October 2019. Although there does appear to be an increasing trend, the chart does not show any significant changes month to month until the last 3 months, which show significantly higher than average numbers of agency shifts above capped rates.

Narrative

Issues:

There were a total of 2,698 agency shifts paid above the NHSI cap rate during the 4 week period from 1st March 2021 to 28th March 2021. This equates to an average of 674.5 shifts per week, which is an increase of 53.75 shifts per week compared to February's figures and an increase compared to the 263 shifts per week in March 2020. The highest number of agency breaches were in M&CS, Surgery and Integrated Care with a weekly average of 281, 216.5 and 75.5 shifts respectively, including medical and AHP shifts. Within this period there were 814 cap breaches relating to non-framework agencies – Nutrix (394), Elevation Healthcare (265), Nursing 24 (96), Raven (47) and Thornberry (12).

Actions & Mitigations:

In addition to the international nurse recruitment, there are currently 264.10 FTE registered nurse posts progressing through the Trac system.

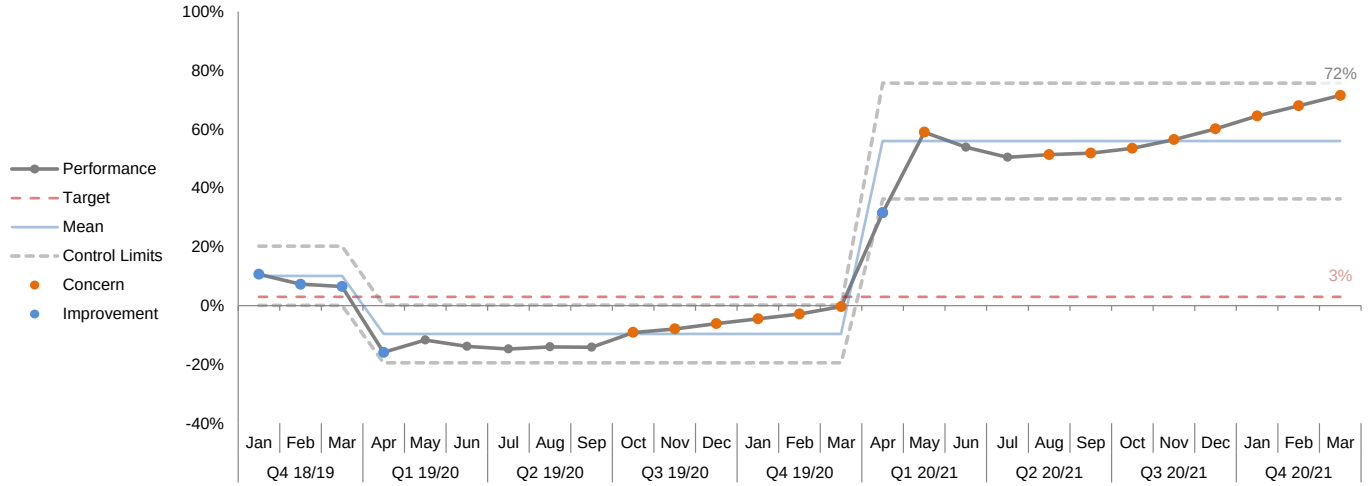
We have begun work with NHSP to reduce agency reliance which has started to show reductions in numbers.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Agency Spend: Distance From Ceiling (UoR)** The percentage variance between Trusts expenditure on agency and external locums across all staff groups and the cap set by NHSi.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	71.5%

The data shows special cause variation, indicated by an increasing trend over the last 6 months.

Assurance

Target
<= 3%

Since April 2020, performance consistently exceeds the target amount.

What the chart tells us

The chart shows that throughout 2019/20 we managed to maintain agency expenditure below the capped levels set by NHSi. April 2020 saw a sharp increase in expenditure against the cap, and a further increasing trend is now visible looking at expenditure between August 2020 and the current month.

Narrative

Issues:

The total number of agency shifts worked in this period, including shifts under cap, was 3254 – an average of 813.5 per week. This is an average increase of 65 shifts per week compared to February. There were a total of 189 shifts paid at or above £100 per hour, which required Chief Executive approval, which is an average of 47.25 shifts per week, compared to 53.25 shifts per week in February.

Within this period a total of 393 shifts were reported as COVID-19 related (202 medical, 31 AHP, 17 A&C, 14 CSW & 129 nursing).

Actions & Mitigations:

There is a new dedicated meeting for the approval of agency requests where more scrutiny can be given on cost and reasons for booking.

Integrated Performance Report

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Finance Highlight Report

Matters of Concern or Key Risks to Escalate:

The Trust has submitted a Key Data Return to NHSI/E in line with the year-end reporting timetable, but recognises that some accounting, reporting and funding arrangements for year end 2020/21 may be updated by NHSI/ E between this return and submission of the annual accounts. However this is expected to improve the position further.

The financial accounts for the year are always presented as draft until completion of a successful external audit by Mazars.

The annual NHS finance and operational planning rounds have been delayed and system funding envelopes are still being negotiated across Greater Manchester (GM). The Trust therefore does not yet have an approved income and expenditure plan for financial year 2021/22.

Major Actions Commissioned / Work Underway:

The Trust have taken an internal approach to planning and this continues for 2021/22 across activity, workforce and finance.

Positive Assurances to Provide:

The Trust has delivered the planned financial position in financial year 2020/21 ending 31st March 2021, and maintained sufficient cash to operate despite the current increased run rate of expenditure.

Decisions Made:

The Trust Executive Team have reviewed potential 2021/22 planning scenarios and are progressing with internal planning and modelling.

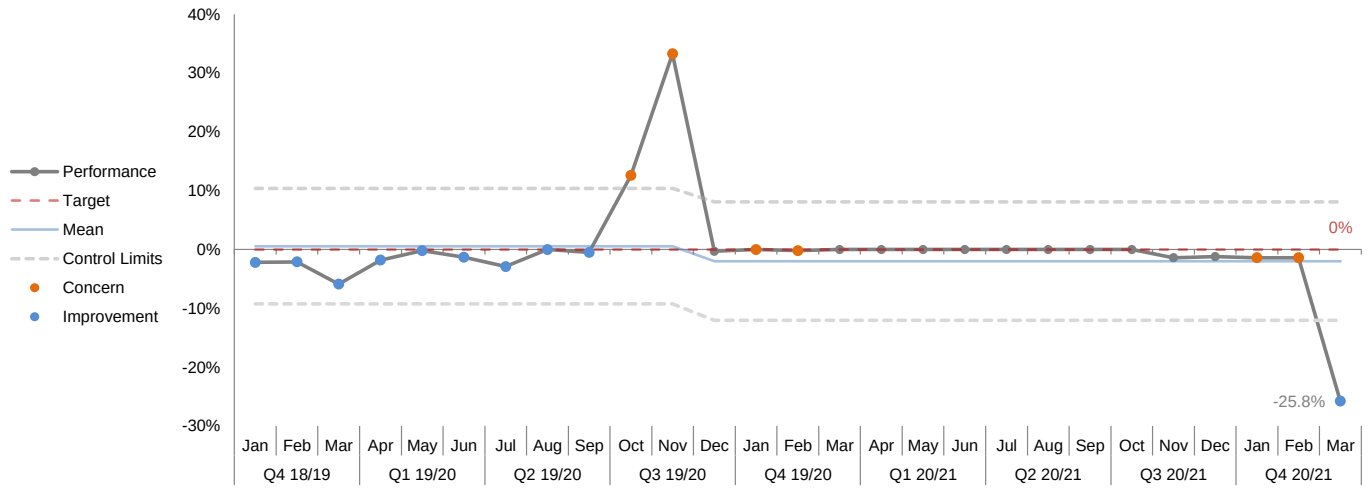
The key accounting issues paper for 2020/21 has been approved by the Audit Committee.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Financial Controls: I&E Position** The actual financial position, displayed as a percentage variance from the planned financial position. Negative values indicate a financial position above the planned amount.

Performance of this measure over time



Variance

Latest Month	Actual
Mar-21	-25.8%

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

Assurance

Target
<= 0%

Performance is consistently below the target amount.

What the chart tells us	The data shows that there has been no variance from plan for the I&E Position between January and October 2020 - this is because the Trust was required to break even. Performance since October shows a negative variance from the planned amount, which means that the Trust's I&E position is higher than the planned amount. Performance for March is significantly higher than planned.

Narrative

Issues:

The Trust has delivered the planned financial position in financial year 2020/21 ending 31st March 2021. Key points to note within this financial position are:

- The Trust has received £2.0m central support for non-NHS income loss in Q3 and Q4 (H2) from NHS England/ Improvement (NHSE/I), and a further £1.4m of funding to improve the system financial position for Greater Manchester (GM). These are part of a number of changes made as part of the year end accounts process within the national system.
- The Trust has received £383.5m of income in the financial year, through a combination of block payments from commissioners, central support, income from non-NHS sources (including Stockport Council (SMBC), Health Education England (HEE), Research and Innovation (R&I), and the Pharmacy Trading Units.
- Total pay costs were £276.0m in the twelve months to 31st March 2021 February, which is more than 70% of the Trust's total costs. Reliance on premium nursing spend, including for acuity, recovery, winter and Covid-19 are a key driver of the Trust's deficit position.

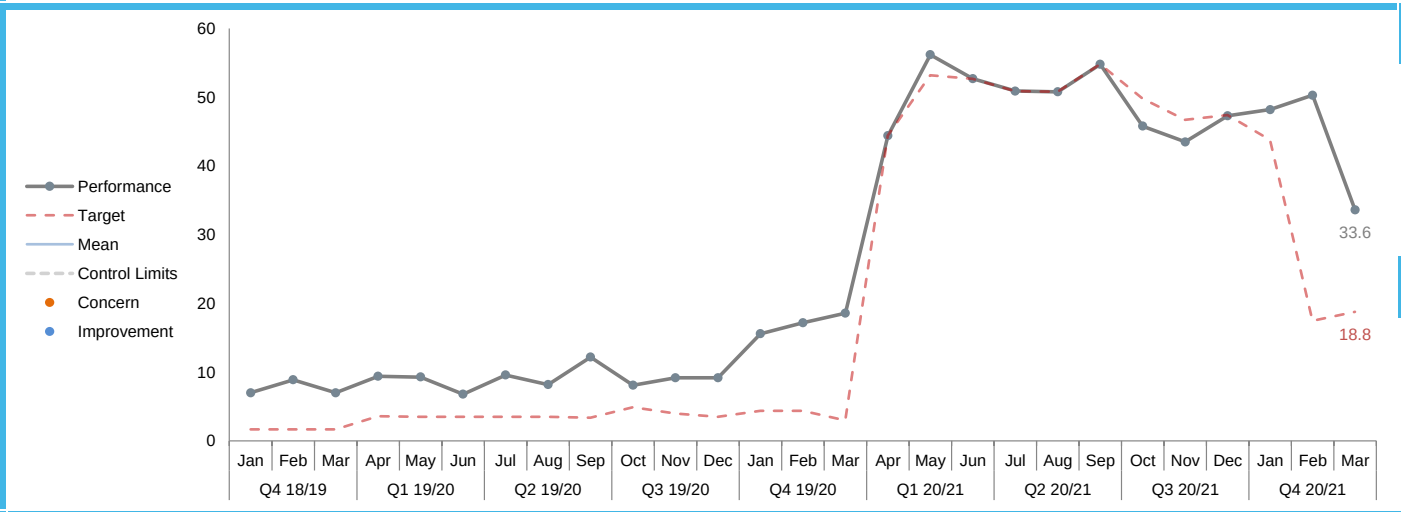
Actions & Mitigations:

The Trust has submitted a Key Data Return to NHSI/E in line with the year-end reporting timetable, but recognises that some accounting, reporting and funding arrangements for year end 2020/21 may be updated by NHSI/ E between this return and submission of the annual accounts. However this is expected to improve the position further.

The recurrent deficit for the Trust has increased during the Covid-19 pandemic, which feeds into the nationally deferred planning round for 2021/22. Financial block contracts will roll-over to Q1 of 2021/22, and based on 2019/20 Q3 actuals, and will again be topped up by system support. The annual NHS finance and operational planning rounds have been delayed and system funding envelopes are still being negotiated across Greater Manchester (GM). The Trust have taken an internal approach to planning and continues for 2021/22 across activity, workforce and finance.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Cash Balance** The amount of cash balance in Trust accounts, measured against a planned amount. Planned amount is represented by the target. Please note: April to September 2020 planned amount = actual amount. Figures displayed are millions per month.
Performance of this measure over time	
What the chart tells us	The data shows that throughout the reporting period, the Trusts Cash Balance has been maintained above the planned amount. October and November 2020 see a dip below the planned amount, but from December onwards there is a return to an expected position above the planned amount.

Performance

Latest Month	Actual
Mar-21	33.6

Assurance

Target
>= 18.8

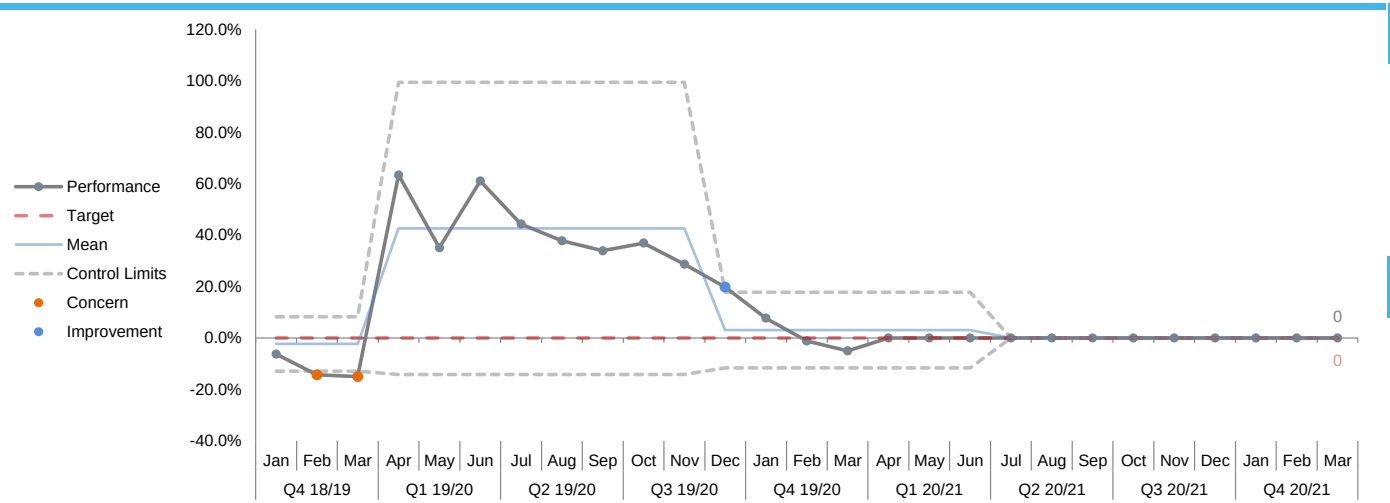
Performance against the target is inconsistent.

Narrative

Issues:	Actions & Mitigations:
Cash in the bank on 31st March 2021 was £33.6m, which is £18.8m less than last month. This is due to significant capital transactions in March 2021 and the timing of block payments at the end of the financial year. Although the Trust has maintained sufficient cash balances under the interim regime, the current run rate of expenditure is higher than in previous years. This is challenging to manage.	In the context of the expected overall cash mandate for 2020/21 and the system envelopes, it is expected there will be an estimated overall provider cash balance at the end of March 2021 similar to last year. Net cash borrowing requirements for all organisations are therefore expected to be low. To facilitate this provider year end cash position, providers were reimbursed for COVID-19 related costs outside envelopes a payment on account in March 2021, and system finance agreements were cash backed.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**CIP Cumulative Achievement** The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement. Positive values indicate a CIP achievement above the planned amount.
Performance of this measure over time	
What the chart tells us	The data shows no variance between actual and planned from September 2020 to date. This is because there was no CIP requirement. CIP requirement was reinstated from October 2020 and the Trust has delivered 100% on the planned amount so far.

Variance

Latest Month	Actual
Mar-21	0%

The data shows common cause variation, suggesting no significant changes in performance.

Assurance

Target
>= 0%

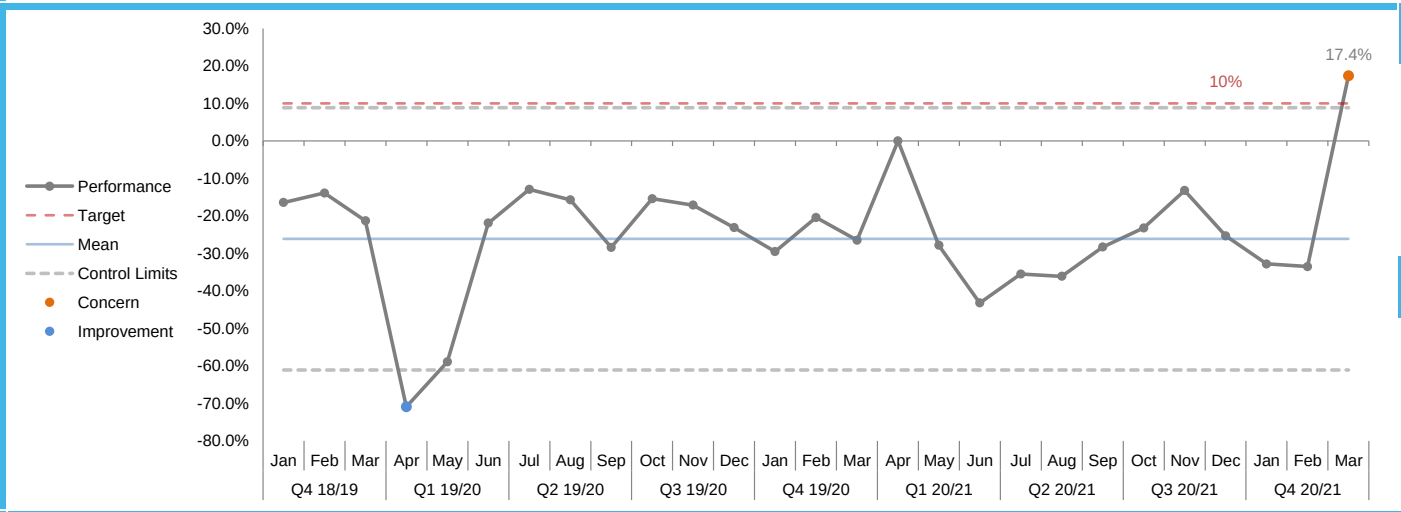
Performance consistently achieves the target amount.

Narrative

Issues:	Actions & Mitigations:
The Trust efficiency target of 1.1% for October to March equates to a target of £2.0m. As the Trust has delivered the required financial position the Cost Improvement Programme (CIP) has been delivered. This is being managed technically on a non- recurrent basis to allow operational focus on recurrent delivery and planning for 2021/22.	Regionally and nationally the priority is service pressures and recovery, and therefore the Trust has taken a corporate position on delivering the in-year efficiency requirement.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Capital Expenditure** The actual capital expenditure, as a percentage of the planned capital expenditure. Performance is displayed as a percentage variance from the planned amount. Negative values indicate a expenditure lower than the planned amount. Capital expenditure includes such things as buildings and equipment.
Performance of this measure over time	
What the chart tells us	Performance of this metric is quite variable, ranging from -13% to -43%. This makes it very difficult to identify special causes and to indicate unusual patterns in performance. For the majority of the reporting period Capital Expenditure is below the planned amount, but the latest figures for March show a significant variation from plan, indicating that spending for the end of the year is higher than planned.

Variance

Latest Month	Actual
Mar-21	17.4%

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

Assurance

Target
<= 10%

Performance against the target is inconsistent.

Narrative	Issues:	Actions & Mitigations:
	The Trust's original capital programme for 2020/21 was £22.0m. Further external sources of PDC funding have subsequently been received – offset by Healthier Together funding being re-profiled from 2021/22, plus GM and NHSE/I approval to bring forward 2021/22 capital proposals increasing the total actual spend to £25.2m. System capital envelopes will be issued and system-led capital plans submitted for the new financial year 2021/22 as a whole. At a national level, the quantum for system operational capital, including emergency finance, will be similar to 2020/21, and allocated with a similar methodology. There will be separate national funding available in addition to system envelopes for A&E schemes started in 2020/21. All available funding for backlog maintenance/ critical infrastructure risk "will be baked into system envelopes for 2021/22".	The Trust has invested £25.2m through the capital programme in the financial year ending 31st March 2021. An additional £5.4m of capital flexibility has been utilised by the Trust in March which has arisen from slippage across GM and the North West. This capital acceleration has seen unprecedented levels of capital investment brought to the Trust in March 2021. This has enabled the Trust to bring forward capital spend into 2020/21 with a view to reviewing 2021/22 envelopes to support significant invests backlog and development schemes. Capital Programme Management Group (CPMG) continues to manage the capital programme.

NHS Stockport NHS Foundation Trust

BOARD OF DIRECTORS

Meeting date	6 May 2021	x	Public		Confidential	Agenda item
Title	Nurse and Midwifery staffing					
Lead Director	Chief Nurse					
Author	Deputy Chief Nurse					

Recommendations made/ Decisions requested

The Board of Directors are asked to note the contents within the report.

This paper relates to the following Strategic Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	
Financial impacts if agreed/ not agreed	3
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This report is provided to:

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

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Nursing & Midwifery Staffing Update Report Board of Directors

Presenter: Nicola Firth, Chief Nurse

Your Health. Our Priority.

Purpose of report

Stockport NHS Foundation Trust

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

Executive Summary

Stockport NHS Foundation Trust

- Maintaining safe staffing levels to meet the current demands of services remains a challenge
- Significant recruitment of registered nurses and Health care assistants, including international nurses resulting.
- Baseline establishments review of Nurse staffing now complete and paper presented to the Board of Directors.
- There is a continued focus on scrutiny of all types of incidents, complaints and patient feedback to triangulate & provide support where needed.

Stockport NHS Foundation Trust

Nursing & Midwifery Staffing

Nursing & Midwifery Staffing

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.

- Senior Nurse away day at the end of April with a focus of senior nursing leadership.

- A virtual Nursing recruitment event planned on 8th May 2021 with a specific focus on Surgery GI and Critical Care. The Trust are also actively engaged in a national Health Care Support Worker Recruitment and Retention Campaign.

- The Trust participated in National Careers Week in March 2021.

Nursing and Midwifery Staffing

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

- The full establishment review is complete with the paper being presented to Board of Directors.

- The action plan following the NHSE/I review with a number of actions completed and actions in place to mitigate risks and monitored through the monthly Nursing and Midwifery Staffing meeting .

- There is ongoing work, in partnership with NHS Professionals, to oversee temporary staffing pay rates, develop initiatives to increase fill rates and review processes to cascade unfilled shifts to agencies with a significant reduction in agency staff.

- 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.

- A total of 86 International nurses have been recruited and a trajectory for commencement during the year in place.

Nursing and Midwifery Staffing

Stockport NHS Foundation Trust

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

- There is ongoing validation of reported or expressed staffing incidents to identify themes and trends, enabling appropriate and timely actions to be taken, alongside care and well-being checks for staff on duty when an incident has been submitted. Staff wellbeing checks are extremely important where staff moves have occurred which has been identified to impact negatively on staff morale.

- The development of the Stockport Accreditation & Recognition System (StARS) designed to measure the quality of nursing care provided by individuals and teams throughout the Trust has been rolled out with a plan to review all inpatient areas during 2021/22.

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Safe Care

Patient and family experience

NHS Stockport NHS Foundation Trust

- Visiting remains restricted, which is difficult for patients, relatives and staff. Providing regular updates is extremely important. Wards and departments are supported by the patient Liaison team and by use of technology such as ipads for face time conversations. The plans will be frequently reviewed in line with national and GM guidance.

- In order to maintain a compassionate and caring approach risk assessments are made to allow an element of visiting for those patients with particular needs, such as those who are the end of life, or who have a learning disability, dementia etc. These visits are with full infection prevention precautions.

- A task and finish group is working to provide the updated visiting guidance once Covid-19 restrictions are lifted.

Safe Care Indicators

NHS Stockport NHS Foundation Trust

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

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

- Tissue Viability improvement work is a key priority with all incidents undergoing a robust review, and Trust wide themes being discussed and learning shared. An increase in device related pressure ulcers due to the wearing of CPAP masks in COVID-19 patients has been identified. Investigations will identify if there are lapses in care, and identify actions to prevent further occurrence.

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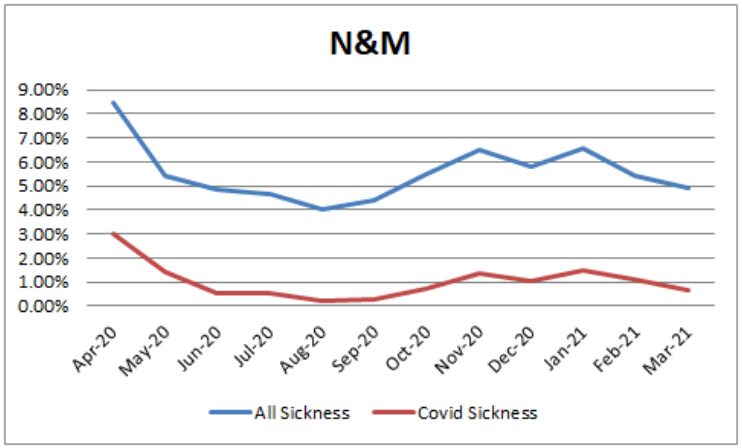
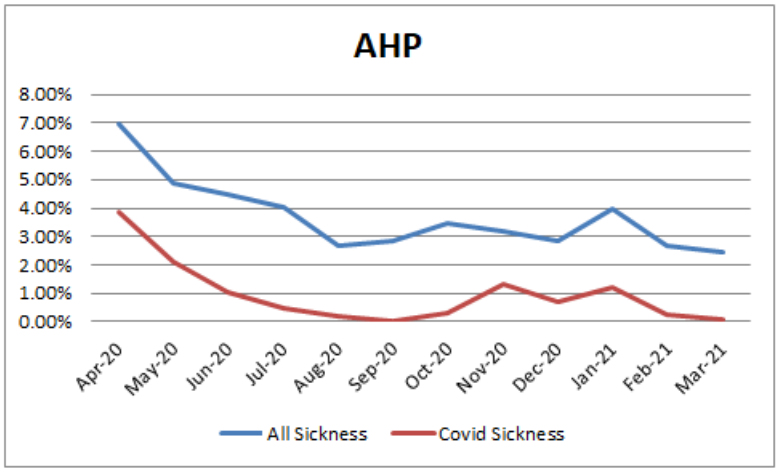
Staff Sickness & Absence

Staff sickness/absence

Stockport NHS Foundation Trust

- Sickness overall decreased by 0.55% to 4.69% in March 2021
- Covid-related sickness also decreased by 0.36% to 0.66% in March.
- Sickness in March 2021 is 1.01% lower than March 2020.
- Covid sickness accounted for 0.66% and non-Covid sickness was 4.03%
- All business groups have seen a decrease in sickness except WC&D which increased from 2.88% in Feb to 3.26% in March 2021.





NHS Stockport NHS Foundation Trust

Health & Well Being

Staff Health & Wellbeing

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.
- The trust are working with colleagues from the mental health Trust to ensure support for all staff.
- Lateral flow testing for Covid-19 continues for all staff across the organisation.

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date:		**Report of:** Quality Committee
Date of last meeting: 27th April 2021		**Membership Numbers:** Quorate

1.	**Agenda**	The Committee considered an agenda which included the following:
		• Patient Story: End of Life
		• Business Group update: Medicines Optimisation
		• Patient Safety and Quality Group Chair's Assurance Report
		  ○ Results Governance
		  ○ CT Backlog
		  ○ Saline Incident Action Plan
		  ○ NICE Guidance
		  ○ Notification of Serious Incidents
		  ○ Drugs and Therapeutics Report
		  ○ CNST maternity standards report
		  ○ Maternity Dashboard
		  ○ IPC Report
		  ○ Sepsis Report
		  ○ CAS Alerts Report
		  ○ End of Life Report
		• IPR – Safety and Experience Quality Metrics
		• CQC Insights
		• Tissue Viability Report (deferred from February)
		• Gastro Improvement – Project Close Down
		• Clinical Prioritisation of the Waiting List

	Assurance	**Results Governance:** The Committee was satisfied that the progress made Task and Finish Group in relation to improving the governance of pathology results. Further assurance has been requested in relation to the ongoing progress of the Transformation Project. **Saline incident Action Plan**: Positive assurance was received in relation to the review of the action plan following the poisoning of 20 patients in 2011. Record keeping audits are to be reviewed by Quality Boards and reported back to Committee in June. **Notification of Serious Incidents (SIs)**. Mixed assurance was received in relation to SI exposure as there were 7 Serious Incidents declared in March. No reports were overdue to the CCG. At the time of the meeting 11 action plans were overdue.

9.2

		CQC Insights: Good assurance was received from the CQC report which correlated with local processes and insight. **Sepsis Assurance Report.** The Committee received positive assurance on Sepsis Compliance (Identification at 91% and antibiotic compliance at 75%). Reviews are being carried out into the 3 antibiotic breaches. The Trust is now working to a stetch target of 95% (previously 85%). The Committee have requested separate update on sepsis process/compliance for maternity and paediatric pathways. **CNST Maternity Standards.** Positive assurance was received in relation to the CNST incentive scheme. As of March 2021, the Trust was compliant with 9 of 10 actions. There was partial compliance with demonstrating an effective system of clinical workforce planning. **Maternity Dashboard**. Positive assurance was received in relation maternity metrics. The Committee were reassured that the maternity unit had received good benchmarking outcomes and had received positive feedback from the National Safety Support Team. **IPC Report.** Positive assurance was received in relation to IPC including IPC Quality Metrics, business group action plans, decontamination, and water management. The Committee agreed that antimicrobial stewardship was an ongoing gap in assurance and requested that the Committee receive a focussed update on this area. **Waiting List Harms.** Inconclusive assurance was received in relation to the oversight and management of harm of patients waiting on elective and cancer waiting lists. The Committee agreed to have a meeting before 25th May Quality Committee with a view to clearly understanding the harms review process and limitation, and to agree how the Committee is to receive assurance going forward.		
	Alert	•		
	Advise	The Committee wishes to advise the Board that the Gastro Improvement plan which resulted from the MIAA investigation in to Ward A1 has been closed. Good assurance was received in relation to actions taken and the plan will now be incorporated into routine quality governance.		
2.	Risks Identified	•		
3.	Actions to be considered at the *(insert appropriate place for actions to be considered)*			
4.	Report Compiled by	Marisa Logan-Ward	Minutes available from:	Committee Secretary

NHS Stockport NHS Foundation Trust

Board of Directors Key Issues Report

Report Date: 06/05/21		**Report of:** Finance & Performance Committee
Date of last meeting: 15/04/21		**Membership Numbers:** The meeting was quorate.
1.	**Agenda**	The Committee considered an agenda which included the following: • Operational Performance • Financial Performance • Operational Planning • Service Line Reporting • Agency Utilisation • PWC Outputs • Finance & Performance Related Risks
	Alert	• Operational Performance: pressure on key performance targets - The Trust continues to perform significantly below the national target against all of the core operating standards. - The drop in cancer 62 day performance in month is reflective of resuming elective inpatient operating and the ability to treat those patients waiting beyond day 62. - The overall position relating to diagnostics and 18 weeks remains challenged.
	Assurance	• Operational Performance Report: - Committee acknowledged the development of the Performance Report and the level of overview provided. - Good progress seen with regard to the ED 4 hour standard. - Improvement trajectories relating to the core operating standards provided. • Business Group Reviews undertaken 17 March 2021 – key themes as follows: - Good engagement from teams with evidence of triumvirate working and approach. - Revised data pack much more conducive to the review discussion. - Recovery / restoration making better progress, with mutual aid from GM assisting this. - Key focus on workforce and resilience during April 2021.

1

10.2

		• Update provided on 2020/21 financial performance based on draft financial position - Initial key data submission due Monday 19 April 2021. - Outturn will reflect delivery of plan as previously reported to Committee, plus a series of M12 adjustments reflecting closing national funding allocations and accounting estimates. - Reconciliation between plan and final reported position will be provided to Committee. • Committee received 2021/22 Operational Planning Update - Guidance for H1 of 2021/22 received on 25 March 2021, followed by ICS funding envelopes on 26 March. - Committee acknowledged the development of plans in the context of the ICS envelope and available GM funding allocations. - Committee acknowledged conclusion of ICS financial planning will be an iterative process and the Committee will be kept abreast of developments. • Service Line Reporting update provided - Development of costing function and software capabilities noted – acknowledging challenges to ensure valuable data for 20/21 – 21/22. - National costing submission is to be undertaken – due October 2021. • Review of Agency utilisation report received - Noted that the outturn for 2020/21 further improved during M12 – with actions being taken to drive further improvement. • PwC Outputs update provided - Committee noted the report, current performance and actions being taken to drive further sustained improvement.
	Advise	•
2.	**Risks Identified**	• Wave 3 of Covid – impact noted under Operational Performance Report. • Financial landscape from H2 2021/22 remains uncertain. • Risk Register update provided in revised format, five significant risks on BAF noted as: - The Trust does not meet the 4-hour access standard. - Restoration of elective services – There is a risk of extended waiting times for patients awaiting diagnostic elective and planned care due to the Covid pandemic. - There is a risk to patient safety due to the fragility of the ENT service. - There is a risk of harm to patients due to the significantly extended wait for routine, non-urgent treatment. - There is a risk that the endoscopy service will not have the required

		capacity to meet demand, causing delays to patients waiting for treatment. Emphasis on Equality, Diversity & Inclusion to be made a priority for Trust-wide risk reporting in the new format – to be raised at Risk Committee.		
3.	**Report Compiled by**	Catherine Anderson	Minutes available from:	Deputy Company Secretary

NHS Stockport NHS Foundation Trust

Board of Directors Key Issues Report

Report Date: 06/05/21		**Report of:** Finance & Performance Committee
Date of last meeting: 15/04/21		**Membership Numbers:** The meeting was quorate.
1.	**Agenda**	The Committee considered an agenda which included the following: • Operational Performance • Financial Performance • Operational Planning • Service Line Reporting • Agency Utilisation • PWC Outputs • Finance & Performance Related Risks
	Alert	• Operational Performance: pressure on key performance targets - The Trust continues to perform significantly below the national target against all of the core operating standards. - The drop in cancer 62 day performance in month is reflective of resuming elective inpatient operating and the ability to treat those patients waiting beyond day 62. - The overall position relating to diagnostics and 18 weeks remains challenged.
	Assurance	• Operational Performance Report: - Committee acknowledged the development of the Performance Report and the level of overview provided. - Good progress seen with regard to the ED 4 hour standard. - Improvement trajectories relating to the core operating standards provided. • Business Group Reviews undertaken 17 March 2021 – key themes as follows: - Good engagement from teams with evidence of triumvirate working and approach. - Revised data pack much more conducive to the review discussion. - Recovery / restoration making better progress, with mutual aid from GM assisting this. - Key focus on workforce and resilience during April 2021.

		• Update provided on 2020/21 financial performance based on draft financial position - Initial key data submission due Monday 19 April 2021. - Outturn will reflect delivery of plan as previously reported to Committee, plus a series of M12 adjustments reflecting closing national funding allocations and accounting estimates. - Reconciliation between plan and final reported position will be provided to Committee. • Committee received 2021/22 Operational Planning Update - Guidance for H1 of 2021/22 received on 25 March 2021, followed by ICS funding envelopes on 26 March. - Committee acknowledged the development of plans in the context of the ICS envelope and available GM funding allocations. - Committee acknowledged conclusion of ICS financial planning will be an iterative process and the Committee will be kept abreast of developments. • Service Line Reporting update provided - Development of costing function and software capabilities noted – acknowledging challenges to ensure valuable data for 20/21 – 21/22. - National costing submission is to be undertaken – due October 2021. • Review of Agency utilisation report received - Noted that the outturn for 2020/21 further improved during M12 – with actions being taken to drive further improvement. • PwC Outputs update provided - Committee noted the report, current performance and actions being taken to drive further sustained improvement.
	Advise	•
2.	**Risks Identified**	• Wave 3 of Covid – impact noted under Operational Performance Report. • Financial landscape from H2 2021/22 remains uncertain. • Risk Register update provided in revised format, five significant risks on BAF noted as: - The Trust does not meet the 4-hour access standard. - Restoration of elective services – There is a risk of extended waiting times for patients awaiting diagnostic elective and planned care due to the Covid pandemic. - There is a risk to patient safety due to the fragility of the ENT service. - There is a risk of harm to patients due to the significantly extended wait for routine, non-urgent treatment. - There is a risk that the endoscopy service will not have the required

		capacity to meet demand, causing delays to patients waiting for treatment. Emphasis on Equality, Diversity & Inclusion to be made a priority for Trust-wide risk reporting in the new format – to be raised at Risk Committee.		
3.	**Report Compiled by**	Catherine Anderson	Minutes available from:	Deputy Company Secretary

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 06/05/21		**Report of:** Audit Committee
Date of last meeting: 06/04/21		**Membership Numbers:** Quorate

1.	**Agenda**	The Committee considered an agenda which included the following:
		• Internal Audit Progress Report
		  ○ Review of progress against plan
		  ○ Internal audit reports issued since last meeting and major audit issues arising from audits in progress
		  ○ IT Critical Systems Review/IT Backup Architecture Review – Accelerated Review of Management Actions
		  ○ Internal Audit Follow Up Tracker
		• Internal Audit Plan 2020/21 Summary
		• Anti-Fraud Progress Report
		• Draft Anti-Fraud Workplan for 2021/22
		• External Audit Update Report
		• Review outstanding implementation of recommendations with significant/fundamental status
		• Board Assurance Framework
		• Internal Due Diligence for Emergency Care Campus Business Case
		• Review of other reports and policies as appropriate e.g. changes in standing orders and standing financial instructions
		• Review of Draft Accounting Policies.

	Alert	• Committee approved the Trust Internal Audit Plan for 2021/22
		  ○ Incorporates line of sight across statutory and regulatory responsibilities of Board as previously requested by Committee and areas of input provided by NEDs
		  ○ There remains ongoing flexibility to incorporate additional priorities from Board Committees as they emerge.
		• Committee approved the MIAA counter fraud plan for 2021/22
		  ○ Committee members acknowledge opportunity to flex Internal Audit / Counter Fraud plans if the need arises
		• Extra-ordinary Audit Committee meeting scheduled for 1 June 2021 in order to ensure Board Approval of 2020/21 Accounts and Annual Report ahead of filing deadline. The Board of Directors to approve the Annual Report and Accounts at its meeting on 3 June 2021.
		• Reconciliation of reported financial position to be picked up through both Finance & Performance Committee and Audit Committee as 2020/21 results are finalised

	Assurance	• Update provided on findings of NHSE/I Rostering Review – to be taken through PPC Committee
		• Committee Work Plan 2021/22 discussed – with updated Plan to be presented to the May Audit Committee for approval
		• Annual Review of Audit Committee Terms of Reference & Review of Committee Effectiveness undertaken during September 2020 – to be picked up for July meeting
		• MIAA internal audit report received and progress against work plan noted
		  ○ Discussion held on Covid staffing hub work in progress, acknowledging recommendations provided by MIAA pending conclusion of this piece
		• MIAA counter fraud report received and progress against work plan noted
		• Mazars External Audit update received and noted
		  ○ Committee acknowledged reporting requirements broadly consistent with 2019/20 & challenges associated with remote audit
		• Committee received BAF – acknowledging significant work undertaken to this stage
		• Update on Trust internal due diligence exercise undertaken for ECC Business Case provided – in the context of EPR lessons learnt previously reported to Committee
		  ○ Report to be brought to Committee – following circulation among ECC Project Board members
		• Committee approved the Trust Accounting Policies Note for inclusion in 2020/21 Annual Accounts
		  ○ Committee noted key audit areas – in particular Land & Building Valuation and Going Concern basis of accounts preparation
		• Committee received the Trust Key Accounting Issues paper for 2020/21
		  ○ Committee acknowledged key accounting estimates and accounting issues outlined		

	Advise			
2.	Risks Identified	• Committee acknowledged final national funding allocations/guidance on accounting estimates may arise as accounts are finalised – however, likely to in fact improve on the reported forecast outturn for 2020/21		
3.	Actions to be considered at other Committees	Nil		
4.	Report Compiled by	David Hopewell, Chair	Minutes available from:	Committee Secretary

11.3

NHS Stockport NHS Foundation Trust

BOARD OF DIRECTORS

Meeting date	6th May 2021	X	Public		Confidential	Agenda item
Title	Going Concern					
Lead Director	John Graham, Director of Finance					
Author	Lisa Byers, Chief Financial Accountant					

Recommendations made/ Decisions requested

The Board of Directors are asked to support the declaration that, in accordance with the HM Treasury Financial Reporting Manual, the Directors have a reasonable expectation of the continued provision of Stockport NHS Foundation Trust's services and, for this reason, the Directors continue to adopt the going concern basis in preparing the accounts for 2020/2021.

This paper relates to the following Strategic Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
	Well-Led	X	Use of Resources

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.
	PR4 Failure to implement the recovery plan to achieve and maintain financial sustainability

11.4

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	N/A
Financial impacts if agreed/ not agreed	Agreed in line with NHSEI
Regulatory and legal compliance	Statutory Accounts Completion
Sustainability (including environmental impacts)	N/A

Executive Summary

International Accounting Standard 1 (IAS 1) requires the Trust to assess its ability to continue as a Going Concern as part of preparing the Annual Accounts. The process for considering Going Concern should be proportionate in nature and depth to the risk being faced by the entity.

When concluding whether or not the accounts for 2020/21 should be prepared on a going concern basis, IAS1 required that the Board of Directors will need to consider which of the following scenarios are most appropriate:

a) The Trust is a going concern and it is appropriate for the accounts to be prepared on the going concern basis;

b) The Trust is a going concern but there are material uncertainties regarding future issues which should be disclosed in the accounts to ensure a true and fair view;

c) The Trust is not a going concern and the accounts will need to be prepared on an appropriate alternative basis.

On the 1st April 2021 NHSEI issued a letter to NHS organisations with guidance on how management should assess going concern (see attached).

The letter references the financial reporting frameworks applicable to NHS bodies, the HM Treasury Financial Reporting Manual (FReM), upon which the DHSC Group Accounting Manual and Foundation Trust Annual Reporting Manual are based. This framework provides that the anticipated continued provision of services is a sufficient basis for going concern and auditors have been advised that this should determine the extent of their procedures for going concern. This updated approach has been agreed with the audit firms. The GAM states specifically that DHSC group bodies must prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.

For 2020/2021 onwards the assessment on going concern should solely be based on the anticipated future provision of services in the public sector and it is expected to be highly unlikely that NHS organisations would have any material uncertainties over going concern to disclose.

The Board of Directors is asked to assess the Trust's ability to operate as a going concern with consideration of the NHSEI letter of the 1st April and the DHSC Group Accounting Manual directives. It is recommended that the Board declare that it has a reasonable expectation on the continued future provision of services and the accounts are prepared on a going concern basis.

NHS England and NHS Improvement
Skipton House
80 London Road
London SE1 6LH

E: provider.accounts@improvement.nhs.uk /
england.yearendaccounts@nhs.uk

Publication reference: B0525

1 April 2021

To: NHS provider and commissioner organisations Chief Financial Officers / Directors of Finance

Dear Colleague,

Updated guidance on assessing going concern

The purpose of this letter is to explain updates to guidance being issued to NHS finance teams this week in a form that can be shared with other stakeholders (for example non executive directors) where an organisation may wish to do.

Local auditors conduct their work with reference to auditing standards which apply to all types of entity. Auditors are required to evaluate management's adoption of the going concern basis and management's assessment of any material uncertainties over that basis that may require disclosure.

The Public Audit Forum issues guidance to auditors on how auditing standards should be applied in the public sector. Its publication 'Practice Note 10'[1] was revised in late 2020. This updated guidance to auditors, approved by the Financial Reporting Council, explains that where the applicable financial reporting framework provides that the anticipated continued provision of services is a sufficient basis for going concern, then this should determine the extent of the auditor's procedures on going concern. This is the case in the NHS, with the DHSC Group Accounting Manual (GAM) and NHS foundation trust annual reporting manual (FT ARM) both based on the HM Treasury Financial Reporting Manual (FReM) where this definition applies.

This means that, for the 2020/21 year end onwards, while management in NHS bodies will still need to document their basis for adopting the going concern basis, this assessment should solely be based on the anticipated future provision of services in the pubic sector. This means that it is highly unlikely that NHS organisations would have any material uncertainties over going concern to disclose. If you think this applies to your organisation, please contact NHS England and NHS Improvement using the relevant email address in the header to this letter. Updated

[1] https://www.public-audit-forum.org.uk with link to Practice Note 10 document at bottom of page

versions of the DHSC GAM and FT ARM issued this week provide further guidance. This will also mean that auditors' work on going concern is now equally straightforward with limited audit work necessary.

Where organisations are disclosing circumstances of a completed or planned change in organisational form (ie legal demise of an entity and continued provision of services by another entity), this disclosure should be cross-referenced in the statement on going concern.

There are separate requirements relating to financial sustainability as part of auditors' work to evaluate the entity's value for money in its use of resources. The scope of auditors' work in this area has changed from 2020/21. More detail is provided in the National Audit Office (NAO)'s audit code and associated guidance. The DHSC GAM and FT ARM explain the different focus of these two areas of work given the specific definition of going concern in operation in the public sector.

Please ensure your organisation has considered this updated guidance and notes our guidance that disclosures of material uncertainty on going concern are unlikely to be required from this forthcoming year end.

Yours sincerely

A Snarr

Adrian Snarr
Director of Financial Control

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 08/04/2021		**Report of:** People Performance Committee
Date of last meeting: 11/03/2021		**Membership Numbers:** Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Workforce Risk Register • Workforce KPI Report • Spotlight on Resus Training • Employee Relations Report • Freedom to Speak Up Reports and Actions • Culture and Engagement Report • Agency Expenditure and Resourcing Report • Job Planning Report • Health and Wellbeing Diagnostic Action Plan
	Alert	**The Committee would like to alert the Board to the following:** **Resus Training Report:** The Committee received a concerning and critical report from the Resuscitation Officer about the current situation with our Resus Training. In particular: • Mandatory targets not met • High DNA for courses • The lack of resource to meet the training target • Questioning if a *one size fits all* approach the right one The report highlighted a number of concerns that the Committee felt needed to be referred to the Quality Committee for monitoring regarding service design, staffing, equipment and outcomes. It was suggested that a Task and Finish Group be established to look at all the issues raised, undertake a gap analysis and make recommendations to be reported both to Quality Committee and People and Performance Committee in relation to the matters pertinent to them. **Role Specific Training:** Two specific areas of poor performance in the KPIs reported were the end-of-life care courses. In response to this the whole end of life pathway is being reviewed by a group bringing together; the team of Medical Examiners, the Palliative Care Consultant and the Learning from Deaths lead to improve the whole approach to this subject.

		A report will be brought to the May meeting and the wider piece of work will report to the Quality Committee in due course.
	Assurance	The Committee would like to assure the Board of the following: **Vaccinations:** The percentage rate for uptake of the Covid-19 vaccination for our BAME staff improved considerably during the last month increasing from 68% to 82% which is in now in line with all other staff. **The Dying to Work Charter**: This has now been signed off by the Trust. It is an important development as it gives added employment protection to those who are off work because of a life limiting condition. **Employee Relations Report:** A very positive report was received by the Committee which showed a significant reduction over a two-year period across a range of metrics including: • Employee Relations Cases • Attendance Management • Disciplinary Cases • Bullying and Harassment • Grievances The report identified the introduction of the *Just Culture* approach in July 2019 as being instrumental in causing this reduction. It should be noted that the result of this reduction is that the denominator has reduced for a range of metrics which results in larger percentages for some key metrics e.g. the number of dismissals per annum has not changed but because the number of cases has reduced it appears the number of dismissals has trebled. Care therefore needs to be taken with the raw data.
	Advise	**The Committee would like to advise the Board of the following:** **People Strategy Update:** The current strategy is being updated to account for the NHS People 2021 update, the Trust Objectives and the 5 revised themes from Attain. Of particular note was the introduction of the Cadet model for nursing which was being funded through the Apprenticeship Levy. This will enable us to grow our own cadre of nurses and should enable the Trust to achieve a more sustainable pipeline of nurses for the future. Given the change in status of shielding staff from 1 April, 43 staff are being supported by a programme of both a phased return to work and integration assistance.

		Agency Expenditure and Resourcing Report: The monthly Agency Expenditure report has been expanded to triangulate data from 4 key areas: 1. Recruitment 2. E-Rostering 3. Agency Usage 4. Retention This change is very welcome and will improve our ability to identify and understand the drivers behind our agency spend with more granular information. This report is work in progress and some further expansion of metrics was requested by the Committee for the next meeting. The Committee would like to make specific mention of the improvement in the use, compliance and rigour of E-rostering. **Culture and Engagement Report:** The report looked at three key areas of focus for the work on Culture and Engagement. 1. Staff Survey 2. Cultural Engagement 3. Collective Leadership The approach this year to the Staff Survey results has shifted from an action plan to one of ownership and intervention at business group level. The Committee felt that there was a need to develop indicators that measured impact and that there needs to be improved clarity regarding the tools and resources available to the business groups to deliver improved outcomes next year. A particular focus for Cultural Engagement was Health and Wellbeing and increasing the opportunities for engagement with staff through a large number of targeted and themed events. In terms of Collective Leadership there are a substantial number of courses and programmes for staff to participate in. However, the key to moving this forward was the extent to which this knowledge and experience was embedded into the Trust. Some metrics have been identified such as increasing the staff survey participation rate by 10% and improving the Trust as recommended place to work. The Committee requested that a more wide-ranging set of metrics needed to be developed for all aspects of Cultural Engagement. **Mandatory and Role Specific Training:** Following a deep dive by members of the Committee into the KPIs in this area, particularly because many of the metrics are well below performance targets. The Committee asked for a paper to further explore that what is included in Statutory & Mandatory training is sufficiently comprehensive and/or whether a further category of essential training should be introduced.

		The following actions have been taken to begin to address some of these issues; the Director of Nursing and the COO are tackling the issue of training performance as part of the ward performance meetings and the Trust's training team has been strengthened with additional appointments.		
2.	Risks Identified	The effectiveness of our approach to Resus and Resus Training needs to be thoroughly reviewed as the report presented to the Committee identified that our current practice may not be fit for purpose.		
3.	Actions to be considered at the *(insert appropriate place for actions to be considered)*			
4.	Report Compiled by	Mrs C Anderson	Minutes available from:	Committee Secretary

NHS Stockport NHS Foundation Trust

BOARD OF DIRECTORS

Meeting date	6 May 2021	x	Public		Confidential	Agenda item
Title	Business case for approval of requirement for baseline ward establishments for the Medicine & Surgery Business Groups.					
Lead Director	Chief Nurse					
Author	Deputy Chief Nurse/ Asst Chief Nurse/Deputy Director of Finance/Chief Accounting Officer/ Head of Strategic Workforce					

Recommendations made/ Decisions requested

The Board of Directors are asked to approve the recommendations within the report.

This paper relates to the following Strategic Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.

12.3

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	
Financial impacts if agreed/ not agreed	3
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

The acuity and dependency of the wards in Medicine, Surgery and Integrated Care have been reviewed as per national requirements and has also taken into account the CQC recommendations and safe staffing review undertaken by NHSI/E.

The recommendation within the report is to increase the establishment by 142.0 WTE at a budgeted cost of £5.098m.

The report gives assurance on how safe staffing is monitored within the Trust in accordance with best practice.

The implementation plan for recruitment of the additional staff will be phased with the first priority on recruitment of Health Care Assistants. There will be a cost of continued recruitment and support to Trust's overall workforce plan and this is outside the scope of this paper.

The Board of Directors is asked to approve the establishment and approach as part of the expenditure plan for 2021/22.

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1. INTRODUCTION

1.1 The Board of Directors are required to comply with recommendations set out by National Quality Board (NQB) recommendations that relate to safe staffing. One recommendation is that nurse staffing is reviewed bi-annually.

1.2 The intention of this paper is to present the Trust Board with a report on nurse staffing within the inpatient wards and to give assurance that the Trust has a clear and ratified process for monitoring and ensuring safe in-patient staffing. This is in accordance with expectations of NHS England National Quality Board (NQB), and the Care Quality Commission (CQC).

1.3 The paper will present the findings from completing a full professional judgment review which ensures that the Trust:

- has the right staff, with the right skills in the right place
- has patient driven staffing levels
- improves the safety and care on our wards
- improves key quality performance indicators

1.4 It is acknowledged that no one tool can give assurance in relation to safe staffing as this fluctuates over time and can be influenced by seasonal change. At Stockport NHS Foundation Trust two of the three tools have been used to determine safe staffing levels, Professional Judgement (PJ) and review of Nurse Sensitive Indicators (NSI) to review the patient needs to determine safe staffing. A full acuity and dependency study using the Safe Nursing Care Tool (SNCT) has not been possible due to the pandemic. It is planned to complete the next study in July 2021.

1.5 The paper provides recommendations for proposed establishment changes that are underpinned by the acuity and dependency tools data. The proposed establishment changes provide full assurance about implementation of the minimum standard for acute wards, and are in line with other NQB /RCN standards.

1.6 During the pandemic the Trust ward structure has undergone significant changes and this paper will also detail the establishments which meet the requirements of the changes to services and make recommendations at a fixed point in time.

2. BACKGROUND

2.1 In the past year the Trust has received the following reports and recommendations from independent sources which underpin the requirement to review the nursing establishments:

2.1.1 CQC – Recommendation from Inspection Report received May 2020.

"The trust must make significant improvements to ensure they have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment at all times, and particularly during periods of heavy demand. (Regulation 18). They made reference in their report that the Trust relied heavily on bank and agency staff."

2.1.2 NHSI/E – Recommendations from Safe Staffing Levels report June 2020

In summary, that "ownership, leadership and accountability for the Nursing & Midwifery safe staffing agenda have not been in line with professional and regulatory expectations." It was recommended that this should now be an area of priority focus for the Chief Nurse, to ensure that patients consistently receive safe and high quality care and that the health and wellbeing of staff is improved."

Also that "an urgent review of the headroom percentage as it is below the minimum set within the Safe Nursing Care Tool and having headroom below 22% may result in sub optimal establishments and increase the reliance on temporary staffing; this makes managing the budget challenging and may impact quality care. It would also require manipulation of the SNCT and breach the license agreement."

2.1.3 Attain – Recommendations from NHSI/E commissioned work on Workforce benchmarking for the Trust January 2020

This identified that "significant recruitment and retention challenges will continue for both medical and surgical registered nursing as the Trust's number of core nursing staff (bands 5-6) were significantly lower than peer / exemplar organisations, when based on delivering equivalent activity." They recommended detailed establishment reviews to add further insights into this shortage.

2.2 The Trust is able to use a number of other sources of information in order to benchmark and assess itself both internally and externally. For the purposes of giving assurance within this report the areas that have been considered are as follows:

2.2.1 Acuity and dependency reviews on the wards have taken place including face to face discussions with Ward Managers, Matrons and Associate Nurse Directors to discuss a number of factors in depth to support the professional judgement tool including –

- Nurse to patient ratio
- Temporary staffing usage
- Nurse sensitive indicators / safety indicators
- Geography of ward layouts
- Required skill mix

2.2.2 CQC insight evidence, Model Hospital submissions and monthly staffing papers over the last 6 months which include quality and safety measures. The Department of Health Efficiency Centre has developed a Model Hospital Portal to allow comparison of hospital data. Data from this portal allows the Trust to benchmark against its peers and also against national performance data.

2.2.3 Nurse Sensitive Indicators (NSI) detail how many pressure ulcers, falls and red flag datix have

been reported per ward.

2.2.4 The use of Safe Care which is an electronic acuity tool that forms part of the Allocate E-rostering system is being reviewed in line with NHSE/I recommendations. Implementation of this tool will allow for greater assurance in relation to continual safe staffing and may allow us to utilise our workforce more effectively.

2.2.5 The Trust safe staffing tool which is completed daily by Matrons and Ward Managers. In the event of shortfalls of staff or unexpected increases in patient acuity and dependency requirements, the agreed staffing levels are reviewed and rated (Purple/Red/Amber/Green) with escalation actions specified at each level. This process enables the Senior Leadership Team to provide assurance to the Board and Chief Nurse that on a shift by shift basis the Trust has:

- The right number of staff, with the right skills, allocated to each ward area to enable them to function safely and effectively.
- Have staffing levels in ward areas determined by the needs of the patients.
- Improve the safety and care on our wards.
- Improve compliance with key quality performance indicators.
- Allow for the most effective allocation of resource, including bank and agency staffing.
- Assist in monitoring substantive staff moves out of hours.

2.2.6 A monthly safe staffing paper which provides an update on nursing vacancy rates, bank and agency usage, staffing fill rates, Care Hours Per Patient Day (CHPPD) and staffing related incidents for the Trust reports to the patient safety and quality Group.

2.2.7 E-roster KPI adherence meetings are held weekly with the Chief Nurse, Deputy Chief Nurse and Associate Nurse Directors.

2.2.8 New guidance 'Developing Workforce Safeguards' published by NHSi in October 2018 when completing workforce modelling. This provides recommendations to support Trusts to make informed, safe and sustainable workforce decisions.

3. CURRENT SITUATION

SAFE STAFFING REVIEWS UNDERTAKEN

3.1 The total number of wards reviewed across the bed base for Medicine and Clinical Support Business Group (Med & CS) and Surgery, GI and Critical Care Business Group (SGI&CC) in January / February 2021 was 22.

3.2 The establishment for the beds within the Acute Medical Unit and associated with the ED footprint are outside of scope and already have in place budgeted establishments which are considered adequate.

3.3 The wards have changed a number of times during the pandemic and the recommendations within this paper are at a fixed point in February 2021. It is possible that further ward changes may take place in the future as the bed base needs to flex due to potential further covid surges but the recommendations will provide a fixed base to flex from.

3.4 The establishment reviews have taken place with the Associate Nurse Directors for each of the business groups, the Assistant Chief Nurse – Recruitment and Retention, the Deputy Chief Nurse and the Chief Nurse. The reviews have taken place at ward level considering shift patterns by grade and taking into account the recommendations from the key reports as detailed in section 2.1 above and using professional judgement on the layout of wards and the known acuity type of patients within those areas.

3.5 The Chief Nurse has recommended that the following best practice guidelines be built into the revised establishments:

3.5.1 Inclusion of 3 supervisory shifts for all ward managers and co-ordinator shifts where appropriate. This is considered best practice by the RCN to ensure that there is a person available with "professional judgement in order to monitor changes in patient flow, severity of illness and patient dependency, and the deployment of staff, which are all key factors to safe and effective staffing. The benefits of having this within ward establishments include

- Senior presence on ward rounds, supporting a reduction in length of stay.
- Improved quality indicators on ward resulting in a reduction in harm
- Improved patient experience
- Supports teaching and mentorship of junior staff
- Provides effective deployment of staff
- Effective deployment of staff using professional judgement
- Undertaking audit, and staff appraisal and performance reviews

3.5.2 Revising the "headroom" percentage to a standard 22% for registered nurses and care support workers in line with national guidance.

3.5.3 Consideration of the "specialling" requirement for patients particularly with dementia or cognitive impairment, ensuring that the healthcare support establishment is permanent for the needs of the area rather than using temporary resource

3.6 A summary of the recommendations from the safe staffing review can be shown in Table 1 below

Table 1

Recommendation for funded establishment	Number of wards	Wards
Remain unchanged for both registered nurses and care support workers	2	A10 Devonshire
Increase for both registered nurses and care support workers	15	A3, HACA, C4, C3,E1,E2,E3,C6,B2,M4,D5,D7,D8,D6
Reduction for both registered nurses and care support workers	4	B6,B4,D2,B3,D1

Skill mix change between registered nurses and care support workers	1	A11

3.7 **FINANCIAL EVALUATION**

Taking into account the recommendations in point 3.5 above an exercise was undertaken to calculate the revised ward establishments. In summary the impact of the changes can be shown in Table 2

Table 2 – Summary of additional WTE and £

		Total Change in WTE			£000s		
		RNs	HCAs	Total	RNs	HCAs	Total
Medicine	Rota changes	31.9	36.5	**68.3**	1,345	1,094	**2,439**
	Headroom	3.5	7.3	**10.7**	142	218	**360**
	Medicine Total	35.3	43.7	**79.1**	1,487	1,312	**2,798**
Surgery	Rota changes	3.7	42.3	**45.9**	150	1,560	**1,710**
	Headroom	2.1	4.3	**6.5**	88	130	**218**
	Surgery Total	5.8	46.6	**52.4**	238	1,690	**1,928**
Int Care	Rota changes			**-**			**-**
	Headroom	1.3	2.7	**4.0**	54	82	**136**
	Int Care Total	1.3	2.7	**4.0**	54	82	**136**
ED	Rota changes			**-**			**-**
	Headroom	1.4	1.3	**2.6**	56	38	**94**
	ED Total	1.4	1.3	**2.6**	56	38	**94**
WC&D	Rota changes			**-**			**-**
	Headroom	2.5	1.2	**3.8**	104	37	**142**
	WC&D Total	2.5	1.2	**3.8**	104	37	**142**
TOTAL	Rota changes	35.5	78.8	**114.3**	1,495	2,654	**4,148**
	Headroom	10.8	16.8	**27.7**	444	505	**950**
	GRAND TOTAL	**46.4**	**95.6**	**142.0**	**1,939**	**3,159**	**5,098**

3.8 The increased change to headroom percentages is detailed in Table 3 and this has been applied to all nursing areas within the Trust

Table 3 – Change to headroom percentage

CURRENT RELIEF	Registered Nurses		HCAs	
Reason	%	Days	%	Days
Bank Holidays	*3.07%*	*8*	*3.07%*	*8*
Annual Leave	*11.41%*	*29*	*11.34%*	*29*
Training	*2.70%*	*7*	*1.00%*	*3*
Sickness	*3.50%*	*9*	*3.50%*	*9*
Total	*20.68%*	*52*	*18.91%*	*48*

PROPOSED RELIEF	Registered Nurses		HCAs	
Reason	%	Days	%	Days
Bank Holidays	*3.17%*	*8*	*3.17%*	*8*
Annual Leave	*11.51%*	*29*	*11.51%*	*29*

12.3

Training	*3.32%*	*8*	*3.32%*	*8*
Sickness	*4.00%*	*10*	*4.00%*	*10*
Total	*22.00%*	*55*	*22.00%*	*55*

3.9 An evaluation of the change in beds is summarised in Table 4

Table 4

Business group	Pre-covid beds	Current beds	Movement
Surgery	177	168	(9)
Medicine	273	272	(1)
Total	450	440	(10)

3.10 The Trust has incurred significant costs on temporary nursing staffing during the pandemic and in the previous financial years. Therefore whilst the detail in Table 2 shows the additional resource which will need to be added into budgets and establish posts to this level, this is not in effect additional cost and has been reported within the Trust run rate. Longer term efficiencies should be gained by having permanent staff in post and a reduction in premium cost staffing and this is supported by better control budgets in conjunction with the use of HealthRoster; in the past year the ward budgets have not been reflective of where staff have been flexed to work and costs have been reviewed at a business group level only.

3.11 To illustrate the current WTE worked in the Trust, Table 5 shows the budgeted versus worked WTE for February 2021. This illustrates that the hours being worked are comparable to the additional establishment request albeit by a significant amount of temporary staffing.

Table 5 – Extract from February 2021 all bands of staff

Wards	Budget WTE	Worked Perm WTE	Worked Bank WTE	Worked Agency WTE	Variance Worked to budget WTE	Requested WTE (before headroom)
Medicine	441.30	368.31	88.01	47.83	+ 62.85	+ 68.34
Surgery	271.75	239.06	46.94	31.25	+ 45.50	+ 45.95
Total	**713.05**	**607.37**	**134.95**	**79.08**	**+ 108.35**	**+ 114.3**
By band						
Registered staff	370.59	279.05	46.12	74.71	+29.29	+35.6
HCA	342.46	328.32	88.83	4.37	+79.06	+78.8
Total	**713.05**	**607.37**	**134.95**	**79.08**	**+108.35**	**+114.3**

Therefore by recruiting to permanent staffing there will be a switch to permanent costs and whilst the costs may not be significantly different to bank cost incurred, there will be a reduction in agency costs.

The Trust has consistently included in its financial returns to NHSI during 2019/20 and 2020/21 that there is a cost of investment in nursing required in order to make ward establishments safe in response to the CQC action plan.

In terms of an option appraisal there are only two viable options which are shown in **Table 6**

3.12 below.

Table 6 – Option appraisal

3.13

Option	Plan	Benefits	Risk
1	Do nothing		• Continued temporary staffing spend • CQC compliance • Poor patient experience • Quality indicators remain unchanged or worsen • Increased sickness levels • Deterioration in retention
2 A B C	Increase establishments Acuity & dependency Supervisory time Headroom	• Improvement in patient experience • Reduction in patient harm • Potential to improve length of stay • Increased retention of staff • Improvement in key staff metrics such as sickness and training	• Financial impact • Increase in numbers of actual staff in post compared to establishment

3.14 It is recommended that the posts be established from April 2021. However there will need to be a recruitment and retention plan which is part of the Trust's overall workforce plan for 2021/22 and the additional costs of the following will need to be contained within this

- Further costs of international recruitment for registered nurses
- Training costs to support development of roles e.g. Nursing Associates
- Programmes to support retention
- Recruitment events

This cost will be considered as part of the financial plan for 2021/22 and is not part of this recommendation. The Trust has been successful in recent months in also being awarded external funding to support international recruitment and this will be considered as part of the workforce plan.

IMPLEMENTATION

3.15 The Trust has continued to recruit to registered nurse vacancies and has been successful in recruiting a number of international recruits in the last few months and this programme will continue. In addition the Trust recruits newly qualified nurses and nursing associates in a planned way every year. The Trust has also focussed recruitment days for both registered staff and health care assistants which have been successful.

3.16 In terms of an implementation plan the focus for recruitment would be in the following priority order

A – Health Care Assistants – in order to improve visibility and provision of fundamental care of patients and to reduce bank and agency staffing – 95.6 WTE

B – Registered nurses – continue with current recruitment plans recruiting to the new establishments, providing a safe baseline nurse to patient ratio –46.4 WTE

C- Introduction of shift co-ordinator

3.17 Strong leadership and development of staff is important in the recruitment of staff, the implementation of new rotas, and in the robust monitoring of key indicators. The Chief Nurse is holding an "away day" with the Business group and Corporate Associate Directors of Nursing and the Deputy Chief Nurse in April to clarify aims, roles and expectations and enable the team to feel empowered to act. Ward managers have taken part in a leadership programme (Think On) and it is anticipated that there will be leadership development for the matrons in 2021-22 too. The senior nursing team will continue to reality round frequently to test out the robustness of processes.

4. RISK & ASSURANCE

4.1 The Trust has continued with its implementation of e-rostering using HealthRoster, which has included a review of the electronic roster policy. There are weekly reviews of the key performance indicators with the Chief Nurse and the senior nursing teams to ensure compliance with all aspects of the policy. Confirmation of the establishments within the e-rostering system will strengthen the controls in place.

4.2 Safe Care is an integral module of HealthRoster that connect patient acuity and dependency with staffing. The data is captured in real-time so it will help our wards and inpatient areas to respond to changing demand and evidence the deployment of safe staffing numbers and skill mix during any 24 hour period. The processes put in place to challenge the best practice use of HealthRoster support the use of Safe Care, which allow for greater assurance in relation to continual safe staffing and should allow us to utilise our workforce more effectively.

4.3 The Enhanced Observation Policy will be reviewed and relaunched and embedded across all areas to ensure enhanced observation team are being utilised appropriately. This policy will then be audited in June 2021 with results being presented to workforce group. This will support the quality and safety improvement expected with areas specifically monitored for falls and pressure ulcer reduction.

4.4 It is acknowledged that during times of increased activity, additional beds across areas will be opened to ensure adequate patient flow and to ensure that patients requiring inpatient care are placed in an appropriate bed at the earliest opportunity. During these periods of increased activity additional staffing may be required. Whenever possible this will be covered by the use of temporary staffing or staff will be safely moved across wards to ensure safe staffing is maintained.

4.5 The next Acuity and Dependency Study will be completed in July 2021 and will be reported to the Board of Directors in October 2021.

4.6 Compliance with the health roster system and the safer care module will be discussed and monitored weekly through a check and challenge meeting with the Chief Nurse and Deputy Chief Nurse.

4.7 Bank and Agency usage and expenditure will be monitored through the Business Group performance Reviews alongside other important key workforce metrics including sickness absence and turnover. The expectation is that expenditure, sickness and turnover will all see a reduction and that this will lead to a reduction in bank and agency expenditure.

4.8 Risks to implementation include inability to recruit and potential (and yet unknown) consequences of the COVID 19 pandemic – e.g. increase in sickness (short term/long term), further "waves" which could destabilise the position. There will remain a focus for the reduction in turnover of staff.

5. CONCLUSION

5.1 The CQC report in May 2020 highlighted concerns over safe staffing within the Trust and an urgent review of all wards within the Medicine and Surgical footprint have been reviewed in line with best practice guidance and other reports from NHSI/E.

5.2 The review has included has a series of standards that are recommended for incorporating and these include a review of acuity including the use of specialling, supervisory time for ward managers and shift coordinators and an increase in the headroom percentage.

5.3 The establishment review recommends an increase in establishment of 142.0 WTE and an increase in the headroom at a budgeted cost of £5.098m from April 2021.

5.4 There are a series of controls in place via HealthRoster and SafeCare which will continue to monitor safe staffing across the Trust. A further Acuity and Dependency study will be completed in July 2021.

5.5 A workforce recruitment plan for the whole Trust including all types of staffing will be developed to meet the demands of an increased establishment and nursing will be included as part of this. The financial impact is not included as part of this recommendation.

5.6 There is a phased implementation to the recruitment to posts with the first stage focussed on the recruitment of Health Care Assistants and a positive report of 58 commenced in post and a further 19 recruited.

5.7 Recruiting and retaining our valued staff is the fundamental driver to improving the nurse staffing position. Well-led, fully staffed, substantive teams have a direct impact on the quality of care that we can deliver for our patients. The following schemes are in place to recruit and retain our staff:

- International recruitment campaigns – As part of the Global Learners Programme since December 2020 18 registered nurses have joined the Trust. In addition 20

nurses have now passed their Objective Structured Clinical Examination (OSCE) and are working as registered nurses. There are currently 26 nurses are on the Trust's OSCE programme and are working as pre-registered nurses on the wards. Seventeen arrived on the 17th April and are currently living off-site in quarantine accommodation until 1st May. We are continuing to interview international nurses as part of the recruitment programme.

- Virtual recruitment – Surgery, GI &CC business group are holding an event on 8th May 2021. A Trust-wide virtual recruitment event will be held in June or July, date tbc.
- Further Education week in collaboration with JobsMatch (funded by Stockport Council) – working with Learning, Education & OD to provide information and presentations about a future in nursing and healthcare.
- Ongoing recruitment campaign for HCAs – candidates interviewed in January have now started working in the hospital.
- National Careers Week was held in March – virtual recruitment event, 5 thousands You Tube views
- Nurse retention initiatives to enhance support with improved induction, preceptorship, mentorship and flexible options to reduce avoidable leavers
- Itchy feet programme will be relaunched in May 2021

6. RECOMMENDATIONS

6.1 The Board of Directors are asked to support the recommendation as part of the expenditure plan for 2021/22 and approve the increase in establishment by 46.4 RN WTE & 95.6 HCA WTE at a budgeted cost of £5.098m.

NHS Stockport NHS Foundation Trust

BOARD OF DIRECTORS

Meeting date	6 May 2021	x	Public		Confidential	Agenda item
Title	Freedom to Speak Up					
Lead Director	Director of Communications & Corporate Affairs					
Author	Mrs C Parnell					

Recommendations made/ Decisions requested

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

This paper relates to the following Strategic 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
x	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
	6	Utilise our resources in an efficient and effective manner
	7	Develop our Estate and IM&T infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.
	N/A

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	N/A
Financial impacts if agreed/ not agreed	N/A
Regulatory and legal compliance	2
Sustainability (including environmental impacts)	N/A

Executive Summary

This report provides an update of activity in relation to the Trust's Freedom to Speak Up Guardian and plans for the developments of the Speaking Up agenda.

FREEDOM TO SPEAK UP GUARDIAN

1. INTRODUCTION

NHS organisations are required to have a Freedom to Speak Up Guardian (FSUG) who supports staff to speak up when they feel that they are unable to do so by other routes. The guardian's role is ensure that the people who speak up are thanked, that issues they raise are responded to, and to make sure that the person speaking up has feedback on any actions taken.

2. CURRENT POSITION

At the end of February 2021 Mr Philip Gordon left the Trust to take up a FSUG role at another Trust. He had previously worked for both Stockport and Tameside & Glossop FTs so rather than the organisations advertise separately for two replacements a decision was made to seek someone to fulfil a joint role – two days a week in each organisation.

There was a high level of interest in the role and on 25 February 2021 the Executive and Non-Executive Leads for Freedom to Speak Up interviewed four candidates. Mr Paul Elms was the successful applicant and he will take up the role on 1 June 2021.

In the meantime Mrs Caroline Parnell, Director of Communications & Corporate Affairs and Executive Lead for Freedom to Speak Up, has been fulfilling the role of FSUG for Stockport.

3. STAFF CONCERNS

During quarter 4 of 2020-21 Mr Gordon and Mrs Parnell had five concerns raised with them – two from AHPs, two from nurses, and one from a manager.

The issues related to:

- Allegations of bullying and harassment – 3
- Quality and safety – 2
- Management of service change – 1
- Team communication – 1

(*Individuals often raise more than one issue).*

4. FUTURE PLANS

On 29 March 2021 Mrs Parnell and Mrs Catherine Anderson, Non-Executive Director Lead for Freedom to Speak Up, met to discuss future plans and aspirations. This included:

- support for Mr Elms in taking up the FSUG role,
- promoting a Speaking Up culture in the Trust,
- the development of a network of Freedom to Speak Up champions,
- a potential bid to the Trust's charity to trial an electronic system that allows staff to connect anonymously with the FSUG and champions.

These aspirations are in line with gaps in the Trust's speaking up arrangements as highlighted by completion of the national Freedom to Speak Up review tool (*attached)*, which has been the subject of a number of discussions between Mrs Parnell and Mrs Emma Stimpson, Acting Director of Workforce & OD, particularly in relation to promoting a positive speaking up culture in the organisation.

The review tool was shared with the People and Performance Committee. It highlights that the Trust is fully or partially compliant with all areas of the review tool except for having a strategy to improve the speaking up culture. The Trust does have a policy that addresses all aspects of speaking up, including Freedom to Speak Up, and as the People Strategy is currently under review the intention is to ensure the revised People Strategy clearly articulates the Trust's efforts to build and maintain a positive speaking up culture, and this would address the gap in the toolkit.

5. RECOMMENDATION

The Board of Directors is asked to:

- note the content of the report.

Freedom to Speak Up review tool for NHS trusts and foundation trusts

July 2019

NHS England and NHS Improvement

This is a tool for the boards of NHS trusts and foundation trusts to accompany the *Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts* (cross referred with page numbers in the tool) *and the* *Supplementary information on Freedom to Speak Up in NHS trusts and NHS foundation trusts* (cross referred with section numbers).

We expect the executive lead for Freedom to Speak Up (FTSU) to use the guidance and this tool to help the board reflect on its current position and the improvement needed to meet the expectations of NHS England and NHS Improvement and the National Guardian's Office.

We hope boards will use this tool thoughtfully and not just as a tick box exercise. We also hope that it is done collaboratively among the board and also with key staff groups – why not ask people you know have spoken up in your organisation to share their thoughts on your assessment? Or your support staff who move around the trust most but can often be overlooked?

Ideally, the board should repeat this self-reflection exercise at regular intervals and in the spirit of transparency the review and any accompanying action plan should be discussed in the public part of the board meeting. The executive lead should take updates to the board at least every six months.

It is not appropriate for the FTSU Guardian to lead this work as the focus is on the behaviour of executives and the board as a whole. But getting the FTSU Guardian's views would be a useful way of testing the board's perception of itself. The board may also want to share the review and its accompanying action plan with wider interested stakeholders like its FTSU focus group (if it has one) or its various staff network groups.

We would love to see examples of FTSU strategies, communication plans, executive engagement plans, leadership programme content, innovative publicity ideas, board papers to add them to our Improvement Hub so that others can learn from them. Please send anything you would specifically like to flag to nhsi.ftsulearning@nhs.net

How to use this tool

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
Behave in a way that encourages workers to speak up					
Individual executive and non-executive directors can evidence that they behave in a way that encourages workers to speak up. Evidence should demonstrate that they: • understand the impact their behaviour can have on a trust's culture • know what behaviours encourage and inhibit workers from speaking up • test their beliefs about their behaviours using a wide range of feedback • reflect on the feedback and make changes as necessary • constructively and compassionately challenge each other when appropriate behaviour is not displayed	Section 1 p5	6/4/21 Partial	1/9/21	New values underpin the principles of speaking up. Individuals demonstrate appropriate behaviours but a Board have not explicitly discussed what behaviour encourages speaking up.	Board development session focusing on speaking up, behaviours and culture as part of 21-22 development programme.
Demonstrate commitment to FTSU					
The board can evidence their commitment to creating an open and honest culture by demonstrating: • there are a named executive and non-executive leads responsible for speaking up • speaking up and other cultural issues are included in the board	p6 Section 1 Section 2 Section 3	6/4/21 Partial	1/9/21	We have named exec and non-exec leads, quarterly reports to PPC and twice yearly reports to the Board. Staff have presented stories to the Board eg junior doctors, and there is a plan to alternate patient and staff stories at future meetings.	Board development session focusing on speaking up, behaviours and culture as part of 20-21 programme. Develop a plan to monitor possible detriment and process to review claims of detriment

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
development programme • they welcome workers to speak about their experiences in person at board meetings • the trust has a sustained and ongoing focus on the reduction of bullying, harassment and incivility • there is a plan to monitor possible detriment to those who have spoken up and a robust process to review claims of detriment if they are made • the trust continually invests in leadership development • the trust regularly evaluates how effective its FTSU Guardian and champion model is • the trust invests in a sustained, creative and engaging communication strategy to tell positive stories about speaking up.				The Trust has a range of programmes for leadership development. Respect campaign launched and red/yellow card training delivered.	Develop a number of champions linked to the Respect campaign to support speaking up Develop comms plan to tell positive stories about speaking up and the Trust's approach to listening to staff.
Have a strategy to improve your FTSU culture					
The board can evidence it has a comprehensive and up-to-date strategy to improve its FTSU culture. Evidence should demonstrate: • as a minimum – the draft strategy was shared with key stakeholders • the strategy has been discussed and agreed by the board • the strategy is linked to or embedded	P7 Section 4	6/4/21 Not compliant	1/9/21	We have a speaking up policy that has recently been revised that covers all aspects of speaking up, not just FTSUG	As part of review of People Strategy incorporate the various ways the organisation supports speaking up, not just FTSUG

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
within other relevant strategies • the board is regularly updated by the executive lead on the progress against the strategy as a whole • the executive lead oversees the regular evaluation of what the strategy has achieved using a range of qualitative and quantitative measures.					
Support your FTSU Guardian					
The executive team can evidence they actively support their FTSU Guardian. Evidence should demonstrate: • they have carefully evaluated whether their Guardian/champions have enough ringfenced time to carry out all aspects of their role effectively • the Guardian has been given time and resource to complete training and development • there is support available to enable the Guardian to reflect on the emotional aspects of their role • there are regular meetings between the Guardian and key executives as well as the non executive lead. • individual executives have enabled	p7 Section 1 Section 2 Section 5	6/4/21 Complete	1/9/21	The executive lead meets formally on a monthly basis with the guardian. Each meeting focuses on case load and whether they have sufficient time to deliver the role, training, and reflection. The Guardian attends regional and national events. Time commitment requirement reviewed as part of process to appoint a new Guardian. The Guardian has open access to all executives as required and meets with the non-exec lead on a quarterly basis, or more often if required. The Guardian has escalated cases to the executive lead, who has investigated whistle blowing concerns on behalf of the CEO.	

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
the Guardian to escalate patient safety matters and to ensure that speaking up cases are progressed in a timely manner • they have enabled the Guardian to have access to anonymised patient safety and employee relations data for triangulation purposes • the Guardian is enabled to develop external relationships and attend National Guardian related events				The Guardian has access to anonymised data as required. The Guardian is supported to take an active role in the regional and national network.	
Be assured your FTSU culture is healthy and effective					
Evidence that you have a speaking up policy that reflects the minimum standards set out by NHS Improvement. Evidence should demonstrate: • that the policy is up to date and has been reviewed at least every two years • reviews have been informed by feedback from workers who have spoken up, audits, quality assurance findings and gap analysis against recommendations from the National Guardian.	P8 Section 8 National policy	6/4/21 Complete		The Trust has a policy, which the guardian has reviewed in the last year and made changes to in line with feedback and national guidance..	
Evidence that you receive assurance to demonstrate that the speaking up culture is healthy and effective. Evidence should	P8 Section 6	6/4/21 Partially	1/9/21	The FTSUG reports quarterly to PPC where assurance is gathered about a range of staff related information.	Develop an approach to flexing assurance levels at times of change

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
demonstrate: • you receive a variety of assurance • assurance in relation to FTSU is appropriately triangulated with assurance in relation to patient experience/safety and worker experience. • you map and assess your assurance to ensure there are no gaps and you flex the amount of assurance you require to suit your current circumstances • you have gathered further assurance during times of change or when there has been a negative outcome of an investigation or inpsection • you evaluate gaps in assurance and manage any risks identified, adding them to the trust's risk register where appropriate.				Issues/concerns are escalated to the Board and added to the risk register, as appropriate.	
The board can evidence the Guardian attends board meetings, at least every six months, and presents a comprehensive report.	P8 Section 7	6/4/21 Fully compliant	1/9/21	The guardian presents a report quarterly to PPC and twice a year to the Board.	
The board can evidence the FTSU Guardian role has been implemented using a fair recruitment process in accordance with the example job description (JD) and other guidance published by the National Guardian.	Section 1 NGO JD	6/4/21 Fully compliant	1/9/21	The previous and newly appointed guardian were recruited via an open and fair process, the JD has been amended in line with national guidance.	

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
The board can evidence they receive gap analysis in relation to guidance and reports from the National Guardian.	Section 7	6/4/21 Partially compliant	1/9/21		Agreed that the guardian will include in reports to PPC/Board any issues arising from national guidance and reports
Be open and transparent					
The trust can evidence how it has been open and transparent in relation to concerns raised by its workers. Evidence should demonstrate: • discussion with relevant oversight organisation • discussion within relevant peer networks • content in the trust's annual report • content on the trust's website • discussion at the public board • welcoming engagement with the National Guardian and her staff	P9	6/4/21 Compliant	1/9/21	Concerns raised by staff have led to investigations, which have been shared with the CQC Information about FSUG is on the Trust's website via public board papers and annual report. The trust supports the national guardian office by releasing the guardian to take part in events, peer networks and contribute to activities and national training.	
Individual responsibilities					
The chair, chief executive, executive lead for FTSU, Non-executive lead for FTSU, HR/OD director, medical director and director of nursing should evidence that they have considered how they meet the various responsibilities associated with their role as part of their appraisal.	Section 1	6/4/21 Partially compliant	1/9/21	Exec lead regularly discusses responsibilities in 1-1s with CEO	Appraisal documentation to be revised to evidence specific discussions for all relevant exec and non-exec posts.

NHS Stockport NHS Foundation Trust

BOARD OF DIRECTORS

Meeting date	6 May 2021	X	Public		Confidential	Agenda item
Title	Operational Plan 2021/22					
Lead Director	Andy Bailey, Acting Director of Strategy & Planning					
Author	Andy Bailey, Acting Director of Strategy & Planning					

Recommendations made/ Decisions requested

The Board are recommended to note the update provided

This paper relates to the following Strategic Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.

Where issues are addressed in the paper-

13.1

	Section of paper where covered
Equality and Diversity 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

- This report provides the Board with an update on progress with developing our Operational Plan for 2021/22 and contributing to the GM system plan.
- Draft submissions have been made into GM on activity, finance and workforce which will form part of the aggregated GM plan.
- The draft GM plan will be submitted to the regional NHSE/I team on 6 May.
- The Board is asked to note the update provided – no decisions are required from the board.

NHS
Stockport
NHS Foundation Trust

Operational Plan 2021/22

Board of Directors

6 May 2021

Making a difference every day

13.1

INTRODUCTION

Stockport NHS Foundation Trust

This report provides an update on progress with development of our operational plan following the update proved to the Board in April which set out the priorities of the national planning guidance published in late March

- As a reminder the national guidance set out 6 priority areas below:

1. Supporting the health and wellbeing of staff and taking action on recruitment and Retention
2. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
3. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
4. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
5. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
6. Working collaboratively across systems to deliver on these priorities

INTERNAL PLANNING PROGRESS

Stockport NHS Foundation Trust

- Commenced our planning process prior to publication of guidance. Focus was to develop an expenditure plan taking into account inflation, pay awards and agreed investments – this would be linked to the balance of decisions on activity and a requirement for efficiency plans

- Process undertaken to review all risks & pressures with recommendations presented to the Executive Team

- The GM submission requires providers to submit returns for activity, finance and workforce – draft activity plan meets the thresholds set out in the guidance

- Ockenden Maternity submissions have also been consumed into the planning process with Local Maternity Systems being asked to play a role to review these

- All draft submissions have been reviewed by our planning executive oversight group and approved at Executive Team

- Iterative process continues to refine draft plans across GM – Provider Federation Board will review and approve the GM plan prior to submission to NW team

SYSTEM PLANNING

Working collaboratively across systems to deliver priorities

- ICSs will be asked to confirm, by the end of Q1, delivery and governance arrangements to support delivery of the 2021/22 priorities - a series of engagement sessions to develop the proposed GM ICS operating model have taken place in April

- Focus has been on following key areas:
  - The right spatial levels to plan and deliver services
  - Governance and accountability
  - The allocation of resources
  - The balance between standardisation and sectoral flexibility of approach

- Draft submission (6 May) includes a GM system narrative produced with contributions from providers/localities – there has been no requirement for organisation or locality specific versions

- Continued focus on system level approaches to financial arrangements and collaboration to meet the priorities set out for 2021/22

NEXT STEPS

Stockport NHS Foundation Trust

- Activities continue to refine and finalise plans, key review and submission dates below:

Activity	Trust deadline	System deadline
Draft plan submission	Submission already made to GM	6 May
Finance & Performance Committee review	*20 May*	
Organisation finance plan submission	24 May	
Final plan submission	Submission to GM - 25 May (TBC)	3 June
Trust Board review	*3 June*	

- Feedback is anticipated from NSHE/I regional team on draft GM submission

- Final agreement on system activity and finance plans (including finance allocations) may determine changes to our draft submission

NHS Stockport NHS Foundation Trust

BOARD OF DIRECTORS

Meeting date	6 May 2021	x	Public		Confidential	Agenda item
Title	Service Objectives					
Lead Director	Chief Executive					
Author	Chief Executive					

Recommendations made/ Decisions requested

The Board is asked to approve the service objectives and outcome measures for 2021/2022.

This paper relates to the following Strategic Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.
	N/A

13.2

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity 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 attached paper outlines the Service Objectives and outcome measures which will provide a basis for improvements that will be delivered within 2021/2022.

This paper has previously been discussed at Board and reflects the feedback received.

Our Objectives for 2021/2022

NHS Stockport NHS Foundation Trust

Our Vision

To work with partners to improve Health & Wellbeing outcomes for the communities we serve

Which will enable us to:-

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

SERVICE OBJECTIVES 2021/2022

Service Objective	How do we know that we have achieved our objectives Key Outcomes
To deliver safe, accessible and personalised services for those we care for.	All CQC identified areas for improvement are delivered and embedded including plans to achieve a CQC Good rating.
	Participation in 100% of all required and eligible national clinical audits in order to learn lessons and improve care services based on results.
	A system to review all deaths and lessons learnt is in place. The Medical Examiners role on the process is clear.
	A patient safety programme reflecting the national patient safety plan is embedded. Reducing harm against the Trust 2020/21 baseline within:- • Falls by 10% Infection Prevention:- • CDT by 20% • MRSA hospital acquired zero cases • MSSA by 15% • E Coli by 5% • Klebsiella by 15% • Pseudomonas by 30% • Pressure Ulcers by 20% • VTE (95% compliance) • Sepsis (95% compliance) • Zero Never Events
	A Ward Accreditation Standard Programme is rolled out across the Trust and baseline performance levels against these standards agreed is captured.
	The E Roster system is rolled out and embedded across the Trust to support the safe staffing agenda.
	The Trust A&E Patient Flow plans are implemented resulting in:- • A reduction in delayed discharges against the 2020/21 baseline by 30% • Improvement in length of stay against the 2020/21 baseline. 25% for non elective bed days • An improving trend in A&E performance of above 70% against the 4 hour standard. • Zero 12 hour breaches
	An inclusive restoration plan is agreed to treat patients on the PTL following the pandemic pause in planned care in accordance with national planning guidance and clinical validation.
	The Trust agreed Governance and risk management arrangements are embedded and understood by Divisional / Directorate teams.
	Community Services will provide a 2 hour home response appointments to ambulance and other services according to agreed criteria.

Support the health and wellbeing of our communities and staff.	Evidence of the implementation of year 2 of the National People Plan.
	The staff survey, sickness/absence levels demonstrate the effectiveness of the Trust Health and Wellbeing Services target 5%.
	Community Services offer support to neighbourhood working and the needs of neighbourhood population requirements.
	Evidence of a system wide frailty pathway.
	Improving the organisations 'climate' and increasing the overall staff engagement as measured by the Annual Staff Survey and the Staff Friends and Family test.
	Roll out health and wellbeing conversations across the Trust in line with the NHS People Plan.
	Evidence of focussed health and wellbeing support to staff post Covid to include psychological support where needed.
	We will remain responsive to the wider context of the global pandemic and emerging consequence and national guidance.
To work with partners to co-design and provide integrated service models within the locality and across acute providers.	To agree with system partners a governance / locality construct to support partnership working and commissioning at Place.
	Evidence of locality partnership objectives, system priorities and delivery models which support improvements in population health and operational recovery following the Covid pandemic.
	Evidence of an agreed clinical strategy in partnership with East Cheshire which adds resilience to services across the footprint of both Trusts.
	Evidence that we work with partners across GM in the development of the ICS Framework for resource allocation, prioritisation and utilisation.
To drive Service Improvement, Innovation and Transformation.	Evidence of an agreed quality/performance metrics to support improvement programs and board assurance.

	Evidence of the reconfiguration of the Trust Service Improvement Teams to provide support to system wide improvement programmes and the delivery of agreed improvement outcomes in the following areas:-
	• Results Governance
	• Outpatients
	• Hospital Flow to include:-
	  ○ Creation of front door to back door patient flow team
	  ○ A&E Assessment Service
	  ○ Discharge Process
	  ○ Medical Model
	  ○ Reducing Days Away from Home / excess bed days

	The delivery of maternity and neonatal national transformation priorities with respect to saving babies lives, personalised care, equity strategy and the Ockenden report.

Develop a diverse, capable and motivated workforce to meet future service and user needs.	The delivery of National People Strategy objectives for 2021/2022.
	Evidence of agreed and embedded workforce metrics that support workforce decisions.
	Evidence of a recruitment and retention plan to address workforce challenges ensuring diversity is an embedded feature of the workforce.
	Evidence of a recognition system that acknowledges where individuals / teams have gone above and beyond.
	Evidence of shaping the size and skill mix of the clinical workforce to meet operational/ service needs through workforce planning.
	Expanding the Trust's reach into its communities by extending its work experience, work training and apprenticeship schemes.
	The Trusts Volunteering Strategy is revised which clearly outlines the delivery objectives / outcomes for the next 3 to 5 years.
	To continue to improve the experience for staff with protected characteristics in line with the Trust EDI Strategy objectives for 2021/2022.
To utilise our resources in an efficient and effective manner.	A programme is in place to ensure all divisions understand the outputs from the model hospital and available benchmarking data to support their improvements in productivity and efficiency plans.
	Deliver the 2021/22 CIP; revenue; capital and cash annual plans following the receipt of national planning guidance.
	The development of a multi-year financial recovery plan to support the implementation of the long term plan and recovery optimising opportunities for financial recovery through system working.
Develop our Estate & IM&T infrastructure that is fit for purpose and meets service and user needs.	The implementation of a Trust data warehouse.
	The establishment of a centralised performance and validation team.
	Available weekly performance metrics and reporting to facilitate an overview of the Trust performance against national / local standards.
	Evidence of an assessment of the Trust IT and digital infrastructure and road map to deliver a paperlite organisation which also embraces the wider strategic view of the health economy.
	The implementation of GM PACS and LIMS System.
	The development of sustainable Plan (SDMP) to reduce the organisations carbon footprint.
	The availability of a monthly EFM Balanced Scorecard to facilitate the scrutiny of EFM performance.
	Evidence of an Estate Strategy / development of a strategic regeneration framework.
	Development of FBC for the Trust Urgent Care proposals.
	Implementation of the NHS Premises Assurance Model (PAM) to provide greater assurance and a better understanding of the Estates and Facilities Service.
	A reduction in backlog maintenance is achieved including the delivery of clear risk assessments of critical infrastructure.

Stockport NHS Foundation Trust

Meeting date	6 May 2021		Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Review of Board Committees and governance structure					
Lead Director	Chief Nurse	Author	Deputy Director of Quality Governance			

Recommendations made/ Decisions requested

The Board of Directors are requested to:

- Approve the Committee structures
- Approve the templates suggested
- Approve the line management of governance team changes
- Approve the position of the Emergency Department within the governance team

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	**X**	**PR1**	Significant deterioration in standards of safety and care
		PR2	Demand that overwhelms capacity to deliver care effectively
	x	**PR3**	Critical shortage of workforce capacity & capability
		PR4	Failure to implement the recovery plan to achieve and maintain financial sustainability
		PR5	A major disruptive event leading to rapid operational instability
		PR6	Working more closely with local health and care partners does not fully deliver the required benefits

Where issues are addressed in the paper-

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

Executive Summary

This paper describes the proposed Board and Committee structure to ensure the Trust can demonstrate that it is well led and that risks and issues are identified and escalated when appropriate

Changes are:

- Risk Management committee to report into Audit committee
- Operational Management Group to report into Finance & Performance Committee
- Business Group Performance reviews to report to Operational Management Group
- Charitable funds and Council of Governors, to stand outside the governance reporting structure

To assist in the improvement of the quality of reporting to meetings, a standardised approach has been recommended.

There are three templates for approval

- Template 1 Report template with new front cover (appendix 1)
- Template 2 An assurance template for reporting from one meeting to another (appendix 2)
- Template 3 Terms of Reference template (appendix 3)

Finally there is a proposal to strengthen the line management of the governance teams within the organisation.

It is recommended that ;

- The central complaints team moves back within the portfolio of the Deputy Director of Quality Governance
- The line management of the Business Group governance teams also moves to the Deputy Director of Quality Governance

The Trust Board are requested to approve the recommended changes.

1.0 Purpose

1.1 This paper describes the proposed Board and Committee structure to ensure the Trust can demonstrate that it is well led and that risks and issues are identified and escalated when appropriate

1.2 In addition it proposes a standardised template for committee papers, Terms of References, and assurance template for reporting from one meeting to another. The templates proposed are based on best practice and NHS branding guidelines.

1.3 Finally a proposal to strengthen the line management of the governance teams within the organisation.

2.0 Background

2.1 In January 2020 the Trust commissioned a governance review by NHSI. The report identified that the quality of reporting was poor and resulted in senior leaders and managers basing decisions on poorly presented or poorly analysed data.

2.2 Work commenced to rationalize meeting structures, and provide streamlined reporting data. However, the Covid pandemic resulted in the organisation adopting a command and control response, with temporary governance processes in place, to respond swiftly to the quickly changing information and data streams.

2.3 As we move to a new normal, the Executive Team have agreed to revisit the structures and the reporting mechanism to enable appropriate information and data to be scrutinized at the right forum.

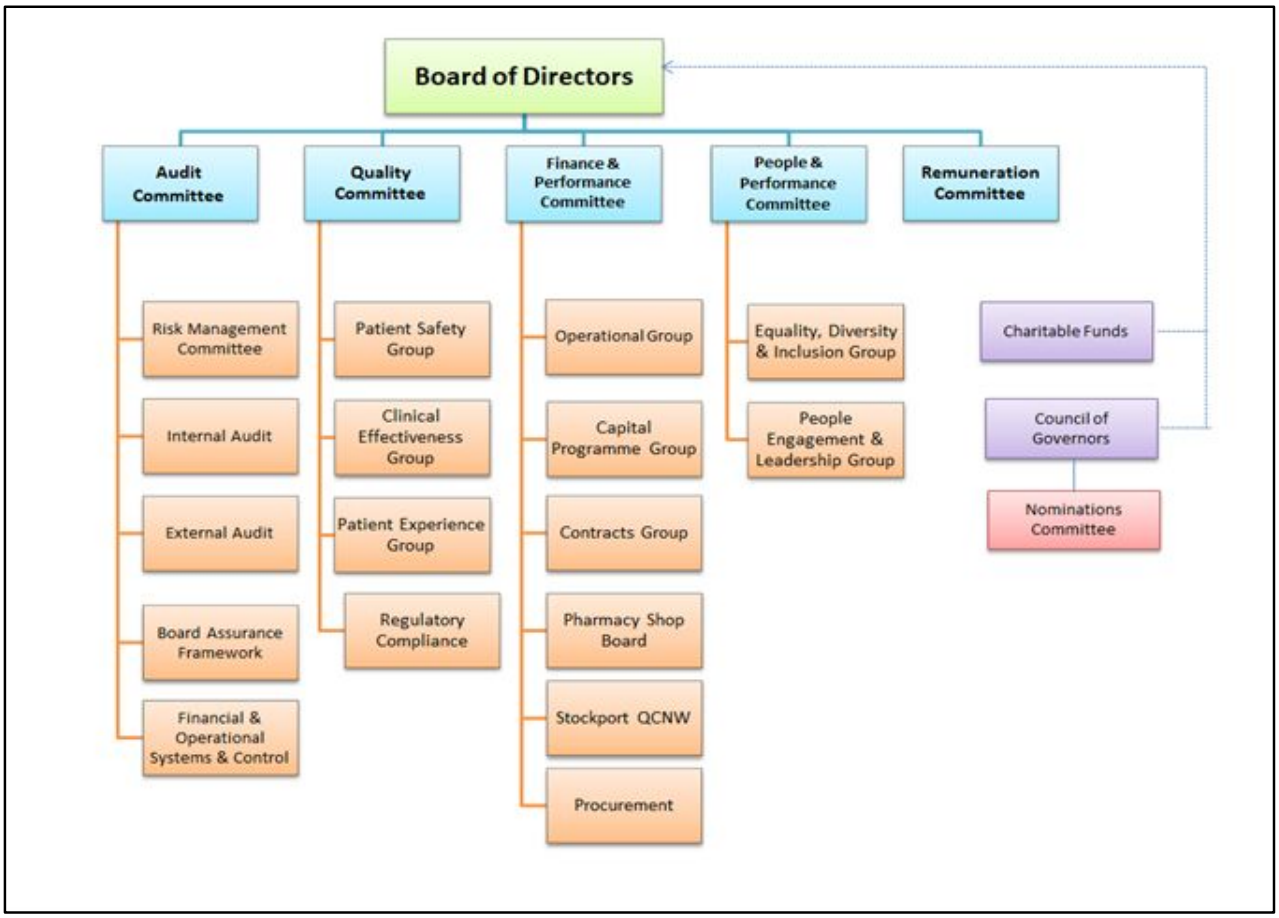
3.0 Board Structures

3.1 The proposed Trust Board committee structure can be found in picture 1. Changes are;

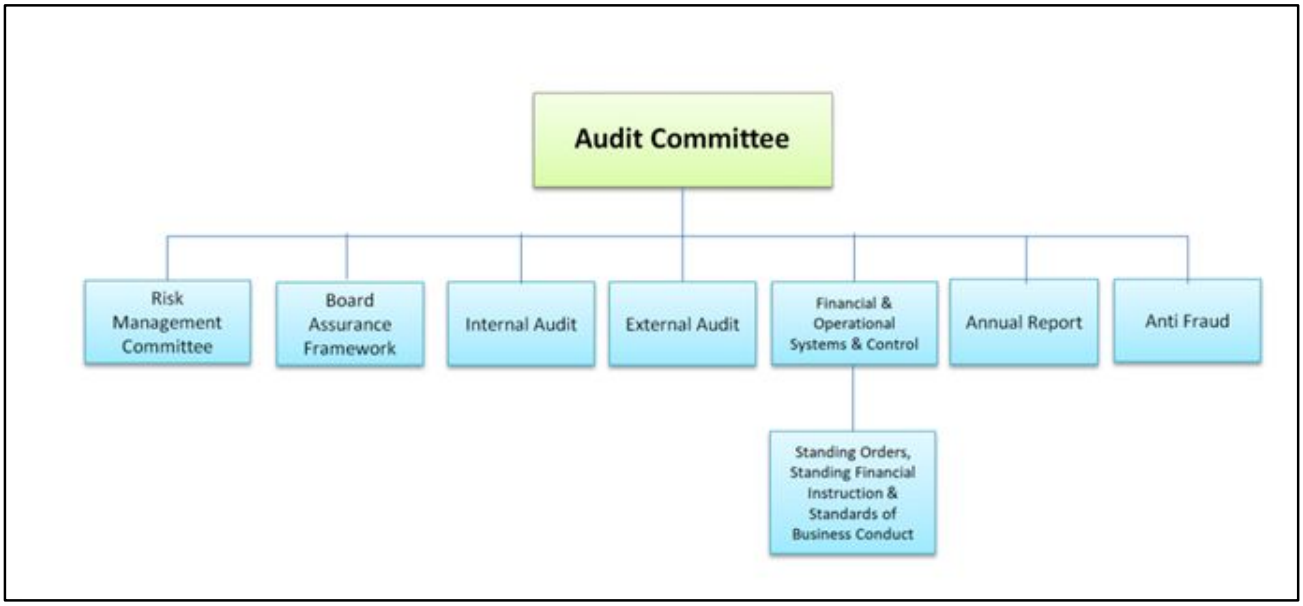
- Risk Management committee to report into Audit committee
- Operational Management Group to report into Finance & Performance Committee
- Business Group Performance reviews to report to Operational Management Group
- Charitable funds and Council of Governors, to stand outside the governance reporting structure

3.2 Pictures 2 – 5 outline the new structure for each sub-board committee with the reporting groups and subjects identified. Changes are;

- Quality committee – Patient safety and quality group to separate into three groups dividing up the elements of safety, effectiveness and experience. In addition Health & Safety to report into Quality Committee
- Each committee with devise a dashboard that identifies the Key Performance Indictors for improvement.

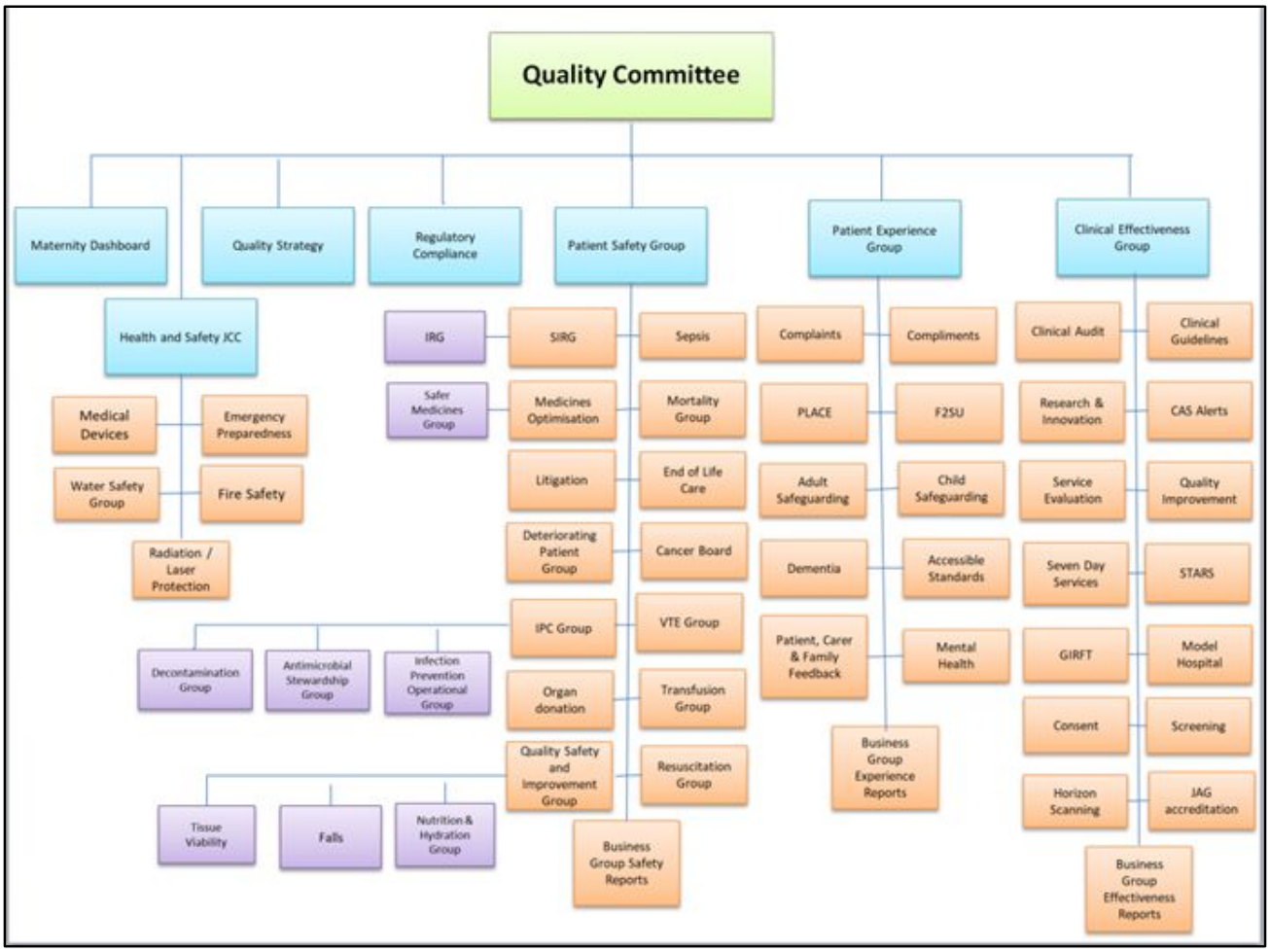


Picture 1: Trust Board Structure

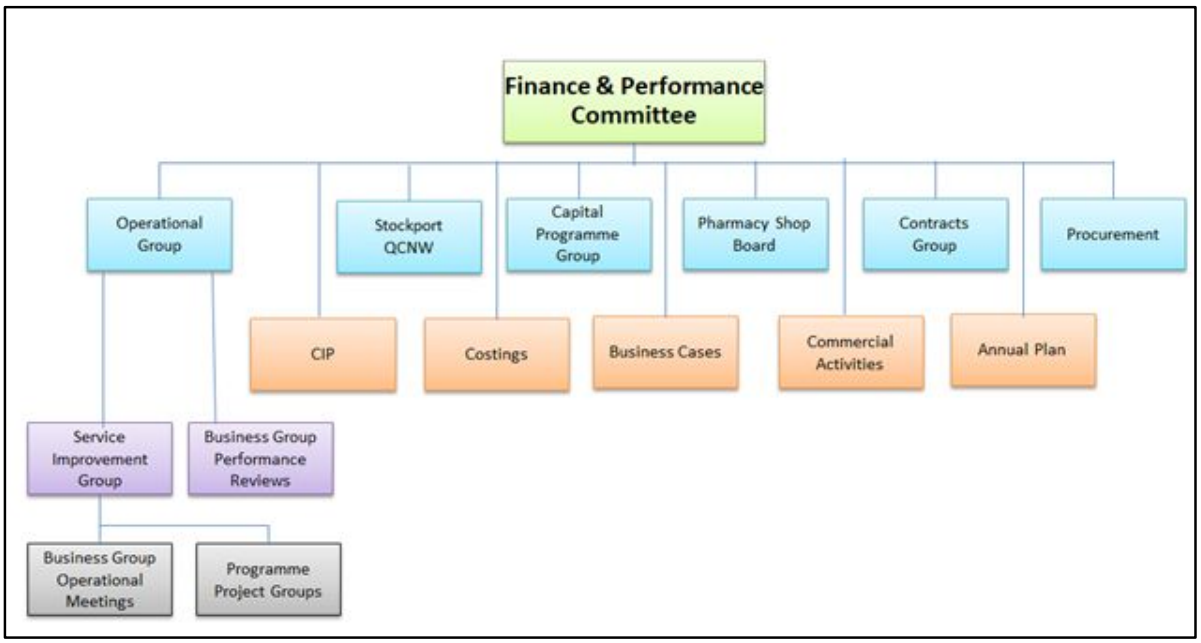


Picture 2: Audit Committee Reporting

13.3



Picture 3 Quality Committee Structure



Picture 4 Finance & Performance Committee Structure

Picture 5 People & Performance Committee

4.0 Templates

4.1 To assist in the improvement of the quality of reporting a standardised approach has been recommended.

4.2 There are three proposed templates for approval

- Template 1 Report template with new front cover (appendix 1)
- Template 2 An assurance template for reporting from one meeting to another (appendix 2)
- Template 3 Terms of Reference template (appendix 3)

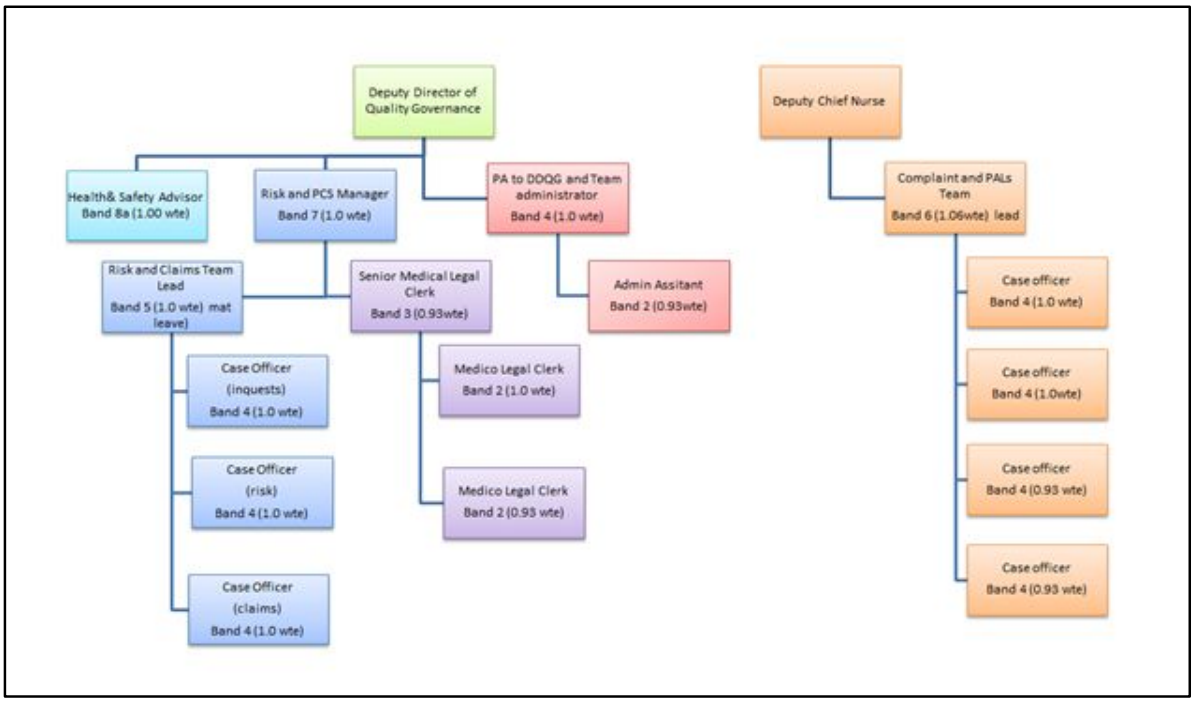
4.3 Template 1 – Board / committee / meeting report template, provides a structure for reports that allows the author to explain the matter under consideration. The template provides guidance on what should be considered in each section. Reports should be written in plain English and meet the NHS branding standards.

4.4 Template 2 – Meeting assurance report – is designed to replace the key issue reports that are in place. The report guides the author to succinctly describe the agenda items and conclude whether assurance has been gained, an action is being taken, or if there is a requirement for escalation to the parent committee / meeting.

4.5 Template 3 – Terms or Reference template – provides a structure for the terms of reference for a meeting to ensure all aspects required are covered.

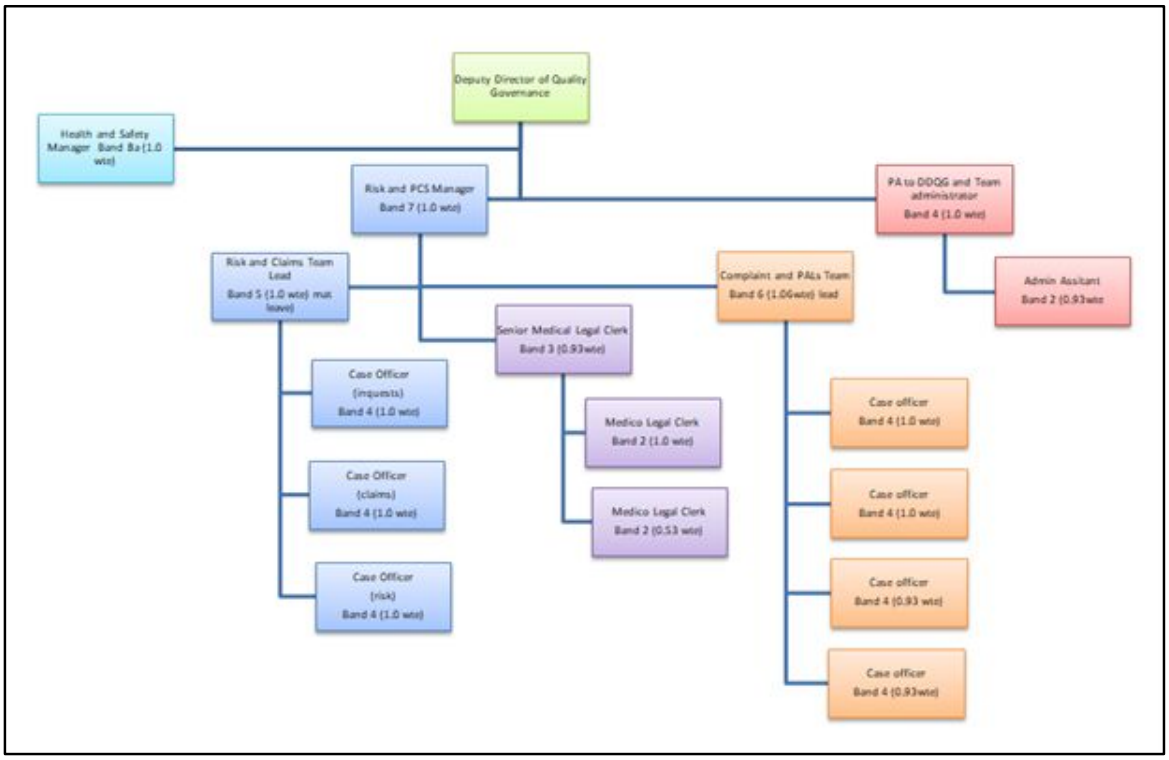
5.0 Governance structures

5.1 Currently, the quality governance structures at the Trust consist of a small central team with a devolved structure within the Business Groups. The central complaints team sit within the Deputy Chief Nurse's portfolio (see picture 6)



Picture 6 Current Central Governance Structure

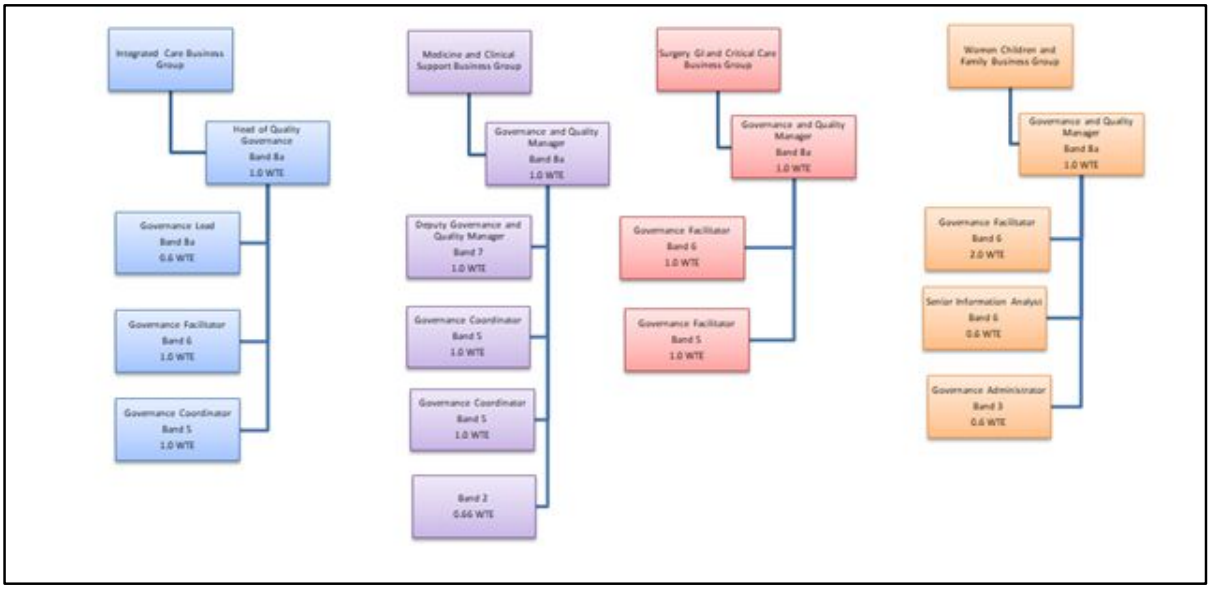
5.2 It has been agreed that the central complaints function returns to the Deputy Director of Quality Governance's portfolio.



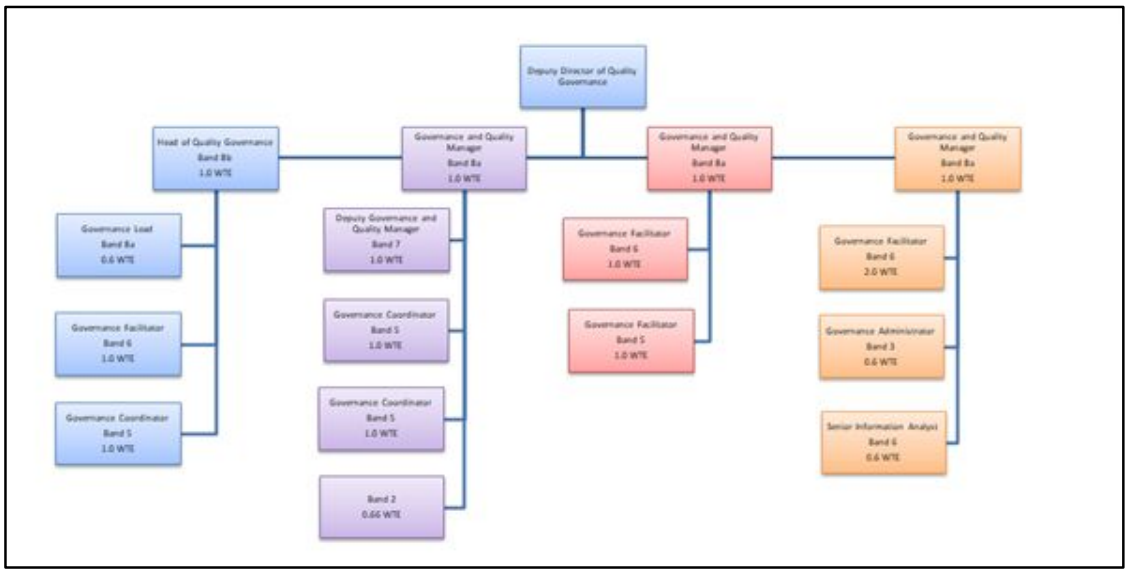
Picture 7 New structure

13.3

5.3 In addition, it is recommended that the devolved Business Group Governance teams are line managed by the Deputy Director of Quality Governance.



Picture 8 Current Business Group Governance Structure



Picture 9 New Business Group Governance Structure

5.4 In addition, it is recommended that the governance of the Emergency Department is transferred back under the Medicine governance team. This is to align with the management structures and rebalance the governance workload. It is to be noted that integrated care have taken on the Devonshire Unit, Clinical Site Coordinators and Transfer Unit.

6.0 Recommendations

6.1 The Board of Directors are asked to approve the changes outlined.

Appendix 1 Report template

Stockport NHS Foundation Trust

Meeting date			Public		Confidential	Agenda item
Meeting						
Title						
Lead Director		Author				

Recommendations made/ Decisions requested

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
	Well-Led		Use of Resources

This paper is related to these BAF risks-		**PR1**	Significant deterioration in standards of safety and care
		PR2	Demand that overwhelms capacity to deliver care effectively
		PR3	Critical shortage of workforce capacity & capability
		PR4	Failure to implement the recovery plan to achieve and maintain financial sustainability
		PR5	A major disruptive event leading to rapid operational instability
		PR6	Working more closely with local health and care partners does not fully deliver the required benefits

Where issues are addressed in the paper-

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

Executive Summary

Identify key facts, risks and implications associated with the report content.

Please do not embed papers – please send separately or add to end of paper

13.3

NHS Stockport NHS Foundation Trust

1. Purpose

1.1 Avoid the use of jargon and ensure that papers are written in layman's terms. Follow Plain English guidance (see appendix 1)

1.2 Papers must be typed in Ariel font and a minimum of 12pt to comply with NHS Brand Guidelines and the Equality Act 2010.

1.3 This must briefly state why the paper is being put before the board/ committee/ meeting, what it is about and what it is that you are asking the board/ committee/ meeting to do. This should be no longer than 4-5 sentences.

2. Background and Links to Previous Papers

2.1 This must provide context for the members of the Board/ committee/ meeting and outline:

- the background to the proposal/subject matter providing the information necessary for Non-Executive Directors to understand it; and
- reference to any previous board papers on the same matter or discussion at Board Committee level.

2.2 Keep this section to 4-5 short sentences or bullet points.

3. Matters under consideration

3.1 This is the main body of the paper and is the 'argument' for the course of action suggested or the source(s) of assurance if the paper is not one for decision, or in the case of a paper that is for information, it should set out the information that needs to be conveyed.

- State your case, or problem statement or reason for report
- Outline the options and judgments made
- Set out your information / data logically and succinctly - tabulated
- Convey your analysis / considerations on the information referred to
- State the strategic benefits and implications

3.2 This section should only include information that is relevant and necessary to the Board/ committee/ meeting in its decision making process. There is no specific limit on the length of this section as it will depend upon the subject matter but don't repeat information that appears elsewhere.

4. Areas of Risk

4.1 Highlight and explain any of the following risks that apply and how they will be managed:

- Clinical/Quality
- Financial*
- Business
- Reputational
- Performance

*where financial risks exist the detail/value should be set out.

4.2 Risks and mitigation must be described in 1-2 sentences for each risk that exists

5. Recommendations

5.1 These need to clearly state what you are asking the Board/ committee/ meeting to consider e.g.

5.2 The Board/ committee/ meeting is invited to note: xyz

5.3 and/or agree/approve/ratify xyz

Appendix 2

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT *Name of Meeting* *Date*
The [*name of meeting*] draws the following matters to the [*name of meeting*]'s attention-

Issue	Committee Update	Assurance received	Action	Timescale
Describe the topic	*What did the group consider*	*What assurance was received*	*What action (if any) is being taken*	*By when*
Patient Story	*The Committee received a patient story from the cancer services team*	*There was positive assurance on the pro-active engagement of the team with patients during the COVID-19 period.*		
Quality Oversight	*The Committee reviewed the Quality Oversight report*	*The flu and COVID-19 vaccination programmes gave positive assurance, including for partner organisations and in the community.*		
		There was benchmarking of the Trust's performance in GM for nosocomial infections, which enabled positive assurance on performance to be taken.		
		The Committee noted the continuing restrictions on patient visiting, and the steps being taken to ensure all patients and families could access alternative arrangements.		
		The continuing work on medical leadership, and in particular Equality, Diversity and Inclusion matters, was noted.		
		The Committee noted the impact of COVID-19 on the Trust's workforce, and considered the potential impacts on the quality and safety of care.		

Issue	Committee Update	Assurance received	Action	Timescale
Ockenden Report	*The Committee considered the response to the interim report by Professor Ockenden.*	*The Committee noted the continuing debate nationally for providers as to the appropriate role for the NED Board Safety Champion.*	*Consideration by Board*	*Jan 2021*
		The Committee noted that 8 actions were rated as compliant, 4 as partially compliant, and none as non-compliant.	*Committee to monitor progress*	
		Committee noted that work was underway to enable a full BirthRate+ review to be undertaken. *It was reported that the professional judgement was that staffing was acceptable at present.*		

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

Appendix 3

XXXXXXXXXXXXXXX GROUP / COMMITTEE

(please delete as required)

TERMS OF REFERENCE

1. CONSTITUTION

1.1 The xxxxxxxxxx has established a Group / Committee (delete as necessary), known as the xxxxxxxxxx.

1.2 The Group / Committee (delete as necessary) shall have terms of reference and powers delegated by the xxxxxxxxxx and are subject to such conditions, such as reporting to the xxxxxxxxxx, in accordance with any legislation, regulation or direction issued by the Trust

2. REMIT AND FUNCTIONS OF THE GROUP

2.1 To provide assurance to the xxxxxxxxxx of the:-

I. xxxxxxxxxx
II. xxxxxxxxxx

2.2 The main objectives of the Group / Committee (delete as necessary) are to :-

I. xxxxxxxxxx
II. xxxxxxxxxx

2.2 The main functions of the Group / Committee (delete as necessary) are to:

I. xxxxxxxxxx
II. xxxxxxxxxx
III. xxxxxxxxxx
IV. xxxxxxxxxx

3. COMPOSITION AND CONDUCT OF THE GROUP / COMMITTEE (delete as necessary)

3.1 The Group shall comprise the following membership:

1. xxxxxxxxxx (Chair)
2. xxxxxxxxxx (Deputy Chair)
3. xxxxxxxxxx
4. xxxxxxxxxx
5. xxxxxxxxxx
6. xxxxxxxxxx

13.3

3.2 Roles and responsibilities

i. All members will undertake work requested by the meeting discussions, within identified timescales.
ii. All members must feedback issues raised within the meeting discussions for their areas of responsibility.
iii. Items for the agenda should be submitted to the Meeting Secretariat a minimum of one week prior to the meeting.
iv. Attendance is essential but in exceptional circumstances a fully briefed deputy is able to attend.
v. Membership will be approved and changed with a majority decision of the Group.
vi. Decisions will be made through discussion, review of evidence, consensus and agreement.
vii. In the absence of a consensus no individual member will have the power of veto.
viii. In exceptional circumstances, the Chair will provide approval to items outside of meeting discussions and report back to the Group via the meeting minutes, (Post Meeting Note).

3.2 Only in exceptional circumstances can a nominated deputy attend in the event of 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.

3.3 The Group / Committee (delete as necessary) may also require other employees of the Trust and/or other specialist advisors (internal or external) to attend the meeting where appropriate.

3.5 ***Quorum.*** No business shall be transacted unless at least xxxxxxxxxx members, of which one member must be xxxxxxxxxx, including the Chair or Deputy Chair are present. Deputies in attendance do not count towards the quorum.

3.3 ***Notice of meeting***. Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by electronic mail to the usual place of business of each member, so as to be available at least five clear days before the meeting.

3.4 ***Frequency of meetings***. The Group shall meet xxxxxxxxxx. Minimum of xxxxxxxxxx times per year. The Chair may at times convene additional meetings of the Group to consider business that requires urgent attention.

3.6 ***Minutes***. Minutes of all meetings of the Group shall be taken and produced in the standard agreed format of the trust and kept by xxxxxxxxxx or nominated deputy.

3.7 ***Administration***. The Group shall be supported administratively by the xxxxxxxxxx whose duties shall include: agreement of the agenda with the Chair, collation of papers; producing the minutes of the meeting and advising the Group / Committee (delete as necessary) on pertinent areas.

4. DELEGATED AUTHORITY

4.1 The Group / Committee (delete as necessary) is authorised by the xxxxxxxxxx to:

i. Investigate any activity within its terms of reference.
ii. Seek any information it requires from any employee, all employees are directed to co-operate with any request made by the Group.

5. RELATIONSHIP WITH THE GROUP / COMMITTEE (delete as necessary)

5.1 The Group / Committee (delete as necessary) will report to the xxxxxxxxxx by means of a Key Issues report summarising business conducted by the Group / Committee (delete as necessary) together with key actions and/or risks.

5.2 The Key Issues Report will be forwarded to the xxxxxxxxxx following each Group / Committee (delete as necessary) meeting, at least xxxxxxxxxx times a year.

6. RELATIONSHIP WITH OTHER GROUPS

6.1 The Group / Committee (delete as necessary) will receive reports, in the form of Key Issues Reports, from the following:

1. xxxxxxxxxx
2. xxxxxxxxxx
3. xxxxxxxxxx

7. REVIEW

7.1 The Group / Committee (delete as necessary) will review its terms of reference annually (March) and recommend any changes to the xxxxxxxxxx for approval

7.2 The Group / Committee (delete as necessary) will evaluate its own membership and review the effectiveness and performance of the Group / Committee (delete as necessary) on an annual basis.

7.3 The Group / Committee (delete as necessary) will provide an annual report (March) to the xxxxxxxxxx.

NHS
Stockport
NHS Foundation Trust

Delivering Same-Sex Accommodation

Declaration of Compliance

We are proud to confirm that mixed sex accommodation has been virtually eliminated in our Trust.

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. In order to do this, Stockport NHS Foundation Trust is committed to providing every patient with same sex accommodation.

Patients who are admitted to Stockport NHS Foundation Trust will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen by exception based on clinical needs e.g. in the Intensive Therapy Unit, when patients choose to share (for example Children's Services) or when continuity plans are invoked requiring this.

If our care should fall short of this standard, we will report it.

The Trust will continue to place the highest priority on ensuring that every patient is treated with dignity and respect, irrespective of when or where they receive their care.

Jackie McShane
Director of Operations

Nicola Firth
Chief Nurse

April 2021

14.1

Making a difference every day