

BOARD OF DIRECTORS

MEETING HELD IN PUBLIC

6 OCTOBER 2022

Making a difference every day.



Stockport
NHS Foundation Trust

Board of Directors Public Meeting
Thursday, 6 October 2022
Held at 09.30am at Pinewood House Education Centre
(This meeting is recorded on Webex)

AGENDA

Time			Enc	Presenting
09.30	1.	Apologies for absence		
	2.	Declaration of Interests		All
	3.	Staff Story		J Black
	4.	Minutes of Previous Meeting – held on 4 August 2022	✓	T Warne
	5.	Action Log	✓	T Warne
09.40	6.	Chair's Report	✓	T Warne
09.50	7.	Chief Executive's Report	✓	K James
	8.	Performance		
10.00	8.1	Integrated Performance Report <ul style="list-style-type: none"> • Quality • Operational Performance • Workforce • Finance 	✓	K James / Executive Directors
	9.	Quality		
10.20	9.1	Learning from Deaths Report	✓	A Loughney
10.30	9.2	Safer Care Report	✓	N Firth / A Loughney
10.40	9.3	National Inpatient Survey 2021 Report	✓	N Firth
	10.	People		
10.50	10.1	Annual Medical Appraisal & Revalidation Report	✓	A Loughney
	11.	Strategy		
11.00	11.1	Annual Digital Strategy Progress Report	✓	P Nuttall
11.10	11.2	Communications & Engagement Strategy	✓	C Parnell
	12.	Standing Committee Reports		
11.30	12.1	Board Committees – Key Issues & Assurance Reports: <ul style="list-style-type: none"> • Finance & Performance Committee • People Performance Committee • Quality Committee • Audit Committee 	✓ ✓ ✓ ✓	Committee Chairs
	13.	Closing Matters		

	13.1	Any Other Business		
	14.	Date, Time & Venue of Next Meeting		
	14.1	Thursday, 1 December 2022, 9.30am, Pinewood House Education Centre		
	14.2	Resolution: <i>“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”.</i>		
		Close		

STOCKPORT NHS FOUNDATION TRUST

**Minutes of the meeting of the Board of Directors held in public
on Thursday, 4th August 2022
9.30am in Lecture Theatres, Pinewood House, Stepping Hill Hospital**

Present:

Prof T Warne	Chair
Mrs C Anderson	Non-Executive Director
Mrs C Barber-Brown	Non-Executive Director
Mr A Bell	Non-Executive Director
Ms A Bromley	Director of Workforce & OD
Mrs N Firth	Chief Nurse
Mr J Graham	Director of Finance / Deputy Chief Executive
Mr D Hopewell	Non-Executive Director
Mrs K James	Chief Executive
Dr A Loughney	Medical Director
Mr J O'Brien	Director of Strategy & Partnerships
Mrs J McShane	Director of Operations
Mrs M Moore	Non-Executive Director
Mrs J Newton	Associate Non-Executive Director*
Mrs C Parnell	Director of Communications & Corporate Affairs*
Dr L Sell	Non-Executive Director

* indicates a non-voting member

In attendance:

Mrs R McCarthy	Trust Secretary
----------------	-----------------

Apologies:

Mrs Catherine Barber-Brown	Non-Executive Director
Dr M Logan-Ward	Non-Executive Director / Deputy Chair

Observing:

S Alting	Lead Governor
J Howard	Acacium Group
N Statham	Local Democracy Reporter
M Slater	Public Governor

Ref	Item	Action
118/22	<p>Welcome & Apologies for Absence</p> <p>The Chair welcomed everyone to the meeting and apologies for absence were noted as above.</p> <p>The Chair confirmed that this would be the last Public Board Meeting for Joanne Newton, Associate Non-Executive Director and thanked her for contribution and commitment during her time with the Trust.</p>	
119/22	<p>Declaration of Interests</p> <p>Joanne Newton, Associate Non-Executive Director, declared an interest in Item 130/22 - East Cheshire NHS Trust and Stockport NHS Foundation Trust Clinical Strategy Case for Change confirming she would commence as a Non-Executive Director of East Cheshire NHS trust in September 2022.</p>	
120/22	<p>Minutes of the previous meeting</p> <p>The minutes of the previous meeting of the Board of Directors held on 1 June 2022 were agreed as a true and accurate record of proceedings.</p>	

121/22	<p>Action Log The action log was reviewed and annotated accordingly.</p>	
122/22	<p>Chairs Report The Chair presented a report reflecting on recent activities within the Trust and the wider health and care system.</p> <p>A Non-Executive Director sought further information regarding the support provided from NHS England regional office to reducing waiting lists, noting the Trust was currently an outlier for patients waiting 78+ weeks. The Director of Operations highlighted the supportive approach in place, focused on review of systems and processes to validate and classify patients waiting, alongside consideration of mutual aid to reduce backlog, specifically for certain diagnostic tests. She confirmed positive assurance had been received regarding the Trusts systems and process, and that a review of tier placement would take place at the mid-point in the year, albeit the Trust would likely remain 'as is' based on current backlog. She confirmed that there was no additional financial support provided. The Chair emphasised that organisations must work together as part of the Greater Manchester (GM) system to reduce waiting lists.</p> <p>The Board of Directors received and noted the report.</p>	
123/22	<p>Chief Executive's Report The Chief Executive presented a report providing an update on local and national strategic and operational developments.</p> <p>She introduced the report highlighting the unprecedented operational challenges, notably with respect to the ability to discharge patients to the community due to challenges in adult social care and domiciliary care, with long term programmes of work underway. The Chief Executive briefed the Board on the content of the report and highlighted the following areas:</p> <ul style="list-style-type: none"> - Integrated Care System - NHS System Oversight Framework 2022-23 - ICB appointments - Alternative Provider Federation - Emergency and urgent care campus - Maternity Safety Support Programme - Case for Change - Rapid diagnostic centre - Patient Safety Awards <p>The Board of Directors received and noted the report.</p>	
124/22	<p>Integrated Performance Report The Chief Executive introduced the Integrated Performance Report (IPR), which included exception reports for areas of most significant note.</p> <p>Quality The Medical Director and Chief Nurse presented the quality section of the IPR and highlighted performance and mitigating actions regarding mortality, sepsis, pressure ulcers and infection prevention due to under-achievement in month.</p> <p>The Chair recognised the focus on fundamentals of care, supporting improvements in infection prevention control.</p> <p>Operational The Director of Operations presented the operational performance section of the IPR and highlighted the continued operational pressures and consequent adverse impact on the A&E, 6 Week Diagnostic, Cancer, Referral to Treatment (RTT), No Criteria to Reside (NCTR), elective activity including outpatients and</p>	

<p>theatre efficiency metrics. The Director of Operations highlighted that, despite the continuing pressures within urgent care, including increased demand, the Trust's performance against the A&E 4hr standard remained the best in GM for Type 1 Emergency Department attendances in June, and across Quarter 1.</p> <p>The Medical Director referred to discussion at the Quality Committee regarding the potential harm to patients who were medically optimised yet unable to be discharged from hospital. He confirmed that initial discussion had taken place via GM regarding potential measurement of associated harms.</p> <p>A Non-Executive Director acknowledged the increasing demand for both elective and non-elective care and queried ability to fulfil vacancies/rotas to meet this demand. The Director of Operations acknowledged the workforce challenges exacerbated by covid, alongside potential adverse impact of the cost-of-living crisis. She confirmed that, from an operational perspective, the Board decision to recruit to turnover and work undertaken to ensure an agile workforce response had resulted in positive rota fulfilment rates. She confirmed further understanding of the increasing elective demand was needed, with independent sector and/or mutual aid to be explored. The Director of People & Organisational Development (OD) provided contextual information regarding reasons for colleagues leaving employment with the Trust, noting the primary reason was retirement. She added that there was not a significant number of staff leaving to join agencies and noted that there had been occasion when the Trust had not able to seek support from agencies in certain specialties.</p> <p>In response to a Non-Executive Director querying if the increase in mental health presentations to A&E was proportionate, the Director of Operations confirmed it was, with a general increase across all categories. She highlighted positive relationships with Pennine Care and opportunities to further strengthen partnerships. The Chief Nurse echoed this comment, noting the improved systems of escalation in place. The Associate Non-Executive Director referred to media reports concerning provision of children's mental health and queried potential impact on paediatric capacity. The Chief Nurse referred to the positive engagement with both mental health and social care partners to provide care based on the best needs of child, including inreach support, albeit recognised this would likely be a continuing theme. The Director of Operations echoed this comment and noted that beds were flexed where needed. The Chair acknowledged the importance of the Trust as an anchor institution, working closely with partners, including those beyond the NHS, to ensure people were cared for as close to home as possible and prevent hospital admission.</p> <p>In response to a Non-Executive Director querying how the Trusts no criteria to reside (NCtR) position compared with Trusts in GM, the Director of Operations commented that this was largely proportionate for the bed base, albeit significantly above the 'normal' number of patients for the Trust. The Chief Executive highlighted the specific challenge for SFT, noting delays in discharging patients to Derbyshire, relating to approximately 15% of NCtR patients. She confirmed discussion between the respective Integrated Care Boards (ICB) in this regard, highlighting that a short term solution had not yet been identified.</p> <p>People The Director of People & OD presented the workforce section of the IPR and highlighted performance and mitigating actions around sickness absence, appraisal rates, statutory & mandatory training and bank & agency costs due to under-performance in month. With respect to workforce turnover, she confirmed that, whilst still above target levels, a positive reduction had been achieved in month.</p>	
--	--

	<p>The Associate Non-Executive Director recognised the increasing appraisal rates and queried confidence in the quality of the appraisals. The Director of People & OD commented that a recent survey had been undertaken to understand colleagues view of the quality of appraisals, with changes made at the beginning of the year in response to this. She noted that the forthcoming Staff Survey would provide further evidence regarding this.</p> <p>A Non-Executive Director queried the broader financial impact of the bank and agency costs. The Director of Finance reiterated the context resulting in higher than planned use of bank and agency, particularly the impact of Covid on sickness absence and more beds remaining open than substantively established. He acknowledged that bank and agency costs were a significant contributing element to the Trust's overall financial position, emphasising that the planning assumptions at the beginning of the year were no longer extant.</p> <p>Finance</p> <p>The Director of Finance presented the finance section of the IPR and advised that the Trust's position at month 3 was £0.7m adverse to plan – a deficit of £6.3m. He highlighted the primary drivers of the movement from plan were escalation beds remaining open beyond the planned winter period, continued growth in Emergency Department (ED) attendances and additional inflationary pressures. The Director of Finance confirmed the cost improvement plan (CIP) for 22-23 was £18.1m (£12.1m recurrent) and highlighted that the CIP plan for month 3 had been delivered however the majority was non-recurrent. Furthermore, he confirmed that the capital plan for 22-23 was £43m, with expenditure behind plan by £1.570m at month 3, however this spend will be reprofiled into future months. The Director of Finance concluded that the Trust has maintained sufficient cash to operate during June.</p> <p>The Board of Directors received and noted the Integrated Performance Report.</p>	
<p>125/22</p>	<p>Learning from Deaths Report</p> <p>The Medical Director presented the quarterly Learning from Deaths Report, providing information regarding the Learning from Deaths process in the Trust, a summary of the learning that has been gained in the last quarter and high level information about the actions that have been taken in response.</p> <p>In addition, the Medical Director provided information regarding the Trust's overarching mortality statistics including the Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR). He confirmed that the SHMI at SFT was as expected, with HSMR at SFT presently above the expected value and highlighted the outcome of a detailed analysis of the drivers behind the HSMR, including action being taken, and potential reason for discrepancy between the SHMI and HSMR.</p> <p>In response to a Non-Executive Director querying level of confidence that learning from deaths was widely disseminated and embedded, the Medical Director highlighted the suite of methods in place to disseminate learning including newsletters and clinical events, with measurement of success via the ongoing learning from deaths review process. He acknowledged this was an iterative process with continuing consideration of opportunities for dissemination and learning.</p> <p>A Non-Executive Director acknowledged the significant work and resources required to support the learning from deaths process and acknowledged the added value to patient safety.</p>	

	<p>The Board of Directors confirmed the processes that the Trust has in place that allow it to learn from deaths, including appropriateness of actions taken.</p>	
<p>126/22</p>	<p>Safer Care: Nursing & Midwifery Staffing Report The Chief Nurse presented the Safer Care – Nursing & Midwifery Report, detailing key assurances and risks associated with safe nurse and midwifery staffing. Actions in progress to mitigate the risks associated with patient safety and quality, based on patients’ needs, acuity, dependency and risks, were highlighted to the Board of Directors.</p> <p>The Chief Nurse reaffirmed the high levels of operational demand within the acute and community services, confirming the demand was operationally managed by senior teams and on call colleagues with dynamic risk assessments conducted. The Chief Nurse confirmed focus on the nursing and midwifery workforce safeguards with Executive oversight, reiterating that workforce remain impacted upon by vacancies, turnover and sickness.</p> <p>In response to a Non-Executive Director seeking further clarity regarding the health rostering position, the Chief Nurse described the principles of good roster management, notably planned annual leave and roster approval lead time. She recognised that during July-August there was an increase in ‘amber’ ratings for roster approval lead time, albeit an overall improving position every month.</p> <p>The Chair commended the significant work and evident improvements in maternity.</p> <p>The Chief Nurse confirmed that the report would be further developed to incorporate further clinical staffing groups.</p> <p>The Board of Directors reviewed and confirmed the Safer Care Nursing & Midwifery Staffing Report.</p>	
<p>127/22</p>	<p>Equality, Diversity & Inclusion Reports:</p> <ul style="list-style-type: none"> - Workforce Race Equality Strategy 2022 - Workforce Disability Equality Strategy 2022 <p>The Director of People & OD provided contextual information regarding the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) which enabled NHS organisations to compare the workplace and career experiences of staff from Black, Asian, Minority Ethnic heritages and disabled and non-disabled staff respectively.</p> <p>The Director of People & OD presented high level overview of data from the WRES submission, noting some progress made in the overall BAME representation, disciplinary action and training, with significant further work to do to improve equality around race representation at senior levels and improvements in positive work-place experiences for people from BAME backgrounds and different heritages. In addition, the Director of People & OD presented a high level overview of data from the WDES submission with minor improvements associated with disabled staff being more likely to be appointed from shortlisting and parity between disabled and non-disabled staff entering capability processes. However, she highlighted that there remained a significant amount of work to be undertaken to address representation of disabled staff and disparity between disabled and non-disabled colleagues experiencing bullying, harassment, abuse and discrimination both within the organisation and from the community we serve.</p> <p>The Director of People & OD confirmed that the recently approved Equality, Diversity & Inclusion (EDI) Strategy work programme would be reviewed to re-</p>	

	<p>prioritise actions that needed bringing forward as a result of the WRES and WDES, specifically in career development, recruitment and culture.</p> <p>The Chair acknowledged the submissions had been extensively discussed via People Performance Committee. He noted minor progress had been made, albeit significant action was still required and emphasised the importance of the appropriate actions being expedited to deliver outcomes. The Director of People & OD supported this comment, noting the culture shift required and time required for this to take effect.</p> <p>The Chair sought confirmation regarding BAME representation in comparison to the local population. The Director of People & OD confirmed that the BAME workforce within the Trust was above representation within the local population. The Chief Executive added that, despite this, BAME colleagues were not well represented at senior levels and were not applying for such positions, highlighting the importance of colleagues being supported early in their career.</p> <p>A Non-Executive Director expressed concern that staff were not disclosing if they identified as disabled or had a long-term condition. The Director of People & OD confirmed that this information was recorded during recruitment, noting colleagues may not consider updating this information should they develop a disability or long term condition whilst in employment. She highlighted work taking place with the Electronic Staff Record (ESR) to remind colleagues to keep their information up to date, and re-emphasised the importance of culture change to ensure people felt safe to share their disability/long term condition on appointment and/or during their employment with the Trust.</p> <p>In response to a Non-Executive Director querying how the Trust monitored the measures during the year via the People Performance Committee, the Director of People & OD confirmed that a number of measures were recorded on an annual basis as part of the national NHS Staff Survey, with others more readily available and considered in year as part of the EDI Strategy Progress Report. Furthermore, the Non-Executive Director queried confidence that the actions identified within the EDI Strategy remained appropriate to deliver the ambitions. The Director of People & OD expressed her confidence in the identified actions, highlighting previous experience and progress made at Tameside & Glossop NHS ICFT. In this light, she reiterated the cultural change and time required to embed EDI as a golden thread. The Director of People & OD highlighted actions being taken in this regard including regular communications via Team Brief and inclusion of WRES/WDES data within the divisional Performance Review process to engender discussion and ownership. The Director of People & OD confirmed that staff networks would also be engaged on the development of the actions required and any revision of the EDI Strategy action plan.</p> <p>In response to a Non-Executive Director querying if differences between staff groups were known and understood, the Director of People & OD confirmed work was taking place to analysis the data, with breakdown at divisional and staff group level, noting this formed part of the information being considered via the divisional Performance Reviews.</p> <p>The Board of Directors reviewed the WRES and WDES Reports 2022, including work underway to make improvements against both equality standards.</p>	
<p>128/22</p>	<p>Wellbeing Guardian Report On behalf of the Wellbeing Guardian, the Chair presented the Wellbeing Guardian Report advising the Board of Directors of the Wellbeing Guardian’s reflections on her activities, particularly reflecting on implementation of the Wellbeing Guardian role at SFT.</p>	

	The Board of Directors reviewed and noted the report.	
129/22	<p>Joint Stockport NHS Foundation Trust & Tameside & Glossop ICFT Research, Development & Innovation Strategy</p> <p>The Medical Director presented the joint Stockport NHS Foundation Trust & Tameside & Glossop ICFT Research, Development & Innovation Strategy, highlighting the proposed vision, mission and strategic ambitions across the next 5 years for Research, Development and Innovation (RD&I). He confirmed that the document has considered by the Quality Committee in July 2022 and would subsequently be considered via the Tameside and Glossop NHS ICFT Quality Committee and Board of Directors in September 2022.</p> <p>A Non-Executive Director sought further information regarding the level of ambition against the current baseline, for example, with respect to the Trust's ability and history of absorbing research. The Medical Director commented that this varied between services, in broad terms recognising the Trust position to be a fast-follower in a number of services, and at the cutting edge of research with respect to the Trusts major services.</p> <p>In response to a Non-Executive Director querying the achievability and timescale to attain university hospital status, the Medical Director highlighted further considerations were needed with respect to medical workforce to fully understand this, including initial consideration of senior roles within the research function.</p> <p>The Chief Executive commented that she had attended the Annual Research & Innovation Event led by the research teams at SFT & T&G, emphasising the energy and enthusiasm in collaborative working and recognition of benefits. The Chair further commended the strategy and ambition, including provision of a solid foundation for engagement with colleagues in East Cheshire.</p> <p>The Board of Directors reviewed and approved the 5-year strategic plan for research, development and innovation across the South East Sector (Stockport and Tameside), noting the strategic plan would be considered fully ratified following review and approval by the Tameside & Glossop NHS ICFT in September 2022.</p>	
130/22	<p>Stockport NHS Foundation Trust & East Cheshire NHS Trust Case for Change</p> <p>The Director of Strategy & Partnerships presented the Case for Change, describing the drivers for future collaboration across a range of clinical specialties between the NHS organisations of Stockport NHS Foundation Trust and East Cheshire NHS Trust.</p> <p>The Director of Strategy & Partnerships confirmed the Case for Change was brought to the Trust's Public Board meeting following approval via:</p> <ul style="list-style-type: none"> • Stockport NHS Foundation Trust Board (in Private) – May 2022 • East Cheshire NHS Trust Board (in Private) – May 2022 • Stockport NHS Foundation Trust and East Cheshire NHS Foundation Trust Board to Board – May 2022 • NHS England / Improvement Stage 1 Gateway – July 2022 <p>He confirmed the availability of various versions of the document within the public domain.</p> <p>The Board of Directors reaffirmed approval for the Case for Change and confirmed support for the programme of work to move to Stage 2, which involved production of clinical service delivery options and a Pre-Consultation Business Case (PCBC) if required.</p>	

<p>131/22</p>	<p>Risk Management Strategy & Policy</p> <p>The Chief Nurse presented the Risk Management Strategy & Policy which provided a systematic approach for the management of risk across the organisation. She confirmed the updated Risk Management Strategy & Policy had been updated to provide additional detail on the step by step approach to risk management, a new section on risk appetite including risk appetite statements of the Board, and updated appendices including: updated Board committee structure, NPSA Matrix for Risk Managers, risk approval process flowchart, and risk appetite matrix.</p> <p>The Chief Nurse concluded that the Risk Management Strategy & Policy was presented to Board for approval following submission to Risk Management Committee in July 2022. The Chief Executive, as Chair of the Risk Management Committee, expressed her view that the Risk Management Committee had substantially matured, with the management of risk to be improved further in line with the strategy presented.</p> <p>A Non-Executive Director commented that there was a difference in risk score escalation from the previous strategy and sought further view. The Chief Nurse and Trust Secretary confirmed that it was considered best practice for significant risk i.e. risks scoring 15+ using a standard 5x5 matrix, to be escalated and overseen at Board level. The Chief Executive confirmed all divisional and corporate function risks scoring 10+ were reported to the Risk Management Committee, with subsequent report to the Audit Committee.</p> <p>A Non-Executive Director highlighted reference to ‘approval’ and ‘oversight’ of significant risk within the ‘Risk Escalation & Approval’ table and suggested clarity was required regarding role and responsibilities of the specific committees. The Chief Nurse fully acknowledged this comment and confirmed this would be clarified within the document (ACTION).</p> <p>The Chair welcomed the inclusion of the risk appetite statements developed following the Risk Appetite Workshop.</p> <p>The Board of Directors reviewed and approved the Risk Management Strategy & Policy, noting minor amendment above.</p>	<p>Chief Nurse</p>
<p>132/22</p>	<p>Board Assurance Framework 2022/23</p> <p>The Chief Executive presented the opening Board Assurance Framework 2022/23 following approval of the Corporate Objectives 2022/23 and key outcome measures by the Board in May 2022. Furthermore, a heat map and gap analysis between current and target risk score was provided.</p> <p>She confirmed that, following a Risk Appetite Workshop in June 2022, where the Trusts risk appetite in relation to key areas of risk e.g., finance, quality, people, innovation was considered, Principal Risks to achievement of the objectives had been developed via the respective board assurance committees.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> - Reviewed and approved the Board Assurance Framework 2022/23 - Confirmed the Trust’s current Significant Risk profile 	
<p>133/22</p>	<p>Board Committees – Key Issues & Assurance Reports</p> <p>Finance & Performance Committee</p> <p>The Chair of Finance & Performance Committee (Non-Executive Director) presented key issues and assurance reports from the Finance & Performance Committee meetings held on 16 June 2022 and 21 July 2022. He briefed the Board on the content of the reports and highlighted key operational and financial</p>	

<p>issues considered, alongside consideration of business cases prior to presentation to the Board of Directors.</p> <p>The Board of Directors reviewed and confirmed the Finance & Performance Committee Key Issues & Assurance Reports, including actions taken.</p> <p>People Performance Committee The Deputy Chair of People Performance Committee (Non-Executive Director) presented a key issues and assurance report from the People Performance Committee meeting held on 14 July 2022. She briefed the Board on the content of the report.</p> <p>The Chair referred to initial review of the Messenger Report, noting further national guidance was awaited and may be some time before publication. He expressed his view that steps should be taken to fully understand the Trust position and progress actions in preparation for national guidance. The Chief Executive supported this view noting work to develop system leadership opportunities and talent management had been recognised as an area for development. The Director of People & OD acknowledged these comments and confirmed that developments in many areas were underway, particularly noting the organisational development programme.</p> <p>The Board of Directors reviewed and confirmed the People Performance Committee Key Issues & Assurance Report, including actions taken.</p> <p>Quality Committee including:</p> <ul style="list-style-type: none"> • Annual Safeguarding Report 2021-22 • Midwifery Continuity of Carer Report <p>The Chair of Quality Committee (Non-Executive Director) presented key issues and assurance reports from the Quality Committee meetings held on 28 June 2022 and 26 July 2022. She briefed the Board on the content of the reports. Specifically, the Chair of Quality Committee confirmed that the committee had reviewed the Maternity Continuity of Carer Implementation Plan and the Annual Safeguarding Report 2021/22, as presented to the Board of Directors.</p> <p>A Non-Executive Director referred to approval of the Mental Health Plan noting that progress would be monitored on a quarterly basis by Quality Committee, commencing from October 2022. The Board of Directors noted that consideration of required level of reporting to Board of Directors would be confirmed. (ACTION).</p> <p>The Chair highlighted the introduction of the Stockport Accreditation and Assessment System (StARS) within community services. The Chief Nurse confirmed that the first community StARS assessments had taken place and had been well received, with many standards from the acute StARS remaining relevant. She added that StARS was also now in place for Theatres, with Outpatients in development. In response to a Non-Executive Director seeking confirmation of the ratings of wards, the Chief Nurse confirmed 35% of wards were currently rated as green, with an aim of the Quality Strategy Year 2 for 50% of inpatient wards to be rated as green. She confirmed that two wards had recently improved from a red rating. The Chair of Quality Committee highlighted wards would be rated as amber/red based on non-compliance with small number of metrics, and that progress was monitored via the Quality Committee with respect to ward ratings. In response to the Non-Executive Director querying the frequency of assessment, the Chief Nurse confirmed that this was dependent on rating, with wards rated as red receiving a re-assessment within eight weeks. She highlighted the focus on sustained improvements.</p>	<p>Chair</p>
---	--------------

	<p>A Non-Executive (member of Quality Committee) referred to the Annual Safeguarding Report and commended the work undertaken and development of this report.</p> <p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> - Reviewed and confirm the Quality Committee Key Issues & Assurance Reports including action taken - Reviewed and approved the local implementation plan for Midwifery Continuity of Carer (MCoC) as recommended by Quality Committee - Review and confirmed the Annual Safeguarding Report 2021/22 as recommended by Quality Committee <p>Audit Committee including:</p> <ul style="list-style-type: none"> • Audit Committee Annual Review 2021-22 <p>The Chair of Audit Committee (Non-Executive Director) presented key issues and assurance reports from the Audit Committee meetings held on 26th May 2022, 21st June 2022 and 14th July 2022.</p> <p>The Chair of Audit Committee confirmed that, following the completion of the year end audit, the annual review of Audit Committee had been undertaken, and presented the outcome of the review including the Terms of Reference and Work Plan 2022/23 for approval.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> - Reviewed and confirmed the Audit Committee Key Issues & Assurance Report from the meetings held on 26th May 2022, 21st June 2022 and 14th July 2022, including action taken. - Reviewed the outcome of the Annual Review of Audit Committee 2021/22 and approved the Terms of Reference and Work Plan 2022/23. 	
134/22	Any other business	
135/22	<p>Date, time and venue of next meeting Thursday, 6 October 2022, 9.30am, Pinewood House Education Centre</p>	
136/22	<p>Resolution <i>“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”.</i></p>	

Signed: _____ Date: _____

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Meeting	Minute reference	Subject	Action	Bring Forward	RO
7 Oct 2021	232/21	Board Committee Assurance – Quality Committee	<p>The Medical Director advised that a Research & Innovation Strategy was in the process of being prepared and would be presented to a future Board meeting.</p> <p>Update 7 April 2022 – Development of Research Strategy in progress. To be presented July 2022.</p> <p>Update 1 Jun 2022 – The Medical Director advised that the R&I Strategy was now being developed jointly with Tameside & Glossop and would be presented to the Quality Committee in July 2022. The Board would be updated via the Quality Committee Key Issues & Assurance Report.</p>	Closed	A Loughney
1 Jun 2022	79/22	Integrated Performance Report	<p>Summary Dashboard - Consider inclusion of improvement trajectories.</p> <p>Update August 2022 – To be considered via Executive Team in Aug 2022.</p> <p>Update October 2022 – Discussion via Executive Team. Forecasting trajectories for operational performance measures are included in Finance & Performance Committee – Operational Performance Report. IPR continue to include summary dashboard, supported by historical performance, SPC trend analysis, and one-month forecast.</p>	Closed	K James
4 Aug 2022	133/22	Board Committees – Key Issues & Assurance Reports	<p>Quality Committee: Confirm level of reporting for Mental Health Plan.</p> <p>Update October 2022 – Discussion with Chair,</p>	Closed	Chair

Meeting	Minute reference	Subject	Action	Bring Forward	RO				
			Executive Leads and Chair of Quality Committee – Confirmed quarterly report to Quality Committee with escalation to Board is required.						
4 Aug 2022	131/22	Risk Management Strategy	'Risk Escalation & Approval' Table – Clarify description of approval and oversight via respective committee. Update October 2022 – Risk Management Strategy updated and live on intranet.	Closed	Chief Nurse				
<table border="1"> <tr> <td>On agenda</td> </tr> <tr> <td>Not due</td> </tr> <tr> <td>Overdue</td> </tr> <tr> <td>Closed</td> </tr> </table>						On agenda	Not due	Overdue	Closed
On agenda									
Not due									
Overdue									
Closed									



Stockport NHS Foundation Trust

Meeting date	6 th October 2022	x	Public	Confidential	Agenda item
Meeting	Board of Directors				
Title	Chair's Report				
Lead Director	Trust Chair	Author	Professor Tony Warne		

Recommendations made / Decisions requested

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

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe	Effective
	Caring	Responsive
x	Well-Led	Use of Resources

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

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

Where issues are addressed in the paper-

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

Executive Summary

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

1. PURPOSE OF THE REPORT

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

2. EXTERNAL PARTNERSHIPS

As I write this report the invasion and war in Ukraine has been ongoing for 215 days. It remains important that we continue to keep all those caught up in this war in our thoughts and prayers.

There has been a great deal of change since our Board last met in public. We are now into month four of the new ways of working introduced across England in July. Our Greater Manchester Integrated Care System (ICS) is up and running and the Integrated Care Board has started to meet. Additionally, we have a new prime Minister and a new team at the Department of Health and Social Care. We can expect a renewed interest in performance management from the NHS England national team, and the Department. Given the early policy announcements made by the Secretary of State on the 22nd September, 'Our Plan for Patients', I predict that much of the focus will be on ambulance waits and the long waiting lists.

Since our Strategic Plan was developed and published in 2020 there have been many changes to our operating environment, the introduction of new technologies, and many new ways of working. However, there remains a number of wicked problems that impact upon our performance as an acute Trust, not least of which are the issues in social care provision. Whilst I welcome the indication that an additional £500 million has been made available to help resolve these issues, we will need to work carefully and collaboratively across the GM ICS to make sure this money is targeted and returns the outcomes we want. In part, these changes have acted as a stimulus for our Board to commence a review of the Strategic Plan to ensure our strategic and operational plans continue to address these changes and challenges.

I attended the first Stockport Health and Wellbeing Board in this electoral year. The future direction and scope of this board were discussed. High on the agenda, was the Stockport Data and Insight report. This report sets out the current health and social care needs of our Stockport communities, notes some of the work being undertaken in response to meeting these needs, and future approaches, all of which will be very much grounded in developments at a locality and place-based level.

Karen James and I were also able to meet with one of our MPs, Robert Lorgan. We had a very interesting discussion that allowed us to explore the problems of having enough staff to ensure services remained safe and of a high quality and the continuing problem of having large numbers of people who had no reason to remain

in our hospital, but where, because the lack of social care, they cannot be safely discharged.

Following our discussion, we took him for a Cooks Tour of the Stepping Hill site, and he was clearly moved by some of the poorer examples of our estate. We ended the tour by visiting M6, which is a great example of how with available capital, some of our older buildings could be transformed.

Interestingly for Karen and me, when Robert asked colleagues what they thought to two biggest issues were facing the Trust, he was told, *'having enough staff to keep things safe and provide the best quality care'* and the need to get social care services *'sorted'*.

I was able to participate in three North West Regional Leaders and Chair meetings. These meetings consider the performance of the three ICS within the North west Region but they also provide an opportunity to feed back to NHS England colleagues, the concerns and issues facing providers.

Finally, I was able to meet with Richard Barker (interim NHS England Regional Director for the North West Region), and then with Graham Urwin, and Raj Jain, CEO and Chair respectively of Cheshire and Merseyside ICS to discuss our ongoing collaboration with colleagues in East Cheshire NHS Trust. I followed up these discussions at meetings with both Lynn McGill, Chair at East Cheshire NHS Trust, and Jane McCall, Chair at Tameside and Glossop Integrated Care NHS Foundation Trust.

3. TRUST ACTIVITIES

I have continued to meet with our Council of Governors both formally and informally. Following a review of the previous NED recruitment approach. The Nominations Committee are currently undertaking the recruitment process a new NED role. There has been a great deal of interest with some 34 applications being received. We have a timetable that takes through until early November for the final focus groups and interviews.

Our new NED, Dr Samira Anane, has now joined the Board, and is currently working her way through her induction.

I visited both the Acute Frailty Unit and the Acute Medical Unit. During my visit to the AMU, I was able to don one of our new bright yellow tabards and spent some time with our wonderful Dining Companions helping our patients with their meals. It was both great fun and wonderful to have such close patient interaction.

I have chaired four appointment panels for consultants in Upper Limb Surgery, ICM & Anaesthesia and Consultant in General Anaesthesia, Radiology, and Orthodontics. Pleasingly, we have been able to appoint to all these posts, and this is something I think reflects our growing reputation for being an excellent place to work.

I was able to spend a very informative day as a non-participant observer at this month's Divisional Performance Review meetings. I was reassured by the enormous amount of detailed information that was available. These metrics promoted much focused challenge. It was a truly evidenced based approach to assurance monitoring.

Finally, along with Karen James, and hosted by Jaweeda Ido, I was able to visit Woodley Health Centre and see social prescribing in action in a nearby allotment, and a community café. The data supporting the effectiveness of these approaches was outstanding. The impact on those living with chronic and complex conditions was particularly impressive, and of course helps reduce the number A&E presentations and/or hospital care. It was also most welcome to get out of the hospital setting and into the local community.

4. STRENGTHENING BOARD OVERSIGHT

Our Board development journey continues. Unfortunately, one of our planned Board Development sessions was cancelled due to operational pressures. However, we did have a session that focused on the progress made against our current Strategic Plan. It was the start of a wider review of our priorities. This review will be informed by an engagement process involving colleagues, partners, and our patients.

5. RECOMMENDATIONS

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



Meeting date	6 October 2022	x	Public	Confidential	Agenda item
Meeting	Board of Directors				
Title	Chief Executive's Report				
Lead Director	Chief Executive	Author	Director of Communications & Corporate Affairs		

Recommendations made / Decisions requested

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

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

	Section of paper where covered
Equality, diversity and inclusion impacts	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:

- “Our Plan for Patients”
- Greater Manchester Provider Federation Board
- Autumn booster programme
- Emergency and urgent care campus
- National joint registry
- Clinical leadership appointments
- Research awards
- Improved maternity care
- Making a Difference awards
- Trust’s charity

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 "Our Plan for Patients"

At the time of writing this report Therese Coffey, the new Secretary of State for Health and Care, had just published its "Our Plan for Patients", setting out a number of Government commitments and actions in response to the current challenges facing services.

They included:

- £500m for adult social care to help tackle delayed hospital discharges,
- changes to pension rules for senior staff,
- retirement flexibilities,
- extra call handlers for the 999 and 111 services,
- a focus on improving ambulance handovers in some of the most challenged trusts,
- commitments around GP access,
- an increased role for pharmacies in supporting primary care services.

We are still assessing what the plan and recent national budgetary announcements could mean for our organisation.

3. REGIONAL NEWS

3.1 Provider Federation Board

Sir Mike Deegan has announced that he will retire from his role as Chief Executive of Manchester University NHS Foundation Trust in early 2023 after more than 20 years in post.

Following his retirement Karen James will take over from Sir Mike as Chair of the Greater Manchester (GM) Provider Federation Board.

4. TRUST NEWS

4.1 Autumn booster programme

The Autumn booster programme for the Covid-19 vaccination was launched nationally in September, and this week we began our own programme for colleagues with drop in clinics offering the booster alongside annual influenza immunisation.

Taking up the offer of free vaccinations is the best way for our colleagues to protect themselves, their families and our patients from the potentially harmful impact of Covid-19 and flu.

4.2 Emergency and urgent care campus

Anyone coming onto the Stepping Hill Hospital site over the last few weeks cannot have failed to notice that we have started work on the £31.6m development of our emergency and urgent care campus.

It is inevitable that such a major building project will cause some disruption, particularly as we have had to change the way traffic flows around the site to allow work to be carried out safely.

We appreciate the inconvenience this may be causing colleagues, patients, visitors and our neighbours. We will continue to review the impact on traffic flows and parking to try to minimise disruption, as well as continue to widely communicate the changes that are going on.

Once complete the redevelopment will make a huge difference to patients and the working lives of our colleague in the emergency department.

4.3 National Joint Registry

Our commitment to safe joint replacement surgery has been recognised nationally.

The Trust has been named as a quality data provider by the National Joint Registry, in recognition of achieving high quality standards for patient safety.

The national recognition follows the completion of a national programme of local data audits, and our teams originally took part in the development of the national audits when they were piloted a number of years ago.

The registry monitors performance of hip, knee, ankle, elbow and shoulder joint replacement operations across the country, and this is the sixth consecutive year the Trust has been named as a quality data provider having met a series of six ambitious targets during the audit period.

4.4 Clinical leadership appointments

Two of our consultant colleagues have taken on new clinical lead roles in GM in addition to their clinical work at Stepping Hill Hospital.

Consultant stroke physician Dr Shivakumar Krishnamoorthy is now the Network Hospital Clinical Director for GM Neurorehabilitation & Integrated Stroke Delivery Network (GMNISDN). He is providing clinical and strategic leadership support for the network, working closely with clinical and managerial colleagues across the GM Integrated Care System (ICS) and national stroke teams to support developments and improvements in stroke care.

Dr Liz Thomas, consultant in anaesthesia and intensive care medicine, has been invited to be President of the Manchester Medical Society's section of anaesthesia for 2022 - 23 year, starting in November. The society is dedicated to the cultivation and promotion of all branches of medicine.

Liz has also been asked by the national Faculty of Intensive Care Medicine (ICM) to take on the lead role for ICM specialty training recruitment across the country.

4.5 Research awards

Colleagues working in our research, development and innovation department were shortlisted for two awards that celebrate the best in clinical research in the region.

Both the team working on the 'COV-BOOST' coronavirus vaccination booster research study, and individual clinical research nurse Clare Tibke were finalists in the NIHR Greater Manchester Health and Care Research Awards

Clare was shortlisted in the Exceptional Research Delivery Leadership category for her work on expanding research studies in our stroke department.

The 'COV-BOOST' research vaccine team, headed by Dr David Baxter, was a finalist for the Collaborative Working Accomplishment award. The team was short listed for its close partnership working with Trust colleagues, primary care and other NHS trusts in the region on the COV-BOOST study, which was a vital component of the national vaccine booster programme.

4.6 Frailty service

NHS England's senior programme manager for same day emergency care recently met with Trust colleagues to hear about the work of our frailty service and their plans to make further improvements to the care being provided to local people.

They were so impressed by our approach that they are looking at ways of showcasing the service nationally, as well as sharing our learning with other organisations.

4.7 Improved maternity care

A new scanner introduced in our maternity unit is now helping to enhance expectant parents' experience.

A small group of midwives have trained as ultrasound practitioners to enable them to perform ultrasounds in the maternity department for those parents over 26 weeks into their pregnancy.

This new development means that if parents raise any concerns during ante-natal appointments a full scan can be carried out at that time rather than parents having to wait for an appointment in a different department for a scan.

It is expected that the new scanner will be used for around 2,000 ultrasound scans a year.

4.8 Making a Difference Awards

Tomorrow night 300 colleagues will gather at Stockport Town Hall for our annual Making a Difference gala awards evening, hosted by BBC health correspondent Dominic Hughes.

We had over 100 entries for the 11 award categories which celebrate the great work our hospital and community, clinical and support services do to support patients and each other.

We are very grateful for the support of the Trust's Charity and a number of external sponsors, who have enabled us to invite colleagues to come together for the awards for the first time since the start of the Covid-19 pandemic.

4.9 Trust's Charity

Stockport NHS Charity aims to improve the health and wellbeing of patients and staff by providing equipment and services over and above what NHS funding can usually provide, and it can only do that thanks to the generosity of local donors and supporters.

We are very grateful for all the support we receive and recently Bramhall and Woodford Rotary Club organised a National Festival Circus event to raise money for our Treehouse children's unit, while Derek Farndell, a 71-year-old great grandfather launched a sponsorship appeal for a marathon 96 mile cycle ride along Cheshire's canals he is planning to support dementia care in our hospital.

5. **RECOMMENDATION**

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

Meeting date	6 th October 2022	✓	Public	Confidential	Agenda item
Meeting	Board of Directors				
Title	Integrated Performance Report				
Lead Director	Chief Executive	Author	Head of Performance		

Recommendations made / Decisions requested

The Board of Directors is asked to review and discuss performance against key metrics, including actions described to mitigate and improve performance in the exception reports.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

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

Executive Summary

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

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

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

Integrated Performance Report

Integrated Performance Report

Reporting Period August 2022



Integrated Performance Report

Trust Highlight Report

Introduction

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

Operational Highlights

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

Despite the continuing pressures within urgent care, the Trust's performance against the **A&E 4hr** standard remains the best in GM, in month and year to date, for type 1 attends.

The Trust continues to reduce the wait for routine treatment reporting zero patients waiting 104+ weeks at the end of August, excepting those who were clinically unfit to proceed or chose to delay their treatment.

Quality Highlights

Exception reports included this month relate to performance against **HSMR**, **Sepsis**, **Pressure Ulcers**, **Infection Rates**, and **Complaints Response Rate** metrics due to under-achievement in month.

The **Medication Incident Rate** has increased slightly to 5.14; however, no major harm concerns are reported.

Workforce Highlights

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

Successful recruitment drives are continuing, positively maintaining our substantive work force numbers.

Financial Highlights

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

At month 5 the Trust position is £1.1m adverse to plan – a deficit of £10.6m.

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

The CIP plan for 22-23 is £18.1m (£12.1m recurrent). The CIP plan for month 5 (based on the revised CIP plan) has been delivered; however, at this point the majority is non-recurrent.

The Trust has maintained sufficient cash to operate during August.

The Capital plan for 22-23 is £43m. At month 5 expenditure is behind plan by £1.284m; however, this spend will be reprofiled into future months.

Risks

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

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

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

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






Integrated Performance Report

Summary Dashboard

Performance

- Blue indicates that the measure has met the target.
- Orange indicates that the measure has fallen short of the target.

Target assurance

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

Forecast position

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

Quality Metrics	Performance	Target assurance	Forecast
Mortality: HSMR (rolling 12-mth)	Jun-22 ● 112 N ● <= 100		●
Mortality: SHMI (rolling 12-mth)	May-22 ● 102 N ● <= 100		●
Sepsis: Timely recognition (rolling 12-mth)	Aug-22 ● 97% L ● >= 95%		●
Sepsis: Antibiotic administration (rolling 12-mth)	Aug-22 ● 80.6% L ● >= 95%		●
Hospital Onset Covid (HOC) Rate	Aug-22 ● 26.5% L ● <= 31.06%		●
Infection Rate - C. diff (rolling 12-mth)	Aug-22 ● 55.01 L ● <= 20.37		●
Infection Rate - MRSA (rolling 12-mth)	Aug-22 ● 2.33 L ● <= 0		●
Infection Rate - MSSA (rolling 12-mth)	Aug-22 ● 21.91 L ● <= 8.94		●
Infection Rate - E. coli (rolling 12-mth)	Aug-22 ● 101.63 L ● <= 24.34		●
Medication Incidents: Rate	Aug-22 ● 5.14 L ● <= 3.76		●
Never Event: Incidence	Aug-22 ● 0 N ● <= 0		●
Serious Incidents: STEIS Reportable	Aug-22 ● 2 L ● <= 5		●
Stroke: Overall SSNAP Level	Jun-22 ● A N ● >= C		●
Falls: Rate of Moderate Harm and Above	Aug-22 ● 0 L ● <= 0.13		●
Pressure Ulcers: Hospital, Category 2	Aug-22 ● 42 L ● <= 34		●
Pressure Ulcers: Hospital, Category 3 and 4	Aug-22 ● 4 L ● <= 2		●
Written Complaints Rate	Aug-22 ● 8.99 L ● <= 5.93		●
Complaints: Timely response	Aug-22 ● 88.6% L ● >= 95%		●

Operational Metrics	Latest Performance	Target	Forecast
ED: 4hr Standard	Aug-22 ● 61.4% N ● >= 95%		●
ED: 12hr Trolley Wait	Aug-22 ● 102 N ● <= 0		●
Diagnostics: 6 Week Standard	Aug-22 ● 23.1% N ● <= 1%		●
Cancer: 62-day standard	Aug-22 ● 68.6% N ● >= 85%		●
Cancer: 28-day standard (FDS)	Aug-22 ● 64% N ● >= 75%		●
Cancer: 14-day standard (2WW)	Aug-22 ● 98% N ● >= 93%		●
Referral to Treatment: Incomplete Pathways	Aug-22 ● 51.5% N ● >= 92%		●
Referral to Treatment: 52 Week Breaches	Aug-22 ● 4121 N ● <= 0		●
No Criteria To Reside (NCTR)	Aug-22 ● 129 L ● <= 73		●
Activity vs. Plan: Elective Inpatient and Daycase	Aug-22 ● -10.3% L ● >= 0%		●
Activity vs. Plan: Outpatient	Aug-22 ● -10.7% L ● >= 0%		●
Activity vs. Plan: ED Attendances	Aug-22 ● 6.2% L ● <= 0%		●
Outpatient DNA rate	Aug-22 ● 7.8% L ● <= 5.8%		●
Outpatient Clinic Utilisation	Aug-22 ● 85.3% L ● >= 85%		●
Patient Initiated Follow Up (PIFU)	Aug-22 ● 2.6% L ● >= 2.67%		●
Theatres: Capped Utilisation	Aug-22 ● 80.2% L ● >= 90%		●

Workforce Metrics	Latest Performance	Target	Forecast
Substantive Staff-in-Post	Aug-22 ● 93% N ● >= 90%		●
Sickness Absence: Monthly Rate	Aug-22 ● 5.9% N ● <= 4%		●
Workforce Turnover	Aug-22 ● 15.08% L ● <= 11%		●
Appraisal Rate: Overall	Aug-22 ● 87.3% N ● >= 95%		●
Statutory & Mandatory Training	Aug-22 ● 92.3% N ● >= 95%		●
Bank & Agency Costs	Aug-22 ● 15.5% L ● <= 5%		●

Finance Metrics	Latest Performance	Target	Forecast
Financial Controls: I&E Position	Aug-22 ● 11.6% L ● <= 0%		●
Cash Balance	Aug-22 ● 34.6		●
CIP Cumulative Achievement	Aug-22 ● 0.4% L ● >= 0%		●
Capital Expenditure	Aug-22 ● -35% L ● <= 10%		●



Integrated Performance Report

<p>Measure</p>	<p>Mortality: HSMR (includes narrative for SHMI)</p> <p>The Hospital Standardised Mortality Ratio (HSMR) shows the ratio of the observed to the expected number of in-hospital deaths at the end of a continuous inpatient (CIP) spell, multiplied by 100. Data sourced from the Healthcare Evaluation Data (HED) system.</p>		<p>Latest Performance</p>	<p>Next Month Forecast</p>
<p>Performance of this measure over time</p>			<p>Performance</p>	<p>Latest Month Jun-22</p> <p>Actual 112</p>
<p>What the chart tells us</p>	<p>Stockport, along with Tameside, are currently ranked as "very high" with mortality rates outside the statistical control limits. Most other Trusts across GM are classed as "within range", and Manchester is reporting as lower than expected.</p>			
<p>Narrative</p>	<p>Issues:</p> <p>The SHMI index is currently 101.85 for the period June 2021 to May 2022. This is currently 6 points better than the GM peer median average, and 2 points better than the national median.</p> <p>HSMR is 111.73 for the period July 2021 to June 2022. This is currently 14 points above the GM peer median average, and 9 points above the national median. It should be noted that the HSMR is categorised as 'very high' (i.e. 111.73 is outside statistical control limits).</p>	<p>Actions & Mitigations:</p> <p>The 'primary diagnosis' of UTI is one of the main factors driving the HSMR upwards. Figures for the year 2021-2022 show that UTI was the primary diagnosis for 74 people who died, but was the cause of death in just 12 of these. We are currently auditing the standard of care in these cases.</p> <p>Dr Foster is currently consulting on a proposal to remove the effect of palliative- care coding from HSMR. This change is likely to significantly affect the current HSMR positions of numerous hospital trusts.</p>		



Integrated Performance Report

Measure	Sepsis: Antibiotic administration (rolling 12-mth) The number of patients who received IV antibiotics within agreed standards for sepsis patients, as a percentage of those eligible patients audited and found to have sepsis. Performance is based on a rolling 12-month. Data for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.		Latest Performance	Next Month Forecast
Performance of this measure over time				
What the chart tells us	Performance for this metric is expressed as a rolling 12- month average. The chart shows that over the last 12 months performance has been maintained around the average of 82%. There have been no significant changes in performance across the period.			
Narrative	Issues: It should be noted, that our audit data is now being derived from a smaller sample size in order to allow sepsis practitioners to focus upon clinical support. This means that the performance figures provided in the coming months may be prone to wider variation.	Actions & Mitigations: World Sepsis Day 13th August is an opportunity to refresh staff knowledge and awareness. The Trust's auto-bleeping pilot has now commenced and initial feedback has been positive. The effect upon performance remains to be measured.		

Variance

Latest Month Aug-22 **Actual** 80.6%
 Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target $\geq 95\%$
 Performance consistently falls short of the target value



Integrated Performance Report

Measure	Infection Rate - C. diff (includes narrative for E. coli infections) This indicator shows the count of hospital-onset Clostridioides difficile (C. diff) infections per 100,000 bed days for patients aged 2 years and older. The value shown is calculated from data across a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.	Latest Performance 	Next Month Forecast 																																																																																				
Performance of this measure over time	<table border="1"> <caption>Approximate data from the Infection Rate - C. diff chart</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jun Q1 20/21</td><td>26</td><td>20.37</td></tr> <tr><td>Jul Q1 20/21</td><td>24</td><td>20.37</td></tr> <tr><td>Aug Q1 20/21</td><td>24</td><td>20.37</td></tr> <tr><td>Sep Q1 20/21</td><td>22</td><td>20.37</td></tr> <tr><td>Oct Q1 20/21</td><td>21</td><td>20.37</td></tr> <tr><td>Nov Q1 20/21</td><td>19</td><td>20.37</td></tr> <tr><td>Dec Q1 20/21</td><td>18</td><td>20.37</td></tr> <tr><td>Jan Q2 20/21</td><td>16</td><td>20.37</td></tr> <tr><td>Feb Q2 20/21</td><td>15</td><td>20.37</td></tr> <tr><td>Mar Q2 20/21</td><td>17</td><td>20.37</td></tr> <tr><td>Apr Q2 20/21</td><td>18</td><td>20.37</td></tr> <tr><td>May Q2 20/21</td><td>18</td><td>20.37</td></tr> <tr><td>Jun Q2 20/21</td><td>17</td><td>20.37</td></tr> <tr><td>Jul Q2 20/21</td><td>18</td><td>20.37</td></tr> <tr><td>Aug Q2 20/21</td><td>18</td><td>20.37</td></tr> <tr><td>Sep Q2 20/21</td><td>19</td><td>20.37</td></tr> <tr><td>Oct Q2 20/21</td><td>19</td><td>20.37</td></tr> <tr><td>Nov Q2 20/21</td><td>22</td><td>20.37</td></tr> <tr><td>Dec Q2 20/21</td><td>25</td><td>20.37</td></tr> <tr><td>Jan Q1 21/22</td><td>28</td><td>20.37</td></tr> <tr><td>Feb Q1 21/22</td><td>35</td><td>20.37</td></tr> <tr><td>Mar Q1 21/22</td><td>38</td><td>20.37</td></tr> <tr><td>Apr Q1 21/22</td><td>41</td><td>20.37</td></tr> <tr><td>May Q1 21/22</td><td>46</td><td>20.37</td></tr> <tr><td>Jun Q1 21/22</td><td>50</td><td>20.37</td></tr> <tr><td>Jul Q1 21/22</td><td>51</td><td>20.37</td></tr> <tr><td>Aug Q1 21/22</td><td>55.01</td><td>20.37</td></tr> </tbody> </table>	Month	Performance	Target	Jun Q1 20/21	26	20.37	Jul Q1 20/21	24	20.37	Aug Q1 20/21	24	20.37	Sep Q1 20/21	22	20.37	Oct Q1 20/21	21	20.37	Nov Q1 20/21	19	20.37	Dec Q1 20/21	18	20.37	Jan Q2 20/21	16	20.37	Feb Q2 20/21	15	20.37	Mar Q2 20/21	17	20.37	Apr Q2 20/21	18	20.37	May Q2 20/21	18	20.37	Jun Q2 20/21	17	20.37	Jul Q2 20/21	18	20.37	Aug Q2 20/21	18	20.37	Sep Q2 20/21	19	20.37	Oct Q2 20/21	19	20.37	Nov Q2 20/21	22	20.37	Dec Q2 20/21	25	20.37	Jan Q1 21/22	28	20.37	Feb Q1 21/22	35	20.37	Mar Q1 21/22	38	20.37	Apr Q1 21/22	41	20.37	May Q1 21/22	46	20.37	Jun Q1 21/22	50	20.37	Jul Q1 21/22	51	20.37	Aug Q1 21/22	55.01	20.37	Variance Latest Month Aug-22	Actual 55.01 Jul22 and now Aug22 have exceeded the upper control limits over the reporting period.
Month	Performance	Target																																																																																					
Jun Q1 20/21	26	20.37																																																																																					
Jul Q1 20/21	24	20.37																																																																																					
Aug Q1 20/21	24	20.37																																																																																					
Sep Q1 20/21	22	20.37																																																																																					
Oct Q1 20/21	21	20.37																																																																																					
Nov Q1 20/21	19	20.37																																																																																					
Dec Q1 20/21	18	20.37																																																																																					
Jan Q2 20/21	16	20.37																																																																																					
Feb Q2 20/21	15	20.37																																																																																					
Mar Q2 20/21	17	20.37																																																																																					
Apr Q2 20/21	18	20.37																																																																																					
May Q2 20/21	18	20.37																																																																																					
Jun Q2 20/21	17	20.37																																																																																					
Jul Q2 20/21	18	20.37																																																																																					
Aug Q2 20/21	18	20.37																																																																																					
Sep Q2 20/21	19	20.37																																																																																					
Oct Q2 20/21	19	20.37																																																																																					
Nov Q2 20/21	22	20.37																																																																																					
Dec Q2 20/21	25	20.37																																																																																					
Jan Q1 21/22	28	20.37																																																																																					
Feb Q1 21/22	35	20.37																																																																																					
Mar Q1 21/22	38	20.37																																																																																					
Apr Q1 21/22	41	20.37																																																																																					
May Q1 21/22	46	20.37																																																																																					
Jun Q1 21/22	50	20.37																																																																																					
Jul Q1 21/22	51	20.37																																																																																					
Aug Q1 21/22	55.01	20.37																																																																																					
What the chart tells us	Despite low rates for much of the reporting period, the chart shows a significant rise in the infection rate over last nine months.																																																																																						
Narrative	Issues: For CDiff infections, there were 6 cases in August; A total of 4 cases have been presented at HCAI panel, 4 deemed unavoidable and 2 x cases awaiting panel hearing. The Trust is over the proposed threshold of 17 CDiff infections for August with a YTD of 33. Thirty-one cases have been presented at the HCAI panel; 28 cases deemed unavoidable with 3 cases deemed avoidable. There are 2 x cases waiting for panel hearing Greater Manchester Trusts continue to see an increase in CDiff cases including Stockport Foundation Trusts. Stockport is currently at 55.01. cases per 100,000 beds days compared with GM overall rate of 30.4.cases per 100,000 bed days. there are also a number of other trusts who are also above this rate. For EColi infections, there was 8 HOHA and 2 COHA cases totalling 10 in August. YTD total is 40 which is over the proposed threshold of 20.4 for the end of August.	Actions & Mitigations: For CDiff, 2 cases remain outstanding and are due to be heard at the HCAI panel in September For EColi, to develop a simplified RCA tool that can be used for divisions to investigate cases.																																																																																					



Integrated Performance Report

Measure	Infection Rate - MSSA (includes narrative for MRSA infections) This indicator shows the count of hospital-onset meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemia infections per 100,000 bed days. The value shown is calculated from data across a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.		Latest Performance 	Next Month Forecast
Performance of this measure over time			Variance Latest Month Aug-22 Actual 21.91 The data shows special cause variation, indicated by a value below the lower control limit.	
What the chart tells us	The chart shows that the MSSA infection rate has continued to rise throughout the reporting period, with significant increased seen throughout 2020/21 and again through Apr21 to Nov21. The latest data shows a significant improvement, with the MSSA rate reported below the average for the last five months.			
Narrative	Issues: For MSSA, there were 2 Trust apportioned COHA cases in August 2022. The YTD total is 14, which is over the proposed threshold of 8 for the end of August. For MRSA, the Trust has had 3 cases year to date, with the latest case reported in August 2022.	Actions & Mitigations: To develop a simplified RCA tool that can be used for divisions to investigate cases The latest MRSA bacteraemia case is due to be heard at HCAI panel on the 14 September 2022. OMG approved the MRSA universal screening business case on 8th September 2022. An exception report is to be prepared to go to the executive team once the third MRSA case has been heard at the HCAI panel.		



Integrated Performance Report

Measure	Pressure Ulcers: Hospital, Category 2 (includes narrative for category 3 & 4) Total number of category 2 pressure ulcers in a hospital setting - includes device-related pressure ulcers.		Latest Performance 	Next Month Forecast 																																																																																																															
Performance of this measure over time	<table border="1"> <caption>Chart Data: Category 2 Pressure Ulcers (Monthly)</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> </tr> </thead> <tbody> <tr><td>Jun 20/21</td><td>5</td><td>7</td><td>7.8</td></tr> <tr><td>Jul 20/21</td><td>5</td><td>7</td><td>7.8</td></tr> <tr><td>Aug 20/21</td><td>7</td><td>7</td><td>7.8</td></tr> <tr><td>Sep 20/21</td><td>5</td><td>7</td><td>7.8</td></tr> <tr><td>Oct 20/21</td><td>7</td><td>7</td><td>7.8</td></tr> <tr><td>Nov 20/21</td><td>3</td><td>7</td><td>7.8</td></tr> <tr><td>Dec 20/21</td><td>9</td><td>7</td><td>7.8</td></tr> <tr><td>Jan 21/22</td><td>9</td><td>7</td><td>7.8</td></tr> <tr><td>Feb 21/22</td><td>9</td><td>7</td><td>7.8</td></tr> <tr><td>Mar 21/22</td><td>13</td><td>7</td><td>7.8</td></tr> <tr><td>Apr 21/22</td><td>6</td><td>7</td><td>7.8</td></tr> <tr><td>May 21/22</td><td>11</td><td>7</td><td>7.8</td></tr> <tr><td>Jun 21/22</td><td>9</td><td>7</td><td>7.8</td></tr> <tr><td>Jul 21/22</td><td>7</td><td>7</td><td>7.8</td></tr> <tr><td>Aug 21/22</td><td>6</td><td>7</td><td>7.8</td></tr> <tr><td>Sep 21/22</td><td>6</td><td>7</td><td>7.8</td></tr> <tr><td>Oct 21/22</td><td>12</td><td>7</td><td>7.8</td></tr> <tr><td>Nov 21/22</td><td>7</td><td>7</td><td>7.8</td></tr> <tr><td>Dec 21/22</td><td>5</td><td>7</td><td>7.8</td></tr> <tr><td>Jan 22/23</td><td>6</td><td>7</td><td>7.8</td></tr> <tr><td>Feb 22/23</td><td>3</td><td>7</td><td>7.8</td></tr> <tr><td>Mar 22/23</td><td>8</td><td>7</td><td>7.8</td></tr> <tr><td>Apr 22/23</td><td>12</td><td>7</td><td>7.8</td></tr> <tr><td>May 22/23</td><td>13</td><td>7</td><td>7.8</td></tr> <tr><td>Jun 22/23</td><td>3</td><td>7</td><td>7.8</td></tr> <tr><td>Jul 22/23</td><td>7</td><td>7</td><td>7.8</td></tr> <tr><td>Aug 22/23</td><td>7</td><td>7</td><td>7.8</td></tr> </tbody> </table>		Month	Performance	Target	Mean	Jun 20/21	5	7	7.8	Jul 20/21	5	7	7.8	Aug 20/21	7	7	7.8	Sep 20/21	5	7	7.8	Oct 20/21	7	7	7.8	Nov 20/21	3	7	7.8	Dec 20/21	9	7	7.8	Jan 21/22	9	7	7.8	Feb 21/22	9	7	7.8	Mar 21/22	13	7	7.8	Apr 21/22	6	7	7.8	May 21/22	11	7	7.8	Jun 21/22	9	7	7.8	Jul 21/22	7	7	7.8	Aug 21/22	6	7	7.8	Sep 21/22	6	7	7.8	Oct 21/22	12	7	7.8	Nov 21/22	7	7	7.8	Dec 21/22	5	7	7.8	Jan 22/23	6	7	7.8	Feb 22/23	3	7	7.8	Mar 22/23	8	7	7.8	Apr 22/23	12	7	7.8	May 22/23	13	7	7.8	Jun 22/23	3	7	7.8	Jul 22/23	7	7	7.8	Aug 22/23	7	7	7.8	Variance Latest Month: Aug-22 Actual: 42 Data shows common cause variation, suggesting no significant changes in performance.
Month	Performance	Target	Mean																																																																																																																
Jun 20/21	5	7	7.8																																																																																																																
Jul 20/21	5	7	7.8																																																																																																																
Aug 20/21	7	7	7.8																																																																																																																
Sep 20/21	5	7	7.8																																																																																																																
Oct 20/21	7	7	7.8																																																																																																																
Nov 20/21	3	7	7.8																																																																																																																
Dec 20/21	9	7	7.8																																																																																																																
Jan 21/22	9	7	7.8																																																																																																																
Feb 21/22	9	7	7.8																																																																																																																
Mar 21/22	13	7	7.8																																																																																																																
Apr 21/22	6	7	7.8																																																																																																																
May 21/22	11	7	7.8																																																																																																																
Jun 21/22	9	7	7.8																																																																																																																
Jul 21/22	7	7	7.8																																																																																																																
Aug 21/22	6	7	7.8																																																																																																																
Sep 21/22	6	7	7.8																																																																																																																
Oct 21/22	12	7	7.8																																																																																																																
Nov 21/22	7	7	7.8																																																																																																																
Dec 21/22	5	7	7.8																																																																																																																
Jan 22/23	6	7	7.8																																																																																																																
Feb 22/23	3	7	7.8																																																																																																																
Mar 22/23	8	7	7.8																																																																																																																
Apr 22/23	12	7	7.8																																																																																																																
May 22/23	13	7	7.8																																																																																																																
Jun 22/23	3	7	7.8																																																																																																																
Jul 22/23	7	7	7.8																																																																																																																
Aug 22/23	7	7	7.8																																																																																																																
What the chart tells us	For much of the reporting period, the number of category 2 pressure ulcers reported has been variable between 3 and 13 and there have been no significant changes. The number of pressure ulcers reported in April and May were double the expected number, and although pressures ulcers reported June onwards have been in line with expectations (7 per month) the cumulative total for the Trust remains above expected levels.																																																																																																																		
Narrative	Issues: The Trust has set a target to reduce the overall number of hospital acquired pressure ulcers by 10% for year April 2022- April 23. This month (August data) we have had 7 category 2 pressure ulcers reported. This includes 1 pressure ulcer as a result of medical device. At this point the Trust remains over trajectory by approximately 10% to meet the reduction target however the reduction target is still achievable with sustained improvement. The Trust is aiming to achieve no hospital acquired Category 3 or 4 pressure ulcers as a result of a lapse in care. This month (August data) there have been no Category 3 or 4 pressure ulcers, but the cumulative total for the Trust is 4.	Actions & Mitigations: The first quarter has seen an increase in PU incidents; the divisional leads have implemented focused strategies to understand the reasoning behind the increase to prevent further incidents. The pressure ulcer verification master-class continues to be delivered to senior nurses as required. A pathway for the management of fractures and the devices used to manage them has been launched which includes the risk assessment and consideration of reducing pressure ulcers caused by these devices. The Pressure Ulcer Prevention training programme continues with monthly sessions; the TV team are working closely with the divisional practice facilitators and the learning and development team to ensure all relevant staff attend the training sessions. Increased numbers of staff have attended in August. Daily review meetings are being carried out by divisional leads to oversee care to ensure pressure ulcer prevention is implemented appropriately across all inpatient areas.																																																																																																																	



Integrated Performance Report

<p>Measure</p>	<p>Complaints: Timely response (includes narrative for written complaints rate)</p> <p>The total number of formal complaints responded to within agreed timescales, as a percentage of all complaints responded to.</p>		<p>Latest Performance</p>	<p>Next Month Forecast</p>																																																																																			
<p>Performance of this measure over time</p>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jun 20/21</td><td>86.0</td><td>95.0</td></tr> <tr><td>Jul 20/21</td><td>100.0</td><td>95.0</td></tr> <tr><td>Aug 20/21</td><td>84.0</td><td>95.0</td></tr> <tr><td>Sep 20/21</td><td>78.0</td><td>95.0</td></tr> <tr><td>Oct 20/21</td><td>92.0</td><td>95.0</td></tr> <tr><td>Nov 20/21</td><td>82.0</td><td>95.0</td></tr> <tr><td>Dec 20/21</td><td>100.0</td><td>95.0</td></tr> <tr><td>Jan 20/22</td><td>100.0</td><td>95.0</td></tr> <tr><td>Feb 20/22</td><td>100.0</td><td>95.0</td></tr> <tr><td>Mar 20/22</td><td>100.0</td><td>95.0</td></tr> <tr><td>Apr 20/22</td><td>100.0</td><td>95.0</td></tr> <tr><td>May 20/22</td><td>96.0</td><td>95.0</td></tr> <tr><td>Jun 20/22</td><td>96.0</td><td>95.0</td></tr> <tr><td>Jul 20/22</td><td>95.0</td><td>95.0</td></tr> <tr><td>Aug 20/22</td><td>100.0</td><td>95.0</td></tr> <tr><td>Sep 20/22</td><td>96.0</td><td>95.0</td></tr> <tr><td>Oct 20/22</td><td>100.0</td><td>95.0</td></tr> <tr><td>Nov 20/22</td><td>94.0</td><td>95.0</td></tr> <tr><td>Dec 20/22</td><td>95.0</td><td>95.0</td></tr> <tr><td>Jan 21/23</td><td>100.0</td><td>95.0</td></tr> <tr><td>Feb 21/23</td><td>91.0</td><td>95.0</td></tr> <tr><td>Mar 21/23</td><td>97.0</td><td>95.0</td></tr> <tr><td>Apr 21/23</td><td>97.0</td><td>95.0</td></tr> <tr><td>May 21/23</td><td>97.0</td><td>95.0</td></tr> <tr><td>Jun 21/23</td><td>95.0</td><td>95.0</td></tr> <tr><td>Jul 21/23</td><td>92.0</td><td>95.0</td></tr> <tr><td>Aug 21/23</td><td>88.6</td><td>95.0</td></tr> </tbody> </table>		Month	Performance (%)	Target (%)	Jun 20/21	86.0	95.0	Jul 20/21	100.0	95.0	Aug 20/21	84.0	95.0	Sep 20/21	78.0	95.0	Oct 20/21	92.0	95.0	Nov 20/21	82.0	95.0	Dec 20/21	100.0	95.0	Jan 20/22	100.0	95.0	Feb 20/22	100.0	95.0	Mar 20/22	100.0	95.0	Apr 20/22	100.0	95.0	May 20/22	96.0	95.0	Jun 20/22	96.0	95.0	Jul 20/22	95.0	95.0	Aug 20/22	100.0	95.0	Sep 20/22	96.0	95.0	Oct 20/22	100.0	95.0	Nov 20/22	94.0	95.0	Dec 20/22	95.0	95.0	Jan 21/23	100.0	95.0	Feb 21/23	91.0	95.0	Mar 21/23	97.0	95.0	Apr 21/23	97.0	95.0	May 21/23	97.0	95.0	Jun 21/23	95.0	95.0	Jul 21/23	92.0	95.0	Aug 21/23	88.6	95.0	<p>Variance</p> <p>Latest Month Aug-22</p> <p>Actual 88.6%</p> <p>Data shows common cause variation, suggesting no significant changes in performance</p> <p>Assurance</p> <p>Target >= 95%</p> <p>Performance against the target has not been consistent in the last 6 month period</p>
Month	Performance (%)	Target (%)																																																																																					
Jun 20/21	86.0	95.0																																																																																					
Jul 20/21	100.0	95.0																																																																																					
Aug 20/21	84.0	95.0																																																																																					
Sep 20/21	78.0	95.0																																																																																					
Oct 20/21	92.0	95.0																																																																																					
Nov 20/21	82.0	95.0																																																																																					
Dec 20/21	100.0	95.0																																																																																					
Jan 20/22	100.0	95.0																																																																																					
Feb 20/22	100.0	95.0																																																																																					
Mar 20/22	100.0	95.0																																																																																					
Apr 20/22	100.0	95.0																																																																																					
May 20/22	96.0	95.0																																																																																					
Jun 20/22	96.0	95.0																																																																																					
Jul 20/22	95.0	95.0																																																																																					
Aug 20/22	100.0	95.0																																																																																					
Sep 20/22	96.0	95.0																																																																																					
Oct 20/22	100.0	95.0																																																																																					
Nov 20/22	94.0	95.0																																																																																					
Dec 20/22	95.0	95.0																																																																																					
Jan 21/23	100.0	95.0																																																																																					
Feb 21/23	91.0	95.0																																																																																					
Mar 21/23	97.0	95.0																																																																																					
Apr 21/23	97.0	95.0																																																																																					
May 21/23	97.0	95.0																																																																																					
Jun 21/23	95.0	95.0																																																																																					
Jul 21/23	92.0	95.0																																																																																					
Aug 21/23	88.6	95.0																																																																																					
<p>What the chart tells us</p>	<p>The chart shows that from Dec20 there is a change in performance and we are regularly achieving a much higher level of performance in this measure. In the last 2 months performance has dropped below the 95% target (92.6% for Jul22 and 88.6% for Aug22)</p>																																																																																						
<p>Narrative</p>	<p>Issues:</p> <p>Of the 44 closed in August 2022, 39 were responded to on time resulting in a 88.6% response rate. The division response rate is as follows: Integrated Care = 7/7 (100%), Medicine = 5/6 (83.3%), Surgery: = 9/12 (75%), Women & Children = 7/8 (87.5%), Corporate = 1/1 (100%) and ED = 10/10 (100%)</p> <p>There were 46 formal complaints received in August 2022. The divisional breakdown is as follows: Integrated Care = 4, Medicine = 14, Surgery = 18, Women & Children = 6, Corporate = 1, ED = 3.</p>	<p>Actions & Mitigations:</p> <p>The patient and customer services team continue to liaise with the divisions and the executive team with the aim of maximising the Trust complaints response rate.</p> <p>Complainants are to be kept informed of any delays that occur resulting in the Trust not being to respond in the agreed timeframes.</p>																																																																																					



Integrated Performance Report

Measure	ED: 4hr Standard (includes narrative for 12hr trolley waits) The percentage of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival.	Latest Performance	Next Month Forecast																																																										
Performance of this measure over time	<table border="1"> <caption>Performance Data Points (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Jun 20/21</td><td>90</td></tr> <tr><td>Jul 20/21</td><td>82</td></tr> <tr><td>Aug 20/21</td><td>72</td></tr> <tr><td>Sep 20/21</td><td>71</td></tr> <tr><td>Oct 20/21</td><td>66</td></tr> <tr><td>Nov 20/21</td><td>67</td></tr> <tr><td>Dec 20/21</td><td>68</td></tr> <tr><td>Jan 20/22</td><td>70</td></tr> <tr><td>Feb 20/22</td><td>75</td></tr> <tr><td>Mar 20/22</td><td>78</td></tr> <tr><td>Apr 20/22</td><td>78</td></tr> <tr><td>May 20/22</td><td>78</td></tr> <tr><td>Jun 20/22</td><td>70</td></tr> <tr><td>Jul 20/22</td><td>68</td></tr> <tr><td>Aug 20/22</td><td>77</td></tr> <tr><td>Sep 20/22</td><td>69</td></tr> <tr><td>Oct 20/22</td><td>63</td></tr> <tr><td>Nov 20/22</td><td>63</td></tr> <tr><td>Dec 20/22</td><td>60</td></tr> <tr><td>Jan 21/23</td><td>65</td></tr> <tr><td>Feb 21/23</td><td>64</td></tr> <tr><td>Mar 21/23</td><td>63</td></tr> <tr><td>Apr 21/23</td><td>60</td></tr> <tr><td>May 21/23</td><td>65</td></tr> <tr><td>Jun 21/23</td><td>63</td></tr> <tr><td>Jul 21/23</td><td>61</td></tr> <tr><td>Aug 21/23</td><td>62</td></tr> <tr><td>Aug 22/23</td><td>61.4</td></tr> </tbody> </table>	Month	Performance (%)	Jun 20/21	90	Jul 20/21	82	Aug 20/21	72	Sep 20/21	71	Oct 20/21	66	Nov 20/21	67	Dec 20/21	68	Jan 20/22	70	Feb 20/22	75	Mar 20/22	78	Apr 20/22	78	May 20/22	78	Jun 20/22	70	Jul 20/22	68	Aug 20/22	77	Sep 20/22	69	Oct 20/22	63	Nov 20/22	63	Dec 20/22	60	Jan 21/23	65	Feb 21/23	64	Mar 21/23	63	Apr 21/23	60	May 21/23	65	Jun 21/23	63	Jul 21/23	61	Aug 21/23	62	Aug 22/23	61.4		
Month	Performance (%)																																																												
Jun 20/21	90																																																												
Jul 20/21	82																																																												
Aug 20/21	72																																																												
Sep 20/21	71																																																												
Oct 20/21	66																																																												
Nov 20/21	67																																																												
Dec 20/21	68																																																												
Jan 20/22	70																																																												
Feb 20/22	75																																																												
Mar 20/22	78																																																												
Apr 20/22	78																																																												
May 20/22	78																																																												
Jun 20/22	70																																																												
Jul 20/22	68																																																												
Aug 20/22	77																																																												
Sep 20/22	69																																																												
Oct 20/22	63																																																												
Nov 20/22	63																																																												
Dec 20/22	60																																																												
Jan 21/23	65																																																												
Feb 21/23	64																																																												
Mar 21/23	63																																																												
Apr 21/23	60																																																												
May 21/23	65																																																												
Jun 21/23	63																																																												
Jul 21/23	61																																																												
Aug 21/23	62																																																												
Aug 22/23	61.4																																																												
What the chart tells us		Variance Latest Month Aug-22: 61.4% Actual: 61.4% Data shows common cause variation, suggesting no significant changes in performance.																																																											
Narrative		Assurance Target $\geq 95\%$ Performance consistently falls short of the target value.																																																											
Issues: Stockport remained the best performing Trust for type 1 ED attendances in August, and year to date. Performance has been affected by numerous factors: - Average attendances remain high, 293 per day, but have dropped slightly during the holiday period. - Pressures within hospital with high levels of bed occupancy leading to more patients clerked in ED and increased length of stay. - ED congested due to lack of bed capacity. - Medical outliers. - Assessment areas bedded down all impeding on flow from ED. - Increase in mental- health presentations. - No criteria to reside and length of stay remains high, feeds into high bed occupancy. 102 patients waiting in excess of 12 hours to be admitted were reported in August due to lack of bed capacity: 3 Mental Health, 1 ED, 2 Orthopaedic & 96 Medicine.		Actions & Mitigations: Clinical Decisions Unit fully open – pathways being extended and reviewed. Locality working to mitigate the NCtR (No Criteria to Reside) position, which remains extremely challenging, with concerns around Derbyshire patients extended admissions and very little flow out into the community. Workforce review commenced in light of increased attendances in the Emergency Department. Transformational work continues on initial assessment, navigation, and triage to improve processes and performance against the 15- minute triage standard. Urgent Treatment Centre work commenced to view clinical pathways and workforce model. Close collaboration with the system partners alleviate pressures i.e. TELS/IV Service, AGE UK, Hospital at Home service. Test of concept "Programme of Flow" started in July – twice weekly ward MDT reviews and "Let's talk about flow" sessions with Executive colleagues plus introduced "Director of the Day" rota to support flow and discharges. Operational & ambulance SOPs being developed. Transformational project request form for implementation of E-triage.																																																											



Integrated Performance Report

Measure	Diagnostics: 6 Week Standard The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.	Latest Performance	Next Month Forecast
Performance of this measure over time		Variance Latest Month Aug-22 Actual 23.1% The data shows special cause variation, indicated by a trend of values below the average.	
		Assurance Target <= 1% Performance consistently exceeds the target value	
What the chart tells us	Performance has been improving steadily since May 2020. Significant improvements in performance can be seen with a change in March 2021, and then again in November 2021 with a new average performance of 26%. For the last several months, performance has been below this average.		
Narrative	Issues: The end of August position is 23.1% of patients waiting 6+ weeks, up slightly from July. Echocardiography continue to have the biggest backlog, which has increased in recent weeks due to sickness and vacancies. Pressure on Endoscopy remains, as a result of the sustained increased in suspected colorectal cancer referrals. In addition, it is now anticipated that the 4th room will not come on line fully until December. There has been a significant improvement in MR waiting times over the last 3 weeks with the service on track to recover by the end of September. To note, all other diagnostic modalities remain compliant with the DM01 standard.	Actions & Mitigations: The PGD for MR contrast has now been implemented, providing more flexibility of the available scanning capacity. The Trust also continues to access mutual aid for MR at MFT. Estates work in development to create an additional procedure room for Echocardiology, thus increasing capacity. Consider extension of insourcing lists for Endoscopy until the 4th room is completed.	



Integrated Performance Report

Measure	Cancer: 62-day standard (includes narrative for 28-day FDS and 14-day) The percentage of patients on a cancer two-week-wait pathway that have received their first treatment within 62 days of GP referral. Screening referrals are not reported as not statistically viable due to low number received		Latest Performance 	Next Month Forecast
Performance of this measure over time			Variance Latest Month: Aug-22 Actual: 68.6% Data shows common cause variation, suggesting no significant changes in performance Assurance Target: $\geq 85\%$ Performance against the target has not been consistent in the last 6 month period	
What the chart tells us	The chart shows that in the last 12 months performance has been variable but around the average of 74%. In April 2022 we achieved the national target of 85% for the first time across the whole reporting period, although performance for May 2022 dropped back below the average, the last three months have seen a steady upward trend.			
Narrative	Issues: The latest performance for the 62 day standard in August is 68.6%. The sustained increase in suspected referrals is impacting on access times. At Trust level a 31.3% increase is seen year to date, compared to same time period last year. Colorectal has seen a 40% increase in referrals, Urology 35% and Gynae 34% year to date. In addition, turnaround times for MR, along with surgical diagnostic capacity is impacting performance against the 28 day Faster Diagnosis Standard. The Trust continues to show strong performance against the '14 day referral to first seen' standard.	Actions & Mitigations: Additional theatre capacity coming on line in October. Associate Physician and ANP for Colorectal commencing in post in November to support triage and review of initial diagnostic results. This will positively impact the 28 day Faster Diagnosis Standard. Business case for second stacker approved for Urology which will increase flexi-cystoscopy capacity and additional LAMP capacity identified. One stop neck lump clinic for ENT resumed in September. Sustained improvement in MR Prostate turnaround times for the last 2 months. The Executive-led performance meetings have continue weekly which include a dedicated focus on progressing patient pathways.		



Integrated Performance Report

Measure	Referral to Treatment: 52 Week Breaches (includes narrative for incomplete pathways) The total number of patients whose pathway is still open and their clock period is greater than 52 weeks at month end.	<table border="1"> <tr> <th>Latest Performance</th> <th>Next Month Forecast</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Latest Performance	Next Month Forecast										
Latest Performance	Next Month Forecast													
Performance of this measure over time		<table border="1"> <tr> <th colspan="2">Variance</th> </tr> <tr> <td>Latest Month Aug-22</td> <td>Actual 4121</td> </tr> <tr> <td colspan="2">The data shows special cause variation, indicated by a value outside the upper control limit.</td> </tr> <tr> <th colspan="2">Assurance</th> </tr> <tr> <td></td> <td>Target <= 0</td> </tr> <tr> <td colspan="2">Performance consistently exceeds the target value</td> </tr> </table>	Variance		Latest Month Aug-22	Actual 4121	The data shows special cause variation, indicated by a value outside the upper control limit.		Assurance			Target <= 0	Performance consistently exceeds the target value	
Variance														
Latest Month Aug-22	Actual 4121													
The data shows special cause variation, indicated by a value outside the upper control limit.														
Assurance														
	Target <= 0													
Performance consistently exceeds the target value														
What the chart tells us	From the highest point in March 2021, the number of 52- week breaches has reduced to a new average of 3686 from July 2021 onwards. The number of breaches remains consistent between July 2021 and February 2022 when a significant drop is seen for March and April. From that point, the number of breaches has consistently risen, with the latest data showing a significant increase.													
Narrative	Issues: The number of patients waiting 52+ weeks to commence treatment increased slightly in month. The sustained increase in referrals for more clinically urgent patients is impacting the available capacity for those less urgent . Staffing challenges within theatres also continues to impact full recovery of elective activity. Of note, the Trust continues to reduce the number of patients waiting 104+ weeks, reporting just 31 at month end. None of these extended waits were due to lack of capacity, namely patient choice to defer or clinically complex cases.	Actions & Mitigations: Additional theatre capacity coming on-line in October. Dedicated focus in weekly performance meeting. Weekly call with the National Team regarding longest waiting patients Further validation on patients awaiting 1st appointment to assess for mutual aid as per NHSE directive. Continue to outsource appropriate patients.												



Integrated Performance Report

Measure	No Criteria To Reside (NCTR) Number of patients with "No Criteria to Reside". This metric is a mean average per day for each month.		Latest Performance 	Next Month Forecast
Performance of this measure over time			Variance Latest Month: Aug-22 Actual: 129 Data shows common cause variation, suggesting no significant changes in performance Assurance Target: ≤ 73 Performance consistently exceeds the target value	
What the chart tells us	September 2021 shows a significant increase in the number of patients with no criteria to reside, moving from an average of 56 to an average of 106 inpatients per day. Since January 2022 performance has been consistently above this average and continues to increase month on month.			
Narrative	Issues: The number of patients with no criteria to reside (NCTR) in month remains higher than the target level and is on an upward trajectory which is contributing to our challenges with Patient Flow. Access to timely D2A beds, care home beds and community packages of home care is challenging and adversely impacting on patient flow through the hospital and also on flow through the community D2A beds and the community D2A Hub. A reduction in a 71 bedded private D2A care facility to 50 beds from 1.7.22 exacerbated the issue and an outbreak of Covid has compounded the situation. EMI residential care beds have been commissioned till the end of the financial year to replace the planned withdraw of the general nursing care beds by the private provider. The number of Out of Area (OOA) NCTR patients is high with other localities struggling to access community capacity within their areas which is impacting on the ability of SFT to discharge/transfer patients to their local area. North Derbyshire and East Cheshire have the highest number of Out of Area NCTR.	Actions & Mitigations: Working with system partners supporting the discharge of Stockport patients on pathways 1 & 2. System tactical meetings have been escalated to daily as we continue to escalate. Review of all patients on the NCTR list is taking place daily to ensure patients are indeed on the correct pathway. Additional community care has been commissioned. The trust has also identified the need for additional D2A beds on the GM winter plan The system is undertaking a review of Intermediate Tier services as part of a System Transformation Project. This work will include key areas of work, inclusive of an Internal Flow project. There are 2 key outcomes for the system transformational work: •To support people to remain independent and avoiding unplanned hospital admission •When admissions is necessary, to ensure people only stay in hospital for the period they medically have to and have a safe and timely discharge home, ensuring the small minority that cannot go home are able to access timely D2A beds to determine longer term needs. MDTs are taking place daily across the trust to provide support to all wards Work with OOA partners continues with daily operational meetings taking place with North Derbyshire in particular and East Cheshire colleagues to support mitigating actions preventing flow.		



Integrated Performance Report

Measure	Activity vs. Plan: Elective Inpatient and Daycase (includes narrative for Outpatients and ED attendances) The percentage variance between the total elective activity (Elective-Inpatient and Daycase) and the total planned elective activity submitted for 2022/23. Excludes Breast Surgery and Swanbourne House activity. Based on the flex/freeze position, not the SUS position. A value above 0% indicates that activity is above planned levels.		Latest Performance 	Next Month Forecast
Performance of this measure over time			Variance Latest Month: Aug-22 Actual: -10.3% Data shows common cause variation, suggesting no significant changes in performance Assurance Target: $\geq 0\%$ Performance consistently falls short of the target value	
What the chart tells us	The chart show that elective and daycase performance against the plan has been variable across the reporting period. The latest data shows that activity delivered is still 10.3% below the activity plan for the month.			
Narrative	Issues: Elective activity was 10.3% adverse to plan in month 5, driven by elective in-patient underperformance. Activity was 98.8% restored compared to the 2019/20 baseline. Outpatient activity was 10.7% adverse to plan, 102.5% restored compared to baseline.	Actions & Mitigations: A review of traditional AHP roles within some service areas in Medicine has been undertaken resulting in additional support to clinical colleagues within Outpatient areas to increase patient throughput. Additional theatre capacity coming on line from October will support an increase in DC/IP activity.		



Integrated Performance Report

Measure	Outpatient DNA rate (includes narrative for clinic utilisation and patient-initiated follow-up (PIFU)) The percentage of outpatient appointments where the patient did not attend (DNA). This indicator combines new and follow-up appointment types. The latest target for this metric is based on the peer median performance for April 2021 in NHSEI Model Hospital.	Latest Performance	Next Month Forecast	
Performance of this measure over time		Performance	Latest Month Aug-22	Actual 7.8%
What the chart tells us	The data shows that since Apr21 there was a significant change in the DNA rate rising from 7% to 7.8%. DNA rates have been variable, but consistent with this average since then and there have been no significant changes.			
Narrative	Issues: The DNA rate decreased in month down to 7.8%, from 8.2% in July. The Trust continues to benchmark well compared to GM peers for OP DNA rate, remaining the top performer in the latest comparative data. Outpatient clinic utilisation has improved, achieving target levels for the last 4 months. PIFU rates are increasing month on month, with Stockport continuing to be the best Performing Trust in GM for PIFU rates.	Actions & Mitigations: The nudge texting trail was launched in DMOP. Benefit analysis will be undertaken with a plan to then roll out across services. The booking window for all specialties within the Division of Medicine was reduced to 4 weeks in August following a data intelligence review. The impact on this change on the DNA rate will be assessed in October. Physiotherapy have recently adopted the PIFU process. The Outpatient Transformation project has been refreshed and new workstreams created to support delivery of the efficiency and effectiveness agenda.		

Performance

Latest Month
Aug-22

Actual
7.8%

Assurance

Target
≤ 5.8%

Performance consistently exceeds the target value



Integrated Performance Report

Measure	Theatres: Capped Utilisation The actual session times as a percentage of the planned session time. Based on the time from the start of the session to the end of the session unless it lasts longer than the planned session minutes in which case it is capped at 100%. Downtime between operations in a session is included in these utilised minutes. Includes elective and paediatric sessions only, and excludes maternity and endoscopy theatre locations.		Latest Performance 	Next Month Forecast 																																																																																																															
Performance of this measure over time	<table border="1"> <caption>Chart Data: Capped Utilisation (%)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Local Target (%)</th> <th>Mean (%)</th> </tr> </thead> <tbody> <tr><td>Jun Q1 20/21</td><td>76</td><td>90</td><td>75</td></tr> <tr><td>Jul Q1 20/21</td><td>75</td><td>90</td><td>75</td></tr> <tr><td>Aug Q1 20/21</td><td>75</td><td>90</td><td>75</td></tr> <tr><td>Sep Q1 20/21</td><td>78</td><td>90</td><td>75</td></tr> <tr><td>Oct Q1 20/21</td><td>75</td><td>90</td><td>75</td></tr> <tr><td>Nov Q1 20/21</td><td>75</td><td>90</td><td>75</td></tr> <tr><td>Dec Q1 20/21</td><td>78</td><td>90</td><td>75</td></tr> <tr><td>Jan Q2 20/21</td><td>68</td><td>90</td><td>75</td></tr> <tr><td>Feb Q2 20/21</td><td>75</td><td>90</td><td>75</td></tr> <tr><td>Mar Q2 20/21</td><td>78</td><td>90</td><td>75</td></tr> <tr><td>Apr Q2 20/21</td><td>85</td><td>90</td><td>75</td></tr> <tr><td>May Q2 20/21</td><td>82</td><td>90</td><td>75</td></tr> <tr><td>Jun Q2 20/21</td><td>82</td><td>90</td><td>75</td></tr> <tr><td>Jul Q2 20/21</td><td>79</td><td>90</td><td>75</td></tr> <tr><td>Aug Q2 20/21</td><td>78</td><td>90</td><td>75</td></tr> <tr><td>Sep Q2 20/21</td><td>76</td><td>90</td><td>75</td></tr> <tr><td>Oct Q2 20/21</td><td>62</td><td>90</td><td>75</td></tr> <tr><td>Nov Q2 20/21</td><td>58</td><td>90</td><td>75</td></tr> <tr><td>Dec Q2 20/21</td><td>66</td><td>90</td><td>75</td></tr> <tr><td>Jan Q3 20/21</td><td>62</td><td>90</td><td>75</td></tr> <tr><td>Feb Q3 20/21</td><td>65</td><td>90</td><td>75</td></tr> <tr><td>Mar Q3 20/21</td><td>71</td><td>90</td><td>75</td></tr> <tr><td>Apr Q3 20/21</td><td>76</td><td>90</td><td>75</td></tr> <tr><td>May Q3 20/21</td><td>77</td><td>90</td><td>75</td></tr> <tr><td>Jun Q3 20/21</td><td>77</td><td>90</td><td>75</td></tr> <tr><td>Jul Q3 20/21</td><td>77</td><td>90</td><td>75</td></tr> <tr><td>Aug Q3 20/21</td><td>80</td><td>90</td><td>75</td></tr> </tbody> </table>		Month	Performance (%)	Local Target (%)	Mean (%)	Jun Q1 20/21	76	90	75	Jul Q1 20/21	75	90	75	Aug Q1 20/21	75	90	75	Sep Q1 20/21	78	90	75	Oct Q1 20/21	75	90	75	Nov Q1 20/21	75	90	75	Dec Q1 20/21	78	90	75	Jan Q2 20/21	68	90	75	Feb Q2 20/21	75	90	75	Mar Q2 20/21	78	90	75	Apr Q2 20/21	85	90	75	May Q2 20/21	82	90	75	Jun Q2 20/21	82	90	75	Jul Q2 20/21	79	90	75	Aug Q2 20/21	78	90	75	Sep Q2 20/21	76	90	75	Oct Q2 20/21	62	90	75	Nov Q2 20/21	58	90	75	Dec Q2 20/21	66	90	75	Jan Q3 20/21	62	90	75	Feb Q3 20/21	65	90	75	Mar Q3 20/21	71	90	75	Apr Q3 20/21	76	90	75	May Q3 20/21	77	90	75	Jun Q3 20/21	77	90	75	Jul Q3 20/21	77	90	75	Aug Q3 20/21	80	90	75	Performance Latest Month Aug-22 Actual 80.2%
Month	Performance (%)	Local Target (%)	Mean (%)																																																																																																																
Jun Q1 20/21	76	90	75																																																																																																																
Jul Q1 20/21	75	90	75																																																																																																																
Aug Q1 20/21	75	90	75																																																																																																																
Sep Q1 20/21	78	90	75																																																																																																																
Oct Q1 20/21	75	90	75																																																																																																																
Nov Q1 20/21	75	90	75																																																																																																																
Dec Q1 20/21	78	90	75																																																																																																																
Jan Q2 20/21	68	90	75																																																																																																																
Feb Q2 20/21	75	90	75																																																																																																																
Mar Q2 20/21	78	90	75																																																																																																																
Apr Q2 20/21	85	90	75																																																																																																																
May Q2 20/21	82	90	75																																																																																																																
Jun Q2 20/21	82	90	75																																																																																																																
Jul Q2 20/21	79	90	75																																																																																																																
Aug Q2 20/21	78	90	75																																																																																																																
Sep Q2 20/21	76	90	75																																																																																																																
Oct Q2 20/21	62	90	75																																																																																																																
Nov Q2 20/21	58	90	75																																																																																																																
Dec Q2 20/21	66	90	75																																																																																																																
Jan Q3 20/21	62	90	75																																																																																																																
Feb Q3 20/21	65	90	75																																																																																																																
Mar Q3 20/21	71	90	75																																																																																																																
Apr Q3 20/21	76	90	75																																																																																																																
May Q3 20/21	77	90	75																																																																																																																
Jun Q3 20/21	77	90	75																																																																																																																
Jul Q3 20/21	77	90	75																																																																																																																
Aug Q3 20/21	80	90	75																																																																																																																
What the chart tells us	The data shows that between October 2021 and February 2022 there was a period where performance was significantly worse than normal. Since then performance continues to improve through to the latest month, which is the highest level of utilisation since May 2021.																																																																																																																		
Narrative	Issues: Theatre utilisation continues to show improvement month on month. Anaesthetic vacancies remain the key areas of challenge within the theatre complex. It should be noted that Stockport is benchmarking well against both peer and national medians for the most current data period.	Actions & Mitigations: Additional theatre capacity coming on line in October. Ophthalmology specific theatre project launched within the Stockport Eye Centre. Main theatres transformational project to be launched following the success of the day-case specific project that has recently concluded.																																																																																																																	



Integrated Performance Report

Measure	Sickness Absence: Monthly Rate The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.	Latest Performance	Next Month Forecast																																																																																					
Performance of this measure over time	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jun Q1 20/21</td><td>4.8</td><td>4.0</td></tr> <tr><td>Jul Q1 20/21</td><td>4.2</td><td>4.0</td></tr> <tr><td>Aug Q1 20/21</td><td>3.8</td><td>4.0</td></tr> <tr><td>Sep Q1 20/21</td><td>4.2</td><td>4.0</td></tr> <tr><td>Oct Q1 20/21</td><td>5.2</td><td>4.0</td></tr> <tr><td>Nov Q1 20/21</td><td>6.0</td><td>4.0</td></tr> <tr><td>Dec Q1 20/21</td><td>5.5</td><td>4.0</td></tr> <tr><td>Jan Q2 20/21</td><td>6.0</td><td>4.0</td></tr> <tr><td>Feb Q2 20/21</td><td>5.0</td><td>4.0</td></tr> <tr><td>Mar Q2 20/21</td><td>4.5</td><td>4.0</td></tr> <tr><td>Apr Q2 20/21</td><td>4.7</td><td>4.0</td></tr> <tr><td>May Q2 20/21</td><td>5.0</td><td>4.0</td></tr> <tr><td>Jun Q2 20/21</td><td>5.2</td><td>4.0</td></tr> <tr><td>Jul Q2 20/21</td><td>6.2</td><td>4.0</td></tr> <tr><td>Aug Q2 20/21</td><td>5.5</td><td>4.0</td></tr> <tr><td>Sep Q2 20/21</td><td>6.0</td><td>4.0</td></tr> <tr><td>Oct Q2 20/21</td><td>6.5</td><td>4.0</td></tr> <tr><td>Nov Q2 20/21</td><td>6.5</td><td>4.0</td></tr> <tr><td>Dec Q2 20/21</td><td>7.2</td><td>4.0</td></tr> <tr><td>Jan Q1 21/22</td><td>8.4</td><td>4.0</td></tr> <tr><td>Feb Q1 21/22</td><td>5.8</td><td>4.0</td></tr> <tr><td>Mar Q1 21/22</td><td>6.2</td><td>4.0</td></tr> <tr><td>Apr Q1 21/22</td><td>6.5</td><td>4.0</td></tr> <tr><td>May Q1 21/22</td><td>5.5</td><td>4.0</td></tr> <tr><td>Jun Q1 21/22</td><td>6.0</td><td>4.0</td></tr> <tr><td>Jul Q1 21/22</td><td>7.0</td><td>4.0</td></tr> <tr><td>Aug Q1 21/22</td><td>5.9</td><td>4.0</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Jun Q1 20/21	4.8	4.0	Jul Q1 20/21	4.2	4.0	Aug Q1 20/21	3.8	4.0	Sep Q1 20/21	4.2	4.0	Oct Q1 20/21	5.2	4.0	Nov Q1 20/21	6.0	4.0	Dec Q1 20/21	5.5	4.0	Jan Q2 20/21	6.0	4.0	Feb Q2 20/21	5.0	4.0	Mar Q2 20/21	4.5	4.0	Apr Q2 20/21	4.7	4.0	May Q2 20/21	5.0	4.0	Jun Q2 20/21	5.2	4.0	Jul Q2 20/21	6.2	4.0	Aug Q2 20/21	5.5	4.0	Sep Q2 20/21	6.0	4.0	Oct Q2 20/21	6.5	4.0	Nov Q2 20/21	6.5	4.0	Dec Q2 20/21	7.2	4.0	Jan Q1 21/22	8.4	4.0	Feb Q1 21/22	5.8	4.0	Mar Q1 21/22	6.2	4.0	Apr Q1 21/22	6.5	4.0	May Q1 21/22	5.5	4.0	Jun Q1 21/22	6.0	4.0	Jul Q1 21/22	7.0	4.0	Aug Q1 21/22	5.9	4.0	Variance	Latest Month Aug-22	Actual 5.9% Data shows common cause variation, suggesting no significant changes in performance
Month	Performance (%)	Target (%)																																																																																						
Jun Q1 20/21	4.8	4.0																																																																																						
Jul Q1 20/21	4.2	4.0																																																																																						
Aug Q1 20/21	3.8	4.0																																																																																						
Sep Q1 20/21	4.2	4.0																																																																																						
Oct Q1 20/21	5.2	4.0																																																																																						
Nov Q1 20/21	6.0	4.0																																																																																						
Dec Q1 20/21	5.5	4.0																																																																																						
Jan Q2 20/21	6.0	4.0																																																																																						
Feb Q2 20/21	5.0	4.0																																																																																						
Mar Q2 20/21	4.5	4.0																																																																																						
Apr Q2 20/21	4.7	4.0																																																																																						
May Q2 20/21	5.0	4.0																																																																																						
Jun Q2 20/21	5.2	4.0																																																																																						
Jul Q2 20/21	6.2	4.0																																																																																						
Aug Q2 20/21	5.5	4.0																																																																																						
Sep Q2 20/21	6.0	4.0																																																																																						
Oct Q2 20/21	6.5	4.0																																																																																						
Nov Q2 20/21	6.5	4.0																																																																																						
Dec Q2 20/21	7.2	4.0																																																																																						
Jan Q1 21/22	8.4	4.0																																																																																						
Feb Q1 21/22	5.8	4.0																																																																																						
Mar Q1 21/22	6.2	4.0																																																																																						
Apr Q1 21/22	6.5	4.0																																																																																						
May Q1 21/22	5.5	4.0																																																																																						
Jun Q1 21/22	6.0	4.0																																																																																						
Jul Q1 21/22	7.0	4.0																																																																																						
Aug Q1 21/22	5.9	4.0																																																																																						
What the chart tells us	A significant increase in sickness rates can be seen from April 2021 onwards as the average sickness rates increase from 4.7% to 6.2%. Apart from a spike in sickness levels in January 2022, with a rate of 8.4%, there have been no significant changes in the sickness levels.																																																																																							
Narrative	Issues: Overall Trust sickness has reduced in August to 5.93% following a spike in Covid related absences in July (7.08%). All Divisions have seen a reduction in sickness absence in August. Stress, Anxiety and Depression remains the highest reason for absence within the Trust.	Actions & Mitigations: Support continues for absent staff resulting in several individuals returning to work with adjustments. Those who remain absent are being supported by OH and signposted to our health & wellbeing initiatives (SPAWS). Divisions are continuing to regularly review sickness absence cases with support from the senior team and HR to manage complex issues. Various health and wellbeing support initiatives and guidance documents are available for managers and staff including menopause support, dealing with child bereavement, domestic violence and pregnancy loss.																																																																																						



Integrated Performance Report

Measure	Workforce Turnover The percentage of employees leaving the Trust and being replaced by new employees.	<table border="1"> <tr> <th>Latest Performance</th> <th>Next Month Forecast</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Latest Performance	Next Month Forecast																																																																																														
Latest Performance	Next Month Forecast																																																																																																	
Performance of this measure over time	<table border="1"> <caption>Workforce Turnover Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jun Q1 20/21</td><td>13.9</td><td>12.6</td></tr> <tr><td>Jul Q1 20/21</td><td>13.8</td><td>12.6</td></tr> <tr><td>Aug Q1 20/21</td><td>13.1</td><td>12.6</td></tr> <tr><td>Sep Q1 20/21</td><td>12.6</td><td>12.6</td></tr> <tr><td>Oct Q1 20/21</td><td>12.2</td><td>12.6</td></tr> <tr><td>Nov Q1 20/21</td><td>12.3</td><td>12.6</td></tr> <tr><td>Dec Q1 20/21</td><td>12.2</td><td>12.6</td></tr> <tr><td>Jan Q2 20/21</td><td>12.3</td><td>12.6</td></tr> <tr><td>Feb Q2 20/21</td><td>12.1</td><td>12.6</td></tr> <tr><td>Mar Q2 20/21</td><td>11.9</td><td>12.6</td></tr> <tr><td>Apr Q2 20/21</td><td>12.0</td><td>12.6</td></tr> <tr><td>May Q2 20/21</td><td>12.0</td><td>12.6</td></tr> <tr><td>Jun Q2 20/21</td><td>12.2</td><td>12.6</td></tr> <tr><td>Jul Q2 20/21</td><td>12.6</td><td>12.6</td></tr> <tr><td>Aug Q2 20/21</td><td>13.3</td><td>12.6</td></tr> <tr><td>Sep Q2 20/21</td><td>13.3</td><td>12.6</td></tr> <tr><td>Oct Q2 20/21</td><td>14.1</td><td>12.6</td></tr> <tr><td>Nov Q2 20/21</td><td>14.1</td><td>12.6</td></tr> <tr><td>Dec Q2 20/21</td><td>14.4</td><td>12.6</td></tr> <tr><td>Jan Q3 20/21</td><td>14.5</td><td>12.6</td></tr> <tr><td>Feb Q3 20/21</td><td>14.5</td><td>12.6</td></tr> <tr><td>Mar Q3 20/21</td><td>14.9</td><td>12.6</td></tr> <tr><td>Apr Q3 20/21</td><td>15.3</td><td>12.6</td></tr> <tr><td>May Q3 20/21</td><td>15.3</td><td>12.6</td></tr> <tr><td>Jun Q3 20/21</td><td>14.0</td><td>12.6</td></tr> <tr><td>Jul Q3 20/21</td><td>15.3</td><td>12.6</td></tr> <tr><td>Aug Q3 20/21</td><td>15.08</td><td>12.6</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Jun Q1 20/21	13.9	12.6	Jul Q1 20/21	13.8	12.6	Aug Q1 20/21	13.1	12.6	Sep Q1 20/21	12.6	12.6	Oct Q1 20/21	12.2	12.6	Nov Q1 20/21	12.3	12.6	Dec Q1 20/21	12.2	12.6	Jan Q2 20/21	12.3	12.6	Feb Q2 20/21	12.1	12.6	Mar Q2 20/21	11.9	12.6	Apr Q2 20/21	12.0	12.6	May Q2 20/21	12.0	12.6	Jun Q2 20/21	12.2	12.6	Jul Q2 20/21	12.6	12.6	Aug Q2 20/21	13.3	12.6	Sep Q2 20/21	13.3	12.6	Oct Q2 20/21	14.1	12.6	Nov Q2 20/21	14.1	12.6	Dec Q2 20/21	14.4	12.6	Jan Q3 20/21	14.5	12.6	Feb Q3 20/21	14.5	12.6	Mar Q3 20/21	14.9	12.6	Apr Q3 20/21	15.3	12.6	May Q3 20/21	15.3	12.6	Jun Q3 20/21	14.0	12.6	Jul Q3 20/21	15.3	12.6	Aug Q3 20/21	15.08	12.6	<table border="1"> <tr> <th colspan="2">Variance</th> </tr> <tr> <td>Latest Month Aug-22</td> <td>Actual 15.08%</td> </tr> <tr> <td colspan="2">Data shows common cause variation, suggesting no significant changes in performance</td> </tr> <tr> <th colspan="2">Assurance</th> </tr> <tr> <td></td> <td>Target ≤ 11%</td> </tr> <tr> <td colspan="2">Performance consistently exceeds the target value</td> </tr> </table>	Variance		Latest Month Aug-22	Actual 15.08%	Data shows common cause variation, suggesting no significant changes in performance		Assurance			Target ≤ 11%	Performance consistently exceeds the target value	
Month	Performance (%)	Target (%)																																																																																																
Jun Q1 20/21	13.9	12.6																																																																																																
Jul Q1 20/21	13.8	12.6																																																																																																
Aug Q1 20/21	13.1	12.6																																																																																																
Sep Q1 20/21	12.6	12.6																																																																																																
Oct Q1 20/21	12.2	12.6																																																																																																
Nov Q1 20/21	12.3	12.6																																																																																																
Dec Q1 20/21	12.2	12.6																																																																																																
Jan Q2 20/21	12.3	12.6																																																																																																
Feb Q2 20/21	12.1	12.6																																																																																																
Mar Q2 20/21	11.9	12.6																																																																																																
Apr Q2 20/21	12.0	12.6																																																																																																
May Q2 20/21	12.0	12.6																																																																																																
Jun Q2 20/21	12.2	12.6																																																																																																
Jul Q2 20/21	12.6	12.6																																																																																																
Aug Q2 20/21	13.3	12.6																																																																																																
Sep Q2 20/21	13.3	12.6																																																																																																
Oct Q2 20/21	14.1	12.6																																																																																																
Nov Q2 20/21	14.1	12.6																																																																																																
Dec Q2 20/21	14.4	12.6																																																																																																
Jan Q3 20/21	14.5	12.6																																																																																																
Feb Q3 20/21	14.5	12.6																																																																																																
Mar Q3 20/21	14.9	12.6																																																																																																
Apr Q3 20/21	15.3	12.6																																																																																																
May Q3 20/21	15.3	12.6																																																																																																
Jun Q3 20/21	14.0	12.6																																																																																																
Jul Q3 20/21	15.3	12.6																																																																																																
Aug Q3 20/21	15.08	12.6																																																																																																
Variance																																																																																																		
Latest Month Aug-22	Actual 15.08%																																																																																																	
Data shows common cause variation, suggesting no significant changes in performance																																																																																																		
Assurance																																																																																																		
	Target ≤ 11%																																																																																																	
Performance consistently exceeds the target value																																																																																																		
What the chart tells us	In August 2021 a significant increase can be seen with a rise from 12.3% average to 14.3%. Between October 2021 and May 2022 turnover has continued to rise, with significant increase flagged in May and then again in July.																																																																																																	
Narrative	<p>Issues:</p> <p>The Trust 12 month turnover rate up to August 22 was 15.08%, an decrease of 0.31% from July 22.</p> <p>The top known leaving reasons are: End of fixed term contract (34%) Relocation (11%) Work life balance (11%).</p>	<p>Actions & Mitigations:</p> <p>A comprehensive deep-dive exercise to fully understand the reasons why people leave the organisation has taken place.</p> <p>The Attract, Develop & Retain group have developed plans to make changes to improve those issues that impact on people's decisions to move role.</p>																																																																																																



Integrated Performance Report

Measure	Appraisal Rate: Overall The percentage of overall staff that have been appraised within the last 15 months. Includes both medical staff and non-medical staff.	Latest Performance 	Next Month Forecast
Performance of this measure over time		Variance Latest Month Aug-22 Actual 87.3% Data shows common cause variation, suggesting no significant changes in performance Assurance Target >= 95% Performance consistently falls short of the target value	
What the chart tells us	The chart shows that February 2021 and then again in November 2021, significant improvements in performance can be seen as average appraisal rates increase. Since the change in November to the 87% average, there have been no significant changes in performance.		
Narrative	Issues: The appraisal rate for non-medical staff has increased slightly from 87.04% in July to 87.24% in August but remains below target. Medical appraisal rates have decreased from 91.92% in July to 88.68% in August and is below target.	Actions & Mitigations: Appraisal training continues for managers within each division. Divisional trajectories are in place, supported by the Learning & Education team. Any areas of low compliance are discussed as part of the performance review process to understand if any additional support is required.	



Integrated Performance Report

Measure	Statutory & Mandatory Training The percentage of statutory & mandatory training modules showing as compliant.	Latest Performance 	Next Month Forecast 																																																																																			
Performance of this measure over time	<table border="1"> <caption>Performance Data (Approximate)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jun 20/21</td><td>90.5</td><td>90.0</td></tr> <tr><td>Jul 20/21</td><td>92.0</td><td>90.0</td></tr> <tr><td>Aug 20/21</td><td>93.0</td><td>90.0</td></tr> <tr><td>Sep 20/21</td><td>93.5</td><td>90.0</td></tr> <tr><td>Oct 20/21</td><td>93.0</td><td>90.0</td></tr> <tr><td>Nov 20/21</td><td>93.0</td><td>90.0</td></tr> <tr><td>Dec 20/21</td><td>93.0</td><td>90.0</td></tr> <tr><td>Jan 20/22</td><td>93.0</td><td>90.0</td></tr> <tr><td>Feb 20/22</td><td>93.5</td><td>90.0</td></tr> <tr><td>Mar 20/22</td><td>93.0</td><td>90.0</td></tr> <tr><td>Apr 20/22</td><td>93.0</td><td>90.0</td></tr> <tr><td>May 20/22</td><td>94.0</td><td>90.0</td></tr> <tr><td>Jun 20/22</td><td>94.0</td><td>90.0</td></tr> <tr><td>Jul 20/22</td><td>94.5</td><td>90.0</td></tr> <tr><td>Aug 20/22</td><td>95.0</td><td>90.0</td></tr> <tr><td>Sep 20/22</td><td>95.0</td><td>90.0</td></tr> <tr><td>Oct 20/22</td><td>95.0</td><td>90.0</td></tr> <tr><td>Nov 20/22</td><td>95.0</td><td>90.0</td></tr> <tr><td>Dec 20/22</td><td>95.0</td><td>90.0</td></tr> <tr><td>Jan 21/23</td><td>89.0</td><td>90.0</td></tr> <tr><td>Feb 21/23</td><td>88.5</td><td>90.0</td></tr> <tr><td>Mar 21/23</td><td>89.0</td><td>90.0</td></tr> <tr><td>Apr 21/23</td><td>90.0</td><td>90.0</td></tr> <tr><td>May 21/23</td><td>90.5</td><td>90.0</td></tr> <tr><td>Jun 21/23</td><td>91.0</td><td>90.0</td></tr> <tr><td>Jul 21/23</td><td>92.0</td><td>90.0</td></tr> <tr><td>Aug 21/23</td><td>92.3</td><td>90.0</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Jun 20/21	90.5	90.0	Jul 20/21	92.0	90.0	Aug 20/21	93.0	90.0	Sep 20/21	93.5	90.0	Oct 20/21	93.0	90.0	Nov 20/21	93.0	90.0	Dec 20/21	93.0	90.0	Jan 20/22	93.0	90.0	Feb 20/22	93.5	90.0	Mar 20/22	93.0	90.0	Apr 20/22	93.0	90.0	May 20/22	94.0	90.0	Jun 20/22	94.0	90.0	Jul 20/22	94.5	90.0	Aug 20/22	95.0	90.0	Sep 20/22	95.0	90.0	Oct 20/22	95.0	90.0	Nov 20/22	95.0	90.0	Dec 20/22	95.0	90.0	Jan 21/23	89.0	90.0	Feb 21/23	88.5	90.0	Mar 21/23	89.0	90.0	Apr 21/23	90.0	90.0	May 21/23	90.5	90.0	Jun 21/23	91.0	90.0	Jul 21/23	92.0	90.0	Aug 21/23	92.3	90.0	Variance Latest Month Aug-22 Actual 92.3% The data shows special cause variation, indicated by an improving trend over the last several months.
Month	Performance (%)	Target (%)																																																																																				
Jun 20/21	90.5	90.0																																																																																				
Jul 20/21	92.0	90.0																																																																																				
Aug 20/21	93.0	90.0																																																																																				
Sep 20/21	93.5	90.0																																																																																				
Oct 20/21	93.0	90.0																																																																																				
Nov 20/21	93.0	90.0																																																																																				
Dec 20/21	93.0	90.0																																																																																				
Jan 20/22	93.0	90.0																																																																																				
Feb 20/22	93.5	90.0																																																																																				
Mar 20/22	93.0	90.0																																																																																				
Apr 20/22	93.0	90.0																																																																																				
May 20/22	94.0	90.0																																																																																				
Jun 20/22	94.0	90.0																																																																																				
Jul 20/22	94.5	90.0																																																																																				
Aug 20/22	95.0	90.0																																																																																				
Sep 20/22	95.0	90.0																																																																																				
Oct 20/22	95.0	90.0																																																																																				
Nov 20/22	95.0	90.0																																																																																				
Dec 20/22	95.0	90.0																																																																																				
Jan 21/23	89.0	90.0																																																																																				
Feb 21/23	88.5	90.0																																																																																				
Mar 21/23	89.0	90.0																																																																																				
Apr 21/23	90.0	90.0																																																																																				
May 21/23	90.5	90.0																																																																																				
Jun 21/23	91.0	90.0																																																																																				
Jul 21/23	92.0	90.0																																																																																				
Aug 21/23	92.3	90.0																																																																																				
What the chart tells us	New competencies added in December 2021 have led to a sudden drop in reported performance. From February 2022 there is an improving trend in performance, which is flagged as a significant improvement.																																																																																					
Narrative	Issues: Training compliance increased from 92.07% in July to 92.28% in September but remains below the target of 95%. In January 2022, new competencies were added to the reporting matrix, causing a significant drop in overall performance. Engagement is positive, however, there remain significant operational pressures and absence that are impacting on the pace at which compliance rates are progressing. Mandatory Training continues to improve towards target	Actions & Mitigations: Mandatory Training is an agenda item at all divisional performance meetings and action plans in place for topics and areas where compliance does not meet the target. Additional measures such as increased capacity and DNA reporting continue to be delivered in order to support focussed action on hotspot areas.																																																																																				



Integrated Performance Report

Measure	Bank & Agency Costs The total bank & agency cost as percentage of the total pay costs	Latest Performance 	Next Month Forecast
Performance of this measure over time		Variance Latest Month Aug-22 Actual 15.5% Data shows common cause variation, suggesting no significant changes in performance Assurance Target <= 5% Performance consistently exceeds the target value	
What the chart tells us	The chart shows that in April 2021 there was a significant drop in the average bank and agency costs to 14.9%. There have been no significant changes in bank and agency costs since that time.		
Narrative	Issues: The total bank and agency spend in August 22 was £3.96M, which represents 15.54% of the total pay bill within the month and is £156K higher than in July 22. The Division with the highest bank & agency spend in June 22 was M&UC (£1.27M), Followed by Surgery with £883K.	Actions & Mitigations: Recruitment events taking place during September. First medical recruitment day planned for October. International recruitment for the 2022 intake is progressing with staff onboarding monthly, 59 nurses have arrived to date and a further 51 nurses are in the recruitment pipeline. 59 offers made to our student nurses, awaiting confirmation of acceptance, and plans approved for 10 new degree apprenticeships for AHP roles. 2 international radiographers have now arrived. Medical bank rate card review is underway in view of the publication of the BMA rates guidance. Plans to substantively recruit to the additional beds that are open rather than rely so much on temporary workers.	



Stockport NHS Foundation Trust

Meeting date	6 October 2022	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Learning from Deaths Quarterly Report: Q1 (2022-2023)					
Lead Director	Andrew D. Loughney Medical Director	Author	Suzy Collins Learning from Deaths Lead			

Recommendations made/ Decisions requested

The Board of Directors is asked to:

- Note the processes that the Trust has in place that allow it to learn from deaths
- Note that there are processes in place in the Trust for the clinical learning from reviews to be considered and acted upon.

This paper relates to the following Corporate Annual Objectives

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

The paper relates to the following CQC domains

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

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

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

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

Executive Summary

The purpose of the report is to provide the Board with information about the Learning from Deaths process in the Trust. The learning that has been gained in the last quarter and high level information about the actions that have been taken in response are scheduled to be reported through the Quality Committee in October 2022.

With respect to process, high level of Learning from Deaths activity continues and the Trust is on track to review around 400 cases, in keeping with policy, over the year.

1 Purpose

- 1.1 The purpose of this quarterly report is to provide assurance to the Board of Directors around the process of Learning from Deaths function of the Trust
- 1.2 Additional information is scheduled to be discussed at Quality Committee, including the high level themes identified during the last quarter and a description of the Trust's response to those findings.
- 1.3 Current benchmarking data are also provided to add context to the report.

2. Background and Links to Previous Papers

- 2.1 The Trust's Learning from Deaths policy is based on the recommendations of the National Quality Board (2017). The purpose of the process is to ensure that opportunities are taken to learn from the care received by patients dying in the Trust so that actions can be taken to improve the quality and safety of patient care.
- 2.2 The Trust uses a data collection form based on the Structured Judgement Review (SJR) methodology, which is published in conjunction with the National Mortality Case Record Review programme.
- 2.3 Cases are selected from a number of sources including all: deaths where families, staff or the Medical Examiners have raised concerns, maternal deaths, surgical deaths, paediatric and neonatal deaths, stillbirths, deaths from the LEDER programme, deaths in critical care, theatres or recovery, deaths in the Emergency Department, cardiac arrest deaths and deaths due to epilepsy, asthma or diabetic ketoacidosis.
- 2.4 These account for around 10% of hospital deaths. Additional cases are added if capacity allows and/or following an extraordinary event – such as deaths in people who may have contracted Covid as an in-patient, regardless of the cause of death.
- 2.5 In keeping with national guidance, all reviewed deaths are graded according to the following scheme, based on the opinion of the reviewer:

Outcome 1: Evidence of serious failings in care, which are likely to have affected the outcome – these are all referred for a second opinion from the Trust LFD Lead and if confirmed are escalated to the Serious Incident Review Group for consideration of formal detailed investigation.

Outcome 2: Evidence of suboptimal management unlikely (on the balance of probabilities) to have affected outcome – referred for departmental M&M review.

Outcome 3: Satisfactory care, no lessons to be learned – no further action.

Outcome 4: Exemplary management – feedback to team.

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

- 2.7 Each quarterly report is considered by the Trust's Mortality Review Group. Where potential changes in practice are thought to be worth considering, the relevant bodies are informed via the Patient Safety Group, for example, advice may be given to the Transformation Team or the originating Division.
- 2.8 The Mortality Review Group also provides data and leads discussion at the Deteriorating Patient Group meeting monthly and provides the Patient Safety Group with a quarterly report for consideration.
- 2.9 A Learning from Deaths Newsletter is produced and circulated widely across the Trust to promote learning and findings are also considered and disseminated at divisional level. The last newsletter was published in August 2022.

3. Matters under consideration

3.1 Regarding SHMI and HSMR:

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

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

As previously reported, the discrepancy between the SHMI and HSMR could be due to a number of factors such as patients tending to remain in-patients in the Trust at the end of life rather than being discharged home or to another facility, or the coding being biased towards one of the basket of 56 conditions included in the HSMR.

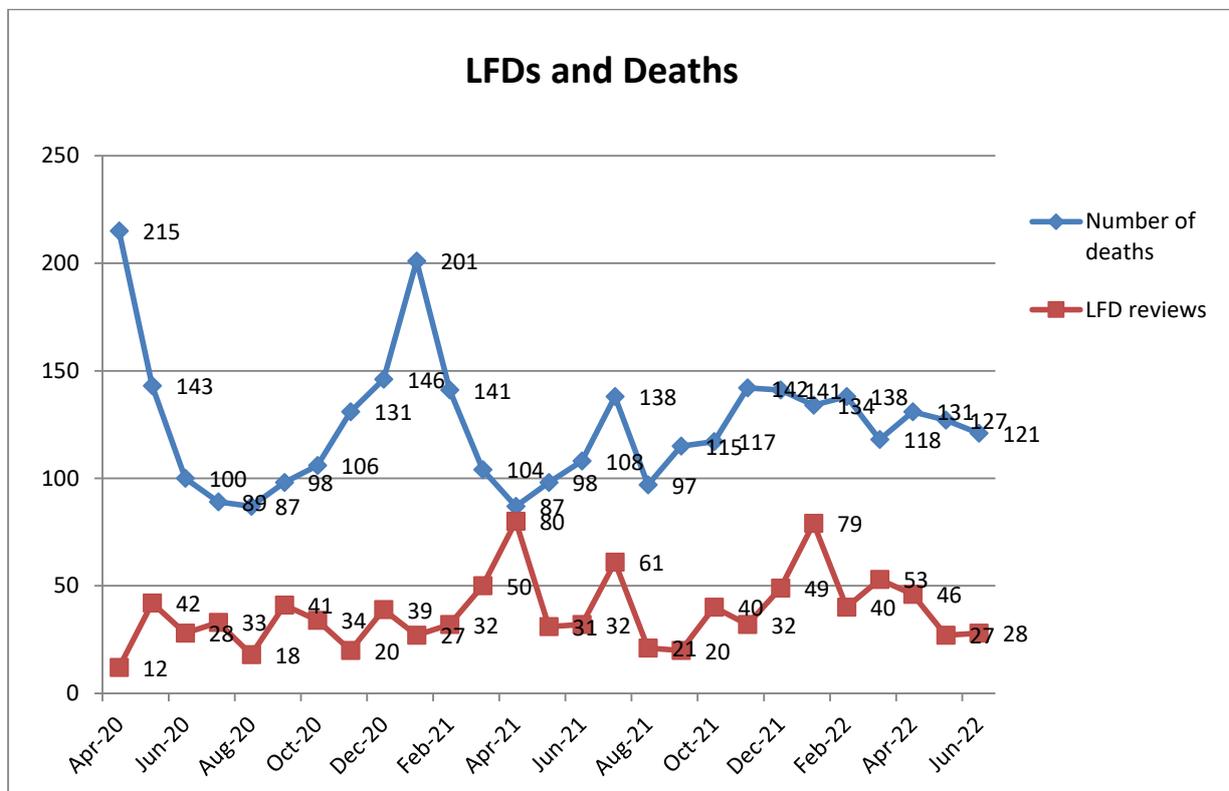
A detailed analysis of the drivers behind the HSMR has been carried out and these are being explored with audit work in the Surgical, Medical and Integrated Care Divisions. This work will be reported through the Clinical Effectiveness Group towards the end of 2022.

3.2 Regarding the number of deaths in 2022 compared to 2021:

Current figures for the week ending 04 September 2022 show that there have been 13 less in-hospital deaths so far in this calendar year compared to 2021 (903 vs 916) and that there have been 52 less deaths this year if patients are included within 30 days of discharge (1589 vs 1641).

3.3 Regarding Trust processes:

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



4 Areas of Risk

- 4.1 A focus on HSMR figures continues and any themes identified will be subject to clinical audit.
- 4.2 Although the deaths recorded in the Trust's figures are below those recorded last year, an excess of deaths in communities across the UK is being reported. We remain vigilant with respect to this fact and remained focussed on our own performance and practices.

Meeting date	6 October 2022	x	Public	Confidential	Agenda item
Meeting	Board of Directors				
Title	Safer Care Report				
Lead Director	Chief Nurse / Medical Director	Author	Deputy Chief Nurse		

Recommendations made / Decisions requested

The Board of Directors is asked to receive the report and confirm action being taken to maintain safe care.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

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

Executive Summary

<p>This report provides the Board of Directors with:</p> <ul style="list-style-type: none"> • The latest position in relation to key care staffing assurances • Current challenges regarding maintaining safe staffing levels & the actions being taken to mitigate risks identified • The measures being implemented to enable employees to safely remain in work by supporting their health and wellbeing.

Safe Staffing Report – October 2022 (August 2022 data)

Report of:

Nicola Firth
Chief Nurse

Andrew Loughney
Medical Director

Making a difference every day

Contents

1	Introduction
2	Vacancies
3	Recruitment
4	Turnover & Sickness
5	Retention, Staff Health & Well-being
6	Student Recruitment
7	International Recruitment
8	Medical staffing
9	Temporary Staffing
10	Healthroster
11	Risk & Assurance
12	Next Steps
13	Conclusion

1. Introduction

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

- The latest position in relation to key care staffing assurances
- Current challenges regarding maintaining safe staffing levels & the actions being taken to mitigate risks identified
- The measures being implemented to enable employees to safely remain in work by supporting their health and wellbeing.

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

2. Vacancies

Registered Staff	WTE Actual	Number of WTE Vacancies	Post Recruited to in TRAC WTE
Clinical Support Services	60.71	-0.01	0
Corporate Services	71.61	-1.05	27
Emergency Dept	114.47	-24.18	20
Integrated Care	371.21	-40.91	55
Medicine	335.07	-19.37	18
Surgery & Critical Care	417.57	-4.24	38
Women & Children's	390.10	-33.72	46
Grand Total	1760.74	-123.48	204

Issues:

- RN vacancies
- Escalation wards still in place

Healthcare Support Workers	WTE Actual	Number of WTE Vacancies	Post Recruited to in TRAC WTE
Clinical Support Services	31.29	-5.75	0
Corporate Services	13.31	6.63	73
Emergency Dept	36.64	-6.54	2
Integrated Care	185.31	-13.74	5
Medicine	181.79	-67.20	9
Surgery & Critical Care	187.62	-3.15	4
Women & Children's	84.90	-2.67	2
Grand Total	720.86	-92.42	95

Key Actions:

- Regular recruitment events, review of turnover and targeted attention where needed
- Continue to recruit to turnover

* Information provided by Workforce – August 2022 data

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



Stockport

NHS Foundation Trust

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

3. Recruitment



Issues:

- High number of new starters required to complete the Care Certificate.
- High number of newly qualified nurses starting at the Trust

Key Actions:

- Allocation of new staff members to be introduced to the buddy system for supporting & retaining staff. Stockport NHS Foundation Trust's Education team and the Workforce Matron are working closely together to ensure the Buddy plan is utilised in full
- Planned support and preceptorship for new starters
- Interviewing CSWDs for NHSP
- Allocate date for next recruitment event following on from highly successful 2 day recruitment event with the appointment of 26 registered staff & 75 healthcare assistants
- Just-R to visit trust to take photographs for next social media campaign
- HR to monitor that exit interviews are meaningful & triangulate the results
- Progressing work with partner organisations for developing skills and experience e.g. St Ann's Hospice

5. Retention, Staff Health & Well-being



Key Actions :

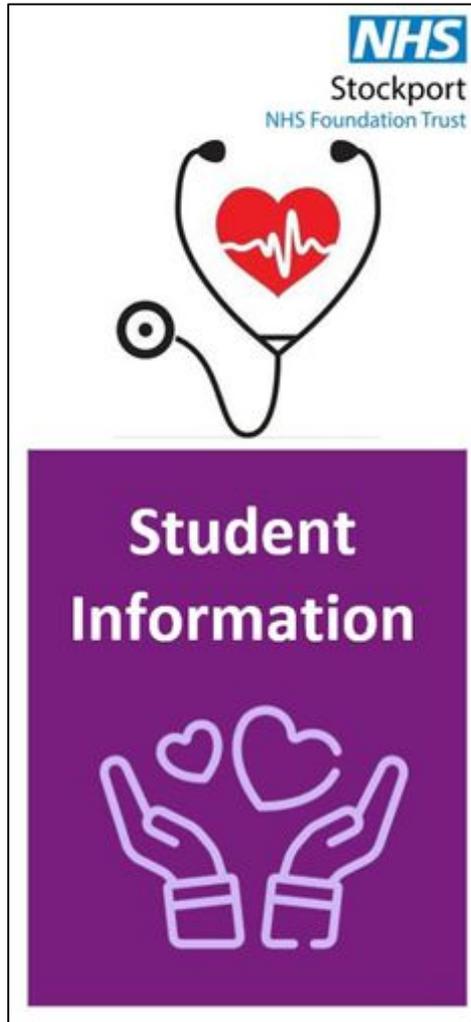
- Staff well-being is on the PNA agenda & supported throughout the PNA training programme
- PNAs have formed a monthly working group meeting every second month for trainee PNAs to attend for support and advice
- Finalisation of GROW (Grow & Retain our Workforce) process.
- Promote Flexible Working & Retire & Return policies to support health, well-being & work life balance
- The Trust has supported the clinical psychology teams to provide support to teams
- Executive Walkabout Wednesday & Senior Nurse Walk Round Friday continues to have a positive impact on staff ensures the senior team are visible & approachable
- Trust are working with colleagues from the mental health Trust to promote support for all staff
- Information about the role of a PNA to be circulated in October by Communications team

Issues :

- Continued awareness of the pressure staff are experiencing and how their usual support mechanisms may be impacting upon their health and wellbeing remains a priority



6. Student Recruitment



Key Actions :

- A QR code has been created for students to register their interest in working at the Trust on a permanent basis. The information is forwarded to the relevant business group, Matrons contact the students.
- Third year students receiving job offers however also attend recruitment events as they value the interview experience & advice.
- Attending 'Keeping In Touch' sessions, co-ordinated by the PEF Team, to ensure that there is a robust communication network maintained between the student, their future manager and colleagues.
- Information produced providing information about the benefits of working at the Trust.
- Leaflet emailed to Matrons to circulate to Ward Managers.



7. International Recruitment



Issues :

- Limited number of spaces available for OSCE examinations resulting in nurses taking the OSCE over the proposed 3 month period

Key Actions :

- Cohorts continue to join the Trust on a monthly basis.
- Awaiting confirmation from NHSE with regard to recruiting for 2023
- Exploring the recruitment of international nurses for district nursing
- Trust continues to have great success and interest from nurses who wish to join the Trust as a direct recommendation by a friend or family member already working at the hospital; therefore building a stronger workforce, ensuring retention & creating a supportive community

8. Medical Workforce

The table below shows the directly employed medical workforce numbers within the Trust. The Trust is also a host employer on behalf of the lead employer, St Helens and Knowsley NHS Trust, for specialty, core and general practice trainees. We host a further 168 trainee doctors across our specialties.

Medical Staff	FTE Budgeted	FTE Actual	Variance FTE	Variance %
Tier 3	232.25	221.34	-10.91	-4.70%
Tier 2	85.11	86.57	1.46	1.72%
Tier 1	98.62	118.85	20.23	20.51%
Grand Total	415.98	426.76	10.78	2.59%

Tier 1: Competent clinical decision makers – clinicians who are capable of making an initial assessment of a patient – for the medical grades this is largely foundation doctors and junior clinical fellows.

Tier 2: Senior clinical decision makers – clinicians who are capable of making a prompt clinical diagnosis and deciding the need for specific investigations and treatment – for the medical grades this is largely specialty doctors and senior clinical fellows.

Tier 3: Expert clinical decision makers – clinicians who have overall responsibility for patient care. In the medical workforce this is our consultants.

8. Medical Workforce

The workforce picture above is affected by a number of factors; on the face of the data it looks that there are almost 11 consultant vacancies. This is correct. In terms of the other tiers it looks like there are more doctors than needed. However, it is important to note that there is a significant number of beds open that currently do not sit within our established workforce numbers, that have been recruited to in part. Therefore, in real terms there are elements of vacant posts. There are an additional 10 foundation doctors on site that have been supported by Health Education England.

The teams are currently developing a medical version of the Safecare functionality which will clearly demonstrate the minimum medical staffing requirement per area, alongside the actual staff available each day. This will better aid the movement of doctors between areas to ensure that safe staffing is maintained.

9. Temporary Staffing (NHS Professionals)



Issues:

- Safe staffing remains an operational challenge on a day to day basis due to escalation areas,demand,vacancies,increased levels of sickness.
- ED has increased demand and reduced patient flow.

Key Actions:

- Twice daily meetings between NHSP, divisional matrons and Workforce Matron
- Workforce Matron to continue rolling review of agency costs with NHS Professionals
- HCA Recruitment to Bay Nursing
- Continuing of CSWD programme, support by the Trust
- A number of blocked booked agency nurses utilised to ensure safe continuity of care as a preferred option to the use of last minute higher cost agencies

* Information provided by NHS Professionals

10. Healthroster

Roster period - 12 September - 9 October 2022								Total	Roster period - 15 August - 11 September 2022	
Business Group	Annual Leave %	Roster Approval (Full) Lead Time Days	Total Unavailability %	% Changed Since Approval	Unused Hours (4 week period)	Over contracted Hours (4 week period)	Total Hours balance		Additional Duties in hours (Total Hours)	Safecare % compliance across 3 Census periods (average)
ED	15.2	45	22.5	31	1129.5	369.4	760.0	445	n/a	
Integrated Care	13.2	39.37	21.5	21.9	2037.1	564.0	1473.1	4572.85	71.40%	
Medicine	12.8	35.94	22.6	32.4	2996.3	961.2	2035.1	2203.44	72.34%	
Surgery & CC	12.6	42.78	26.7	32	3905.6	1054.7	2850.9	2989.25	62.57%	
Women & Children's	14	42.75	31.5	22.3	1356.5	509.0	847.5	470.75	83.93%	
								10681.29	72.56%	

Key Actions:

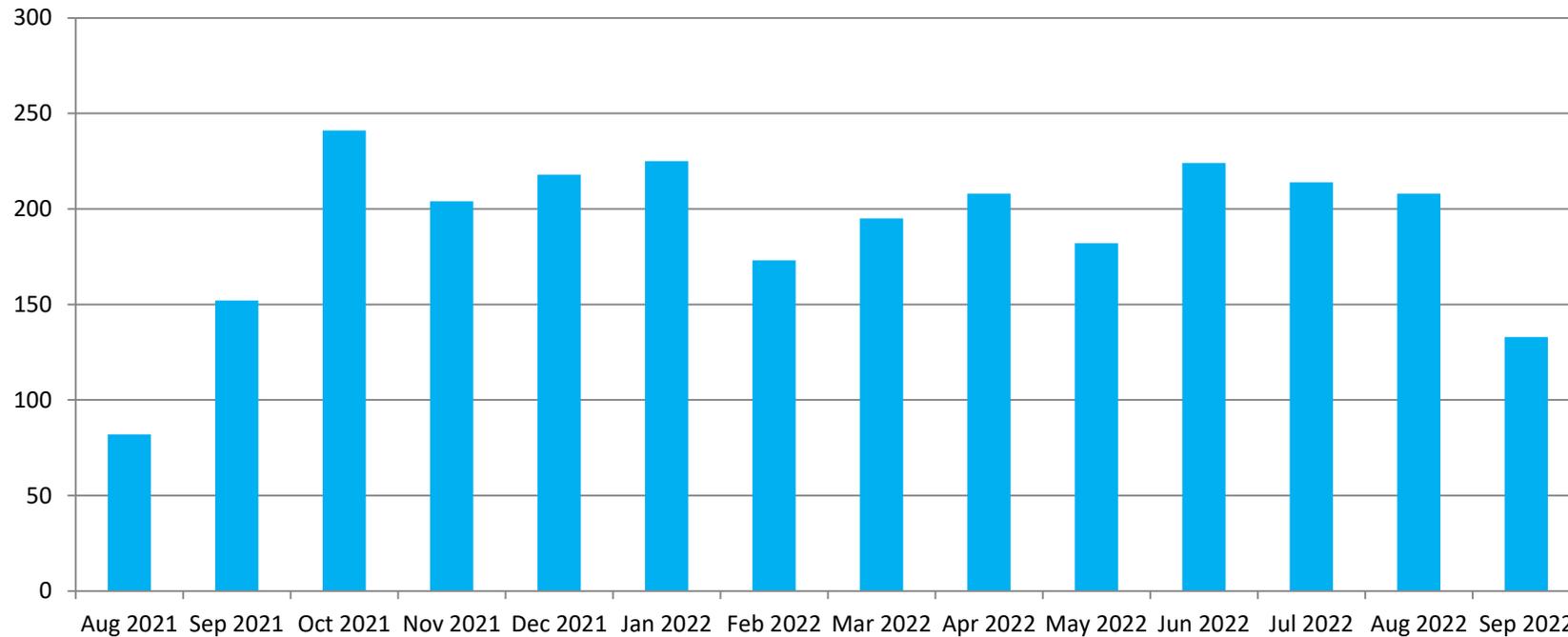
Issue/comment:

- Roster challenge meetings in place to ensure rosters are approved 12 weeks in advance show significant improvements with 30 of 34 meeting the timescales
- Programme of training new & existing users ongoing
- Rostering indicators developed & in use highlight teams where practice falls short of expected standards
- Roster management to be transferred to nursing teams
- Deputy Chief Nurse, DNDs & Workforce Matron meet weekly to review safe staffing
- Twice daily overview of the staffing position using the SafeCare live system at the staffing meeting
- In collaboration the Healthroster Team and Workforce Matron will have close oversight of the roster building, requests for annual leave, sickness recording and actions

* Information provided by Healthroster

11. Risk & Assurance

Staffing Incidents reported rolling monthly



Issues

- Staffing shortfalls

Key Actions

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

* Information provided by Datix

12. Next Steps

- Agree a date in November for next RN & HCA recruitment event
- Engage with Just-R to promote event via social media platforms
- Support Theatres with recruitment event for Scrub Nurses
- Just-R to visit the Trust to take photographs and videos for next social media campaign
- Chinchu Joy working in a pastoral role to support the international nurses
- Interviewing international nurses on the 7th October 2022

13. Conclusion

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

Significant recruitment of registered nursing staff and health care assistants, including international nurses

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

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

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

Significant reduction in the use of off-frame work agency staff with none being utilised during this reporting period.

Continuous oversight of our position is appraised in collaboration with regional colleagues and National Directors of Nursing regarding skill mix, ratio and guidance. The GM Chief Nurses group review this for consistency.

The medical workforce has been included in this paper for the first time and further evolutions of the presented medical data will be included in future iterations.

Meeting date	6 October 2022	X	Public	Confidential	Agenda item
Meeting	Board of Directors				
Title	National Inpatient Survey 2021				
Lead Director	Chief Nurse	Author	Patient Experience Matron Deputy Chief Nurse		

Recommendations made / Decisions requested

The Board of Directors is asked to review the outcome of the National Inpatient Survey 2021 and confirm next steps.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

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

Executive Summary

This presentation provides a summary of the results for the National Inpatient Survey 2021, as carried out by IQVIA.

There are nine sections designed to mirror the service user journey

The high level analysis summarises:

- Comparison to Stockport's 2020 survey
- Comparison to other Trusts surveyed by Quality Health
- Noise At Night Response
- Next steps

The results were comprehensively reviewed by the Quality Committee in September 2022, with progress against the divisional action plans to be reported to Quality Committee via the patient Experience Group.

We care
We respect
We listen

National Inpatient Survey Results 2021 Summary

Background

- This presentation provides a summary of the results for the Inpatient Survey 2021, as carried out by IQVIA.

- There are nine sections designed to mirror the service user journey

- The high level analysis summarises:
 - *Comparison to Stockport's 2020 survey*
 - *Comparison to other Trusts surveyed by Quality Health*
 - *Noise At Night Response*
 - *Next steps*

Responses

- The National Inpatient Survey was undertaken by IQVIA for Stockport NHS Foundation Trust between January 2021 and May 2021.
- The methodology follows exactly the detailed guidelines determined by the Survey Co-ordination Centre for the overall Adult Inpatient Survey programme
- A sample of 1250 consecutively discharged inpatients.
- 71 service users were excluded from the sample for the following reasons:
 - Moved / not known at this address: 21
 - Ineligible: 1
 - Deceased: 49
- Response to the Inpatient Survey 2021:
 - *Returned: 408 completed responses*
 - *Total eligible: 1179 patients*
 - *Trust Response rate: 35% - (response rate for 2020 was 42%)*



Comparison to Stockport's 2020 Survey

		Results where Stockport Identified as needing improvement from 2020 survey.	Stockport Scoring 2020	Stockport Scoring 2021
OPERATIONS AND PROCEDURES	Q32	Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	74.7%	89.7%
LEAVING HOSPITAL	Q39	Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?	67.8%	74.5%
HOSPITAL AND WARD	Q7	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	56.8%	62.3%
LEAVING HOSPITAL	Q37	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	81.6%	85.3%
HOSPITAL AND WARD	Q11	Were you offered food that met any dietary requirements you had?	77.3%	78.8%
LEAVING HOSPITAL	Q42	Before you left hospital, did you know what would happen next with your care?	63.0%	62.4%
NURSES	Q21	When nurses spoke about your care in front of you, were you included in the conversation?	85.3%	84.1%
ADMISSION TO HOSPITAL	Q3	How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	67.1%	62.7%
LEAVING HOSPITAL	Q43	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	70.8%	65.9%
HOSPITAL AND WARD	Q5a	Were you ever prevented from sleeping at night by any of the following? Noise from other patients	60.6%	55.2%
HOSPITAL AND WARD	Q5f	Were you ever prevented from sleeping at night by any of the following? Something else	40.0%	33.7%

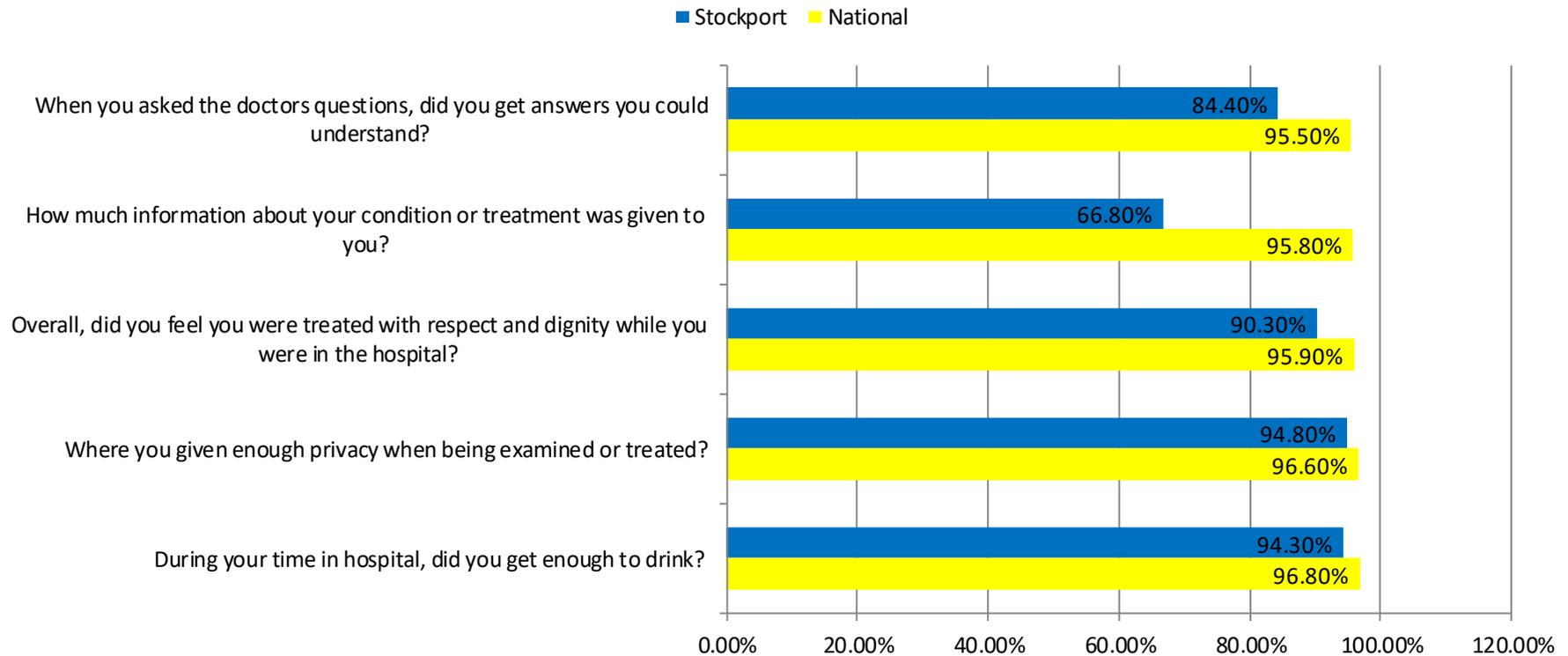
Comparison to Other Trusts Surveyed

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

		Stockport's top 10 performing question's from IQVIA 2021 Survey	Lowest Trust	Highest Trust	Trust
LEAVING HOSPITAL	Q44	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	72.8%	93.2%	86.4%
DOCTORS	Q17	Did you have confidence and trust in the doctors treating you?	85.4%	96.2%	88.7%
HOSPITAL AND WARD	Q8	How clean was the hospital room or ward that you were in?	86.6%	95.8%	89.7%
YOUR CARE AND TREATMENT	Q29	Do you think the hospital staff did everything they could to help control your pain?	85.6%	94.5%	85.6%
OPERATIONS AND PROCEDURES	Q32	Beforehand, how well did the hospital staff answer your questions about the operations or procedures?	84.4%	92.9%	89.7%
OVERALL	Q47	Overall, did you feel you were treated with respect and dignity while in hospital?	87.5%	95.9%	90.3%
HOSPITAL AND WARD	Q15	During your time in hospital, did you get enough to drink?	89.8%	96.8%	94.3%
LEAVING HOSPITAL	Q40	To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	85.9%	<u>91.8%</u>	<u>91.8%</u>
NURSES	Q20	Did you have confidence and trust in the nurse looking after you?	86.9%	92.7%	87.7%
YOUR CARE AND TREATMENT	Q28	Where you given enough privacy when being examined or treated?	91.7%	96.6%	94.8%

Top Five High Responses

Top Five Highest Scoring National Survey Responses for 2021 compared to Stockport



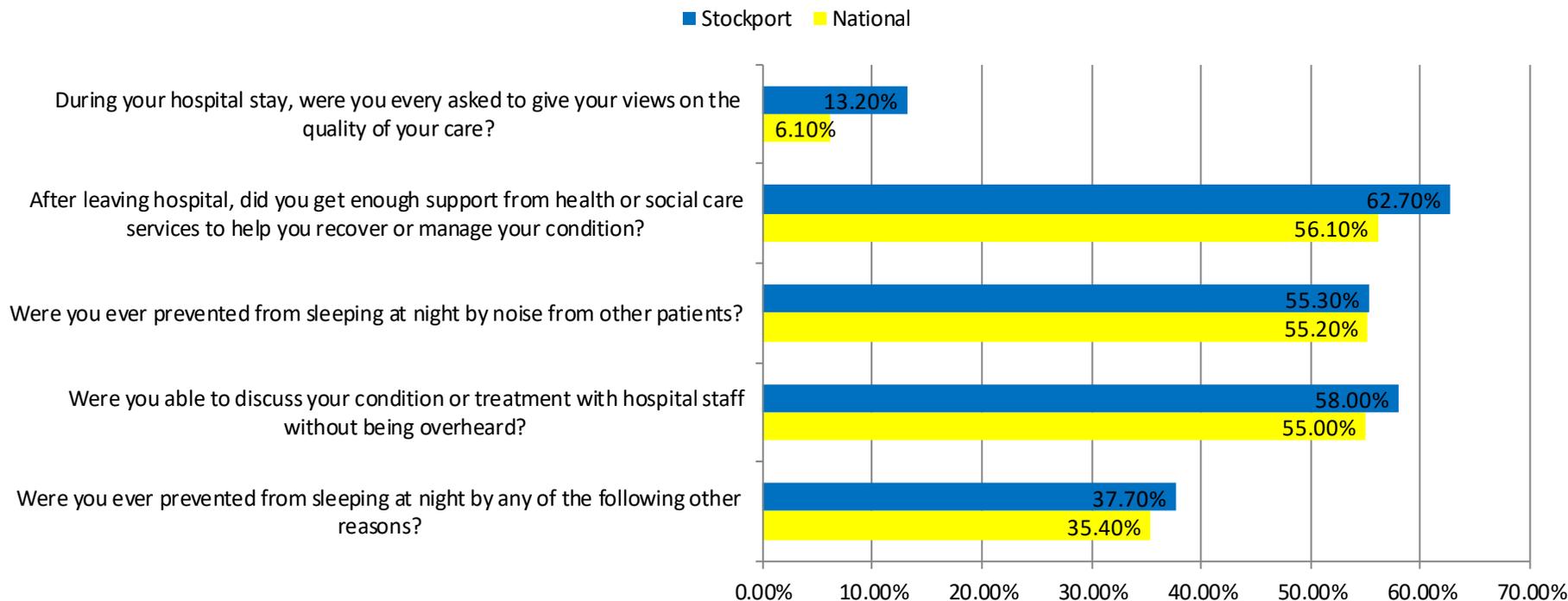
Comparison to Other Trusts Surveyed

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

		Stockport's top 10 low/intermediate performing question's from IQVIA 2021 Survey	Lowest Trust	Highest Trust	Trust
HOSPITAL AND WARD	Q7	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	56.6%	92.5%	62.3%
OVERALL	Q49	During your stay, were you ever asked to give your views on the quality of care?	6.1%	41.4%	13.2%
ADMISSION TO HOSPITAL	Q3	How long did you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	56.8%	91.1%	62.7%
HOSPITAL AND WARD	Q5f	Were you ever prevented from sleeping at night by any of the following? None of these?	66.7%	35.4	37.7%
YOUR CARE AND TREATMENT	Q27	Where you able to discuss your condition or treatment with hospital staff without being overheard?	55.0%	81.1%	58.0%
HOSPITAL AND WARD	Q5a	Were you ever prevented from sleeping at night by any of the following? Noise from other patients?	55.2%	24.7%	55.3%
LEAVING HOSPITAL	Q41	Thinking about any medication you were given to take home, were you given any explanations as to the purpose?	36.9%	54.3%	44.8%
LEAVING HOSPITAL	Q42	Before you left hospital, did you know what would happen next with your care?	60.8%	77.4%	62.4%
LEAVING HOSPITAL	Q46	After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	56.1%	72.1%	62.7%
LEAVING HOSPITAL	Q35	To what extent did staff involve you in decisions about you leaving hospital?	63.8%	77.5%	65.3%

Top Five Low Responses

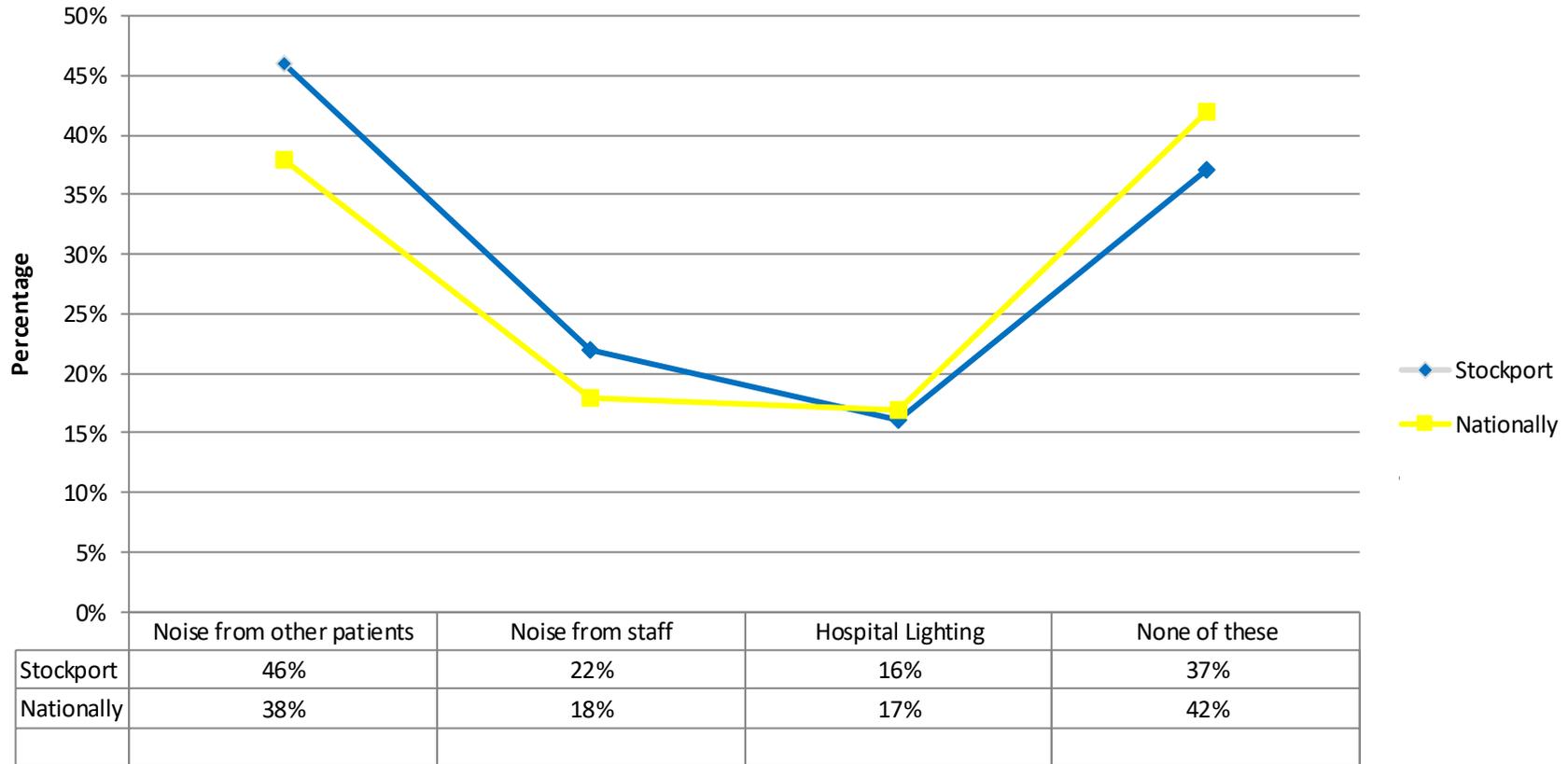
Top Five Lowest Scoring National Survey Responses for 2021 compared to Stockport



Noise At Night Survey Response 2021



Noise at Night 2021 results



Select all that are applicable: Prevented from sleeping at night

Next Steps for Improvement

Actions	Timescale	Reporting
Review of the five worst performing question by divisions and action plans updated	October 2022	To be included in divisional report to patient experience group
Noise at night audit to be completed	November 2022	Patient experience group

Thank You

Any Questions?



Meeting date	6 October 2022	X	Public	Confidential	Agenda item
Meeting	Board of Directors				
Title	Medical Appraisal and Revalidation Annual Report				
Lead Director	Medical Director	Author	Medical Director Medical Appraisal Lead		

Recommendations made/ Decisions requested-

<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Review and confirm the content of the annual report and recommend sign-off of the Statement of Compliance by the CEO

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

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

Executive Summary

This report includes details of the current processes for medical appraisal and revalidation at Stockport NHS FT including data on current performance. It demonstrates that levels of appraisal and revalidation are at acceptable levels despite the challenges of the recent Covid-19 pandemic and the challenges associated with recovery from the pandemic. It also describes the process by which the quality of appraisals is measured and maintained.

The report has been presented to the People Performance Committee for its consideration and recommends to the Board of Directors will be required for the CEO to sign off its contents.

1 Introduction

Medical revalidation was launched across the UK in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical profession. The GMC requirement is that all doctors licenced to practice within the UK revalidate once every 5 years. All doctors in the Trust must therefore provide satisfactory evidence through their annual appraisals in order for the Responsible Officer (RO) to be able to make a positive recommendation for revalidation to the GMC.

Provider organisations have a statutory duty to support their RO in discharging their duties under the Responsible Officer Regulations 1. It is expected that provider boards and executive teams will oversee compliance by monitoring the frequency and quality of medical appraisals in their organisations, checking there are effective systems in place for monitoring the conduct and performance of their doctors, confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process and ensuring that appropriate pre-employment background checks are carried out to confirm that medical practitioners have the qualifications and experience appropriate to the work performed.

NHS England requires each RO to provide an Annual Report to their organisation's Board of Directors (or equivalent) detailing the compliance of all Trust connections with the appraisal and revalidation process. NHS England also requires a Statement of Compliance to be completed by the organisation's Chief Executive or Chair, following submission of the Annual Report.

2 Stockport NHS FT Governance Arrangements

The Medical Director holds the position of RO for Stockport NHS FT, although the Associate Medical Director for Hospital Care has also received NHS England approved RO training, providing resilience to the system in case of short-notice need. Although the Deputy Medical Director post is currently vacant since July 2022 and being advertised, the intention remains to ensure that the new appointee will also receive approved RO training.

The RO has the support of a Medical Appraisal Lead (MAL) and Appraisal and Revalidation Co-ordinator (ARC) in order to carry out the Trust's appraisal and revalidation functions. The MAL and the ARC meet weekly to discuss the current position with regard to the progress of appraisals. The RO and the ARC meet on a monthly basis to discuss the current revalidation status of doctors under revalidation notice. The RO liaises with the MAL and the ARC with respect to all appraisal and revalidation matters as required.

A list of all new medical staff starters and all recent leavers is obtained from ESR each month and the ARC uses this list to ensure that all of the Trust's current doctors have a connection via the GMC to the RO, cross-checking that information with data drawn directly from the relevant GMC website, GMC Connect. Prior to a new member of medical staff becoming connected to the Trust, an RO-RO Transfer of Information form is sent to the doctor's previous organisation to request details about their previous appraisal dates and information about any outstanding disciplinary issues. The ARC also uses the ESR-generated list to make sure that each of the Trust's doctors is linked to the Trust's electronic appraisal recording system (PreP).

3 PreP Software

The Trust currently uses web-based software called PreP for appraisal and revalidation purposes. PreP allows each doctor in the Trust to have an individual secure account into which relevant documents can be added in support of their yearly appraisal and ultimately,

therefore, their revalidation. The system allows doctors to upload and input information onto an input form which is then sent to the designated appraiser. Following an appraisal meeting, the appraiser completes an output form containing details gleaned from the meeting.

An extensive suite of documents is uploaded onto PreP in advance of each appraisal including data to illustrate all areas of a doctor's medical or associated practice within or outside of the Trust, 360° patient and colleague feedback forms and all associated reflections.

4 Appraisers

The following appraisers are currently trained and delivering appraisals throughout the Trust:

- **10 Super Appraisers (0.75 PA) carrying out 12-15 appraisals per year**
- **28 Appraisers (0.25 PA) carrying out 5-8 appraisals per year**

The MAL runs an Appraisal Support Group (ASG) meeting once every four months and appraisers are expected to attend at least one of these meetings each year. The ARC makes a note of all attendees on a master database; from this, appraisers are provided with a certificate which can be uploaded to their own appraisal files as a form of supporting information. ASG packs are sent out 2 weeks prior to the meeting date; within the ASG discussions take place with regards to the PreP system, appraisee allocation, NHS England updates and any other matters of current importance.

5 Appraisees

Doctors have a personal responsibility to ensure that they engage with the appraisal process. In normal circumstances, this would mean that they should receive an appraisal once every year although a lower number of appraisals (usually four) have been permitted more recently to allow for the challenges of the Covid-19 pandemic. PreP system sends out an automated email to each appraisee twelve weeks prior to an appraisal being due and repeats the reminder eleven days prior to the due date. In addition, the ARC sends out personal messages to individuals reminding them of their upcoming due dates or alerting them if their appraisal has not been completed on time.

Most of the content of a doctor's appraisal file is generated by the doctor themselves but the ARC does upload some data into each doctor's PreP account to support the process, namely, a summary of incidents that they may have been involved with (drawn from Datix), a summary of their compliance with mandatory training and a clinical benchmarking report (drawn from HED). These documents are uploaded two months prior to the due date to allow time for the doctor to add their reflections on the data.

Doctors are asked to submit their appraisal input forms to their identified appraiser two weeks prior to the appraisal meeting date, allowing time for the appraiser to review all of the uploaded information, to contact the doctor's Clinical Director for additional information if necessary and also to return the input form to the doctor if any alterations are required.

6 360 Feedback

A 360 degree feedback exercise must be completed by all doctors at least once within each five year revalidation cycle. The ARC co-ordinates this activity using a paper based system called Dr360 provided by a company called Edgecumbe. Thus, each doctor must invite a minimum of seventeen patients for their 360 colleague feedback exercise and six colleagues at peer level and six colleagues at a junior or support level to complete a 360 colleague feedback questionnaire. The patient feedback forms are returned to Edgecumbe by post, the colleague feedback exercise is a fully on-line one. An electronic file of the data

generated is then created for both, 360 patient and 360 colleague report, and inserted into the doctor's PreP folder. If a doctor has no direct patient contact, they are exempt from the patient element of the exercise. In rare individual cases, the RO has the discretion to reduce the minimum required numbers for 360 feedback.

7 Quality Assurance

Once an appraisal meeting has taken place, the appraiser completes an output form summarising the discussion that has taken place. This output form is signed off by the appraisee and at Stockport NHS FT, the RO is then notified of the completed appraisal via email. The RO then has the facility to check the output forms and any associated Personal Development Plan that may have been generated.

A formal quality assurance review takes place each year using an 'Appraisal Summary and PDP Audit Tool' (ASPAT). For this, a group of super appraisers take a random sample of appraisals from PreP, grade the quality of those appraisals using the ASPAT tool and provide feedback on quality to the MAL and RO.

8 Feedback to the Appraiser

Upon completion of an appraisal, each appraisee must complete a PreP-generated feedback questionnaire for their appraiser. These questionnaires have been made an integral part of the PReP system and are used by the appraisers during their own appraisals. Appraisers are also provided with generalised feedback at ASG meetings, along with personal feedback during the course of a 1:1 meeting which they have each year with the MAL. The RO and MAL offer additional support and training if an appraisal review shows that standards are not being met. If standards do not improve following additional support the role may be removed from the appraisal pool.

9 Access, Security and Confidentiality

All 'current' input and output documents used in an appraisal are held on PreP and access to a doctor's PreP file can only be achieved using that person's GMC number and password. Old appraisal documentation either from Stockport NHS FT or from a previous organisation are held within secure electronic P-Files on a secured shared drive. In rare cases, if a paper based appraisal has been carried out, the relevant documents are held securely within Medical HR in locked cabinets, filed under the doctor's individual name.

All Trust doctors are made aware that patient identifiable information must not be included within their portfolio. Supporting information provided by the ARC is anonymised prior to upload and appraisers are also told to check for any identifiable information within the system. An appraiser can only view information on their appraisee for that specific cycle, they cannot view another doctor's PreP files or any previous appraisals their current appraisee may have completed.

The RO and ARC are able to view information uploaded and entered onto the PreP system for all doctors to whom they have a connection. The MAL and CDs are able to view output forms and PDP information, however, CDs can only view information relevant to their department. During the 2020/21 financial year no breach of confidentiality was identified at Stockport NHS FT in relation the PreP system or the appraisal process more generally.

10 General Further Notes on Monitoring the Conduct, Performance and Health of Doctors

Concerns about doctors can be raised by patients or by other staff members, or they may come to light during SI investigations, the handling of complaints or claims, Learning From Deaths reviews, referrals to the Coroner or directly from the GMC. The Director of

Workforce (or representative such as the Head of Medical Workforce) meet monthly with the Medical Director (and therefore the RO) to discuss 'Doctors in Difficulty' and the Director of Medical Education is involved in those conversations if any concerns have been raised about a trainee.

All doctors employed by Stockport NHS FT are expected to comply with the values of the Trust and the standards described within Trust policies such the 'Policy and Procedure for Handling Concerns about the Conduct, Performance and Health of Medical and Dental staff' and the 'Harassment and Bullying Policy' and whenever a concern is raised, those Trust policies are adhered to.

11 Recruitment and Engagement background checks

The Trust's recruitment team ensure that all pre-employment checks are undertaken in accordance with NHS employment check standards and in line with all legal, statutory and good practice guidance requirements. These meet six standards for:

- Verification of the doctor's identity
- Their right to live and work in the UK
- Professional registration and qualification checks
- Employment history and reference checks
- Disclosure Barring Service check (DBS) formally known as CRB
- Occupational health checks.

In relation to revalidation, all newly appointed medical staff must complete the Revalidation Entry Form. This is then cross referenced with GMC Connect to identify the previous RO and to confirm their new connection to the Trust. The ARC contacts the previous RO to obtain information in relation to previous appraisals. Any doctor who has HEENW listed as the previous RO must directly provide their ARCP information.

12 Stockport NHS FT Performance

On 31st March 2021 the Trust had a total number of 404 connections according to GMC Connect. This figure comprises of doctors due their appraisal in both 2021/22 and some doctors whose appraisals were not due until 2022/23 financial year.

The figure includes Consultants, Staff Grade Doctors, SAS and Specialty Doctors, Temporary/Short term contract doctors and a small number of other doctors with a prescribed connection. All HEENW trainees and FY1 & FY2 doctors are appraised via the relevant deanery.

Post pandemic, the normal appraisal process was restarted in September 2020. The recovery of the appraisal process to normal levels of appraisal completions has been very rapid and as a result all but 2 of the 2021/22 due appraisals are complete. The monthly figure for timeliness of appraisals has averaged at 93.43% between April 2021 and March 2022.

A total of 58 recommendations for revalidation occurred within the 2021/22 financial year. 16 deferrals for insufficient information were made. No deferrals for non-engagement in the process were required.

13 Improvement Plan and Next Steps

In the coming year, the ties established so far with East Cheshire NHS Trust with respect to the appraisal function of Stockport NHS FT will continue to be promoted. Specifically, joint training sessions which were first held on 21 November 2021 will continue for appraisers and a mutual system of quality assurance checking will be instigated.

In view of the contract renewal which is due in June 2023, PreP software will also be reviewed informally by the RO, MAL and ARC to ensure that its functionality and value for money remain on a par with its competitors. If a formal review and/or alternative provision are thought necessary, standard Trust processes will be employed for that review.

14 Conclusions

The Board of Director is asked to approve the annual report and to recommend its sign-off by the Chief Executive of the Trust.

Table 1 & 2: Summary of the information provided to NHS England for the 2020/22 Statement of Compliance Report:

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions between 1st April 2021 – 31st March 2022

Total number of doctors with a prescribed connection as at 31 March 2022	404 *
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	363
Total number of agreed exceptions	7

Recommendations for Revalidation made to the GMC between 1st April 2021 – 31st March 2022

Recommendations to the GMC:	
Total number of positive recommendations submitted between 1 April 2021 and 31 March 2022	58
Total number of recommendations for deferral submitted between 1 April 2021 and 31 March 2022	16
Total number of recommendations for non-engagement submitted between 1 April 2021 and 31 March 2022	0
Total number of recommendations submitted after due date between 1 April 2021 and 31 March 2022	18**

Notes:

* Not all appraisals fall within a strict calendar year.

** Marginally late recommendations may result from appraisals and 360 feedback documents being completed very close to the formal recommendation date at the discretion of the RO.

Glossary

RO:	Responsible Officer
MAL:	Medical Appraisal Lead
ARC:	Appraisal and Revalidation Co-ordinator
AOA:	Annual Organisational Audit
PReP:	Premier IT (appraisal IT system)
GMC:	General Medical Council
ASG:	Appraisal Support Group
CD:	Clinical Director
ESR:	Electronic Staff Records
NHSE:	NHS England
CHKS:	Clinician Level Indicator Programme (CHKS Provide this report)
SPA:	Supporting Professional Activities
HEENW:	Health Education England North West



2021-2022 Annual Submission to NHS England North West: Appraisal and Revalidation and Medical Governance

Name of organisation:		Stockport NHS Foundtion Trust	
	Name	Contact information	
Responsible Officer	Dr Andrew Loughney	Andrew.Loughney@stockport.nhs.uk	
Medical Director	Dr Andrew Loughney	Andrew.Loughney@stockport.nhs.uk	
Medical Appraisal Lead	Dr Gordon Yuill	Gordon.Yuill@stockport.nhs.uk	
Appraisal & Revalidation Officer	Zuzana Boys	Zuzana.Boys@stockport.nhs.uk	
Medical HR Manager	Spencer McKee	Spencer.McKee@stockport.nhs.uk	

Contents

Introduction:	3
Annual Submission to NHS England North West	4
Section 1 – General:	4
Section 2a – Effective Appraisal	6
Section 2b – Appraisal Data.....	8
Section 3 – Recommendations to the GMC	9
Section 4 – Medical governance	10
Section 5 – Employment Checks	12
Section 6 – Summary of comments, and overall conclusion	12
Section 7 – Statement of Compliance:.....	13

Introduction:

The Annual Organisational Audit has been stood down again for the 2021/22 year. A refreshed approach is planned for 2022/23. It still remains a requirement for each Designated Body to provide assurance to their Board about the governance arrangements in place in relation to appraisal, revalidation and managing concerns. In addition, NHS England North West use information previously provided in the AOA to inform a plan for quality visits to Designated Bodies. These visits are now starting to be planned in again moving forwards.

Amendments have been made to Board Report template (Annex D) with the intention of making completion of the submission straightforward whilst retaining the goals of the previous report:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer, and
- c) act as evidence for CQC inspections.

This template for an Annual Submission to NHS England North West should be used as evidence for the Board (or equivalent management team) of compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) or appended to your own board report where a local template exists.

This completed document is required to be submitted to NHS England North West by the end of September 2022 and should be sent to england.nw.hlro@nhs.net

Annual Submission to NHS England North West

Section 1 – General:

The board of Stockport NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

2021/2022 update: The Responsible Officer (RO) is Dr Andrew Loughney, who has been trained and attends the regular RO update meetings run by NHSE. Dr Loughney was appointed as the Medical Director (MD)/RO in January 2021.

Action for next year: to continue

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

2021/2022 update including description of Appraisal & Revalidation support: Yes, we have an RO/Medical Director (1.0 whole time equivalent (wte)); a Medical Appraisal Lead (1PA) and a medical HR Officer acting as an Appraisal & Revalidation (A&R) Co-ordinator (0.8 wte, Band 4)

Action for next year: Peer review with Christie and Macclesfield suggested that the A&R co-ordinator role is at a lower band than elsewhere: otherwise the support for A&R is similar to other organisations.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

2021/2022 update: The record is held in the automate A&R system – currently Premier IT. The contract with Premier IT will be up for renewal on 30/06/2023.

Action for next year: To share best practice and challenges with our partner organisation.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

List of relevant policies and date of last review: Please see Appendix 1

2021/2022 update: The Appraisal and Revalidation Policy is regularly updated. The latest 2022 version is to be ratified by PPC on 8th September 2022.

Action for next year: to continue

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

2021/2022 update: The last formal Peer Review process was completed in 2018 and reported in 2018/19 report. Collaboration with East Cheshire and The Christie was paused due to Covid19 and communications were restarted in October 2020. A first joined appraiser refresher training session took place on 21/11/2021, organised by East Cheshire via MIAD. Anonymised random examples of inputs and outputs have been shared and an evaluation is in process. A joined meeting was held between East Cheshire and Stockport MALs to share good practice on appraisal systems, appraisal outputs, sharing a named RO in unforeseen circumstances.

Action for next year:

To continue collaboration with East Cheshire. The Trust to organise the next joint refresher training opportunity for appraisers at Stepping Hill in Autumn 2022.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

List of relevant policies and date of last review:

2021/2022 update: The Trust continues to offer a "primer" appraisal to all doctors new to the NHS or to the UK. These are offered to doctors shortly after they have started with the Trust via a overall appraisal welcome email and are carried out by MAL. They offer an opportunity to discuss Good Medical Practice, the principles of Appraisal and Revalidation, the expected evidence for appraisals and guidance on how to use the IT system and how to contact the appraisal team.

Action for next year: To continue with primer appraisals

7. Where a Service Level Agreement for External Responsible Officer Services is in place

Describe arrangements for Responsible Officer to report to the Board: N/A

Date of last RO report to the Board:

Action for next year:

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

2021/2022 update: All but 2 doctors due to appraise in 2021/22 have completed their appraisal or had a formal postponement approved (due to long-term sickness absence or maternity leave). Of the outstanding 2 appraisals, 1 is in progress and 1 is yet to be started.

Comments; Post Covid19, the appraisal process was restarted from 01/09/2020. The decision was made to restart the process in full, not adopting the Appraisal 2020 model formally, while recognising the possible impact of the pandemic and reduction in pre-appraisal documentation on individual basis where appropriate. All appraisers have also been advised to start each appraisal with a reflection on the impact of the pandemic on the doctor and the support available by the Trust. The feedback from the appraisals carried out between September 2020 – September 2021 has shown that this approach has not had a negative impact on the appraisals being carried out. Generally, the Trust believes that where appraisals are being delayed, it is through education, support and further information being provided to the doctors in question rather than automatic escalation to GMC that appraisals are supported in completion.

Action for next year: To further improve the timeliness of appraisals by yet earlier intervention by the ARC.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

2021/2022 update: All late appraisals have been looked at individually to identify whether individual action was needed to be taken or whether there were any patterns establishing which would need addressing.

Comments: The progress of all appraisals is being tracked on a weekly basis, with individual reminders being sent to doctors and/or appraisers where needed. A weekly "catch up" meeting takes place between the ARC and the MAL, with issues being escalated where appropriate. Appraisal figures are

being communicated with each Business Group and the MD/RO and MAL on a monthly basis.

Action for next year: To further reduce the number of “late” appraisals, with the emphasis being on promoting the importance of completing an appraisal to doctors due to leave the Trust around their appraisal birthday and on ensuring ongoing support to the Trust’s trained appraisers in a drive to avoid any appraisals being late due to an appraiser’s non-compliance with the appraisal process timescales.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board’s approval (or by an equivalent governance or executive group).

List of relevant policies and date of last review: [See Appendix 1](#)

2021/2022 update: [The November 2017 A&R Policy is currently under review and the updated version is due to be ratified 8th September 2022.](#)

Action for next year: [to continue](#)

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Number of available appraisers: [38](#)

2021/2022 update: [We currently have 28 trained appraisers doing 5-8 appraisals per year and 10 “super” appraisers doing 15-20 appraisals per year \(currently just under 400 doctors requiring an appraisal\). A new cohort of 4 appraisers were appointed and trained at the beginning of 2022.](#)

Action for next year: [To advertise for further appraisers in Winter 2022/23 in order to further increase the number of trained appraisers to mirror the increasing number of doctors requiring an appraisal and to combat appraiser retention issues.](#)

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

2021/2022 update: [Quarterly ASG Meetings have been taking place throughout 2021/22. These have now been returned to face to face meetings](#)

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

and have been well attended. An appraisal feedback questionnaire forms an integral part of the appraisal process and must be completed by all appraisees in order to complete their appraisal on the online system. All appraisers are provided an Appraiser Feedback Report by the ARC and reflect on this during their own medical appraisal. Regular appraiser refresher training is organised. A “buddy” system is offered to all newly trained appraisers. QA exercise is undertaken and feedback shared with all appraisers.

Action for next year: [To continue](#)

The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

List of relevant policies and date of last review: [2021-22](#)

2021/2022 update: [The 2021/22 QA exercise is underway, awaiting completion and date reporting back to ASG](#)

Action for next year: [To perform a further QA exercise and complete this by end of March 2022](#)

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Total number of doctors with a prescribed connection as at 31 March 2022	404
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	363
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	9
Total number of agreed exceptions	7

Section 3 – Revalidation Recommendations to the GMC

6. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Recommendations to the GMC:	
Total number of positive recommendations submitted between 1 April 2021 and 31 March 2022	58
Total number of recommendations for deferral submitted between 1 April 2021 and 31 March 2022	16
Total number of recommendations for non-engagement submitted between 1 April 2021 and 31 March 2022	0
Total number of recommendations submitted after due date between 1 April 2021 and 31 March 2022	18

2021/2022 update: No revalidation deferrals for non-engagement were made in 2021/22, this reflects the Trust’s culture of working with it’s doctors and supporting them in the appraisal and revalidation process actively and efficiently. The 16 deferrals made were due to partly doctors not completing their 360 feedback in time or needing more time to complete their 5th appraisal, often due to some being missed pre-hire to Stockport NHS Trust.

14 late submissions for revalidation were made between June – September 2021. However this issue has now been addressed effectively by the RO and ARC now meeting on a monthly basis. As a result, only a further 4 submissions were made after their due date between October 2021 – March 2022.

Action for next year: The ARC to continue to update the RO on a monthly basis regarding doctors revalidation status and to ensure a reminder is sent to doctors at least 6 months prior to their revalidation due date.

7. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

List of relevant policies and date of last review: [See Appendix 1](#)

2021/2022 update: The Clinical Governance processes of the Trust have been reorganised to give greater focus on safety and effectiveness. Clinical Governance reports for individual doctors are inserted into the doctors’ appraisal files and a discussion is held around their content.

Action for next year: The open discussion of incidents, SIs, claims and complaints will be encouraged using fair and just principles.

Section 4 – Medical governance

8. This organisation creates an environment which delivers effective clinical governance for doctors. This includes reporting and collation of, for example, complaints, safeguarding concerns and incidents to identify necessity for appropriate intervention at the earliest opportunity.

List of relevant policies and date of last review:

2021/2022 update: [Standard clinical governance processes are in place in the Trust and individual doctors identified in complaints, incidents, and safeguarding concerns are escalated to the RO. Doctors undergoing disciplinary processes are discussed with the PPA and GMC.](#)

Action for next year:

9. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

2021/2022 update: [The appraisal documentation requires all doctors to declare their 'whole scope of practice' and appraisers are reminded at ASGs that there must be supporting evidence from all the areas of practice discussed.](#)

Action for next year: to continue

10. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

List of relevant policies and date of last review: [Please see Appendix 2](#)

2021/2022 update: [The 2020 Policy and Procedure for Handling Concerns about the conduct, performance and health of medical and dental staff' is currently in a final stage of review, awaiting ratification on 8th September 2022.](#)

Action for next year: [Continued application of policy with a clear expectation that doctors will conform to the expected values and behaviours of the Trust.](#)

11. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.²

Outline arrangements and frequency for reporting to the Board: [Data on doctors being taken through a disciplinary process are presented to the Board of Directors in conjunction with data on other health professionals in the Trust. High level information is provided to Private Trust Board. The systems and processes for responding to concerns are well established with monthly meetings taking place between the MD, Director of Medical Education and HR Leads to discuss all concerns and with quarterly liaison meetings held with the GMC liaison officer.](#)

2021/2022 update: [as above](#)

Action for next year: [to continue](#)

12. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.³

2021/2022 update: [RO-RO communications completed in a timely manner](#)

Action for next year: [To continue.](#)

13. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

2021/2022 update: [HR colleagues formally review the protected characteristics of the staff about whom concerns are raised to identify any bias and this process includes data on medical staff.](#)

² This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Action for next year:

Section 5 – Employment Checks

14. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

List of relevant policies and date of last review:

2021/2022 update: [Qualifications and experience are assessed at the interview stage and also through the application form and/or CV.](#)

[All pre-employment checks are carried out within the Recruitment Department. All external locum/agency doctors will be validated by their individual agency and/or Temporary Staffing Department.](#)

Action for next year: [to continue](#)

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail any additional information that you wish to highlight (the following provides a guide to information that you may wish to include):

- **General review of actions since last Board report**
- **Actions still outstanding**
- **Any reflections of impact of COVID 19 on delivering service to patients**
- **Current Issues**
- **New Actions:**

Overall conclusion: [No additional comments to add.](#)

Section 7 – Statement of Compliance:

The Board of Stockport NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _____

Name: _____

Signed: _____

Role: _____

Date: _____

Appendix 1



A&R Policy.pdf

Appendix 2



Handling concerns
November 2020.pdf

Meeting date	6 October 2022	Public	Confidential	Agenda item
Meeting	Board of Directors			
Title	Digital Strategy 2021-26 – Annual Progress Report			
Lead Director	Director of Informatics	Author	Chief Information Officer	

Recommendations made / Decisions requested

The Board of Director is requested to review and discuss the Digital Strategy 2021-2026 annual progress report.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

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

Executive Summary

Following approval of the Trust’s Digital Strategy in December 2021, an update on the delivery of this Strategy was requested by the Board. The attached report follows the same format of the overall strategy, focusing upon the Trust’s seven digital ambitions.





Digital Strategy

2021-2026

Delivery Update
Trust Board of Directors
October 2022



CONTENTS

1. INTRODUCTION

The report provides an update on the delivery of Trust’s Digital Strategy (2021-2026). The Strategy was developed in autumn 2021 and approved by the Trust Board of Directors in December 2022.

The delivery of the strategy is the responsibility of the Digital and Informatics Team with oversight from the newly established Digital & Informatics Group. This Group meets on a bi-monthly basis and is chaired by the Director of Informatics.

2. REVIEW OF AMBITIONS

The report is structured around the seven key ambitions of the strategy (see diagram below) and provides an update on the actions listed against each of the ambitions in the strategy document.

3. FUNDING OPPORTUNITIES

Digital improvement has been supported by the level of external digital funding that the Trust secured in the last 12 months. The investment of c£8 million in 2021/22 enabled the procurement of key systems such as LIMS (Laboratory Information Management System to replace Telepath), an Ophthalmology EPR, an equipment- tracking solution, a clinical- communications system, and investment in a replacement acute wireless solution





OUR DIGITAL AMBITIONS – 2021-2023

DIGITISE Patient Care Delivery	2021 - 22	2022 - 23
Acute Electronic Patient Record		
Laboratory Information Management System		
Optimise existing systems and maximise capabilities		
PATRON single point of clinical system access		
Maximise benefits of Community EPR Programme		
Expanded system integration & data sharing		
Optimise Theatreman solution		
Exploit benefits of GM PACS solution		
Specialist Ophthalmology EPR		
Explore use of AI/VR & NLP		

WHAT HAVE WE DELIVERED?

Acute EPR (Electronic Patient Record)

The availability of significant external funding from the national NHS Frontline Digitisation programme supported the establishment of a formal Trust Acute EPR programme, which commenced in May 2022. The Trust received £250K ‘seed funding’ to support initial procurement activities and Outline Business Case development work. Specialist EPR management consultants were appointed to facilitate this work. In July 2022, Tameside was also advised that external funding would be available to support the replacement of their current EPR. To support the overarching national digital agenda requiring trusts to work together on EPR procurements/implementations, Stockport and Tameside are now progressing jointly with this programme. Pre-market engagement activities with EPR suppliers have commenced and responses have been requested by 30.9.2022. EPR suppliers have been requested to provide the cost of their solutions. These details will support the affordability case of the OBC.

Laboratory Information Management System (LIMS)

In 2021/22, the Trust was successfully awarded c £4million [over 3 years] of national digital diagnostic funds to enable the Trust to procure a new Laboratory Information Management System (LIMS) to replace the current c 40-year old Telepath solution. To support the Greater Manchester (GM) Pathology Networking agenda, Stockport and Tameside jointly procured their new LIMS solutions (Clinisys Winpath). Work is now underway to recruit project resourcing, with a planned ‘go live’ in spring 2024.

Optimising existing systems and maximise capabilities

The digital and clinical teams continue to work together to maximise the capabilities of existing systems to support patient care and safety. A key focus is around supporting the Out- of- Hours teams through the introduction of the SBAR (Situation-Background-Assessment-Recommendation) process into Patientrack, a simplified task list based on user data into ‘eTask’ (out- of- hours Patientrack functionality) and the provision of new devices to improve workflow.

The Pharmacy Homecare module of Ascribe is now live and supports the active management and tracking of patients at home on high- cost medications.

PATRON – single point of clinical- system access

Built by our In House Development team, PATRON went live in May 2022. The solution has enabled clinicians to have direct password sign- in to clinical systems and patient records launched in context to avoid multiple logins and patient searches. The feedback to the solution has been very positive with comments such as *'I signed up to Patron a few weeks ago and I have found it very useful, I feel it has saved me a huge amounts of time'*; *'Overall the software has made a big difference to my day job and on call'*; *'Patron has made a big difference in our job on AMU too!'*; *'Believe me, it's made a big difference and has made it easier for us.'* With over 900 clinical users, this solution is seen as an interim solution to support clinicians until the Trust implements a new acute EPR.

Maximising the benefits of Community EPR

The Trust was awarded £150K of digital investment for community services. This enabled the community children's therapies services to receive additional laptops to support their mobility agenda.

Additional community teams are now using EMIS as their EPR solution including Children's Community Nursing and Learning Disabilities Teams.

Working closely with the Stockport CCG digital team, GPs are now able to directly refer electronically into the majority of community services avoiding the use of paper.

Delivered new EMIS system configuration to enable Digital *Health Service* (Tameside) to 'go-live' on EMIS.

Expanded system integration and data sharing

Providing clinical patient data into the Greater Manchester Care Record (GMCR) is a key requirement for the Trust. To date, ED attendance, outpatient appointment and attendance data has been provided. In 2022, details of patient's health- care records (discharge summaries) have been delivered and work is progressing on the supply of pathology and radiology results.

Optimise Theatreman solution

Our new operating theatre information system (Theatreman) went live October 2021.

Exploit benefits of GM PACS solution

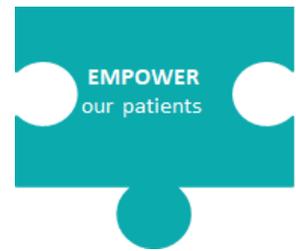
Key focus of the GM PACS programme was the delivery and stabilisation of the Sectra PACS solution to all GM acute sites. Stockport successfully delivered the Sectra PACS solution.

Specialist Ophthalmology EPR

The Trust was awarded £200K digital funding to procure a new specialist ophthalmology system (Open Eyes). A project manager has been appointed and work on system build and integration with the Trust's PAS system is underway. Anticipated go live date is December 2022.

Explore use of AI/VR & NLP

The Trust was successfully awarded £250K to enable the purchase of an enhanced digital- dictation solution and a number of voice recognition licences. Enhance digital dictation allows the clinician to dictate their letters but instead of providing medical secretaries with voice files from which to type the associated letter, a text file is provided for the secretary to review and then send. A pilot has been successfully launched and has identified a reduction of wait times for OP letters to be sent to GPs. Following a review of the pilot, a Trust- wide rollout will be delivered. A number of voice recognition (VR) licences have been assigned to histopathology, enabling the histopathologists to dictate their own letters, reviewing the text as they dictate enabling reports on samples to be produced in a timelier fashion. A plan for the use of the remaining licences is under development.



OUR DIGITAL AMBITIONS – 2021-2023

EMPOWER our patients	2021 - 22	2022 - 23
Delivery of a patient portal	Progress bar	Progress bar
Support increased use of video consultations	Progress bar	Progress bar
Support the introduction of Patient Apps	Progress bar	Progress bar
Deliver the Digital Maternity Record	Progress bar	Progress bar
Explore Virtual Visiting platform	Progress bar	Progress bar
Investigate options for telemedicine and telehealth	Progress bar	Progress bar

WHAT HAVE WE DELIVERED?

Delivery of a patient portal

Patient portal functionality will be procured as part of an acute EPR solution.

Support increased use of video consultation

After being awarded £80k of external digital funding [over 2 years] to extend the use of Attend Anywhere [national VC solution provided by the national team to support OP activities during COVID], work continues to encourage acute and community clinicians to use this solution.

Support introduction of patient applications

As part of a GM Elective Recovery programme, the Trust supported the delivery of the ‘My Recovery’ App pilot. This enables patients cared for by Trauma & Orthopaedics to complete questionnaires to enable the team to track pre- and post- operative patients

Delivery of the digital maternity record

The Trust was awarded £150K of external funds to support the digital development of maternity services. This has funded additional laptops for the service, systems integration between Euroking (maternity information system) and other Trust systems, and the delivery of a digital maternity record for women.

Explore virtual visiting platform

No updates

Investigate options for telemedicine and telehealth

Working with Tameside Digital Health Team to explore the options for the provision of a virtual ward for Stockport.



OUR DIGITAL AMBITIONS – 2021-2023

SUPPORT our staff	2021 - 22	2022 - 23
Deliver and refine PATRON	████████████████████	████████████████████
Support agile working	████████████████████	████████████████████
Embed flexible digital training model	████████████████████	████████████████████
Clinical equipment investment and replacement programme	████████████████████	████████████████████
BYOD/UYOD	████████████████████	████████████████████

WHAT HAVE WE DELIVERED?

Deliver and refine PATRON

This is covered in section ‘ Digitise patient Care’.

Support agile working

To support the increased agile working arrangements, the service has provided c 1600 devices, a new remote access platform (VDI) , ‘ soft phones’ via the Unified Communications programme, and benefits of enhanced agility, and collaboration with MS 365.

Embed flexible digital training model

E- learning training has been split into smaller modules to allow flexibility when completing training. Further optimisations around use of new technology and information videos being investigated to ensure training is delivered at the right time and appropriate to role.

Clinical equipment investment and replacement programme

The Trust was awarded £200k for additional clinical devices for inpatient wards: 20 Laptops, 102 trolleys covering EPMA trolleys, laptop trolleys, single- screen ward round and dual- screen ward round and 40 tablets.

BOYD/UYOD (Bring/ Use Your Own Devices)

No updates



OUR DIGITAL AMBITIONS – 2021-2023

INVEST in our Infrastructure	2021 - 22	2022 - 23
Complete delivery of the Unified Communications Programme	█	
Introduction of Virtual Desktop Infrastructure & Office 365	█	
Review and rationalise our desktop estate	█	
Replacement of Beech House Data Centre		█
Review external partners IT support arrangements	█	
Digital Equipment Tracking System	█	
Review Patient 'Info-tainment' solution		█
Centralised printing solution		█
Maintain security against cyber attacks	█	

WHAT HAVE WE DELIVERED?

Complete delivery of Unified Communications Programme

All actions now completed with successful implementation of new digital telephony platform across both acute and community, including the installation of c3000 physical handsets. Programme formally closed in Sept 2022.

Introduction of Virtual Desktop Infrastructure (VDI) and Office 365

Rollout of the new VDI solution is currently underway with 16 community locations live. It is anticipated the programme will begin to focus upon acute services in December 2022.

Review and rationalise desktop estate

Once the VDI programme is completed in spring 2022, a full desktop/laptop rationalisation programme will commence. This will enable streamlining of day- to- day support from the Digital and Technology team and reduce overall energy consumption to support the Trust’s Green Plan.

Replacement of Beech House data centre

No updates

Review external partners IT support arrangements

No updates

Digital equipment tracking system

Following the award of c £800k of external funding, a new digital system called Kontakt.io has been procured. This solution will initially track key clinical equipment and beds.

Review patient ‘infotainment’ system

No updates

Centralised printing solution

The programme to reduce the number of printers on acute site, and deploy additional multi- function devices (print/scan/copy), has commenced.

Maintain security against cyber- attacks

Enhanced system- patching has been implemented, a strengthening of staff passwords introduced, and the use of two- factor authentication commenced. In addition, a rolling programme of Windows 10/11 upgrades has been established.

Development of a Trust Cyber Security Strategy has commenced in readiness for the annual Data Protection and Security Toolkit submission.

Replacement acute wireless infrastructure

The current acute wireless infrastructure is coming to end of life and with £500k of external funding; a scheme to bring forward its replacement is underway. The new wifi solution will improve overall coverage to the site as well as support the delivery of the new tracking solution and a new clinical communications system called Vocera. There are current challenges to this programme due to internal staffing issues and unanticipated issues with the Trust’s current wireless cabinets.



OUR DIGITAL AMBITIONS – 2021-2023

ENGAGE clinical leaders to improve quality	2021 - 22	2022 - 23
Establish a robust clinical engagement framework		
Digital comorbidity capture to improve clinical data quality		
Modernise our Clinical Coding Departments & raise its profile		
Clinical coders working more closely with Clinical Teams		
Data provision for clinical audit and research teams		

WHAT HAVE WE DELIVERED?

Establish a robust clinical engagement framework

The Clinical Design Authority includes consultants and other senior clinicians, supported by a network of clinical champions from across the Trust. Activities are on hold until the new Chief Clinical Information Officer comes into post in November 2022.

Digital comorbidity capture to improve clinical data quality

A prototype has been designed by the Digital Development Team. Work needs to progress on the agreement of work flows and processes for clinical coding and re- engagement with clinicians.

Modernise our clinical coding department and raise its profile

The department has been reorganised into two functions: operational delivery; and training and audit. This is phase 1 of the overall modernisation plan. An interim coding service manager has been appointed to work through Phase 2 of the plan which includes a revised management structure for operational delivery.

Clinical coders working more closely with clinical teams

No updates

Data provision for clinical audit and research teams

No updates



OUR DIGITAL AMBITIONS – 2021-2023

ENHANCE performance and operational service delivery	2021 - 22	2022 - 23
Optimise capabilities of the Data Warehouse	Progress bar	Progress bar
Modernise internal operational and performance reporting	Progress bar	Progress bar
New informatics portal for access to all reports	Progress bar	Progress bar
Expand range of clinical reports & clinical quality dashboards	Progress bar	Progress bar
Programme of work with our community based services	Progress bar	Progress bar
Support developments in Population Health delivery	Progress bar	Progress bar
Increase our data science skills	Progress bar	Progress bar

WHAT HAVE WE DELIVERED?

Optimise capabilities of the data warehouse

The Trust’s data warehouse is now live for the majority of mandatory national data feeds (ED/Community/OP) and the work on inpatients is close to completion. This work has enabled the Trust to take control of the delivery of its daily mandatory returns, taking away the reliance on its PAS supplier.

Modernise internal operational and performance reporting

Continued enhancements to the weekly Executive Team Performance Report, including additional metrics. Development of new dashboard for Endoscopy, with work ongoing for theatres and a live ED dashboard. Dashboards to support the Trust’s transformation programme have also been developed to cover SDEC/Functional Assessment Tool and day- case surgery.

New informatics portal for access to all reports

Investigating options for the delivery of informatics portal.

Expand range of clinical reports and clinical quality dashboards

The Business Intelligence team is working closely with the Deteriorating Patient Group to review any new requirements including data from the new introduced functionality in Patientrack called ‘auto bleeping’, which brings to the attention of the ward- shift coordinator any patient that is are starting to deteriorate. Working with the Pharmacy Lead on new reporting of ‘Safer Medications’.

Programme of work with our community- based services

With community services data now feeding into the warehouse, the ability to create new reports has been improved. A review is currently being undertaken of all current operational reports to establish the priorities for a new programme of work.

Support developments in population- health delivery

Working with GM to understand the capabilities of the new data science software product ‘Data Robot’, and the value it might have for the Trust.

Increase data- science skills

One member of the BI team has completed a data- science qualification, with a further member of staff enrolled to commence study in October.



OUR DIGITAL AMBITIONS – 2021-2023

COLLABORATE with our partners	2021 - 22	2022 - 23
Link closely with Tameside digital teams		
Digitally support the Joint Clinical Strategy with East Cheshire		
Explore options for joint digital working		
Review internal & external technical interoperability capabilities		
Alignment of ambitions with Stockport and Greater Manchester		

WHAT HAVE WE DELIVERED?

Link closely with Tameside digital teams

Where opportunities have arisen, the teams are working closely together, including the use of resource from Tameside to support current interfacing requirements, and support to the clinical-- coding department. Stockport and Tameside are collaborating closely on EPR procurement activities.

Digitally support the joint clinical strategy with East Cheshire

The digital teams will be engaged once required to participate.

Explore options for joint digital working

No updates

Review internal and external technical interoperability capabilities

No updates

Alignment of ambitions with Stockport and Greater Manchester

The Trust’s Chief Information Officer (CIO) attends the Stockport Digital Leaders meeting on a monthly basis and the weekly meeting of GM Provider CIOs. Both forums ensure that Stockport’s ambitions and delivery plans are aligned to external plans.

SUMMARY

Delivery of the Digital Strategy is progressing well, supported by the significant external investment which the team managed to secure. In addition, the Trust's major digital ambition of a new EPR solution is also progressing, which is a positive step for the Trust. The teams will work hard to keep this activity on track and ensure close collaboration with Tameside so that significant external funding can be secured and the programme delivered. It should also be acknowledged that the Digital and Informatics Team continues to deliver the day- to- day activities highlighted in the diagram below (e.g. answering helpdesk calls; maintaining, and enhancing, digital systems; securing clinical engagement; ensuring good data governance; and responding to ad hoc data requests).





Meeting date	6 October 2022	x	Public	Confidential	Agenda item
Meeting	Board of Directors				
Title	Communications and Engagement Strategy				
Lead Director	Director of Communications & Corporate Affairs	Author	Director of Communications & Corporate Affairs		

Recommendations made / Decisions requested

The Board of Directors is asked to approve the Communications & Engagement strategy and receive annual updates on its delivery.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

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

Executive Summary

The Trust's long term strategy to be an outstanding and well led organisation delivering high quality care for local people will be delivered by a range of medium term enabling and operational plans and strategies, including the communication and engagement strategy.

The strategy is rooted in best practice and sets out:

- the internal and external drivers for change,
- the principles that underpin how we communicate and engage,
- the approach we will adopt in communicating and engaging with a range of people and organisations.

It also includes a plan on a page and outlines how we will evaluate the delivery of the strategy.

Board members have seen and commented on earlier drafts of this strategy and the latest version reflects the aspirations for effective communication and engagement discussed at a recent private meeting of the Board.

The Board of Directors is asked to approve the strategy and receive annual updates on its delivery.

COMMUNICATIONS AND ENGAGEMENT STRATEGY

2023 - 2026



Making a
DIFFERENCE
every day

CONTENTS

1	Introduction, vision and values	Page 3
2	Drivers for change	Page 4
3	Principles	Page 5
4	Positivity matters	Page 6
5	Our approach to communications & engagement	Page 7
6	Who we communicate and engage with	
	7.1 Our colleagues	
	7.2 Our patients and their families	Pages 7 - 14
	7.3 Our partners	
	7.4 The public	
7	Supporting delivery of the Trust's strategy – our communications & engagement plan for 2022-23	Pages 15 - 17
8	Evaluation	Page 17

1 Introduction, vision and values

Stockport NHS Foundation Trust aims to be an outstanding and well led organisation delivering high quality care for local people.

Our strategic plan for 2020-2025 sets out a clear vision – developed in collaboration with colleagues and patients – to continue to improve the quality and performance of our services, while achieving financial sustainability. We have clearly set out our mission, values and strategic objectives.

Our mission

**Making a
DIFFERENCE
every day**

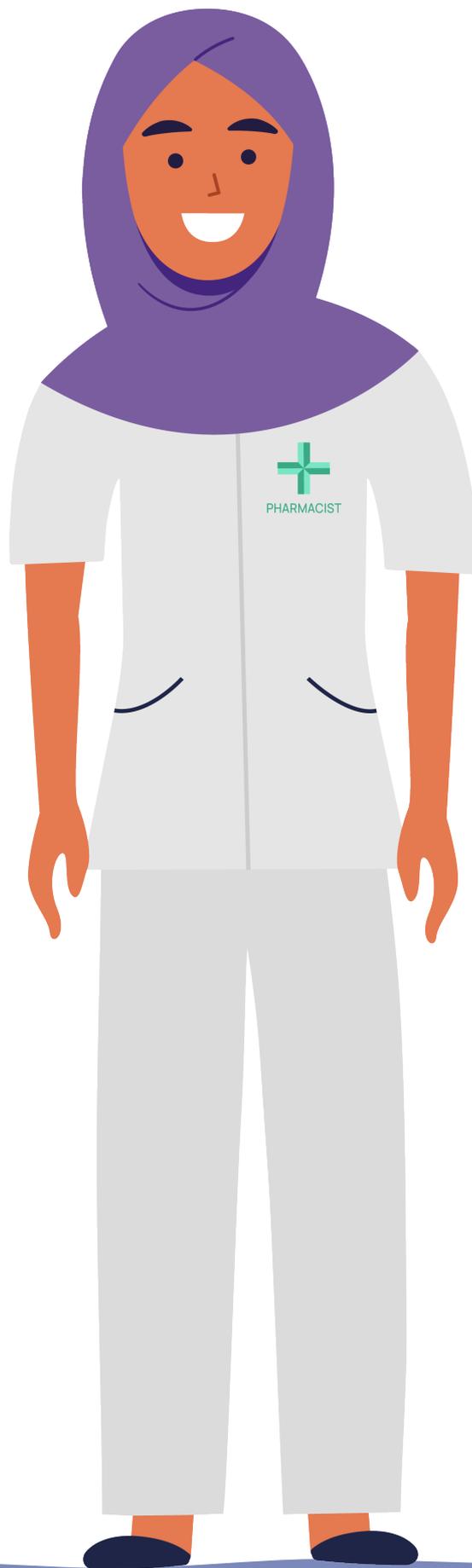
Our values

- We care**
- We respect**
- We listen**

Strategic objectives

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

Our long term strategy will be delivered via range of medium term enabling and operational plans and strategies - including this communications and engagement strategy - which set out the detail of how our ambitions will be achieved across clinical divisions and professional supporting functions.



2 Drivers for change

NHS England (NHSE) has not set a national communications and engagement strategy to guide the development of approaches in individual NHS organisations. However, there are legal, constitutional, and operational responsibilities on NHS organisations to engage and communicate with patients, colleagues, partners and others. There are also a number of drivers for change that are addressed by this strategy.

The actions set out in this strategy are rooted in best practice as advocated by the Chartered Institute of Public Relations and engagement frameworks recommended by NHSE. It is also underpinned by insights into the communication and engagement preferences of our various audiences.

EXTERNAL DRIVERS FOR CHANGE

INTEGRATED CARE SYSTEMS (ICS)

As part of the Greater Manchester (GM) ICS we have a statutory duty to collaborate with health and care providers across GM as the ICS focuses on improving patients experience and outcomes, ensuring value for money, and addressing health inequalities and the social determinants of health and wellbeing.

PROVIDER COLLABORATION

Provider organisations across GM increasingly need to collaborate to effectively deal with the operational challenges facing our health and care system, including lengthy waiting lists and increased demand for services.

ONE STOCKPORT HEALTH & CARE PLAN

As an anchor organisation in Stockport we will play a major part in delivering the plan for 2030, which includes working towards a healthy and happy Stockport. We will need to work differently across localities to develop place based approaches to health and social care.

INTERNAL DRIVERS FOR CHANGE

OUR PEOPLE

We are a people organisation working towards becoming a Friendly Trust, where kindness, civility and compassion are hallmarks of how we behave towards our patients, each other, and the communities we serve. We aspire to be a great place to work and we are investing in developing our organisational culture, with a focus on supporting the health and wellbeing of our colleagues and celebrating their achievements. Effective communication and engagement is essential to delivering our People Plan.

TECHNOLOGY

Technological advances – including digital developments - provide many opportunities to change and improve the way we provide care and support people to manage their long term health conditions. Embracing new technologies can also impact how we effectively communicate and engage with each other.

SUSTAINABILITY

We are committed to delivering our Green Plan to minimise our impact on the environment, and we also face the challenge of ensuring the economic sustainability of our organisation. Capturing the hearts and minds of our colleagues will be crucial to delivering on sustainability challenges, and our work in these areas will be underpinned by effective communication and engagement.

3 Principles

This strategy aligns with our values, in that:

We care about the views of our stakeholders.

We listen to what our stakeholders tell us,

We respect them, their views, and what they tell us.

We demonstrate those values through seven principles that underpin how we communicate and engage with our stakeholders:

Principle 1

We enthusiastically instigate, maintain and learn from engaging two-way conversations with our internal and external stakeholders.

Principle 2

Our communication and engagement activities recognise and embrace the diversity of the communities we serve, the colleagues who provide our services, and the partners we work with.

Principle 3

The way we communicate and engage with our stakeholders is shaped by feedback from our conversations, and is rooted in insight and developed in response to evaluation.

Principle 4

We concentrate our resources on communication and engagement tools and methods that are proven to be the most effective and meet the stated needs of our stakeholders.

Principle 5

Our communications are open, honest, warm and friendly, clear and simple, factual, consistent, timely and accessible.

Principle 6

We actively embrace effective engagement with all stakeholders and clearly demonstrate how their feedback influences how we work.

Principle 7

The language and tone of voice we use in our communication methods and engagement activities reflect our values as a caring, confident, innovative and forward thinking organisation striving to deliver excellent services.

4 Positivity matters

We will work towards ensuring that everyone who is in contact with us – as a colleague, patient or partner – has a positive experience, and we will support this positivity by:

developing a compelling narrative about our ambitions, aspirations and the significant progress we are making on our improvement journey,

sharing the narrative clearly and consistently across all our proven communication and engagement tools,

supporting and enabling colleagues to effectively share the narrative.

It is important people have a positive view of the organisation and our services to:

build trust with our patients so they make informed choices about using our services,

build effective relationships with our partners so we develop strong, effective collaborations together,

attract new highly skilled and experienced colleagues to provide outstanding services.

On those occasions when an individual's experiences do not reflect our aspirations we will demonstrate through our responses humility and kindness towards those involved, as well as sharing how we are changing the way we operate in direct response to feedback, both positive and negative.



5 Our approach to communication and engagement

To be inclusive and effective we must deliver a variety of communication methods to suit different preferences, and ensure we keep pace with the development of new tools as they are adopted by our audiences. Insights into the communication preferences of our different audiences underpin all we do and ensure we make the best use of our resources.

Effective engagement is the way we build and maintain meaningful interactions with our people. It is founded on our drive to learn from engaging conversations highlighted in principle one, and is congruent with the legal duties that require us to proactively engage.

Identifying our stakeholders and understanding their communication and engagement preferences is crucial to effective engagement. We will make the best and most impactful use of our resources by mapping our stakeholders, identifying their current perceptions of and engagement with the Trust; where we may want them to move to, and what activities are required to bridge the gap.

We will regularly review our stakeholder analysis matrix to take account of movement in our stakeholders' perceptions and level of engagement with us, as well as external factors that may influence their position.

Through the sharing of best practice and the development of training and "how to" guides we will build our capacity and capability to ensure that we maximise opportunities for effective communication and engagement. We will seek opportunities to demonstrate how such activities are shaping our organisation and services for the better.

6 Who we communicate and engage with

How we communicate and engage impacts on everyone who comes into contact with the Trust and our services, but for the purpose of this strategy our audiences are segmented into four broad categories:

internal colleagues,

patients and their families, who may also be carers;

partners, including regulators and MPs;

the public, including traditional media.

6.1 Communicating with our colleagues

Our colleagues do not operate in a Trust vacuum. Most live and work locally, and are exposed to and will seek out a wide range of communication routes for information about us, including external social media platforms and traditional media.

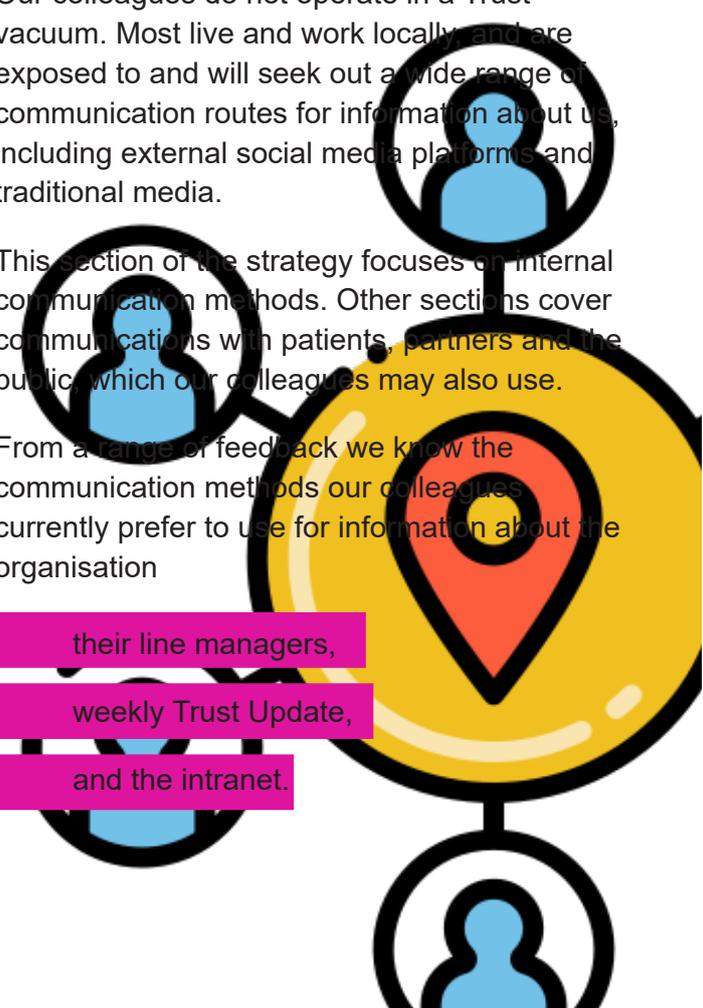
This section of the strategy focuses on internal communication methods. Other sections cover communications with patients, partners and the public which our colleagues may also use.

From a range of feedback we know the communication methods our colleagues currently prefer to use for information about the organisation

their line managers,

weekly Trust Update,

and the intranet.



Colleagues also want communication to be more targeted to help filter key information from the plethora of messages they receive every day. To target and hone internal messaging we will adopt the Purpose model:

	Enable or inform	Achieve or inspire	Belong or unite	Support or signpost
We ask ourselves	Is this content enabling colleagues to do their jobs (better)?	Is this content demonstrating benefits or sharing achievements?	Is this content helping colleagues feel they belong to our organisation?	Is this content supporting colleagues' physical & mental wellbeing?
Content or methods examples	Policies, Guidance, Team Brief cascade, Trust Update	External awards, R&D, Service, improvements	Staff networks, Stepping Up magazine, Making a Difference Awards, Staff Facebook	Occ. Health info, Trust Update
Principles or our values ie a great place to work; always learning, continuously improving	We provide colleagues with clear information to do their jobs We minimise the information burden on colleagues	We celebrate each others' successes We share learning and experiences	We connect colleagues to our vision & values We are part of "Team Stockport"	We support our colleagues to live their best lives and taken care of their health and wellbeing

We will maximise preferred internal communication methods to celebrate our colleagues' successes and foster the Team Stockport ethos where making a difference every day is our norm.

In line with colleagues preferences we will encourage services to funnel key information via the weekly Your Update rather than creating new mediums. We will limit the number of all user emails to only urgent messages relevant to all staff, and we will support services to regularly evaluate their existing communication methods to ensure they are impactful.

Line managers are key conduits for effective communications and engagement. Some managers do this extremely well, but others need further support and we will do this through the development of a managers' communications and engagement handbook, subject specific toolkits and templates, and exploring ways we can enhance our leadership development courses.

We will encourage greater manager attendance at and active engagement in the monthly Team Brief through the use of interactive tools; encouraging attendees to consistently cascade the five in five messages to their teams and feeding team comments back to the senior leadership, and we will regularly test the impact of the cascade process to help target additional support.

We know colleagues value the intranet as a repository for information to help them do their jobs. Our IM&T Strategy has the redevelopment of the intranet as a key deliverable and we will also support its development as a key tool for internal communication.

Around half of our colleagues currently use our internal Facebook group as a way to connect with each other, share information, and raise concerns that can be rapidly addressed. The number of users of the platform is largely in line with generational preferences and benchmarks well against comparable NHS organisations. We will continue to develop this valuable internal communication tool and grow its users, as well as develop other internal social media platforms in line with emerging colleague preferences.

To support delivery of our Equality, Diversity and Inclusion Strategy we will work with our staff network groups to share information from their activities via Trust Update and other trusted communication mediums, and encourage greater engagement in their activities. We will continue to develop our Respect campaign to challenge discriminatory and abuse behaviour, and celebrate the diversity that is a strength of Team Stockport.

We will enhance Stepping Up magazine to consistently share our improvement journey, and in response to feedback we will develop a colleague magazine to help foster the Team Stockport ethos. The new magazine will celebrate individual and team successes, welcome new colleagues, and say farewell to those retiring. Both magazines will primarily be shared electronically, but some paper copies will also be available in response to colleagues who have difficulty accessing emails.

Learning from partners' experiences we will develop an app to enable colleagues to access key Trust information from their personal mobile phones. This could include links to policies, health and well being advice, their Trust email or ERS accounts, as well as push messaging about important organisational events and activities.

We will use our trusted internal communication tools to share information from partners, particularly those messages aimed at supporting health and well being.

We will develop our corporate identity across all colleague focused communication tools to make the most efficient use of our resources, and enhance our brand.

Engaging with our colleagues

Colleagues have the potential to be our greatest ambassadors. If they are actively engaged and proud of working at Stockport FT they will not only stay, but also project that positivity onto their interactions with patients and other key stakeholders.

Our approach to engaging with colleagues is guided by our People Plan and organisational development strategy, and delivery is led by our People and OD team. But visible leadership is crucial to effective engagement with colleagues.

Senior leaders are role models for setting the standard for engagement with colleagues, partners and patients. How Board members interact with colleagues has a huge impact on colleagues' perception of the organisation, and we offer a number of opportunities for directors to positively engage with colleagues. They include Wednesday walkabouts, Non-Executive Directors service visits, Grand Rounds, Swartz Rounds, Team Brief, and Values into Action engagement sessions with teams.

To actively and regularly contribute to these sessions colleagues must feel there is value in their engagement. Prompt feedback and actions to address concerns raised is crucial to fostering on-going engagement and levels of positivity. We will maximise these opportunities, develop virtuous feedback loops to enable the Board to hear from the ward and back again, and encourage further engagement by sharing feedback and quick wins via the communication routes our colleagues trust.

Through directors' role modelling and the development of a communications and engagement handbook for managers we will set the standard and expectation for our managers in how to engage with their teams.

6.2 Our patients and their families'

The Friends and Family test is one indicator of our patients' perceptions. While the numbers of patients who complete the test are relatively low at between 17-22%, the positivity scores continue to remain high, with the latest good to very good scores ranging from 84% for A&E to 97% for maternity services. We also have Patient Choice, surveys, and complaints data that help to triangulate these positivity scores.

The engagement work undertaken in partnership with East Cheshire NHS Trust and local commissioners indicate good levels of positivity around ten of our services, but concerns about waiting times and staff shortages echo national research about people's current perceptions of the NHS.

Communicating with our patients and their families

Our patients and their families highly value the caring, friendly nature our colleagues demonstrate toward them. When things do go wrong poor or mis-communication is often a factor.

We can do more to support a positive patient experience by ensuring that the information patients receive throughout their care journey is in line with our communications principles in that it is open, honest, warm and friendly, clear and simple, factual, consistent, timely and accessible.

We will work with our services to ensure that the appointment letters we send out are in line with those principles, and patients and their families have consistent access to all the information they need e.g. where to park, public transport, what to expect from the appointment.

Social media is a cost effective way of sharing information. Through the development of a toolkit we will support our services and senior leaders to use social media as an effective communication tool.

Around 10,000 people a week turn to our website for information about our services. However there are a number of issues with the current site, which was designed in-house. It does not meet current accessibility standards and it is not fully adaptive, automatically sizing pages to suit the device being used to. We are undertaking a major redesign of the site, engaging external support with expertise in ensuring websites meet the needs of the end users.

The continued growth of e.communication is something we will embrace as a way of fostering rapid communications with a range of audiences. However, we are mindful that these mediums are not accessible to all, and the North West is one of the most digitally poor parts of the country.

Ensuring access to information about services and treatments is available to all is one of our key communication principles. While the growth of QR codes to access information is a welcome and cost effective communication method for many audiences, the codes cannot fully replace traditional leaflets and posters.

We will support our patient experience team, which is responsible for the production of patient information, to roll out our developing corporate identity across all materials in a phased and cost effective manner, as well as work with them to ensure the information they produce meets the broadest possible information and accessibility needs of our patients and their families.

Engaging with our patients and their families

We have a legal duty to engage with people to maintain their own health and care. The approach of “no decision about me without me” is at the heart of all interactions between our clinicians, our patients and their families.

That partnership approach also encompasses the many other services that may be needed to provide holistic care to an individual, both in hospital and in our neighbourhoods.

Our approach to engaging patients and their families is guided by our Patient Experience Strategy and delivery is led by our patient experience team. They engage patients and families in making improvements to services through a variety of methods, including regular surveys and targeted ward/service activities.

We will maximise the impact of these actions by purposefully promoting both the activities and the outcomes via our trusted internal and external communication channels, including on-site electronic displays, social media, website, and traditional media.

We have a number of examples of good practice in engaging patients and their families in developing and improving services. We will learn from their experiences and external good practice to guide the development of an engagement toolkit as a resource to help other services shape their approach to effective patient and family engagement.

6.3 Our partners'

There are a number of external stakeholders, including MPs and regulators, who have the potential to influence our future and our place in the developing local and regional health and care sector. It is important they have positive perceptions of us and our services.

We currently have very limited data about our partners and preferences, or their perceptions of our organisation.

Communicating with our partners

We have adopted an open, supportive and collaborative approach to working with our partners, and that will be reflected in the corporate communications we produce, both as an individual Trust and in partnership with other organisations.

To help foster trust in us as an improving organisation we will adopt a “no surprises” approach to our communications with partners, including regulators.

We will share information about our performance, improvement journey, successes, campaigns, and media coverage with our five local MPs on a weekly basis, and we will replicate this approach with our governors. We will encourage both our MPs and governors to share our information with their constituents and networks, and we will encourage their comments and questions, which we will respond to promptly and openly.

Engaging with our partners

Our overall strategy is clear about the partnership role we play in GM, and in the south east sector alongside Tameside and Glossop Integrated NHS Foundation Trust and East Cheshire NHS Trust.

Our Board members and senior leadership are involved in a wide range of formal groups, committees and Boards, as well as informal networks. How they positively engage with partners through those forums is crucial to building trusted relationships and effective collaborations for the benefit of the people and neighbourhoods we serve.

Regular communication with our partners is the first step in the engagement continuum. We will capitalise on our communication approach by creating additional opportunities to engage with our key external partners and stakeholders.

We will devise opportunities to share our improvement narrative, showcase initiatives, and identify more ways of working together to achieve joint ambitions. This will include developing an annual programme of regular face-to-face meetings, including showcase events, with our five MPs, commissioners, regulators, local councillors, neighbouring trust boards, and other identified influencers.

Our Council of Governors is made up of public, staff, and partner representatives. We will use our regular formal and informal meetings with them to engage our governors in developing a greater understanding of the challenges that face health and care systems as well securing their support for the many initiatives we are developing collaboratively to address those issues. We will support successful delivery of the Membership Engagement Strategy.

6.4 The public

Health Foundation research found that the Covid-19 pandemic has had a major impact on the way the public views the NHS. Some 57% think the standard of NHS care has worsened over the last 12 months, and 43% believe it will continue to deteriorate but the NHS is still one of the most trusted brands.

Traditional media as an influencer of public opinion is waning in line with the public's deteriorating trust in print, TV, and radio news. However, for many key stakeholders media coverage is still an important lens by which to view the organisation.

The national media has shifted its focus on the NHS from whole heartedly supportive during the pandemic to a more negative perspective, with a particular focus on operational inefficiency and waiting times.

Our local and regional media are also interested in performance, but are more open to featuring good news stories, particularly if they can be presented from the point of view of individual clinicians or patients.

Communicating with local people

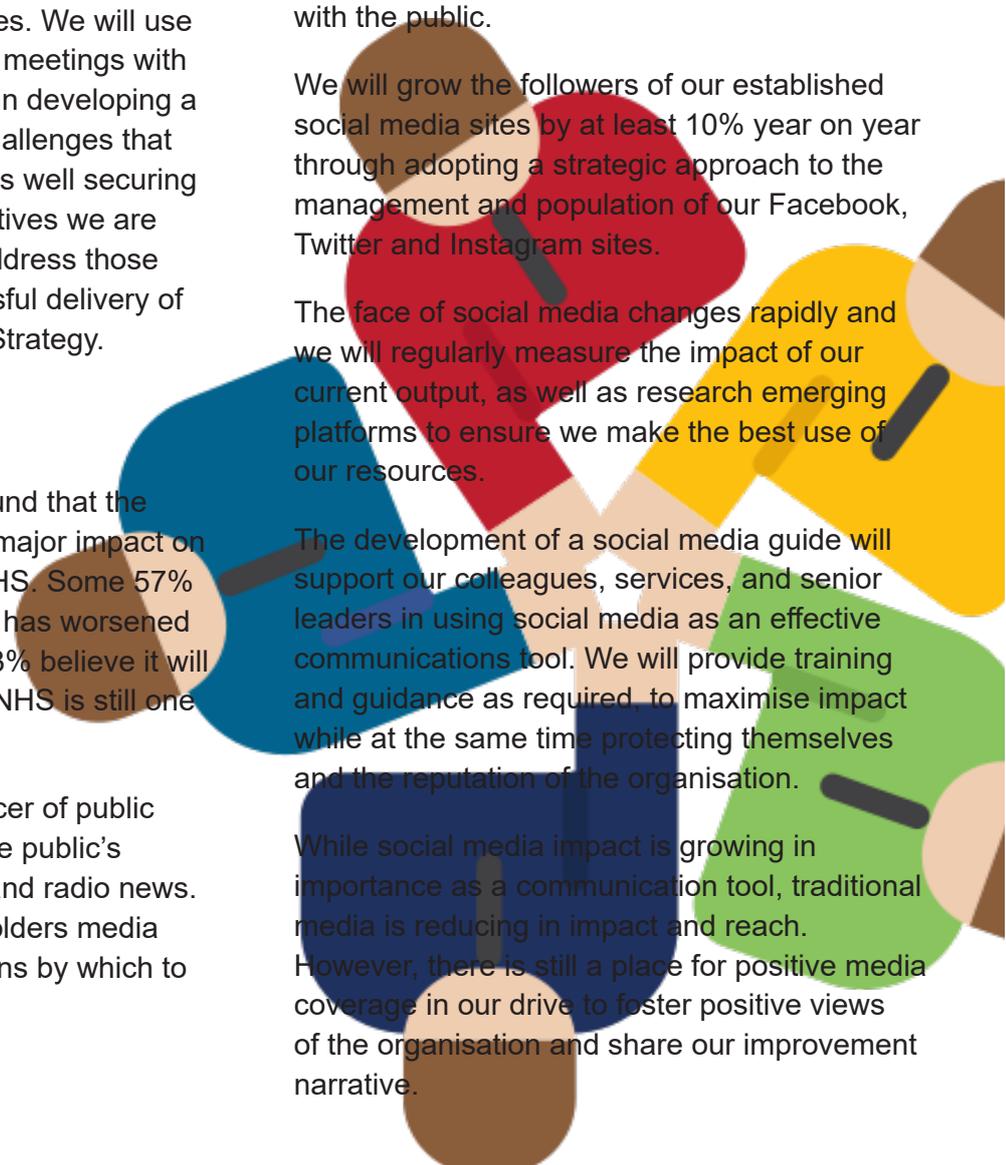
Social media is continuing to grow in importance as a key communication tool to quickly and cost effectively share information with the public.

We will grow the followers of our established social media sites by at least 10% year on year through adopting a strategic approach to the management and population of our Facebook, Twitter and Instagram sites.

The face of social media changes rapidly and we will regularly measure the impact of our current output, as well as research emerging platforms to ensure we make the best use of our resources.

The development of a social media guide will support our colleagues, services, and senior leaders in using social media as an effective communications tool. We will provide training and guidance as required, to maximise impact while at the same time protecting themselves and the reputation of the organisation.

While social media impact is growing in importance as a communication tool, traditional media is reducing in impact and reach. However, there is still a place for positive media coverage in our drive to foster positive views of the organisation and share our improvement narrative.



We will work with our services to identify potential good news stories and trusted professionals as spokespeople, and we will train them to share their expertise and engage positively with regional radio and TV on topical issues.

We will capitalise on the open and supportive relationships we have built with the local and regional media to share our improvement narrative via the use of case studies.

We will maintain a 90:10 positive to negative ratio for media coverage, maximising the ring fenced space available to us in the weekly Stockport Express to share positive news stories, and we will seek opportunities for wider media exposure e.g. TV documentaries.

We will use our strategic approach to social media management to amplify traditional media coverage and reach larger and wider audiences.

Our website has a key role to play in our recruitment efforts – it is the first place potential recruits turn to for information about us. We will work with People and OD colleagues to ensure the new site best markets Stockport NHS Foundation Trust as a great place to work and build a career.

We will ensure recruitment materials optimise the opportunity to share our ambitions, highlight our successes and improvement narrative, and emphasise the Team Stockport ethos for potential future colleagues.

We will work with our partners to use their communication tools e.g. local authority newsletters, to share our messages with local neighbourhoods, and also maximise the impact of joint health and wellbeing campaigns.

Hundreds of people visit Stepping Hill Hospital every day and we will maximise the potential of the site as a vehicle for effective communication. Electronic posters, information screens, pop-up stands, and posters all have roles to play in sharing key messages with our public.

These mediums will carry targeted and consistent messages to amplify our improvement narrative and ensure that visitors have the information they need to navigate the site safely. We will ensure that messages are rationalised and rotated to maximise impact and to cut through the “noise” that can arise from sharing multiple messages.

Engaging with local people

We have a duty to engage with people and/or their representatives to plan services and develop and implement proposals for change. But we are not the only organisation seeking to actively engage with the public we serve.

The changing health and care landscape provides us with exciting opportunities to collaborate more effectively on communicating and engaging with our local populations; ultimately co-creating and empowering them to undertake interventions to address the health inequalities that affect some of our communities.

Our developing partnership arrangements across GM and the south east sector will be invaluable in supporting and maximising the impact of messaging, as well as engaging local communities, particularly in relation to amplifying public health messaging and working with our populations to together achieve ICS and Place ambitions.

We are committed to fully playing our part in strengthening the communication and engagement networks that developed locally, regionally and nationally during the pandemic and have continued.

Working with colleagues in East Cheshire NHS Trust and Tameside and Glossop Integrated Care NHS Foundation Trust we will adopt a collegiate approach to using our various communication and engagement pathways to maximum effect, as well as sharing learning, knowledge, skills, and expertise.

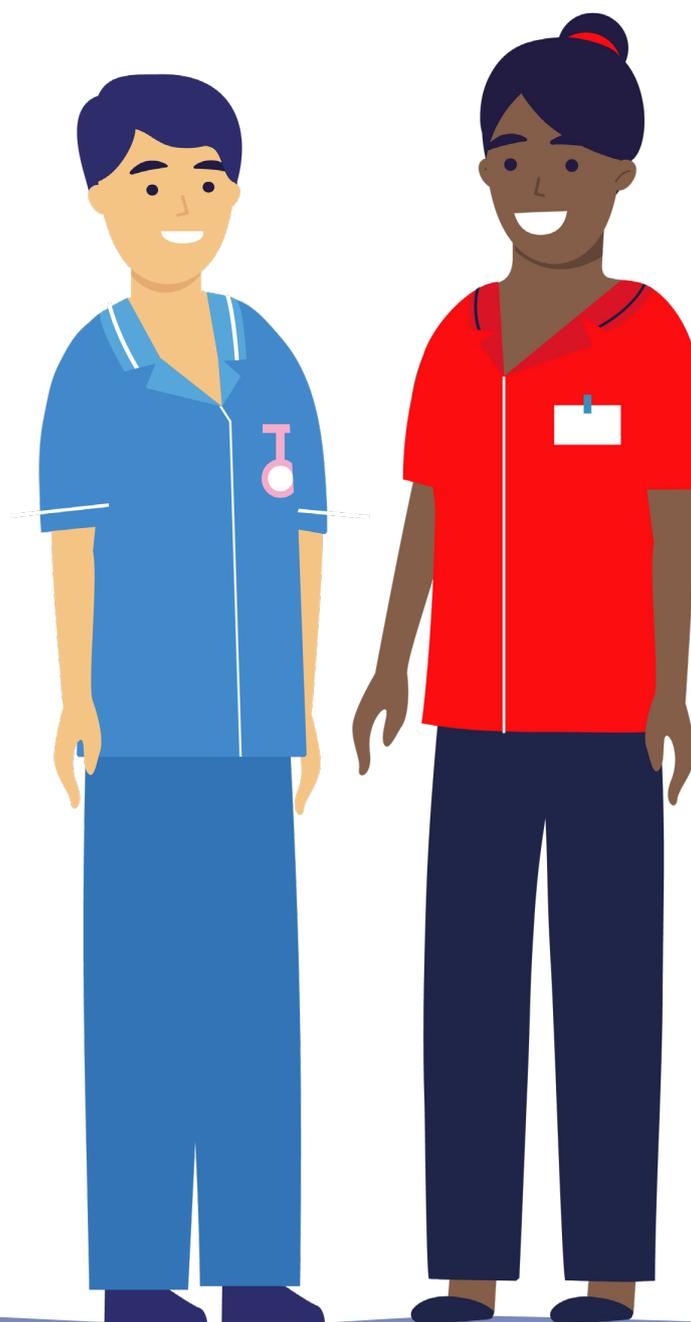
During the first year of this strategy, as active and enthusiastic members of the ICS for GM and Stockport Place, we will help to shape and deliver cohesive and impactful approaches to communications and community engagement. This will include supporting the network of community champions in Stockport to grow into key enablers for addressing health inequalities in our neighbourhoods.

In delivering year two and three of this strategy we anticipate communication and engagement teams from all partners will work more closely together as a cohesive whole as they recognise the benefit of embracing the power and positive impact of collaboration to achieve common objectives. This could include developing joint campaigns to address health inequalities and signposting local people to new or developing services.

We are optimistic about the impact collaboration can have on the development of joint engagement activities, campaigns and interventions to encourage local people to foster positive health habits that will safeguard their well being for the long term.

As one of the longest established NHS Foundation Trusts in England we have a large public membership. Our recently approved Membership Engagement Strategy guides not only the maintenance of a healthy membership, but also how we will inform and engage with members through a range of activities and events.

Our governors are important conduits to engaging our members, and we will support them to deliver the strategy by engaging with their personal networks, and sharing information and seeking views from their constituents and local communities via the network of community champions.



7 Supporting delivery of the Trust strategy

our communications and engagement plan

Great place to work



Support delivery of our organisational development strategy, including organising internal awards, promoting health and wellbeing offers, sharing feedback from engagement activities.

Develop a communication and engagement handbook, toolkits and templates to support managers.

Work with People and OD colleagues to ensure the new website and recruitment materials effectively markets us as an employer of choice and tells our improvement story.

Develop a colleague magazine to foster the “Team Stockport” ethos.

Grow the staff Facebook group as a key engagement and feedback tool and explore options for the development of other internal social media platforms.

Support our internal staff networks to recognise and celebrate the diversity of our colleagues.

Develop a staff app to enable colleagues to access Trust information on their personal mobile phones.

Investing for the future by using our resources well



Focus on evaluation to target resources on most impactful communication and engagement methods.

Develop our corporate identify with supporting templates and style guides to increase impact of materials and reduce design inefficiencies.

Support services to evaluate their communication and engagement tools and focus efforts on methods trusted and preferred by stakeholders.

Rationalise on-site messaging methods to maximise impact.

Always learning, continually improving



Maximise sharing of our improvement narrative across internal and external communication tools.

Recruit and train a cohort of experts to contribute to media coverage and ensure a 90/10 ratio of positive to negative media coverage.

Develop a style guide to support services in communicating effectively with patients and families.

Develop a social media guide to help individuals/teams share our improvement journey.

Learn from neighbouring organisations to develop a staff app.

Expand our communications and engagement capacity, skills and expertise; sharing learning and knowledge with south east sector partners.

Use best practice to shape an engagement toolkit to support our teams in effectively engaging patients and their families.

Working with others for our patients and communities



Play an active role in shaping and developing national, GM, south east sector and Stockport communications and engagement networks, sharing learning and supporting delivery of collaborative objectives.

Work with Place colleagues to develop and deliver a robust approach to communications and community engagement in line with agreed GM framework.

Through strong partnerships maximise positive messaging opportunities and foster joint behavioural campaigns.

Support clinical colleagues to ensure patients and carers information needs are met.

Ensure effective communication and engagement to support the developing joint clinical strategy with East Cheshire Trust.

Support delivery of membership engagement and patient experience strategies.

Develop an annual plan of service visits, showcase events and other activities to engage influential external stakeholders.

Helping people live their best lives



Maximise opportunities to amplify public health campaigns and messages e.g. smoking cessation, vaccination take up, across our trusted communication tools, and encouraging colleagues to role model preferred behaviour.

Take a strategic management approach to our social media messaging to share health and well being campaigns and encourage positive behaviour change.

Develop a new Trust website designed to meet end user needs and share our improvement journey as well as information to support positive behaviour change.

Support impactful delivery of key trust campaigns and ambitions e.g. smoking cessation and smoke free site, green plan.

9 Evaluation

Evaluation metrics will be built into all our communications and engagement methods to help inform regular stakeholder mapping and the effective targeting of our resources. Measurement will inform the maintenance of trusted methods, and the creation of new communication and engagement pathways.

We will commission external expertise to regularly assess the perceptions of key stakeholders, but indicators of a positive reputation and the successful delivery of this strategy include:

increasing numbers of people choosing to work in our organisation and our ability to fill hard to recruit to roles,

statistically significant improvements in our NHS staff survey results, particularly in relation to morale and recommending the organisation as a place to work and be cared for;

patients making informed choices about having their care with us,

Friend and Family and Patient Choice feedback consistently positive about us,

Increased involvement in engagement activities in line with the demographic make-up of our communities and positive feedback on that engagement,

media coverage consistently 90% positive of the organisation,

10% year on year growth in our social media following and 90% positive comments.

9 Evaluation

Evaluation metrics will be built into all our communications and engagement methods to help inform regular stakeholder mapping and the effective targeting of our resources. Measurement will inform the maintenance of trusted methods, and the creation of new communication and engagement pathways.

We will commission external expertise to regularly assess the perceptions of key stakeholders, but indicators of a positive reputation and the successful delivery of this strategy include:

increasing numbers of people choosing to work in our organisation and our ability to fill hard to recruit to roles,

statistically significant improvements in our NHS staff survey results, particularly in relation to morale and recommending the organisation as a place to work and be cared for;

patients making informed choices about having their care with us,

Friend and Family and Patient Choice feedback consistently positive about us,

Increased involvement in engagement activities in line with the demographic make-up of our communities and positive feedback on that engagement,

media coverage consistently 90% positive of the organisation,

10% year on year growth in our social media following and 90% positive comments.



Caroline Parnell, Director of Communications & Corporate Affairs - September 2022

Meeting date	6 October 2022	X	Public	Confidential	Agenda item
Meeting	Board of Directors				
Title	Board Committee Assurance – Key Issues & Assurance Reports				
Lead Director	Committee Chairs	Authors	Soile Curtis, Deputy Company Secretary		

Recommendations made / Decisions requested

<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Review and confirm the key issues and assurance provided in the Committee Reports
--

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

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

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

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

Where issues are addressed in the paper-

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

Executive Summary

<p>The Board of Directors has established the following Committees:</p> <ul style="list-style-type: none"> - Audit Committee - People Performance - Finance & Performance - Quality

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

A summary is provided for the Board of Directors of the key matters and decisions from the meetings of the Finance & Performance Committee, People Performance Committee, Quality Committee and Audit Committee held in September 2022.

KEY ISSUES AND ASSURANCE REPORT
Finance & Performance Committee
15 September 2022

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

Issue	Committee Update	Assurance received	Action	Timescale
Finance Report	<p>The Chief Finance Officer provided an update on financial performance for Month 5 2022/23. He advised that no adjustments had been made, regarding the elective recovery fund. The Committee discussed the cash position, noting the Risk Management Committee had discussed the associated cash risk.</p> <p>The Committee considered the continuing drivers of the movement from plan, including escalation beds that remained open beyond the planned winter period, continued growth in ED attendances, the high numbers of No Criteria to Reside, and pressures relating to inflation and the pay award.</p> <p>The Committee discussed progress against the Cost Improvement Programme (CIP), noting that this was a key focus of the divisional performance reviews. It was noted that the in-year position was on track, but the focus was on recurrent CIP and providing confidence to enact this within the context of competing pressures and not receiving additional income for increasing demand,</p>	<p>The Committee received and confirmed the financial position as at Month 5.</p> <p>The Committee noted that the financial position was behind the plan to date, and while the Trust was still forecasting to deliver its financial plan by year-end, there was limited assurance in this area given the challenges.</p> <p>The Committee noted challenges in recurrent CIP and cash, and that the planning regime at the start of the year had changed significantly.</p>		

	while ensuring patient safety was not compromised.			
Costing Transformation Programme Update	The Chief Finance Officer presented a report providing current progress with the costing transformation activities in the Trust and the submission of the National Cost Collection exercise for 2021/22 data.	The Committee received and confirmed the costing transformation programme update.	The Committee agreed that the costing transformation programme would be considered in further detail at a future meeting, including comparison with pre-Covid year, when the data was published.	March 2023
Annual Review of Treasury Management Procedures	The Chief Finance Officer presented the report and asked the Committee to note the changes to the Treasury Management Policy to reflect the current financial regime in 2022/23 and note the terms of reference of the Finance Cashflow Working Group.	The Committee received and confirmed the report and the terms of reference of the Finance Cashflow Working Group.		
Procurement Update	The Chief Finance Officer presented a Procurement Update Report.	The Committee recommended the award of the contract for Trauma to the Board of Directors for approval and noted the procurement exercises in progress over £750k.	Procurement contract award to the Board for approval.	October 2022
Emergency & Urgent Care Campus (EUCC) Guaranteed Maximum Price (GMP) and Affordability Update	The Chief Finance Officer presented a report which provided an update on recent EUCC developments, explored the GMP delay, described the affordability challenge, and outlined the approach being taken to prevent any delay to the programme.	The Committee received and confirmed the latest position and noted requirement for further assurance on EUCC GMP and affordability.	Board to approve GMP and confirm affordability. As costs have increased significantly, an update on the current position on project benefits to also be provided.	October 2022
Strategic & Planning Framework	The Director of Strategy & Partnerships delivered a Strategic & Planning Framework presentation. The Committee heard that the focus of the strategic and planning exercise had been identification of best practice.	The Committee noted positive assurance on the strategic framework and ongoing planning.		
Operational Performance	The Director of Operations presented the Operational Performance Report,	The Committee reviewed and confirmed the Operational Performance Report for Month 5.		

	<p>including performance at the end of August 2022 against the strategic core operating standards (A&E, 4-hour standard, Cancer 62-day standard, 18-week Referral to Treatment (RTT) standard, and Diagnostic 6-week wait standard), referral trend analysis, RTT waiting list analysis, divisional performance reviews and cancer peer reviews.</p> <p>The Director of Operations highlighted key themes of increased demand and challenges to patient flow, and briefed the Committee on conversations with the Integrated Care Board regarding the ability to discharge and transfer patients to the local area.</p>	<p>The Committee noted continuing challenges on demand and patient flow, however positive trajectories were in place for elective recovery.</p> <p>A mixed position in some areas, with good progress reducing the 104+ waits but additional work still required on 78+ week waits where additional assurance is required.</p>		
Winter Planning	The Director of Operations provided a verbal update and briefed the Committee on progress regarding winter planning, noting a debrief with locality partners and work in progress regarding community bed capacity.	The Committee noted the verbal update.		
Update on Cyber Security	The Chief Technology Officer delivered a cyber security update presentation.	The Committee received positive assurance regarding the Trust's cyber security processes.		
Estates Strategy & Progress Report	The Director of Estates & Facilities provided a verbal update and briefed the Committee on the new hospital project. He advised that the Trust had submitted an expression of interest to the New Hospitals Programme and was awaiting a response from the Department of Health & Social Care.	The Committee noted the verbal update.	The Estates Development Strategy- Stepping Hill to be presented to the Board of Directors.	October 2022
Green Plan	The Director of Estates & Facilities presented a report providing an update on the progress of the Green Plan Group.	The Committee noted positive assurance regarding the work of the Green Plan Group.		

<p>Standing Committees</p>	<p>Digital & Informatics Group The Committee received and noted the Digital & Informatics Group key issues and assurance report and approved the group's terms of reference.</p> <p>Capital Programme Management Group (CPMG) The Committee received and noted the Capital Programme Management Group key issues reports and recognised the inflation challenges and delivery of plans within capital agreed.</p>	<p>The Committee noted the risk associated with inflation.</p>		
----------------------------	---	--	--	--

**KEY ISSUES AND ASSURANCE REPORT
People Performance Committee**

The People Performance Committee (PPC) draws the following matters to the Trust Board's attention-

Issue	Committee Update	Assurance received	Action	Timescale
Freedom to Speak Up Report	The Committee received an update further to the discussion at the previous PPC.	Positive assurance that the paper outlining our Trust completion of the National Freedom To Speak Up Guardian reflection and planning tool is being completed.	Paper to PPC for discussion in advance of Trust Board	November 2022
People Performance Report	<p>The Committee considered the People Performance Report and received an update on the following areas; sickness absence, statutory and mandatory training, role specific training appraisals, turnover, vacancies, pay and expenditure and recruitment pipeline.</p> <p>The Committee discussed the continued increase in rates of sickness absence and were briefed about the re-emergence of MSK as a sickness absence reason. It was agreed that a deep dive would be helpful to better understand the actions we could be taking.</p>	<p>The Committee received positive assurance about the actions being taken to improve rates of statutory and mandatory and role specific training but noted a risk to further improvement in the winter months.</p> <p>The Committee received positive assurance about the steps being taken to gather data which will help improve management of the recruitment pipeline and requested continued sight of the timescales of each stage.</p> <p>The Committee received negative assurance about continued high rates of sickness absence</p>	A deep dive on sickness absence will be undertaken.	November 2022 PPC meeting

Issue	Committee Update	Assurance received	Action	Timescale
Turnover Deep Dive	<p>The Committee considered the detailed data presented about benchmarked rates of turnover in different staff groups, length of service of leavers, information about intentions from the staff survey, rates by division, grade and age and reasons for leaving. The Committee received explanations about the high rates of medical turnover due to high numbers of locally employed junior doctors. The Committee further received information about action being taken to improve progression opportunities for Allied Health Professionals who also show a high benchmarked turnover rate. The Committee requested information in the form of staff stories to supplement the data presented.</p>	<p>The Committee received positive assurance about the wide range of targeted actions being undertaken to improve retention, but noted that this remains an area of concern and risk to the delivery of good quality services.</p>	<p>Staff story videos which have been created to support recruitment to be shared with the committee.</p>	September 2022
Medical Appraisal and GMC Revalidation Annual Report	<p>The Committee received and discussed this report. It was noted that our rates of appraisal are very good and the Committee was informed that this in part results from a long-standing positive culture with regard to medical appraisal. The support to the Responsible Officer from the Medical Appraisal Lead and the Appraisal and Revalidation Co-ordinator was praised. Medical governance processes underpinning revalidation recommendations remain sound.</p>	<p>There was positive assurance on our process of appraisal and revalidation.</p>	<p>The Committee recommended that the Chief Executive Officer signs our annual return</p>	September 2022

Issue	Committee Update	Assurance received	Action	Timescale
GMC National Trainee Survey	<p>The Committee received this detailed report and was briefed by the Director of Medical Education on the actions to be taken over the next 5 months to create action plans in each division. The committee discussed the opportunity for triangulation of this data with other work streams such as the STARS programme. The committee noted the ongoing proactive work to engage with and support our junior doctors. It also noted several areas where the Trust was rated particularly highly by our trainees. A single area was rated in the lowest quartile across the Trust – “adequate experience”.</p>	<p>The committee received positive assurance about the detailed work planned to use this data to improve the training environment for junior doctors.</p>	<p>The committee requested an update about progress made in addressing the adequate experience rating</p>	<p>March 2023</p>
Staff Survey	<p>The Committee received an update on the actions taken in relation to the previous annual staff survey and the planning and preparation for the forthcoming survey. The committee discussed the best way to balance timely monitoring of actions taken in response to the annual staff survey with the need to allow sufficient time to embed change.</p> <p>The committee noted encouragement at the ICS level to use pulse surveys throughout the year.</p>	<p>Positive assurance about the detailed planning ahead of this year’s survey and measures to encourage completion.</p> <p>Limited assurance due to the relevant information existing in a number of sources</p>	<p>Consideration of further refining relevant reports to highlight sources of assurance at next PPC</p>	<p>November 2022</p>

Issue	Committee Update	Assurance received	Action	Timescale
<p>Workforce Race Equality Standards (WRES) Report</p>	<p>Following discussion at the Trust Board the PPC is tasked with monitoring our action plan in response to the WRES report. Further discussion took place about the best way to balance timely monitoring with the need to allow sufficient time to embed change.</p> <p>The committee noted the need to be aligned to ICS response and expectation in this area.</p>	<p>Limited assurance due to the relevant information existing in a number of sources</p>	<p>Consideration of further refining relevant reports to highlight sources of assurance at next PPC</p>	<p>November 2022</p>
<p>Workforce Disability Equality Standards (WDES) Report</p>	<p>Following discussion at the Trust Board the PPC is tasked with monitoring our action plan in response to the WDES report. Further discussion took place about the best way to balance timely monitoring with the need to allow sufficient time to embed change.</p>	<p>Limited assurance due to the relevant information existing in a number of sources</p>	<p>Consideration of further refining relevant reports to highlight sources of assurance at next PPC</p>	<p>November 2022</p>

Issue	Committee Update	Assurance received	Action	Timescale
Key Issues and Assurance Reports	The Committee received and noted the following key issues and assurance reports: People, Engagement and Leadership Group Equality, Diversity and Inclusion group Joint Consultative and Negotiating Committee Joint Local Negotiating Committee			

Assurance gained includes the Committee receiving evidence that:

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

KEY ISSUES AND ASSURANCE REPORT Quality Committee 27 September 2022				
The Quality Committee draws the following matters to the Board of Director's attention-				
Issue	Committee Update	Assurance received	Action	Timescale
Patient Story	The Committee heard a patient story, the objective of which was to remind us why we are here and the values we have.	Quality Committee watched a patient story, sharing a lived experience of mental health. The Deputy Chief Nurse confirmed suggestions for improvement shared by the patient would continue to be explored by the Mental Health Partnership Board.	Consider splitting staff stories from patient stories and include staff stories in PPC	
Action Log	All outstanding actions for July 2022 were reviewed, with updates on progress or completion or on the agenda.	Several actions from previous meetings were identified and agreed as additions to action log going forward	Update action log	October 2022
Patient Safety Group Key Issues & Assurance Report	The Committee reviewed the Patient Safety Key Issues Report, including: <ul style="list-style-type: none"> - Serious Incident Deep Dive - Medical Examiner Quarterly Report - Data for Clinical Management of Severe Anxiety and Related Symptoms - CQC Insight Report - Medication Safety - Transfusion/ HTC Compliance - Patient Safety Incidents Quarter 2 - Litigation Report - Notification of Serious Incidents including PFD - Quality Safety and Improvement Group - Falls - Pressure Ulcers - Nutrition and Hydration Steering Group Update - Key Issue and Assurance Report Point of Care Testing - Key Issue and Assurance Report – Palliative/ End of 	Positive assurance on improvement activity relating to patient falls, specifically those causing moderate and above harm. Acknowledged actions in place to support improvement in nutrition and hydration and continued focus on measurable improvement. Positive assurance of progress towards medical staff awareness for end-of-life care conversations with patients and families.		
		There was clear identification of areas where further assurance was required, and work needed.		

	<p>Life Care</p> <ul style="list-style-type: none"> - Divisional Key Issue and Assurance Reports - Standard Operating Procedure – Results Governance Standards - Resuscitation Policy - Divisional Quality Terms of Reference - Briefing regarding HSIB organisational changes & annual review - CQC Update Briefing 			
Notification of Serious incidents	The Committee received and reviewed the report describing data relating to the SI Framework for August 2022	<p>2 serious incidents were declared to the ICB via StEIS</p> <p>Compliance with Duty of Candour, by letter, sent within 10 days was 100%</p> <p>There were no overdue reports to the ICB</p> <p>4 investigations were completed and signed off through the Serious Incident Review Group. Actions identified to reduce the likelihood of the same incident happening again are in the process of being implemented</p> <p>There was 1 de-escalation request made to the ICB</p> <p>There were 3 outstanding serious incident action plans</p> <ul style="list-style-type: none"> •The Trust received no new PFD notices from the Coroner in August 2022. However, at an inquest held 31st August, HMC concluded that the death of the patient was “from natural causes, contributed to by neglect.” <p>The committee noted that the Patient Safety Incident Response Framework which would replace the SI framework was now published with time scale for implementation</p>	Patient Safety Incident Response Framework (PSIRF) training for NEDS	
CQC Insights Report	The Deputy Director of Quality Governance presented the CQC Insights Report covering the most recently published CQC Insight Report and providing overview of the data.	<p>Assurances received:</p> <p>Overall performance for the Trust remains relatively static</p> <p>Caring, Effective, Response, Safe and Well</p>	Detailed update on Hip Fracture to be provided to Quality Committee.	TBC

	<p>The Chair of Quality Committee recognised that the data included within the CQC Insights Report must be triangulated with the Trusts internal assurance processes and the Integrated Performance Report (IPR) to ensure review of the most current data.</p>	<p>led performance is stable Outpatients performance is improving Urgent and emergency care performance is declining Critical care, Children and Young People, Maternity and Gynecology, Medical Care, Surgery performance is stable.</p> <p>Further assurance sought re Hip Fractures</p>		
<p>Patient Safety Report – Quarter 2 2022/23</p>	<p>The Deputy Director of Quality Governance presented the Patient Safety Report Quarter 1 2022/2023, providing information regarding lessons learned and improvements to practice as a result of thematic analysis of incidents, inquests, claims and complaints reported via the Trust’s incident reporting system (Datix) for Quarter 1 of 2022/2023.</p>	<p>There were 4744 incidents (no LFD included) reported, an increase from the 4561 reported in the previous Quarter. ‘Pressure ulcers and skin conditions’ were the highest reported incident type, whilst ‘Administrative Processes (Excluding Documentation)’ were the second highest. There were 13 serious incidents reported via StEIS. There were 22 externally notified incidents during Quarter 1, the most common category of incident related to ‘Administrative Processes (Excluding Documentation)’ between both organisations regarding incorrect/insufficient discharge. There was no Prevention of Future Death Reports received from HM Coroner during Quarter 1 2022/2023. The highest proportion of complaints remained in regard to communication. In Quarter 1 2022/2023, the PHSO contacted the Trust in relation to two cases, one led by the Division of Medicine, Urgent Care and Clinical Support and one led by the Division of Surgery. The relevant medical records have been provided and we await their decision on how they intend to proceed.</p>	<p>An annual benchmark to be considered with Tameside & Glossop Integrated Care NHS Foundation Trust</p>	<p>TBC</p>
<p>Maternity Services</p>	<p>The Deputy Head of Midwifery presented the Maternity</p>	<p>Positive assurance continues in respect of the</p>		

Report	<p>Service Report incorporating all improvement/action plans the service is currently working towards including:</p> <ul style="list-style-type: none"> - CNST - Saving Babies Lives (SBL) - Continuity of Carer pathway (COC) - Maternity Safety Support Programme (MSSP) - Ockenden Report 	<p>action plans and improvements across the key workstreams. Further clarity provided on the progress and future plans for Continuity of Care following recent national publications and direction.</p>		
Clinical Effectiveness Group Key Issues and Assurance Report	<p>The Medical Director presented the Clinical Effectiveness Key Issues & Assurance Report, including update on clinical audit activity.</p>	<p>Acknowledging the positive outcome of the national smoking cessation audit, a Non-Executive Director queried the extent to which this matter was addressed more generally across the organisation, noting Stepping Hill was a non-smoking site albeit it was common to see people smoking at site entrances. The Medical Director acknowledged that smoking on site remained a challenge, notwithstanding the positive relationships between the CURE Service and teams across the Trust. The Director of Communications & Corporate Affairs confirmed the Communication Team engaged regularly with the CURE Service to promote the service, with a communications strategy in development.</p>		
Patient Experience Group Key Issues & Assurance Report	<p>The Deputy Chief Nurse presented the Patient Experience Group Key Issues & Assurance Report including update on the following:</p> <ul style="list-style-type: none"> - Divisional Patient Experience Action Plans - Patient Property Update - Draft Chaplaincy & Spiritual Care Strategy - Walkabout Wednesday - Safeguarding: Patient Experience - StARS Report - Person Centred Care - Patient Experience Report Q1 2022-2023 - National Inpatient Survey 2021 - Volunteer Strategy - Estates & Facilities Update 	<p>Positive assurance that Walk About Wednesdays were providing an opportunity to see progress against patient experience objectives. Further work required and in progress on patient property boxes.</p>	<p>Walkabout Wednesdays scheduled for Non-Executive Directors.</p>	<p>Ongoing through 2022/23</p>
National Inpatient Survey 2021 &	<p>A summary of the results for the Inpatient Survey 2021, as carried out by IQVIA. She confirmed the survey</p>	<p>The committee noted the delay in results of the survey being released and supported the</p>		

Action Plan	<p>included nine sections designed to mirror the service user journey, with high level analysis summarising:</p> <ul style="list-style-type: none"> - Comparison to Stockport's 2020 survey - Comparison to other Trusts surveyed by Quality Health - Noise At Night Response - Next steps 	<p>need to triangulate against other feedback mechanisms and the StARS Accreditation.</p>		
Health & Safety JCG Key Issues & Assurance Report	<p>The Deputy Director of Quality Governance presented the Health & Safety Key Issues & Assurance Report including update on:</p> <ul style="list-style-type: none"> - Window Restrictors - Violence and Aggression (V&A): - Briefing: Safety Tours - Divisions - Monthly Update & Quarter 1 2022-2023 KPI Update - Health and Safety Report June & July 2022 Data - Quarter 1 2022-2023 Health and Safety Report - Duty Holder's Matrix Quarter 1 Report - Water Safety Group - Medical Devices Group - Emergency Preparedness and Response (EPRR) Report (Quarterly) - Health and Wellbeing Steering Group - Radiation Protection Group - Display Screen Equipment Policy 	<p>Limited assurance re staff side Engagement and attendance</p> <p>Assurance was sought re Violence and Aggression Training particularly in ED and the compliance to V&E statutory and mandatory training. Reassurance was received of a broader offer to support all colleagues working in the Emergency Department to support de-escalation</p>	<p>Triangulate Statutory and Mandatory Training with PPC</p>	<p>Nov 2022</p>
Trust Integrated Safeguarding Group Key Issues & Assurance Report	<p>The Head of Safeguarding presented the Trust Integrated Safeguarding Group (TISG) Key Issues & Assurance Report including update on Safeguarding Adults, Children, Looked after children and maternity services. The report further highlighted key areas of business to support safeguarding work in and out of the Trust. The group were apprised of recent developments in Learning Disability and Autism and the work that is underway to support people attending the Trust</p>	<p>Assurance was received that triangulation of Female Genital Mutilation data was triangulated with that reported from Maternity Safeguarding activity report.</p>		
External Visits & Inspections Report	<p>The Deputy Director of Quality Governance confirmed the policy provided a process for both planned and</p>	<p>Positive assurance that the policy would support preparation of evidence for both</p>		

	<p>unplanned external assessments, accreditations and inspections covering:</p> <ul style="list-style-type: none"> - Notification of visit - Nominated of lead - Maintenance of a central register by the Risk and Safety team - Assurance reporting regarding any findings, recommendations and action plans from development to sign off 	<p>planned and unplanned inspections and visits.</p>		
<p>Integrated Performance Report – Quality & Safety</p>	<p>The IPR Report was presented, reviewed, and noted.</p> <p>Assurance was reviewed and agreed, and further actions and focus agreed.</p> <p>Many of the metrics and assurances in the IPR have been addressed in previous papers on this agenda and not repeated here.</p>	<p>The Committee identified that the IPR triangulates with assurances on performance identified throughout the meeting, with remaining metrics considered by exception.</p> <p>The Committee were assured that the increase in HCAI's were mostly deemed unavoidable with no lapses in care however focus continued to promote appropriate clinical behaviours noting the use of soap and water for hand hygiene and the 'Gloves Off' campaign.</p> <p>Negative assurance re. Inability to impact No Criteria to Reside</p>	<p>IPR escalated to Board as part of Trust IPR</p>	

KEY ISSUES AND ASSURANCE REPORT
Audit Committee
22nd September 2022

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

Issue	Committee Update	Assurance received	Action	Timescale
IT Data Security and Protection Toolkit update	The Committee received a follow up verbal report to the moderate assurance elements of the Data Security and Protection Toolkit.	<p>The Committee received more in depth assurance on the findings of MIAA to the four standards from ten that were rated as moderate in the toolkit. It was assured that the IT team actively engaged in the review, that policies were in place and there were areas of good practice within the moderate assurance (for example training needs analysis).</p> <p>The Committee was informed that there was ongoing monitoring of IT issues through the Digital and Quality Group assurance structures.</p> <p>There is increased compliance required at the next review. The Committee were assured that a detailed record was kept within IT to track actions and management of the programme to meet these requirements.</p>	The toolkit exercise is annual exercise next due in June 2023.	30 June 2023
Internal Audit Progress Report	<p>The Committee received a report of:</p> <ul style="list-style-type: none"> • Progress against Plan • Internal Audit Reports • Follow up Tracker • Internal Audit Plan 2022/23 	<p>The Committee received assurance that reviews are progressing well. There were no significant issues to report on outstanding follow up actions.</p> <p>The Internal Audit progress against plan report was discussed and noted. MIAA gave assurance that there was adequate resource to complete the internal audits scheduled on the Plan.</p>		

<p>Internal Audit Progress Report (continued)</p>	<p>The Committee received a report of:</p> <ul style="list-style-type: none"> • Anti-Fraud Progress Report 	<p>The MIAA counter fraud report was received and progress against work plan noted and approved.</p> <p>MIAA reported that the NHS Counter Fraud Authority have issued reports into COVID expenditure and the Procurement exercises that the Trust took part in in 2021/22. Organisation specific reports will be sent in September and these will be assessed and fraud prevention initiatives designed in response.</p>		<p>September 2022</p>
<p>External Audit Annual Report.</p>	<p>The Committee received:</p> <ul style="list-style-type: none"> • External Audit Progress Report 	<p>The Committee received assurance that the work on the 2021/22 external audit and other services was now complete.</p>		
<p>Board Assurance Framework</p>	<p>The Committee received a report from the Chief Executive on the Board Assurance Framework for 2022/2023.</p>	<p>The Committee received assurance that the BAF was reviewed and approved by the Board of Directors in August 2022.</p> <p>It received assurance that there was a triangulation of financial, operational and quality related controls and assurances to manage and mitigate strategic risk to the achievement of the corporate objectives, with the work of Internal Audit, External Audit, and matters emerging from the Board Assurance Committees.</p> <p>MIAA confirmed that the BAF process was reviewed annually in their Plan.</p>	<p>The Board Assurance Committees will review their respective Principal Risks in October /November, followed by presentation of the BAF to the Board of Directors in December 2022.</p>	<p>December 2022</p>
<p>Arrangements by Which Staff to Raise Concerns</p>	<p>The Committee received a report from the Director of People & OD on the Arrangements by Which Staff to Raise.</p>	<p>The Committee received assurance that there were avenues available for staff to raise concerns. There is a Freedom to Speak up Guardian and further work in progress to adopt 'Champions' to give greater support.</p> <p>It received assurance from the staff survey</p>	<p>Freedom to Speak up Champion roles to be established.</p>	<p>Q3 2022/23</p>

		<p>results that the awareness of raising concerns had increased from 2020 to 2021.</p> <p>The Committee were assured that the People Performance Committee also monitored this area and that HR, Finance and MIAA Counter Fraud worked together regularly.</p>		
Risk Management Committee Summary Report	<p>The Committee received:</p> <ul style="list-style-type: none"> • a report on the work of the Risk Committee • a list of significant risks at 5th September 2022 	<p>The Committee noted the report of the work of the Risk Committee and received assurance that the reporting of risk continue to mature and develop.</p> <p>The Committee were assured that key risks that affected the Greater Manchester ICS (including Stockport FT) were followed up at GM Directors of Finance meetings but that the risks specific to Stockport continued to be highlighted on the Trust risk register.</p>		
Trust Committee updates	<p>The Committee received verbal reports from the Chairs of key Board Committees.</p>	<p>The Committee noted the key risks identified in other Board Committees from the Chairs of the Finance and Performance, People Performance and Quality Committees.</p>		