Stockport NHS Foundation Trust

Annual Quality Accounts Report 2025/26

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Part 1: Statement on Quality from the Chief Executive of the NHS Foundation Trust

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I am very pleased to introduce our Quality Account for the year 2025-26, which gives an overview of both our performance and achievements of the past year, as we continue to strive to provide quality care for our local communities.

This year we have continued to make improvements in our performance and services, against a backdrop of financial challenges and a move towards greater collaboration with our colleagues at Tameside & Glossop Integrated Care NHS Foundation Trust.

We received a number of awards and accreditations throughout the year, with achievements including our surgical teams receiving the best possible accreditation from the Royal College of Anaesthetists, and our hospital amongst the top in the country for emergency abdominal surgery safety according to the National Emergency Laparotomy Audit (NELA), confirming their high standards in these areas. This achievement reflects the dedication of our multidisciplinary teams delivering high-quality, life-saving care.

Our rheumatology department became recognised by the European Alliance of Associations of Rheumatology (EULAR) network as an imaging training centre for ultrasound, one of a handful of rheumatology departments in the UK to gain this status, and our gastroenterology team received level 1 accreditation with the Improving Quality in Liver Services (IQILS) accreditation programme, confirming their own high standards.

We continued to see a reduction in falls in hospital, reducing from 2.64 / 1000 bed days in 2024/2025 to 2.23 / 1000 bed days in 2025/26. Moderate harm remained stable at 0.02, and there has been a notable improvement in lapses in care (i.e. where all care was planned appropriately and there were no lapses in care provision that could have contributed to the event), reducing from 0.66 to 0.42 / 1000 bed days. These results reflect the collective efforts of teams consistently focusing on prevention, learning from incidents, and embedding safer practices.

Our StARS award accreditation programme continued to shine a light on quality care, with 46 accreditations taking place across hospital and community settings. 78% of our clinical areas are now green or blue status, including theatres, paediatrics, maternity, the emergency department and community settings. Blue is the highest level of accreditation that an area can achieve.

We also saw a 33% fall in pressure ulcers across the Trust.

Long waits for emergency care have long been a great challenge for us, and so it was wonderful to see our Trust in the top ten in the country for most improved A&E waiting times, in figures from NHS England comparing changes between March 2024 and March 2025. This was a real achievement and shows our improved emergency services estate is already having a positive impact.

And our performance has been strong in many areas. We reduced the number of patients waiting more than one year for elective treatment by 86% and surpassed our plan for RTT 18-week performance, achieving a 7-point improvement over the year. With cancer services, we ensured 84% of patients on a suspected cancer pathway received a diagnosis - or confirmation they do not have cancer - within 28 days, exceeding the 80% national standard. We met our planned target for 62-day cancer pathway performance, and we also ranked in the top quartile nationally for both the 28-day and 62-day cancer access standards. This is a great testimony to the hard work and dedication of everyone in the services involved who have all contributed towards these major achievements.

During the year, we opened our new outpatient facility, which replaced our old Outpatients B building, which was demolished back in 2023. The innovative modular construction meant we completed the build very quickly, opening in September 2025. This enabled us to relocate services in the new state of the art building.

We also completed a major project behind the scenes too, when we introduced a new laboratory information management system (LIMS) system for hospital's pathology services, which is leading to faster diagnosis and treatment for patients.

The new system, including microbiology, cellular pathology and blood sciences services, allows greater integration with other systems and ensures results can be shared with colleagues more swiftly and easily.

Finally, our Trust's relationship with Tameside and Glossop Integrated Care NHS Foundation Trust has gone from strength to strength, as we continue to work closely together to reduce duplication and align priorities to strengthen healthcare services.

The two Trusts remain separate entities, but to reflect the growing collaboration between the organisations a unifying name has been unveiled, South East Sector Healthcare Partnership.

I hope you find the Quality Accounts which follow interesting and informative.

Karen James OBE
Chief Executive

Part 2.1: Priorities for Improvement

Quality Strategy

The Quality Strategy was developed and extended to 2026. The report provides an update as to the goals for the year 2025-26:

We will deliver quality improvement and service improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.

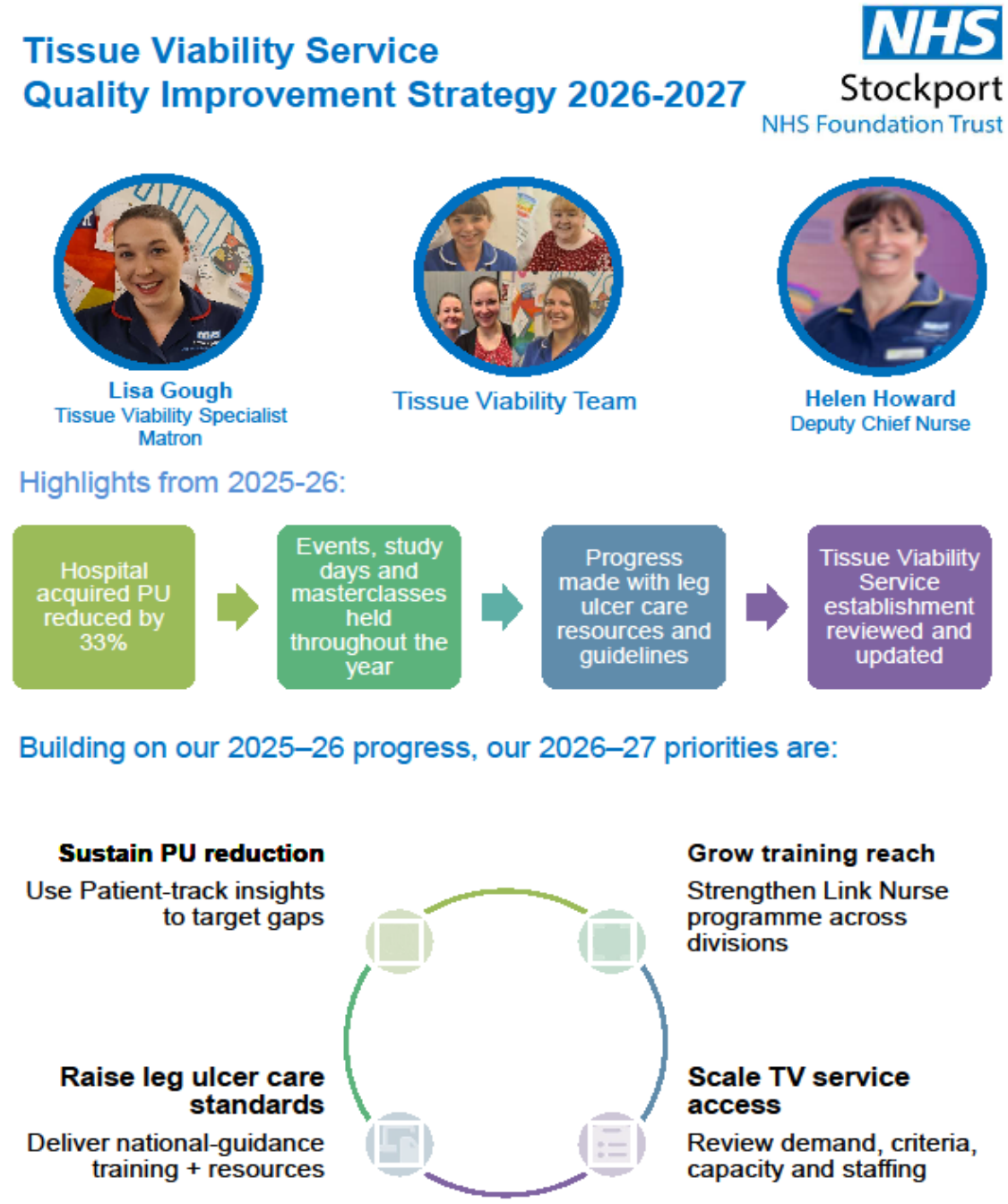
We will focus our efforts on a targeted portfolio of projects which we believe will have a significant impact on quality across the Trust.

The quality strategy will link with other organisational strategies and support the Trust's objectives.

To deliver on our ambition to:

- Start well – Improve the first 1,000 days of life
- Live well – Reduce avoidable harm
- Age well – Reduce avoidable harm
- Die well with dignity – Improve the last 1,000 days of life

Tissue Viability



The quality improvement agenda builds on progress achieved to date. Our principal priorities are to reduce harm associated with pressure ulcer development and to minimise the overall burden of wounds for patients. In support of these objectives, we will strengthen capacity within the Tissue Viability service and continue to embed evidence-based practice across the workforce, thereby further enhancing the standard of care provided.

Falls

The Trust set a Quality Improvement target for 2025/2026, aiming for 2.5% reduction in overall falls. Additionally, falls causing moderate or above harm were to remain stable.

Alongside this, the Trust focused on reducing lapses in care and areas of concern by 5%, measured per 1,000 bed days. This approach ensures a consistent and accurate year-on-year comparison, even when patient numbers fluctuate. The Trust monitors not only confirmed lapses in care but also areas of concern, as these can escalate into lapses if risks are not appropriately identified and managed.

Local Monitoring Efforts:

To strengthen falls prevention, the Trust also conducted targeted local monitoring in the Emergency Department (ED):

- 10% reduction in ED falls (measured per 1,000 attenders).
- 10% reduction in ED lapses in care/areas of concern (measured per 1,000 attenders).

The inclusion of ED falls monitoring aimed to drive improvements in this area, given the historical challenges in reducing incidents

The total number of falls in 2025/2026 was 509 with a rate of 2.23 / 1000 bed days compared to 599 falls in 2024/2025 with a rate of 2.64 / 1000 bed days.

The target was 2.23 / 1000 bed days which is a reduction of 13.9% compared to 2024/2025.

Three falls in 2025/2026 with lapses in care (reportable falls, with lapses in care) resulted in moderate or above harm within the inpatient wards and the end of the year rate was 0.01 / 100 bed days. We remained below the set target.

The rate of falls with lapses in care / areas of concerns in 2025/2026 was 0.42. In 2024/2025 the rate was 0.92, which is a reduction 47.0% from previous year.

ED overall falls set target was 0.73 / 1000 attenders and unfortunately, the Trust did not meet the target. At the end of 2025/2026, the Trust was at 0.81.

ED lapses in care / areas of concern were set at a 0.43 per 1000 attenders and at the end of 2025/2026 we were 0.43.

We have also met our targets for Falls Role specific training.

Total Falls

FN Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Yrly total
2024/25	46	48	57	61	45	37	34	51	50	58	54	32	573
2025/26	56	36	32	33	38	50	46	42	49	40	37	50	509
Variance (24/25 V 25/26)	21.7%	-25.0%	-43.9%	-45.9%	-15.6%	35.1%	35.3%	-17.6%	-2.0%	-31.0%	-31.5%	56.3%	-11.2%

Total

FN Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	De	Jan	Feb	Mar	Yrly total
2024/25	2.55	2.52	3.17	3.26	2.47	2.06	1.82	2.78	2.68	3.01	3.15	1.69	31
2025/26	3.02	1.88	1.73	1.71	1.98	2.64	2.34	2.23	2.52	1.98	2.15	2.63	27
Variance (24/25 V 25/26)	18.8%	-25.4%	-45.4%	-47.5%	-19.8%	28.5%	28.3%	-19.8%	-6.0%	-34.2%	-31.7%	55.6%	-13.9%

Falls with moderate harm or above

FN Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	De	Jan	Feb	Mar	Yrly total
2024/25	1	0	1	0	0	0	0	0	0	0	2	0	4
2025/26	0	0	0	0	0	1	0	0	2	0	0	0	3
Variance (24/25 V 25/26)	-100%		-100%								-100%		-25.0%

Falls with moderate harm or above per 1000 bed days

FN Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Yrly total
2024/25	0.06	0.00	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12	0.00	0
2025/26	0.00	0.00	0.00	0.00	0.00	0.05	0.00	0.00	0.10	0.00	0.00	0.00	0
Variance (24/25 V 25/26)	-100%		-100%								-100%		-31.6%

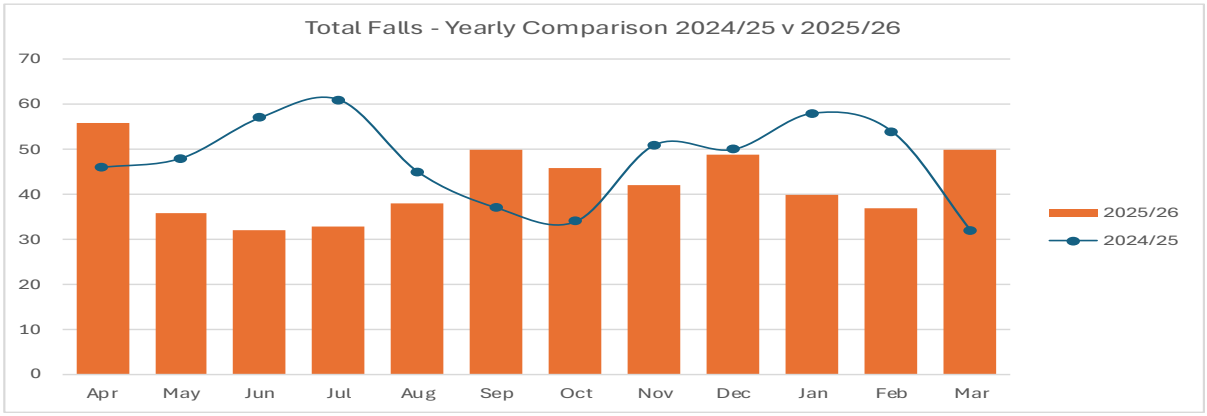
Falls with lapses of care/areas concern

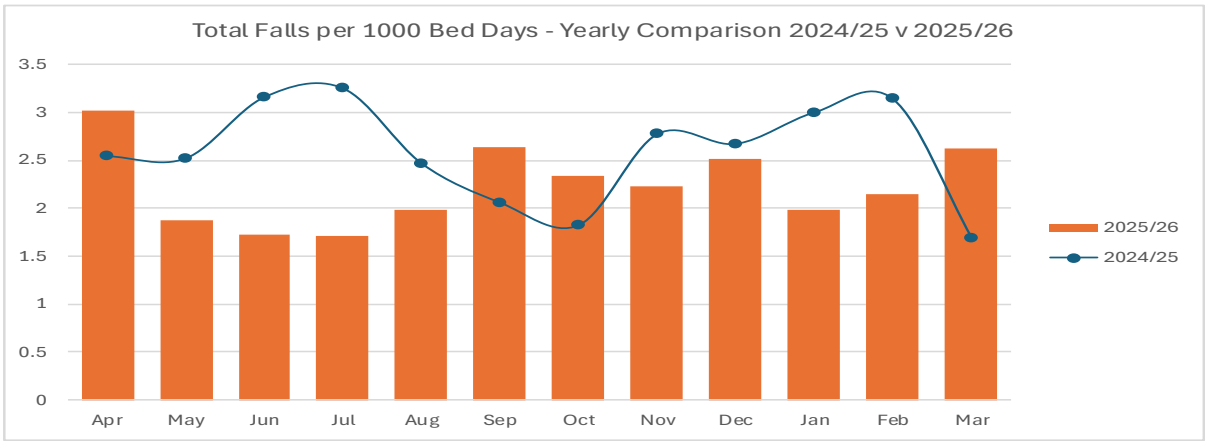
FN Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Yrly total
2024/25	20	12	17	21	19	14	7	12	12	15	16	10	175
2025/26	9	6	6	7	5	8	8	9	13	6	6	13	96
Variance (24/25 V 25/26)	-55.0%	-50.0%	-64.7%	-66.7%	-73.7%	-42.9%	14.3%	-25.0%	8.3%	-60.0%	-62.5%	30.0%	-45.1%

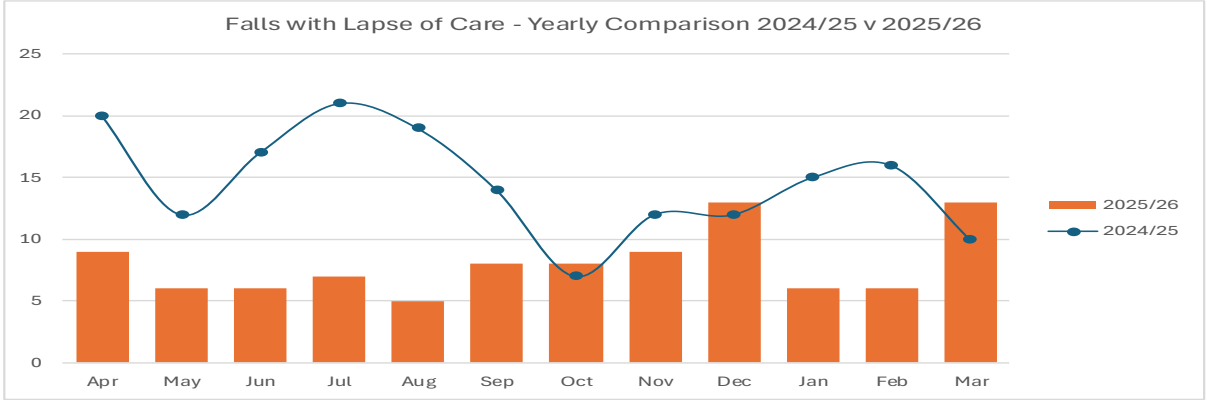
Falls with lapses of care/areas of concern per 1000 bed days

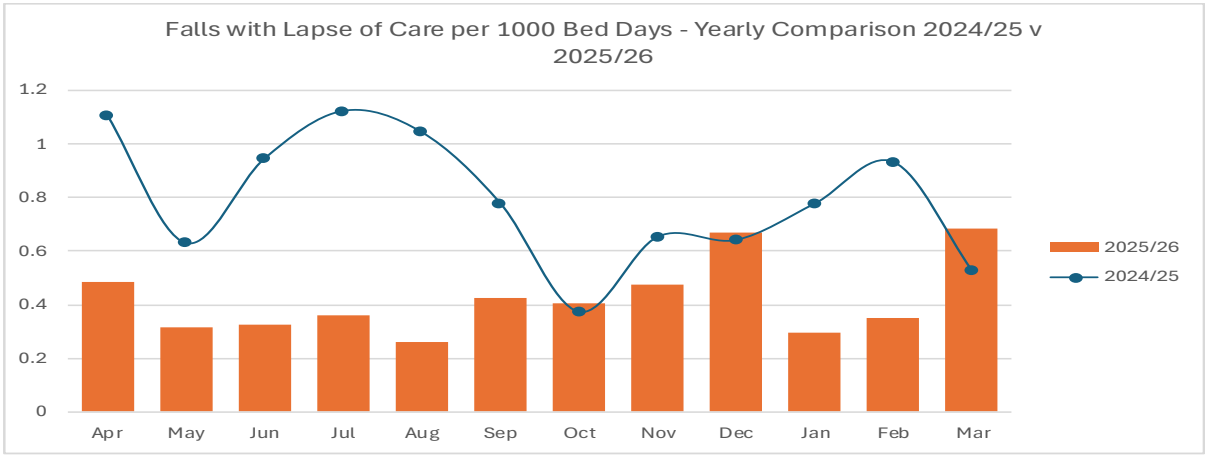
FN Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Yrly total
2024/25	1.11	0.63	0.94	1.12	1.04	0.78	0.38	0.65	0.64	0.78	0.93	0.53	10
2025/26	0.49	0.31	0.32	0.36	0.26	0.42	0.41	0.48	0.67	0.30	0.35	0.68	5
Variance (24/25 V 25/26)	-56.1%	-50.3%	-65.6%	-67.7%	-75.0%	-45.7%	8.4%	-27.0%	3.9%	-61.8%	-62.6%	29.5%	-47.0%

Trust Overall

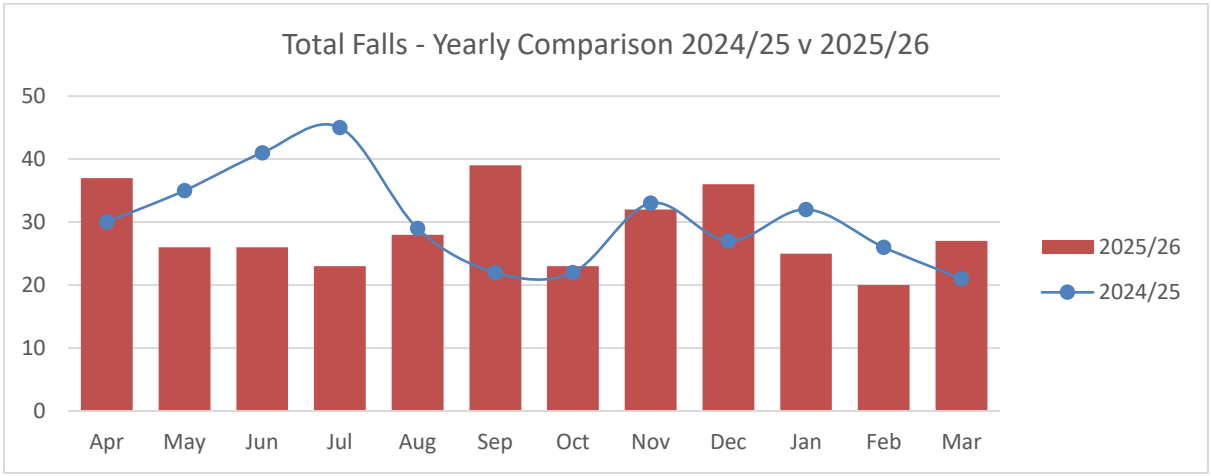


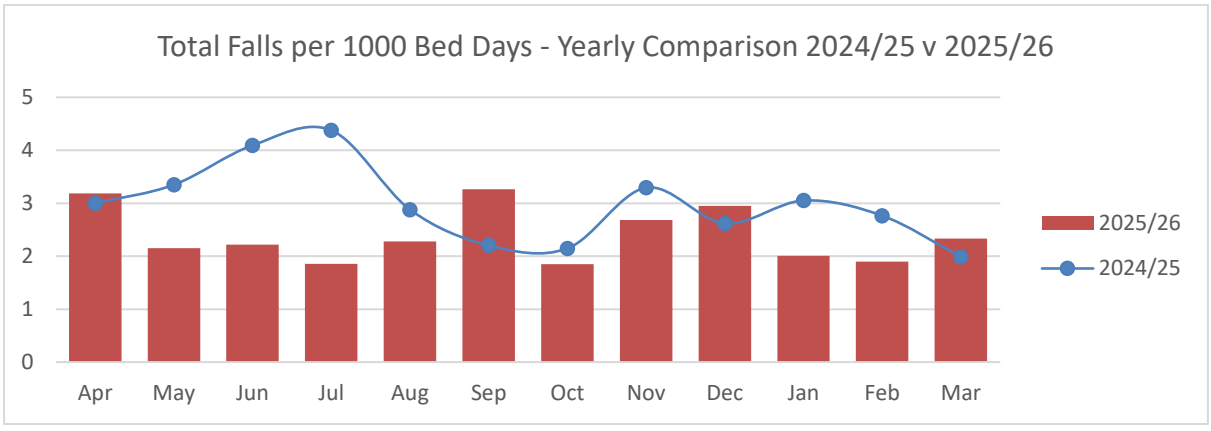


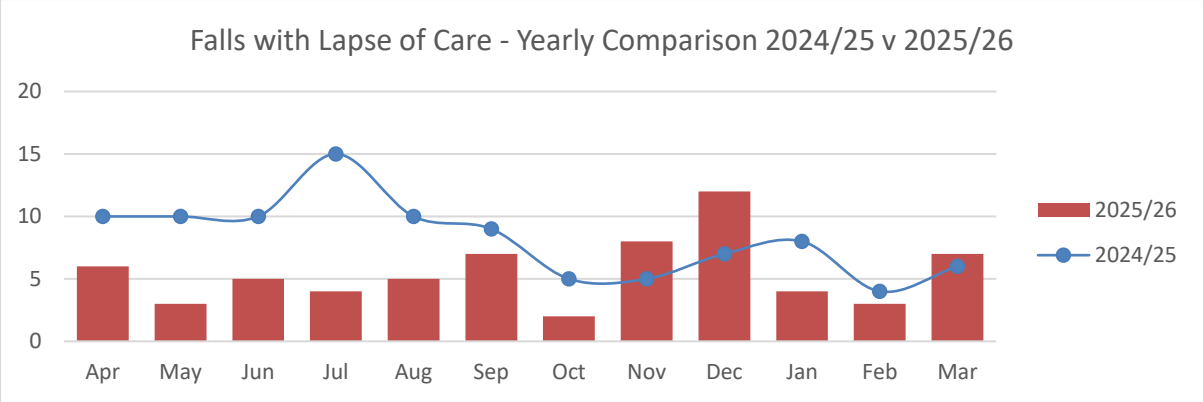


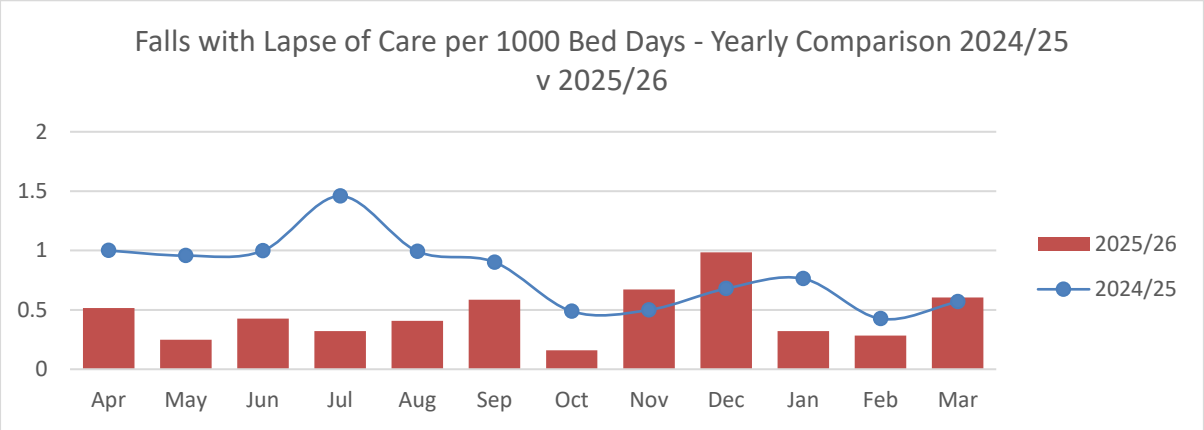


Division of Medicine & Urgent Care

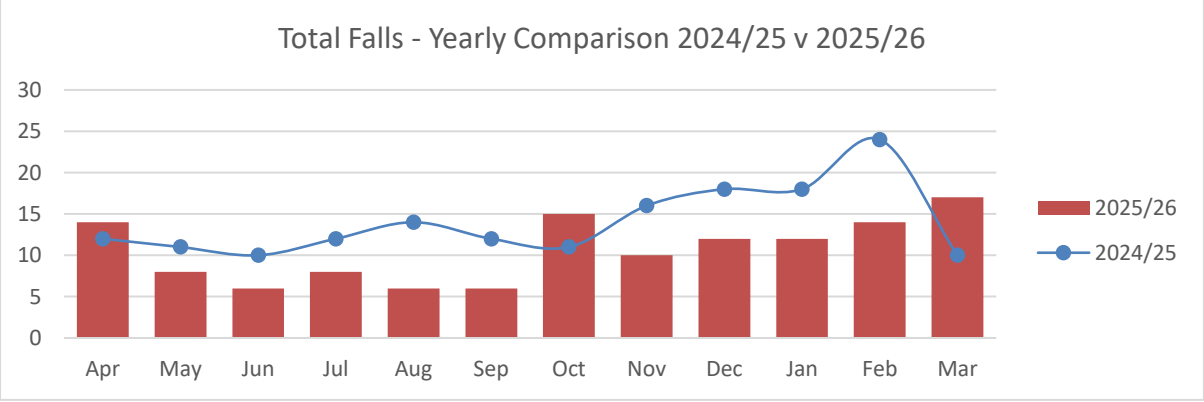


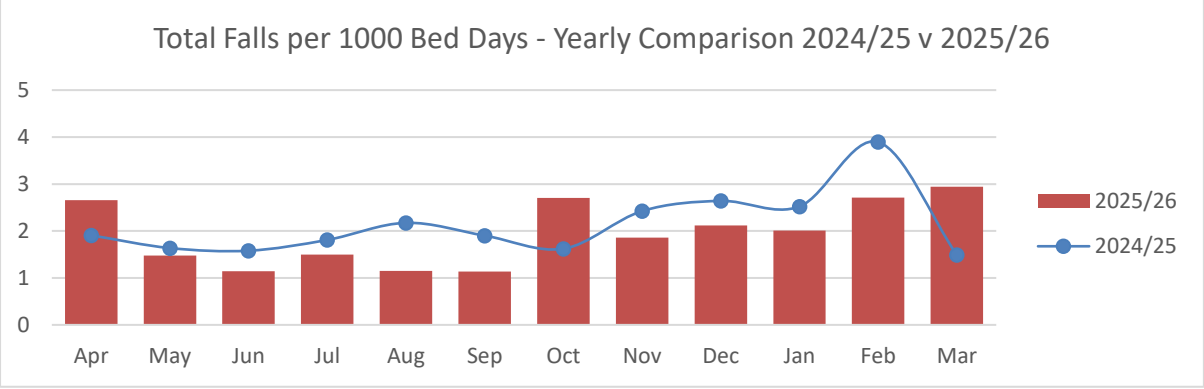


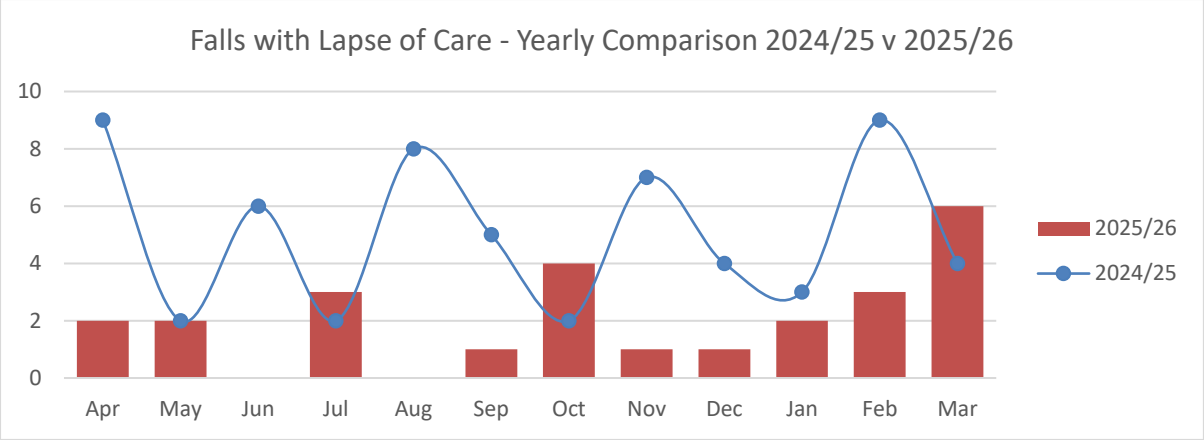


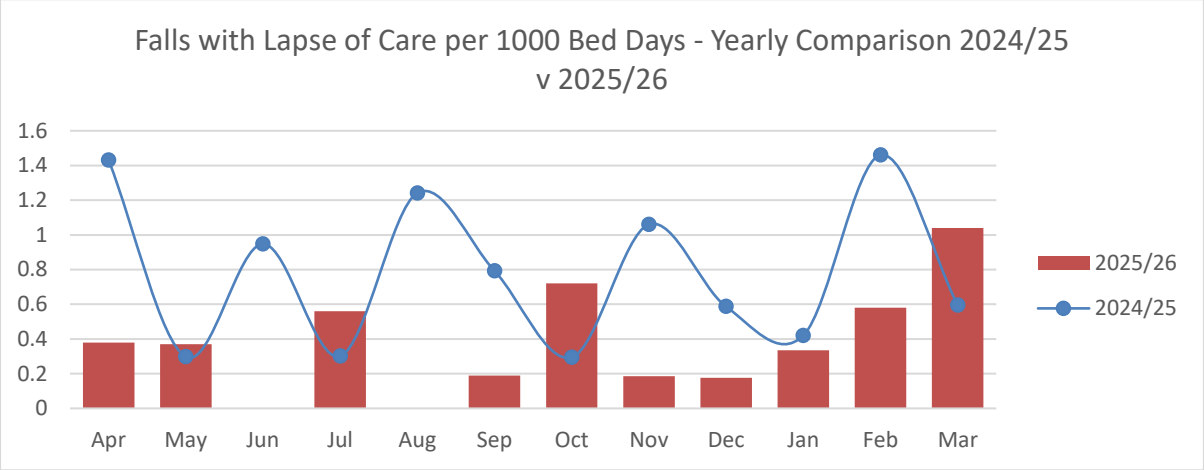


Division of Surgery

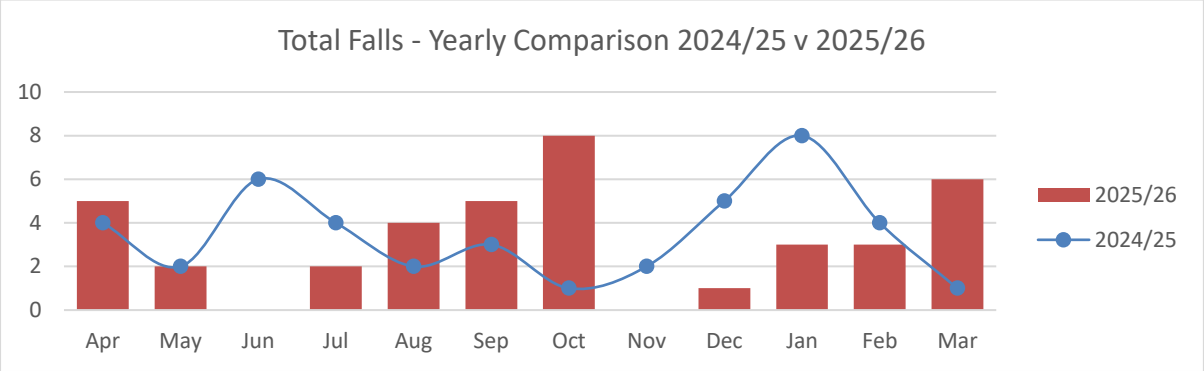


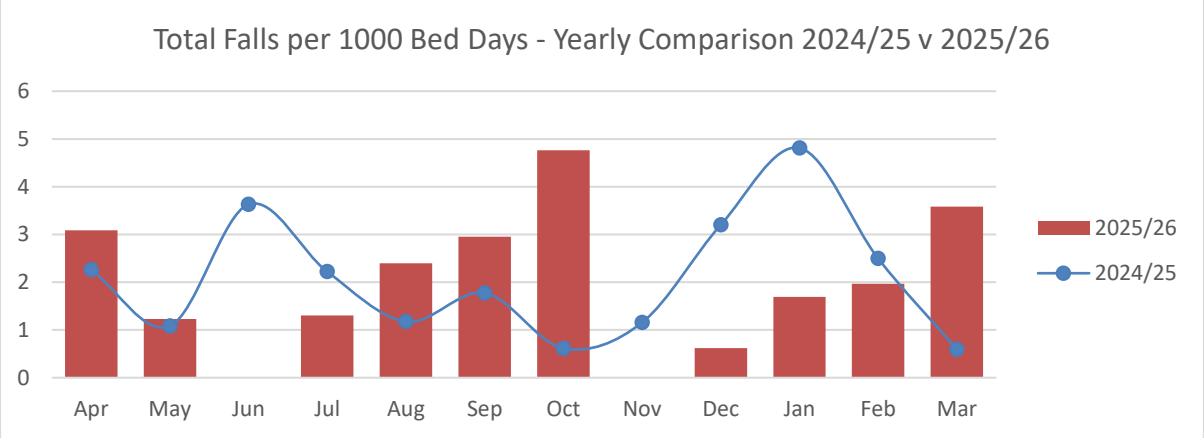


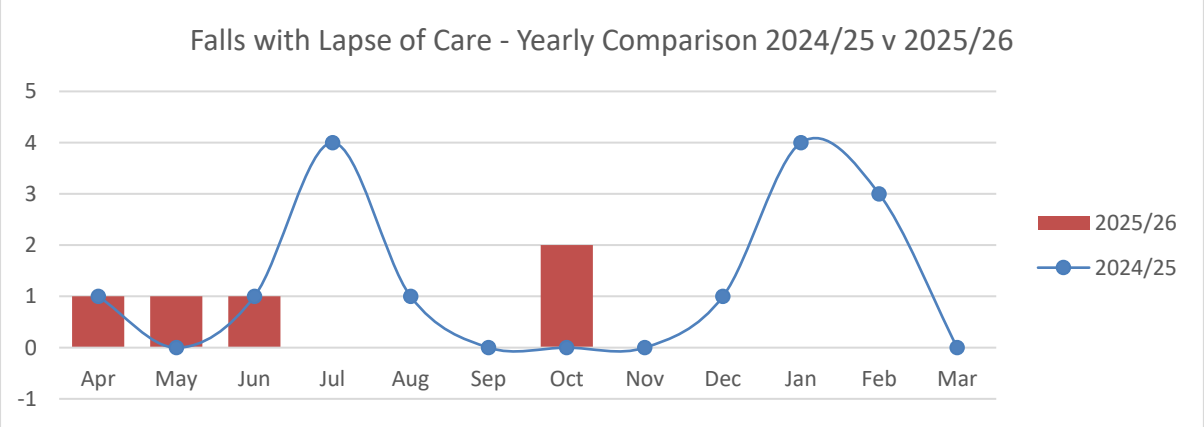

Falls with Lapse of Care - Yearly Comparison 2024/25 v 2025/26
10
8
6
4
2
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2025/26
2024/25

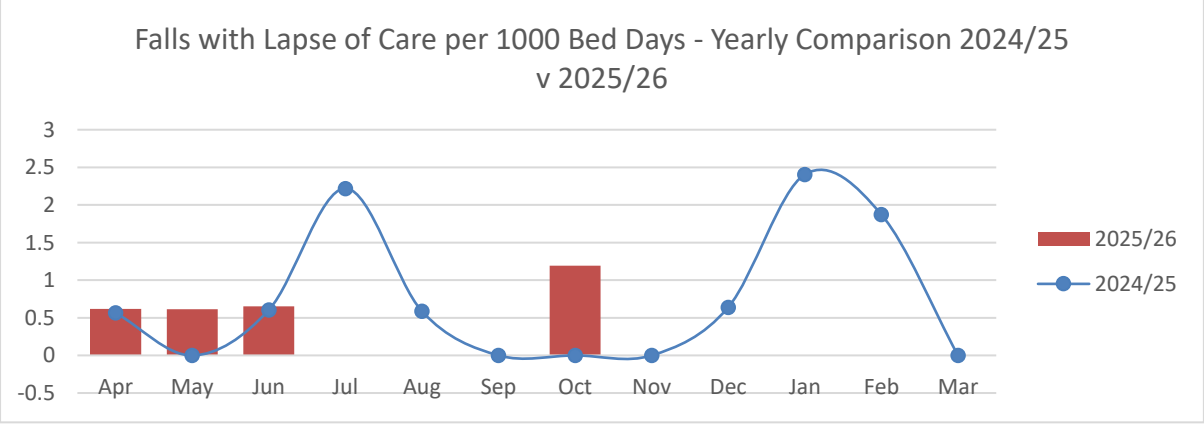

Falls with Lapse of Care per 1000 Bed Days - Yearly Comparison 2024/25 v 2025/26
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2025/26
2024/25

Division of Women, Children and Integrated Community Services

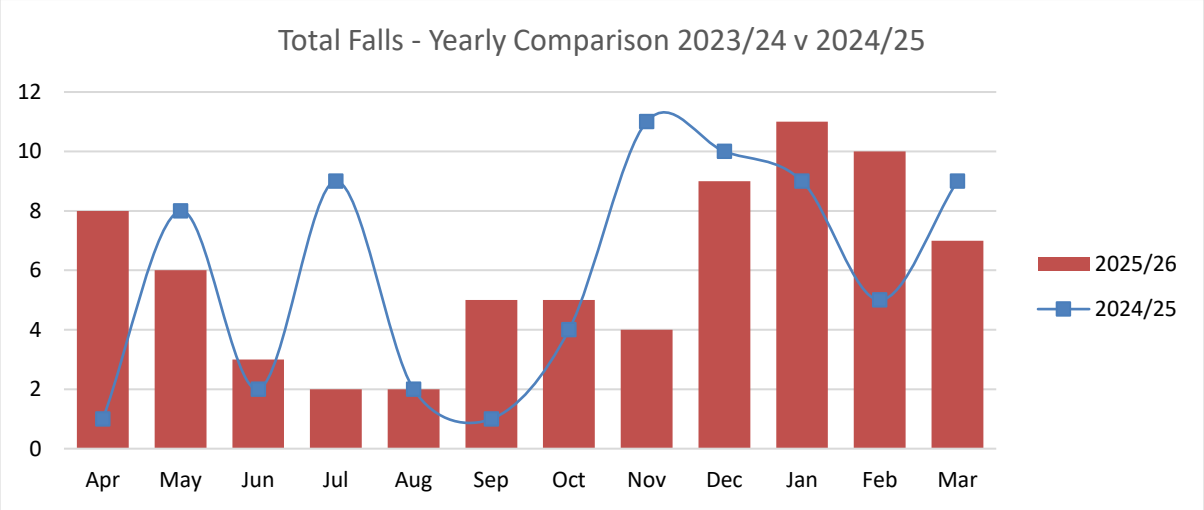


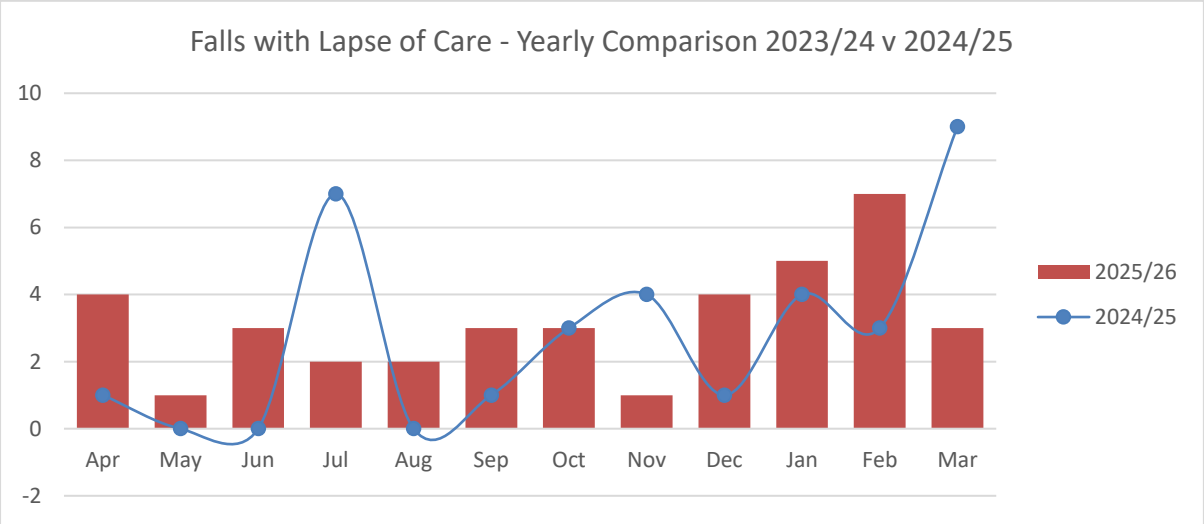






ED - Local Monitoring





The Emergency Department (ED) unfortunately did not meet the agreed local targets; however, overall performance has remained strong and showed improvement across several months. During February and March, there was an increase in falls and lapses in care. This may have been influenced by higher patient acuity and reduced capacity, and it is important to recognise how exceptionally busy this period was for ED teams. While ED results are not reported nationally, it remains important that we continue to monitor performance locally and maintain our commitment to improving standards.

StARS Accreditation

Encouraging progress has been made in falls prevention, as reflected in the steady progress in StARS Accreditation outcomes this quarter. Although a decline in scores was observed in areas 4C3 and 4C5 (Bay Nursing & Enhanced Supervision), the surrounding context offers important clarity on these changes.

The recent rollout of Patient Track has significantly influenced the scoring. By delivering real-time, accurate data, it has highlighted discrepancies that may have been underreported in previous systems. While this transition may initially result in lower scores, it ultimately

supports a more transparent and reliable assessment of compliance, an important step forward.

- 4C5 – Bay Nursing & Enhanced Supervision
- It is vital that staff can confidently articulate and apply Bay Nursing protocols. To support this, targeted interventions such as toolbox training, visual aids, and short refreshers during huddles could reinforce best practices.
- Weekly falls review panels have identified gaps in Bay Nursing implementation, indicating that some patients may not be receiving adequate supervision. Addressing this through enhanced staff education, clearer role expectations, and regular reviews/audits by the divisions will be key to restoring and sustaining compliance.

Organisational Challenges:

Workforce Capacity and Staffing Pressures:

- Sickness, and reliance on temporary staff
- Difficulty maintaining appropriate levels of supervision
- Reduced continuity of care impacting risk assessment and monitoring

Increased Patient Acuity and Complexity

- Higher numbers of medically unwell or deconditioned patients
- More patients requiring enhanced observation
- Increased outliers placed in unfamiliar ward environments

Flow and Capacity Pressures

- High bed occupancy leading to rapid admissions and transfers
- Patients placed in non-specialist areas (e.g., medical outliers on surgical wards)
- Limited time for thorough assessments during peak demand

Environmental and Equipment Limitations

- Ward layouts that reduce visibility of high-risk patients

High Demand in Key Areas (e.g., ED)

- Increased attendances placing pressure on staff
- Difficulty maintaining consistent falls prevention processes during surges
- Challenges in monitoring confused or high-risk patients in crowded environments

Ongoing Improvement work:

Guidance & Compliance

- The Royal College of Physicians' guidance on lying and standing blood pressure has been fully embedded into the falls risk assessment process.
- Compliance is monitored monthly through Quality Metrics to ensure sustained improvement and early identification of gaps.

Education & Training

- A new E-Learning package is in development, with plans to roll it out to community staff in the coming months.
- Bay Nursing continues to be supported through the use of yellow tabards, reinforced by regular toolbox training sessions to strengthen situational awareness and supervision.

Falls Action Plan & Oversight

- All Divisions are aligned to a unified Falls Action Plan, overseen by the Quality & Safety Improvement Strategy Group.
- The Falls Steering Group includes consultant and pharmacist leads, ensuring strong multidisciplinary oversight and clinical input.

Patient Transfers & Visibility

- An 'at-a-glance' tool is available to track ward moves and transfers throughout a patient's admission, supporting safer clinical decision-making and improved continuity of care.

Falls Champions & Resources

- Falls Champions are identifiable by badges and attend regular meetings to support shared learning and local leadership.
- Falls resource files are available across all clinical areas, providing staff with quick access to guidance and best practice.

Communication & Awareness Initiatives

- Quarterly Falls Newsletters are circulated Trust-wide to highlight trends, learning, and good practice.
- Safety Cross boards are displayed on all wards to promote visibility of falls data and encourage team ownership.
- Wards achieving zero falls in a month receive recognition certificates to celebrate success and reinforce positive behaviours.
- Weekly review panels include guest members from various divisions, promoting shared learning and cross-departmental awareness.

Monitoring & Accreditation

- Falls documentation and staff knowledge is assessed through the StARS Accreditation process.
- Falls-related discussions are embedded into safety huddles, weekly themes, newsletters, Risky Business sessions, and ward-level feedback to maintain visibility and reinforce learning.

Resources & Tools

- A dedicated microsite provides staff with access to falls-related guidance, tools, and educational materials.
- Falls information leaflets are available via PILS for patient and family education.
- Slipper socks are stocked across all wards to support safe mobilisation and reduce slip risks.

Data & Reporting Enhancements

- Collaboration with the Risk Team has led to improvements in the falls dashboard, including the ability to separately track lower-to-the-floor incidents.
- A post-fall proforma is now in use for all falls cases to support consistent documentation and review.
- Falls documentation has been integrated into Patient Track, enabling real-time visibility and improved data quality.
- A pharmacy-led project and pilot are scheduled for implementation to strengthen medication-related falls prevention.

Collaborative & Strategic Initiatives

- The Trust actively participates in the Stockport Collaborative Group to share best practice and pool resources.
- Plans are underway to promote the 'Rise and Shine (Dressed is Best)' campaign to encourage early mobilisation and reduce deconditioning.
- A new Falls Community E-Learning package is due to launch soon.
- Work is ongoing to establish falls guidelines for community-based staff to ensure consistency across pathways.

Incident Reporting Enhancements

- Pop-up prompts have been introduced within the incident reporting system to support accurate categorisation of:
    - Suspected slips/trips/falls (unwitnessed, including faints).
    - Witnessed slips/trips/falls (including faints).

Falls Training for Nursing Homes

- Meetings are planned to deliver falls prevention training to nursing homes in Stockport, particularly those with D2A beds.
- Training will also address challenges faced by patients admitted to ED following a fall, supporting safer transitions of care.

Targeted Projects: QTR3 and QTR4

- A caffeine-free initiative began on 3rd November across Wards M4, M6, D1, E1, E2, E3, Bluebell and Acute Frailty Unit (AFU). This has now been launched across all other areas.
- A pharmacy-led pilot reviewing post-fall medication commenced on 16th February 2026 on Wards A1, E2, B2, B4, B5, B6, C6, and E3. It has been very successful, and we are looking at moving it to all other areas. New forms have been developed by pharmacists and are being completed by them as part of this pilot.
- Work is ongoing to transition Bay Nursing responsibilities from bank staff to substantive staff to improve consistency and accountability.

The Trust continues to make steady progress in strengthening falls-prevention practices across all divisions. The Weekly Falls Review Panel remains a key driver of improvement, ensuring timely oversight, shared learning, and consistent application of preventative measures. Engagement from clinical areas has been strong, with teams attending well-prepared and demonstrating clear ownership of actions and learning.

Significant work is underway to embed best practice across the organisation. This includes strengthened compliance with national guidance, enhanced education and training, improved visibility of patient transfers, and the continued development of digital tools such as Patient Track and the enhanced falls dashboard. The introduction of clearer incident-reporting prompts and the expansion of E-Learning resources further support staff in delivering safe and consistent care.

Collaborative work across the Trust and with external partners, including the Stockport Collaborative Group and local nursing homes, is helping to build a more integrated approach to falls prevention across the wider system. Initiatives such as the 'Rise and Shine (Dressed is Best)' campaign and the forthcoming community falls guidelines will support safer mobilisation and continuity of care beyond the acute setting.

Overall, the Trust remains committed to reducing falls and harm from falls through sustained improvement, strong multidisciplinary leadership, and a culture of learning. Continued focus on documentation accuracy, supervision standards, and timely senior review will be essential in maintaining momentum and achieving further reductions in falls in the coming year.

StARS - Stockport Accreditation and Recognition Scheme

Launched in April 2021, the StARS accreditation programme is designed to give the board assurance that care and safety standards are being met. StARS supports a system that recognises and motivates staff for providing evidence-based, patient-focused care, improves patient safety, and fosters ongoing improvements throughout all care settings. The framework includes 14 standards divided into three categories: Environment, Care, and Leadership.

Achievements during 2025/2026

Between April 2025 and March 2026, 46 accreditations were completed across 43 clinical areas, including Theatres, Paediatrics, Maternity, the Emergency Department, and Community settings with District Nursing teams.

Target Set for 2025/2026	Achievements 2025/2026	Achievements 2024/2025
To maintain at least 50% (22) of assessments achieving a Green outcome (or Blue status).	Overall Achieved **78%** (34 Areas) Green **32%** (14 Areas) Blue **46%** (20 Areas)	Overall Achieved **74%** (32 Areas) Green **35%** (15 Areas) Blue **39%** (17 Areas)
To ensure that no more than 25% (10) of assessments result in a Red outcome	**11%** (5 Areas) Red outcomes	**9%** (4 Areas) Red outcomes
All Blue areas to maintain Blue Status.	**46%** (20 areas) have now achieved Blue StARS status. However, target has not been fully achieved, as one Community area did not meet the criteria to apply for retention of Blue StARS status following an Amber assessment outcome.	**39%** (17 areas) achieved Blue StARS status **All** areas previously awarded Blue StARS status maintained

Blue StARS Process

Clinical areas that achieve green status on three consecutive occasions are eligible to apply for "Blue StARS" status. This designation reflects consistently upheld quality standards and extends re-accreditation intervals from every eight months to once annually. The wards listed/photos below have received Blue StARS within the past year or have successfully retained their status following review by the Trust panel. Currently, four wards are pending

evaluation by the Blue StARS Panel for award consideration. Jasmine ward will be seeking their first Blue StARS award, Werneth District Nursing and Ward B3 are pursuing their second, and Ward A10 is aiming for its third consecutive achievement.

Clinical Teams successfully achieving Blue StARS Status 2025/26

First Blue StARS Status awarded 2025/26

Cheadle& Gatley

Tame Valley

C3

M2

Second Blue Stars Status awarded in 2025/26

D1

A11

D8

A1

Marple

Third Blue Stars Status awarded in 2025/26

E3

C6

E2

B4

Further achievements and ongoing Quality work related to StARS

A comprehensive review of community standards was carried out to integrate assessment findings and maintain accuracy and reliability throughout the document. Subject matter experts were actively involved in this process, which preserved core principles from the previous standards while enhancing their scope and detail by incorporating objective data. The revised standards were approved for implementation in April 2025, with their first use in assessments beginning in October 2025.

Vacancies within the Quality Team continue to present a capacity and delivery risk to the StARS accreditation programme. The Project Analyst & Support Officer post has remained vacant since May 2025, with a decision taken to defer replacement. In addition, a previous financial decision resulted in the non-funding of a Band 7 Whole-Time Equivalent Quality Improvement Practitioner. Collectively, these staffing constraints have increased workload pressures within the team and reduced capacity to implement new systems, processes, and Trust-wide quality improvement initiatives.

As a result, the planned expansion of the accreditation programme has been paused, and it is currently not possible to develop accreditation standards for Outpatient Services or to extend the programme into additional areas. Reduced capacity has also impacted the timeliness of reassessment activity, particularly during periods of annual leave, with reassessment delays of approximately 8-16 weeks experienced in some areas. Regular schedule reviews continue to be undertaken to minimise delays wherever possible.

Mitigating actions are in place to stabilise delivery. Provided no further assessment slots are lost, the accreditation schedule is expected to be brought back on track by the end of Quarter 2 (September 2026).

Patient Experience

This section provides an overview of how patient experience is captured, monitored and used to improve services across the Trust.

- What patients, carers, families and friends tell us (feedback and engagement)
- How we respond (actions, improvements and assurance)
- Key initiatives delivered by the Patient Experience Team
-

At Stockport NHS Foundation Trust, we are committed to continually improving the experience of our patients, carers, families and friends. Patient experience is one of the Trust's key objectives and is central to our mission to provide great care to every patient, every day.

The views of the people who use our services are important to us. This feedback helps us identify where changes are needed and supports service improvements, ensuring our patients receive a safe, consistent, person-centred experience at every contact. Good progress has been made over the past 12 months in delivering the Patient, Carers, Family & Friends Strategy. The Patient Experience Team continues to work towards completing the outcomes set out in our pledges, working alongside staff and partner agencies to raise awareness of initiatives that develop and embed quality.

The Patient Experience function at Stockport NHS Foundation Trust continues to play a vital role in supporting compassionate, person-centred care. The team delivers several key services:

- Volunteer Services – Providing essential support across the Trust, including patient-facing roles and administrative assistance.
- Chaplaincy and Spiritual Care Team – Offering emotional and spiritual support to patients, families, and staff.
- Public Health Collaboration – Recently strengthened through the involvement of Jan Sinclair, whose expertise enhances the Trust's approach to community wellbeing and integrated care.

The Trust remains committed to maintaining high standards in patient experience, despite current resource pressures. Efforts are ongoing to strengthen infrastructure, support staff, and ensure feedback continues to inform service improvements

Patient Experience Initiatives

The **Patient Experience Team** has had several initiatives to enhance the experience of patients while in our care. These initiatives aim to improve policies, engagement, accessibility, and overall service quality. Key focus areas include:

Policy & Process Improvements

- The Patient Personal Belongings Policy has been updated, with new posters and leaflets provided throughout all departments.
- Visiting times are standardised to promote consistency across every service.
- The Patient Information and Liaison Service (PILS) process is under review to help tackle health disparities.
- The Interpreting Policy has been evaluated, and a revised version was put into practice.
- The CardMedic Standard Operating Procedure (SOP) is now in use.

Engagement & Awareness Initiatives

- Continued to support **awareness events** throughout the year, including **World Cancer Day, National Day of Reflection, Hello My Name Is Day, and Chaplaincy-led events.**
- Working with **teams** to enhance **Accessible Information Standards** across the organisation.
- Partnering with **Walthew House** to promote the **Deaf First Responder role** and support **Deaf Awareness training.**
- Worked with Specialist Palliative Care admin staff to support with patient survey collections.
- **Supported with 5 IN 5 events where awareness was raised on hot topics**

Quality & Service Enhancements

- Developed **Patient Experience Dashboard,** with the **FFT dashboard** and the **Patient Survey Dashboard under review.**
- Supported **the Community Diagnostic Centre project** to capture the patient experience as part of the improvement for local diagnostic access.
- Participated in the **Car Parking working group** to enhance accessibility and patient convenience.
- Supported Acute Oncology to create Care Opinion QR code to capture feedback.
- Assisted healthcare areas in improving **patient experience and quality of care.**
- Supported the implementation of **Sparks media systems** to facilitate patient communication.
- Support given in promoting with Martha's Rule.
- The Caffeine Project has been launched across all areas following a successful pilot
- Working closely with Tameside and Glossop (TGH) to develop a joint Patient Experience Strategy for 2026–2029, ensuring a unified approach across both organisations.
- Launched a new initiative in February 2026 where, every other Thursday, the Patient Experience Team host a themed engagement stand near the restaurant, focusing on a specific topic and providing resources to raise awareness and support staff and patients.
- Continuing work to establish a snack and newspaper delivery service for patients who are unable to leave the ward.
- Began collaborative work with Pharmacy to review patients' medication following a fall; a pilot has already commenced with positive early results.
- Developed the Terms of Reference and defined responsibilities for the new Experience Matters Group, which is being established to drive improvements in patient experience. The group will include representation from a wide range of backgrounds, including staff, patients, relatives, and community members. Posters have been distributed across hospital and community settings to encourage participation.

- Dressed Is Best: Coordinated with Estates to secure a central clothes bank for patients; awaiting cost confirmation to launch.
- Patient Stories: Patients and families share experiences via film or PowerPoint.
- Patient Feedback: Gathered through surveys to guide improvements. QR codes implemented in several areas to broaden accessibility.
- The Patient Experience team conducts quarterly audits, with assistance from volunteers, to ensure compliance with Mixed Sex Accommodation guidelines.
- Community and District Nursing teams have created a patient experience survey to gather feedback, which is now being used to drive quality improvement within the Division.
- Walkabout Wednesday takes place, featuring Executive and Non-Executive Board members who talk to patients and staff about their experiences. This initiative will now be a joint one with TGH.
- Volunteers take on various roles and recently began contributing to gardening and maintaining cleanliness around the site.
- The Chaplaincy and Spiritual Care Team continue to promote understanding of different religious celebrations.

Service Transformation

Over the past 12 months, the NHS has continued to operate within an exceptionally challenging environment. Sustained demand for services, ongoing workforce pressures, and rising patient acuity have all contributed to unprecedented strain across the system. At the same time, the financial position facing the NHS has become increasingly constrained. These factors have required organisations to focus on improvement, transformation and ensuring we have efficient and productive services while maintaining a clear focus on delivering safe, high-quality care.

For our Trust, this has meant not only responding to immediate operational pressures but also strengthening our approach to sustainable improvement, ensuring we are making the best possible use of our resources while continuing to improve outcomes and experience for our patients.

Over the past year, our teams have worked collaboratively across the organisation to meet these challenges. Through a coordinated programme of work, we have supported services to identify opportunities for improvement, streamline pathways, and deliver measurable benefits in quality, access, and efficiency.

Central to this has been the continued development and embedding of our ADOPT Continuous Improvement Strategy, alongside the rollout of our ADOPT Continuous Improvement methodology. This approach provides a structured and consistent framework for improvement, enabling teams to build capability, use data effectively, and implement change in a sustainable way. By embedding quality improvement principles across the organisation, we are fostering a culture where continuous improvement is part of everyday practice, empowering staff at all levels to identify and deliver meaningful change.

Together, this work ensures that we are not only responding to the challenges we face today, but also building a more resilient, efficient, and patient-centred organisation for the future.

Transformation Programmes of Work

Over the past year, there has been continued and meaningful progress in improvement work across the Trust. Alongside a wide range of initiatives led at service and departmental level, the Transformation Team has supported the delivery of 24 programmes and projects. This support has spanned end-to-end programme delivery through to targeted scoping and diagnostic work, helping services and system partners to identify opportunities, define priorities, and plan the next stages of their development. Collectively, this work demonstrates the Trust's ongoing commitment to continuous improvement, strengthening pathways, and delivering high-quality, sustainable services for our patients.

Improving Cancer Outcomes Programme

Our aim is to improve cancer outcomes and the experience of patients by reviewing and enhancing the entire care pathway. To support this, we conducted detailed data analysis and process mapping across all tumour groups to identify areas for improvement.

Over the past year, we have focused on accelerating diagnosis and treatment through a range of initiatives. For the 28-Day Faster Diagnosis Standard, we introduced consistent documentation for bone marrow procedures; ringfenced outpatient and protected CT slots; and expanded step-down reviews supported by junior medical staff and clinical nurse specialists. Digital processes were streamlined so that reviews and decision-making could take place in a single, efficient platform. We also recruited a new Head & Neck Radiologist; increased the number of Clinical Nurse Specialist's able to perform Local Anaesthetic Transperineal biopsies; implemented an internal referral process for patients with non-specific cancer symptoms; and reviewed the roles and activities of Cancer Navigators and Advanced Clinical Practitioners to make the pathways more responsive.

For the 62-Day Referral to Treatment Standard, we improved preparation and scheduling for CT Colonography; refined triage processes with risk stratification; and maximised diagnostic opportunities through the Clinical Diagnostic Centre. These changes have strengthened multidisciplinary team working and ensured more personalised care for patients throughout their journey.

These efforts have led to record cancer performance for Stockport FT in 2025. The Trust achieved its highest-ever Faster Diagnosis Standard performance at 85.3%, ranking 8th nationally among 118 Trusts, and its highest-ever 62-day performance at 83.3%, ranking 7th nationally. The impact of this means our patients are being diagnosed and treated quicker, and in turn this will hopefully lead to better outcomes for our patients and improved experiences. Prostate patients requiring bone scans also experienced a reduction in waiting times from 20 days to just 8 days, reflecting the tangible impact of these improvements on patient care.

Additionally, 2025/26 has seen the Trust utilise digital solutions and implement improvements in our cancer MDT processes. This has led to the release of CNS time, a reduction in dictations and GP's receiving information earlier.

Finally, our personalised care work has focused on effective recording of documentation, consistency of ways of working and monitoring of patients under cancer follow-up, including the implementation of patient stratified follow up and a digital remote monitoring system.

Emergency Department Improvement Programme

Our aim is to meet the national four-hour clinical standard for 78% of patients attending the Emergency Department (ED) through a collaborative, system-wide approach. To understand the challenges and identify opportunities, a variety of diagnostics were conducted, including capacity and demand analysis using internal and national data; workforce modelling with a review of roles and responsibilities; process and pathway mapping; time-in-motion studies; root cause analysis with the five whys; and comprehensive data analysis. These assessments highlighted short, medium, and long-term opportunities, as well as barriers to improvement.

A system-wide response was developed to improve ED performance, focusing on areas such as patient deflection, navigation, triage, and the Urgent Treatment Centre (UTC); Same Day Emergency Care (SDEC) and frailty pathways; reducing long waits; reviewing pre-

attendance pathways, ambulance handovers, and inter-hospital transfers; improving diagnostic turnaround times; and enhancing data and analytics to support more responsive decision-making.

Key initiatives included increasing the number of triage nurses to three during times of surge, introducing a dedicated workforce to support patient navigation, and providing targeted training to improve clinical confidence and pathway awareness. A direct GP medical admissions pathway to SDEC was implemented following weekly Plan Do Study Act (PDSA) cycles, and a nurse-led pull model was embedded in Medical and Surgical SDEC units to proactively manage patient flow. The opening of the Clinical Decision Unit (CDU) has further supported patient flow, alongside the development of pathways for inter-hospital transfers, tele-triage via Advantis CDS, improved communication through Vocera, and the introduction of Urology HOT Clinics. Roles and responsibilities were reviewed and standardised, and biweekly meetings with North West Ambulance Service supported the national Handover 45 initiative.

Over the 12-month programme, Type 1 ED performance improved by 1.2% despite a 2.1% increase in demand. Additional benefits include increased patient streaming to SDEC services, and the Clinical Decision Unit (CDU) nearly doubling their throughput each week. In turn, this all leads to reduced clinical risk through timelier assessment and treatment, enhanced patient experience with less corridor care and fewer long waits, ensuring patients are seen in the right place to avoid unnecessary ED attendance.

Single Point of Access (SPoA) Implementation Programme

To further support our urgent care flow, this programme implemented a Stockport NHS Foundation Trust (SFT) Digital Hub SPoA service, operating seven days a week from 8am to 8pm, to embed a One Stockport Care Coordination Service (SCCS) for the local population. The aim is to simplify access to urgent community and acute services by providing referring clinicians with advice, guidance, and clinical navigation support, ensuring patients receive the right care quickly and safely, ultimately improving outcomes.

Diagnostics were undertaken to understand demand, capacity, and times of surge, supporting workforce and service modelling. MDT workshops took place to review and refine current processes, define roles and responsibilities, promote the trusted assessor model, improve knowledge of available services to support patients at home, and identify bottlenecks.

Opportunities to mobilise and sustain this change included maximising effective streaming across Stockport services. Improving the efficiency and productivity of the Urgent Community Response Team and introducing a District Nursing Relief Nurse Service was vital for improved responsiveness. Additionally, transitioning the Hospital at Home (previously known as Virtual Ward) service to Stockport's Digital Hub, and optimising resources within the Stockport Community Contact Centre meant that the central function could excel.

The SFT Digital Hub went live in December 2025, enabling seamless transfers between services. The One SCCS service provides a single point of access for health professionals

to navigate all available Stockport services. Navigation documentation has also been updated to reflect an SBAR (Situation, Background, Assessment, Recommendation) approach, improving handover and communication.

The District Nursing Relief Nurse Service also commenced in December 2025, supporting same-day unplanned tasks. Detailed decision trees have been developed to support deteriorating patients and enable smooth transitions across services.

The new Stockport Hospital at Home service launched on 5th January 2026, following transition from Tameside and Glossop Integrated Care NHS Foundation Trust Digital Health. Work has commenced on further improving this service, with Stockport set to be the first pilot site in Greater Manchester with a live dashboard illustrating service capacity, supporting patient navigation, preventing avoidable ambulance dispatches and ED attendances, and providing data intelligence for future service planning.

Early performance tracking shows increased patient streaming to acute or community urgent care services is helping prevent avoidable ambulance dispatches and ED attendances. Through a clinician to clinician handover model, positive feedback has been received from our GP's in comparison to the administrative function that previously existed, as this reduces their time to complete a referral. Our District Nurse Relief service saw over 400 contacts in March 2026 following the establishment of the service in January 2026. The service aligns clinical navigation with a trusted assessor model, reducing duplication of triage, optimising resource use, and improving patient experience and outcomes. The transition of the virtual ward service to SFT is also projected to save £60k recurrently.

Cardiology Improvement Project

This programme aimed to improve processes and pathways across the Cardiology Outpatient Service to support delivery of waiting list targets, maximise clinic utilisation, and reduce appointment wastage. Diagnostics revealed significant referral growth of 7% between April 2024 and April 2025, showing the need to work differently within our current resource. Pathway mapping and multidisciplinary workshops identified process inefficiencies, while data reviews highlighted inaccuracies in clinic templates, high rates of duplicate appointments, and elevated "Did Not Attend" (DNA) levels. Workforce modelling showed bottlenecks in Cardiac Physiology diagnostic pathways and that demand from Stroke referrals exceeded available capacity.

To address these challenges, the programme focused on improving electronic referral system (E-RS) utilisation, cleansing outpatient templates, reducing duplicate appointments, increasing diagnostic capacity, and trialling a new process for Stroke referrals. Options such as integration of E-RS and EVOLVE via the NHS API platform were explored, while scoping of an in-house Cardiac CT service was also undertaken to support long-term capacity planning.

Interventions included template data cleansing, merging duplicate appointments, targeted call reminders, workforce reconfiguration to expand diagnostic capacity, and a trial of E-Patch for stroke referral management, which reduced turnaround time from two weeks to two days. These changes also improved late-notice clinic utilisation and ensured patients received timely care.

Over the six-month project, referrals from primary care increased by 10.8%. Performance data showed DNA rates reduced from 7.6% to 5.6%, and clinic utilisation rose from 77.4% to 101.2%. These improvements are estimated to deliver a notional saving of £43,320 per year. Friends & Family Test scores increased from 94% to 98%, while weekly diagnostic capacity grew to 50 slots per week (from 30), enabling better management of demand. The programme has also enhanced visibility of diagnostic capacity and highlighted areas for ongoing digital integration and capital planning.

ADOPT Continuous Improvement Strategy

This year has seen Stockport NHS Foundation Trust continue to embed its ADOPT Continuous Improvement Strategy, with a sustained focus on building improvement capability across the workforce. Improvement remains firmly positioned as everyone's business, and over the past year colleagues have participated in the ADOPT Continuous Improvement Fundamentals training. This has strengthened a shared understanding of improvement methodology and equipped teams with practical tools to identify opportunities, test change, and deliver measurable impact within their own services.

Building on this strong foundation, February 2026 marked the launch of the next tier of the programme: ADOPT Continuous Improvement Practitioner training. This six-month programme represents a step change in capability development, requiring participants to lead a structured improvement project within their area of practice. By applying learning in real-time, staff are supported to deliver tangible improvements that directly contribute to patient care, safety, and operational effectiveness, while also developing a network of skilled improvement practitioners across the Trust.

Alongside the formal training offer, the Improvement Hub continues to provide accessible, ongoing support through lunchtime sessions, offering guidance, coaching, and a space for shared learning. Together, these initiatives ensure that improvement is not only embedded as a strategic priority but is actively lived across the organisation. By investing in a tiered approach to capability building, the Trust is creating a culture where staff at all levels are empowered to lead change, driving continuous improvement and delivering better outcomes for patients and communities.

Part 2.2: Statements of Assurance from the Board

The following section includes responses to a nationally defined set of statements which will be common across all Quality Reports. The statements serve to offer assurance that our organisation is performing to essential standards, such as securing Care Quality Commission registration and measuring our clinical processes and performance. This includes participation in national audits and being involved in national projects and initiatives aimed at improving quality - such as recruitment to clinical trials.

During 2025/26 Stockport NHS Foundation Trust provided and or sub-contracted 48 relevant health services. We have reviewed all the data available to us on the quality of care in all of these NHS services and through our performance management framework and assurance processes. Our total income from service user activities was £497m and our total income was c. £540m, with income from service user activities accounting for 92% of this total.

Participation in Clinical Audit

In the reporting period 2025/26, 59 national clinical audits and confidential enquiries covered services provided by Stockport NHS Foundation Trust.

During this period, the Trust participated in 95% of the national clinical audits and confidential enquiries for which it was eligible.

Tables 1 and 2 provide details of:

- The national clinical audits and confidential enquiries for which Stockport NHS Foundation Trust was eligible in 2025/26.
- The national clinical audits and confidential enquiries in which the Trust participated during 2025/26.
- The national clinical audits and confidential enquiries in which the Trust participated and for which data collection was completed during 2025/26, listed alongside the number of cases submitted to each audit or enquiry against the number of registered cases required under the terms of that audit or enquiry.

Table 3 provides details of:

- The national clinical audits and confidential enquiries in which the Trust was expected to participate but did not, together with an explanation for non-participation.

National Clinical Audits: Actions Taken to Improve Quality

In 2025/26, the Trust reviewed reports from **46** national clinical audits and is committed to implementing the following measures to improve the quality of healthcare provided:

- Clinical leads for the specialty relevant to each audit review all report findings and develop action plans, which are subsequently approved by the Divisional Quality Groups.
- Approved action plans are incorporated into the Clinical Effectiveness Group agenda as part of the Trust's governance framework.

In addition, **63** local forward programme clinical audits were reviewed in 2025/26. The Trust aims to improve healthcare quality through the following actions:

- Production of a comprehensive report and action plan, where required, for each audit.
- Dissemination of outcomes to divisions, with a summary report submitted to the Clinical Effectiveness Group to provide assurance ratings, risk assessments and identify any required escalation within the governance framework.

TABLE 1 - National clinical audits and national confidential enquiries that Stockport NHS Foundation Trust participated in during 2025/26

No.	Workstream	Provider Organisation	Eligble?	Participated?	Submiited
1	British audit Of the investigatiOn and referral of woMen with rEcurrent uRinary trAct infectioN using recent Guidance (BOOMERANG)	The British Association of Urological Surgeons (BAUS)	Yes	Yes	Yes
2	Evaluating the Management Pathway for Suspected Testicular Cancer Referrals (EMPAST)	BAUS	Yes	Yes	Yes
3	Breast and Cosmetic Implant Registry	NHS England	No	NA	NA
4	British Spine Registry	British Spine Registry	Yes	Yes	Yes
5	Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	Yes
7	Cleft Registry and Audit NEtwork (CRANE) Database	Royal College of Surgeons of England (RCS)	No	NA	NA
8	Adolescent Mental Health	Royal College of Emergency Medicine	Yes	Yes	Yes
9	Care of Older People	Royal College of Emergency Medicine	Yes	Yes	Yes
10	Mental Health Self Harm	Royal College of Emergency Medicine	Yes	Yes	Yes
11	Time Critical Medications	Royal College of Emergency Medicine	Yes	Yes	Yes
12	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Royal College of Paediatrics and Child Health	Yes	Yes	Continuous
13	Fracture Liaison Service Database (FLS-DB)	Royal College of Physicians	Yes	Yes	Continuous
14	National Audit of Inpatient Falls (NAIF)	Royal College of Physicians	Yes	Yes	Continuous
15	National Hip Fracture Database (NHFD)	Royal College of Physicians	Yes	Yes	Continuous
16	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	NHS England	Yes	Yes	Continuous
17	Maternal, Newborn and Infant Clinical Outcome Review Programme	University of Oxford / MBRRACEUK collaborative	Yes	Yes	Continuous
19	Mental Health Clinical Outcome Review Programme	The University of Manchester / National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	No	NA	NA
20	National Diabetes Core Audit	NHS England	Yes	Yes	Continuous
21	Diabetes Prevention Programme (DPP) Audit	NHS England	No	NA	NA
22	National Diabetes Footcare Audit (NDFA)	NHS England	Yes	Yes	Continuous
23	National Diabetes Inpatient Safety Audit (NDISA)	NHS England	Yes	Yes	Continuous
24	National Pregnancy in Diabetes Audit (NPID)	NHS England	Yes	Yes	Continuous
25	Transition (Adolescents and Young Adults) and Young Type 2 Audit	NHS England	Yes	Yes	Continuous

No.	Workstream	Provider Organisation	Eligble?	Participated?	Submited
26	Gestational Diabetes Audit	NHS England	No	NA	NA
27	National Audit of Cardiac Rehabilitation	University of York	Yes	Yes	Continuous
28	National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	NHS Benchmarking Network	No	NA	NA
29	National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	Yes	Yes	Yes
30	National Audit of Dementia (NAD)	Royal College of Psychiatrists	No	NA	NA
31	National Audit of Eating Disorders (NAED)	Royal College of Psychiatrists	No	NA	NA
32	National Bariatric Surgery Registry	British Obesity & Metabolic Surgery Society	No	NA	NA
33	National Audit of Metastatic Breast Cancer (NAoMe)	Royal College of Surgeons of England (RCS)	No	NA	NA
34	National Audit of Primary Breast Cancer (NAoPri)	RCS	No	NA	NA
35	National Bowel Cancer Audit (NBOCA)	RCS	Yes	Yes	Continuous
36	National Kidney Cancer Audit (NKCA)	RCS	No	NA	NA
37	National Lung Cancer Audit (NLCA)	RCS	Yes	Yes	Continuous
38	National Non-Hodgkin Lymphoma Audit (NNHLA)	RCS	Yes	Yes	Continuous
39	National Oesophago-Gastric Cancer Audit (NOGCA)	RCS	Yes	Yes	Continuous
40	National Ovarian Cancer Audit (NOCA)	RCS	Yes	Yes	Continuous
41	National Pancreatic Cancer Audit (NPaCA)	RCS	Yes	Yes	Continuous
42	National Prostate Cancer Audit (NPCA)	RCS	Yes	Yes	Continuous
43	National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	Continuous
44	National Adult Cardiac Surgery Audit (NACSA)	National Institute for Cardiovascular Outcomes Research (NICOR)	No	NA	NA
45	National Congenital Heart Disease Audit (NCHDA)	NICOR	No	NA	NA
46	National Heart Failure Audit (NHFA)	NICOR	Yes	Yes	Continuous
47	National Audit of Cardiac Rhythm Management (CRM)	NICOR	Yes	Yes	Continuous
48	Myocardial Ischaemia National Audit Project (MINAP)	NICOR	Yes	Yes	Continuous
49	National Audit of Percutaneous Coronary Intervention (NAPCI)	NICOR	No	NA	NA
50	UK Transcatheter Aortic Valve Implantation (TAVI) Registry	NICOR	No	NA	NA
51	Left Atrial Appendage Occlusion (LAAO) Registry	NICOR	No	NA	NA
52	Patent Foramen Ovale Closure (PFOC) Registry	NICOR	No	NA	NA
53	Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	NICOR	No	NA	NA
54	National Child Mortality Database (NCMD)	University of Bristol	Yes	Yes	Continuous
55	National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists	No	NA	NA
56	2025 Major Haemorrhage Audit	NHS Blood and Transplant	Yes	Yes	Yes

No.	Workstream	Provider Organisation	Eligble?	Participated?	Submited
57	National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology	Yes	Yes	Continuous
58	Laparotomy	Royal College of Anaesthetists	Yes	Yes	Continuous
59	No Laparotomy	Royal College of Anaesthetists	Yes	Yes	Continuous
60	National Joint Registry	Healthcare Quality Improvement Partnership (HQIP)	Yes	Yes	Continuous
61	National Major Trauma Registry	NHS England	Yes	Yes	Continuous
62	National Maternity and Perinatal Audit (NMPA)	Royal College of Obstetricians and Gynaecologists	Yes	Yes	Continuous
63	National Neonatal Audit Programme (NNAP)	Royal College of Paediatrics and Child Health	Yes	Yes	Continuous
64	National Obesity Audit (NOA)	NHS England	No	NA	NA
65	Age-related Macular Degeneration Audit	The Royal College of Ophthalmologists (RCOphth)	Yes	No	NA
66	Cataract Audit	RCOphth	Yes	No	NA
67	National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	Yes	Yes	Continuous
68	National Perinatal Mortality Review Tool	University of Oxford / MBRRACEUK collaborative	Yes	Yes	Continuous
69	National Pulmonary Hypertension Audit	NHS England	No	NA	NA
70	COPD Secondary Care	Royal College of Physicians	Yes	Yes	Continuous
71	Pulmonary Rehabilitation	Royal College of Physicians	Yes	Yes	Continuous
72	Adult Asthma Secondary Care	Royal College of Physicians	Yes	Yes	Continuous
73	Children and Young People's Asthma Secondary Care	Royal College of Physicians	Yes	Yes	Continuous
74	National Vascular Registry (NVR)	RCS	No	NA	NA
75	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	University of Warwick	No	NA	NA
76	Paediatric Intensive Care Audit Network (PICANet)	University of Leeds / Leicester	No	NA	NA
77	Perioperative Quality Improvement Programme (PQIP)	Royal College of Anaesthetists	Yes	No	NA
78	Improving the quality of valproate prescribing in adult mental health services	Royal College of Psychiatrists	No	NA	NA
79	Use of clozapine	Royal College of Psychiatrists	No	NA	NA
80	Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	Royal College of Psychiatrists	No	NA	NA
81	Sentinel Stroke National Audit Programme (SSNAP)	King's College London	Yes	Yes	Continuous
82	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)	Yes	Yes	Continuous

No.	Workstream	Provider Organisation	Eligble?	Participated?	Submiited
83	Cystic Fibrosis - Adults	Cystic Fibrosis Trust	No	NA	NA
84	Cystic Fibrosis - Children	Cystic Fibrosis Trust	No	NA	NA
85	UK Interstitial Lung Disease (ILD) Registry	British Thoracic Society	No	NA	NA
86	UK Parkinson's Audit	Parkinson's UK	Yes	Yes	Yes
87	UK Renal Registry Chronic Kidney Disease Audit	UK Kidney Association	No	NA	NA
88	UK Renal Registry National Acute Kidney Injury Audit	UK Kidney Association	Yes	Yes	Yes

TABLE 2 - National confidential enquiries that Stockport NHS Foundation Trust participated in during 2025/26

No.	Workstream	Provider Organisation	Eligble?	Participated?	Submiited
6	Emergency surgery in children and young people.	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Yes	Yes
6	Stabilisation of the critically ill child	NCEPOD	Yes	Yes	Yes
18	Managing acute illness in people with learning disability.	NCEPOD	Yes	Yes	Yes
18	Pleural Procedures.	NCEPOD	Yes	Yes	Yes
18	Rib Fractures	NCEPOD	Yes	Yes	Yes

TABLE 3 - National clinical audits and confidential enquiries in which the Trust was expected to participate but did not

No.	Workstream	Provider Organisation	Eligble?	Participated?	Submiited	Comments
65	Age-related Macular Degeneration Audit	The Royal College of Ophthalmologists (RCOphth)	Yes	No	NA	Ophthalmology Database (open eyes) not fully functional
66	Cataract Audit	RCOphth	Yes	No	NA	Ophthalmology Database (open eyes) not fully functional
77	Perioperative Quality Improvement Programme (PQIP)	Royal College of Anaesthetists	Yes	No	NA	Decision made to no longer contribute as there was no capacity within the research team to recruit patients due to competing priorities

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Participation in Clinical Research

Our Trust is committed to research, development and innovation (RD&I) as a driver for improving the quality of care we provide to our patients. Participation in clinical research enables our staff and the wider NHS to improve the current and future health outcomes of the people we serve. It is well known that clinical research provides the evidence base needed to answer key questions that help us address health and care issues within our population. Clinical research and its outcomes also contribute positively to patient experience, organisational reputation, as well as staff satisfaction, development, recruitment and retention.

Embedding and maintaining an active research ethos at Stockport NHS Foundation Trust is vital to fostering a better future for our patients and staff. That is why RD&I is cited as key enabling themes of our Trust strategies.

The number of patients receiving relevant health services provided or subcontracted by Stockport NHS Foundation Trust in 2025/26 that were recruited during that period to participate in research approved by a Research Ethics Committee (REC) and/ or the Health Research Authority (HRA) is ~1,315. These research studies will have received a favourable opinion from the REC within the National Research Ethics Service (where required) and HRA, signifying they are of sound scientific quality and have been risk assessed.

Our Trust remains committed to engaging with our patients, staff and service users to provide opportunities to contribute to and/ or participate in a research study.

Research, Development and Innovation: Key Achievements

2025/26 has been another successful year for RD&I at Stockport. We remain focused on delivering our joint 5-year strategy (2022-2027) across Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust. Our mission is to make a positive difference with clinical research every day. Our vision focuses on improving patient health through clinical, translational and applied health sciences research and a culture of innovation. Key achievements include:

- Maintenance of an extensive study portfolio across 19 specialities with 74 research studies open in 2025/26.
- Introduction of 20 new studies, including commercial and non-commercially sponsored work, interventional and observational projects. We have maintained a good level of commercial activity, with 11 studies open for recruitment in 2025/26 across cancer, children, ear, nose and throat, gastroenterology and trauma and orthopaedics.
- Continuing strategic focus on research projects that can integrate into established clinical care pathways, ensuring there is a service wide approach to offering research opportunities to our patients. This model has been particularly successful in:

    - Children: **The PALOH-UK study** is collecting samples and data to assess the performance of a new genetic test to identify babies at risk of antibiotic related hearing loss. Our Trust recruited >300 participants to the study during 2025/26.

    - Gastroenterology and cancer: **COLO-COHORT** (Colorectal cancer cohort study) saw >400 patients in 2025/26 on the 2-week wait pathway for bowel cancer engaging with this project to hopefully improve this service nationally in future.
    - Musculo-skeletal/ Trauma and Orthopaedics: **WHITE-15 INITIATE** ('Increase mobility in hospital after hip fracture' study) enrolled 106 patients in 2025/26 looking at finding out about the recovery of people with a broken hip and a focus on getting patients mobile and walking again. Alongside this, we contributed significantly to **WHITE PRESSURE-3,** which saw 77 patients in 2025/26 being involved. This study is looking at different methods healthcare staff can use to try and stop people who have broken their hip from getting pressures ulcers on their heel.
    - Surgery: **PARTIAL** is a randomised controlled study looking at the clinical and cost effectiveness of complex partial vs radical nephrectomy for clinically localised renal cell carcinoma, with our Trust being the top recruiters nationally in 2025/26 seeing 20 patients enrolled.
- Multi-disciplinary delivery approach models have continued to thrive in specialities such as stroke, with a similar trend seen in critical care, where clinicians and allied healthcare professionals have worked together to offer a variety of research options to our patients. In 2025/26, these projects have included collecting blood samples to research the genetics of susceptibility and mortality in critical care, as well as a focus on patients with acute hypoxemic respiratory failure assessing awake prone positioning and airway pressure release ventilation vs conventional ventilation.
- Increased and sustained engagement with clinical research delivery from a range of health care professionals, including nurses, advanced clinical practitioners, clinicians, specialty trainees and allied healthcare professionals. We continue to have ~200 staff with up-to-date Good Clinical Practice training at our Trust, who are now actively contributing to study recruitment.
- The RD&I team have continued to focus on staff and patient engagement with clinical research throughout 2025/26 in the hospital and community settings. We delivered another joint research showcase event with Tameside, highlighting our key successes in year. We have also strengthened our links with Stockport County Community Trust, working with the North West Regional Research Delivery Network to promote research opportunities in under-served populations.

In Autumn 2025, the Department of Health and Social Care (DHSC) published a policy statement outlining the UK government's continued commitment to reducing the set-up time for clinical trials to less than 150 days. Stockport is currently below target on these metrics, in part due to limited staffing challenges. Moving forward, there will be an increased focus on meeting the new 60-day set-up and 30 days to first participant consented timelines. The research governance and delivery teams are becoming more strategic in new study selection and in managing/ setting realistic set-up expectations with sponsors and Principal Investigators.

The RD&I team are always proud of the contribution we have made to our Trust year on year, with patient experience at the heart of everything we do. Feedback from the participant

research experience survey continues to highlight the professionalism, dedication and friendliness of our RD&I staff. This is a gold standard example of a team embodying our Trust Values to provide the best possible service for our patients.

We continue to participate in research studies that are feasible in terms of the services we offer and our patient population. Looking ahead to 2026/27, we will continue with this vision and focus on broadening the reach of our research opportunities within the local population, helping to address challenges related to inclusivity and health and care inequalities.

Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) framework has historically supported improvements in service quality by linking a proportion of provider income to the achievement of defined quality and innovation goals. This approach aimed to drive the development of new and improved models of care. It should be noted that the mandatory CQUIN scheme is currently paused, and therefore these incentives are not currently in operation.

Care Quality Commission (CQC)

The Trust is registered with the Care Quality Commission (CQC) and fully compliant with the registration requirements of the CQC. The Trust engage in regular oversight meetings with the CQC, and the Trust seeks assurances through its governance framework that care is provided that is safe, effective, caring, responsive and well led.

The CQC-warranted IR(ME)R inspectors carried out an inspection of the Trust's compliance with the IR(ME)R 17 Regulations in 2025/26. No enforcement action was taken against the Trust following this inspection. This inspection and other most recent inspections are illustrated below:

Financial Year	Inspection Overview	Outcome
2025/26 September 2025	IR(ME)R inspectors carried out an announced inspection of the Trust's compliance with the Ionising Radiation (Medical Exposure) Regulations 2017.	The IR(M)ER inspection did not identify any breaches under IR(M)ER17 which met the threshold for enforcement action. Areas for improvement were identified during the inspection. These related to actions required to ensure compliance with IR(ME)R17 and other published standards that support current best practice and enhance the quality of care provided to patients. The Trust has developed an action plan in

<table>
<tr><td></td><td></td><td>response to the recommendations. The action plan has been shared with the IR(ME)R inspection team and will be overseen to completion by Trust's Quality Committee.</td></tr>
<tr><td>2023/24:

September 2023</td><td>Announced inspection of maternity services covering the domains of safe and well led, as part of the national maternity inspection programme.</td><td>The inspection report published in May 2024 reported both the safe and well led domains of care as requires improvement.

<table><tr><td>Domain</td><td>Assessment</td></tr><tr><td>Safe</td><td>Requires improvement</td></tr><tr><td>Effective</td><td>Requires improvement</td></tr></table>
The Trust developed an action plan in response to 3 must do recommendations, and 4 should do recommendations included within the report. The action plan was overseen by the Trust's Quality Committee.</td></tr>
<tr><td>2021/22:

November 2021</td><td>Unannounced inspection of the urgent and emergency care service at Stepping Hill Hospital covering the domains of safe, effective, caring, responsive and well led.</td><td>The inspection report published in January 2022 showed improvement across every domain.

<table><tr><td>Domain</td><td>Assessment</td></tr><tr><td>Safe</td><td>Good</td></tr><tr><td>Effective</td><td>Good</td></tr><tr><td>Caring</td><td>Good</td></tr><tr><td>Responsive</td><td>Requires Improvement</td></tr><tr><td>Well-Led</td><td>Good</td></tr><tr><td>Overall</td><td>Good</td></tr></table>
The action plan related to the inspection was reported to the Quality Committee at the Trust.

The Trust is exceptionally proud of the improvements made to urgent and emergency care during a time of significant pressure.</td></tr>
</table>

NHS number of General Medical Practice code validity

The patient NHS number is the key identifier for patient records. Accurate recording of the patient's General Medical Practice code is essential to enable the transfer of clinical information about the patient from the Trust to the patient's General Practitioner (GP).

Stockport NHS Foundation Trust submitted records during 2025/26 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number and valid General Medicine Practice Code was:

Percentage of records in the published data submitted to the SUS :	Valid NHS Number	General Medical Practice Code
Admitted Patient Care	99.9%	100%
Outpatient Care	100%	100%
Accident and Emergency Care	99.7%	100%

Information Governance and Information Security Assurance

The Trust adopts proactive technical and organisational measures to ensure the confidentiality, integrity, and availability of data. The Trust has a secure IT infrastructure to ensure all staff have access to key information systems and data to support the delivery of patient care. Effective policies and procedures, including annual data security awareness training for all staff, are in place to prevent the loss of data and improve information and cyber security. The Trust proactively reports and investigates all information governance and IT security incidents on the Trust's incident management system.

The Trust has a Board-level Senior Information Risk Owner (SIRO) with lead responsibility for ensuring that information risk is properly identified and managed, and that appropriate assurance mechanisms exist. The Deputy Chief Executive/Chief Finance Officer undertakes this role. The Trust's Medical Director is the Trust's Caldicott Guardian, with responsibility for ensuring patient confidentiality and that appropriate information sharing arrangements are in place. The SIRO and Caldicott Guardian are supported by the Trust's Data Protection Officer to ensure compliance with the Data Protection Act and UK General Data Protection Regulations.

The Trust completes an annual NHS Data Security and Protection Toolkit (DSPT) self-assessment, which significantly changed for 2024/25 to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and information governance assurance, and is subject to an independent audit by the Trust's internal auditor, Mersey Internal Audit Agency (MIAA). The Trust's annual DSPT submission for 2024/25 was published as 'Approaching Standards', as not all mandatory requirements were met, but was supported by an improvement plan to address the

remaining requirements. The Trust is currently working on the 2025/26 DSPT assessment, due to be submitted on the 30th of June 2026.

During 2025/26 the Trust reported one information- governance related incident, via the DSPT reporting tool, to the Information Commissioner's Office (ICO), The incident related to a data breach due to a cyber-attack on one of our third- party service provider, Synnovis, which occurred in June 2024. It was in November 2025, following Synnovis' long, and complex investigation, which required the reconstitution of the compromised data to identify affected Trusts, that we were informed that some of the Trust's data held by them may have been affected, which was limited personal data relating to 69 of our patients and did not include any clinical or health data. They also advised that there was no evidence of misuse of the compromised data against any individual and no ongoing interest by the attacker since the breach. We are awaiting a response from the ICO for any further investigation or action they may request.

Clinical Coding Error Rate

Clinical coding is the process of translating the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standardised recognised codes. This coding should provide an accurate representation of a patient's stay.

The Trust is committed to continual improvement of clinically coded data and undertakes a regular internal audit programme, in addition to the annual audit which is a mandatory requirement of the Data Security and Protection Toolkit (DSPT).

Stockport NHS Foundation Trust undertook an annual clinical coding audit in 2025/26, and in accordance with the requirements of the toolkit, the audit was conducted by two NHS England Terminology and Classifications Delivery Service approved Clinical Coding Auditors, using the latest version of the NHS Classifications Service Clinical Coding Audit Methodology. The audit focused on 200 randomly selected Finished Consultant Episodes (FCEs) across a range of specialities.

The general standard of clinical coding at Stockport NHS Foundation Trust is satisfactory, meeting the required standard in two out of four areas. The primary diagnosis and primary procedure coding, however, failed to meet the required standard (see table below for details).

		Data Security and Protection Toolkit (DSPT) Level of Attainment	
	Trust level of accuracy %	Standards Met %	Standards Exceeded %
Primary Diagnosis	84.30%	≥90%	≥95%
Secondary Diagnosis	83.90%	≥80%	≥90%
Primary Procedure	89.30%	≥90%	≥95%
Secondary Procedures	89.40%	≥80%	≥90%

Trusts must meet or exceed the required percentage across all four areas in order to meet the attainment level; the Trust, therefore, is scored as 'Approaching Standards'.

Audit recommendations are being actioned to help identify further training needs, and the procurement of an online clinical coding training academy is serving to enhance the internal training programme. A programme of clinical engagement will continue to support improvements in clinical documentation and depth of coding.

Data Quality

Stockport NHS Foundation Trust recognises that high quality data and information underpin the effective delivery of patient care and is essential in making improvements to patient care and safety. High quality data is essential to support operational processes, clinical and strategic decision making, and enabling an appropriate response to our service delivery.

Stockport NHS Foundation Trust consistently benchmarks well, with high levels of data quality reported in NHS England's Data Quality Maturity Index (DQMI).

The Trust has a Data Quality Team which reviews errors and inconsistencies in data and a team of data validators who are responsible for the quality and integrity of our elective waiting lists, working closely with divisional staff to review and improve data accuracy. Digital validation of the waiting list and divisional performance review processes ensure elective access waiting times are managed and monitored.

The Trust's Data Quality Assurance Group provides assurance on the accuracy, completeness, and timeliness of data critical to key processes, pathways, and performance indicators ensuring that system users are engaged in the continuous improvement of data quality through informed discussion and shared knowledge.

Stockport NHS Foundation Trust will be undertaking the following actions to improve data quality:

- Implementation of a new AI-driven document reading solution to help improve the accuracy of the waiting list and reduce the manual effort required for Referral to Treatment (RTT) validation.
- Validation of patient records against national spine systems, with a focus on NHS number tracing, and checking of demographics including registered GP.
- Audits on data capture and accuracy checks on service user data in order for any training needs to be identified and supported with the aim of achieving a Getting it Right First-Time culture.
- Enhancing and developing new on-line training courses, supported with key training messages.
- Ongoing clinical engagement in relation to clinical documentation to enhance quality and depth of clinical coding.
- Developing new data quality reports and dashboards for clear visibility on data gaps and to highlight areas where there are issues or areas of concern.
- Attendance at national and regional data quality forums to share and learn from others.

- Continual review of automated technologies to reduce correction of data quality issues.

Learning from Deaths

During Q1 to Q4 of 2025/26, 1408 of Stockport NHS Foundation Trust patients died.

This comprised the following number of deaths which occurred in each quarter of that reporting period:

Quarter	Number of patient deaths	Case Record Reviews completed	Case Record Reviews within outcome 1 and 2
Quarter 1	394 patients	103	16 (15%)
Quarter 2	331 patients	139	15 (11%)
Quarter 3	297 patients	88	7 (8%)
Quarter 4	386 patients	131	7 (5%)
Total	1408 patients	461	45

By 22nd April 2026, 461 case record reviews (33%) have been carried out in relation to 1408 of the deaths included in the table above. The number of deaths in each quarter for which a case record review was carried out is shown in the table.

When a case record review is completed the outcome of the review is recorded in one of the following categories of outcome:

1. Evidence of serious failings in clinical management
2. Evidence of suboptimal management in a patient who was likely to die
3. Patient managed to a satisfactory level
4. Evidence of exemplar clinical management

45 of the cases reviewed, representing 10% of the total number of case reviews are initially rated to have fell into outcome 1 and outcome 2. The number in each quarter is shown in the table.

All 45 deaths were therefore referred to Mortality & Morbidity review for more detailed review. Two of these cases were then escalated to the appropriate Divisional Governance team for further investigation following confirmation of concerns identified.

All reviews completed by the Trust are disseminated for clinical learning by the Learning from Death Lead via a quarterly newsletter and are populated onto the Trust microsite.

The key messages taken from the Learning from Death quarterly newsletters include:

- Insufficient consultant reviews once patients are transferred to general medical wards. This has on occasion led to patients dying in hospital rather than at home.
- Lack of a senior decision-makers exploring advanced care planning or palliative discharge. More frequent senior input is needed in these circumstances.

- Delayed recognition and/or application of end of life or palliative care and/or failure to execute the planned palliative/end of life care approach. Patients often receive full escalation and invasive treatment upon further deterioration despite prior palliative discussions.
- Late or no DNACPR decisions for frail and comorbid patients, including those where a Community DNACPR exists. This has sadly resulted in some patients undergoing CPR inappropriately.
- Assessment of mental capacity in multiple types of decisions remains inadequate, including exploring patients' own wishes.
- Patients experiencing long waits in the Emergency Department (ED) awaiting investigations before being accepted to a specialty bed. Where there is genuine diagnostic uncertainty, it may be acceptable, however where the diagnosis is clear, transfer to a specialty bed is safer and provides better level of care.
- Patients moved under specialty care in the ED are not always reviewed adequately by their caring teams.
- Patients transferred in from other hospitals often arrive without a full record. Accepting teams are then required to gather information which can lead to things being missed. It is worth reviewing how to manage these transfers for accepting teams.
- The AED mode on a defibrillator is more reliable in most instances than human interpretation of a rhythm in a stressful situation. It is inadvisable to override it unless there is certainty human interpretation is better.
- Over-reliance on referral systems online rather than contacting specialties directly for very unwell patients. This delays decision-making.
- There are further instances of patients undergoing multiple ward moves during their hospital stay for no clinical reason. This lack of continuity in treating teams can directly affect patient care.
- Standards of documentation and importance of this to accurately reflect patient care provided is vital.

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Part 2.3: Reporting against Core Indicators

Since 2012/13, NHS Foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

Indicator		November 2021 - October 2022	November 2022 - October 2023	November 2023 - October 2024	November 2024 - October 2025
SHMI value and banding	Stockport NHS Foundation Trust	0.97	0.96	0.95	0.88
	National Average	1.00	1.00	1.00	1.00
	Highest	1.25	1.21	1.30	1.40
	Lowest	0.62	0.72	0.70	0.72

Stockport NHS Foundation Trust considers that this data is as described for the following reasons:

Summary Hospital-level Mortality Indicator (SHMI) is reported within the expected range. Mortality reduction remains a focus of the Trust with continued efforts made to improve mortality and reduce harm by focusing on quality improvements referenced within the content of this Quality Account.

Indicator		November 2021 - October 2022	November 2022 - October 2023	November 2023 - October 2024	November 2024- October 2025
Patient Deaths with Palliative Care Coding	Stockport NHS Foundation Trust	24%	29%	37%	33%
	National Average	40%	42%	44%	44%
	Highest	65%	66%	66%	69%
	Lowest	12%	16%	17%	18%

Stockport NHS Foundation Trust considers that this data is as described for the following reasons.

The Clinical Coding team work closely with the Specialist Palliative Care team in order to validate coded data; and a representative attends monthly mortality meetings to ensure that the department is kept up to date with any changes in practice. This ensures consistency and offers assurance in palliative care coding.

Indicator		April 2021 to March 2022	April 2022 to March 2023	April 2023 to March 2024	April 2024 to March 2025
Hip Replacement Surgery (PROMS)	Stockport NHS	88%	94%	88%	92%
	National Average	92%	91%	90%	89%
	Highest	100%	100%	100%	100%
	Lowest	64%	42%	41%	43%
Indicator		**April 2021 to March 2022**	**April 2022 to March 2023**	**April 2023 to March 2024**	**April 2024 to March 2025**
Knee Replacement Surgery (PROMS)	Stockport NHS	88%	86%	81%	83%
	National Average	84%	84%	82%	80%
	Highest	100%	100%	100%	100%
	Lowest	58%	35%	36%	50%

Stockport NHS Foundation Trust considers that this data is as described for the following reasons:

Stockport NHS Foundation Trust reports a position slightly lower than the national average PROM scores for knee replacement surgery and hip replacement. We continue to review our service to drive improvements in outcomes for our patients.

Indicator		2022/23	2023/24	2024/25	2025/26 YTD (December)
Patient readmitted to hospital within 28 days of being discharged aged: 0-15	Stockport NHS Foundation Trust	13.8%	12.3%	12.5%	12.2%
	National Average	10.5%	10.2%	10.1%	10.0%
	Highest	19.0%	22.2%	22.3%	21.2%
	Lowest	0.0%	0.0%	0.0%	0.0%

Stockport NHS Foundation Trust considers that this data is as described for the following reasons.
We have a strong community nursing team and, therefore, use them to minimise length- of- stay. They provide nursing in the community with open access and options to readmit. This means our length-of-stay is low but by 'safety netting' children to allow them to return to Paediatric Assessment Unit (PAU) for review. This also reduces ED attendance. PAU reviews and investigations are coded currently as readmissions inflating this figure.

Indicator		2022/23	2023/24	2024/25	2025/26 YTD (December)
Patient readmitted to hospital within 28 days of being discharged aged: 16+	Stockport NHS Foundation Trust	9.1%	9.4%	9.3%	9.8%
	National Average	7.7%	8.1%	7.8%	7.8%
	Highest	21.0%	21.8%	21.8%	24.8%
	Lowest	0.0%	0.0%	0.0%	0.0%

Stockport NHS Foundation Trust considers that this data is as described for the following reasons:

Stockport NHS Foundation Trust reports a readmission rate that sits slightly above the national average rate, although well within expected normal variation. The Trust continues to monitor to readmission rate for patients to identify opportunities for learning and improvement.

Indicator		Quarter 4 2022/23	Quarter 4 2023/24	Quarter 4 2023/24	Quarter 4 2024/25
The degree to which staff advocate their organisation as a place to work or to be treated. *(National Quarterly Pulse Survey)*	Stockport NHS Foundation Trust	5.2	5.5	5.5	5.0
	National Average	6.6	6.7	6.6	6.4
	Highest	7.9	7.7	8.1	8.1
	Lowest	3.4	4.8	4.0	3.6

Stockport NHS Foundation Trust considers that this data is as described for the following reasons:

The data captured in the survey covers:

- Care of patients/service users is my organisation's top priority.
- I would recommend my organisation as a place to work.
- If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.

Indicator		2022/23	2023/24	2024/25	2025/26 YTD (December)
The percentage of patients who were admitted to	Stockport NHS Foundation Trust	98.3%	97.4%	98.8%	98.6%

hospital and who were risk-assessed for venous thromboembolism during the reporting period.	National Average	*	*	90.2%	91.3%
	Highest	*	*	99.8%	99.8%
	Lowest	*	*	14.3%	14.9%

*** Collection had been paused Nationally due to covid pandemic – resumed Q1 2024/25**

Stockport NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust has consistently achieved above 95% compliance for VTE risk assessment on admission since 2013. It is mandatory to complete the VTE Risk Assessment in the electronic prescribing & medicines administration system (ePMA) before prescribing medications. The data is recorded onto Patient Centre and validated by the VTE specialist nurses and monitored by the Thrombosis Group. The exclusion cohort is also monitored to ensure only those patients eligible for assessments are included in the figures.

Stockport NHS Foundation Trust has taken the following actions to improve this percentage:

Electronic data collection for VTE risk assessment is included in mandatory training for all clinical staff, and e-learning packages have been developed. The Thrombosis Group closely monitors the Trust's performance, and any areas of non-compliance are investigated. The figures are included in a quarterly VTE prevention report to the Trust Patient Safety & Quality Group. In April 2021, the Trust was awarded national VTE exemplar site status.

Indicator		2022/23	2023/24	2024/25	2025/26 YTD (December)
The rate per 100,000 bed days of cases of C. difficile infection that have occurred within the trust amongst patients aged 2 or over during the reporting period.	Stockport NHS Foundation Trust	27.8	27.8	31.2	14.6
	National Average	20.2	20.9	23.3	20.9
	Highest	76.6	63.1	81.0	64.0
	Lowest	0.0	0.0	1.8	0.0

Stockport NHS Foundation Trust considers that this data is as described for the following reasons.
The Trust follows the national Clostridium difficile guidelines. There is a robust system for data entry and validation which ensures all cases are entered onto the data capture system.
Stockport NHS Foundation Trust has taken the following actions to improve this rate and so the quality of its services:

- Robust weekly Health Care Associated Infection (HCAI) panel – with an expectation that Divisional medical & nursing team present the case.
- Reintroduction of face-to-face antimicrobial stewardship rounds following reduction in Covid cases.
- Multidisciplinary sections highlighted on the CDI Root Cause Analysis form for completion.

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Part 3: Other Information

Annex 1: Statements from commissioners, local Health watch organisations and overview and scrutiny committees

Stockport NHS Foundation Trust (SFT) Quality Account 2025-2026
NHS Greater Manchester Integrated Care Board statement

NHS GM is pleased to provide comment on the Quality Account 2025/26 for Stockport Foundation Trust (SFT), which will also form part of the SFT Annual Report upon publication. NHS GM recognises the Trust's review of its quality priorities for 2025/26 and acknowledges the significant programme of work undertaken across SFT, which has demonstrably supported quality improvement.

The ICB recognises the significant progress made by the Trust over the past year, particularly in the context of ongoing system pressures, workforce challenges, and financial constraints. It is encouraging to see a sustained focus on quality improvement and service transformation, alongside strengthening system collaboration through the South-East Sector Healthcare Partnership.

We commend the Trust for delivering measurable improvements across several key quality indicators. In particular, the reduction in inpatient falls is notable, with the overall rate reducing from 2.64 to 2.23 per 1,000 bed days (a 13.9% reduction) and total falls reducing from 599 to 509 incidents year on year. These improvements demonstrate the impact of a sustained, systematic approach to patient safety and learning. Similarly, the Trust has achieved a 33% reduction in pressure ulcers, reflecting continued commitment to harm prevention and high standards of clinical care.

The continued development and success of the StARS accreditation programme is also recognised. The increase in areas achieving Green and Blue status provides assurance that quality standards are embedded across clinical environments and that staff are supported and recognised for delivering patient-centred, evidence based care. The ICB acknowledges the challenges relating to capacity within the Quality Team and the impact this may have on programme development and sustainability and will continue to support the Trust in maintaining momentum in this area.

The ICB particularly welcomes the Trust's performance in cancer services in relation to the Faster Diagnosis Standard and overall performance on the 62-day pathway, placing the

Trust in the top quartile nationally (ranked 7th and 8th respectively). The outcomes described in the quality account are a testament to effective pathway redesign, improved diagnostics, and strong multidisciplinary collaboration.

Improvements in elective care are also recognised, with an 86% reduction in patients waiting over one year for treatment and a 7 percentage point improvement in RTT 18-week performance over the year. These are significant achievements in the context of ongoing demand pressures. It is essential that the focus continues on reducing time waiting for treatment and the minimising of associated harm going into the coming year.

In urgent and emergency care, the Trust has demonstrated improvement, with national data placing Stockport in the top 10 most improved Trusts for A&E waiting times between March 2024 and March 2025. While the ICB recognises this, and the progress made in improving flow and timely access to care, urgent and emergency care remains a challenged area for SFT. The smaller percentage increase over 2025/26 means this is an area which requires continued work to make a sustained improvement.

The ICB also notes positive improvements in infection prevention, with the rate of C. difficile infection reducing to 14.6 cases per 100,000 bed days, below the national average of 20.9, demonstrating effective infection control measures.

The Trust's focus on patient experience is welcomed, with a range of initiatives to improve engagement, accessibility, and responsiveness to feedback. The development of dashboards, increased use of patient feedback tools, and collaborative work across the system demonstrate a commitment to embedding the patient voice in service improvement. The ICB would like to see a continued focus in this area, particularly for areas such as Maternity, Outpatients and the Emergency Department.

In relation to governance and assurance, the ICB notes the Trust's high level of participation in national clinical audits (95% participation rate) and its structured approach to embedding learning. The continued focus on Learning from Deaths, including the review of 461 cases (33% of deaths) and identification of key themes, remains critical in driving improvements in care quality and safety.

The ICB also acknowledges the ongoing challenges in relation to workforce capacity, demand and acuity, flow pressures and environmental limitations. It is encouraging to see the Trust's openness in identifying these challenges and the actions being taken to address them and reflects a positive culture of continuous improvement.

For the coming year, the ICB would encourage continued focus on:

- Sustaining improvements in patient safety, particularly falls prevention and harm reduction
- Delivery of urgent and emergency care standards and reduction in long waits
- Continued improvement in cancer pathways and elective recovery
- Strengthening workforce capacity and capability to support quality improvement
- Embedding patient experience and reducing inequalities in access and outcomes
- Continued implementation of PSIRF and organisational learning systems.

In conclusion, NHS Greater Manchester ICB is assured that SFT continues to demonstrate a strong commitment to delivering high-quality, safe, and effective care. The progress made during 2025/26 reflects a positive organisational culture and a clear focus on continuous improvement despite significant pressures. NHS GM will continue to work collaboratively with the Trust and system partners to respond to challenges and sustain a continuous focus on improvement, in order to secure high-quality care and outcomes for our residents.

Prof. Colin Scales
Acting Chief Executive
NHS Greater Manchester