St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 27TH APRIL 2016
IN THE BOARDROOM, LEVEL 5, WHISTON HOSPITAL

A G E N D A				Paper	Presenter
9:30	1.	Employee of the Month - April			Richard Fraser
09:35	2.	Apologies for Absence			
	3.	Declaration of Interests			
	4.	Minutes of the previous Meeting held on 30th March 2016		Attached	
		4.1	Correct record & Matters Arising		
		4.2	Action list	Attached	
Performance Reports					
09:45	5.	Integrated Performance Report – Finance/Quality/Performance/Workforce		NHST(16) 040	Executive Directors
10:00	6.	Safer Staffing Report		NHST(16) 041	Sue Redfern
Committee Reports					
10:15	7.	Committee report - Executive		NHST(16) 042	Ann Marr
10:20	8.	Committee report - Audit		NHST(16) 043	Su Rai
10:25	9.	Committee Report – Quality		NHST(16) 044	George Marcall
10:30	10.	Committee Report – Finance & Performance		NHST(16) 045	Denis Mahony
BREAK					

Other Board Reports				
10:45	11.	Sustainability and Transformation Plan update	NHST(16) 046	Nik Khashu
11:00	12.	Quality Account update	NHST(16) 047	Sue Redfern
11:15	13.	Purdah during local government elections and EU referendum	NHST(16) 048	Peter Williams
11:20	15.	Effectiveness of meeting		Richard Fraser
11:25	16.	Any other business		
	17.	Date of next Public Board meeting – Wednesday 25th May 2016		

Minutes of the St Helens and Knowsley Hospitals NHS Trust Board meeting held on Wednesday 30th March 2016 in the Boardroom, Whiston Hospital

PUBLIC BOARD

Chair:	Mr R Fraser (RF)	Chairman
Members:	Ms A Marr (AM)	Chief Executive
	Mrs A-M Stretch (AMS)	Director of HR/Deputy Chief Executive
	Mr B Hobden (BH)	Non-Executive Director
	Mrs C Walters (CW)	Director of Informatics
	Prof D Graham (DG)	Non-Executive Director
	Mr D Mahony (DM)	Non-Executive Director
	Prof K Hardy (KH)	Medical Director
	Mr N Khashu (NK)	Director of Finance
	Mr PJ Williams (PJW)	Director of Operations and Performance
	Mr P Williams (PW)	Director of Corporate Services
	Ms S O'Brien (SOB)	Associate Non-Executive Director
	Ms S Rai (SR)	Non-Executive Director
	Mrs S Redfern (SRe)	Director of Nursing, Midwifery & Governance
Apologies:	Mr G Marcall	Non-Executive Director
	Mr T Foy	St Helens CCG
In Attendance:	Mr M Vacara (MV)	Interim Patient Experience Manager (item 2)
	Mrs K Pryde	Executive Assistant (Minutes)

1. **Employee of the Month**

The award for Employee of the Month for February 2016 was presented to Mary McBirnie, Urology Nurse Practitioner.

The award for Employee of the Month for March 2016 was presented to Toni Goldman, Paediatric Secretary.

2. **Patient Story**

2.1. MV related the story of Mr B, a boy in his late teens, and his family. Mr B suffered a brain injury, and was ventilated and cared for on the Critical Care Unit. The family were informed that the prognosis was poor. Mr B was unable to communicate, was dependent for all aspects of care and was intubated and catheterised. Following a spell at Walton Centre for Neurology and Neurosurgery, Mr B was transferred to Seddon Ward in St Helens and is still receiving outpatient care there , but has since completed his PhD.

2.2. A short video was shown of Mr B's family, relaying their experience which was very positive.

3. **Apologies for absence**

3.1. Apologies for absence were noted.

4. **Declaration of Interests**

4.1. No member declared any interest relating to the business to be discussed at the meeting.

5. **Minutes of the previous meeting held on 27th January 2016**

5.1. **Correct Record and Matters Arising**

5.1.1. Following amendment to paragraphs 7.3 (RTT added), 8.2 (comma removed) and 12.1 AOB to read "KH updated the Board on A&E performance. The Board is aware that against a backdrop of rising demand and increases in patient acuity and dependency, 4hr performance across the health economy has been poor for some time, but KH wanted to formally raise with the Board, concerns that emergency pressures were negatively impacting quality of care and despite every effort being made to mitigate risks, had the potential to compromise patient safety. He informed the Board that he had already voiced these concerns to the Executive Committee, to the lead CCG Chief Executive Officer/Chair of the SRG, and to the NHS TDA Associate Medical Director for the North. Intensive work within the trust and with external partners, most notably the CCGs and the LAs continues to forge a trajectory to sustained positive performance", the minutes were approved as a correct record.

5.2. **Action List**

5.2.1. Item 1 - Minute 5.6 (28.10.15): Trust Standards of Business Conduct Policy: Declaration of interest now provided to the Board. . Action closed.

5.2.2. Item 2 – Minute 8.10.5 (27.01.16): Safeguarding training. SRe reported that actual compliance to date is 64% for adults and 62% for children. The Head of Safeguarding is facilitating Level 3 training in house. Compliance rate is 89% with a trajectory of 90%. Action closed.

5.2.3. Item 3 – Minute 8.11.4 (27.01.16): Claire Scrafton to review table for annual leave rates. A resourcing paper is on the agenda, which will further explain this. Action closed.

5.2.4. Item 4 – Minute 8.12.3 (27.01.16): Claire Scrafton to discuss WRES at steering group and implement a turnaround action plan. Update at April Board.

5.2.5. Item 5 – Minute 8.13.4 (27.01.16): SRe to find common themes within EOL complaints and implement an action plan. Complaints related to

end of life care whilst in hospital, nursing care whilst in hospital, communication, the discharge process and documentation including issues about what was written on death certificates.

Actions taken includes the Palliative Care team have input in the ED, and the Amber Care bundle has been rolled out to Gastroenterology and DMOP.

AM asked SRe to ensure that that all complaints are classified correctly. Action closed.

6. **Committee Report – Executive– NHST(16)023**

6.1. AM summarised the report of Executive Committee meetings held between 18th February and 23rd March.

6.2. Decisions taken by the Committee included capacity plans for medical and surgical care groups and actions to improve A&E performance.

6.3. Assurances regarding the Quality Account, management of bank and agency usage, CQC action plan, Sustainability and Transformation Planning, and audit actions were obtained.

6.4. Investment decisions included multi-functional devices which requires Board approval.

6.5. The Board discussed NIV patients, the CQC action plan and maternity services and staffing concerns. AM requested that SRe carried out a deep dive into the staffing levels and the safer staffing figures for a selected ward.

6.6. <u>STP progress report – NST(16)024(a)</u>

6.6.1. NK advised the Board that this paper replaces the usual FT programme progress report, as the next key strategic goal for the Trust is to work with partners in our local STP footprint to agree plans for how sustainable services will be developed and delivered by 2021.

6.6.2. Each individual NHS provider organisation is also required to submit its own plan by 30th June, which is consistent with the wider STP plan and the Local Delivery System plan.

6.6.3. AM informed the Board that it had been announced that each STP needs to have a leader and Louise Shepherd will head up our group. Neil Large has been appointed as Chair.

6.7. <u>2016/17 Operational Plan – NHST(16)24(b)</u>

6.7.1. NK provided a summary of the report.

6.7.2. A paper was submitted to the Board in February and the draft plan received favourable feedback at the IDM. This has now been refined. The deadline for the final Board approved plan is 11th April.

6.7.3. NK informed the Board that the key assumptions for 2016/17 include referrals, access targets, sustainability fund and CIP requirements.

6.7.4. The final plan was approved by the Board subject to appropriate updates prior to submission.

7. Corporate Risk Register – NHST(16)25

7.1. SRe provided an update for Board members.

7.2. The report from the Risk Management Council has been reviewed by the Executive Team and all risks have been identified and reported, with risks 15 or above escalated to an Executive lead.

7.3. The total number of risks on the risk register is 589. There are 16 high/extreme risks that have been escalated.

7.4. An action from the Executive Committee was to ask the Risk Management Council to ensure that all risks are reviewed in a timely manner.

7.5. RF enquired about Risk 512. AMS replied that this was a specific risk to the ED regarding patients who have mental health issues and the response time of 5 Boroughs Partnership to provide specialist input.

8. Board Assurance Framework – NHST(16)026

8.1. SRe provided a summary to the Board.

8.2. The Executive Committee have reviewed the BAF and proposed updates to the actions and controls, plus a change to the scoring of Risk 3 (sustained failure to maintain operational performance/deliver contracts). This raises the risk score to reflect the A&E access target performance and increased emergency care demand.

9. Committee report – Finance & Performance – NHST(16)027

9.1. DM summarised the report for the Board.

9.2. Key issues discussed were the Finance report, CIP scheme, Medical SLR performance, operational turnaround update and meeting effectiveness.

9.3. The Board discussed the deteriorating A&E performance and the penalties incurred.

9.4. IPR – NHST(16)028

9.4.1. NK provided an overview of the IPR report.

9.4.2. There have been no MRSA cases; no hospital acquired grade 3/4 pressure ulcers and one fall that resulted in harm.

9.4.3. In total there have been 39 cases of C.Difficile, of which 9 cases have been successfully appealed. This gives 30 confirmed avoidable cases year to date.

9.4.4. The sustained non elective demand is now threatening our RTT performance. This is due to increased orthopaedic trauma and emergency general surgery demand displacing the elective programme, in addition to the requirement to accommodate medical outliers.

9.4.5. As a result of ongoing negotiations with Commissioners, the Trust has amended the forecast outturn back in line with the original plan of £9.79m, as contractual penalties will be applied.

9.4.6. For the month of February 2016, the Trust is reporting an overall Income & Expenditure deficit of £10.953m which is in line with agreed plans..

9.4.7. To date the Trust has delivered £12.031m of CIPs which is £0.228m ahead of plan.

9.4.8. NK informed the Board that the NHS have picked 20 organisations to ascertain that accountancy principles are being appropriately anapplied correctly and uniformly, and this organisation is one of those selected. A discussion will be had later today regarding for the nature of the review.

9.4.9. Staff FFT Q2 survey results again show the Trust as performing exceptionally well compared to the national position.

9.4.10. The Trust has completed the annual staff satisfaction survey with a return rate of 55%.

9.4.11. The Trust is below the mandatory training target by 5.4%. Appraisals performance has improved and is now only 0.7% below target. Recovery plans are in place to pursue compliance by year end.

9.4.12. All staff sickness for January was 5.7% against a Quarter 4 target of 4.68%. YTD all staff sickness is 4.9% against a target of 4.5%.

9.4.13. Board members discussed mandatory training attendance and whilst financial penalties are not applied, this is a patient care issue, and the Trust needs to achieve the target.

9.5. **Approval of Budget Plans – NHST(16)029**

9.5.1. NK presented the final financial plan for 2016/17 for approval, which will then be the basis of the final submission to the TDA on 11th April 2016.

9.5.2. Key areas currently being negotiated with commissioners are referral rates from primary care, winter funding, local CQUIN schemes and the impact of any demand management schemes planned by CCGs.

9.5.3. The plan was approved by the Board.

10. **Committee Report - Quality - NHST(16)030**

10.1. DG provided a summary of the Quality Committee held on 22nd March.

10.2. Timeliness of responses to complaints still remains high on the Quality Committee agenda. A lot of resource was put into this area last summer but the response rate appears to be falling again. . A problem was highlighted in regards to response times from clinicians and KH and Dr Hendry will visit the relevant department(s).

10.3. DG also discussed safer staffing, which at 102% may look good, but the figure is possibly masking pressures in some areas. More work is required and KH is pulling together a report.

10.4. DG reported that KH presented his paper on weekend mortality.

10.5. BH queried the figures for complaints that are in the Quality Committee report and what is reported in the IPR. It was explained that the IPR is for the month and the complaints figure in the Quality Committee report are for Quarter 4.

10.6. **Safer Staffing Report – NHST(16)031**

10.6.1. SRe presented the safer staffing report.

10.6.2. A huge recruitment drive is taking place at the moment and at a recruitment day held on 27th February, 32 posts were offered.

10.7. **Infection Control report – NHST(16)032**

10.7.1. SRe provided the Board with an update.

10.7.2. There had been outbreaks of MDR Pseudomonas on Wards 4D and 4E. There were three connected patients from November 2015 – January 2016. The index case was a transfer from Romania and was colonised on admission. All investigations into connections between the identified patients have taken place.

10.7.3. AM said the number of MSSA cases (27 year to date) requires further investigation. SRe said that a number of the outbreaks are

cannula related and a lot of work is being carried out around patient swabbing and decolonisation.

10.8. **CQC Registration – NHST(16)033**

10.8.1. The paper confirms compliance with the fundamental standards and ongoing CQC registration requirements, following a review of the summary of compliance by the Quality Committee and also notes the annual fee for registration.

10.8.2. The assessment of standard 2 (regulation 10) has been updated to reflect the recent capital works to ensure privacy and dignity in the Coronary Care Unit and the Trust's record of no mixed sex breaches reported during 2015/16.

10.8.3. SR asked for greater clarity regarding the MUST requirements under Standard 6. SRe explained that it is the Malnutrition Universal Screening Tool and described what it measures.

10.9. **Mixed Sex Declaration – NHST(16)034**

10.9.1. In 2015/16 year to date there has been zero breeches reported via Unify and therefore no penalties incurred.

10.10. **Review of staff survey – NHST(16)035**

10.10.1. AMS provided the Board with an overview of the outcomes of the positive staff survey for 2015 and recommended actions.

10.10.2. Overall staff engagement has increased from last year. The response rate for the Trust was 55%, whilst the national average was 41%.

10.10.3. An area of concern was discrimination; a small number of staff are reporting that they feel that they have been discriminated against. It was agreed that ACE behavioural standards need reiterating throughout the organisation.

10.10.4. BH asked if it was envisaged that there would be discrimination issues following the recruitment drive in India. AMS replied that this potential risk has been recognised and a pastoral care will be offered to support the staff.

10.11. **Health, Work & Wellbeing Strategy – NHST(16)036**

10.11.1. AMS provided the Board with assurance that the new five year Health, Work and Wellbeing strategy has been developed to meet the requirements of current national guidance and to ensure that the improvement of health and wellbeing of the Trust workforce remains a priority.

10.11.2. It is anticipated that the strategy will help the Trust to deliver:

- Improved staff commitment, reliability and energy.
- Reduced sickness absence.
- Improved staff morale and motivation.
- Improved resilience in the workforce.
- Improved work/life balance.
- Enhanced staff engagement
- Lower workplace accidents
- Improved timescales for returning to work following ill health.
- Improved working environments.

10.11.3. DM asked that the approach to no smoking on the hospital site be reinforced, especially for staff. It was noted that litter from smoking requires addressing in the area outside A&Eand PW will look into this.

10.11.4. AMS reported that the Government is funding a health criteria initiative. It is likely that a CQUIN would be attached to this, but at present there is no agreement on money that will be available.

10.12. **Recruitment Report – NHST(16)037**

10.12.1. AMS presented the Recruitment report to provide assurance to the Board that the workforce strategies, objectives and indicators are being achieved to support the Trust's objectives regarding our workforce.

10.12.2. As at the end of February, there were 50.39 WTE registered nurse vacancies. There are currently 65 WTE staff nurses appointed, who have not commenced in post awaiting completion of safer employment checks. In addition 113 staff nurses have been recruited from India, who will commence in a series of cohorts during the winter period 2016.

10.12.3. There was an in depth discussion amongst Board members regarding agency working and price caps.

10.12.4. DM asked if there was any step-up mechanism for HCA's to become registered. AMS replied that there was, but the numbers pursuing this are very small. AMS also reminded the Board that bursaries for trainee nurses will not be available from 2017.

10.12.5. RF asked if the Trust would be continuing with overseas recruitment. AMS stated that the visa exemption was still in place at the moment and the organisation would need to look at overseas recruitment towards the end of the year.

10.12.6. BH queried the figures on the "unavailability" diagram. AMS explained that the figure concerns ward based staff and is generated by e-rostering.

11. **Approval of 2016/17 Trust Objectives – NHST(16)038**

AM advised Board members of the proposed Trust objectives for the financial year 2016/17 which include the key issues discussed at the Board meeting.

11.1. There is uncertainty regarding the FT application process going forward therefore the strategic planning objective has been amended to reflect the STP requirements. Some further refinement to this objective was agreed.

11.2. The Board were happy to approve the Trust Objectives, following the amendments.

12. **Annual Meeting Effectiveness Review – NHST(16)039**

12.1. PW provided a summary of the review.

12.1.1. The structure and reporting arrangements are appropriate and clear.
12.1.2. Meeting administration and documentation is good; however, minor improvements are proposed.
12.1.3. Attendance is good with the average attendance of members at 85%.
12.1.4. The results from the survey are largely encouraging, but any areas for attention will be acted upon.
12.1.5. The revised ToR should be accepted.
12.1.6. The composition of the Board and the competences, skills and experience of members are very good.

12.2. SOB asked if there was lower Board attendance when it is school holidays; as this could be and equality and diversity problem for Board members. PW agreed that an anonymous survey would be conducted.

13. **Effectiveness of meeting**

13.1. SOB commented that the timing of the meeting was very good and there was a very good level of challenge. RF acknowledged that it had been a very full agenda.

14. **AOB**

14.1. None noted.

15. **Date of next meeting**

15.1. The next meeting is scheduled for Wednesday, 27th April 2016 in the Boardroom, Whiston Hospital commencing at 9.30 am.

Chairman: .....

Date: 27/4/16

TRUST PUBLIC BOARD ACTION LOG – 30th March 2016

No	Minute	Action	Lead	Date Due
1	28.10.15 (5.6)	Trust Standards of Business Conduct Policy. User guide to be devised and disseminated to Board members. ~~27.01.16 New proforma devised. Will be presented to Audit Committee and then disseminated to the Board.~~ ~~24.02.16 - Policy approved at Audit Committee. Guidance sheet to be completed and approved at F&P. It will then be presented to Board.~~ 30.03.16 – Declaration of interest now provided to the Board. Action closed		Action closed.
2	27.01.16 (8.10.5)	~~Sue Redfern will take a paper to the Executive Committee meeting regarding safeguarding training.~~ ~~25.02.16 – Paper to be presented to the Executive Committee on 24th March then update at March Board.~~ 30.03.16 – Staff compliance for Safeguarding training Level 2 is 64% Adults and 62% Children. The Head of Safeguarding is facilitating Level 3 training in house. Action closed		Action closed
3	27.01.16 (8.11.4)	Ann Marr asked Claire Scrafton to review the table for the annual leave rates. Update at March Board 30.03.16 – Anne-Marie Stretch updated the Board and an agenda item will explain the annual leave rates in more depth. Action closed.		Action closed
4	27.01.16 (8.12.3)	Claire Scrafton will discuss WRES at the steering group on 28.01.16 and a turnaround action plan will be implemented. Update at April Board	CS	27 Apr 16
5	27.01.16 (8.13.4)	Ann Marr asked Sue Redfern to gather all EOL care complaints and find a common theme; this work is to be carried out forensically and action plan must be put in place. ~~28.01.16 - Information received from Complaints Team. Update to be given at March Board.~~ 30.03.16 – Sue Redfern provided an update on the number of EOL care complaints and also a breakdown of the nature of the complaints. Action closed.		Action closed

INTEGRATED PERFORMANCE REPORT

Paper No: NHST(16)040
Title of Paper: Integrated Performance Report
Purpose: To summarise the Trusts performance against corporate objectives and key national & local priorities.

Summary

St Helens and Knowsley Hospitals Teaching Hospitals ("The Trust") has in place effective arrangements for the purpose of maintaining and continually improving the quality of healthcare provided to its patients.

The Trust has an unconditional CQC registration which means that overall its services are considered of a good standard and that its position against national targets and standards is relatively strong.

The Trust has in place a financial plan that will enable the key fundamentals of clinical quality, good patient experience and the delivery of national and local standards and targets to be achieved. The Trust continues to work with its main commissioners to ensure there is a robust whole systems winter plan and continued delivery of national and local performance standards whilst ensuring affordability across the whole health economy.

Patient Safety, Patient Experience and Clinical Effectiveness

England's Chief Inspector of Hospitals (CQC) has awarded the Trust an overall rating of **Outstanding** for the level of care it provides across ALL services. St Helens Hospital was rated as **Outstanding,** making it 1 of only 3 acute hospitals nationally to be rated at this level. Whiston Hospital has been rated as **Good with Outstanding Features** placing it amongst the best hospitals in the NHS. **Outpatient and Diagnostic Imaging Services** at **BOTH** hospitals have been given the highest possible rating **Outstanding** – The ONLY Outpatient and Diagnostic service in the country to EVER be awarded this rating.

There have been no cases of MRSA bacteraemia during 2015-16. The Trust has a zero tolerance of MRSA.

There have been 30 confirmed avoidable C.Difficile cases during 2015-16 (39 cases in total, of which 9 cases successfully appealed), with a further 5 cases to be appealed. The tolerance for 2015-16 was 41 cases.

There were no hospital acquired grade 3 / 4 pressure ulcers in March.

There were 3 falls resulting in severe harm in Feb. The management and prevention of falls is a key priority to ensure lessons learned are cascaded. The falls team are focusing delivering each aspect of the falls prevention action plan.

Performance for VTE assessment for February was 92.5%

There have been no "never events" since May 2013.

YTD HSMR (Apr-15 to Dec-15) is 98.7. The latest available 12 month HSMR (Jan-15 to Dec-15) is 99.0.

Corporate Objectives Met or Risk Assessed: Achievement of organisational objectives.
Financial Implications: The forecast for 15/16 financial outturn will have implications for the finances of the Trust
Stakeholders: Trust Board, Finance Committee , Commissioners, CQC, TDA, patients.
Recommendation: To note performance
Presenting Officer: N Khashu
Date of Meeting: 27th April 2016

Operational Performance

A&E performance (All Types) for Apr-15 to Mar-16 was 89.4%. The Trust has introduced an internal weekly meeting with senior officers and clinicians to manage improvements in this performance. The sustained non-elective demand is now impacting our RTT performance especially in T&O and B&P. This is through both increased orthopaedic trauma and emergency general surgery demand displacing the elective programme, in addition to the requirement to accommodate medical patients in those beds allocated for elective surgery. Whilst overall RTT performance is compliant with the standard, this is a result of the high outpatient performance supporting our fragile inpatient performance. To counter this, St Helens elective activity is being maximised, whilst opportunities to use external theatre facilities are being actively considered with local NHS providers within our STP footprint. The impact is also evident in critical care step-downs, which are being delayed as a result of no capacity, particularly within medicine. Stroke and cancer continued to perform well, despite the significant non-elective demands. Intensive interaction with the local authorities and CCG's continues, with the objective of reducing the length of stay for patients with complex discharge needs.

Financial Performance

The Trust is reporting against a revised Annual Plan of £6.647m deficit, as approved by the Trust Board and confirmed with the TDA. This equated to a £3.143m improvement, of which £2.8m related to additional income from Commissioners, the majority of which related to the reinvestment of contractual penalties in the Trust.

As a result of on-going negotiations with Commissioners around the 2015-16 Contract, the Trust Board has amended the Forecast outturn back in line with the original plan of £9.790m, as contractual penalties will be applied by the Commissioners, but not reinvested in the Trust.

Provisional results for the month of March 2016 (Month 12), which will be confirmed after the external audit process is completed. The Trust is reporting an overall Income & Expenditure deficit of £9.551m after technical adjustments which is adverse to agreed plans. This deterioration against plan reflects the likely contractual penalties imposed by Commissioners.

To date the Trust has delivered £13.043m of CIPs which is in line with the Annual plan.

Human Resources

The quarter 2 Staff Friends and Family Test survey results show the trust as performing exceptionally well compared to the national position. The Trust has improved on 2014-15, particularly in relation to staff likely to recommend the Trust to friends and family if they needed care. The Trust is the best performing Acute Trust in the Cheshire and Mersey region.

The Trust has completed the annual staff satisfaction survey in Q3 with a return rate of 55% which is in the top 20% of all Trusts nationally. The Trusts overall results are also in the top 20% of Trusts nationally. The full results were published at Trust Board in March 2016 and once again showed a year on year improvement in the overall level of staff satisfaction.

The Trust is below the mandatory training target by 7.4%. Appraisals performance ended the year 1.3% below target. Recovery plans in place have been impacted by the ongoing Industrial action and unprecedented operational pressures.

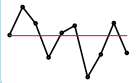
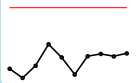
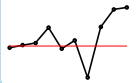
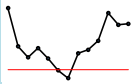
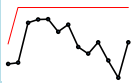
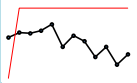
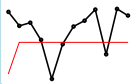
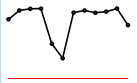
All staff sickness for February was 5.4% against a Quarter 4 target of 4.68%. This is an improvement on January's position. The YTD all staff sickness is 4.9% against a target of 4.5%. The YTD all staff sickness is marginally higher than the 2014-15 year end position of 4.8%.

The following key applies to the Integrated Performance Report:

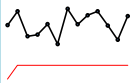
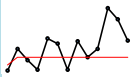
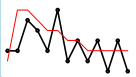
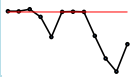
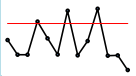
▲ = 2015-16 Contract Indicator
▲ £ = 2015-16 Contract Indicator with financial penalty
● = 2015-16 CQUIN Indicator
T = Trust internal target

St Helens and Knowsley Teaching Hospitals NHS Trust

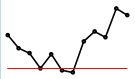
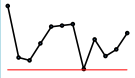
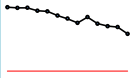
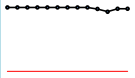
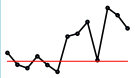
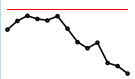
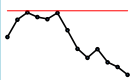
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2015-16 YTD	2015-16 Target	2014-15	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS												
Mortality: Non Elective Crude Mortality Rate	Q	T	Mar-16	2.9%	2.5%	No Target	2.6%		Overall SHMI and HSMR are satisfactory, but not 5*. Co-morbidity coding (particularly excessive use of R codes) has improved, but is not best in class and palliative care coding is suboptimal (both artificially increase HSMR). Weekend admission mortality (Saturday admissions) is too high.	Patient Safety and Clinical Effectiveness	The Trust is exploring an electronic solution to improve capture of comorbidities and their coding. Focus on missing notes (which is improving) as this impacts on R codes (and HSMR). A drive in ED and MAU to reduce excessive use of symptom-diagnoses, as this impacts on HSMR. Palliative care consultant starts April - will improve palliative care provision, aim is to increase early palliative care input where appropriate. Work to improve management of AKI and Sepsis is demonstrating early success and will reduce 'observed' mortality.	KH
Mortality: SHMI (Information Centre)	Q	▲	Sep-15	1.03		1.00	1.03					
Mortality: HSMR (Dr Foster)	Q	▲	Dec-15	93.0	98.7	100.0	102.3					
Mortality: HSMR Weekend Admissions (emergency) (Dr Foster)	Q	T	Dec-15	99.6	111.7	100.0	109.6					
Readmissions: 28 day Relative Risk Score (Dr Foster)	Q	T				100.0	107.9		Problems with Dr Foster Readmissions data means we are unable to report at present. Dr Foster are currently investigating the issue.	Patient experience, operational effectiveness and financial penalty for deterioration in performance	Work to improve listing of babies returning electively but documented as emergency admissions is underway.	KH
Length of stay: Non Elective - Relative Risk Score (Dr Foster)	F&P	T	Dec-15	89.5	88.0	100.0	87.7		Sustained reductions in NEL LOS are assurance that medical redesign practices continue to successfully embed. The elective performance is believed to be partially a result of the shifting casemix to daycase, leaving an increasing volume of the more complex patients as inpatients.	Patient experience and operational effectiveness	To verify the assumption that the elective LOS performance is as a result of shifting casemix to daycases.	PJW
Length of stay: Elective - Relative Risk Score (Dr Foster)	F&P	T	Dec-15	127.3	106.4	100.0	102.0					
% Medical Outliers	F&P	T	Mar-16	3.5%	2.2%	1.0%	1.8%		The increase is a reflection of the growth in non-elective demand within medicine. Patients not in right speciality inpatient area to receive timely, high quality care	Clinical effectiveness, ↑ in LoS, patient experience and impact on elective programme	Robust arrangements to ensure appropriate clinical management of outlying patients are in place.	PJW
Percentage Discharged from ICU within 4 hours	F&P	T	Mar-16	50.0%	50.9%	67.7%	54.1%		Failure to step down patients within 4 hours who no longer require ITU level care.	Quality and patient experience	The operational turnaround actions should assist in improving this metric as it is a function of the NEL demand and subsequent impact on patient flow.	PJW
E-Discharge: % of E-discharge summaries sent within 24 hours (Inpatients)	Q	▲	Feb-16	78.4%	80.1%	85.0%	80.9%		The trust eDischarge performance remains strong compared with peers, with recent CCG-led audits showing 100% transmission of electronic discharge summaries (c.f. paper).		Further education and support for trainees to improve timely eDischarge delivery is on-going.	KH
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients)	Q	▲	Feb-16	93.5%	88.4%	85.0%	84.3%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E)	Q	▲	Feb-16	98.1%	98.4%	95.0%	89.5%					

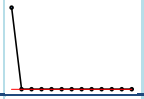
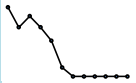
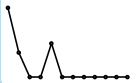
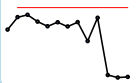
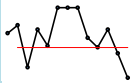
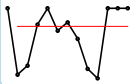
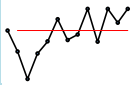
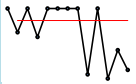
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2015-16 YTD	2015-16 Target	2014-15	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (continued)												
Stroke: % of patients that have spent 90% or more of their stay in hospital on a stroke unit	Q F&P	▲	Mar-16	93.9%	92.0%	83.0%	84.4%		Target is being achieved	Patient Safety, Quality, Patient Experience and Clinical Effectiveness	This KPI is at risk from significant non-elective demand so the issue is reviewed at every Bed Meeting.	PJW
PATIENT SAFETY												
Number of never events	Q	▲ £	Mar-16	0	0	0	0		There have been no never events since May 2013. Theatre harm has now reduced by more than 50% overall since the implementation of the safer surgery project in October 2013.	Quality and patient safety		SR
% New Harm Free Care (National Safety Thermometer)	Q	T	Mar-16	99.0%	98.9%	98.6%	98.6%		Figures quoted relate to all harms excluding those documented on admission. StHK performs well against its neighbours and continues to maintain 99% harm free care in March.	Quality and patient safety		SR
Prescribing errors causing serious harm	Q	T	Mar-16	0	0	0	0		The trust continues to have no prescribing errors which cause serious harm. Trust has moved from being a low reporter of prescribing errors to a higher reporter - which is good.	Quality and patient safety	Intensive work on-going to reduce medication errors and maintain no serious harm. Trust approved national insulin training programme to try to prevent insulin errors.	KH
Number of hospital acquired MRSA	Q F&P	▲ £	Mar-16	0	0	0	2		Trust Board monitor infection rates. In total there have been 39 cases, of which 9 cases have been successfully appealed. This gives 30 confirmed avoidable cases against a tolerance of 41 cases.	Quality and patient safety	The Infection Control Team continue to support staff to maintain high standards and practices. Monitor and undertake RCA for any hospital acquired BSI and CDT. CDT and Antibiotic wards rounds continue to be undertaken on appropriate wards.	SR
Number of confirmed hospital acquired C Diff	Q F&P	▲ £	Mar-16	0	30	41	33					
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	Mar-16	0	1	No Contract target	2		Pressure ulcer performance continues to improve. There were no grade 3 or 4 ulcers reported in month and only 1 for the year.	Quality and patient safety		SR
Number of falls resulting in severe harm or death	Q	▲	Feb-16	3	21	No Contract target	19		Falls resulting in severe harm or death benchmark well against national peers	Quality and patient safety	The Strategic Falls Prevention Group continues to target areas for improvement and deliver against the organisational action plan	SR
VTE: % of adult patients admitted in the month assessed for risk of VTE on admission	Q	▲ £	Feb-16	92.46%	93.67%	95.0%	92.54%		Emergency pressures have resulted in patients spending longer than usual in A&E where the electronic system for VTE assessment cannot be used.	Quality and patient safety	An alternative to the present electronic solution is being implemented imminently to address this issue and work to improve VTE assessment in SAU & EAU in particular.	KH
Hospital acquired VTE events rate (National Safety Thermometer)	Q F&P	T	Mar-16	0.0%	0.25%	0.45%	0.45%					
To achieve and maintain CQC registration	Q	▲	Mar-16	Achieved	Achieved	Achieved	Achieved		Through the Quality Committee and governance councils the Trust continues to ensure it meets CQC standards.	Quality and patient safety		SR
Safe Staffing: Registered Nurse/Midwife Overall (combined day and night) Fill Rate	Q	T	Feb-16	96.7%	97.2%		98.6%		Overall the Nurse/Midwife fill rate remains consistent. Contact Care Time reviews were undertaken on Intermediate Care wards in November and the Shelford Patient Acuity Audit was reported to Trust Board in February.	Quality and patient safety	Daily staffing huddles supported by escalation flow chart are in place. The Trust has an escalation protocol in place which includes Executive authorisation for requesting agency staff.	SR
Safe Staffing: Number of wards with <80% Registered Nurse/Midwife (combined day and night) Fill Rate	Q	T	Feb-16	0	0		0					
Intelligent Monitoring Risk Banding	Q	T	May-15	5		6	4		The Trust has improved priority banding to band 5 (Band 1 = highest risk and Band 6 = lowest risk).	Quality and patient safety	Actions plans in place for areas identified as requiring improvement.	SR

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

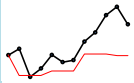
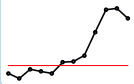
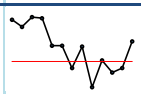
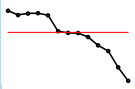
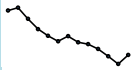
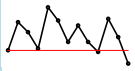
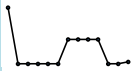
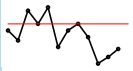
	Committee		Latest Month	Latest month	2015-16 YTD	2015-16 Target	2014-15	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE												
Cancer: 2 week wait from referral to date first seen - all urgent cancer referrals (cancer suspected)	F&P	▲ £	Feb-16	97.2%	94.8%	93.0%	94.0%		Key access targets achieved in February The revised Cancer PTL approach and increased capacity in the tracking team are assisting the achievement of this standard.	Quality and patient experience	All tumour pathways are under review as part of a cancer improvement programme. Ongoing work in capacity and demand modelling to bring first seen down to within 7 days	PJW
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Feb-16	98.0%	97.8%	96.0%	98.8%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ £	Feb-16	90.1%	88.5%	85.0%	89.9%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲ £	Mar-16	95.5%	95.5%	92.0%	98.1%		Trauma & Orthopaedics failed the 92% standard in February with a performance of 87.42%.	There is a risk due to the current medical bed pressures that the elective programme will be compromised	18 weeks performance continues to be monitored daily and reported through the weekly PTL process. Alternatives to Whiston theatre and bed capacity are being sought to counter the significant non-elective demand.	PJW
18 weeks: % of Diagnostic Waits who waited <6 weeks	F&P	▲ £	Mar-16	99.98%	99.99%	99.0%	100.0%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲ £	Mar-16	0	0	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Mar-16	1.2%	0.9%	0.6%	0.7%		This metric continues to be directly impacted by increases in NEL demand (both surgical and medical patients).	Patient experience and operational effectiveness Poor patient experience	The planned increase in elective surgical activity in St Helens has begun. Potential to use external theatre and bed capacity is being investigated.	PJW
Cancelled operations: % of patients treated within 28 days after cancellation	F&P	▲ £	Feb-16	100.0%	100.0%	100.0%	100.0%					
Cancelled operations: number of urgent operations cancelled for a second time	F&P	▲ £	Mar-16	0	0	0	0					
A&E: Total time in A&E: % < 4 hours (Whiston: Type 1)	F&P	▲ £	Mar-16	72.7%	85.0%	95.0%	92.8%		Failure to ensure patients are managed within 4 hours in the Emergency Department All Type activity includes the Trusts contribution to the local urgent care centres.	Patient experience, quality and patient safety	A Turnaround process has commenced with a view to increasing capacity and reducing inpatient demand, thus improving patient flow and the 4 hour standard. The 12 hour trolley wait has been thoroughly investigated and actions implemented.	PJW
A&E: Total time in A&E: % < 4 hours (All Types)	F&P	▲ £	Mar-16	83.2%	89.4%	95.0%	94.2%					
A&E: 12 hour trolley waits	F&P	▲	Mar-16	1	2	0	1					

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2015-16 YTD	2015-16 Target	2014-15	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (continued)												
MSA: Number of unjustified breaches	F&P	▲ £	Mar-16	0	0	0	7		Increased demand for IP capacity has a direct bearing on the ability to maintain this quality indicator.	Patient Experience	Maintained focus and awareness of this issue across 24/7.	PJW
Complaints: Number of New (Stage 1) complaints received	Q	T	Mar-16	23	293		281			Patient experience		SR
Complaints: Number of New (Stage 1) complaints received in 2015-16 and resolved in 2015-16	Q	T	Mar-16	25	251							
Complaints: Number of New (Stage 1) complaints received in 2015-16 and resolved in 2015-16 within agreed timescales	Q	T	Mar-16	48.0%	61.4%							
Complaints: Number of New (Stage 1) complaints received in 2014-15 and resolved in 2015-16	Q	T	Mar-16	0	122							
Complaints: Number of New (Stage 1) complaints received in 2014-15 and resolved in 2015-16 within agreed timescales	Q	T	Mar-16	0.0%	4.9%							
Friends and Family Test: % recommended - A&E	Q	▲	Mar-16	84.8%	91.5%	95.0%	94.8%		New company has taken over FFT surveys on behalf of the Trust since January 2016. Number of patients being surveyed has increased greatly from January. The Trust ED and Maternity (Birth and Post natal) % that would recommend remains slightly below YTD target. Despite being below target in these areas, performance remains very strong compared to other Trusts. Latest available benchmarking (Apr-15 to Jan-16) shows that nationally A&E performance is in the top third of Trusts, and Maternity has one element in the top 15% of Trusts (Antenatal), and two others (Birth and Postnatal Community) in the top 33% of Trusts. Postnatal Ward is also in the top half of Trusts in the country.	Patient experience & reputation	Scores have been fed back to the ED and Maternity departments. Incremental roll out during quarter 4 will include all outpatients, day cases and all ages.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Mar-16	95.6%	96.4%	95.0%	97.2%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q	▲	Mar-16	95.3%	98.1%	97.3%	97.3%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Mar-16	100.0%	98.1%	98.7%	98.7%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q	▲	Mar-16	100.0%	95.1%	96.6%	96.6%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q	▲	Mar-16	96.9%	98.6%	99.4%	99.4%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Mar-16	94.1%	94.7%	>14/15 out turn						

St Helens and Knowsley Teaching Hospitals NHS Trust

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2015-16 YTD	2015-16 Target	2014-15	Trend	Issue/Comment	Risk	Management Action	Exec Lead
WORKFORCE												
Sickness: All Staff Sickness Rate	Q F&P	▲	Feb-16	5.4%	4.9%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	4.8%		Since October, sickness has been above 5% and has remained the high, which in February was 0.72% above the Q4 target and YTD is 0.1% above 2014/15 outturn. Stress remains the highest reason for absence with HCA's continuing to be the staff group with the highest levels of absence.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	It is proposed that the Trust introduces differential targets across the Trust to give stretch targets to those department/staff groups that are not patient facing where they should be able to achieve well under the 4.5% overall Trust target. The targets will be presented to the Trust Executive Committee in March for approval. The HR Advisory Team and Absence Support Team continue to work closely with managers with top areas being targeted and action plans invoked.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P	T	Feb-16	7.1%	6.0%	5.3%	5.8%					
Staffing: % Staff received appraisals	Q F&P	T	Mar-16	87.2%	87.2%	85.0%	89.6%		Despite providing 20% additional capacity over the year than should be required to achieve targets, compliance has reduced over Q4 for Mandatory Training and appraisals. This is due in the cancellation of 12 clinical sessions since September due to staff being required to provide patient care as a result of operational pressures or industrial action. This has resulted in the loss of c.500 places from overall capacity, equivalent to the 7.4% shortfall.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	Capacity of clinical subject matter experts and suitable room availability prevents the provision of additional sessions up to year end. Consequently the Learning & Development team recovery plan is focussing on maximising pre-existing sessions by increasing capacity on each remaining session to the end of the year. Additional targeting of those managers with non compliant staff. To help achieve compliance staff already booked in that do not need to attend until post May are being swapped with those that are currently non compliant.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Mar-16	77.6%	77.6%	85.0%	88.3%					
Staff Friends & Family Test: % recommended Care	Q	▲	Q2	96.5%	95.4%	>14/15 out turn			Trust Board received the results of the National Staff Survey at the March Board meeting. The Trust has issued the Q4 SFFT survey, results will be available by May 2016. It is anticipated that the results will remain positive.		An action plan will be developed for 2016/17 annual staff survey based on the results of the 2015 survey, including focussed analysis down to a Directorate level. Staff report and new action plan presented to the Trust Board in March 2106	AMS
Staff Friends & Family Test: % recommended Work	Q	▲	Q2	90.1%	84.9%	>14/15 out turn						
Staffing: Turnover rate	Q F&P	T	Feb-16	0.6%			8.3%		Staff turnover remains stable and well below the national average of 14%.	Quality and patient experience, staff morale	Turnover is monitored across all departments as part of the Trusts Recruitment & Retention Strategy with action plans to address areas where turnover is higher than the trust average. Further action is required by Ward Managers to provide more support to newly qualified nurses.	AMS
FINANCE & EFFICIENCY												
FSRR - Overall Rating	F&P	T	Mar-16	2.0	2.0	2.0			The Trust's year to date performance is behind plan, due to the Commissioners applying a level of contractual penalties. As a result, the Trust Board have agreed that the forecast outturn is revised from the stretch target back in line with the original plan of £9.790m deficit. The Trust has significant contractual agreements with other NHS organisations which may impact on our ability to achieve Better Payment compliance.	Financial	Adherence against the submitted plan and delivery of CIP. Maintaining control on Trust expenditure. Agreeing with Commissioners and NHSE a more advantageous profile for receipt of planned income.	NK
Progress on delivery of CIP savings (000's)	F&P	T	Mar-16	13,043	13,043	13,043	15,000					
Reported surplus/(deficit) to plan (000's)	F&P	T	Mar-16	(9,551)	(9,551)	(6,647)	(2,551)					
Cash balances - Number of days to cover operating expenses	F&P	T	Mar-16	2	2	>10	10					
Capital spend £ YTD (000's)	F&P	T	Mar-16	4,169	4,169	4,923	4,906					
Financial forecast outturn & performance against plan	F&P	T	Mar-16	(9,551)	(9,551)	(6,647)	(2,551)					
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Mar-16	N/A	N/A	95.0%	94.8%					

APPENDIX A

		Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	2015-16 YTD	2015-16 Target	FOT	2014-15	Trend	Accountable Exec
Cancer 62 day wait from urgent GP referral to first treatment by tumour site																				
Breast	£	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	95.8%	100.0%	99.1%	85.0%		99.5%		Paul Williams
Lower GI	£	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	77.8%	100.0%	84.6%	100.0%	100.0%	89.5%	100.0%	93.9%	85.0%		90.6%		
Upper GI	£	100.0%	75.0%	100.0%	71.4%	100.0%	100.0%	100.0%	85.7%	71.4%	83.3%	100.0%	100.0%	100.0%	89.9%	85.0%		86.3%		
Urological	£	78.6%	94.1%	77.8%	75.8%	82.4%	62.5%	100.0%	83.3%	76.7%	84.0%	79.2%	83.3%	83.3%	80.5%	85.0%		87.4%		
Head & Neck	£	0.0%	75.0%	80.0%	50.0%	100.0%	50.0%	100.0%		83.3%	100.0%	50.0%	57.1%	60.0%	72.1%	85.0%		59.4%		
Sarcoma	£	100.0%		100.0%		50.0%	100.0%			100.0%			100.0%		83.3%	85.0%		100.0%		
Gynaecological	£	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	40.0%	100.0%	54.5%	50.0%	60.0%	66.7%	76.9%	85.0%		88.2%		
Lung	£	90.0%	91.7%	66.7%	76.9%	85.7%	90.5%	75.0%	100.0%	71.4%	80.0%	100.0%	90.5%	100.0%	86.2%	85.0%		80.9%		
Haematological	£	100.0%	100.0%	66.7%	100.0%	46.2%	50.0%	66.7%		60.0%	80.0%	66.7%	83.3%	50.0%	67.1%	85.0%		77.0%		
Skin	£	85.2%	100.0%	94.9%	96.6%	97.0%	100.0%	90.0%	94.7%	88.5%	95.9%	95.3%	94.4%	92.5%	94.3%	85.0%		94.6%		
Unknown	£				100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	33.3%	100.0%		87.5%	85.0%		89.5%		
All Tumour Sites	£	88.7%	93.9%	86.7%	86.3%	88.7%	91.0%	91.2%	91.4%	85.1%	89.3%	86.9%	87.9%	90.1%	88.5%	85.0%		89.9%		
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																				
Testicular	£	100.0%	100.0%			100.0%		100.0%	100.0%					100.0%	100.0%	85.0%		91.7%		
Acute Leukaemia	£	100.0%									100.0%	100.0%			100.0%	85.0%		100.0%		
Children's	£															85.0%				

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD REPORT

Paper No: NHST(16)041
Title of paper: Safer Staffing Report for March 2016.
Purpose: The aim of the report is to provide the Board with an overview of nursing and midwifery staffing levels in the inpatient areas during the month of March 2016. This will highlight the wards where staffing has fallen below the 90% fill rate, review the impact of this on patient care and will provide a summary of actions implemented to address gaps.
Summary: The Trust is required to publish monthly nursing and midwifery staffing levels by shift as 'expected' versus 'actual' in hours via the template set up on UNIFY, to provide the URL to our own "safe staffing" web page. The URL will enable the NHS Choices team to establish this link from the NHS Choices website to the Trust website. The month of March 2016 data indicates: • Overall Trust fill rate = 100.4 % (for registered and for care staff) • Overall registered staff fill rate for days was 90.58% and for nights 99.01% • Overall care staff fill rate for days was 103.30% and for nights was 108.84% There were 17 ward areas with a fill rate below 90%, 11 wards for registered staff, 6 wards for care staff and 0 wards for both registered and care staff.
Corporate objectives met or risks addressed: Contributes towards the achievement of Patient Safety and Workforce planning objectives.
Financial implications: None directly from this report.
Stakeholders: Patients, the public, staff and commissioners.
Recommendation(s): The Board are asked to note this report and the data to be submitted to Unify.
Presenting officer: Sue Redfern, Director of Nursing, Midwifery and Governance
Date of meeting: 27th April 2016.

SAFER NURSING & MIDWIFERY WORKFORCE STAFFING LEVELS REPORT

1. The purpose of this paper is to provide assurance regarding nursing and midwifery ward staffing levels which is an indication of the Trust's capacity to provide safe, high quality care across all wards at the Trust.

2. The Trust is committed to ensuring that its nursing workforce is sufficiently robust to deliver high quality, safe and effective care in order to meet the acuity and dependency requirements of patients within our care. This report forms part of the organisation's commitment in providing open and honest care, through the publication of its 'safer staffing' data for each ward on the Trust's Website and formal data submission via UNIFY which is published on the NHS Choices website. The safer staffing data for March 2016 is attached for information as Appendix 1.

3. The Safer Staffing data calculates the 'expected' staffing levels agreed by the Trust Board in hours for each ward for days and nights for both registered and care staff against the 'actual' staffing levels on shift for the previous month. A fill rate of the 'actual' staffing levels against the 'expected' staffing levels is then calculated as a percentage fill rate for each ward and overall for the Trust for the month. This report focuses on wards where there is a fill rate of less than 90% on days or nights and triangulates that information against patient safety information for that ward to see if staffing levels have had an adverse effect on patient care during the month.

4. Guidance from NHSE and NICE on which staff are included in the 'actual' staffing numbers is followed when calculating the monthly safer staffing figures. The 'actual' numbers include both registered and care staff who works extra time, over time or flexible time and bank and agency staff usage. The supernumerary ward manager management days are also included in the 'actual' registered staff numbers.

5. Nursing and midwifery workforce daily staffing shortfalls (due to sickness, absence, vacancies and maternity leave not successfully backfilled) which are not addressed at ward level by the shift leaders / ward managers each shift by staff working extras or swapping shifts, are escalated to, monitored by and managed by the matrons/lead nurses daily. The matrons input daily staffing levels for each shift for their ward into a central database which shows the daily expected staffing levels for each shift for each ward and the actual staffing levels for both registered and care staff.

6. At the daily matron / lead nurse midday staffing level review meeting, any continuing, unresolved staffing gaps are referred to the Staffing Solutions Department to request bank staff or agency staff, the latter are only requested when all other avenues have been exhausted. This daily staffing review meeting is where patient dependency and staffing skill mix issues are reviewed and decisions made where best to deploy staff to best meet patient requirements across the wards for the next 24 hours. The meeting also identifies where additional staff are required to special patients who require close observation. This explains why the average fill rate is often above 100% for care staff. Also, if there is a shortfall in registered staff after every effort has been made to fill the gap with a registered nurse has been exhausted, attempts are then made to cover the gap with care staff in order to increase the numbers of staff on the shift acknowledging the skill mix is not as required for the shift.

7. The recruitment and retention of nursing staff remains a priority for the Trust and remains an on-going challenge nationally. Stabilising and retaining the nursing and midwifery workforce in clinical areas has been an area of increased focus throughout 2015/16. A new preceptorship program commences in March 2016 to improve the retention and development of newly qualified recruits who will hopefully take full

advantage of the development opportunities available to them at this Trust. There are 3 recruitment days planned throughout 2016, the first one took place on 27th February and, as a result, we have made 31 offers across the following specialities: Care of the Elderly, Respiratory, Medical Escalation Unit, General Surgery, Burns & Plastics, Cardiology. A recruitment campaign, which is now at interview stage, is also taking place for St Helens theatres, where 2 open evenings were organised for nurses and ODP's on 23rd and 30th March, with the St Helens nursing team promoting the vacancies at the Edge Hill Nursing Career Fair on 24th March.

8. A recent recruitment trip to India was undertaken and 100 posts offered to registered nurses, the majority of whom will hopefully commence employment within the Trust during quarter 4 2016/17. This will address the registered nurse vacancy gap within the Trust which as of February 2016 was 50.29wte.

9. Wards 1a, 2b, 2c, 5a and 5b are currently on the Trust Corporate Risk register scoring 15 for on-going staffing shortfalls. All five wards scored below 90% for trained staff fill rate but where over 90% in untrained staff fill rate.

10. In March 2016 there were 17 ward areas with a fill rate below 90%, 11 wards for registered staff, 6 wards for care staff and 0 wards for both registered and care staff. An analysis of the reason for the fill rate being below 90% is currently in progress.

11. The wards below the 90% fill rate for registered staff are set out in the table below, which shows that the majority of the wards were over-established with care staff to increase overall numbers.

Ward	RN days	HCA days	RN nights	HCA nights
1A	79.5%	94.1%	83.5%	104.2%
1D	81.5%	124.1%	89.3%	119.4%
1E	82.6%	98.1%	89.5%	N/A
2B	75.2%	96.0%	88.2%	148.4%
2C	81.8%	118.5%	85.2%	143.2%
3Alpha	76.8%	139.8%	101.9%	132.6%
3C	77.3%	120.3%	96.2%	97.8%
3D	85.5%	103.1%	90.3%	103.3%
4C	74.7%	101.0%	98.9%	96.8%
5A	89.1%	107.1%	80.4%	118.1%
5B	88.7%	96.9%	86.2%	95.7%

11.1. Wards with a care staff fill rate below 90% are set out below.

Ward	RN days	HCA days	RN nights	HCA nights
2E	92.4%	85.6%	96.9%	90.0%
3E	88.5%	98.3%	105.0%	80.6%
4D	103.2%	72.3%	103.2%	70.5%
4F	98.3%	93.2%	106.3%	83.9%
SCUBU	101.0%	64.7%	103.2%	87.1%
Delivery suite	88.9%	73.2%	94.9%	71.6%

11.2. There were no wards in March with both a registered nurse and care staff overall fill rate of less than 90% during the same shift period. Ward 3E was below 90% for trained day staff and below 90% for untrained night staff.

12. The table below shows the amount of bank and agency shifts for trained and care staff that were filled and remained unfilled during March 2016, including the requests for the wards where the fill rate was less than 90%. This is evidence of efforts made to address staffing shortfalls to maintain patient safety.

staff group	Unfilled requested shifts	Filled requested shifts
Bank HCA	1139	2493
Agency HCA	80	232
Bank RN / RM	348	176
Agency RN	171	485
Wards with RN shortfall	**Unfilled requested bank and agency shifts**	**Filled bank and agency requested shifts**
Ward 1A	60	27
Ward 1D	57	21
Ward 1E	1	1
Ward 2B	65	21
Ward 2C	64	29
Ward 3Alpha	5	6
Ward 3C	16	14
Ward 3D	19	12
Ward 4C	15	24
Ward 5A	5	7
Ward 5B	1	1
Wards with HCA shortfall	**Unfilled requested bank and agency shifts**	**Filled bank and agency requested shifts**
Ward 2E	11	96
Ward 3E	5	50
Ward 4D	14	31
Ward 4F	1	2
SCUBU	8	4
Delivery Suite	Not available	Not available

13. The Trust continues to monitor and triangulate staffing fill rate compared to vacancies and bank and agency use to ensure consistency in reporting.

14. During March 2016, there were a total of 52 incident forms completed related to staffing, each siting “Lack of suitably trained/skilled staff” as the issue. However, no episodes of harm were reported as a result of any gaps in staffing establishments.

15. The incidents related to 24 wards/departments and are summarised in the table below:

ID	Incident date	Time	Location Exact	Description
52492	02/03/2016	21:00	Ward 5C Acute Stroke Unit	Staff shortage as special booked for two patients and was needed on ward 5D
52494	03/03/2016	07:00	Special Care Baby Unit	Insufficient staff
52521	03/03/2016	16:15	Ward 4D Burns Unit	3 large burns patients on hourly obs & large dressings. Staff have not had breaks
52634	04/03/2016	00:00	Sanderson Suite	Reportable cancelled operation
52587	05/03/2016	11:00	Ward 5C Acute Stroke Unit	Not enough staff and SN had to special another patient
52662	06/03/2016	07:45	Ward 4E Critical Care Unit	Sister moved to cover staffing issues on critical care. No break
52672	07/03/2016	00:00	Ward 3D	Bank nurse cancelled. High risk falls patients, plus 1 dementia,1 detox, 1 non-compliant
52729	08/03/2016	21:00	Delivery Suite	High number of patients on delivery suite including a patient requiring specialing
52761	09/03/2016	09:50	Delivery Suite	Shortage of obstetric surgical assistant for elective caesarean section list
52738	09/03/2016	00:00	Sanderson Suite	Reportable cancelled operation
52776	09/03/2016	20:45	Ward 1D	1 RGN moved to 2D. Ward very busy, also 4 admissions during the shift
52782	09/03/2016	00:00	Ward 3B	Reportable cancelled operation
52818	10/03/2016	21:00	Duffy Suite Intermediate Care	Due to a swap in shifts on the ward below no band 6 was on duty
52822	10/03/2016	22:50	Seddon - Rehab Unit	Lack of suitably experienced nurses on duty to carry the hospital site bleep
53007	11/03/2016	09:00	Clinic Pre-operative	Staffing levels affected by sickness, & possible impact on patients pre-op wait
52847	11/03/2016	10:00	Delivery Suite	Taken off project day to assist with Twin Caesarean Section
52872	11/03/2016	18:00	Ward 4D Burns Unit	Member of staff had to go home for family reasons
52900	12/03/2016	14:30	A + E	ED department on black, zero capacity left in department
52913	13/03/2016	04:35	Ward 5D - Stroke Rehabilitation Unit	Agitated patient, rolling around the floor, and being aggressive and violent
52978	14/03/2016	20:45	Delivery Suite	Night Shift left short staffed
53050	14/03/2016	17:00	Theatre Gynaecology	Floor support staff unavailable and no relief staff to cover
52967	14/03/2016	18:50	Theatre Recovery	Insufficient staff to collect patients from ward & difficulty contacting ward
52982	14/03/2016	20:45	Ward 3D	Unable to get bank staff or borrow from neighbouring ward. Late handover

53044	15/03/2016	20:45	Ward 1D	Agency did not turn up for nightshift. Many poorly patients & confused/high falls risks
52997	15/03/2016	00:00	Ward 4B	Reportable cancelled operation
53074	16/03/2016	20:45	Ward 1E Coronary Care Unit	Ward short staffed for night shift. One MET call and one arrest at commencement of shift
53287	17/03/2016	00:00	Duffy Suite Intermediate Care	Patient became acutely unwell. No Doctor available on the ward
53133	18/03/2016	10:09	Clinic Fracture	50 patients booked onto clinic for 2 Doctors. Only one Doctor arrived
53172	18/03/2016	23:00	Ward 1D	High level of patient need/demand. HCA allocated to another ward at shift start
53168	18/03/2016	20:45	Ward 3C	Two booked Bank HCA did not show up for the night shift
53203	19/03/2016	21:00	Ward 1D	No staff member for a one to one care and staff unable to take a break
53205	19/03/2016	21:00	Ward 1D	Patient requires 1 to 1 specialing.
53207	19/03/2016	00:00	Ward 1D	Short staff on the late + no special
53284	21/03/2016	00:00	Duffy Suite Intermediate Care	Acutely poorly patient required urgent review and no Doctor was on the ward
53285	21/03/2016	00:00	Duffy Suite Intermediate Care	Patient with high MEWS needed medical review. No Doctor available on the ward
53286	21/03/2016	00:00	Duffy Suite Intermediate Care	Laboratory required medical review of bloods and no Doctor available on the ward
53278	21/03/2016	20:45	Ward 1E Coronary Care Unit	Unit short staffed and acutely unwell patients on ward
53300	22/03/2016	13:45	Ward 3D	RN being moved. Staff unable to take a break as ward so busy
53317	23/03/2016	07:00	Ward 3D	Trained nurse has been moved to another ward
53389	24/03/2016	13:00	Ward 1D	No cardiology registrar available to review patients
53398	24/03/2016	21:00	Ward 5C Acute Stroke Unit	Minimal staff and I also had to help out on ward 5d
53428	25/03/2016	00:00	Ward 5A	Ward short staffed so unable to give timely care to patients
53454	26/03/2016	21:15	Duffy Suite Intermediate Care	Lack of a bank HCA for night duty
53452	26/03/2016	00:30	Ward 2E	Heavy workload with minimal staff. Several early labour patients needing a lot of support
53446	26/03/2016	14:00	Ward 5A	Staffing below required levels. Difficulty providing required one to one
53458	27/03/2016	09:30	Ward 1A - Frailty Unit	Short staffed
53468	27/03/2016	07:00	Ward 3D	Staff transferred to assist 3E
53649	29/03/2016	09:00	Clinic Pre-operative	Lack of necessary skill mix due to sickness and annual leave
53541	29/03/2016	16:40	Theatre Recovery	Insufficient staff due to uncovered sickness, and 1 ODP delayed in recovery

53650	30/03/2016	00:00	Clinic Pre-operative	Staff levels low lack of skill mix
53581	30/03/2016	00:00	Not Stated/Unknown	Staff levels low

16. There were no recorded falls resulting in moderate or severe harm during March 2016. Appendix 2 relates to all falls that took place during the month of March 2016. The areas for trained staff with a fill rate below 90% are coloured Red, and the areas for untrained staff below 90% fill rate are coloured Orange.

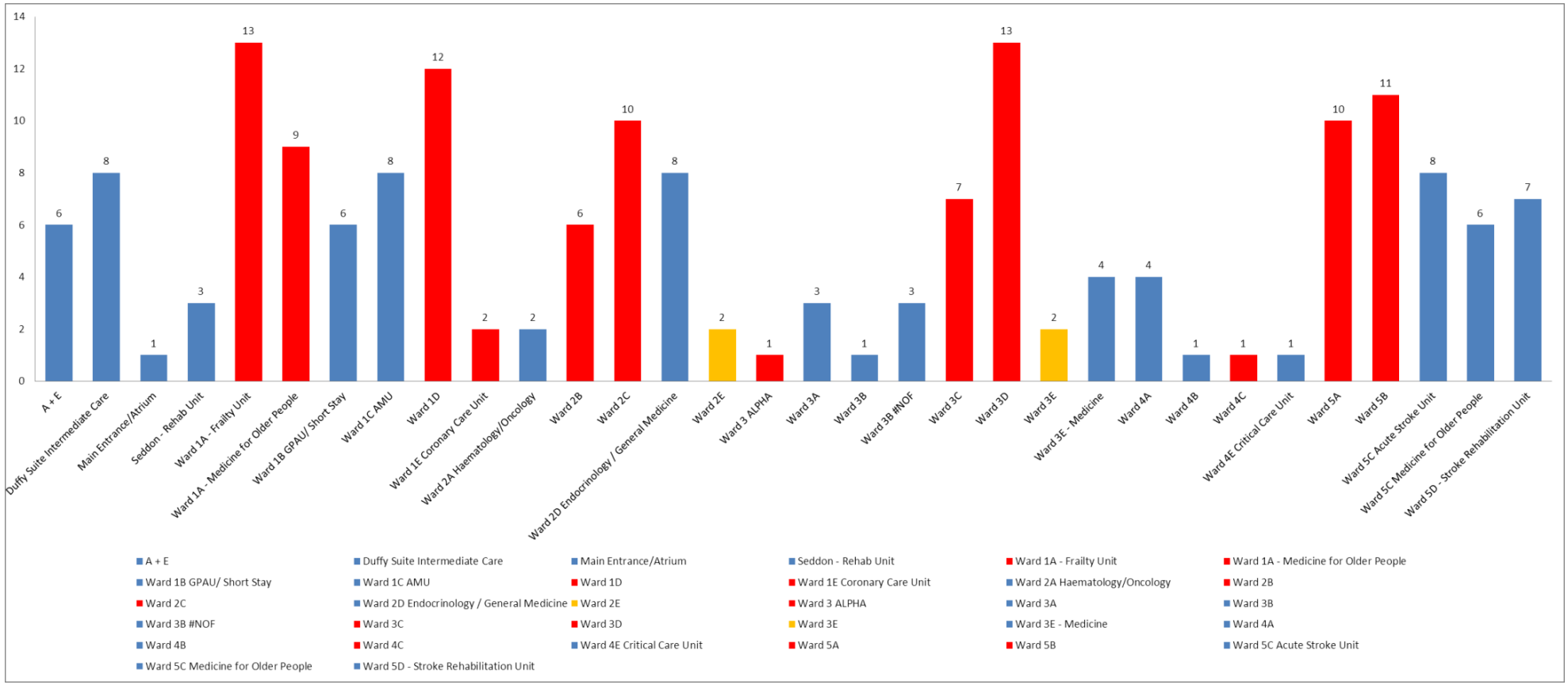
17. In summary the report provides assurance that every effort was made to ensure optimum staffing levels across all wards daily during March 2016 to reduce the incidence of harm to patients and long term to address vacancies. The number of wards falling below the 90% fill rate has increased to 9 wards in February to 17 wards in March.

APPENDIX 1

12 - March 2016 Upload Form.xls

APPENDIX 2

Trust wide falls by ward area: Red = RN fill below 90% Orange = HCA fill below 90%



Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RBN St Helens And Knowsley Hospitals NHS Trust

Period: March_2015-16

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

http://www.sthk.nhs.uk/about/publication-of-information/safe-staffing

Comments

Only complete sites your organisation is accountable for

Validation alerts (see control panel)	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night		
						Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours
	RBN01	WHISTON HOSPITAL - RBN01	1A	430 - GERIATRIC MEDICINE		1962.5	1559.51	2440.23	2296.53	910	760	930
	RBN01	WHISTON HOSPITAL - RBN01	1B	300 - GENERAL MEDICINE		2770.5	2781.75	1097	1454.75	1160.5	1205	995
	RBN01	WHISTON HOSPITAL - RBN01	1C	300 - GENERAL MEDICINE		3253	2946.34	1497.25	1700.18	1782	1921	847
	RBN01	WHISTON HOSPITAL - RBN01	1D	320 - CARDIOLOGY		2082	1696.5	1392.73	1728.51	930	830.75	619.98
	RBN01	WHISTON HOSPITAL - RBN01	1E	320 - CARDIOLOGY		2488.25	2055.33	926.23	909	1240	1110	0
	RBN01	WHISTON HOSPITAL - RBN01	2A	303 - CLINICAL HAEMATOLOGY	300 - GENERAL MEDICINE	1571.25	1498.01	829	823.02	620	604	310
	RBN01	WHISTON HOSPITAL - RBN01	2B	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	2145.25	1613.09	1623.5	1559.13	930	820	620
	RBN01	WHISTON HOSPITAL - RBN01	2C	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	2075	1696.5	1399.25	1658	930	792.75	630.25
	RBN01	WHISTON HOSPITAL - RBN01	2D	300 - GENERAL MEDICINE		1392	1245.5	1150.5	1431.75	620	600	610
	RBN01	WHISTON HOSPITAL - RBN01	2E	501 - OBSTETRICS		2962.5	2738.39	1395	1194	1240	1201.5	620
	RBN01	WHISTON HOSPITAL - RBN01	3A	160 - PLASTIC SURGERY		1717.5	1840.51	1406	1397.59	620	950.25	600
	RBN01	WHISTON HOSPITAL - RBN01	3Alpha	110 - TRAUMA & ORTHOPAEDICS		1350	1037	1053.98	1473.75	620	632	430
	RBN01	WHISTON HOSPITAL - RBN01	3B	110 - TRAUMA & ORTHOPAEDICS		1598	1368.5	1705	1687.5	740	730	620
	RBN01	WHISTON HOSPITAL - RBN01	3C	110 - TRAUMA & ORTHOPAEDICS		2071.25	1601	1477.71	1778.33	919.5	884.5	930
	RBN01	WHISTON HOSPITAL - RBN01	3D	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	2091	1787.25	1390	1433.5	930	840	620
	RBN01	WHISTON HOSPITAL - RBN01	3E	502 - GYNAECOLOGY	300 - GENERAL MEDICINE	1470	1301.52	855	840.27	610	640.75	310
	RBN01	WHISTON HOSPITAL - RBN01	3F	420 - PAEDIATRICS		2321.5	2090	454.75	619.75	1239.5	1290.25	310
	RBN01	WHISTON HOSPITAL - RBN01	4A	100 - GENERAL SURGERY	101 - UROLOGY	2229	2001.7	1399.25	1380.91	930	909.5	930
	RBN01	WHISTON HOSPITAL - RBN01	4B	100 - GENERAL SURGERY	101 - UROLOGY	2115	2087.4	1663.25	1521.93	1045	1035	440
	RBN01	WHISTON HOSPITAL - RBN01	4C	100 - GENERAL SURGERY		2279	1702.5	1392	1406.25	930	920	930
	RBN01	WHISTON HOSPITAL - RBN01	4D	160 - PLASTIC SURGERY		1395	1439.4	918	663.5	620	640	440
	RBN01	WHISTON HOSPITAL - RBN01	4E	192 - CRITICAL CARE MEDICINE		5893.25	5941.52	1533.25	1196.92	3700.5	3901	620
	RBN01	WHISTON HOSPITAL - RBN01	4F	420 - PAEDIATRICS		1844.75	1812.51	465	433.5	620	659.25	310
	RBN01	WHISTON HOSPITAL - RBN01	5A	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1627.5	1450.08	2263.15	2423.42	900	723.5	930.75
	RBN01	WHISTON HOSPITAL - RBN01	5B	430 - GERIATRIC MEDICINE		1554	1378	2168	2100.58	919.25	792.25	929
	RBN01	WHISTON HOSPITAL - RBN01	5C	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2467.25	2335.46	1876.75	1839.06	1219.5	1249	930
	RBN01	WHISTON HOSPITAL - RBN01	5D	430 - GERIATRIC MEDICINE		1366.85	1271.76	1621.5	1823.52	620	620	620
	RBN02	ST HELENS HOSPITAL - RBN02	Duffy Ward	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1462.5	1175.13	1387.5	1925.42	620	620	610
	RBN01	WHISTON HOSPITAL - RBN01	SCBU	420 - PAEDIATRICS		1395	1409.16	924.48	598.59	930	960	310
	RBN01	WHISTON HOSPITAL - RBN01	Delivery Suite	501 - OBSTETRICS		3255	2893.77	928.5	679.25	2160	2049.5	610
	RBN02	ST HELENS HOSPITAL - RBN02	Seddon	314 - REHABILITATION		1305	1583.5	1596	1645	569.5	620	569.5

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RBN St Helens And Knowsley Hospitals NHS Trust

Period: March_2015-16

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Comments

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	RBN01	WHISTON HOSPITAL - RBN01	1A	430 - GERIATRIC MEDICINE		1962.5	1559.51	2440.23	2296.53	910	760	930
	Total					65510.6	59338.59	42229.76	43623.41	31825.25	31511.75	19181.48

	Day	
Staff Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
969.25	79.5%	94.1%
988.17	100.4%	132.6%
818.5	90.6%	113.6%
740	81.5%	124.1%
90.25	82.6%	98.1%
310	95.3%	99.3%
920	75.2%	96.0%
902.25	81.8%	118.5%
750	89.5%	124.4%
558	92.4%	85.6%
852.25	107.2%	99.4%
570	76.8%	139.8%
679.75	85.6%	99.0%
910	77.3%	120.3%
640.5	85.5%	103.1%
250	88.5%	98.3%
290	90.0%	136.3%
842	89.8%	98.7%
460	98.7%	91.5%
900	74.7%	101.0%
310	103.2%	72.3%
769.75	100.8%	78.1%
260	98.3%	93.2%
1099.5	89.1%	107.1%
889	88.7%	96.9%
961	94.7%	98.0%
802	93.0%	112.5%
780	80.4%	138.8%
270	101.0%	64.7%
436.5	88.9%	73.2%
858.75	121.3%	103.1%

	Day	
Staff		
Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
969.25	79.5%	94.1%
20877.42		

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)042
Title of paper: Executive Committee Assurance Report.
Purpose: To feedback to members key issues arising from the Executive Committee meetings.
Summary: 1. Between the 24th March and 20th April four meetings of the Executive Committee have been held. The attached paper summarises the issues discussed at the meetings. 2. Decisions taken by the Committee included measures to improve cancer performance, planning submissions, establishment of a capital capacity planning group. 3. Assurances regarding the Quality Account, safer staffing, management of bank and agency usage, safeguarding training, CQC action plan, mitigating strike action were obtained. 4. Investment decisions included an additional Medway IT module. 5. There are no specific items requiring escalation to the Board.
Corporate objective met or risk addressed: Contributes to the Trust's Governance arrangements, and its short and longer-term plans.
Financial implications: None directly from this report.
Stakeholders: The Trust, its staff and all stakeholders.
Recommendation(s): The Board are asked to note the contents of the report.
Presenting officer: Ann Marr, Chief Executive.
Date of meeting: 27th April 2016.

EXECUTIVE COMMITTEE REPORT (24th March to 20th April 2016)

The following report highlights the key issues considered by the Executive Committee.

24th March

1. VTE recording

    1.1. Situation with Maxims upgrade discussed. Agreed for a weekly update on compliance with VTE recording. KH to reinforce the requirements with CDs at Forum on 14th March.

    1.2. Agreed for KH, SR & CW to address issues in MAU and A&E.

2. Safer Staffing

    2.1. Safer Staffing & vacancy dashboard for February presented. Committee sought assurance on staffing of specific wards following a concern raised from a member of staff. Noted that Medical Care Group are analysing ward data to ensure staffing levels accord with the Safer Staffing submission.

    2.2. The Committee examined the Safer Staffing methodology to identify any anomalies. KH currently undertaking deep dive analysis of nursing numbers to present to Executive Committee in order to test the safer staffing methodology.

    2.3. Analysis of staff deployment & rostering of annual leave to be undertaken.

    2.4. Confirmed that overseas recruitment of nurses progressing with 122 offers made, around half of which will result in actual appointments.

3. Safeguarding

    3.1. Report presented on safeguarding training being undertaken. Agreed SR to present compliance data by headcount to demonstrate actual v required achievement of training.

4. Medway Maternity Information System offline module business case

    4.1. Case for procurement of additional module to existing Medway system presented. The Committee challenged the benefits realisation of this investment and sought assurance that appropriate rigour had been applied to the analysis.

    4.2. The Committee approved the procurement but with the caveat that a more robust benefits realisation study is undertaken.

5. Cancer performance

    5.1. PJW presented actions to address sub optimal performance relating to specific tumour sites including work with Senior Consultant, Cancer Lead Nurse and Directorate Manager on pathways, and Haematology Consultant recruitment.

    5.2. It was agreed that detail of each tumour site pathway including trajectories for achievement of target is included in the IPR.

6. IT system upgrades

    6.1. CW confirmed the current status with Maxims, EDMS (end of April), and eMews (Whiston complete & St Helens after Easter). CW to provide an update to the April meeting of the Trust Board.

7. Strike action update

    7.1. Proposed action on 6th, 7th, 26th and 27th April discussed. Medical cover for gaps in rotas (not for striking Doctors) being secured in advance to highlight areas for redeployment of staff.

8. HSJ awards

    8.1. Potential submissions for awards discussed and agreed.

9. Turnaround Director role

    9.1. Noted that contract ends 1st April 2016 & proposals for cover discussed.

31st March

10. Overseas recruitment of doctors

    10.1. Working on the proposal for converting FY1 to FY2 posts. Update to next Senate.

11. Cancer information

    11.1. Confirmed that we have successfully recruited a Cancer Co-ordinator on 3rd attempt, which will address KPI issue.

12. Discharge lounge

    12.1. Further discussion required to confirm that investment is appropriate for the likely benefits.

13. CQUIN

    13.1. Briefing provided on the CQUIN submission and future risks. Progress against targets noted which include therapy business case for Stroke; plans to address AKI and Sepsis; appointment of pneumonia nurse; and COPD pathways.

    13.2. Agreed a new approach was needed going forward in order to avoid accepting CQUIN targets that cannot be achieved.

14. Paediatric Consultant business case

    14.1. Proposal for recruiting an additional Consultant with savings from reduced locum cover and waiting list initiatives.

    14.2. Committee raised questions around funding and it was felt that the financial data was lacking sufficient substance to reach a decision. To be re-presented.

15. Clinical Quality Performance Group (CQPG)

    15.1. SR gave an update including VTE RCAs, timeliness of CCG reporting from SUI investigations, GPs receipt of electronic discharge summaries, GP access to EDMS, and the national guidance screening for infection control.

    15.2. Noted that CW is following up the issues surrounding community nurse access to ICNET.

    15.3. KH and PJW commented that the CQPG meeting was now much more positive.

7th April

16. VTE assessment recording

    16.1. Agreed that VTE reporting on SAU will be regularly reported as part of IPR.

17. TDA/Monitor weekly submission of Bank and Agency spend

    17.1. February & March position discussed along with further agency rules set out for April. Increase in nurse agency requests in March due to sickness rates.

    17.2. Noted that an expenditure ceiling of £7m has been set for total agency spend and a regular weekly meeting is in place to control this. The importance of the Trust ensuring that PSEs are compliant with HMRC tax rules was discussed,

and AMS agreed to discuss with Kim Hughes the potential for "time donations" via the Trust Charity.

17.3. Agreed that the rules of enforcement of the agency caps for FTs in receipt of sustainability and transition funding need to be clarified.

18. Job planning software demonstration

18.1. Malise Szpakowska demonstrated the Job Planning Software. Agreed that KH will review the draft SOP and test the software prior to distribution. Session to be organised with Francis Andrews to review.

19. Trust Board Agenda

19.1. A new format draft agenda for the April Trust Board was reviewed and approved. CW confirmed the EPR update, and AMM agreed to provide progress of the Alliance.

20. Operational Plan submission

20.1. Nicola Bunce provided an update on the final Operational Plan submission which was agreed in principle as contract negotiations are yet to be completed.

20.2. NK stated that feedback from the TDA on the plan was positive, and advised that the deadline for the next submission has been put back to 18th April.

21. Capital Allocation

21.1. Sue Hill presented the capital programme for 2016/17. It was agreed that a further review of priorities is required prior to final approval

21.2. The need for strategic investment to maximise clinical space was discussed and it was agreed to establish a group including estates, finance and management staff to develop capacity proposals.

22. Memorandum for the C&M Women's and Children's Services Partnership

22.1. Execs discussed the opportunity to sign up to the partnership and whether this could affect Vanguard proposals. AM to write to Simon Banks & Mel Pickup prior to signing up.

23. STP journey away day

23.1. Suggestion for an away day to include ADOs and DMs to discuss the STP journey and space utilisation to be progressed.

24. St Helens Pharmacy dispensary unit

24.1. KH advised that following a visit there a proposal to increase the facility is being progressed.

24.2. Issue of forged prescription discussed.

14th April

25. Corporate Risk Register (CRR) & BAF

25.1. Discussion held on the revised wording, the need to attach evidence of action to mitigate risks, and Director review.

25.2. It was agreed going forward that only exception reporting is required on BAF prior to Board. PW to amend reporting schedule.

26. CQC action plan

26.1. Progress review update discussed.

26.2. Maternity actions update to Quality Committee in May and SR addressing this with newly appointed interim Head of Midwifery Services. Tennyson Idama and Susan Mundy to be invited to meet with Sue Redfern and Francis Andrews fortnightly to discuss progress against actions.

26.3. Agreed that maternity managers should be invited to Executive Committee to feedback on progress.

27. Quality Account

27.1. 2nd draft presented for review prior to sharing with external stakeholders.

28. IPR

28.1. Latest report discussed and actions agreed.

28.2. Agreed that full IPR should be provided each month to both Quality Committee and F&P Committee.

29. Trajectory for cancer pathway improvements

29.1. Dave Anwyl and Pat Gillis presented actions to address performance issues with specific tumour groups including Gynae; Haematology; Head and Neck; Urology: and Sarcoma.

29.2. Agreed that progress on actions will be presented quarterly.

30. Ward Accommodation examples

30.1. Following discussion to identify potential additional in-patient accommodation, PW presented basic costings to utilise existing white space.

30.2. Agreed that KH & SR would be the arbiters on any compromise for design of clinical accommodation. Ambulatory care space on Ward 1B to be reviewed.

31. Whiston accommodation group Terms of Reference (ToR)

31.1. The proposed ToR were approved.

32. Clinical Digital Roadmap plans

32.1. CW advised that these are to be submitted in June. The alignment of technical funds to the Liverpool City region, rather than to our LDS footprint was noted.

ENDS

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Trust Board

Paper No: NHST(16)043
Title of paper: Audit Committee Assurance Report.
Purpose: To feedback to members key issues arising from the last Audit Committee.
Summary: The Audit Committee met on 13th April 2016. The following matters were discussed and reviewed: **External Audit (Grant Thornton):** • The Committee received an update on progress being made for 2015/16 accounts and audit plans going forward. The Committee received assurance around emerging issues for consideration and confirmed audit fees proposed for next year. **Internal Audit (Mersey Internal Audit Agency – MIAA):** • The Committee went through final audit reviews and acknowledged the numbers of High Assurance opinions given around financial audits. They requested that senior managers overseeing the two audits with limited assurance (additional payments and IT Assets) come to the next committee to provide assurance on addressing the recommendations. • Provisional Audit plan for 2016/17 was presented and agreed with permission to adjust plans as required in the year. • The Director of Internal Audit opinion was provided and with Significant Assurance which was well received. **Anti-Fraud Service (MIAA):** • An update on progress with the annual counter fraud plan and agreement to the plan for 2016/17. **Trust Governance and Assurance (DoN):** • The Director of Nursing update including Quality Committee update. • Board Assurance Framework **Standing Items:** • The audit log (report on current status of audit recommendations) • The losses, compensation and write-offs report to the end of March 2016. • Aged debt analysis • Tender and quotation waivers • External reviews – a verbal update on the progress being made by the recent PwC review of accounting treatment commissioned by the DoH. **Under "any other business" the following items were discussed:** • Annual Meeting Effectiveness review was presented • Going concern paper was presented with actions

- Draft accounting policies verbal update

Key: DDoF = Deputy Director of Finance
DoN = Director of Nursing, Midwifery & Governance
DoCS = Director of Corporate Services
ADoF = Assistant Director of Finance (Financial Services)
SLRA = SLR Accountant

Corporate objectives met or risks addressed: Contributes to the Trust's Governance arrangements

Financial implications: None directly from this report

Stakeholders: The Trust, its staff and all stakeholders

Recommendation(s): Members are asked to approve the following items:

- External Audit Fees – Approved
- Internal Audit Plan – Approved
- Counter Fraud Plan - Approved

Presenting officer: Su Rai, NED and Chair of Audit Committee

Date of meeting: 27th April 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)044
Title of paper: Quality Committee Assurance Report.
Purpose: The purpose of this paper is to summarise the Quality Committee meeting held on 19th April 2016 and escalate issues of concern.
Summary: Key items discussed were: 1. Complaints 2. Safer Staffing 3. IPR – A&E 4. Quality Account 5. Junior doctors attending council meetings 6. Wi-Fi use in hospital 7. Nurse Staffing presentation – K Hardy
Corporate objectives met or risks addressed: Five star patient care and operational performance.
Financial implications: None directly from this report.
Stakeholders: Patients, the public, staff and commissioners.
Recommendation(s): It is recommended that the Board note this report.
Presenting officer: George Marcall, Non-Executive Director
Date of meeting: 27th April 2016

QUALITY COMMITTEE ASSURANCE REPORT

Summary of the discussions and outcomes from the Quality Committee meeting held on 19th April 2016.

Action Log

1. All actions on the log were reviewed.

Complaints update

2. N Jones updated the Committee on complaints.

   2.1. It was noted that there was an error in the reporting of the Trust response rate. It should have read 50% rather than 71.43%.

   2.2. In Q4 there were 60 formal 1st stage complaints and 611 PALS contacts/enquiries, compared to Q3 when there were 71 formal complaints and 432 PALS enquiries.

   2.3. The top three themes during Q4 were clinical treatment, patient care/nursing care and values and behaviours.

   2.4. During Q4 there were five complaints cases referred to the PHSO.

   2.5. K Hardy has spoken to the Clinical Directors of departments were responses were not timely and this will be raised at the relevant Consultants meetings. KH suggested that a piece of work be commissioned from the PMO to look at the processes.

   2.6. J Hendry commented on the rise of complaints about Respiratory, which is 100% and it is concerning that the complaints are predominantly relating to nursing care and this may correlate to the number of nursing staff that have left the Ward. G Marcall will raise the issue at the next Board meeting. AMS added that staffing levels for that area are on the Risk Register.

   2.7. It was reported that A Rosbotham-Williams has been appointed as Assistant Director of Governance and will manage complaints.

CQC action plan update

3. N Bunce briefed the Committee on the CQC action plan.

   3.1. 40 of the 57 actions have now been completed. 13 actions are in progress and remain on course to be completed by the agreed deadline. There are 4 actions where the deadline for completion has passed and a mitigation plan and revised completion date is given for each. The 3 actions reported to the March Quality Committee as having missed their completion deadlines have now been completed.

   3.2. N Bunce reported that S Redfern met with Kathryn Whitehill, the new CQC Relationship Manager. Ms Whitehill went through the complete action plan and said we were doing very well, but queried as to why we had not had any comments back from the CQC.

   3.3. MIAA are scrutinising the closed actions.

   3.4. G Marcall enquired if a re-inspection date had been decided upon. N Bunce replied that she had not heard from the CQC about whether they are going to re-inspect or not, but they can re-inspect without the Trust asking them to return. A further progress report will be brought to the Quality Committee in May.

3.5. A new interim Head of Midwifery, Sue Mundy, started at the Trust on 11th April 2016.

3.6. Environment of the Neonatal Unit SOP update

3.6.1. The Neonatal Unit SOP was developed following an assessment of the current unit layout against the Health Building Note (HBN) guidance, which confirmed that the unit does in fact comply with the requirements listed in the HBN.

3.7. Pharmacy action plan update

3.7.1. S Gelder updated the Committee on the action plan.

3.7.2. The majority of the actions are now green, only a few remaining red or amber. The main red action relates to the Pharmacy business case.

3.7.3. Progress since the last report includes a daily check list in clinical areas, but the monthly audits are not showing 100% compliance. AMS commented that the CQC inspection was in August and it was now April and we are still not achieving 100%; there is a need to get the information out there that if there is not 100% compliance then there will be consequences.

3.7.4. S Gelder said that he will be data gathering before the end of April for the next audit and will report back to the Quality Committee in May.

3.7.5. K Hardy asked for an update on reference 2.7.1 (measure knowledge and impact of AEIOOU medicines safety campaign by ward and professional group). S Gelder reported that the process is already in existence; induction and mandatory training and he is liaising with A Rudduck. An extension to the deadline has been agreed for July.

3.7.6. The Adult Discharge Policy was also discussed and the constraints on the team as the priority was the drug administration audit. K Hardy and N Jones will look at the process.

3.7.7. N Jones advised the Committee that a very broad missed dosage audit had recently been undertaken and would be brought to the next Quality Committee.

Safer Staffing report

4. N Jones provided an update:

4.1. The overall Trust fill rate was 100.4% for registered and for care staff.

4.2. There were 17 wards with a fill rate below 90%, 11 wards for registered staff, 6 wards for care staff and 0 wards for both registered and care staff.

4.3. During March 2016, there were a total of 52 incident forms completed related to staffing. No episodes of harm where reported as a result of any staffing difficulties.

4.4. G Marcall reported that he had spoken to S Redfern and he was reassured by the number of HCA's on some wards. K Hardy said that it was false assurance as there is a world of difference between a trained nurse and an HCA. A M Stretch said that it mitigates the risk of not having enough nursing staff by putting in more HCA's, but it doesn't give assurance.

IPR

5. N Khashu presented the IPR

   5.1. There have been no cases of MRSA during 2015/16.

   5.2. There have been 30 confirmed avoidable C.Difficile cases. The tolerance for 2016/17 is 41.

   5.3. There were three falls resulting in severe harm in February. The Falls Team are focusing on delivering each aspect of the Falls Prevention action plan.

   5.4. The sustained non elective demand is now impacting our RTT performance especially in T&O and B&P.

   5.5. The Trust is reporting against a revised annual plan of £6.647m deficit as approved by the Trust Board and confirmed with the TDA.

   5.6. To date the Trust has delivered £13.043m of CIPs which is in line with the annual plan.

   5.7. The Q2 Staff Friends and Family Test survey results show the Trust as performing exceptionally well compared to the national position.

   5.8. The Trust is below the mandatory training target of 7.4%. Appraisals performance ended the year 1.3% below target. Recovery plans that were in place have been impacted by the ongoing industrial action and unprecedented operational pressures.

   5.9. All staff sickness for February was 5.4% against a Q4 target of 4.68%. The YTD all staff sickness is 4.9% against a target of 4.5%

   5.10. G Marcall queried the fact that there is no reference to A&E performance in the Executive summary.

   5.11. K Hardy asked that the 12 month HSMR figure be amended to read 98.7.

Ward Dashboard

6. This item was deferred.

AQ Performance update

7. J Mulvaney provided a summary for the Committee:

   7.1. The Trust year to date performance currently demonstrates that achievement in the AQ programme is not at the required level to meet the CQUIN contract requirements for multiple focus areas. The reasons for this include:

      7.1.1. Poor documentation
      7.1.2. Lack of nursing time to focus on the AQ measures
      7.1.3. Mid year measures changes.
      7.1.4. New focus areas and gap analysis methodology
      7.1.5. Technical system limitations
      7.1.6. Specialist referrals

   7.2. GM clarified that AQ was not on the agenda for 2016/17.

Francis action plan update

8. A M Stretch provided an update

8.1. The action plan concluded in July 2015. This is a further plan to embed further a culture the Trust aspires to.

8.2. A web based tool should be fully operational by June this year.

8.3. Further updates will be brought to the Quality Committee on a quarterly basis.

Draft Quality Account review

9. N Bunce provided an update:

9.1. The Quality Committee are required to approve the quality improvement priorities under Section 2.2 of the document.

9.2. G Marcall asked about an inclusion for A&E and N Bunce responded that this was a quality account not performance, however, there are priorities for improvement and A&E will be part of those priorities.

9.3. J Hendry enquired about the plan to reduce weekend mortality. K Hardy said that the first sort of metric is to better understand the problem, but J Hendry asked how the Committee sign up to something if the organisation is not sure it can fix it. J Hendry would have liked the wording changed but K Hardy said that the weekend mortality has to be reduced as the Trust is amongst the worst in the country. However, a discussion had taken place earlier today and it was agreed that the wording would be adjusted.

9.4. The improvement priorities were approved by Committee members.

Feedback from Patient Safety Council

10. N Jones reported:

10.1. STHK Safety Thermometer data continues to outperform neighbouring trusts.

10.2. A disappointing 3 #NOF were reported in February, however the 45% reduction in the volume of #NOF's since the implementation of the Falls action plan was noted.

10.3. N Jones asked the Committee to approve an action that would allow the inclusion of a junior doctor on council memberships. AMS said that it would be dependent on the Councils and J Hendry suggested a buddying scheme so that leave etc could be covered. This was approved by the Committee.

Feedback from Patient Experience Council

11. N Jones raised two issues from the PEC:

11.1. Hospedia contract: C Walters is looking into the possibility that patients may be able to access free Wi-Fi through Hospedia and will report back to the council.

11.2. Nutrition and Hydration Nurse: The Quality Committee was asked to support a business case. N Jones will liaise with S Redfern.

Feedback from Clinical Effectiveness Council

12. April's meeting was cancelled.

Feedback from CQPG Meeting – March

13. Nothing to escalate to the Quality Committee.

Feedback from Executive Committee

14. Peter Williams reported:

14.1. Between the 18th February and 23rd March, four meetings of the Executive Committee were held.

14.2. Decisions taken by the Committee included capacity plans for medical and surgical care groups and actions to improve A&E performance.

14.3. Assurances regarding the Quality Account, management of bank and agency usage, CQC action plan, and Sustainability and Transformation Planning were obtained.

14.4. There were no specific investment decisions or items requiring escalation to the Quality Committee.

Feedback from Workforce Council

15. A M Stretch reported:

15.1. There was just one issue to escalate to the Quality Committee and this was regarding the Birthrate+ report. This is an external report and focuses on the number of midwives needed. We have received the report but are awaiting clarity on a couple of issues. This information has not been received to date, so we are unable to recruit as we do not know how many midwives we will need.

Carter action plan update

16. A M Stretch updated the Committee.

16.1. There are two recommendations regarding the workforce and the action plan will be monitored through the Workforce Council and the Quality Committee will be updated quarterly.

Nurse staffing figures in relation to falls

17. K Hardy shared his presentation on nurse staffing figures. The presentation was informative and very easy to understand the benefits to the Trust. This will be escalated to the Board at a future Strategy Board meeting.

Policies/documents approved by Councils

18. Patient Experience Council ToR approved pending clarification of core membership Patient Participation Group ToR approved.

Effectiveness of meeting

19. G Marcall commented that it was a very lengthy agenda and thanked everyone for completing the meeting in just over two hours. He also thanked K Hardy for his very good presentation.

AOB

Following a request from the CCGs, P Keeley discussed MSSA screening at the Trust, especially for hip and knee replacements. Just to update the Committee, there would be a £6,000 drug cost to provide the service, in addition to additional appointment slots and staff training.

N Jones said that this would be discussed at the Clinical Quality Performance Group meeting, directly following this meeting. It was necessary to come to a conclusion before proceeding.

Date of Next Meeting

Tuesday, 17th May 2016.

TRUST BOARD PAPER

Paper No: NHST(16)045

Title of paper: Committee Report – Finance & Performance

Purpose: To report to the Trust Board on the activities of the Finance and Performance Committee held in April 2016

Summary:

Agenda Items

- **For Information**
  - Governance Committee Briefing Papers:
    - CIP Council
    - MITC

For Assurance

- IPR Report Month 12
- Provisional financial performance 2015/16 (Month 11+)
  - Trust is forecasting £9.55m deficit for FOT better than original Plan
- CIP scheme – governance compliance

For Decision

- F & P Agenda for 2016/17

Actions Agreed

- CIP / PMO Review June 2016
- Update on Mandatory Training June 2016
  - Use of E-learning
  - Time efficiency of delivery
- CSS performance to be presented three times / year
- IPR Executive summary to include
  - A & E performance
  - Any other significant performance measures (as they arise)
- IPR detailed review to be discussed at Board

Corporate objectives met or risks addressed: Finance and Performance duties

Financial implications: 2015/16 Financial Outturn is slightly better than Original Plan

Stakeholders: Trust Board Members

Recommendation(s): Members are asked to note the contents of the report

Presenting officer: Nikhil Khashu, Director of Finance and Information

Date of meeting: 27th April 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)046

Title of paper: Sustainability and Transformation Plan – Update

Purpose: To provide the Board with assurance that the Trust is making progress in developing a five year Sustainability and Transformation Plan (STP), and continues to develop the organisations governance and leadership capability for the future.

Summary:

This paper reports on the progress in responding to the national planning guidance, and the on-going elements of the FT development programme.

2016/17 Operational Plan

The Trust submitted its final 2016/17 operational plan on 18th April 2016. The narrative element of the plan is appended (Appendix 1). There were also detailed activity, finance, performance trajectories and workforce submissions that accompanied the narrative plan. These reflect the planning assumptions for 2016/17 approved by the Board and its Committees. The plan was updated to reflect the on-going contract negotiations and other technical changes agreed after the March Board meeting, none of these changes were material.

This plan will now form the basis of the performance management and accountability framework with NHS Improvement (NHSI) for 2016/17.

Five year Sustainability and Transformation Plans

The Alliance Local Delivery System as part of the Liverpool City Region and Cheshire STP Footprint submitted a "Gap Analysis" on 11th April that is designed to diagnose current and projected gaps in; health and wellbeing, care and quality and finance and efficiency.

During 25-29th April there are a series of regional events where each STP Footprint is required to present the outline STPs to NHS England (NHSE) and NHSI. The 10 questions that must be addressed by the STPs are attached (appendix 2)

No further policy announcements or guidance has been issued regarding the format and content of the STPs, but technical guidance covering the financial model and standard data packs developed by NHSE are due to be published imminently.

Well Led Framework Action Plan

The Well Led Framework continues to be the main tool for assessing the governance and leadership of NHS provider organisations and the Trust continues to deliver the action plan developed in response to the Well Led framework self-assessment.

Some of the action plan deadlines have been revised so they align with the 2016/17 planning guidance and timetable, and other decisions taken at Board.

There are 47 identified actions, of which 30 were due for completion by the end of March 2016. 27 of these have been completed and 3 are in progress. There are currently no red rated/ overdue actions. The remaining 17 actions are scheduled to be completed by

July 2016. (Appendix 3 gives a summary position).
Corporate objectives met or risks addressed: To provide sustainable and efficient services
Financial implications: None arising directly from the approval of this paper
Stakeholders: CCGs, NHSE, NHSTDA, Local Authorities, Staff, Patients
Recommendation(s): The Board; a) Notes the final operational plan for 2016/17. b) Notes the STP development milestones c) Notes the progress in delivery the Well led Framework action plan
Presenting officer: Nik Khashu, Director of Finance and Information
Date of meeting: 27th April 2016

Appendix 1

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

2016/17 Narrative Operational Plan

Final Submission - 18th April 2016

Public Version

Section 1 - Activity Planning

1.1 Activity plans for 2016/17 based on outputs from:

- the demand and capacity approach for 2016/17

  The Trust has developed predictive demand models at a speciality level based on a range of factors including population size and age profile, incidence of disease, historic activity trends, clinical developments, and market intelligence. The demand models have been developed with Clinicians, Divisional and Directorate Managers and the Finance and Information department. The modelling has been shared with Commissioners as part of the contract negotiations and the predicted impact of planned demand management and attendance and admission avoidance schemes planned by the local CCGs in 2016/17 have been factored into the calculations.

  Based on this modelling the Trust is predicting that there will be average activity growth of 3.5% in 2016/17, after the impact of Commissioner demand management schemes.

  The majority of the Trusts Commissioners continue to seek to agree 0% growth for the 2016/7 contract compared to 2015/16 outturn (except Halton CCG which is has agreed to 2% activity growth). The Trust recognises that its Commissioners are facing considerable financial constraints.

  The majority of the Trusts clinical income is covered by PbR and it will therefore be paid for all activity undertaken, but it would prefer to reach a position with the Commissioners where the level of activity commissioned is a realistic reflection of the increased demand that the Trust is likely to have to respond to.

  The Trust is predicating its achievement of national access targets; including the A&E four hour target improvement trajectory on the basis of contracted activity levels (i.e. no activity growth compared to 2015/16 outturn). Any increases in activity above these levels would create a significant risk to the achievement of the targets. The basis for achieving the performance levels required to access the STP funding and the caveats to these planning assumptions have been included in the Trusts contract schedules.

  In recent years the Trust has experienced differential rates of activity growth from different CCGs.

  In order to be both efficient and productive the Trust needs to be able to plan and prepare to deliver a realistic level of activity, and has therefore set an opening budget based on PbR income from an aggregated 3.5% growth in activity, across all PODs and all commissioners.

  From the demand modelling the Trust has developed capacity plans which factor the capacity required for outpatient clinics, theatre sessions, beds and staff throughout the year. There are a number of internal moves, increased planned working in the evenings and weekends and efficiencies (e.g. LoS reductions) that will enable the Trust to create sufficient capacity, assuming activity growth does not exceed plan. The Trust is confident that in the majority of specialities it has or will be able to recruit the staff needed to deliver the activity plan, and the principle limiting factor will be bed availability, as the Trust is currently operating at a high bed occupancy level.

- demand and capacity modelling tools that have been jointly prepared and agreed with commissioners

  Trust and lead Commissioner representatives attended the capacity and demand modelling workshops provided by Monitor in January 2016, and these techniques have been applied to

the demand and capacity modelling undertaken by the Trust. The Trusts predictions of demand have been shared with Commissioners during the contract negotiations.

The Trusts approach to demand and capacity modelling has been reviewed by the NHSTDA on 16th March, and the feedback received was that there was significant assurance that the process was robust.

1.2 Agreed planning assumptions, and how these assumptions compare with expected growth rates in 2015/16

The Trust is currently working to the national planning assumptions as detailed in section 4.1 below.

The Trust has reviewed its demand modelling assumptions in light of the predicted impact of the known Commissioner Better Care Fund (BCF) and referral management schemes, and also how the planned elective programme could be impacted by NEL pressures if demand continues to increase.

The Trusts main commissioning CCGs are each implementing different demand management schemes, which are targeted at different types of activity/patients. The impacts of these schemes on activity has been accounted for in the Trusts modelling, but create a high level of complexity and variation in planning assumptions across the four main CCGs.

The majority of the main Commissioner schemes are directed at demand management for elective care.

1.3 Capacity Plans (including any planned use of the private sector)

The Trust is not planning to utilise private sector capacity to deliver activity and maintain access standards. It is however, exploring options to utilise capacity on other hospital sites to deliver the activity plans. Increased pooling of resources to increase overall capacity and utilisation across the Mid Mersey segment will be part of the five year sustainability and transformation planning process that will be concluded in June 2016.

1.4 Delivery or achievement of recovery milestones for, all key operational standards; Accident and Emergency (A&E), Referral to Treatment (RTT) Incomplete, Cancer and Diagnostics waiting times.

The Trust plans to achieve or improve its performance against all key operational standards 2016/17, assuming the level of demand that CCGs wish to commission and has been built into the activity plans. Demand growth that exceeds planned capacity is a risk to both financial recovery and to achieving the NHS constitutional access standards.

Cancer 62 day

The Trust has consistently delivered the 62 day access standard from referral to treatment at an aggregate level. There are challenges in achieving the standard for some tumour pathways. In response, and to deliver the 5 year forward view strategy on cancer, the Trust has developed a programme to systematically review existing cancer pathways, removing non-value added time and to ensure that each stage has sufficient capacity to meet the predicted levels of demand.

Referral to Treatment (RTT)

Whilst the Trust has achieved the 92% incomplete RTT standard in previous years, this has not always been delivered with maximum efficiency. Significant year on year growth, beyond commissioned and planned levels, has resulted in higher costs to deliver the additional activity.

Delivery risks have been identified in some specialities; ENT, Ophthalmology, Plastics and some aspects of Orthopaedics, there are plans in place to mitigate these risks, based on planned activity levels, but demand in excess of these levels would be a significant challenge to deliver.

Increases in activity being experienced by the Trust are due to a number of different factors including, population changes, waiting times, service and Trust reputation, accessibility to patients, support to other Trusts in sustaining services e.g. Breast services. The Trust operating a maximum capacity and is not actively marketing services or targeting market share from other providers to attract increased activity.

For 2016/17 St Helens CCG is planning to implement a full referral management scheme for selected specialities e.g. Orthopaedics, and introduce the “Map of Medicine” to provide further guidance on alternatives to hospital referral. These schemes are expected to impact on elective referrals and this has been modelled into the Trusts activity plans, reducing the expected referrals compared to the growth experienced in 2015/16.

The Trust continues to work with its commissioners to model the activity levels needed to ensure patient’s constitutional standards are maintained.

Emergency Access standard

The Trust has found it challenging to meet the emergency access standard in 2015/16. Several significant factors have contributed including:

- Demand for medical beds has exceeded capacity by an average of 20 beds per day
- Reliance on locum middle grade staff in A&E, due to national shortages
- Limited sub-acute alternatives outside the Hospital
- Increase in numbers of patients with complex discharge needs

The Trust is actively involved in the NHS England, NHS Improvement Emergency Care Improvement Programme, which was launched during February 2016. The improvement methodology is intended to identify and address emergency care issues on a local health economy basis and includes stakeholders such as Local Authorities and Clinical Commissioners. New agreements with health economy partners to maximise community alternatives to admission and redesign pathways out of the hospital are the expected outcomes, which will help to reduce bed occupancy and improving flow through the hospital, which will in turn help to improve performance against the access standard. The first rapid improvement workshop focusing on delayed transfers of care (DTOC) has been scheduled for May.

CCG schemes such as an increase of 14 step down and step up beds in Knowsley are scheduled to become operational in October 2016, and will also support an improved flow of patients who are ready for discharge from hospital care.

The Trust continues to work with its Commissioners to prioritise other non-elective demand reduction schemes for 2016/17 which it is hoped will help to contain any additional growth in A&E attendances.

Currently the Trust has an average of 65 inpatients requiring complex discharge arrangements, and work to reduce the LoS of these patients with the four Local Authorities operating in our catchment area is essential to improving the A&E access standard performance and the experience of care for patients.

The Trust is also developing plans to increase the number and types of patients treated on an ambulatory basis by circa 20 a day.

The Trust has submitted an improvement trajectory for the A&E four hour access standards whereby 95% of patients would be seen within 4 hours by March 2017. This trajectory is based on a number of assumptions;

1. A&E attendances and admissions do not increase above commissioned levels in 2016/17 for any of our major CCGs.
2. Type 3 activity undertaken in the health economy as part of the integrated urgent care system can be included in the calculation and reporting of the Trusts performance level
3. Assessment and discharge to alternative out of hospital settings is improved for medically optimised patients and the number of medically optimised patients does not exceed 40 for more
4. Commissioner's attendance and admission avoidance schemes deliver the planned decreases in activity for each CCG population.

Long term performance and sustainability of urgent care services requires a whole health economy response, as was acknowledged at the recent CQC quality summit.

Diagnostics

The Trust has historically performed well against the diagnostic access standard. Imaging modalities and endoscopy have experienced significant growth largely as a result of issues such as the 12% increase in cancer referrals and improved stroke pathways. 7 day working is now in place for most modalities. Capacity and demand planning has been undertaken to ensure that diagnostic capacity is able to keep pace with overall demand predictions and thus maintain excellent compliance with the access standard. This includes working with the Trusts managed equipment service provider to get best value from this contract and improve the number and productivity of imaging and diagnostic equipment.

1.5 Plans agreed with commissioners for extra capacity as part of winter resilience plans (SRG Templates)

The Trust has very limited ability to increase its medical bed capacity during the winter months, without impacting on the elective programme, because it is operating at maximum bed occupancy and utilisation levels. The plans outlined in section 1.4 above are designed at maximising the existing capacity of the Trust, throughout the year to improve the flow of patients through the hospital and back into community settings.

The Trust works with the System Resilience Groups (SRG) for St Helens, Halton and Knowsley CCGs and has supported the completion of the SRG templates as part of the Operational Planning process.

Halton CCG is planning increased use of the two urgent care centres in their Borough to reduce A&E attendances.

Knowsley CCG has a number of schemes in place, such as the COPD management scheme which commenced in 2015/16 and will continue in 2016/17.

Discussions are on-going with St Helens CCG and the Trust wishes to focus efforts on increasing step down beds to reduce delayed transfers of care when patients are medically optimised and support improved flow through the hospital on the urgent care pathway.

In recent years the Trust has experienced most growth in A&E attendances and NEL admissions for residents of Halton and Liverpool CCGs, and discussions regarding a longer term coordinated winter resilience plan for the whole urgent care network in Merseyside and Cheshire are a key priority for the five year STP.

1.6 Arrangements for managing unplanned changes in demand.

St Helens CCG is the Trusts lead commissioner, and there is a Contract Review Board that meets monthly to review performance against the contracted levels of activity for all CCGs. The majority of clinical income is received from tariff payments, which means that the Trust is paid for the activity undertaken.

The Trust has in place a robust escalation and emergency response protocol that ensures it can respond quickly to short term peaks in demand. Sustained increases in unplanned demand or acuity of patients will be more difficult to manage because maintaining safety results in increased costs and risks a failure to meet the A&E access target improvement trajectory and the loss of the sustainability and transformation fund allocation.

Section 2 - Quality Planning

2.1 National and local commissioning priorities, including the recommendations in the Academy of Medical Royal Colleges' 2014 report *Guidance for taking responsibility: accountable clinicians and informed patients*

All patients are allocated a responsible clinician and a named nurse the details of which are listed on a white board above the patient's bed. This is audited to ensure compliance/effectiveness.

2.2 Performance against the 2015/16 quality goals.

The Trusts progress in achieving the quality improvement goals set for 2015/16, reviewed at month 11 are set out in the table below;

2015/16 Progress in achieving quality goals

Quality Improvement Goal	Progress (month 11)
Reduce avoidable harm	YTD - 23% reduction in grade 2 avoidable hospital acquired and 50% reduction in grade 3.
Improve learning from incidents and complaints	Evidence of learning from complaints now provided in quarterly reports to the Board and in complaints reports to Patient Experience Council and Quality Committee 10% increase in incident reporting & key lessons cascaded through Patient Safety Newsletter, team meetings, safety huddles
Ensure safe staffing	Monthly safer staffing reports to the Board and Quality Committee. Registered Nurses - 95.6% Days and 99.14% Nights **HCAs -** 106.11% Days and 107.73% Nights 6 monthly use of Shelford tool to assess staffing requirements in response to changing patient dependency and acuity which are reported to the Board
Reduce weekend mortality	Weekend mortality remains higher than expected, but has reduced in the last 12 months.
Achieve CQUINs – COPD, heart failure, diabetes	CQUIN targets met for Q1,Q2 and Q3
Enhanced discharge planning	Discharge processes continue to be the focus of the trusts rapid improvement work
Improve complaints response times	YTD - 61.3% Stage 1 complaints received in 2015-16 and resolved within agreed timescales compared to 35.5% in 2014/15

2.3 Any quality concerns (from CQC or other parties) and plans to address them

The Trust was inspected by the CQC in August 2015, and the report published on the 19th January 2016. The Trust was rated Outstanding for St Helens Hospital and Good overall for the Trust and Whiston Hospitals. The report identified no major quality or safety concerns, but did identify 5 “must do” actions where the Trust needs to improve:

1) Continue its efforts to meet four-hour emergency department national targets.
2) Meet the DH target for handovers between ambulance and emergency department.
3) Ensure there is the appropriate skill mix of staff and patient’s privacy and dignity is maintained at all times on the coronary care unit.
4) Ensure there is a system in place to assess and improve the quality and safety of the services provided following a serious incident. This must include actions to mitigate the risks relating to the health and safety of service users. (Maternity services).
5) Ensure systems in place for the storage of medicines are safe.

The action plan to address these actions was submitted to the CQC on 18th February 2016. Three of the actions (iii, iv & v) have already been addressed. There is a full action plan to facilitate improvements in the maternity service, which was the only service rated as Requires Improvement. An action plan to improve urgent and emergency care access is being agreed with the Mid-Mersey SRG. The Trust and local health economy partners are also embarking upon the national Improvement Programme with a rapid improvement event scheduled to take place in May (as detailed in section 1.4, which also sets out the risks to achieving a sustained improvement)

2.4 Key quality risks inherent in the plan and how these will be managed

The three greatest quality risks inherent in delivering the 2016/17 operational plan are;

I. Ability to maintain safe staffing across several hard to recruit staff groups and specialties

The Trust has in place a recruitment and retention strategy to ensure that it can attract and retain the staff needed to deliver services and the activity plans, this includes action to increase the number of bank staff and oversees recruitment for both medical and nursing staff.

II. Delivering plans to promote normality in childbirth for women with low risk pregnancies, against a backdrop of increasing demand and financial restraint

The Trust is finalising its plans in response to the recent CQC report to develop a Midwifery Led Unit within the Maternity service. These plans are being validated by external experts and will be implemented during 2016/17, which will involve the development of a new care pathway and physical alterations to the current accommodation to make them more suitable for mothers who can be supported in the low risk setting.

III. Delivering a further year of ambitious cost improvement without impacting on the quality of care offered to patients.

As detailed in section 2.16 the Trust has a robust tripartite Quality Impact Assessment (QIA) process which has been in place for several years and has proved effective at identifying potential risks to quality.

The CIP plans for 2016/17 and process for QIA have been reviewed by NHSTDA (now NHS Improvement) as part of its operational planning scrutiny and assurance processes.

2.5 Annual publication of avoidable deaths

The Trust has completed the template provided by the Medical Director of NHS England and upon notification of the requirement to formally collect and submit this data, will immediately comply with this requirement.

2.6 Quality improvement governance systems

The Trust utilises a Plan Do Study Act (PDSA) cycle of quality improvement to underpin the following strategy documents and action plans;

a. Clinical quality strategy
b. Nursing and midwifery quality strategy
c. National and locally agreed CQUINS
d. Post CQC inspection action plan

The Trust has a formal governance structure that measures quality improvement performance and their associated action plans.

The Trusts four quality councils oversee the strategies and report into the Quality Committee of the Trust Board. These are; Patient safety council, Workforce council, Clinical effectiveness council, Patient experience council

There is also a Risk management council that provides assurance to the Executive Committee who in turn report corporate risks to the Trust Board. The Board maintains a Board Assurance Framework (BAF) which is regularly reviewed and updated to capture all the controls and sources of assurance available to the Board to manage delivery of the Trusts forward plans, including its quality objectives.

2.7 Executive lead for quality

Sue Redfern, Director of Nursing, Midwifery and Governance is the Executive lead for quality at the Trust.

2.8 Quality improvement priorities for 2016/17

The Trust has now finalised its quality improvement priorities for 2016/17 which have been determined by reviewing performance in 2015/16 and consulting key stakeholders. The engagement and consultation process was completed in mid-March, and the Quality Committee have made recommendations to the Board for inclusion in the Trusts Quality Account. The priorities are;

- Further reductions to avoidable harm
- Continue to improve learning from incidents and complaints
- Further reduce mortality of weekend admissions
- Achievement of Sepsis and Acute Kidney Injury CQUIN targets
- Improve discharge processes and handovers of care

2.9 Top three risks to quality, and plans for mitigation

See section 2.4

Other operational and quality risks for 2016/17 are;

- Continued increases in NEL demand putting further pressure on A&E, achievement of the four hour access target improvement trajectory and inpatient capacity
- The ability to maintain safe staffing and recruiting to hard to fill posts, whilst containing costs and reducing the need for agency and locum staff
- Maintaining access targets for cancer and RTT, if referrals continue to increase and pressures put on elective services by NEL demand are not mitigated by commissioner demand management schemes
- Meeting the conditions to access the sustainability and transformation funding allocated to the Trust for 2016/17, set out in the NHSTDA offer letter
- Achieving the expenditure ceiling for agency/locum staff compared to 2015/16

The Trust has robust and established performance monitoring and management processes in place, with escalation triggers if performance slips below agreed tolerances. This performance management framework means that contingency and mitigation planning is triggered at an early stage and the impact is regularly monitored and actions adjusted to achieve the desired outcome.

The Trust also has effective risk and incident reporting processes that identify any new or emerging risks to the delivery of the Trusts plans or quality of care. These processes also have clear escalation and reporting triggers to ensure that there is an appropriate and timely flow of information regarding any concerns from “Ward to Board”.

2.10 How quality improvement is “Well-led”

The Trusts staff are fully engaged in delivering the vision of Five Star Patient Care, and every member of staff will agree their contribution to the achievement of the Trusts annual plan as part of their annual performance review and develop plan. The Quality Committee brings together and triangulates information on patient experience, clinical outcomes, patient safety, and workforce issues to identify areas for further scrutiny. The Trust has a Quality lead in each Care Group and a central team dedicated to supporting quality improvement.

The Board has strong links with the front line of service delivery through a number of initiatives, including;

- Quality Ward Rounds
- Patient stories at every Board meeting
- Each Director has a small number of “buddy” wards/departments that they take a special interest in
- Board members undertake shadowing visits to gain greater understanding of different front line roles

The Trust has implemented the “Speak out safely” and “Sign up to safety” initiatives and has improvement action plans in place for both. The Trust has a patient safety bulletin and an intranet page for sharing lessons across the organisation. The staff survey results have shown consistently that staff feel able to report safety concerns or incidents.

The Trust has a sub group that reviews all unexpected deaths, which is chaired by a Non-Executive Director.

All serious incidents are subject to a full RCA, undertaken by a panel of experts and chaired by a Non-Executive Director.

Every year the Trusts objectives, including its quality improvement priorities are communicated to staff via the corporate objectives which are publicised throughout the Trust and are used to support individual appraisals and personal development planning, so that all members of staff have a clear understanding of their own contribution to delivering the Trusts goals.

As part of the development of the STP the Trust is intending to renew its clinical and quality improvement strategy so that it is fit for purpose for the next 5 years and is responding to the different challenges and opportunities facing the Trust in maintaining quality whilst services are transformed to the new models of care.

2.11 'Sign up to safety' priorities for 2016/17

The priorities for 2016/17 are;

- Reduce prescribing errors
- Reduce episodes of avoidable harm during surgical procedures, maintaining an annual surgical never event rate of 0
- Improve recognition and response of deteriorating patients.
- Further reductions in avoidable harms, including a reduction in falls

2.12 Plans for increasing the level of consultant cover and diagnostic services available in hospitals at weekends

In 2013/14 the Trust invested in additional Consultant Physician cover over 7 days. In the recent NHS England survey the Trust performed well in comparison to its peers, achieving 90% of consultant assessment within 14 hours in 7 out of the 10 specialities provided.

The Trusts focus for 2016/17 (subject to affordability and commissioner support) is to increase access to therapy, diagnostic and pharmacy services in the evening and at weekends, to further facilitate an even flow of patients through the emergency and urgent care pathway at all times. No new investments in 7 day services in the acute setting are being proposed by Commissioners in 2016/17.

External to the Trust it is recognised that there also needs to be an increase in the provision of community services and social care over 7 days to make the whole urgent and emergency care pathway more effective. The challenges to delivering this plan for all the partners are; financial constraints, the progress of negotiations to agree different working practices and the ability to recruit staff with the skills and experience needed.

The provision of access to seven day urgent and emergency care services is a key area for the STP across the wider Merseyside and Cheshire footprint.

2.13 Urgent Care developments in the local health economy to Improve access to out-of-hours care.

The Trust is working with its commissioners to enhance the delivery of services at local Walk in Centres at St Helens, Huyton and Widnes, to be compliant with NWAS pathfinder standards, and provide alternative treatment settings for minor injuries, thus reducing attendances at A&E, but enhancing access to appropriate care out of normal GP practice hours. The Trust is therefore part of a developing integrated urgent care system for the local economy.

2.16 How cost improvement programmes (CIPs) and improvement programmes are identified and assessed for their impact on patient safety, clinical outcomes, patient experience and staff experience

The Trust has identified a long list of potential CIP schemes, based on external benchmarking information and our own identification of efficiency opportunities, as detailed in section 4. These schemes have been reviewed by the Care Group senior management teams, which include the Care Group Medical Director and speciality Clinical Directors, for deliverability and impact on all aspects of quality. All schemes included in the 2016/17 CIP programme have a full Quality Impact Assessment (QIA) completed, which is signed off by the Director of Nursing, the Medical Director and Director of Finance.

Each CIP scheme is assigned to one of the Trusts Quality Leads, who "own" the QIA and ensure that it is reviewed in accordance with the agreed milestones.

The Trust has invested in a PMO, which has qualified and experienced lean practitioners who are supporting the delivery of service transformation over a 3 year rolling programme that will support the delivery of the Trusts CIP.

The Trusts QIA processes have been reviewed by internal and external audit and by the NHSTDA during 2015/16 and were found to be robust and in line with best practice guidance.

2.17 An explanation of the Board QIA process, including sign-off by the medical and nursing directors

The CIP plan is recommended to the Finance and Performance Committee by the CIP Council which reviews each individual scheme. The Finance and Performance Committee membership includes the Director of Nursing, Medical Director and Director of Finance who provide assurance that the QIA's have been completed and any risks to quality can be managed. The Finance and Performance Committee recommend the CIP plan to the Board as part of the overall financial plan and budget setting approval process.

The Finance and Performance Committee receives monthly updates on the delivery of the CIP plans including any changes to the QIA.

2.18 In-year monitoring of QIA.

Each CIP scheme has identified milestones and key checkpoints where the quality impact is reassessed during implementation. There is a further post implementation quality impact review to ensure that no unintended quality impacts have materialised.

2.19 Triangulation of quality indicators

The Trust utilises an integrated performance dashboard approach to performance management which enables it to easily triangulate performance, quality, workforce and financial information to identify any areas of concern at an early stage.

Both the Quality Committee and the Finance and Performance Committee review the IPR each month to ensure that it is scrutinised from all angles.

The Quality Committee receives combined reports looking at the themes and trends in incidents, claims and complaints to identify areas of concern or risk that require management action.

The Board also benchmarks quality performance against its peers to identify improvement opportunities. The Trust has access to a range of benchmarking information through its different networks.

There is a Clinical Quality Performance Group (CQPG) where the Trust meets with its main commissioners to review quality and clinical performance and agree priorities for improvement.

2.20 The key indicators

There is a ward dashboard in place which reports on all aspects of quality and performance at an individual ward level. The medical and surgical wards report on the safety thermometer and display safety crosses on patient information boards, which are updated daily.

2.21 How the board intends to use this information, particularly to improve the quality of care and enhance productivity.

The Board produces a Quality Account each year which is audited by the Trusts external auditors. The Quality account for 2015/16 will set out the quality improvement plans and priorities for 2016/17, which are agreed in consultation with our commissioners and Health watch colleagues.

Quality benchmarking also informs the development of the CIP programme and the work of the PMO where opportunities to reduce error and improve care will improve efficiency.

Section 3 - Workforce Planning

3.1 Approach to workforce planning with clinical engagement

The Trust has an integrated planning process which has 4 domains; finance, quality, performance and workforce. The planning process uses a range of metrics including safer staffing acuity tools e.g. (Shelford/professional judgement model/ NICE), RCN guidance for adult/ ED/ BAPM - neonates/paediatric and RCM guidance to develop the workforce requirements to be able to deliver the contract activity. Other national guidance and toolkits provided by professional bodes and the NHS Employers are also utilised as appropriate for the staff group concerned.

The Trust uses a six step methodology to ensure:

- A systematic practical approach that supports the delivery of quality patient care, productivity and efficiency.
- Workforce planning decisions are made as part of the overall planning process and are sustainable and realistic
- Initiatives are scalable from small departments to Trust wide organisational transformation
- Partnership working opportunities with the health economy and wider footprints.

The workforce plan is supported by the Trust 5 year HR & Workforce Strategy 2014-19 and underpinned by the following supporting Strategies within on-going action plans.

- Health, Work & Well Being 2016-21
- Recruitment & Retention Strategy 2015-20
- Equality, Diversity & Inclusion Strategy 2016-17
- Learning & Development Strategy 2016-21

Key speciality and professional leaders are engaged and involved in workforce planning, providing local and national intelligence via the business planning process that informs the Trust level plan.

The workforce plan for 2016/17 reflects the average 3.5% activity growth and also the anticipated retirement and turnover profiles for the year based on those staff reaching the age at which they can choose to retire.

The workforce plans reflect a trajectory of reducing the locum and agency workforce whilst increasing the proportion of permanent staff as the trusts recruitment and retention strategies are implemented.

The Trust has recruited nurses from overseas and a number of provisional offers to newly qualified nurses and others returning to nursing, following major recruitment drive. These staff will start working at the Trust from July 2016, but will need to undergo preceptorship and induction before they can take up substantive roles.

3.2 Governance process for board approval of workforce plans

The Trusts workforce plans are reviewed and approved through the Workforce Council which provides assurance to the Quality Committee and Trust Executive Committee of a robust process with full clinical engagement before ratification by the Trusts Board. The Finance and Performance Committee also approve the workforce plan to ensure a triangulated and balanced approach between patient safety, finance and safe staffing levels.

3.3 Link to clinical strategy and local health and care system commissioning strategies

Workforce plans are developed to meet the activity demand identified in the Care Group demand and capacity and service development plans, which identify the future need for clinical qualified and unqualified staff, with workforce planning submissions and recruitment initiatives then targeted to supply the appropriate numbers and skill mix.

The STP workforce plans will need to take into account future demand for NHS care, opportunities for new roles and types of staff, the developing models of care across the STP footprint and plans to transform service delivery by productivity and efficiency improvements.

3.4 Workforce transformation programmes and productivity schemes

The Trust is in the process of developing detailed plans and business cases for local transformation programmes and productivity schemes by staff group. The emerging schemes are described in the finance section 4, and 3.6 below.

3.5 Use of e rostering

The Trust implemented e-rostering to all 47 wards including theatres, ICU and the emergency department during 2015/16. In 2016/17, use of e-rostering will be embedded and action plans to optimise benefits realisation will be delivered. This will include using the roster Perform and Insight modules to analyse the production of rosters against effective safe staffing levels, skills mix, bank and agency usage, approved annual leave and study leave monitoring variations against plans.

The Trusts new e-rostering system is integrated with the temporary staffing system which will allow for improved analysis of bank and agency spend with reasons for requests which can be triangulated with rosters to identify opportunities to reduce agency spend.

During 2016/17 the 2nd phase of the e-rostering implementation project will include roll out to Clinical Support Departments, e.g. Pharmacy, Pathology, Radiology and Sexual Health Services. This will support the delivery of 7 day services as current rotas and ways of working will be reviewed as part of developing a service led e-rostering policy specific to each clinical area and mapped to future service requirements.

The medical and dental workforce e-project will enable the Consultant and SAS workforce to access their job plans on an e-system that will be integrated with the electronic clinical activity management system and eventually junior doctor's rosters via health roster. This will enable productivity improvements that will have a positive impact on quality and patient care. The new system will also support the monitoring of junior doctors working hours allowing identification of opportunities to produce rosters that will support the provision of improved patient care and be better for the health and well-being of doctors in training. A review of the Trusts locum bank usage to drive down agency costs will be conducted in line with agency caps and limiting the use of off framework agencies.

3.6 Workforce efficiency and productivity opportunities

Workforce opportunities are planned as part of the Trust's HR, Workforce & OD work plan for the next 2 years to enhance efficiency and productivity and address benchmarking reports such as the Lord Carter report.

Workforce productivity and efficiency metrics are reported via the IPR each month and these are reviewed by the Finance and Performance Committee.

The schemes have been incorporated into the Trusts CIP programme where they will deliver cash releasing benefits.

3.7 Alignment with Local Education and Training Board plans

In line with the Health Education England North West Workforce Strategy and Plan 2015 - 2020 and considering the NHS 5 Year Forward View, the Trust has reviewed its opportunities for workforce development and retention with the aim of ensuring an appropriate skill mix to deliver safe and effective patient care, taking into consideration the potential impacts of Junior Doctor and Qualified Nurse shortages plus the widening access agenda.

The Trust has a recruitment and retention strategy which highlights a number of initiatives intended on meeting this shortfall including, the use of talent management strategies, return to practice, overseas recruitment, the introduction of Physicians Associate roles and the delivery of Apprenticeships. Career development opportunities are promoted such as secondment of existing staff to Qualified Nurse, Assistant Practitioner, and Advanced Practitioner programmes across a range of professional groups including Radiography and Nursing.

3.8 Triangulation of quality and safety metrics with workforce indicators to identify areas of risk

HR & Workforce Indicator dashboards are discussed, analysed and monitored at department/care group level and also at the Workforce Council to triangulate; operational effectiveness, quality and safety metrics. Potential risks are escalated to the Executive Committee, the Quality Committee or the Finance & Performance Committee as appropriate. The Trust Board receive a quarterly HR Strategy & Workforce indicators report on the following:

- Workforce Planning
- Recruitment & Selection
- Turnover
- Attendance Management process adherence - number of staff on stages & levels
- Disciplinary, grievances and capability cases, including suspensions
- Respect at work cases
- Speaking out safely
- Equality & diversity monitoring
- Mandatory training
- Appraisals & PDPs
- Bank & agency usage with reasons & costs
- Staff engagement including delivery of the staff survey action plan

In 2016/17 department/care group level organisation development plans will be reviewed and updated to reflect staff engagement, staff survey results and the HR/Workforce indicators detailed above, using the McKinsey 7 step OD model. Action plans are monitored through the Workforce council to provide assurance to the Quality Committee.

Principle risks for the workforce include;

- Ability to recruit in some specialities
- The national shortage of qualified nursing staff
- Staff absence rates
- The age profile of some part of the workforce, who may choose to retire

3.9 Application and monitoring of quality impact assessments for all workforce CIPs

QIAs and risk assessments are carried out on all CIPs with a potential workforce implication. They are specifically coded as CIP risk schemes and are subject to the tripartite challenge process described in section 1 to ensure that patient safety and care is not compromised by the scheme. The Workforce and HR risk register is reported to and monitored by the Risk Management Council, which maintains an overview of the entire Trust wide risk register.

3.10 New workforce initiatives agreed with partners

The Trust is working in partnership with the health and social care partners to consider new workforce initiatives that could be funded specifically for 2016/17 as part of the Five Year Forward View. This is likely to include work with GPs on referral pathways and referral management schemes, social care on discharge pathways and step down intermediate care provision in the community, new approaches to continuing healthcare and with NWAS to ensure the continued funding of the additional Ambulance workforce appointed during 2015/16.

The Trust's Leader Employer service hosts the Physicians Associate roles on behalf of the Health Education England North West team, to explore the introduction of Physicians Associate (PA) roles to support the Medical workforce in addressing a predicted national shortfall of Junior Doctors.

3.10 Balancing of agency rules with the achievement of appropriate staffing levels

From 1st April 2016, in line with national policy the Trust will be able to pay no more than 55% above the relevant national pay agenda for change (AfC) rates or doctor basic pay scales) for an agency worker, employed either via an agency or direct engagement. No additional payments to agency staff or agencies will be permitted. The Trust is stringently applying the price caps to agency workers, the only exception to this being a mechanism that allows the rules to be overridden in the interests of patient safety sanctioned by nominated Executive Directors. The Finance and Performance Committee is primarily responsible for monitoring the local impact of price caps and ensuring patient safety, with reporting and scrutiny by the NHS Improvement of any overrides.

3.11 Systems to regularly review and address workforce risk areas.

Workforce risk areas are recorded centrally on the Datix risk management system, so they appear on the Trusts risk register. All risks are regularly reviewed and discussed at the HR Governance meeting, the Workforce Council and Trust Risk Management Council. Risks allocated a score in excess of 15 are escalated to and managed through the Trust's Executive Committee on the Corporate Risk Register.

Section 4 - Financial Planning

4.1 Financial Strategy 2016/17.

Our financial strategy is to support the delivery of Five Star Patient Care by providing high quality services and an excellent patient experience within the resources available, and to improve our service sustainability.

This will be achieved by:-

- Freeing capacity by generating efficiencies, improved productivity, elimination of waste, financial control and service redesign without compromise to the quality of our patient journey, experience or safety

- Generating appropriate surpluses and cash funds to support the emerging Sustainability and Transformation Plans and invest in quality to improve the patient journey, experience and safety

- Supporting delivery of our commissioners' plans to reduce A&E attendances and non-elective activity

- Eliminate waste and reduce unit costs by managing any changes to the delivery of patient pathways in partnership with our commissioners, partners, service users, carers and staff

- Improving our service portfolio so that all services make a positive financial contribution through the continued use of Service Line Management

This strategy will support the short, medium and long term financial resilience of the Trust whilst enhancing the financial sustainability of the local health economy.

Key elements of the financial plans are to:-

- Achieve financial and productivity improvements in the next 12 months of 3.74% valued at c£12.5m

- Attain financial stability and improve the quality of services we provide to our local community and commissioners

- Increase to and then maintain a reported surplus of c1% (c£3.3m) of turnover by March 2017

This will allow the Trust to further invest in clinical services and equipment to support the Trust's overall strategy and create headroom for the management of future risks if required.

The Trust operates within a local heath economy facing significant financial pressures and the annual plan recognises the efficiencies which need to be generated on a recurrent basis.

The Trust is adopting the national planning guidance assumptions:

- 2 % efficiency deflator
- 3.1 % inflation uplift
- Specialised commissioning: no marginal tariff and raised funding by 7% to reflect new NICE requirements

4.2 2015/16 Forecast Outturn

The Trust has agreed a year end position with its commissioners of a deficit of £9.6m which means it will deliver the original deficit plan for 2015/16 which has improved the position against the original 2015/16 plan by circa £0.2m due to the technical benefit of the single site valuation.

4.3 Draft 2016/17 Financial Plan

The Trust has been allocated £10.1m of general Sustainability and Transformation funding, on the basis of achieving a £3.3m surplus in 2016/17. This funding will be released quarterly, conditional on meeting specific milestones set out in the offer letter of 15th January 2016;

- deficit reduction;
- achievement of national access standards or agreed improvement trajectories;
- progress on transformation
- compliance with the agency spend controls guidance

Note: Values remain subject to change, based on the final outcome of contract arbitration with commissioners.

There are several key assumptions which underpin the financial plan, including:

- Activity growth is estimated at 3.5%, based on the demand and capacity modelling
- Additional winter funding of £0.6m for 2016/17
- Budget cost pressures are limited to £3.0m
- No additional conditions are attached to accessing the sustainability and transformation fund allocation

In order to achieve the required surplus of £3.3m, the CIP target has been set at 4.5% of total Income, including the contribution from activity growth, or £15.2m.

The table below shows the bridge between 2015/16 outturn and the financial plan for 2016/17:

Bridge between 15/16 Forecast Outturn (M11+) and 16/17 Plan

		Income	Expenditure	EBITDA	ITDA	Net S/(D)	Technical	Final Annual Plan Adj S / (D)	Draft Plan 8th Feb Adj S / (D)	*Budget impact*
1	**2015/16 M12 Outturn as at Month 11+**	**312.763**	**-298.089**	**14.674**	**-41.171**	**-26.497**	**16.947**	**-9.551**	-9.790	
2	Impact of Non-Recurrent CIP in 2015/16		-2.727					**-2.727**	-2.384	*0.343*
3	16/17 Tariff Inflation	2.835						**2.835**	2.835	
4	16/17 National cost pressures		-9.687					**-9.687**	-9.222	*0.465*
5	16/17 PFI inflation	0.210						**0.210**	0.210	
6	3.5% Indicative Growth	9.193	-6.435					**2.758**	1.515	*-1.243*
7	Budget Cost Pressures		-3.000					**-3.000**	-3.000	
8	Technical Accounting adjustment				16.649		-16.750	**-0.101**	-0.326	*-0.225*
	Adj Surplus / (Deficit)	**325.001**	**-319.938**	**5.063**	***-24.522***	**-19.459**	*0.197*	**-19.262**	-20.161	***-0.899***
	S & T Funding *(per letter from NHSI 15/01/16)*	*10.100*						***10.100***	*10.100*	
	Adj Surplus / (Deficit)	**335.101**	**-319.938**	**15.163**	***-24.522***	**-9.359**	*0.197*	**-9.162**	-10.061	***-0.899***
9	16/17 CIP at 3.74%		12.490					**12.490**	13.389	*0.899*
	Annual Plan 2016/17 (£3.3m surplus)	**335.101**	**-307.448**	**27.653**	***-24.522***	**3.131**	*0.197*	**3.328**	**3.328**	
	Total CIP including contribution from income growth							***15.248***	***14.904***	

Notes:

1. Forecast outturn has been revised to the original plan of £9.970 less impact of Single site valuation
2. Recurrent CIP gap at Month 11+.
3. Net impact of Tariff inflation offset with non-recurrent items from 15/16.
6. Growth assumptions based on plans submitted by the Care Groups in conjunction with Finance Business Partners, assuming a 30% contribution rate.
7. Cost pressures above those within 15/16 outturn. Final figures are currently being calculated by Finance Business Partners.
9. CIP (excluding Income growth contribution) has reduced from 4.05% to 3.74%.

CIP % is subject to change once income growth by specialty has been validated.

4.4 Initiatives, such as, but not limited to, CIPs, revenue generation schemes, service developments and transactions

In 2015/16, the Trust invested in a Programme Management Office (PMO) to support delivery of CIP and the PMO has currently identified opportunities for CIP in 2016/17. This review has been based upon historic CIP delivery and the Trust's own existing Transformation Programme aligned to the findings identified in the Carter Report.

4.5 Income and expenditure

Planned income for 2016/17 is £12.2m more than the forecast outturn for 2015/16, £22.3m higher including the Sustainability &Transformation funding.

The value of CQUIN Schemes in 2016/17 is £5.6m; the national schemes agreed are Sepsis, Staff Wellbeing, NHS Staff and Antibiotic resistance stewardship. The local schemes proposed are Frailty, Acute Kidney Injury and Maternity (subject to final agreement with commissioners).

The NHS contract will include penalties for national KPI failures that do not form part of the Sustainability and Transformation fund double jeopardy rules e.g. readmissions, the Trust has not planned for any failures that would incur penalties.

Additional clinical income has been modelled at an average of 3.5% activity growth.

Winter funding of £0.6m has been included within the plan which is based on the level of funding received in 2015/16, however Commissioners are proposing to withdraw funding from previously agreed schemes and this is potentially a financial and operational risk.

The Trust's expenditure budgets in 2016/17 are planned to increase by £9.5m compared to the forecast outturn in 2015/16.

The movement in costs between years will reflect recognised national and local cost pressures such as pay, NI and pension changes, price inflation, and operational pressures identified and recognised through the budget setting process.

New or additional cost pressures such any potential financial implications of the new Junior Doctors and Hospital Consultant contracts, have not been included in the plan, and would impact on the Trusts ability to achieve its control total.

4.6 The impact on the overall financial forecasts: in particular on forecast risk ratings, and key financial metrics

The draft financial plan will mean that the Trust would achieve a Financial Sustainability Risk Rating (FSRR) of 2 (With 4 being the best and 1 being the worst):

Measure	2015/16 FOT	2016/17 Plan
Liquidity	1	1
Capital servicing capacity	1	1
I & E Margin	1	2
I & E Variance	4*	4
Overall Rating	**2**	**2**

*based on original plan

Balance Sheet

As a result of the annual plan, the level of loans has increased by £3.3m, of which £1.756m relates to an approved Salix Capital scheme for combined heat and power, which will derive future efficiencies in energy usage. The Salix loan is a non-interest bearing loan over four years.

Income & Expenditure

For 2016/17 the indicative income budget is £335.1m including £10.1m of S&T funding with an expenditure budget of £307.5m. This would deliver a planned surplus of £3.3m.

Cash

The draft financial plans would mean that the Trust would need a maximum of £1.6m additional cash support during the year but we will aim to reduce this requirement by working with Commissioners to agree a cash flow in line with the Trust's financial commitments. The Trusts' target Year end cash balance for 2016/7 is assumed to be two days of operating expenditure, as in 2015/16.

4.7 Efficiency Opportunities for 2016/17

The Trust is planning a comprehensive efficiency programme for 2016/17 and had developed plans in the following areas;

4.8 Lord Carter's provider productivity work programme

The interim Carter information for the Trust identified circa £19m of potential savings over a three year period, with nearly £15m of these being aligned to 10 specialities. The Trusts headline ATC was £0.97, which means that the Trust is approximately 3 pence less expensive per £1 of national cost weighted output (CWO) - how much it would have cost to perform the same amount of output at the national mean price.

These opportunities have been reviewed and discussed with clinical teams, and aligned to the opportunities that the Trust has already identified through its own benchmarking and lean reviews led by the PMO.

The Carter team is due to issue further detailed cost comparison information on; Estates and facilities, Procurement, Pharmacy and Pay in the near future, and this will be used to inform key lines of enquiry for the PMO to identify further opportunities.

Other Trust Wide Initiatives

- The Trust is undertaking a Corporate Services Review which has identified further opportunities to improve efficiencies as part of the STP footprint planning
- The Trust has an on-going Procurement Savings Programme which historically has delivered between £0.5m and £1m CIP annually
- Pharmacy is undertaking several improvement initiatives which will increase efficiency and create capacity which may then re-invested in seven day services.

4.9 Agency rules

The Trust has implemented a new Standard Operating Procedure to increase financial control of the new Agency rules and any potential breaches of the guidance require executive sign-off. The Trust is working collaboratively with both the NHSTDA and local Trusts to manage non-compliant agencies and savings forecasts have been built into the 2016/17 annual plan.

4.10 Procurement

The Trust is a member of the North West Procurement Development which supports collaboration across a regional footprint and facilitates adoption of national core list initiatives along with other work streams.

4.11 Capital planning

The Trust's Capital Plan includes specific repayments relating to the PFI, which fluctuate from year to year depending on the audited PFI Model.

The indicative capital budget for 2016/17 is £5.15m, comprising:

PFI related Capital (major equipment replacement)	£1.394m
Combined Heat and Power scheme	£1.756m (funded by interest free loan)
Minor equipment replacement and IT	£2.000m

The Trust is also evaluating the current use of our PFI estate and whether we can increase the footprint available for clinical use to drive a higher contribution/metre2. There is some white space available on the St Helens' site, but this would require significant capital investment to bring into use, and needs to be evaluated against other options for developing additional clinical capacity for the health economy.

Section 5 - Sustainability and Transformation Planning

5.1 View of the vision for the local health and care system's STP, including the provider's own role in this

The Trust has now been confirmed as part of the Merseyside and Cheshire STP footprint which includes all the CCGs in the emerging Liverpool City Region, as well as others covering Warrington and Cheshire. This STP footprint incorporates over 40 NHS organisations and covers the full range of service provision, mirroring traditional patient flows and existing clinical alliances and pathways.

The STP footprint covers a population of circa 2.4m and as one of the largest has been divided into four Local Delivery Systems (LDS). The Trust is part of the Mid-Mersey LDS and is working with the Lead officer and other partner organisations to agree the appropriate governance, planning and delivery structures.

Within the LDS an Alliance of acute hospitals has been formed with Warrington and Halton NHSFT and Southport and Ormskirk Hospitals NHS Trust which is exploring opportunities for transformation in the delivery of hospital care to achieve greater clinical and financial sustainability.

5.2 Any elements of the local health and care system's early strategic thinking that might affect the provider's individual, organisational operational plan for 2016/17.

As described above the Trust is working with partners and commissioners in a Mid-Mersey LDS, which includes 2 other acute providers (Warrington and Halton Hospitals and Southport and Ormskirk Hospitals), 2 community/mental health providers and 4 CCGs (5 with West Lancashire CCG). There are opportunities to transform both the urgent and emergency care and elective care provision by; pooling the total resources and facilities across Mid-Mersey, rationalising service provision to achieve critical mass to sustain clinical services, and combining back office and clinical support functions to cover the whole group.

The formal structures for undertaking the detailed STP planning are being established by the partner organisations at both footprint and LDS level and the Trust is fully engaged in the process.

Section 6 - Membership and elections (Foundation Trusts only)

The trust is not required to complete this section.

ENDS

10 big questions – what are your priorities? (1/2)

Given your local circumstances, where do you need to focus in order to allow you to deliver the priorities for the health and care system by 2020/21?

1. **How are you going to prevent ill health and moderate demand for healthcare?** Including:
   - A reduction in childhood obesity
   - Enrolling people at risk in the Diabetes Prevention Programme
   - Do more to tackle smoking, alcohol and physical inactivity
   - A reduction in avoidable admissions
2. **How are you engaging patients, communities and NHS staff?** Including:
   - A step-change in patient activation and self-care
   - Expansion of integrated personal health budgets and choice – particularly in maternity, end-of-life and elective care
   - Improve the health of NHS employees and reduce sickness rates
3. **How will you support, invest in and improve general practice?** Including:
   - Improve the resilience of general practice, retaining more GPs and recruiting additional primary care staff
   - Invest in primary care in line with national allocations and the forthcoming GP 'Roadmap' package
   - Support primary care redesign, workload management, improved access, more shared working across practices
4. **How will you implement new care models that address local challenges?** Including:
   - Integrated 111/out-of-hours services available everywhere with a single point of contact
   - A simplified UEC system with fewer, less confusing points of entry
   - New whole population models of care
   - Hospitals networks, groups or franchises to share expertise and reduce avoidable variations in cost and quality of care
   - health and social care integration with a reduction in delayed transfers of care
   - A reduction in emergency admission and inpatient bed-day rates
5. **How will you achieve and maintain performance against core standards?** Including:
   - A&E and ambulance waits; referral-to-treatment times

Five Year Forward View #futureNHS

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10 big questions – what are your priorities? (2/2)

Given your local circumstances, where do you need to focus in order to allow you to deliver the priorities for the health and care system by 2020/21?

6. **How will you achieve our 2020 ambitions on key clinical priorities?** Including:
   - Achieve at least 75% one-year survival rate (all cancers) and diagnose 95% of cancer patients within 4 weeks
   - Implement two new mental heath waiting time standards and close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole, and deliver your element of the national taskforces on mental health, cancer and maternity
   - Improving maternity services and reducing the rate of stillbirths, neonatal and maternal deaths and brain injuries
   - Maintain a minimum of two-thirds diagnosis rate for people with dementia
7. **How will you improve quality and safety?** Including:
   - Full roll-out of the four priority seven day hospital services clinical standards for emergency patient admissions
   - Achieving a significant reduction in avoidable deaths
   - Ensuring most providers are rated outstanding or good– and none are in special measures
   - Improved antimicrobial prescribing and resistance rates
8. **How will you deploy technology to accelerate change?** Including:
   - Full interoperability by 2020 and paper-free at the point of use
   - Every patient has access to digital health records that they can share with their families, carers and clinical teams
   - Offering all GP patients e-consultations and other digital services
9. **How will you develop the workforce you need to deliver?** Including:
   - Plans to reduce agency spend and develop, retrain and retain a workforce with the right skills and values
   - Integrated multidisciplinary teams to underpin new care models
   - New roles such as associate nurses, physician associates, community paramedics and pharmacists in general practice
10. **How will you achieve and maintain financial balance?** Including:
    - A local financial sustainability plan
    - Credible plans for moderating activity growth by c.1% pa
    - Improved provider efficiency of at least 2% p.a. including through delivery of Carter Review recommendations

Five Year Forward View #futureNHS

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Appendix 3

St Helens and Knowsley Teaching Hospitals NHS Trust

Well Led Leadership Framework Action Plan – Following 2nd Self-Assessment

March 2016 – Summary Progress Report

Domain	Total No of Actions	Actions Due to be Completed	Actions Completed (Green)	Actions due and in progress (Amber)	Actions not completed and overdue (Red)	Mitigation Plan
Planning and Strategy	18	8	8	0	0	Some actions have been updated and the deadlines extended to reflect the 2016/17 planning guidance and timetable
Capability and Culture	15*	10	9	1	0	
Process and Structure	12	10	9	1	0	
Measurement	2	2	1	1	0	
Total	**47**	**30**	**27**	**3**	**0**	

***1** action re FT membership and governors on hold

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)047

Title of paper: Quality Account 2015/16 and approval of the quality improvement priorities for 2016/17

Purpose: To note progress with the draft Quality Account 2015/16 and to receive recommendations from the Quality Committee for the quality improvement priorities to be included in the 2015/16 Quality Account.

Summary:

The Quality Committee has reviewed the full draft 2015/16 Quality Account, which has been updated with the end of year figures where these are available and have been validated. This is available on request. In addition, the Committee noted the processes for seeking staff and stakeholder feedback in developing the quality improvement priorities for 2016/17.

Based on the work of the Quality Committee throughout the last 12 months and the engagement with stakeholders the Committee are recommending to the Board that the following priorities be approved for 2016/17;

1. Reduce avoidable harm from falls, pressure ulcers and medication incidents by 50% in the next three years
2. To further embed the process for learning from incidents and complaints
3. Further reduce mortality of weekend admissions
4. Earlier identification and initiation of appropriate treatment thus reducing mortality due to sepsis for patients attending St Helens and Knowsley Teaching Hospitals NHS Trust
5. To deliver 5-star care to patients admitted to hospital with an Acute Kidney Injury
6. Increase the percentage of e-discharge summaries sent within 24 hours

The draft quality account is currently being presented to each of the Trust's main commissioners and Local Authority Overview and Scrutiny Committees. The final draft of the completed and audited report will be presented at the May Board meeting for approval, in line with the national timetable for publication.

Corporate objectives met or risks addressed: Provide high quality personalised care

Financial implications: This paper does not include a request for additional funding

Stakeholders: Patients, Staff, Commissioners,

Recommendation(s): Members are asked to

1) Gain assurance that the Quality Account 2015/16 is being shared with stakeholders and will be ready for publication in line with the national timescales
2) Approve the six quality improvement priorities for 2016/17 to be included in the Quality Account

Presenting officer: Sue Redfern, Director of Nursing, Midwifery and Governance

Date of meeting: 27th April 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)048
Title of paper: Purdah during local government elections and the EU Referendum.
Purpose: To brief members on the requirements to restrict announcements or activities if they could be regarded as influencing the outcome of local elections or the referendum.
Summary: 1. Local Government Elections are planned for 5th May. 2. The EU Referendum is planned for 23rd June. 3. For a period of time before the elections and referendums there are restrictions in place on the activity of civil servants and local government officials to minimise influencing the processes or their outcomes. 4. The following paper outlines the practical steps that the Trust must take to comply with this requirement.
Corporate objective met or risk addressed: Contributes to the Trust's Governance arrangements.
Financial implications: None directly from this report.
Stakeholders: The Trust and its staff.
Recommendation(s): The Board are asked to note the contents of the report.
Presenting officer: Peter Williams, Director of Corporate Services.
Date of meeting: 27th April 2016.

PURDAH DURING LOCAL GOVERNMENT ELECTIONS AND THE EU REFERENDUM

1. **Introduction**

   1.1. The term "purdah" is used across central and local government to describe the period of time before elections or referendums when specific restrictions on the activity of civil servants and local government officials are in place.

   1.2. Purdah prevents announcements from, and activities by, public bodies which could influence or be seen to influence the proceedings.

2. **Local Government Elections**

   2.1. Whilst a "period of sensitivity" applies from three weeks prior to elections, the fact that ordinary functions of councils continue means that the restrictions are less onerous. In general councils should not publish any material which appears to be designed to effect public support for a political party.

   2.2. Local government elections in England take place on 5th May therefore the pre-election period of sensitivity runs from 14th April.

3. **EU Referendum**

   3.1. The EU Referendum takes place on 23rd June therefore purdah commences on 27th May.

   3.2. Whilst the NHS is rarely viewed as being central to local government elections, it is probable that it will have a higher profile in the EU Referendum with issues such as access by immigrants, loss of investment, and NHS workforce leaving the country being potential subjects.

4. **For the NHS, do:**

   4.1. Confine communication, activities and announcements to those necessary for the safety and quality of patient care.

   4.2. Consider whether to allow visits from councillors, political parties or campaign groups and what format it would take. Remember to keep the policy around visits consistent and impartial – invite all or none.

   4.3. Keep any communications with such groups to a factual and apolitical basis – apply the same approach to any communications with the media.

   4.4. Continue to conduct normal business and adhere to good governance.

5. **For the NHS, don't:**

   5.1. Undertake activities that could be considered politically influential, or could give rise to criticism that public resources are being misused.

   5.2. Allow party political meetings to take place on the Trust's premises.

   5.3. Allow visits which interrupt services or care for patients.

   5.4. Launch large-scale PR campaigns.

6. **Board meetings**

   6.1. Where Board meetings are scheduled the agenda should be confined to those matters that need a Board decision or require Board oversight. Matters of future strategy or future deployment of resources, which may be construed as favouring one party over another, should be avoided.

ENDS