St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 27th JANUARY 2016
IN THE BOARDROOM, LEVEL 5, WHISTON HOSPITAL

A G E N D A				Paper	Presenter
9:30	1.	Employee of the Month			Richard Fraser
		1.1	December		
		1.2	January		
09:40	2.	Patient Story			Sue Redfern
10:00	3.	Apologies for Absence			Richard Fraser
	4.	Declaration of Interests			
	5.	Minutes of the previous Meeting held on 25th November 2015		Attached	
		5.1	Correct record & Matters Arising		
		5.2	Action list	Attached	
10:10	6.	Committee Report - Executive Team		NHST(16) 001	Ann Marr
10:20		6.1	FT progress report including TDA Self-Certification	NHST(16) 002	Nik Khashu
10:25	7.	Committee Report – Finance & Performance		NHST(16) 003	George Marcall

10:30		7.1	Integrated Performance Report	NHST(16) 004	Nik Khashu
10:40	Break				
10:50	8.	Committee Report – Quality		NHST(16) 005	George Marcall
10:55		8.1	Safer Staffing	NHST(16) 006	Sue Redfern
11:05		8.2	Complaints, Claims & Incidents	NHST(16) 007	
11:15		8.3	Quality Account	NHST(16) 008	
11:25		8.4	Safeguarding reports – Adults and Children	NHST(16) 009	
11:35		8.5	HR indicators	NHST(16) 010	Claire Scrafton
11:45		8.6	Workforce Race Equality Standard – Trust action plan	NHST(16) 011	
11:55		8.7	Clinical and Quality Strategy update report	NHST(16) 012	Kevin Hardy
12:05	9.	Informatics Report		NHST(16) 013	Christine Walters
12:15	10.	Capability Statement		NHST(16) 014	Kevin Hardy
12:20	11.	Effectiveness of meeting			Richard Fraser
12:25	12.	Any other business			
	13.	Date of next Public Board meeting – Wednesday 25th February 2016			

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Minutes of the St Helens and Knowsley Hospitals NHS Trust Board meeting held on Wednesday 25th November 2015 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
	Mr G Marcall (GM)	Non-Executive Director
	Mr I Stewardson (IJS)	Director of Service Modernisation
	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
Apologies:	Mrs S Redfern	Director of Nursing, Midwifery & Governance
In Attendance:	Mr N Jones (NJ)	Assistant Director of Safety & Governance
	Ms S Duce (SD)	Deputy Director of Nursing
	Mr T Foy (TF)	St Helens CCG
	Mrs K Pryde	Executive Assistant (Minutes)

1. **Employee of the Month**

1.1. The award for Employee of the Month for October was presented to Rob Simonds, Head of Pay & Staff Services.

1.2. The award for Employee of the Month for November was presented to Stephen Brough, Principal Pharmacist, Surgery.

2. **Patient Story – "Empathy – the human connection patient care"**

2.1. KH introduced a video to the Board, which was filmed in Cleveland Clinic, Ohio. The Board agreed that there was very powerful imagery in the video arising from the many impressions of hospitals from patient, visitor, carer and staff perspectives. It was agreed that it could be shown at the Patient Experience Council and ward managers meetings.

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 30th September 2015**

5.1. **Correct Record and Matters Arising**

5.1.1. The minutes were approved as a correct record.

5.2. **Action List**

5.2.1. Item 2 - Minute 6.6 (24.06.15): RF to look at fundraiser secondment opportunities. Action ongoing.

5.2.2. Item 4 - Minute 5.6 (28.10.15): Trust Standards of Business Conduct Policy: User guide for Directors to be devised and disseminated to Board members.

5.2.3. Item 5 – Minute 5.6 (28.10.15): Declarations of Interest: Lower limit for declarations to be reviewed.

5.2.4. Item 6 – Minute 6.5 (28.10.15): Charitable Funds Committee: RF asked members of the Committee to review access that the Trust allows to charitable organisations for fund raising within our hospitals.

6. **Charitable Funds Accounts – NHST(15)088**

6.1. DM provided the Board with an update of the Trust's charitable funds. Total funds raised were £354k and the closing balance is £769k.

6.2. DM reiterated that the Trust should seek to increase income and expenditure related to donations.

6.3. DM informed that the accounts have been audited and asked for Board approval for the accounts, which was given.

7. **Committee Report Executive Team – NHST(15)089**

7.1. AM summarised the report of Executive Committee meetings held between 16th October and 12th November.

7.2. Decisions taken by the Committee included cervical screening arrangements.

7.3. Assurances regarding the management of risks, urgent care activity, the Theatre IT system, and the management of falls were obtained.

7.4. Investment decisions included heart failure nursing, consultant staffing on the Frailty Unit and in Haematology, the cancer data monitoring team, and meeting demand for MRI screening, were approved.

7.5. There were no specific items requiring escalation to the Board.

7.6. SR sought clarification regarding cervical screening guidelines. KH replied that changes were required to the timing for reviewing women with a high risk of HPV. The TDA have been informed of the revised communications with patients, which is similar to other Trusts.

7.7. RF enquired about the new IT system for Warrington. CW explained that Warrington and Halton FT were "going live" with a new patient administration system at the end of November with a potential short-term risk of access to patient information. The resulting potential impact upon STHK has been noted.

7.8. **Risk report including Corporate Risk Register – NHST(15)090**

7.8.1. PW provided a summary of the report.

7.8.2. The total number of risks on the register is 593. There are 13 risks that are scored at 15 or above, which are owned by Executive Directors.

7.8.3. The Board discussed the risk register at some length and members asked for certain additions to be added to the tables in future papers:

- The name of the Director who is in charge of the risk.
- Trajectory detail of the risk
- Timescales for target risk scores
- Commentary on the risk profile overall

7.8.4. PJW discussed Risk 1056 (Management of mental health patients in ED), and confirmed that he is in conversation with Commissioners regarding access to mental health beds. Members discussed whether this risk should be split to reflect firstly, training for staff in managing mental health patients and secondly the national bed shortage. It was concluded that this was not necessary.

7.9. **Board Assurance Framework – NHST(15)091**

7.9.1. PW presented a summary of the BAF.

7.9.2. There are 8 strategic risks in total and there are appropriate controls in place to mitigate these.

7.9.3. The Executive Committee are proposing that the risk regarding the availability of sufficient numbers of staff should be increased to 20. This was approved by the Board.

7.9.4. Further to the conversations detailed under 7.8.3 above, it was suggested by Board members that similar formats should be used to present both CRR and BAF reports. This was agreed.

8. **Committee Report – Finance & Performance – NHST(15)092**

8.1. DM provided a summary of the meeting held on 19th November. Key issues discussed were:

8.1.1. Bank and agency usage
8.1.2. NWAS contract
8.1.3. Cash assumptions and loan facilities (to be discussed further in Part 2 of the Board meeting).

8.2. **IPR – NHST(15)093**

8.2.1. NK provided an overview of the IPR report.

8.2.2. A&E performance continues to deteriorate.

8.2.3. Sickness absence is running at 4.6% in September which is marginally below target.

8.2.4. Restrictions regarding bank and agency expenditure were implemented nationally on 23rd November. The limit for nursing agency spend for the Trust is set at 3% of overall nursing spend (October 2015 to March 2016) and the Trust is currently operating at 3.1%

8.2.5. BH sought assurance regarding A&E performance. PJW advised that a plan is evolving incorporating length of stay reductions, and whilst some improvements have occurred, these have been offset by admission and acuity factors. There was lengthy, in-depth discussion regarding A&E, the processes involved and measures for improvement. Key issues highlighted and discussed were:

- Family choice for nursing home placements creating delays
- Bottlenecks for therapy treatment
- Timely discharges
- Capacity to cope with emergency demand in the broader system, including community services.

8.2.6. RF commented that the Board cannot resolve the latter issue alone, but the Non-Executive Directors need to be assured that the Executive Directors are adequately exploring all opportunities for improvement. BH suggested that the leads of the Finance & Performance Committee need to come back to Board with assurances that the challenges are being appropriately addressed as this is currently difficult to evidence from performance data.

8.2.7. AMS suggested that a message should be sent out to staff, acknowledging the challenging circumstances and the efforts being made by them, as well as the attempts being made by the Board to improve the situation more strategically. This was approved by the Board.

8.2.8. AM added that the Trust must explore further the proposed scheme in Knowsley to create step-down beds, and pursue an affordable solution. IS confirmed that this initiative is being reviewed, however this service would potentially be competing for scarce nursing resources with the Trust.

8.2.9. PJW informed the Board that a new GP unit will be operational in A&E in January with building work currently underway. There will be two GP's on site to see patients for 12 to 14 hours per day. SD commented that Healthwatch Halton had recently surveyed patients in A&E and a significant number had already seen their GP or been to the walk in centre prior to attending.

9. **FT progress report including TDA Self-Certification – NHST(15)094**

9.1. NK presented the monthly report and self-certification for Board approval.

9.2. No significant changes to the TDA accountability framework were proposed.

9.3. At the recent regular meeting with the TDA, held on 3rd November, the main areas of focus remain the Trust's financial performance and the delivery of the improvement plan for A&E access.

9.4. The planning requirements for 2016/17 were briefly discussed. Guidance is still awaited; however the discussions at the Board away day on 12th November will help in this respect.

9.5. The Board discussed the tenure of the NEDS which is a key risk highlighted in the Trust's Well-Led Self-Assessment. RF has spoken to the TDA and a proposal will need to be formulated in discussions with the NEDS.

9.6. The Board approved submission of the statements.

9.7. **NHS Constitution annual compliance review – NHST(15)095**

9.7.1. PW presented the paper to the Board which sought to provide assurance on the Trust's compliance with the patient, public and staff rights contained within the NHS Constitution.

9.7.2. Details of evidence available against each criterion were noted, and measures to address any shortfalls approved.

10. **Committee Report - Quality - NHST(15)096**

10.1. GM presented the paper from the Quality Committee held on 17th November. There were no concerns to be escalated to the Board, but key items discussed included:

10.1.1. Complaints
10.1.2. Draft CQC inspection report
10.1.3. C.Difficile performance
10.1.4. Falls

10.2. GM confirmed that the Ward Dashboard was presented at the Committee, which is a very useful tool and greater usage should be encouraged.

10.3. SR commented that the figure for complaints seemed to be low and SD provided some explanation. The meaning of "agreed timeframes" was raised by KH and it was noted that work is being carried out within the Informatics Team to separate the complaints into a 25 day and 60 day timeframe.

10.4. **Safer Staffing Report – NHST(15)097**

10.4.1. SD presented the safer staffing figures for October 2015.

10.4.2. Overall Trust compliance was 99.68%, with four ward areas recording 90% or below fill rate for specific shifts:

- Ward 3D Gastroenterology 88.0% RN nights
- Ward 3E Gynaecology 84.0% HCA days
- Ward 3F Paediatrics 86.4% HCA nights
- Obstetrics 87.9% HCA days and 88.7% HCA nights

10.4.3. The Trust has recently undertaken a 3rd Shelford Acuity audit and the data is being analysed at the moment and will be reported to the Board.

10.4.4. Nurse sickness, absence, vacancies and leave is monitored by the matrons daily and reported via the central database. Nurse staffing shortfalls are escalated, discussed and resolved on a day to day basis at the Matron's safety huddle at 12:00 noon.

10.5. **Infection Control Report – NHST(15)098**

10.5.1. SD provided an update on infection control.

10.5.2. There have been:

- No MRSA cases
- 29 C.Diff cases – 6 were appealed; 4 were upheld; 1 was deferred to Liverpool CCG
- 7 MSSA bacteraemia
- 12 E-coli bacteraemia
- 2 VRE
- 2 cases of CPE.

10.5.3. PJW commented that there had been plans for fogging to be carried out on certain wards where C.Diff was present. SD thought that this was still in the planning. PW advised of a new system being considered that does not require vacating the wards which would inevitably be covered in future HIC reports.

10.5.4. AM initiated discussion regarding the top themes contributing towards infection. Whilst hand-washing might be a factor, timeliness and systems regarding taking samples of stools, and antibiotic usage

17. **AOB**

17.1. AMS updated the Board on international recruitment, where a small team have now travelled to India to recruit nursing staff. The quality of candidates was very high and the numbers of applicants were significant. Whilst the previously agreed proposal was for 50 nurses, AMS asked the Board to consider raising this to 100. Staff turnover should minimise any financial risk to the Trust. CW asked what additional support would be needed to support this increase. AMS advised that accommodation and pastoral care would be required and increases should be relatively easy to manage. Board approval was given.

17.2. RF informed the Board that IS has accepted a twelve-month secondment to Knowsley CCG starting on 1st January 2016. RF gave IS his personal thanks for his contribution to the Trust and also the best wishes of the Board.

18. **Date of next meeting**

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

Chairman: .....

Date: 27/1/2016

TRUST PUBLIC BOARD ACTION LOG – 25th November 2015

No	Minute	Action	Lead	Date Due
2	24.06.15 (6.6)	Richard Fraser will look at fundraiser secondment opportunities for the Trust. **29.07.15 – Richard Fraser has spoken to his contact and will arrange a meeting. 30.09.15 – Richard Fraser will meet with United Utilities. 28.10.15 Meeting arranged for 29th October. 25.11.15 Action ongoing. To be discussed with Charitable Funds Committee leads.**	RF	27 Jan 16
4	28.10.15 (5.6)	Trust Standards of Business Conduct Policy. User guide to be devised and disseminated to Board members.	KH/NK /PW	27 Jan 16
5	28.10.15 (5.6)	Lower limit for declarations to be reviewed	NK	27 Jan 16
6	28.10.15 (6.5)	Leads of the Charitable Funds Committee to review access that we allow to charitable organisations for fund-raising within our hospitals.	NK /DM	27 Jan 16

St Helens and Knowsley Teaching Hospitals NHS
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TRUST BOARD PAPER

Paper No: NHST(16)001
Title of paper: Executive Committee Assurance Report.
Purpose: To feedback to members key issues arising from the Executive Committee meetings.
Summary: 1. Between the 13th November and 14th January, six 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 bidding for Southport breast services, implementation of the Hyper-Acute Stroke Unit, arrangements to comply with Planning Guidance, and the income distribution plan for commercial research income. 3. Assurances regarding the management of bank and agency usage, orthopaedic activity, Emergency Planning Risk & Resilience compliance, embracing the Lord Carter report, and actions to meet the recommendations of the CQC were obtained. 4. Investment decisions included three A&E middle-grade doctors, a system for monitoring FFT, a third pain consultant post, and an energy sustainability initiative. 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 January 2016.

EXECUTIVE COMMITTEE REPORT (13th November 2015 to 14th January 2016)

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

19th November 2015

1. Equality and Diversity update

    1.1. Kate O'Driscoll presented an update of the Workforce Race Equality Standards. Difficulties with interpretation of the standards and the validity of the data used were discussed. Acknowledged this was work in progress and greater clarity would be required before submission to Board in January.

2. Hillside report

    2.1. IJS reported on progress with the possibility of a Step Up/Step Down facility for the residents of Knowsley. A project steering group has been established, clinical model agreed, and a SOP is in the process of being finalised.

    2.2. The cost-effectiveness of the scheme is still in question.

3. Safer staffing report

    3.1. AMS gave an overview of the nurse and midwifery staffing levels in inpatient areas during the month of October 2015. The data indicated that the overall Trust compliance was 99.68 %(98.27% for RN and 101% for HCA).

    3.2. It was acknowledged that interpreting the data remains very complex; however eRostering will be helpful going forward.

4. Bank and agency staff

    4.1. Sue Hill and Malise Szpakowska provided a report on the Trust's temporary nursing workforce expenditure and proposals to reduce spend where practical.

    4.2. The Monitor/TDA guidance regarding the cap on nursing agency expenditure and use of on-framework agencies was discussed.

    4.3. The differing payments for in-house, bank and agency working were discussed. Again, the future benefits of eRostering in this respect were noted. The Committee considered varying the current pay rates for bank staff as a means of reducing agency usage but this was not approved at this stage.

5. Orthopaedics LLP

    5.1. SH and Lee McMenamy gave an overview of the trauma and orthopaedics directorate, and reported on current performance and financial pressures. There has been a significant increase in GP referrals and whilst the service is on track to achieve the income plan additional capacity is required.

    5.2. It was agreed that further clarification was required on the impact that the loss of the MCAS service has had on activity before any further capacity planning could be undertaken.

    5.3. The usage of the LLP and WLI payments, and consultant numbers was discussed. It was agreed that a benefits realisation exercise should be carried out on the previous business plan.

6. Waiting Lists

    6.1. SH briefed the Committee on the proposed policy for additional activity payments. MIAA considered the policy fit for purpose with the addition of a few recommendations supporting best practice.

6.2. AMS confirmed that the policy would be taken to JLNC for review and agreement. A further review on compliance with payment systems was agreed.

3rd December 2015

7. A&E Middle Grade Doctors business case

7.1. Andy Ashton presented a paper on the recruitment of permanent middle grade doctors. Historical difficulties in recruitment into the middle grade tier necessitated expenditure on locum staff which is less cost-effective.

7.2. Alternative options, including the possibility of trialling a different skill mix were discussed. It was agree that NK would assess the numbers of staff that could be appointed from within the AED budget (not expenditure) and report back.

8. Friends and Family Test (F&FT) business case

8.1. Sally Duce presented a paper on the roll out of the F&FT to all outpatient, day case and inpatient areas, and gave an overview of the current service provided by two separate companies using a postcard service, SMS and agent calls.

8.2. Following discussion the preferred company was selected.

9. LLP update

9.1. Sue Hill (SH) provided an update on the LLP and waiting list activity. SH confirmed that income outweighed expenditure, and that demand has outstripped annual plans/ business cases in each year.

9.2. Further analysis of orthopaedic referrals by CCG was requested. Restrictions on core theatre availability were acknowledged as a constraint. It was agreed that the financial aspects of the LLP agreement would be explored further.

10. Southport Breast Activity

10.1. Pat Keeley (PK) informed of the issues surrounding the support of the Southport & Ormskirk Breast service. It was noted that the SLA expired in November however, the service remains supported.

10.2. It was agreed that PK would approach West Lancashire CCG to enquire about their future intentions, and develop a proposal for the CCG.

11. Stroke

11.1. Andrew Hill and Janet Sumner presented the proposed phased implementation of a single Hyper-Acute Stroke Unit (HASU) to be based at Whiston Hospital. This initiative is supported by the Mid-Mersey Stroke Board which consists of local CCGs, ourselves and Warrington Trust.

11.2. This will mean that all patients with symptoms of stroke in the Warrington catchment will be transferred to Whiston Hospital out of hours and at weekends. Both Warrington and Whiston stroke Consultants will provide on-site weekend cover. Whilst this service would be self-financing it was acknowledged that a potential limiting factor could be available beds and commencement should be deferred until 1st April 2016.

12. Transformation Council

12.1. AMS presented a paper, written by John Hampton (JH), which outlined proposals to replace the CIP Council with the Transformation Council, and set up a formal Transformation Programme. The focus would be on organisational development, rather than cost improvements.

12.2. Concern was expressed regarding the potential bureaucracy in the proposal and further work was requested to streamline the meeting arrangements.

13. Off framework and agency cap

13.1. AMS updated the Committee on the escalation process for managing the approval of agency staffing. The requirement for a regular report to the Executive Committee was agreed.

10th December 2015

14. Corporate Risk Register (CRR)

14.1. Nicola Bunce (NB) presented the CRR profile for December, which showed 597 total risks on the register with 8 high/ extreme risks of which 6 related to staffing. Controls and mitigations and scores were reviewed.

15. Emergency Planning Risk & Resilience (EPRR) report

15.1. PW presented a paper detailing the outcome of the reviews of the Trust's emergency plans, with the self-assessment demonstrating full compliance against the core standards.

15.2. The plans have also been independently audited on behalf of Mersey CCGs and the Trust scored 98% against the checklist requirements and is RAG rated as green.

16. Escalation process for off framework agency use

16.1. Malise Szpakowska (MS) briefed the Committee on the rules on nurse agency cost control, and the price caps for agency staff groups, along with the escalation process.

16.2. The proposed Standard Operating Procedure (SOP) was discussed. It was noted that this is more difficult to manage at weekends, therefore an extension of the Staffing Solutions service weekend hours was agreed.

17. Pain Consultant business case

17.1. John Clayton presented a proposal for increasing pain management capacity. The Pain Service meets its activity target; makes a c30% surplus, and activity is up 13.5% and income up 8.5% against plan at Month 5. Over the last 3 years referrals have increased by 80%, and day-case procedures have increased from 100 to 800 per annum.

17.2. The Committee approved the business case and agreed that the advert for a new consultant could be placed.

18. Critical Care requirements for NIV patients

18.1. Terry Hankin, Tushar Mahambrey, and Simon Twite (ST) delivered a presentation on the Critical Care Unit with specific reference to the NIV service. National requirements for NIV patients were discussed, along with the level of care required and impact on nurse staffing. Whilst it was acknowledged that care for NIV patients on respiratory wards is preferable, a cost effective business case must be produced. KH will liaise with NK on the construction of ST's business case.

18.2. The conclusions of the Lord Carter Review were discussed which indicates a review of all resources within ITU/HDU/CCU and possibly MAU should be carried out.

17th December 2015

19. Lord Carter report

    19.1. NK gave a presentation on the report which seeks to provide a common set of metrics to monitor and improve the performance of hospitals. Looking at the Adjusted Treatment Cost (ATC) for NHS providers it was noted that the Trust stands at average.

    19.2. As with all financial modelling the allocation of costs can influence the outcome, however it was acknowledged that the report should be used to prompt further exploration of Trust costs that are seen to be at variance with the best.

20. Middle grade A&E doctors

    20.1. PJW updated the Committee on the significant investment into A&E over the past three years, and the concern that this may not have had the optimum impact.

    20.2. Since 3rd December Committee meeting further work has been undertaken on better use of existing resources concluding that there should be investment into three WTE permanent middle grade posts. This will provide the opportunity to examine the difference an enhanced middle grade rota makes with timely patient interventions and improved access standard performance.

    20.3. The Committee approved the main tenets of the business case.

    20.4. Discussion followed on the profile of ambulance arrival times and it was agreed that PJW will look at this in more depth, along with the latest GP initiative.

21. Urgent care type 3 activity changes

    21.1. IJS presented a paper on guidance from the NHSE on counting Type 3 emergency activity; the key condition is that the provider must be clinically responsible for the activity.

    21.2. It was agreed that this requires further discussion with local providers and CCGs to contribute to overall four hour performance, whilst strengthening governance arrangements.

22. FT Board Statements and Self-Certificates

    22.1. PW presented the Board statements and self-certificates for November. Changes were agreed to statements 6, 7 and 10 regarding access targets, NEL demand and the “stretch target” financial plan. The statements were approved for submission under delegated authority from the Trust Board.

23. Combined Heat and Power proposal

    23.1. PW brief members on the proposal to invest in a Combined Heat and Power plant and Heat Recovery System on the Whiston site. The schemes have a simple payback of circa four years with significant energy savings and other associated benefits. Funding is available from an independent, not-for-profit, company funded by the Department for Energy and Climate Change.

    23.2. The proposal was approved subject to ratification by the Trust Board.

24. CCG financial position

    24.1. NK summarised an email sent from Steve Cox (SC) regarding the month 8 financial figures for the CCG showing a current £2.5m overspend, against a year-end requirement to deliver a 1% surplus. NK is to meet with AM to formulate the response to SC’s email.

25. Bank and agency spend

25.1. Malise Szpakowska attended to provide a month 8 detailed report on the Trust's nursing temporary workforce expenditure which is currently at 3.27% against a 3% target. Elements of pay expenditure, sickness, vacancies, establishments, eRostering and the ward dashboard were all explored.

25.2. Amendments to the Standard Operating Procedure were agreed. Over the next three months focus will be given to the top three areas of usage, and it was agreed that agency spend will be added to the agenda of the weekly operational meetings.

26. Turnaround Director

26.1. NK advised the Committee that John Hampton's contract finishes on 23rd December and described the arrangements going forward for management of the PMO and transformation schemes under Darran Hague.

27. CQC action plan

27.1. The latest plan was discussed and Executive leads reminded of the need to update their actions.

28. eMEWS

28.1. CW briefed members on the successful launch of the electronic Modified Early Warning Score tool to record observations and assessment of unwell patients.

7th January 2016

29. Orthopaedic referrals by CCG, inclusive of MCAS effect

29.1. Sue Hill and Frankie Morris provided a presentation on orthopaedic referrals by CCG since 2012/13, with particular reference to the perceived impact of the closure of the St Helens MCAS service between March and June 2015.

29.2. Market share; waiting lists; conversion rate from OP to IP; were discussed along with proposals for use of the LLP and WLI sessions. Impacts on rheumatology and pain management were also noted. NK will look to add related data to the Corporate Information Sheet.

30. Digital dictation

30.1. CW confirmed that she is pushing ahead with digital dictation technology to assist with the workload of middle grade doctors in A&E.

31. Urgent care Type 3 activity changes

31.1. PJW reported on discussions with Ormskirk and West Lancs CCG regarding the tendering for their Walk-in Centre services.

32. Trust Board agendas

32.1. PW presented the draft agendas which were approved following discussion and minor amends.

33. Planning Guidance and required submissions

33.1. NK gave a presentation on the 2016/17 – 2020/21 Planning Guidance including the nine "must do's". All NHS organisations have to produce an initial one-year plan for 2016/17 by 8th February.

33.2. A local heath and care system Sustainability and Transformation Plan (STP), covering the period October 2016 to March 2021, is then required by June 2016. The first task is to agree 'transformation footprints' by 29th January,

although guidance produced by Monitor suggests we could be in a Merseyside footprint.

33.3. The requirements to return the system to aggregate financial balance, engage with Lord Carter's productivity programme, and address agency spend on staff were discussed.

34. Delivery of CQC action plan

34.1. NK reported on progress to date in delivering the 'must and should do' actions required as detailed in the draft CQC inspection report.

34.2. The final CQC report hasn't been received but the Quality Summit is still expected to go ahead on the 14th January. A draft CEO presentation has been prepared and a communication and media plan developed.

35. VTE risk assessment

35.1. SR gave a verbal update on the current status of VTE risk assessment and expressed her concern that targets will not be achieved for the month. It was noted that Clinical Directors have been asked to take action, and doctors are being challenged on a daily basis and reminded that this is a patient safety issue.

35.2. CW reported on the IT system upgrade, and will follow this up as a matter of urgency.

36. Operational turnaround

36.1. AMS reported that the 'first refresh' of the operational turnaround meeting had taken place and the membership of the group agreed. The scheduling of a weekly turnaround meeting with full Executive attendance was agreed.

37. Industrial action

37.1. AMS reported on the plans in place in readiness for the proposed industrial action by junior doctors on 12th January including informing patients about the possibility of cancelled operations.

38. Southport breast service

38.1. PJW reported on the plans to tender these services by the CCG. The Trust will respond and Pat Keeley is developing a business case. The Trust has extended the current SLA with Southport Trust until the end of March.

14th January 2016

39. FT paper and self-certification

39.1. The Board statements and self-certificates for December were discussed and agreed for consideration by the Trust Board.

40. Draft outline framework for 2015/16 Quality Account

40.1. The timetable for production and approval of the Quality Account was discussed. Amendments to ensure engagement with the Trust's External Auditors were agreed.

41. AQ Programme funding 2016/17

41.1. The proposed charge for AQ membership was discussed. It was noted that a number of organisations have cancelled their membership due to the deteriorating quality of more recent initiatives. It was agreed that further work is required on AQUA and AQ participation prior to as decision being taken.

42. Research, Development and Innovation income distribution plan

42.1. KH presented a paper that confirmed the Trust's intention to follow the Industry Costing Template which has been developed on behalf of the National Institute for Health Research (NIHR).

43. IPR / CIP

43.1. NK presented a very brief update on the early findings of the month 9 financial position, highlighting pluses and minuses regarding factors such as PFI funding, Clatterbridge debt, agency expenditure, and penalties. Further in-depth analysis will be available for the Finance and Performance Committee.

44. Executive to Executive meeting with Knowsley CCG

44.1. The draft agenda for the meeting on 28th January was agreed.

45. Clinical Quality Strategy

45.1. KH briefed members on the update paper being drafted for the Quality Committee (QC), and the conclusion emerging that the current metrics being recorded require refreshing in light of NHS policy changes.

45.2. Following discussion it was agreed that KH would share his views with the QC and seek their guidance going forward.

ENDS

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)002
Subject: NHS Trust Development Authority – December 2015 Board Statements and Self Certificates
Purpose: For the Trust Board to approve the Board statements and self-certificates for December, and to note the submissions made for November under delegated authority, in the absence of a Board meeting.
Summary: For the December submissions (appendix A) a change is proposed to Board Statement 7 to make it clear that achievement of the Trusts financial stretch target is dependent on receipt of additional income from our commissioners. There is no other material change in the performance of the Trust that would trigger changes to any of the other statements or declarations. The Board statements and self-certificates for November (appendix B) were approved via delegated authority from the Board. These now need to be formally noted by the Board.
Corporate Objectives met/Risks Addressed - Contributes directly to developing the Trust's Corporate and Quality Governance arrangements. Supports the corporate objective to become a sustainable Foundation Trust.
Financial Implications: None directly from this report
Stakeholders: NHSTDA, Commissioners, Trust Staff, Service Users, the Public.
Recommendation(s): 1. To approve the monthly Board statements and self-certificates reflecting the Trusts compliance in December 2015 2. To note the Board statements and self–certificates, submitted for November 2015.
Director: Nik Khashu, Director of Finance and Information
Board date: 27th January 2016

Appendix A

1. Board Statements – December 2015

No	Statement	Compliance Yes/No/Risk	Comment
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes	
2	The board is satisfied that plans in place are sufficient to ensure on-going compliance with the Care Quality Commission's registration requirements.	Yes	
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	Yes	
4	The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.	Yes	
5	The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.	Yes	
6	All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.	Risk	There is a risk that the increasing NEL demand might affect our ability to comply with the NTDA's Accountability Framework
7	The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.	Risk	The Trust has approved a revised financial plan reflecting the "stretch target" set by the TDA. The achievement of this is dependent upon CCGs and receipt of winter resilience money at the same level as 2014/15. The Trust continues to work with its commissioners to reduce the income risk and to manage the increased CIP challenge. Increased NEL pressure has resulted in increased spend on staffing, which places further risk on the delivery of the revised financial plan.
8	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes	
9	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes	
10	The Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets as set out in the NTDA oversight	Risk	The Trust has in place robust performance management and governance processes to monitor the achievement of all targets.

	model; and a commitment to comply with all known targets going forward.		The Emergency Access Standard continues to be extremely challenging as a result of the record levels of activity and the acuity of patients presenting at the Trust. The Trust is implementing a recovery plan, which includes working with health economy partners to support the earlier discharge of medically optimised patients.
11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes	
12	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.	Yes	
13	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Yes	
14	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes	

2. Self-Certification – December 2015

No	Statement	Compliance Yes/No/Risk	Comment
1	Condition G4 Fit and proper persons as Governors and Directors	Yes	
2	Condition G5 Having regard to monitor Guidance.	Yes	
3	Condition G7 Registration with the Care Quality Commission.	Yes	
4	Condition G8 Patient eligibility and selection criteria.	Yes	
5	Condition P1 Recording of information.	Yes	
6	Condition P2 Provision of information.	Yes	
7	Condition P3 Assurance report on submissions to Monitor.	Yes	
8	Condition P4 Compliance with the National Tariff.	Yes	
9	Condition P5 Constructive engagement concerning local tariff modifications.	Yes	
10	Condition C1 The right of patients to make choices.	Yes	
11	Condition C2 Competition oversight.	Yes	
12	Condition IC1 Provision of integrated care.	Yes	

Appendix B

1. Board Statements – November 2015

No	Statement	Compliance Yes/No/Risk	Comment
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes	
2	The board is satisfied that plans in place are sufficient to ensure on-going compliance with the Care Quality Commission's registration requirements.	Yes	
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	Yes	
4	The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.	Yes	
5	The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.	Yes	
6	All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.	Risk	There is a risk that the increasing NEL demand might affect our ability to comply with the NTDA's Accountability Framework
7	The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.	Risk	The Trust has approved a revised financial plan reflecting the "stretch target" set by the TDA. The achievement of the income element of the plan is high risk. The Trust continues to work with its commissioners to reduce the income risk and to manage the increased CIP challenge. Increased NEL pressure has resulted in increased spend on staffing, which places further risk on the delivery of the revised financial plan.
8	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes	
9	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes	
10	The Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets as set out in the NTDA oversight	Risk	The Trust has in place robust performance management and governance processes to monitor the achievement of all targets.

	model; and a commitment to comply with all known targets going forward.		The Emergency Access Standard continues to be extremely challenging as a result of the record levels of activity and the acuity of patients presenting at the Trust. The Trust is implementing a recovery plan, which includes working with health economy partners to support the earlier discharge of medically optimised patients.
11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes	
12	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.	Yes	
13	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Yes	
14	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes	

2. Self-Certification – November 2015

No	Statement	Compliance Yes/No/Risk	Comment
1	Condition G4 Fit and proper persons as Governors and Directors	Yes	
2	Condition G5 Having regard to monitor Guidance.	Yes	
3	Condition G7 Registration with the Care Quality Commission.	Yes	
4	Condition G8 Patient eligibility and selection criteria.	Yes	
5	Condition P1 Recording of information.	Yes	
6	Condition P2 Provision of information.	Yes	
7	Condition P3 Assurance report on submissions to Monitor.	Yes	
8	Condition P4 Compliance with the National Tariff.	Yes	
9	Condition P5 Constructive engagement concerning local tariff modifications.	Yes	
10	Condition C1 The right of patients to make choices.	Yes	
11	Condition C2 Competition oversight.	Yes	
12	Condition IC1 Provision of integrated care.	Yes	

TRUST BOARD PAPER

Paper No: NHST(16)003

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 January 2016

Summary: Agenda Items

- **For Information**
  - Quarterly HCA Sickness Update
  - Cashflow Planning: NHS Contracts
  - Year on Year Workforce Report
  - Update: Maternity Benchmarking Liverpool Women's
  - Transformation Programme
  - Reference Cost Update
  - Agency Rules Update
  - Trust Wide SLR performance Q2 2015/16
  - Governance Committee Briefing Papers:
    - Procurement Council
  - Executive Operational Turnaround

For Assurance

- IPR Report Month 9
- Finance Report Month 9
- Forecast Outturn 2015/16 (

For Decision

- 16/17 Financial Plan (including Planning Guidance)

Actions Agreed

- 15/16 Sickness review to be reported in April: Detailed analysis on Q1 in July
- Transformation programme to report progress to the Committee
- RAG rating of 16/17 CIP opportunities to be presented to the Trust Board
- Proposal for Financial Plan 16/17 to be recommended to the Trust Board
- CIP scheme to be checked against governance process
- Operational turnaround to provide briefing on monthly progress to the Committee

Corporate objectives met or risks addressed: Financial and Performance duties

Financial implications: Risks to the Forecast outturn for 15/16 need to be considered and mitigation plans actioned in light of proposed Financial Plan for 16/17

Stakeholders: Trust Board Members

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

Presenting officer: George Marcall, Non-Executive Director

Date of meeting: 21st January 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

FINANCE & PERFORMANCE PAPER

Paper No: FC(16)008

Title of paper: Forecast Outturn 2015/16

Purpose: To provide assurance to the Committee on the actions being taken to deliver the planned financial outturn position for 2015/16.

Summary:

The following summary outlines to the members of the F&P committee general progress and known risks in achieving the trusts current outturn position.

The Trust continues to forecast a £(6.647)m deficit in 2015/16, based on the "stretch target" revised financial plan approved in September 2015.

This plan was dependent upon the following income assumptions:

- Additional Winter Resilience funding £1.4m (NSE England/CCGs)
- CCG not applying penalties to support Stretch target £2.8m (CCGs)
- PFI Inflation £0.6m (TDA)

(The above income receipts were phased to be received in March)

The Care Groups are having to manage continuing pressured operations, particularly in Medicine, which increase the risk of further financial pressure on the forecast position, while the Emergency performance is also impacting on the potential penalties against the Commissioner contract.

These potential risks are being closely scrutinised by the Care Groups and the level of future risks are currently being managed. Without tight management action on reducing penalty liability and costs control going forward this could impact our financial performance by up to £2m also.

Care Group management teams have been instructed to provide assurance to executives on their financial controls, management and mitigations plans against assumed risks.

There is now a turnaround programme in place for the urgent care performance which is designed to improve A&E performance, which will have the effect of reducing contractual penalties which is one of the largest risks on penalties.

The Trust therefore has a number of mitigation plans in train to return operational performance in line with the planning assumptions and expected expenditure levels and on this basis, the forecast outturn continues to be £6.647m deficit, but the level of risk that the Trust is now managing has increased.

Corporate objectives met or risks addressed: Achievement of financial statutory duties

Financial implications: The Trust has forecast a £6.647m deficit FOT and this has current risks and opportunities which need to be considered and a detailed cost control action plan agreed.
Stakeholders: Trust, TDA, Commissioners
Recommendation(s): For assurance: The Committee is asked to review the Forecast Outturn for 15/16 and the associated risks around income and expenditure.
Presenting officer: Nikhil Khashu, Director of Finance and Information
Date of meeting: 21st January 2016

INTEGRATED PERFORMANCE REPORT

Paper No: NHST(16)004
Title of Paper: Integrated Performance Report
Purpose: To summarise the Trusts performance against corporate objectives and key national & local priorities.

Executive 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

The Trust's Chief Inspection of Hospital (CQC) announced inspection took place between 19-21st August. The unannounced inspection occurred on Saturday 5th September 2015**.** The draft report has been received and the Trust has now reviewed the report for factual accuracy and returned to the CQC. The Quality Summit takes place on Thursday 14th January 2016 prior to publication of the final report.

Overall the Trust has achieved level 2 CNST certification from the NHS Litigation Authority. Following an inspection in March 2014 the Trusts Maternity services were awarded CNST level 3 (the best score available).

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

The tolerance for C.Difficile in 2015-16 is 41 cases. In total there have been 25 confirmed avoidable cases YTD. The Trust is appealing a further 7 cases (panel to be held in January 2016). RCAs are currently being undertaken.

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

There have been no falls that have resulted in a harm level greater than moderate since the 30th October. The management and prevention of falls is a key priority to ensure lessons learnt are cascaded. The falls team are focusing delivering each aspect of the falls prevention action plan.

The 50 Patients VTE audit demonstrated that 100% of enoxaparin had been administered.

The latest CQC Intelligent Monitoring Report (May 2015) has shown an improved priority banding to Band 5 (where Band 1 represents highest risk and Band 6 represents lowest risk).

There have been no "never events" since 10th May 2013.

The latest available 12 month HSMR (Oct-14 to Sep-15) is 99.9.

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

Operational Performance

Stroke, cancer and 18 weeks RTT all continued to perform well, despite the significant non-elective demands. An Operational Turnaround process has commenced, with executive led workstreams established to optimise a variety of areas including complex discharges, internal diagnostics, weekend discharges and ward round processes. This is a time-limited process intended to release 32 beds and so improve non-elective patient flow.

Financial Performance

The Trust is reporting a Month 9 deficit of £8.615m which is behind plan by £0.2m. 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 equates to a £3.143m improvement, of which £2.8m is additional income from Commissioners.

To date the Trust has delivered £9.461m of CIPs which is £0.223m better than plan. The Trust is forecasting to deliver in full the revised CIP target of £13.043m between the Care Groups and the Corporate division.

Human Resources

Staff Friends and Family Test Q2 survey results again show the trust as performing exceptionally well compared to the national position and the Trust is continuing to improve from the same period in 2014/15 particularly in relation to the question relating to staff recommending the Trust as a place to receive patient care to their family and friends. Comparison of Q1&2 data places the Trust as best performing Acute Trust in the Cheshire and Mersey region for both.

The Trust has completed the annual staff satisfaction survey in Q3 with a return rate of 55% which is the top 20% of all Trusts nationally. The results will be published in Q4.

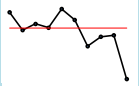
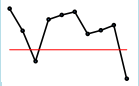
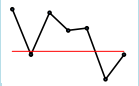
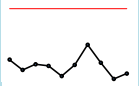
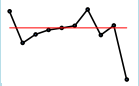
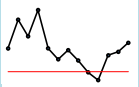
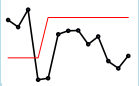
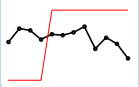
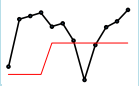
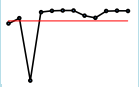
The Trust is below the mandatory training target. Recovery plans are in place to ensure compliance by year end. Appraisals performance improved in December and is now above target.

All staff sickness for November was 5.2% and year to date is 4.7% against a target of 4.5%. Qualified Nursing and HCA absence increased to 6.6% against the target of 5.3% due to seasonal viruses which affected the health large number of staff prior to Christmas. YTD is 5.4% against a target of 5.3%.

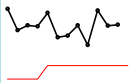
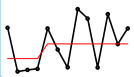
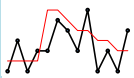
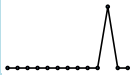
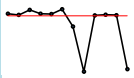
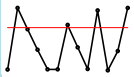
The following key applies to the Integrated Performance Report:

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

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

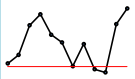
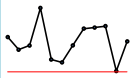
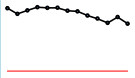
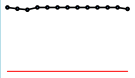
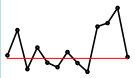
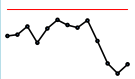
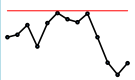
	Committee		Latest Month	Latest month	2015-16 YTD	2015-16 Target	2014-15	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS												
Mortality: Non Elective Crude Mortality Rate	Q	T	Dec-15	2.8%	2.4%	No Target	2.6%		As predicted HSMR fell by 4 points with admission unit data adjustments nationally. Locum Palliative care post appointed to improve palliative care provision, which should favourably affect HSMR. Investigation underway to understand STHK weekend HSMR. Nationally weekend HSMR is significantly raised, but STHK disproportionately high. STHK weekend crude mortality is slightly high suggesting the issue may predominantly expected mortality rather than deaths.	Patient Safety and Clinical Effectiveness	Drive to reduce use of R codes in ED/EAU/AMU which negatively impact SHMI & HSMR is the next major drive to improve mortality estimates, together with work to improve management of AKI and Sepsis.	KH
Mortality: SHMI (Information Centre)	Q	▲	Mar-15	1.03		1.00	1.03					
Mortality: HSMR (Dr Foster)	Q	▲	Sep-15	69.4	95.3	100.0	102.3					
Mortality: HSMR Weekend Admissions (emergency) (Dr Foster)	Q	T	Sep-15	77.6	113.7	100.0	109.6					
Readmissions: 28 day Relative Risk Score (Dr Foster)	Q	T	Jun-15	99.4	99.5	100.0	107.9		Readmissions consistently higher than desired, mostly related to EAU usage.	Patient experience, operational effectiveness and financial penalty for deterioration in performance	Work to improve listing of babies returning electively but documented as emergency admissions will improve performance.	KH
Length of stay: Non Elective - Relative Risk Score (Dr Foster)	F&P	T	Sep-15	84.1	85.7	100.0	87.7		This is a key efficiency, productivity and patient experience measure	Patient experience and operational effectiveness	Consistent reductions in NEL LOS are assurance that medical redesign practices continue to successfully embed. The elective improvement is welcomed with focus now on further improving and embedding the changes.	PJW
Length of stay: Elective - Relative Risk Score (Dr Foster)	F&P	T	Sep-15	66.8	96.4	100.0	102.0					
% Medical Outliers	F&P	T	Dec-15	2.5%	1.7%	1.0%	1.8%		Patients not in right speciality inpatient area to receive timely, high quality care	Increase in LoS, patient experience and impact on elective programme	The increase is a reflection of the growth in non-elective demand within medicine. Robust arrangements to ensure appropriate clinical management are in place.	PJW
Percentage Discharged from ICU within 4 hours	F&P	T	Dec-15	50.0%	53.7%	67.7%	54.1%		Failure to step down patients within 4 hours who no longer require ITU level care.	Quality and patient experience	Achieving the enhanced KPI throughout the year will require further sustained step change improvement in medical and surgical LOS. Work is underway within both surgical and medical specialties.	PJW
E-Discharge: % of E-discharge summaries sent within 24 hours (Inpatients)	Q	▲	Nov-15	78.1%	80.8%	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	▲	Nov-15	95.6%	87.8%	85.0%	84.3%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E)	Q	▲	Nov-15	98.8%	98.3%	95.0%	89.5%					

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

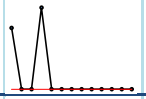
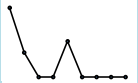
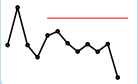
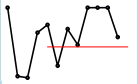
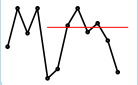
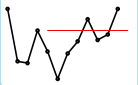
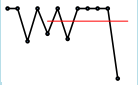
	Committee		Latest Month	Latest month	2015-16 YTD	2015-16 Target	2014-15	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (continued)												
Stroke: % of patients that have spent 90% or more of their stay in hospital on a stroke unit	Q F&P	▲	Nov-15	92.3%	91.5%	83.0%	84.4%		Target is being achieved	Patient Safety, Quality, Patient Experience and Clinical Effectiveness	This KPI is at risk from significant non-elective demand. The issue is reviewed at every Bed Meeting.	PJW
PATIENT SAFETY												
Number of never events	Q	▲ £	Dec-15	0	0	0	0		There have been no never events since May 2013	Quality and patient safety	Near miss never events investigations are being concluded and action plans implemented to ensure that lessons learnt are implemented to avoid any associated future episodes of patient harm.	SR
% New Harm Free Care (National Safety Thermometer)	Q	T	Dec-15	98.8%	98.7%	98.6%	98.6%		Figures quoted relate to all harms excluding those documented on admission	Quality and patient safety	The organisational ambition to reduce episodes of avoidable harm is supported by the Trusts sign up to safety campaign. Performance continues improve YTD.	SR
Prescribing errors causing serious harm	Q	T	Dec-15	0	0	0	0		The trust continues to have no prescribing errors which cause serious harm	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	▲ £	Dec-15	0	0	0	2		There have been 25 confirmed Cdiff cases YTD. The trust are appealing a further 7 cases from those RCAs completed.	Quality and patient safety	The Infection Control Team continue to support staff to maintain high standards and practices, Trust Board monitor infection rates. 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	▲ £	Dec-15	4	25	41	33		15-16 tolerance = 41 cases YTD tolerance = 35 cases			
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	Dec-15	0	1	No Contract target	2		There was 0 grade 3 or 4 pressure ulcers in December	Quality and patient safety	An RCA review panel has been convened to identify the lessons from the recent grade 3, and to identify if this was an avoidable or unavoidable harm.	SR
Number of falls resulting in severe harm or death	Q	▲	Nov-15	0	16	No Contract target	19		There were 0 falls resulting in severe harm during November	Quality and patient safety	November falls performance against national benchmark was 5.53 falls against 6.63 benchmark and 0.015 significant harm against a 0.19 benchmark. New type falls alarms have been delivered and pilot commenced 4th January 2016.	SR
VTE: % of adult patients admitted in the month assessed for risk of VTE on admission	Q	▲ £	Nov-15	93.11%	94.51%	95.0%	92.54%		VTE performance has dipped under intense pressure of increased number and complexity of emergency admissions. Still no implementation of the new eVTE system which means EAU & A&E patients cannot be electronically assessed.	Quality and patient safety	Consideration needs to be given to procurement of an alternative eVTE solution.	KH
Hospital acquired VTE events rate (National Safety Thermometer)	Q F&P	T	Dec-15	0.59%	0.31%	0.45%	0.45%					
To achieve and maintain CQC registration	Q	▲	Dec-15	Achieved	Achieved	Achieved	Achieved		This Trust continues to maintain CQC registration	Quality and patient safety	Through the Quality Committee and governance councils the Trust ensures it meets CQC standards. The Trust's Chief Inspection of Hospital (CQC) announced inspection took place between 19-21st August.	SR
Safe Staffing: Registered Nurse/Midwife Overall (combined day and night) Fill Rate	Q	T	Nov-15	97.7%	97.5%		98.6%		Overall the Nurse/Midwife fill rate remains consistent	Quality and patient safety	Daily staffing huddles supported by escalation flow chart are in place. The Trust's funded establishments on each ward comply with NICE guidance 1 RN to 8 patients on days and 1 RN to 11 patients on nights. In spite of all attempts to cover gaps, on occasion short notice absence results in a less than 90% fill rate of registered nurses on nights on 5 of the medical wards during November. The wards increased the number of HCAs on duty to compensate for the absence of 1 registered nurse. Proactive recruitment program on-going including a recent overseas trip to India. Contact Care Time reviews undertaken on the Intermediate Care wards in November and the Shelford Patient Acuity Audit was repeated in October 2015, results presently being validated.	SR
Safe Staffing: Number of wards with <80% Registered Nurse/Midwife (combined day and night) Fill Rate	Q	T	Nov-15	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

St Helens and Knowsley Teaching Hospitals NHS Trust

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

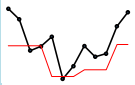
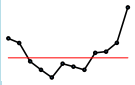
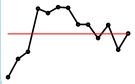
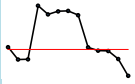
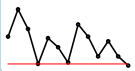
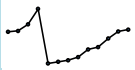
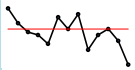
	Committee		Latest Month	Latest month	2015-16 YTD	2015-16 Target	2014-15	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE												
Cancer: 2 week wait from referral to date first seen - all urgent cancer referrals (cancer suspected)	F&P	▲ £	Nov-15	95.9%	94.1%	93.0%	94.0%		Access targets achieved in November although some specialty fails which continue to monitor referrals and patient pathways	Quality and patient experience	Haematology performance below expected but only 1 breach. Although Dermatology has passed November it has continued to struggle to meet demand. Further review of service on-going and pathway being scrutinised. All tumour pathways are under review and a revised Cancer PTL approach will commence in January 2016.	PJW
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Nov-15	99.4%	98.0%	96.0%	98.8%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ £	Nov-15	89.3%	88.6%	85.0%	89.9%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲ £	Dec-15	96.5%	96.5%	92.0%	98.1%			There is a risk due to the current surgical bed pressures that the elective programme will be compromised	18 weeks performance continues to be monitored daily and reported through the weekly PTL process.	PJW
18 weeks: % of Diagnostic Waits who waited <6 weeks	F&P	▲ £	Dec-15	100.0%	100.0%	99.0%	100.0%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲ £	Dec-15	0	0	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Dec-15	0.6%	0.8%	0.6%	0.7%			Patient experience and operational effectiveness Poor patient experience	This metric continues to be directly impacted by increases in NEL admissions (both surgical and medical patients). Plans are in progress to transfer more elective surgical activity to St Helens from January.	PJW
Cancelled operations: % of patients treated within 28 days after cancellation	F&P	▲ £	Nov-15	100.0%	100.0%	100.0%	100.0%					
Cancelled operations: number of urgent operations cancelled for a second time	F&P	▲ £	Dec-15	0	0	0	0					
A&E: Total time in A&E: % < 4 hours (Whiston: Type 1)	F&P	▲ £	Dec-15	83.5%	88.5%	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 Widnes WIC	Patient experience, quality and patient safety	The growth in non-elective demand has impacted several operational streams. A Turnround process has commenced with a view to increasing capacity and thus improving patient flow and the 4 hour standard.	PJW
A&E: Total time in A&E: % < 4 hours (All Types)	F&P	▲ £	Dec-15	87.9%	91.5%	95.0%	94.2%					
A&E: 12 hour trolley waits	F&P	▲	Dec-15	0	0	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	▲ £	Dec-15	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	Dec-15	22	236		281			Patient experience	The Trust is employing temporary additional staff to assist with addressing the backlog.	SR
Complaints: Number of New (Stage 1) complaints received in 2015-16 and resolved in 2015-16	Q	T	Dec-15	23	180							
Complaints: Number of New (Stage 1) complaints received in 2015-16 and resolved in 2015-16 within agreed timescales	Q	T	Dec-15	47.8%	65.0%							
Complaints: Number of New (Stage 1) complaints received in 2014-15 and resolved in 2015-16	Q	T	Dec-15	0	121							
Complaints: Number of New (Stage 1) complaints received in 2014-15 and resolved in 2015-16 within agreed timescales	Q	T	Dec-15	0.0%	5.0%							
Friends and Family Test: % recommended - A&E	Q	▲	Nov-15	90.0%	92.9%	95.0%	94.8%		The Trust ED and Maternity (birth and post natal ward) % that would recommend remains slightly below target. However, out of all Emergency Departments in the region we are the best performing Trust by a considerable margin. The pressures in the ED were heightened during December and achieving 90% is an achievement by all staff. The target required needs further discussion as it has been set at a high level, given how well we are performing within the region.	Patient experience & reputation	Scores have been fed back to the ED and Maternity departments. Business case approved to roll out FFT to all inpatient, outpatient, day case and ED patients from Jan 2016. Number of patients being surveyed will increase from 3500 a month to 35000 a month. Roll out will be incremental.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Nov-15	97.6%	97.1%	95.0%	97.2%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q	▲	Nov-15	98.0%	98.4%	97.3%	97.3%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Nov-15	95.8%	97.6%	98.7%	98.7%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q	▲	Nov-15	100.0%	94.6%	96.6%	96.6%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q	▲	Nov-15	96.7%	99.0%	99.4%	99.4%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Nov-15	95.1%	96.8%	>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	▲	Nov-15	5.2%	4.7%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	4.8%		Absence rate for November 5.2% against the Q3 target of 4.72% and is 0.48% behind target for the quarter, and 0.7% behind YTD. All nursing and HCAs absence on 1.3% behind target for Q3 for November but only 0.1% YTD.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	The HR Advisory Team have drafted an action plan for Attendance Management that looks at ST/LT plans in addressing absence across all Care Groups and also an Improvement Trajectory. Localised improvement plans are being initiated, regular (weekly) with granular level management of sickness absence. This is in addition to the initiatives implemented recently by HWWB & HR i.e. Self Care at Work and the absence support team.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P	T	Nov-15	6.6%	5.4%	5.3%	5.8%					
Staffing: % Staff received appraisals	Q F&P	T	Dec-15	85.1%	85.1%	85.0%	89.6%		The Trust has slipped slightly on its position earlier in the year for Appraisal and Mandatory Training. This is due to activity levels resulting in staff being required to provide patient care and the need to postpone training due to operational pressures.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	The Learning & Development team are developing a recovery plan for Q4 to ensure the Trust achieves end of year compliance. Where department are about to/or have breached the target in month, turnaround plans are put in place to ensure the end of year target is achieved.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Dec-15	83.0%	83.0%	85.0%	88.3%					
Staff Friends & Family Test: % recommended Care	Q	▲	Q2	96.5%	95.4%	>14/15 out turn			The Trust Staff Friends and Family Test results continue to be very positive across all staff groups surveyed in each quarter to date with improvements against 2014/15 results and are in the upper quartile both regionally and nationally.		The Trust has completed the Q1 SFFT survey, results for this period continue to be positive. National data will be available from 26th November allowing benchmarking of the Trust against all other NHS organisations nationally. Results are expected to remain positive.	AMS
Staff Friends & Family Test: % recommended Work	Q	▲	Q2	90.1%	84.9%	>14/15 out turn						
Staffing: Turnover rate	Q F&P	T	Nov-15	0.9%			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	Dec-15	2.0	2.0	2.0			The Trust's year to date performance is slightly behind plan, but the forecast outurn remains in line with the revised plan	Financial	Adherence against the submitted plan and delivery of CIP. Future positive Cash flow will depend upon the Trust maintaining control on Trust expenditure and agreeing with Commissioners and NHSE a more advantageous profile for receipt of planned income. The Trust also has significant contractual agreements with other NHS organisations which may impact on our ability to achieve Better Payment compliance.	NK
Progress on delivery of CIP savings (000's)	F&P	T	Dec-15	9,461	9,461	13,043	15,000					
Reported surplus/(deficit) to plan (000's)	F&P	T	Dec-15	(8,615)	(8,615)	(6,647)	(2,551)					
Cash balances - Number of days to cover operating expenses	F&P	T	Dec-15	9	9	>10	10					
Capital spend £ YTD (000's)	F&P	T	Dec-15	3,047	3,047	4,923	4,906					
Financial forecast outturn & performance against plan	F&P	T	Dec-15	(6,647)	(6,647)	(6,647)	(2,551)					
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Dec-15	93.8%	93.8%	95.0%	94.8%					

APPENDIX A

		Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	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%	100.0%	100.0%	100.0%	100.0%	85.0%		99.5%		Paul Williams
Lower GI	£	85.7%	92.3%	90.9%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	77.8%	100.0%	84.6%	100.0%	92.5%	85.0%		90.6%		
Upper GI	£	88.9%	100.0%	66.7%	100.0%	75.0%	100.0%	71.4%	100.0%	100.0%	100.0%	85.7%	71.4%	83.3%	86.3%	85.0%		86.3%		
Urological	£	96.2%	90.9%	74.1%	78.6%	94.1%	77.8%	75.8%	82.4%	62.5%	100.0%	83.3%	76.7%	84.0%	79.3%	85.0%		87.4%		
Head & Neck	£	100.0%	100.0%	75.0%	0.0%	75.0%	80.0%	50.0%	100.0%	50.0%	100.0%		83.3%	100.0%	80.8%	85.0%		59.4%		
Sarcoma	£	100.0%	100.0%	100.0%	100.0%		100.0%		50.0%	100.0%			100.0%		80.0%	85.0%		100.0%		
Gynaecological	£	75.0%	0.0%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	40.0%	100.0%	54.5%	90.0%	85.0%		88.2%		
Lung	£	100.0%	66.7%	100.0%	90.0%	91.7%	66.7%	76.9%	85.7%	90.5%	75.0%	100.0%	71.4%	80.0%	82.1%	85.0%		80.9%		
Haematological	£	80.0%	100.0%	88.9%	100.0%	100.0%	66.7%	100.0%	46.2%	50.0%	66.7%		60.0%	80.0%	62.2%	85.0%		77.0%		
Skin	£	92.6%	87.5%	94.3%	85.2%	100.0%	94.9%	96.6%	97.0%	100.0%	90.0%	94.7%	88.5%	95.9%	94.1%	85.0%		94.6%		
Unknown	£	100.0%	100.0%	0.0%				100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	85.0%		89.5%		
All Tumour Sites	£	91.9%	89.8%	88.1%	88.7%	93.9%	86.7%	86.3%	88.7%	91.0%	91.2%	91.4%	85.1%	89.3%	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%	85.0%		91.7%		
Acute Leukaemia	£				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 PAPER

Paper No: NHST(16)005
Title of paper: Quality Committee Assurance Report.
Purpose: The purpose of this paper is to summarise the Quality Committee meeting held on 19th January 2016 and escalate issues of concern.
Summary: Key items discussed were: 1. Complaints 2. CQC report 3. Medicines Management action plan update 4. Maternity action plan update 5. Enoxaparin update 6. Mobility aids 7. Patient ID Wristbands
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 January 2016

QUALITY COMMITTEE ASSURANCE REPORT

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

Action Log

1. All actions on the log were reviewed.

Complaints Report

2. S Redfern updated the Committee on complaints and trends.

   2.1. There have been 73 formal complaints and 288 PALS enquiries for the two month period between 01 November to 31 December. Compared to Q" when there were a total of 77 formal complaints and 438 PALS enquiries. The Trust has responded to 67.7% of the complaints within the agreed time frames.

   2.2. Top three themes during Q3 are: clinical treatment, values and behaviours and patient care/nursing care.

CQC Report

3. N Bunce briefed the Committee on the outcome of the CQC inspection.

   3.1. St Helens Hospital was rated as outstanding and Whiston Hospital was rated as good. The Trust was rated as outstanding for the caring domain and Outpatients and Diagnostic services were rated as outstanding, on both sites.

   3.2. All other core services were rated as good overall, except for Maternity and Gynaecology which was rated as requires improvement. An action plan has already been developed and good progress is being made.

   3.3. The Trust is required to submit its final action plan to the CQC and they will monitor its delivery via the regular engagement meetings held with the CEO and Director of Nursing, Midwifery & Governance.

Medicines Management action plan update

4. S Gelder provided an update:

   4.1. The CQC has required the Trust to undertake just two actions as a result of the inspection. These actions are complete.

      4.1.1. Ensure systems are in place for the safe storage and security of drugs in line with Trust Policy. A daily checklist for clinical areas has been introduced by Pharmacy along with support.

      4.1.2. Review training following identification that multiple route prescriptions for the same medicines had been prescribed on the same line.

      4.1.3. SG informed the Committee that considerable progress has been made in delivering the action plan.

Maternity action plan update

5. R Douglas reported to the Committee on the required actions following the CQC's inspection of Maternity Services last year, following the issue of the final report.

   5.1. The Trust were asked to ensure there is a system in place to assess and improve the quality and safety of the services provided following a serious incident. This section of the plan sets out a large number of action that provide assurance that maternity services have recovered their position following a SUI that occurred in April 2015. In response to a SUI that occurred in August,

timelines have been maintained with evidence on immediate, short and medium term actions, demonstrating responsiveness to learning.

5.2. Further areas of attention are as follows:

5.2.1. Effective use of maternity specific safety thermometer.

5.2.2. Redesign of delivery and bereavement rooms to make them less clinical, whilst maintaining the flexibility of space utilisation.

5.2.3. Completion of skills and drills training by anaesthetists.

Safer Staffing

6. S Duce reported:

6.1. The overall Trust fill rate for November 2015 was 100.78%. SD said that the over inflated figure look as it does is because of the need for "specials". There were six ward areas with a fill rate below 90%

6.2. The overall Trust fill rate for December 2015 was 98.34%. There were nine wards with a fill rate below 90% for registered staff.

IPR

7. N Khashu presented the IPR to the Committee:

7.1. There have been no MRSA cases during 2015-16.

7.2. There have been 25 confirmed avoidable cases of C.Diff year to date. The Trust is appealing a further 7 cases (panel to be held in January 2016). RCA's are currently being undertaken. Confirmation that currently there are 32 cases against an annual target of 41.

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

7.4. Stroke, cancer and 18 weeks RTT all continued to perform well, despite the significant non-elective demands. An operational turnaround process.

7.5. The Trust is reporting a Month 9 deficit of £8.615m which is behind pln by £0.2m. The Trust is reporting against a revised annual plan of £6.647m deficit, as approved by the Trust Board and confirmed with the TDA.

7.6. To date the Trust has delivered £9.461m of CIPs which is £0.223m better than plan.

7.7. All staff sickness for November was 5.2% and year to date is 4.7% against a target of 4.5%.

Clinical & Quality Strategy update

8. K Hardy presented the update to the Committee:

8.1. KH informed the Committee that so much has changed since the strategy was written, and he was proposing to draw a line under the report and write a new strategy. KH will raise the development of a new strategy with the Trust Board and take control of the implementation.

8.2. KH the briefly discussed the elements of the strategy, which included:

8.2.1. VTE
8.2.2. C.Diff
8.2.3. Pressure ulcers
8.2.4. A&E
8.2.5. Cancelled operations
8.2.6. E-discharge
8.2.7. Cancer trajectory
8.2.8. SHMI

Enoxaparin update

9. N Jones updated the Committee:

9.1. The initial audit showed that 45% of patients did not receive 100% of their prescribed doses of enoxaparin. The second audit (October 23rd – November 5th) demonstrated that 92% of patients received their prescribed dose of anti embolic medications. NJ said that this was testament to all the hard work undertaken by the Heads of Quality, Ward Managers and Matrons.

Mobility aids and equipment update

10. N Jones provided an update

10.1. As part of the falls prevention action plan, a review of the available technologies to aid in falls prevention was undertaken.

10.2. An issue was identified that the clip on the falls alarms were very susceptible to breakage and a recent review identified over 30 broken clips on falls alarms stored in ward areas. These have been allocated to EBME for repair.

10.3. As a result of the issue identified, a project team reviewed the available alternatives. The preferred solution was identified as a pressure pad variant that mitigates the majority of the inefficiencies experienced with the clip on alarms. Presents cost of clips is £15.00; the pressure pad variant is £250, but the investment would be under capital expenditure.

10.4. A pilot is being carried out on Wards 1A and 5A. The pilot commenced on 4th January and will complete on 1st February.

Patient ID Wristbands update

11. N Jones provided an update:

11.1. A further audit was carried out between 30th November – 14th December and details the compliance with Trust policy regarding general patient ID bands (white), Alert (red) ID bands and Falls (green) ID bands.

11.2. 30 patients had missing ID bands; 18 patients had faded/illegible ID bands and 5 patients refused to wear their ID bands.

11.3. The ID printer repair response time has been re-banded from 48 hours to 1 hour in line with the importance of each and every patient having a legible ID band.

Feedback from Patient Safety Council

12. N Jones reported:

12.1. Significant improvements noted in both falls prevention and anti-embolic medication administration.

12.1.1. 0 episodes of harm from falls above moderate since 30th October 2015.
12.1.2. 100% of doses of anti-embolic medication administered (November audit).
12.1.3. VTE target of 95% missed (93.11%)
12.1.4. Increase in grade 1 pressure ulcers aligned to improved education to recognise the early signs and prevent further degradation of skin integrity.

12.2. NJ informed the Committee that it had been agreed at Risk Management Council that all policies that were either overdue/due/expire within 3 months would be discussed at all the councils.

Feedback from Patient Experience Council

13. N Jones reported:

13.1. There is nothing to report by exception, but NJ would like to bring to the Committee's attention that the Trust would be stockpiling patient leaflets in four languages, but there is a potential of increased costs of £95 per document translation aligned to awareness raising across patient groups, of the ability for theTrust to provide translated patient information leaflets.

Feedback from Clinical Effectiveness Council

14. S Duce reported:

14.1. There were no issues to be highlighted to the Quality Committee.

14.2. Items discussed at CEC were; Gastroenterology Service effectiveness review, TARN review, national peer review for major trauma report, R Code mortality and MIAA mortality framework review.

CQPG Meeting – December

15. S Redfern reported on key issues:

15.1. VTE RCA's – St Helens CCG requires the Trust to produce VTE RCA's and report for CQPG.

15.2. MSSA Suppression treatment – CCGs want the Trust to treat patients with MSSA the same as we do for MRSA (where we provide prescription etc). The

Trust said that it cannot due this due to capacity. SR will provide a paper for CQPG in March.

15.3. Also discussed was SUI's, emergency access target and nurse staffing levels.

Workforce Council

16. A M Stretch reported to the Committee

16.1. There are no issues to escalate to the Quality Committee.

Executive Team

17. S Redfern reported:

17.1. There have been no changes to the Board Assurance Framework and no new risks have been escalated to the Corporate Risk Register and no risks have been closed during November.

Effectiveness of meeting

18. G Marcall acknowledged that a lot of progress has been made with the Medicines Management and Maternity services action plans. GM also thanked Nicola Bunce and Anne Rosbotham-Williams for all their hard work on the CQC inspection and subsequent management.

AOB

None noted.

Date of Next Meeting

Tuesday, 16th February 2016.

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Trust Board Paper

Paper No: NHST(16)006
Title of paper: Safer Staffing Report for November and December 2015
Purpose: The aim of the report is to provide the Quality Committee with an overview of nursing and midwifery staffing levels in the inpatient areas during the months of November and December 2015. 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 **November 2015** data indicates: • Overall Trust fill rate = 100.78 %(97.68% for registered and 103.88% for care staff) • Overall registered staff fill rate for days was 97.65% and for nights 97.72% • Overall care staff fill rate for days was 105.21% and for nights was 102.55% There were 6 ward areas with a fill rate below 90% for registered staff and 2 for care staff. The month of **December 2015** data indicates: • Overall Trust fill rate = 98.34% (96.12% for registered and 100.57% for care staff) • Overall registered staff fill rate for days was 96.36 and for nights95.88 % • Overall care staff fill rate for days was 101.12% and for nights was 100.03% There were 9 ward areas with a fill rate below 90% for registered staff, 5 for care staff and 1 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): It is recommended that the Committee 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 January 2016

SAFER NURSING & MIDWIFERY WORKFORCE STAFFING LEVELS REPORT
November and December 2015

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 St Helens and Knowsley Teaching Hospitals NHS 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 November and December 2015 for all wards are 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 for each ward. The 'actual' numbers include both registered and care staff who work 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. The inpatient wards and assessment units completed in October 2015 the third 6th monthly Shelford patient dependency and acuity report. The results are currently being analysed by the data quality team and will be presented to the public Trust Board by the Director of Nursing, Midwifery and Governance in February 2016. The 'Time to Care' audit was undertaken on Duffy and Seddon wards in November 2015 and the findings will be reported together with the Shelford audit findings once finalised.

6. 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 all of 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.

7. At the daily matron / lead nurse midday staffing level review meeting, any continuing, unresolved staffing gaps are put through 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.

8. During November 2015 a total of 46.82 wte registered nurse and 71.94wte care staff were employed as either bank staff, agency staff, over time or extra hours to fill gaps on shifts or to special patients requiring close observation in addition to the regular nursing and midwifery workforce. Nursing and midwifery workforce sickness in November 2015 was high at 6.6%. December 2015 a total of 48.18 wte registered nurse and 67.91 wte care staff were employed as either bank staff, agency staff, over time or extra hours to fill gaps on shifts or to special patients requiring close observation in addition to the regular nursing and midwifery workforce

9. E-rostering off duties have been scrutinised retrospectively to monitor annual leave taken over the festive holiday period and every ward allocated correctly no higher than 17% of staff annual leave.

10. 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 6 recruitment days planned throughout 2016, the first one is arranged for Saturday 27th February 2016. In March 2016, 6.8wte registered nurses are commencing in post in the Emergency Department, Gastro, Critical Care, Paediatrics and Respiratory.

11. 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 the summer and autumn of 2016. This will correct the registered nurse vacancy gap within the Trust which as of December 2015 was 42.86 wte in spite of extensive, proactive efforts to recruit during 2015 and will also absorb any additional leavers during 2016 who we may be unable to replace due to a national shortage of nurses.

12. GPAU and ward 3D are the two wards presently on the Trust Corporate Risk register scoring above 15 for on-going staffing shortfalls. Both of these wards through using additional staff achieved above the 90% fill rate during November and December 2015.

13. In **November 2015** there were a total of 6 ward areas with a fill rate below 90% for registered staff and 2 wards for care staff as set out below (total of 8 wards):

Wards with a registered staff fill rate below 90%

- Ward 1A Frailty 86.7% RN Nights (104.4% HCA nights)
- Ward 1D Cardiology 86.7 RN nights (100% HCA nights)
- Ward 2B Respiratory 81.11% RN nights (108.3% HCA nights)
- Ward 2C Respiratory 83.7% RN nights (108.3% HCA nights)

- Ward 5A Care of the Elderly 88.9% RN nights (102.2% HCA nights)
- Duffy ward, intermediate care 86.2% RN days (111.3% HCA days)

Wards with a care staff fill rate below 90%

- Ward 3E Gynaecology 83.3% HCA nights (101.7% RN nights)
- Delivery Suite 86.4% HCA nights (98.1% RM nights)

14. During **November 2015**, there were a total of 26 incident forms completed related to staffing. This related to 15 wards/departments as indicated in the table below:

Ward	Reports	Datix details	Actions
Ward 3D	3	RN shift remains unfilled	Extra HCA employed on shift to increase numbers.
Seddon	4	No HCA bank available to special patient	Staff on duty kept patient under close observation. No harm occurred to patient requiring 1 to 1 observation.
ED	2	Department on black, required additional nursing support Bank HCA did not turn up for duty	Nurse specialists assisted with ward transfers Work absorbed by staff on duty. Addressed with bank nurse by Human Resources
Ward 1A	2	RN shift remained unfilled on night duty	Staff on ward provided cross cover no harms occurred
Ward 4B	2	Patient acuity high, additional staffing required but unavailable	Staff on ward provided care. No harm occurred to patients
Ward 2A	1	HCA shift remained unfilled	Staff on ward provided cross cover no harms occurred
Ward 2E	2	Last minute staff sickness of RM, too late to arrange cover	Staff on ward provided cross cover no harms occurred
Ward DS	1	No HCA on duty, shift remain unfilled	Staff on ward provided cross cover no harms occurred
Ward 3 Alpha	1	1 RN shift unfilled on night duty	Extra HCA employed on shift to increase numbers
Ward 5C stroke	1	RN late shift unfilled	Extra HCA employed on shift to increase numbers
Ward 3C	1	RN late shift unfilled	Extra HCA employed on shift to increase numbers
Ward 3A	1	Only 1 RN on duty able to administer IVs on night duty	Cross cover to check IVs provided by ward 3Alpha
Ward 5C DMOP	1	1 HCA shift remained unfilled	Staff on ward provided cross cover no harms occurred
Ward 4D	2	Bank HCA did not attend for duty X 2 occasions	Addressed with bank nurse by Human Resources. Staff on ward provided care. No harm occurred to patients

Ward 1D	2	1 RN shift unfilled on night duty X 2 occasions	Staff on ward provided care. No harm occurred to patients

15. Of the 15 wards that did not achieve the 90% fill rate, the following 6 wards only reported patient incidents in **November 2015** as set out below:

- **Ward 2C Respiratory** reported 3 grade 2 pressure sores and 1 grade 1, one medication incident was warfarin was not given at night because the chart was missing, no infections and 5 patient falls/ suspected falls of which only one was when the shift was short of a registered nurse (none with moderate or serious harm)
- **Ward 2B Respiratory** reported no pressure sores, one medication incident when 6 doses of amoxicillin were given to a patient with known allergies, but suffered no adverse effects, no infections, 3 falls on night shifts when the ward was fully staffed (none with moderate or serious harm)
- **Ward 5A Care of the elderly** reported no pressure sores, one medication error when a CD was given twice at night as not signed for the first time on the patient kardex, but was signed for in the CD book with no adverse effects, no infections, 3 patient falls at night, one when one registered nurse shift remained unfilled (no moderate or severe harm)
- **Ward 1D Cardiology** reported no pressure sores, one medication omission at night when a medicine was not available and the night pharmacist should have been called out (no adverse effects to patient), no infection, 1 fall at night when the ward was fully staffed (no harm to patient)
- **Ward 1A Frailty** reported no pressure sores, one medication omission of warfarin when the chart was not attached to kardex (no adverse effects to patient), no infection, 3 falls at night, 1 fall when the ward had one RN shift unfilled (no harm to patients)
- **Duffy ward, Intermediate Care** reported no pressure sores, no infections, no medication errors and 5 patient falls, 1 fall when one RN shift remained unfilled (no moderate or serious harm to patients)

16. In **December 2015** there were a total of 9 ward areas with a fill rate below 90% for registered staff, 5 for care staff and 1 ward for both registered and care staff as set out below (total of 15 wards/departments):

Wards with a registered staff fill rate below 90%

- Ward 1A Frailty 89.66% RN nights (115.66% HCA nights)
- Ward 1D Cardiology 86.02% RN nights (96.77% HCA nights)
- Ward 2B Respiratory 89.44% RN days (108.2% HCA nights) and 81.72% RN nights (112.9% HCA nights)
- Ward 2C Respiratory 77.42% RN nights (114.52% HCA nights)
- Ward 3Alpha Orthopaedics 86.4% RN days (125.02% HCA days)
- Ward 4A General Surgery 98.98% RN days (96.61% HCA days)
- Ward 5B Care of the elderly 79.14% RN nights (97.85% HCA nights)
- Ward 5D Stroke 89.33% RN days (106.6% HCA days)
- Duffy Ward Intermediate 85.46% RN days (109.28% HCA days)

Wards with a care staff fill rate below 90%

- Ward 1E Coronary Care 89.86% HCA days (96.64% RN days)

- Ward 2D Gastroenterology 88.71% HCA nights (100% RN nights)
- Ward 2E Post natal 88.3% HCA days (93.66% RN days)
- Ward 5C Care of the elderly 88.17% HCA days (100.81% RN days)
- Delivery Suite 81.41% HCA days (96.77% RM days)
  and 70.97% HCA nights (95.85% RM nights)

Ward with both a registered and care staff fill rate below 90%

- Ward 5A Care of the elderly 86.68% HCA days (97.11% RN days) and
  78.49% RN nights (106.45% HCA nights)

17. During **December 2015,** there were a total of 18 incident forms completed related to staffing. This related to 11 wards/departments as indicated in the table below:

Ward	Reports	Datix details	Actions
Ward 3D	1	RN shift unfilled on early due to short notice sickness	Work absorbed by staff on duty
Ward 1A	1	No HCA available to provide a special for a patient	Staff on ward supervised patient. No harm occurred
Ward 2D	1	HCA late shift remained unfilled	Staff on ward provided care. No harm occurred to patients
Ward 2A	2	Patient transferred in from other Trust required 1 to 1 care. Not informed of this prior to transfer. HCA bank nurse did not attend for duty	Staff on ward provided cross cover no harms occurred Addressed with bank nurse by Human Resources. Staff on ward provided care. No harm occurred to patients
Ward 5D	3	RN late shift remained unfilled X 2 RN night shift remained unfilled X 1	Additional HCA employed X 2 shifts Staff on ward provided cross cover no harms occurred
Ward 5A	1	RN late shift remained unfilled	Staff on ward provided care.
Duffy	2	No HCA available to provide a special for a patient X 2 occasions	Staff on ward provided care. No harm occurred to patients
Ward 3C	2	HCA shift to special patient remained unfilled X 2 occasions	Staff on ward supervised patient. No harm occurred
Ward 5C stroke	1	1 RN night shift remained unfilled	Staff on ward 5C stroke provided cross cover. No harms occurred
Ward 5C DMOP	1	1 RN night shift remained unfilled	Staff on ward 5C stroke provided cross cover. No harms occurred
Ward 1D	3	Additional HCA shift requested to special a patient requiring 1 to 1 care remained unfilled X 2 occasions 1 HCA late shift remained unfilled	Staff on ward provided care. No harm occurred to patients X 2 shifts HCA moved from ITU X 1 shift

18. Of the 15 wards that did not achieve the 90% fill rate, the following wards reported patient incidents in **December 2015** as set out below:

- **Ward 1A Frailty** reported a grade 1 pressure sore, no medication errors, no infections and 5 falls at night (no harm) of which 3 were on shifts with one shift unfilled
- **Ward 1D Cardiology** reported 1 case of c-diff, 2 falls (no harm) at night with correct staffing levels on duty, no pressure sores, no medication errors
- **Ward 2B Respiratory** reported no infections, no medication errors, no pressures sores and 12 patient falls on days and nights (no harm), 4 occurred with correct staffing levels and 8 occurred with 1 RN post unfilled on shift, of which 6 had an additional HCA on duty.
- **Ward 2C Respiratory** reported no pressure sores, no medication errors, no infections and 4 falls (no harm) at night, 1 with correct staffing levels, 1 with 1 RN shift unfilled, but an additional HCA on shift, and 2 falls with 1 RN shift unfilled.
- **Ward 3Alpha Orthopaedics** reported no pressures sores, no infections, 1 medication error when a medicine was not administered for 5 days (being investigated) and 5 patient falls during the day, 3 with correct staffing levels, and 2 with 1 RN shift unfilled.
- **Ward 4A General Surgery** reported no pressures sores, no infections, no medication errors and 2 patient falls (no harm) during the day when correct staffing levels were present on shift.
- **Ward 5B Care of the elderly** reported 1 case of C-diff, no pressure sores, no medication errors and 7 patient falls at night, 3 with correct staffing levels, 4 with 1 RN shift unfilled.
- **Ward 5D Stroke** reported no infections, no pressure sores, and no medication errors.
- **Duffy Ward Intermediate** reported no pressure sores, no infections, 1 medication error on days when the wrong dose was administered (no adverse effects) and 5 patient falls (no harm) during the day, 3 with correct staffing levels and 2 with 1 RN shift unfilled.
- **Ward 1E Coronary Care** reported no pressure sores, no infections, no medication errors and 4 falls during the day with correct staffing levels on shift.
- **Ward 5C Care of the elderly** reported 1 grade 2 pressure sore, no infections, no medication errors and 5 falls during the day (no harm), 4 with correct staffing levels and 1 with 1 RN shift unfilled.
- **Ward 5A Care of the elderly** reported 1 grade 2 pressure sore, 2 medication errors, 1 due to TTOs missing, 1 clexane not administered for 2 nights, no infections and 7 falls on days and nights, 2 with correct staffing levels and 5 with 1 RN shift unfilled.

Summary

Assurance has been provided that every effort was made to have optimum staffing levels across all wards daily to reduce the incidence of harm to patients. It is difficult to definitively attribute patient incidents to unfilled shifts, although clearly the risk is increased or if they are unavoidable as these incidents unfortunately occur even when

staffing levels are correct and on occasion even when patients are being specialled (falls).

Appendix 1

Copy of 09 - December 2015 Uploa

08 - November 2015 Publication Spreadshe

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

Org: RBN St Helens And Knowsley Hospitals NHS Trust

Period: December_2015-16

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

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Comments

Validation alerts (see control panel)	Hospital Site Details		Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night				Day	
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 2	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
						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	Total monthly actual staff hours		
	RBN01	WHISTON HOSPITAL - RBN01	1A	430 - GERIATRIC MEDICINE		1773.5	1673	2180	2213	870	780	830	960	94.3%	101.5%
	RBN01	WHISTON HOSPITAL - RBN01	1B	300 - GENERAL MEDICINE		3321.5	3286.5	1469.5	1402	870	850	560	530	98.9%	95.4%
	RBN01	WHISTON HOSPITAL - RBN01	1C	300 - GENERAL MEDICINE		3107.5	3042.5	1893.5	1884	1550	1560	620	610	97.9%	99.5%
	RBN01	WHISTON HOSPITAL - RBN01	1D	320 - CARDIOLOGY		1939.5	1822.5	1577	1475	930	800	620	600	94.0%	93.5%
	RBN01	WHISTON HOSPITAL - RBN01	1E	320 - CARDIOLOGY		2141.5	2069.5	888	798	1240	1180	0	0	96.6%	89.9%
	RBN01	WHISTON HOSPITAL - RBN01	2A	303 - CLINICAL HAEMATOLOGY	300 - GENERAL MEDICINE	1629	1603	906	885	620	620	310	310	98.4%	97.7%
	RBN01	WHISTON HOSPITAL - RBN01	2B	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1842.5	1648	1641	1775.5	930	760	620	700	89.4%	108.2%
	RBN01	WHISTON HOSPITAL - RBN01	2C	340 - RESPIRATORY MEDICINE		2020.5	1936.5	1543.08	1451	930	720	620	710	95.8%	94.0%
	RBN01	WHISTON HOSPITAL - RBN01	2D	300 - GENERAL MEDICINE		1353	1274	1149	1226	620	620	620	550	94.2%	106.7%
	RBN01	WHISTON HOSPITAL - RBN01	2E	501 - OBSTETRICS		2979	2790	1359	1200	1240	1200	620	450	93.7%	88.3%
	RBN01	WHISTON HOSPITAL - RBN01	3A	160 - PLASTIC SURGERY		1709.8	1671.5	1245.5	1227.5	620	740	570	555	97.8%	98.6%
	RBN01	WHISTON HOSPITAL - RBN01	3Alpha	110 - TRAUMA & ORTHOPAEDICS		1323.5	1143.5	1159	1449	620	630	620	690	86.4%	125.0%
	RBN01	WHISTON HOSPITAL - RBN01	3B	110 - TRAUMA & ORTHOPAEDICS		1462.5	1335	1427	1484	600	590	620	560	91.3%	104.0%
	RBN01	WHISTON HOSPITAL - RBN01	3C	110 - TRAUMA & ORTHOPAEDICS		1837	1754	1603.5	1823	920	920	920	900	95.5%	113.7%
	RBN01	WHISTON HOSPITAL - RBN01	3D	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	2080.5	2033	1336.25	1342	930	850	620	750	97.7%	100.4%
	RBN01	WHISTON HOSPITAL - RBN01	3E	502 - GYNAECOLOGY	300 - GENERAL MEDICINE	1530	1477.5	677	660	620	620	310	310	96.6%	97.5%
	RBN01	WHISTON HOSPITAL - RBN01	3F	420 - PAEDIATRICS		2266.5	2266	312.5	297.5	1240	1240	320	320	100.0%	95.2%
	RBN01	WHISTON HOSPITAL - RBN01	4A	101 - UROLOGY	100 - GENERAL SURGERY	2022	1817.63	1328	1283	930	900	930	890	89.9%	96.6%
	RBN01	WHISTON HOSPITAL - RBN01	4B	100 - GENERAL SURGERY	101 - UROLOGY	2255.5	2233	1653	1705	1030	1030	410	560	99.0%	103.1%
	RBN01	WHISTON HOSPITAL - RBN01	4C	100 - GENERAL SURGERY		1951	1859	1323	1317	930	920	930	920	95.3%	99.5%
	RBN01	WHISTON HOSPITAL - RBN01	4D	160 - PLASTIC SURGERY		1448	1738.5	466.5	436	620	640	310	300	120.1%	93.5%
	RBN01	WHISTON HOSPITAL - RBN01	4E	192 - CRITICAL CARE MEDICINE		5556.5	5576.03	1108	1286.5	3680	3550	620	710	100.4%	116.1%
	RBN01	WHISTON HOSPITAL - RBN01	4F	420 - PAEDIATRICS		1838	1807.25	502	481.5	760	760	310	310	98.3%	95.9%
	RBN01	WHISTON HOSPITAL - RBN01	5A	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1627	1580	2474.5	2145	930	730	930	990	97.1%	86.7%
	RBN01	WHISTON HOSPITAL - RBN01	5B	430 - GERIATRIC MEDICINE		1677	1615.015	2229	2043.5	930	736	930	910	96.3%	91.7%
	RBN01	WHISTON HOSPITAL - RBN01	5C	430 - GERIATRIC MEDICINE		2481	2434.5	1800	1839	1240	1250	930	820	98.1%	102.2%
	RBN01	WHISTON HOSPITAL - RBN01	5D	430 - GERIATRIC MEDICINE		1626.5	1453	1334	1422	620	620	620	600	89.3%	106.6%
	RBN02	ST HELENS HOSPITAL - RBN02	Duffy Ward	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1386	1184.5	2005	2191	620	620	620	620	85.5%	109.3%
	RBN01	WHISTON HOSPITAL - RBN01	SCBU	420 - PAEDIATRICS		1460.5	1399	721.5	721.5	960	960	310	300	95.8%	100.0%
	RBN01	WHISTON HOSPITAL - RBN01	Delivery Suite	501 - OBSTETRICS		3255	3150	912	742.5	2170	2080	620	440	96.8%	81.4%
	RBN02	ST HELENS HOSPITAL - RBN02	Seddon	314 - REHABILITATION		1395.04	1282.5	1619.5	1687.5	620	620	620	620	91.9%	104.2%

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

Org: RBN St Helens And Knowsley Hospitals NHS Trust

Period: December_2015-16

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Comments

Validation alerts (see control panel)	Only complete sites your organisation is accountable for				Day				Night				Day	
	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		
	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	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	RBN01	WHISTON HOSPITAL - RBN01	1A	430 - GERIATRIC MEDICINE		1773.5	1673	2180	2213	870	780	830	960	94.3%	101.5%

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

Org: RBN St Helens And Knowsley Hospitals NHS Trust

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Validation alerts (see control panel)	Only complete sites your organisation is accountable for					Day				Night				Day	
	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	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	Total monthly actual staff hours		
	RBN01	WHISTON HOSPITAL - RBN01	1A	430 - GERIATRIC MEDICINE		1773.5	1673	2180	2213	870	780	830	960	94.3%	101.5%

Fill rate indicator return
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Validation alerts (see control panel)	Hospital Site Details		Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night				Day	
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 2	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
						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	Total monthly actual staff hours		
	RBN01	WHISTON HOSPITAL - RBN01	1A	430 - GERIATRIC MEDICINE		1773.5	1673	2180	2213	870	780	830	960	94.3%	101.5%
			Total			64296.34	61955.925	41842.83	41893.5	31390	30096	18490	18495		

St Helens & Knowsley Teaching Hospitals NHS Trust

Safe Staffing

	Day				Night				Day		Night	
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
Ward Name	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	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
1A	1836.5	1719.5	1706.0	2019.5	900.0	780.0	900.0	940.0	93.6%	118.4%	86.7%	104.4%
1B	2796.5	2791.5	1121.5	1663.5	900.0	860.0	600.0	560.0	99.8%	148.3%	95.6%	93.3%
1C	3068.5	3035.0	1294.5	1621.5	1500.0	1520.0	600.0	590.0	98.9%	125.3%	101.3%	98.3%
1D	1827.0	1764.5	1541.0	1725.5	900.0	780.0	600.0	600.0	96.6%	112.0%	86.7%	100.0%
1E	2199.0	2177.0	741.5	741.5	1200.0	1160.0	0.0	0.0	99.0%	100.0%	96.7%	0.0%
2A	1657.0	1634.0	846.0	838.0	600.0	640.0	300.0	300.0	98.6%	99.1%	106.7%	100.0%
2B	1831.0	1754.0	1641.5	1641.5	900.0	730.0	600.0	650.0	95.8%	100.0%	81.1%	108.3%
2C	2006.5	1972.5	1328.0	1365.5	900.0	753.0	600.0	650.0	98.3%	102.8%	83.7%	108.3%
2D	1423.0	1402.5	874.0	1197.0	600.0	600.0	600.0	560.0	98.6%	137.0%	100.0%	93.3%
2E	2805.5	2647.5	1322.0	1249.0	1200.0	1180.0	600.0	560.0	94.4%	94.5%	98.3%	93.3%
3A	1794.5	1739.0	1222.0	1216.5	670.0	660.0	610.0	610.0	96.9%	99.5%	98.5%	100.0%
3Alpha	1163.0	1100.5	1306.0	1484.0	600.0	600.0	600.0	730.0	94.6%	113.6%	100.0%	121.7%
3B	1441.0	1409.0	1501.0	1556.0	600.0	610.0	600.0	580.0	97.8%	103.7%	101.7%	96.7%
3C	1889.5	1843.5	1546.5	1664.5	900.0	890.0	930.0	954.0	97.6%	107.6%	98.9%	102.6%
3D	2018.5	2008.0	1453.5	1389.0	900.0	860.0	600.0	780.0	99.5%	95.6%	95.6%	130.0%
3E	1489.5	1432.5	807.5	712.5	600.0	610.0	300.0	250.0	96.2%	88.2%	101.7%	83.3%
3F	2164.5	2236.5	578.0	534.0	1210.0	1200.0	310.0	280.0	103.3%	92.4%	99.2%	90.3%
4A	2080.0	1934.0	1299.0	1362.0	900.0	860.0	900.0	940.0	93.0%	104.8%	95.6%	104.4%
4B	2485.5	2469.5	1798.5	1887.5	1070.0	1080.0	460.0	510.0	99.4%	104.9%	100.9%	110.9%
4C	2063.0	2006.5	1251.0	1200.5	900.0	920.0	900.0	940.0	97.3%	96.0%	102.2%	104.4%
4D	1507.5	1780.0	441.5	461.0	600.0	700.0	230.0	230.0	118.1%	104.4%	116.7%	100.0%
4E	5505.5	5475.3	1240.0	1194.5	3500.0	3500.0	560.0	520.0	99.5%	96.3%	100.0%	92.9%
4F	1970.5	1882.0	563.5	539.5	600.0	600.0	310.0	310.0	95.5%	95.7%	100.0%	100.0%
5A	1510.0	1438.0	2207.5	2144.5	900.0	800.0	900.0	920.0	95.2%	97.1%	88.9%	102.2%
5B	1653.5	1604.0	2162.0	2076.5	900.0	860.0	900.0	860.0	97.0%	96.0%	95.6%	95.6%
5C	2416.5	2348.5	1685.0	1612.0	1200.0	1220.0	900.0	910.0	97.2%	95.7%	101.7%	101.1%
5D	1464.5	1370.0	1286.0	1557.5	600.0	620.0	600.0	580.0	93.5%	121.1%	103.3%	96.7%
Duffy Ward	1325.0	1141.5	1989.0	2213.5	600.0	600.0	300.0	490.0	86.2%	111.3%	100.0%	163.3%
SCBU	1619.0	1651.0	554.0	558.0	1040.0	1040.0	270.0	270.0	102.0%	100.7%	100.0%	100.0%
Delivery Suite	3040.0	2887.5	868.0	772.5	2100.0	2060.0	590.0	510.0	95.0%	89.0%	98.1%	86.4%
Seddon	1456.0	1357.5	1523.0	1569.0	600.0	600.0	600.0	640.0	93.2%	103.0%	100.0%	106.7%

TRUST BOARD PAPER

Paper No: NHST(16)007

Title of paper: Aggregated Incidents, Complaints and Claims Report Q2 2015

Purpose: To highlight trends and learning obtained from the aggregation and analysis of complaints, claims, internal incident reporting and PALS enquiries received by the Trust in the period 1 July – 30 September 2015. (Quarter 2)

Summary:

1. The number of incidents raised for this quarter (2015) was 3254 compared to 3082 in the same quarter last year (2014) demonstrating an increase of 172 (5.5%).
2. The number of StEIS incidents reported this quarter has increased by 1; with the majority of these being falls related.
3. There were 21 new clinical negligence claims and 37 insurance claims open for this quarter.
4. This paper provides triangulation between claims and Complaints/incidents however the electronic system that links incidents and complaints was only put into place in October 2015, therefore a full triangulation will not be possible until Q3.
5. There were a total of 131 Complaints received during Q2 July to September 2015. Of these 77 were 'Approved' 1st Stage Complaints. There were 441 PALS Contacts/ Enquiries during Q2 July to September 2015.
6. The Trust has responded to 66.7% of the complaints within agreed time frames.
7. The top 3 themes during Q2 July to September 2015are: Clinical Treatment (NEW) 66.8%; Patient Care/ Nursing Care (NEW) 20.4%; Admissions and Discharges (excl. delayed discharge re care package) (NEW) 12.9%.

Corporate objectives met or risks addressed: Safety – improve the system for learning and sharing lessons from Complaints, Claims and Incidents Reports.

Financial implications: None as a direct consequence of this paper.

Stakeholders: Patients and Trust staff.

Recommendation(s): Members are asked to consider and note this report.

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

Date of meeting: 27th January 2016

1.0 INTRODUCTION

The DATIX electronic reporting system will allow the information relating to incidents, complaints, claims and PALS to be collated and cross referenced.
This report attempts to draw out the trends and learning derived from the aggregation and analysis of internal incident reporting and of the complaints, claims and PALS enquiries received by the organisation. The emphasis is on patient experience and safety and the information includes:

- Serious incidents (SIs) created on the Strategic Executive Information System (STEIS).
- All reported incidents
- Complaints
- PALS
- Litigation (Claims and Inquests)

The data included in this report covers 01 July – 30 September 2015 (Q2)

2.0 QUANTITATIVE ANALYSIS

01July – 30 September 2015 (Q2)	Incidents	STEIS	Complaints	PALS	Claims
Total No. Reported	**3254**	**12**	**77**	**412**	**21**
Accident & Emergency	342		19	56	3
Anaesthetics	1			1	
Burns	7		6	2	2
Cancer Services	9			4	
Cardio Respiratory	16		2	3	
Cardiology	128		1	13	
Critical Care	30			3	
Dermatology	15		1	1	
Diabetes	9			2	
Ear, Nose & Throat (ENT)	18		1	14	2
Facilities	83		1	9	
Finance	2				
Gastroenterology	86		3	16	
General Medicine	320	2	5	35	2
General Surgery	205		13	57	2
Genito-urinary Medicine	-				
Gynaecology	37		1	19	
Haematology	38	1			1
Human Resources	3				
Informatics	4			1	
Medicine for Older People	482	5	4	22	
Neurophysiology	-				

Obstetrics	211			13	4
Operational	5			3	
Ophthalmology	13			7	
Orthodontics & Oral Surgery	3			3	
Orthopaedic	123	2		51	
Paediatrics	248			2	
Pain Services	-			3	
Palliative Care	-			1	
Pathology	239			1	
Pharmacy	25			2	
Plastics	56			11	
Psychology	-				
Quality & Risk	8			22	
Radiology	81			5	1
Rehabilitation	38				
Respiratory	128	2		11	
Rheumatology	13			3	
Sexual Health	16				
Theatres	181				
Therapy Services	16			6	
Urology	15			10	1

2.1 Top 10 Themes

Incidents		PALS		Complaints		Claims	
Accident that may result in personal injury	825	Admissions and discharges	88	Clinical Treatment	36	Failure to diagnose	9
Implementation of care or on-going monitoring/review	424	Communications	73	Patient care/Nursing care	13	Performance of surgical procedure	4
Access, Appointment, Admission, Transfer, Discharge	297	Patient care/ nursing care	59	Values and Behaviours	8	Performance of medical procedure	4
Medication	250	Clinical treatment	55	Admission/Discharge	7	Delay	2
Infrastructure or resources	242	Appointments	53	Appointments	4	Fall	1

Abusive, violent, disruptive or self-harming behaviour	229	Access to treatment or drugs	29	Communications	3	Not enough details	1
Clinical assessment (investigations, images and lab tests)	222	Other(e.g abuse/behaviour/theft/benefits)	13	Facilities	2		
Patient Information (records, document's, test results, scans	207	Staff attitude/behaviour	9	Trust admin/policies/procedures	2		
Treatment, procedure	190	Waiting times	8	Prescribing	1		
Consent, Confidentiality or Communication	112	Values and behaviours	7	Waiting times	1		

Note: The above chart should be used as guidance only as the claims received often fall in to more than one category, for example there may have been negligent performance of a surgical procedure followed by a fall on the ward, or failure to diagnose a condition with general unhappiness regarding care received

Clinical Care accounts for 15 of the themes identified Communication and

records account for 4 of the themes identified

Access/Admission/Discharge Issues account for 6 of the themes identified

Infrastructure account for 2 of the themes identified

Attitude/Behaviour /Competence account for 3 of the themes identified

Other account or 3 of the themes identified

2.2 Data- Incidents

The Trust ambition is to increase the number of no/low harm incidents reported whilst reducing the volume of significant harm incidents, the Trust has continued to improve its position annually over the past three years.

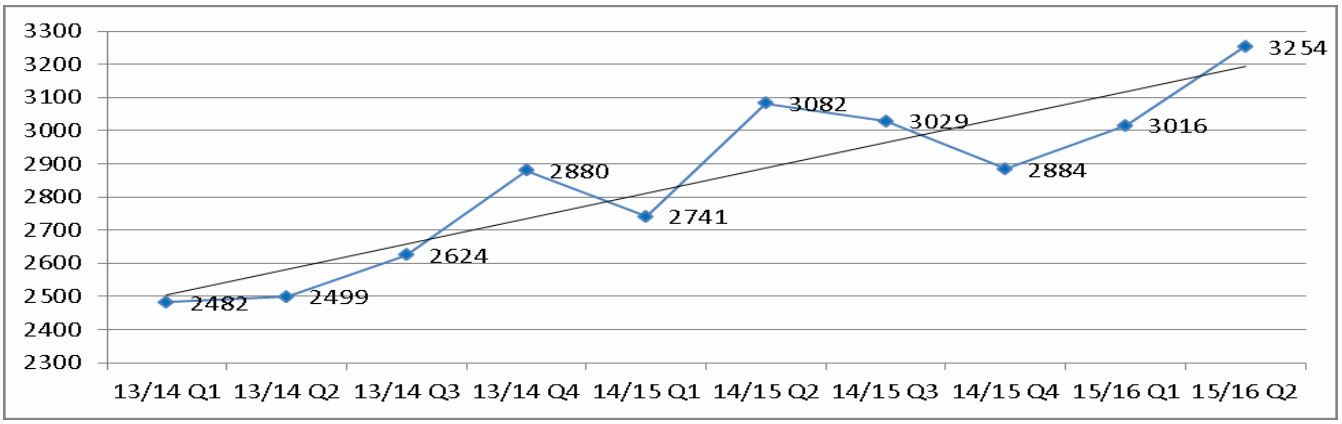
The latest data published by the NRLS in September 2015 relates to incident data from October 14 – March 15. (*Data for April 15 to September 15 will not be publshed until April 2016)*.

We continue a steady increase in incident reporting and continue to lower the risk of under-reporting as monitored in the CQC risk profile. Our mean number of days for reporting incidents to the NRLS (15) is substancially under the expected target of 30 days.

The table below shows data published for local non specialist organisations.

Organisation name	Median number of days between incidents occurring and being reported to the NRLS	Number of incidents occurring	Rate per 1,000 bed days
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	91	4,308	31.46
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	15	4,213	35.34
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	16	3,917	32.62
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	5	3,584	38.59
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	23	3,515	36.83
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	99	3,153	41.3
EAST CHESHIRE NHS TRUST	40	2,883	47.73
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	51	2,767	28.91
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	40	2,669	22.56

The table below shows the organisations activity for reporting from April 2013.



2.3 Lessons learnt from incidents

In Quarter 2, there were a number of lessons learnt from our completed serious incident reports.
A report into a grade 3 pressure ulcer highlighted that we implemented pressure ulcer prevention strategies on a patient that presented to hospital with a deep tissue injury. Deep tissue injuries are usually a predecessor to an underlying and already developed grade 3 pressure ulcer. In addition the patient was end of life and did not want to be repositioned as often as our policies would request. This highlighted a gap in communication and the need for these types of incidents to be reported externally to commissioners. Discussions are still on-going with commissioners to agree if these are to be reported externally. The patient had a good experience, staff showed compassion and dignity to the patient and was allowed to die in his preferred place.

Another issue identified was the staff knowledge when dealing with a patient in an emergency situation when in a hoist. An incident highlighted that staff were unaware of how to access and use the emergency release button. This has been actioned within mandatory training with a physical demonstration within the moving and handling section and local individual training from medical device link nurses.

An obstetric incident highlighted lessons to be leaned around placental abruption. The investigatory team has determined that care was appropriate in the initial stages of the patients presentation, but that a review of the clinical picture should have been undertaken at around as labour had failed to progress. This would have given the opportunity for a more senior review by a Consultant, or for a decision to be taken to proceed to caesarean section. Following this all obstetric training and escalation procedures have been updated and communicated to staff.

Falls continued to be a high cause of significant harm.
The themes of inappropriate utilisation of bed rails and poorly completed and implemented risk assessments and their associated action plans continue as primary causation factors first identified in Q1.

3. Data – Complaints

During the period from June to October, the Trust's DatixWeb Patient Experience module was extensively reviewed; new forms were designed for both the Complaints and PALS data input, together with new fields and codes for relevant data collection. These changes for Complaints and PALS were brought on-line in October 2015 and therefore the data for Q2 July to September 2015 will not have details of the data from the new fields/ codes that have been added. This information will be available from Q3 onwards.

3.1 Number of complaints received/ Care Groups

There a total of 131 (n=131) complaints received by the Central Complaints Team. Table 1 below shows these complaints by approval status and Stage of complaints.

Table 1

	Unapproved	Approved	Rejected	Total
1st stage complaint	1	77	4	82
2nd stage complaint	0	34	0	34
3rd stage complaint	0	3	0	3
Concerns - General	0	0	2	2
Joint Complaint (Trust Not Leading)	0	1	0	1
Out of Time (OOT)	0	9	0	9
Total	1	124	6	131

This report will look at 77 (n=77) 1st stage Complaints that were approved and investigated. Table 2 below gives a breakdown of these Complaints by Care Group and month received.

Table 2

	Jul 2015	Aug 2015	Sep 2015	Total
Medical Care Group	15	10	12	37
Surgical Care Group	12	10	15	37
Facilities (Medirest/TWFM)	0	0	1	1
Nursing, Governance, Quality & Risk	0	1	0	1
Operational	0	0	1	1
Total	27	21	29	77

3.2 Care Group/ Specialty

In table 3 below, these 77 (n=77) complaints are shown by Specialty and Care Groups. It can be noted from this table that the highest number of complaints received related to Accident & Emergency (ED) specialty.

Table 3

	Medical Care Group	Surgical Care Group	Facilities (Medirest/TWFM)	Nursing, Governance, Quality & Risk	Operational	Total
Accident & Emergency	19	0	0	0	0	19
Cardiology	1	0	0	0	0	1
Dermatology	1	0	0	0	0	1
Ear, Nose & Throat (ENT)	0	1	0	0	0	1
Facilities	0	0	1	0	0	1
Gastroenterology	3	0	0	0	0	3
General Medicine	5	0	0	0	0	5
General Surgery	0	13	0	0	0	13
Gynaecology	0	1	0	0	0	1
Medicine for Older People	4	0	0	0	0	4
Obstetrics	0	7	0	0	0	7
Operational	0	0	0	0	1	1
Ophthalmology	0	1	0	0	0	1
Orthopaedic	0	8	0	0	0	8
Paediatrics	1	0	0	0	0	1
Plastics	0	6	0	0	0	6
Quality & Risk	0	0	0	1	0	1
Respiratory	2	0	0	0	0	2
Sexual Health	1	0	0	0	0	1
Total	37	37	1	1	1	77

3.3 Complaints Subjects

All complaints are categorised into main subject areas as defined by the Department of Health, these are known as KO41(a) Subject. The main KO41(a) Subject area of the 77 (n=77) complaints are shown in table 4 below. The highest is Clinical Treatment subject category with 36 complaints, representing some 46.7% of the complaints received during Q2 July to September 2015.

Table 4

	Medical Care Group	Surgical Care Group	Facilities (Medirest/TWFM)	Nursing, Governance, Quality & Risk	Operational	Total
Admissions and Discharges (excl.delayed discharge re care package)(NEW)	3	4	0	0	0	7
Appointments (NEW)	1	2	0	0	1	4
Clinical Treatment (NEW)	22	14	0	0	0	36
Communications (NEW)	1	2	0	0	0	3
Facilities (NEW)	1	1	0	0	0	2
Patient Care/ Nursing Care (NEW)	8	5	0	0	0	13
Prescribing (NEW)	0	1	0	0	0	1
Trust Admin/ Policies/ Procedures (Inc. Patient Record Management) (NEW)	0	0	1	1	0	2
Values and Behaviours (Staff) (NEW)	1	7	0	0	0	8
Waiting Times (NEW)	0	1	0	0	0	1
Total	37	37	1	1	1	77

3.4 Sub-Subjects – Issues/concerns

Each complaint has many sub-issues or sub-subjects. The following table (table 5) gives details of the sub-subjects within above 77 (n=77) complaints. There were 358 (n=358) sub-subject issues that were raised within the 77 (n=77) complaints. It can be noted that 'Clinical Treatment' was the highest in Q2 July to September 2015.

Table 5

	Medical Care Group	Surgical Care Group	Facilities (Medirest/TWFM)	Nursing, Governance, Quality & Risk	Operational	Total
Admissions and Discharges (excl.delayed discharge re care package) (NEW - April 2015)	19	10	0	0	0	29
Appointments (NEW - April 2015)	2	5	0	0	1	8
Clinical Treatment (NEW - April 2015)	64	58	0	0	0	122
Communications (NEW - April 2015)	26	33	1	0	2	62
End of Life Care (NEW - April 2015)	2	0	0	0	0	2
Facilities (NEW - April 2015)	1	2	0	0	0	3
Patient Care/ Nursing Care (NEW - April 2015)	39	20	0	0	0	59
Privacy and Dignity (New - April 2015)	5	1	0	0	0	6
Prescribing (NEW - April 2015)	5	5	0	0	0	10
Staff Numbers (NEW - April 2015)	1	0	0	0	0	1
Trust Admin/ Policies/ Procedures (Inc. Pateint Record Management)(NEW - April 2015)	5	5	1	1	0	12
Values and Behaviours (Staff) - (NEW - April 2015)	14	19	1	0	0	34
Waiting Times (NEW - April 2015)	6	4	0	0	0	10
Total	189	162	3	1	3	358

4 Themes/ Actions/ Lessons learnt

Within the 77 (n=77) complaints received during Q2 July to September 2015, table 6 below shows what these cases predominantly related to.

Table 6

	Medical Care Group	Surgical Care Group	Facilities (Medirest/TWFM)	Nursing, Governance, Quality & Risk	Operational	Total
Facilities/Infrastructure	0	0	1	0	0	1
Non Specific	3	3	0	1	0	7
Predominantly Allied Health Professional	1	0	0	0	1	2
Predominantly Medical Related	23	23	0	0	0	46
Predominantly Nursing Care Related	10	11	0	0	0	21
Total	37	37	1	1	1	77

4.1 Themes and lessons learnt from complaints

Medical Care group:

Hoist related complaint:

- Staff to ensure hoist is sought after first attempt to assist a patient from floor is unsuccessful.
- Monitoring compliance with staff Moving & Handling training and addressing any shortfalls immediately

Bed related complaint:

- Ensure patient safety and apply brakes to trolley/bed before patient transfer.
- Monitoring compliance with staff Moving & Handling training and addressing any shortfalls immediately.

ECG related complaint

- Reception Staff to bleep ECG immediately for all presenting Chest Pain patients.
- Staff reminded of ACE Behavioural Standards
- Documented in Reception Communication book.

Incident investigation

- In order to trace the Staff involved in the patients care for both 'thank you's' and complaints it is important that signatures are legible. Signature Lists have been introduced in ED to help speed up the process of identifying staff involvement

Surgical Care group:

- Patient was unable to distinguish between the different uniforms worn by staff – this has now been rectified with pictures of the various uniforms displayed on the ward.
- Staff to advise patients/relatives that they are responsible for their own property and that any valuables should be left at/taken home.
- Staff to go back to patient and ensure they understand what they have been told.
- It is important to ensure patient expectations are realistic and that they are given as much information as possible.
- LA thinks most complaints on 3B are linked to staff attitudes. She is looking at lessons learnt using ACE Behavioural standards.

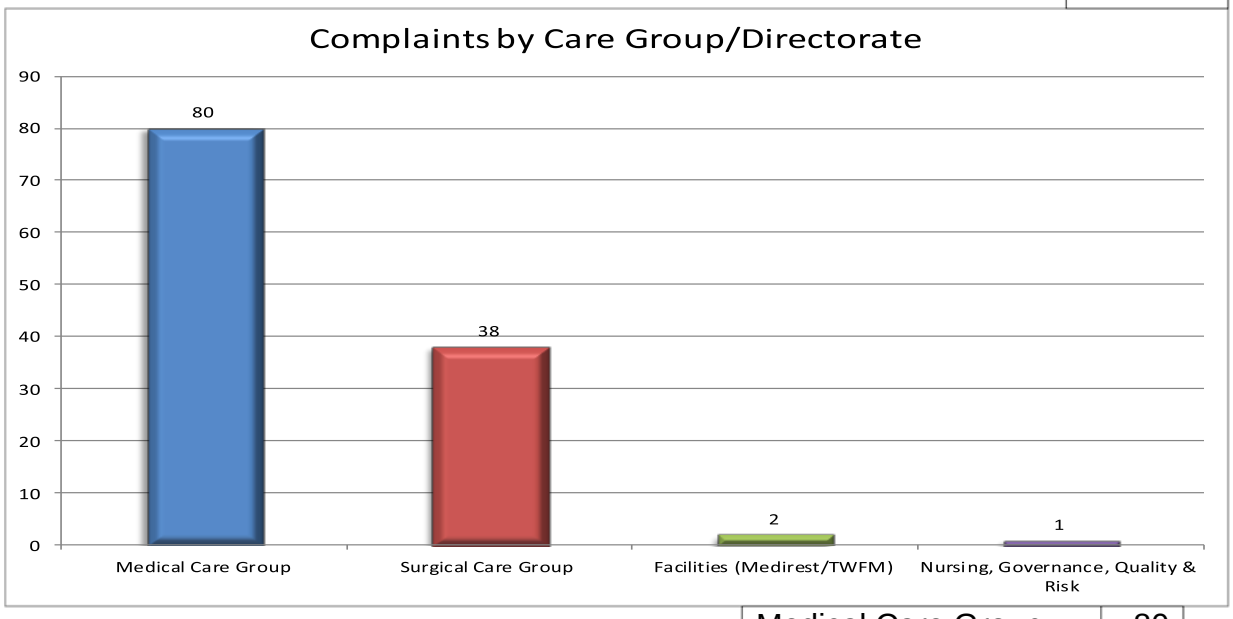
- Waiting rooms (OPD) – There is a capacity issue which is on the risk register at present. Staff are monitoring this and CP has asked volunteers co-ordinator for help. One temporary suggestion was that a screen may be used to split the rooms in two.
- One of the complaint problems is concerning communication between staff – KB gave an example of patient who had been moved to the ward, the family rang to find out information and a member of staff informed them the patient was not on the ward.
- Patient had to change in the toilet and that all discussions with the patient took place in the day room which was inappropriate. An action plan has now been put in place with a view to allocating specific changing rooms for patients.
- Consultant attitude – patient states that the consultation lasted only 1½ minutes.

5 Decision outcomes/results of complaints

From the 77 (n=77) complaints 1st Stage received during Q2 July to September 2015, 25 (n=25) complaints were responded and closed to within the quarter.

A total of 121 (n=121) complaints that were responded to and closed during Q2 July to September 2015, Chart 1 below gives an illustration by Care Groups (This chart includes the above 24 complaints cases).

Chart 1



Medical Care Group	80
Surgical Care Group	38
Facilities (Medirest/TWFM)	2
Nursing, Governance, Quality & Risk	1
Total	121

The Received dates of the closed cases ranged from April 2014 to September 2015. The Trust had a backlog of complaints cases and these have now been resolved. Table 7 gives details of the 121 (n=121) complaints that were completed and closed within the Q2 July to September 2015.

Table 7

	Medical Care Group	Surgical Care Group	Facilities (Medirest/TWFM)	Nursing, Governance, Quality & Risk	Total
Apr 2014	1	0	0	0	1
May 2014	1	0	0	0	1
Jun 2014	1	0	0	0	1
Jul 2014	0	0	0	0	0
Aug 2014	4	0	0	0	4
Sep 2014	1	0	0	0	1
Oct 2014	7	1	0	0	8
Nov 2014	2	0	0	0	2
Dec 2014	2	0	0	0	2
Jan 2015	8	0	0	0	8
Feb 2015	3	0	0	0	3
Mar 2015	8	2	0	0	10
Apr 2015	16	3	0	0	19
May 2015	12	7	0	0	19
Jun 2015	5	8	2	0	15
Jul 2015	7	11	0	0	18
Aug 2015	1	5	0	1	7
Sep 2015	1	1	0	0	2
Total	80	38	2	1	121

6 SIRI Complaints

There were two (n=2) complaints cases escalated as SIRI during Q2 July to September 2015. The details of these two cases are given below in table 8:

Table 8

ID	Approval status	First received	Location Exact	Service area (KO41(A))	Specialty admitted	Subject (KO41(A))
10360	Approved	26/08/2015	Ward 1A - Medicine for Older People	In-patient Services	Medicine for Older People	Patient Care/ Nursing Care (NEW)
11205	Approved	31/07/2015	Clinic Gastroenterology	Outpatient Services	Gastroenterology	Clinical Treatment (NEW)

7 Incidents linked complaints

Following September 2015 Quality Committee recommendations, the Complaints are now linked to any incidents that may have been submitted for the person affected. From Q4 onwards this data will be available and will be included in the next report.

8 Independent review panel

There were no Independent Panel review cases during Q2 July to September 2015

9 PHSO involvement

There were no PHSO referral cases during Q2 July to September 2015.

10 PALS Contacts/ Enquires data

There were a total of 441 (n=441) PALS Contacts/ Enquiries during Q2 July to September 2015, of these 412 (n=412) contacts/ enquires were for following Care Group/ Specialty (see table 9). It can be noted that the top three Specialties that had the highest number of enquiries were: General Surgery (57); Accident & Emergency (56); and Orthopaedic (51).

Table 9

	Medical Care Group	Surgical Care Group	Clinical Support Group/ Services	Health Informatics/ Health Records	Facilities (Medirest/TWFM	Nursing, Governance, Quality & Risk	Operational	Total
Accident & Emergency	56	0	0	0	0	0	0	56
Anaesthetics	0	1	0	0	0	0	0	1
Burns	0	2	0	0	0	0	0	2
Cancer Services	0	0	4	0	0	0	0	4
Cardio Respiratory	3	0	0	0	0	0	0	3
Cardiology	13	0	0	0	0	0	0	13
Critical Care	3	0	0	0	0	0	0	3
Dermatology	1	0	0	0	0	0	0	1
Diabetes	2	0	0	0	0	0	0	2
Ear, Nose & Throat (ENT)	0	14	0	0	0	0	0	14
Facilities	0	0	0	0	9	0	0	9
Gastroenterology	16	0	0	0	0	0	0	16
General Medicine	35	0	0	0	0	0	0	35
General Surgery	0	57	0	0	0	0	0	57
Gynaecology	0	19	0	0	0	0	0	19
Informatics	0	0	0	1	0	0	0	1
Medicine for Older People	22	0	0	0	0	0	0	22
Obstetrics	0	13	0	0	0	0	0	13
Operational	0	0	0	0	0	0	3	3
Ophthalmology	0	7	0	0	0	0	0	7
Orthodontics & Oral Surgery	0	3	0	0	0	0	0	3
Orthopaedic	0	51	0	0	0	0	0	51
Paediatrics	2	0	0	0	0	0	0	2
Pain Services	0	3	0	0	0	0	0	3
Palliative Care	1	0	0	0	0	0	0	1
Pathology	0	0	1	0	0	0	0	1
Pharmacy	0	0	0	0	0	0	2	2
Plastics	0	11	0	0	0	0	0	11
Quality & Risk	0	0	0	0	0	22	0	22
Radiology	0	0	5	0	0	0	0	5
Respiratory	11	0	0	0	0	0	0	11
Rheumatology	3	0	0	0	0	0	0	3
Therapy Services	0	0	6	0	0	0	0	6
Urology	0	10	0	0	0	0	0	10
Total	168	191	16	1	9	22	5	412

11 PALS Contact/ Enquiries linked to complaints

The new forms design for both Complaints and PALS came on-line in October 2015, the PALS – Complaints linked data will be available from Q4 onwards and will be included in the Q4 report.

12 Recommendations

It is recommended to note and agree the format of this report and to recommend it for the aggregated Report.

13. Data – Claims (Litigation)

The Trust continues to deal with approximately 70% of claims "in house" in order to ensure continuity and cost reduction.

13.1 New Clinical negligence claims received in Q2

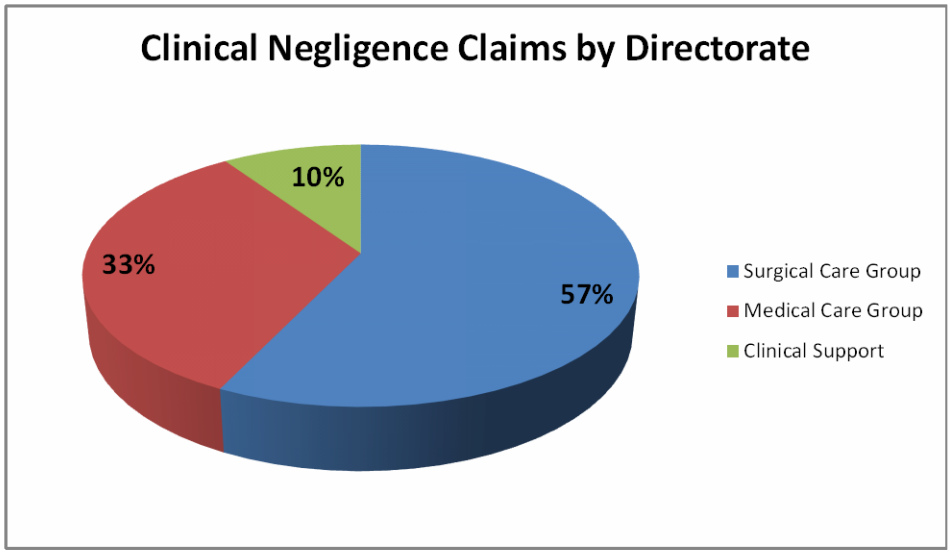
The Trust received 21 new claims in Q2. 40 new claims were received in the same period last year. **This represents a fall of 47.5%.**

Total number of clinical negligence claims open in Q2

There are 414 active clinical negligence claims currently being pursued against the Trust.

Breakdown of clinical negligence claims received in Q2 by Directorate

- Surgical Care Group- 12 claims
- Medical Care Group- 7 claims
- Clinical Support- 2 claims



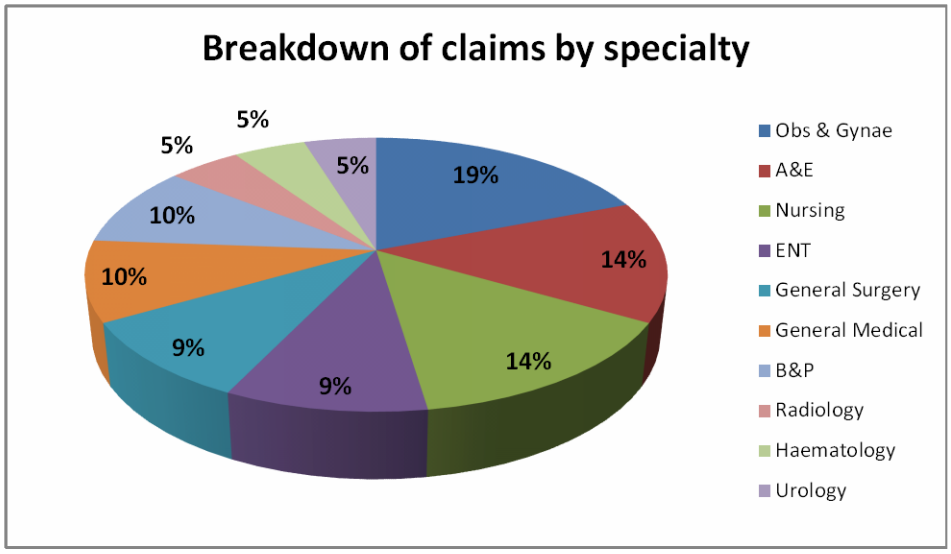
13.2 Triangulated Claims

A small number of claims have been directly linked to incidents or/and complaints, however none of the claims that where received in Q2 related to incidents or that took place in Q2 or complaints that where received in this time period.

3 = linked with a complaint and Incident
4 = linked to an incident
7 = linked to a complaint
7 = neither a previous complaint or incident

14. Breakdown of clinical negligence claims received by specialty

Obstetrics & Gynaecology	4 claims
Accident and Emergency	3 claims
Nursing	3 claims
ENT	2 claims
General Surgery	2 claims
General Medical	2 claims
Burns & Plastics	2 claims
Radiology	1 claim
Haematology	1 claim
Urology	1 claim
TOTAL	**21 claims**

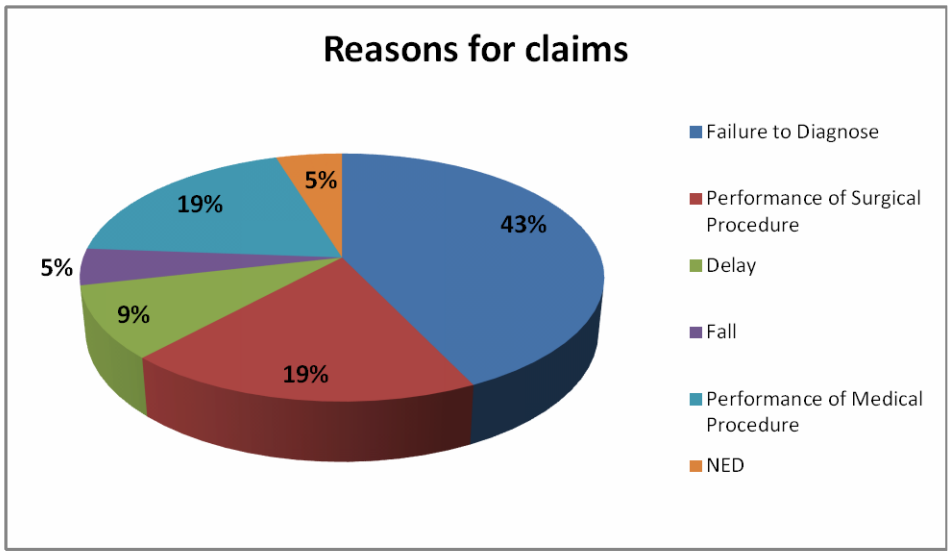


The Trust received 21 new clinical negligence claims in the period up to 30 September 2015; this is a 47.5% reduction when compared to the number received by the Trust in last year's comparable quarter when we received 40 claims. In this quarter Medical Care Group received 7 claims whereas last quarter they received 12 claims which represent a decrease of 41%. Surgical Care Group received 12 claims whereas last quarter they received 14 claims which represent a decrease of 14%.

In terms of specialty, A&E has seen a decrease in claims but ENT, B&P and General Medical has increased from 0 to 2 claims.

15. Reasons for clinical negligence claims received

Failure to Diagnose	9 claims
Performance of Surgical Procedure	4 claims
Delay	2 claims
Fall	1 claim
Performance of Medical Procedure	4 claims
Not Enough Details	1 claim
TOTAL	**21 claims**



As in the previous quarter, delay/failure to diagnose and performance of surgery remain high litigation areas. However, it must be noted that these figures relate to the time when the claim was received rather that the index event which could have been some time earlier.

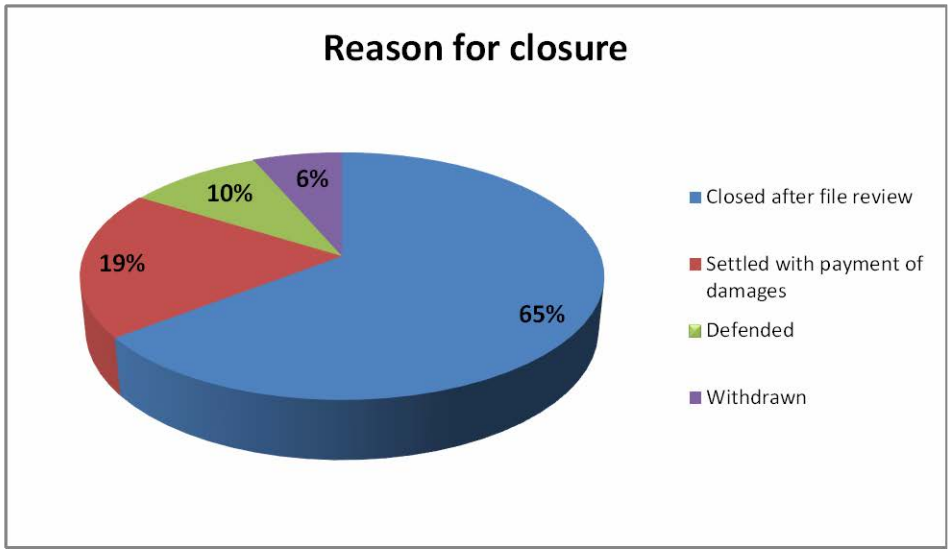
Clinical negligence claims closed in Q2
A total of 31 claims were closed during Q2.

Number of clinical negligence claims closed with payment of damages Q2
6 claims were closed with payment of damages. The total amount paid in damages on behalf of the Trust was **£91,733.33.** In the same period last year **£391,453.19** was paid out on the Trust's behalf. This represents a 77% decrease.

16. Number of clinical negligence claims closed without payment of damages

25 claims were closed without payment of damages. These claims were either withdrawn, successfully defended or closed after file review.

Closed after file review	20 claims
Settled with payment of damages	6 claims
Defended	3 claims
Withdrawn	2 claims
TOTAL	**31 claims**



17. Lessons Learnt

Two training sessions where provided for clinicians in Q2 to facilitate lesson learning and development of understanding of the claims process. An evening session on consent, covering the recent Montgomery ruling was extremely well attended with 70 plus attendees many of which were Senior Consultants.

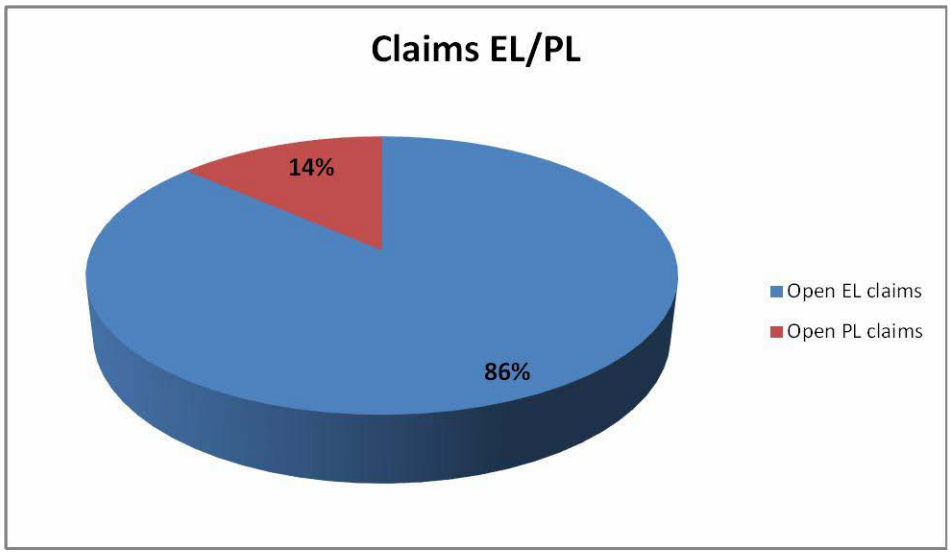
A full morning session was also delivered covering all aspects of claims management. Again this was well attended and included a multi-disciplinary skill mix of attendees.
It is intended that further sessions will be provided in the future according to demands and developments.
A new Claims Governance Group has been formed consisting of senior managers and clinicians to review claims and the claims process. This is still in the developmental stage and is currently reviewing Terms of Reference.

18. Insurance Claims

Insurance claims currently open

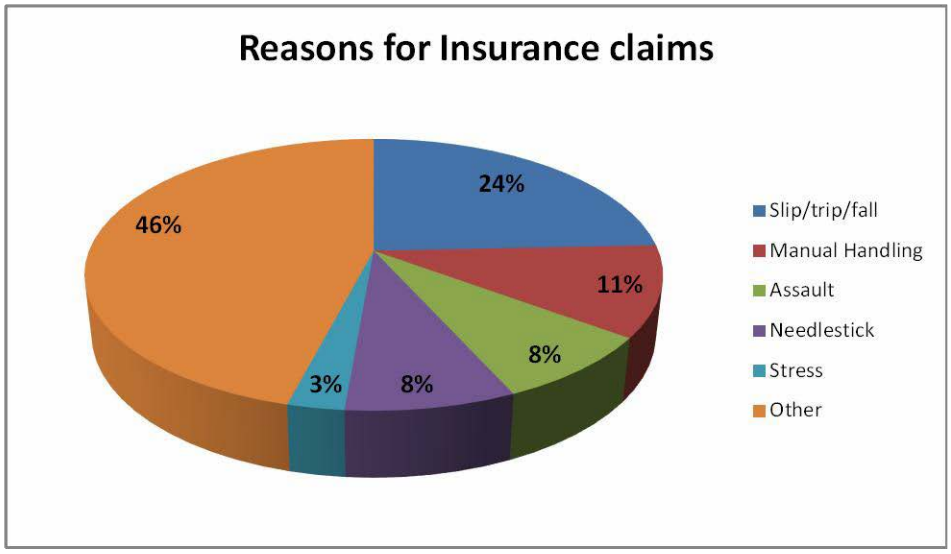
The Trust currently has 37 open Insurance claims:

Employers Liability	32 claims
Public Liability	5 claims



18.1 Reasons for claims:

Slip/trip/fall	9 claims
Manual Handling	4 claims
Assault by patient	3 claims
Needle stick	3 claims
Work related stress	1 claim
Other	17 claims
TOTAL	**37 claims**



18.2 Insurance claims closed in the period

4 Insurance claims were closed in Q2
3 claims were closed with payment of damages
1 claim were closed without payment of damages

18.2 Damages paid

The total paid in damages in the period was **£41,684.54** this is a 15% increase on the previous quarter when **£35,650.00** was paid in damages.

18.3 Inquests

The Trust, via the Legal Department proactively manages non-routine Inquests. These Inquests are where members of our staff are being called to give evidence and/or there are novel or contentious issues. In many cases there are lessons to be learned and require a corporate witness to inform the Coroner of these lessons and what action has been subsequently taken to prevent recurrence. The Press and Public Relations Office are also kept informed if there is any potential for media interest and therefore a risk to the organisation's reputation.

Currently there are 5 open Inquests that fall within the above criteria

18.4 Police

New requests in this period	86
Re-opened in this period	14
Outstanding in this period	34
Closed in this period	101

18.5 Access to Health Records

New request within this period	122
Closed out in this period	75
Targets reached in this period	68

Third Party

New requests within this period	602
Closed out in this period	557
Targets reached in this period	539

19. QUALITATIVE ANALYSIS

19.1 Clinical Care

Clinical care continues as the highest theme within incidents, complaints and claims. Patient accidents are the highest reported incident. Patient falls that resulted in serious injury continue as the highest component of StEIS reporting in Q2. A review of these has found that even though in some cases all measures are put into the place that should be, the majority of cases have found repeated themes such as incomplete falls risk assessments, incorrect use of bedrails and a general lack of communication between ward staff around the needs of the patient. Whilst none of these themes alone cause a patient to fall, together they contribute to the incident occurring. The Falls Service has completed an action plan which will see the re-introduction of support and awareness for staff and the forming of a strategic multidisciplinary group with a greater overview of the falls agenda.

19.2 Complaints related example – Clinical care (fracture)

An X-ray was undertaken confirming that the patients shoulder was broken; patient was informed she would be reviewed by a consultant whilst in the department which did not happen. Nurse consultant reviewed and informed the patient that the break would heal by itself, patient was discharged and an appointment for fracture clinic was made. Patient attended fracture clinic, no improvement in her shoulder and consultant informed her that surgery was probably needed as the ligaments and muscle had been damaged; referral to another consultant made with appointment for three weeks. Patient attended a further appointment and was informed that an operation would be undertaken as an emergency on 22/9/15; On 21/9/15 patient informed that she was not on the list for surgery on 22/9/15 and may not be till the 6/10/15 before her emergency treatment takes place. Patient is in constant pain and discomfort and states that pain relief has little effect. Patient is very dissatisfied by the level of service and feels badly let down by administrative failures.

Actions implemented

1. Increase fracture clinic capacity and increased the number of clinics to be held (including Saturday)

2. As part of the orthopaedic service reconfiguration – the will be 2 Specialist Nurse posts that cover the role of trauma Co-ordination – to ensure the service is fully covered, when one is on leave – Post out to advert Oct 2015

Outcome from complaint investigation

It was agreed that the patients experience fell below the high standards the Trust expects and the Trust has been exploring ideas to improve the services provided to patients. Improvements have been made within the clinic to ensure that the current waiting time for an appointment is now 2-3 days. Unreserved apologies for failures identified have been given.

20. Summary

There continues to be a quarterly increase in reported incidents within the Trust (8%), this supports the transparency agenda and provides assurance that staff feel confident that systems in place to learn from harm are robust and reliable. It is pleasing to note that there has been 21% decrease in incidents reported within general medicine which in quarter 1 was the highest area of incident reporting. Incident reporting in medicine for the elderly has increased by 35% to become the highest reported of incidents in Q2.
There has been an 8% reduction in complaints; however this has been offset by a 38% increase in PALS which could be directly related to the downward trend in complaints.

The themes related to incidents/claims and complaints remain almost static from Q1.
Complaints performance has improved from Q1 with 44% more complaints closed in Q2 than in Q1.

Claims have reduced in Q2 and although a small number of complaints and incidents can be linked to claims from previous quarters, no incidents or complains from Q2 where received as claims in Q2.

ENDS

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)008
Title of paper: Quality Account 2015-16
Purpose: To notify the Board of the proposed timetable for the production of the 2015/16 Quality Account
Summary: The annual Quality Account provides the public and stakeholders with a full picture on the quality of the NHS health services provided by the Trust, including progress on improving the quality of care delivered and the key priorities for the forthcoming year. A timetable has been drafted in order to ensure that all the prescribed content is included in the Quality Account and that all the relevant stakeholders have been engaged in reviewing the draft account and proposed quality priorities, prior to formal Board approval and submission to the Secretary of State by the due deadline of 30th June 2016.
Corporate objectives met or risks addressed: We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families
Financial implications: Annual cost of external audit of Quality Account circa £10,000 plus VAT
Stakeholders: Patients, staff, commissioners, Healthwatch, Department of Health, Trust Development Authority
Recommendation(s): Members are asked to note and approve the timetable.
Presenting officer: Sue Redfern, Director of Nursing
Date of meeting: 27 January 2016

Introduction

The annual Quality Account provides an opportunity for the Trust to engage with patients, the public and our stakeholders regarding the quality of the NHS services we have provided, the areas for improvement and progress in delivering against these. It puts quality reporting on an equal footing with financial reporting and ensures that the Trust is held to account for the standard of care delivered.

In line with the Health Act 2009, each year the Trust is required to produce and publish a Quality Account and submit this to the Secretary of State for Health by 30th June. This is undertaken by uploading to the NHS Choices website. A key part of the process is active engagement with stakeholders to agree the priorities for the forthcoming year and to review progress in delivering the previous year's priorities. Generally these are themed around patient safety, patient experience and feedback about the care received and clinical effectiveness.

The Department of Health requires that NHS acute trusts gain external audit assurance on their quality accounts. This is in the form of a limited assurance review of compliance with the regulations, consistency with specified documentation (including Board minutes for the financial year, patient and staff survey results and feedback from commissioners) and substantive testing for two indicators in the account.

Content

Each year updated guidance is provided to Trusts to ensure that the Quality Account contains all the relevant information. This will be reviewed, when received, to ensure that all the stipulated requirements are met. In the past the following prescribed sections were included:

Part 1 – a written statement summarising the trust's view of the quality of relevant healthcare services it has provided.
Part 2 – the mandatory information set out in the schedule attached to the regulations (covers priorities for improvement and statements relating to the quality of relevant healthcare services provided).
Part 3 – information chosen by the provider to demonstrate the quality of relevant healthcare services it has provided.
Annex containing the statements or copies of the statements provided by other bodies, including local Healthwatch
Section outlining key areas for improvement, with the monitoring and reporting processes, with progress made since the previous Quality Account

Engagement

It is essential to maintain on-going engagement with all stakeholders, including patients and staff in agreeing next year's quality priorities and in delivering year-on-year improvements. In addition to the established forums for engagement it is proposed to conduct a survey and also to hold a stakeholder event in January to determine key areas for focus going forward. These will then be subject to further internal discussion and approval prior to being included in the next Quality Account.

Conclusion

In order to meet the stipulated deadlines a timetable has been produced (Appendix 1), with work commencing in early January on an initial draft outline.

Appendix 1 - Timetable for Production of Quality Account 2015/16

Please note the Executive Lead for all actions is Sue Redfern, Director of Nursing, Midwifery and Governance.

Action	Forum	Internal Deadline (statutory deadlines in red)	Lead
Review Quality Account Guidance and use the guidance to inform the draft outline framework		31st December 2015, although dependent on date guidance published	(Anne Rosbotham-Williams) ARW
Agree Quality Account process and timetable	Board	27th January 2016	ARW
Draft outline framework for 15/16 Quality Account	Clinical senate/ Executives	28th January 2016	ARW
Identify proposals for quality priorities for 2016/17 – long-list	Matrons meeting Executive Committee Quality Committee Stakeholder survey Stakeholder event/CQPG	1st February 2016	ARW
Refine long-list of quality priorities		5th February 2016	ARW
Draft outline of Quality Account to be presented to Audit Committee	Audit committee	19th February 2016	SR
Stakeholder survey to vote on final quality priorities		19th February 2016	ARW
Produce final list of quality priorities		26th February 2016	ARW
Produce and review first draft of Quality Account, including data for first 3 quarters of 2015/16	Executive Committee	10th March 2016	ARW
	Quality Committee	15th March 2016	ARW
	Audit Committee	13th April 2016	ARW
Amend first draft of Quality Account following Committee review		15th April 2016	ARW
Review second draft of Quality Account 15/16, including presentations to key bodies	Stakeholders – Overview and Scrutiny Committee, Healthwatch, Clinical Commissioning Groups	date for early April TBC (30th April 2016)	ARW
	Executive Committee	14th April 2016	ARW
	Quality Committee	19th April 2016	ARW
	Board	27th April 2016	ARW
Statements received and agreed with external stakeholders –		2nd May 2016	ARW

Action	Forum	Internal Deadline (statutory deadlines in red)	Lead
Healthwatch from Knowsley, Halton and St Helens; Knowsley, Halton and St Helens CCGs			
External Audit review of Quality Account	Will report to Audit Committee – see below	April date TBC	ARW
Update information with end of year data and circulate to external audit and stakeholders, with briefing if data is significantly different to previous information. Include any amendments necessary following reviews outlined above.		5th May 2016	ARW
Final draft for approval	Executive Committee	12th May 2016	ARW
	Quality Committee	17th May 2016	ARW
	Audit Committee	Tbc	ARW
	Board	25th May 2016	ARW
Submission to Department of Health via NHS Choices website and posted on Trust internet site.		29th June 2016 (30th June 2016)	ARW

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)009
Title of paper: Trust Safeguarding Adult Annual Report 2014/15
Purpose: To provide the Board with the Safeguarding Adult Annual Report 2014/15
Summary: • The Report outlines Trust Safeguarding adult Activity for the period 2014/15 showing a steady increase in actual contacts between Trust staff and the Safeguarding Team but a consistency in the number of formal safeguarding adult referrals made to the local authority; • The data on 'Managing Vulnerability' demonstrates the contacts between Trust staff and the Safeguarding Team where support, advice and guidance is required; • The specific services which are either commissioned or positioned within the Trust to support patients with vulnerability or who have additional needs provide a considerable level of support to Trust staff in their delivery of clinical care;
Corporate objectives met or risks addressed: The Care and Safety of Patients
Financial implications: None as a direct consequence of this paper
Stakeholders: All Trust Staff Clinical Commissioning Groups Local Authorities Local Safeguarding Adults Board Local Healthwatch
Recommendation(s): Members are asked to note and approve this annual report:
Presenting officer: Sue Redfern, Director of Nursing, Midwifery & Governance
Date of meeting: 27th January 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

REPORT
Clinical Quality and Performance Group
SAFEGUARDING ADULTS AND CHILDREN UPDATE
January 2016

1. PURPOSE OF REPORT

To update the Clinical Quality and Performance Group on the compliance of St Helens & Knowsley Teaching Hospitals NHS Trust with trajectories outlined in the Safeguarding Recovery Plan 2013 and referral activity to the Local Authority Designated Officer (LADO).

2. SUMMARY

- The Trust continues to achieve contractual compliance in respect of Level 1 and Level 3 Safeguarding Adult and Children Training;

- Whilst the Trust has been compliant with the trajectory agreed in respect of Level 2 Training for Safeguarding Children, changes in national guidance (Intercollegiate Document 2014) have led to a review of the Trust Training Needs Analysis in respect of Safeguarding Children which requires an increase in the number of staff needing Level 2 competencies;

- **This report seeks the approval of commissioners to a revised trajectory for Safeguarding Children Level 2 compliance;**

- The Trust has always used the principles applied within the Intercollegiate Document for Safeguarding Children competencies to its interpretation of the 'Bournemouth Competencies' which are the current nationally accepted standards in respect of Safeguarding Adult competencies for staff. This has led to a similar revision and an increase in the number of staff who need to reach Level 2 Safeguarding Adult competencies

- **This report seeks the approval of commissioners to a revised trajectory for Safeguarding Adult Level 2 compliance**

- There are currently three cases involving the LADO, two of which involve the Police. Of the four cases from last month three were closed and two new cases were opened. The two new cases have been reported on StEIS.

- There are four outstanding Adult Safeguarding cases involving staff members with none subject to a Police investigation.

3. Safeguarding Training

Table 1

TRUST SAFEGUARDING TRAINING
December 2015

Training Level	Actual Compliance	Trajectory Compliance	Required Compliance
Safeguarding Adult Level 1	97%	90%	90%
Safeguarding Adult Level 2	64%	65%	90%
Safeguarding Adult Level 3	80%	90%	90%
Safeguarding Children Level 1	97%	90%	90%
Safeguarding Children Level 2	59%	64%	90%
Safeguarding Children Level 3 Core	83%	85%	90%
Safeguarding Children Level 3 Specialist	91%	90%	90%

Update on Actions

The Trust has achieved contractual compliance at Level 1 and Level 3 Safeguarding Children and Adult Training;

Level 2 Trajectory Compliance (both Adult and Children) is not being achieved because there has been a significant increase in the denominator in line with revised guidance and trust training needs analyses;

The Trust is seeking the approval of the commissioners to a revised set of trajectories to achieve compliance which are available but which can be summarised as follows:

Option 1

This trajectory maintains full compliance being achieved by March 2017 (the existing date) which requires a significant increase in the number of staff who need to be trained each month*, an increase of 22 from the existing 38 to 60*. The Trust believes that this will be unrealistic given current pressures

Option 2

This trajectory extends the date for full compliance being achieved to September 2017, an extension of six months and will require *an increase of 7 staff to be trained each month from the existing 38 to 45.*

Option 3

This trajectory extends the date for full compliance being achieved to the following March 2018, an extension of 12 months which will provide *a reduction in staff needing to be trained from the existing 38 to a new 35.*

Preferred Option
The Trust believes that Option 2 is achievable and this is the preferred option.

Recommendation

That the Meeting Approve Option 2 as the preferred way of managing the increase in staff requiring Level 2 Children and Adult Safeguarding Training

Revised Training Needs Analyses

The need to increase the number of staff requiring Level 2 training is mandatory and not negotiable hence the submission of this report to the January meeting.

Both the Children and Adult Training Needs Analyses are currently going through the internal ratification process and both will be ratified by March 2016 and will cover the period 2016 - 2018

4. Allegations Against Professionals

In April 2015 the Trust set up bi-monthly meetings between Human Resources/Lead Employer and Safeguarding staff to more effectively manage the interface between the three functions in respect of allegations made against professionals. Four meetings have taken place and a template is now used to update all cases. It has been agreed to include all cases which may fall within the PREVENT Agenda which has led to the Terms of Reference being revised.

Local Authority Designated Officer (LADO): Children
The most recent meeting was held in December 2015 where three cases involving LADOs were open with police involvement in two of them. There are two new cases both of which have been formally reported on StEIS

Designated Safeguarding Adults Manager (DASM): Adults
The same meeting discussed seven cases involving adults, all of which were being investigated within the safeguarding arena with no Police involvement. All were being closely monitored.

5. Safeguarding Key Performance Indicators

The Trust received formal feedback from the CCG Safeguarding Team to its Quarter 2 submission requesting further information around aspects of both safeguarding children and adult issues with a judgement of reasonable assurance.

Phil Dearden
31 December 2015

TRUST BOARD PAPER

Paper No: NHST(16)010
Subject: HR/Workforce Strategy & Indicators Report
Purpose: To provide assurance to the Board of the Trust's achievement of workforce indicators that supports the achievement of the Trust's Corporate objectives specifically to developing organisation culture and supporting our workforce.
Summary: The Trust is committed to developing the organisational culture and supporting our workforce. This paper summarises achievements/progress to date.
Corporate Objective met or risk addressed: Developing organisation culture and supporting our workforce
Financial Implications: N/A
Stakeholders: Staff, Managers, Staff Side Colleagues and Patients
Recommendation(s): The Trust Board are requested to accept the report and to note the areas of achievement/progress against corporate objectives.
Presenting Officer: Anne-Marie Stretch, Director of Human Resources & Deputy CEO
Date of meeting: 27th January 2016

HR/Workforce Strategy & Indicators Report

December 2015

1. Developing our Workforce Culture

As part of our continuing development as an organisation, the Trust recognises that our staff are central to the provision of excellent services to our patients, their loved ones, commissioners and our local communities. The Trust HR & Workforce Strategy states that the Trust's vision is to develop a management culture and style that:

- ❖ Empowers, builds teams and recognises and nurtures talent through learning and development.
- ❖ Is open and honest with staff, provides support throughout organisational change and invests in Health and Wellbeing.
- ❖ Promotes standards of behaviour that encourage a culture of caring, kindness and mutual respect.

2. Purpose of the Paper

This paper is presented to provide assurance to the Board that the workforce strategies, objectives and indicators are being achieved to support the Trust's objectives, specifically to develop organisation culture and supporting our workforce.

3.0 Organisation Development and Education & Training

3.1 Appraisals & Personal Development Plans

In the reporting period 84% of staff completed an appraisal and created a personal development plan against a target of 85% (which is 100% of available staff). The Leadership and Organisational Development Team is working with managers and staff to support the Trust in achieving compliance by delivering a range of appraisal related training to ensure the year-end target of 85% is achieved by March 2016. During this reporting period (Q3), 64 members of staff with responsibilities for completing appraisals attended management training workshops and 26 members of staff attended workshops to help prepare them for an appraisal.

3.2 Corporate Induction

During Q3, 83 new starters completed corporate and local induction on joining the Trust. As part of the local induction, new starters identify any initial training needs with their line managers or clinical leads to support them in performing their roles effectively.

3.3 Mandatory Training

During Q3, 1141 members of the Trust staff attended Mandatory Training, across 101 sessions. Against a target of 85% (equivalent to 100% of available staff), the Trust was at 84% compliance, a fall of 4% since the last quarter due to Winter staffing pressures and the impact of business continuity arrangements due to the proposed Junior Doctors Industrial scheduled on a number of dates in December 2015. The Trust will monitor compliance over the coming months and provide additional sessions to improve compliance as required.

3.4 Apprenticeships

The Trust continues to lead the way in the North West in delivery of Apprenticeships. To date 144 Learners completed or are progressing through their Apprenticeship. In this quarter 22 new learners were enrolled onto an apprenticeship and 41 Apprentices completed their qualifications in:

- Business Administration (15)
- Health – Maternity & Paediatric Support (1)
- Health – Clinical Healthcare Support (14)
- Health – Perioperative Support (1)
- Management (6)
- Customer Services (2)
- IT Specialist (2)

3.5 Conflict Resolution Level 1 and Customer Service

Conflict Resolution training, (Level 1) is provided to staff to develop the communication skills required to deliver professional and effective customer care to patients, visitors and other members of staff, appreciate barriers to effective communication and to enable staff to manage the more challenging situations. 12 workshops, including 133 staff were delivered between July and December.

3.6 Developing Personal Resilience

Developing Personal Resilience is a workshop designed to equip the workforce with the capability to cope with the challenges they might experience in their life, their jobs, their teams and departments. It introduces various skills, coping mechanisms and strategies to understand themselves and situations more effectively. It is also recommended for all staff returning from long-term absence where they have been suffering from stress/depression or anxiety. In Q3 workshops were delivered to 35 staff.

3.7 Healthwrap (Prevent)

The Trust has a statutory duty to provide training to staff relating to preventing radicalisation and terrorism. In order to achieve full compliance by March 2018, the Trust will need to deliver the 'Healthwrap' course to 1240 selected staff. During the quarter, 206 staff attended a Healthwrap workshop across 21 sessions.

3.8 Mentorship Programme

The Trust Mentorship programme aligned to the NHS Leadership Academy remains a popular scheme. To date the Trust's scheme has 137 Mentors registered of which 70 are currently actively supporting Mentees.

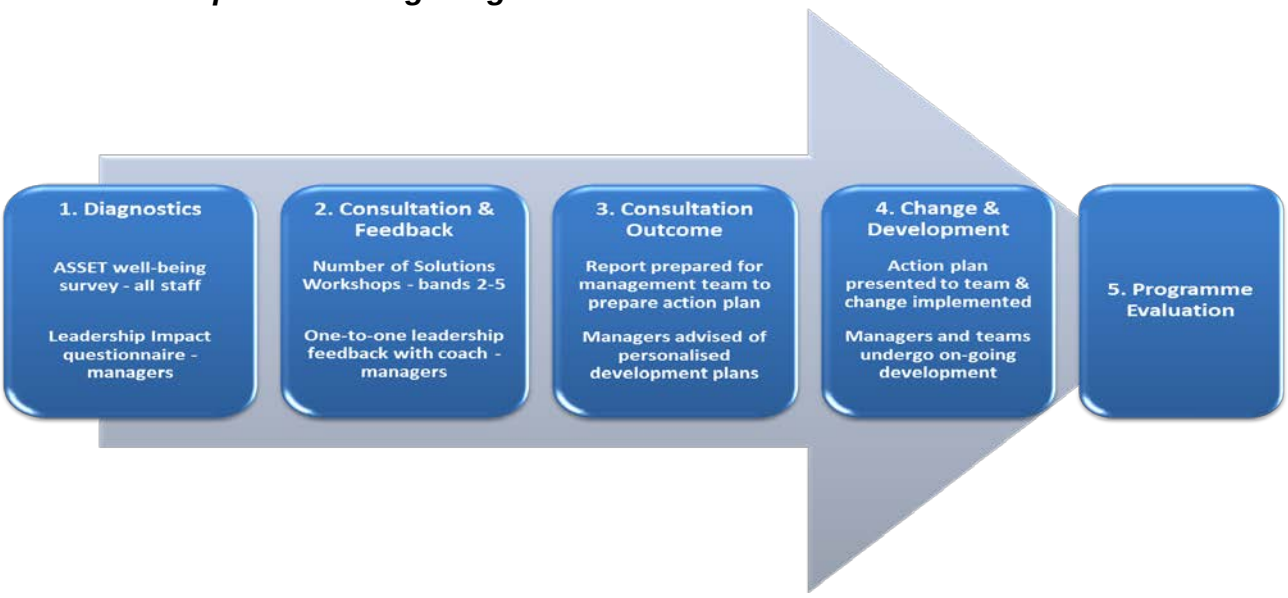
3.9 Enhancing our Leadership & Developing Teams

The Trust provides a range of Organisational Development (OD) interventions to support the effectiveness and performance of teams including;

3.9.1 Leadership & Wellbeing Programme:

The Leadership & Wellbeing Programme was developed in-house by the Leadership and Organisational Development Team (L&OD) in 2011. The programme continues to be rolled out in a targeted, phased approach across the Trust. A range of diagnostic tools are used with the aim of improving engagement and performance, developing staff/ teams and driving departmental culture change from within. It is a core mechanism for driving non-clinical development priorities whilst supporting Trust Corporate Objectives and KPIs such as the reduction of sickness absence. Currently the Team are working with Care of the Elderly, Respiratory & ICU wards to provide feedback to leaders and prepare action plans.

***The Leadership & Wellbeing Programme Model*:**



3.9.2 Ward Manager and Matrons Leadership Development Programme:

Ward Manager and Matrons Leadership Development Programme commenced in 2015 and is being delivered to 82 Band 7 & 8 nursing leaders across 4 cohorts. Each cohort attends 8 days, over an 8-9 month period. Objectives of the programme are closely aligned to those of the North West Leadership Academy Front-line Programme. Over the course of the Programme delegates will:

- Build their confidence and capability to have even greater influence on care.
- Learn to recognise what they do well and find out what they can do better.
- Develop new skills and put them into practice immediately back in the work-place.
- Develop enhanced people management skills.
- Take the opportunity to think about how their behaviour impacts on those around them.
- Learn skills to drive and sustain change, building a culture of patient-focused care at a departmental or functional level.
- Gain greater business acumen.

The Programme is designed to support staff in their roles as leaders of teams/departments; to reflect and build on their strengths, their role and abilities, learn new skills and how they can pro-actively take this learning back to the work-place.

3.9.3 Bespoke Leadership and Organisational Development Team interventions

The Trust provides a range of Organisational Development interventions including; facilitated team meetings/activities to support objectives/expectations, team coaching, individual coaching, supporting action planning, leadership and team effectiveness. To date this has involved delivery of:

- MBTI (Myers Briggs Type Indicator) & Belbin Team Roles workshops.
- Bespoke Team Building workshops for all band 6 and 7 Emergency Department nurses.
- Collaborative Dialogue session supporting 13 team members from the Emergency Department.

3.10 Assessment/Development Centres

The Learning & Organisational Development team have designed and supported 10 management assessment centres and interviews involving the assessment of observed exercises and administration of psychometrics tests, with the team providing one to one feedback sessions to candidates on psychometrics/ability tests and leadership competencies to support their on-going personal development.

3.11 Supporting Organisational Change/TUPE

During the TUPE process for Pathology staff in the transition from Southport & Ormskirk and Therapies staff transferring from 5 Borough Partnerships, the Learning & Organisation Development Team provided support to the 45 staff through assessment centre/ interview preparation and in the development and running assessment centres. Subsequently, all staff who were involved in the re-structure through bands 7-8d have been offered one-to-one feedback and development support by the team.

3.12 Senior Management Development

The Trust supports its senior clinical and non-clinical leaders through a comprehensive range of leadership development opportunities provided by the national NHS Leadership Academy and local interventions including development centres and coaching programmes. These ensure the Trust remains a well-led organisation and supports talent management and retention. To date 15 senior leaders are either enrolled or have successfully completed a range NHS Leadership Academy programmes.

3.13 Staff Engagement

The Trust carried out the 2015 NHS Staff Satisfaction Survey during October and November. The feedback results have not yet been published and are expected in March 2016 with a report of findings and appropriate action plan to be presented to the March 2016 Trust Board meeting. In addition the Trust continues to run a rolling programme of; Team Talk lunches with the Chief Executive and a Non-Executive Director, listening events with a range of staff groups/departments across the Trust, bespoke leadership and cultural surveys, Board members shadowing on wards and Senior Management working in clinical areas either job shadowing or working as a HCA or Qualified Nurse, as part of the Staff Engagement Strategy and promoting the Trust Speaking out Safely Campaign

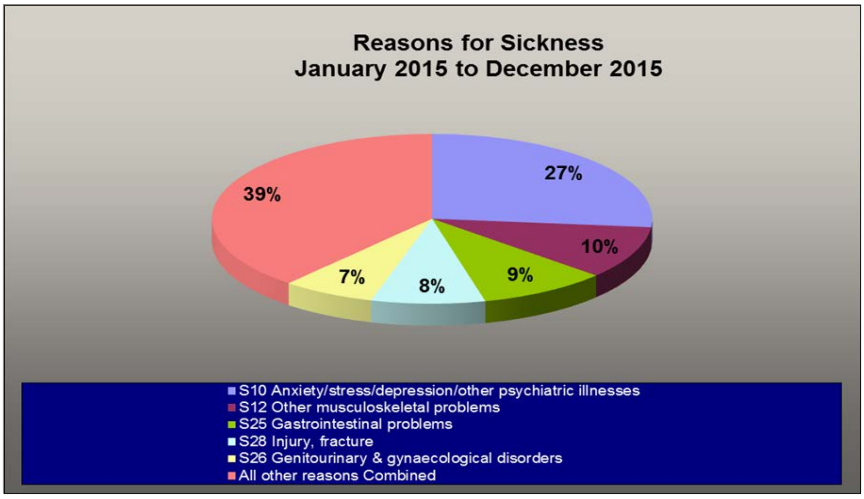
4.0 Health, Work & Wellbeing (HWWB) - Supporting our Workforce

The Trust has submitted evidence to Safe, Effective Quality Occupational Health Service (SEQOHS) to enable maintenance of accreditation of the nationally required standard for Health, Work & Wellbeing Services. The Trust continues to provide HWWB support to external organisations e.g. local CCGs and as the Lead Employer c.2,200 junior doctors in training on behalf of Health Education North West.

The Trust's Lead Employer Service has been invited to host the new Physicians Associate trainee role on behalf of Health Education England North to be deployed in Trusts across the North West. The HWWB Department have carried out employment checks and vaccinations for 160 Physicians Associates who will commence employment on the two year training scheme on the 1st February 2106.

4.1 Health, Work & Wellbeing – Key Performance Indicators

The Trust's HWWB services are aligned to needs identified via analysis of the main reasons for absence whilst also offering services to keep staff healthy and in work.



4.2 Fast Track Physiotherapy Service

The Trust offers a fast track telephone triage, assessment and treatment service to staff who report they have a muscular skeletal condition while in work or on a period of sickness absence. The table below shows the number of referrals April – December 2015. Staff who are assessed as requiring "hand on" treatment are referred to the Trust's in-house Physiotherapist.

Month	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
No. of Referrals	8	17	12	13	3	14	13	13	11	104

Analysis of referral trends indicates the following:

- Home conditions were responsible for 73.5% of referrals.
- Work related injuries were responsible for 17% of injuries
- Recorded accidents on duty were responsible for 9.5% of injuries

- Only 20% of appropriate employees referred into the service were absent from work due to injury

4.3 Counselling Support

The Trust offers a comprehensive counselling support service to staff via self or management referral. Ideally staff will access early support to proactively manage personal situations, with over 60% of reasons for referrals being matters outside of the work environment.

Number of Staff Accessing Counselling Support - April to December 2015										
Dept/Care Group	**Corporate Services (Whiston)**	**Clinical Flows**	**Medical Care Group**	**St Helens**	**Clinical Support**	**Non-Clinical Support**	**Surgical Care Group**	**Alexander Park (IT)**	**Medicines Management**	**Total**
Number of Staff	29	3	38	35	26	20	18	3	7	179

4.4 Employee Assistance Programme (EAP)

The Trust continues to offer a 24 hour staff support programme via an external provider in Q3 a total of 50 staff accessed a range of services as detailed in the table below.

	% of staff by reasons
Breakdown of Support Provided	
Ad-hoc Counselling Support from Helpline	50%
Legal / Financial Advice	6%
Support Call Referral	2%
In-House Services	6%
Telephone Counsellor Referral	32%
Email Enquiry	4%
Primary Presenting Issues	
Personal Presenting Issues	48%
Work Related Presenting Issues	40%
Legal and Financial Issues	6%
Information about the Service	6%

4.5 HWWB Health Referral Service

The Trust provides an ill health referral service to Trust Staff, Medirest/Compass Employees and the Lead Employer Junior Doctors in training. This can either be self or management referral. Staff are triaged and referred to see either an Occupational Health Physician, Occupational Health Nurse or the Occupational Therapist. The service has seen an increase in referrals in Q3 which would be common during the winter months and aligned with the sickness absence during the same period. The table below highlights that 1,200 staff have visited the HWWB service for a health assessment or support during Q3.

Number of Referrals to HWWB April to December 2015	
Type of Referral	Number
Ill Health Appointments with a doctor	383
Ill Health Appointments with a Nurse	712
Referrals to a Occupational Therapist	105
Total	1200

4.5 Mental Health Nurse Support - April to December 2015

In addition to the ill health referral service as outlined in 4.4 above, the Trust also provides contact with staff by the Trust's Mental Health Nurse via telephone contact within 48 hours of reporting absence with a reason of stress/depression or anxiety to offer support. The mental health nurse also has follow up clinics with staff to provide face to face on-site support.

Reporting Period	Mental Health Nurse Support
April	25
May	70
June	99
July	38
August	30
September	25
October	28
November	24
December	30
Total Contacts	**441**

4.6 Flu Campaign

The Trust has exceeded the national flu of 75%, the present figure for the 2015/16 Flu Campaign is 76% with on-going promotion throughout the winter period.

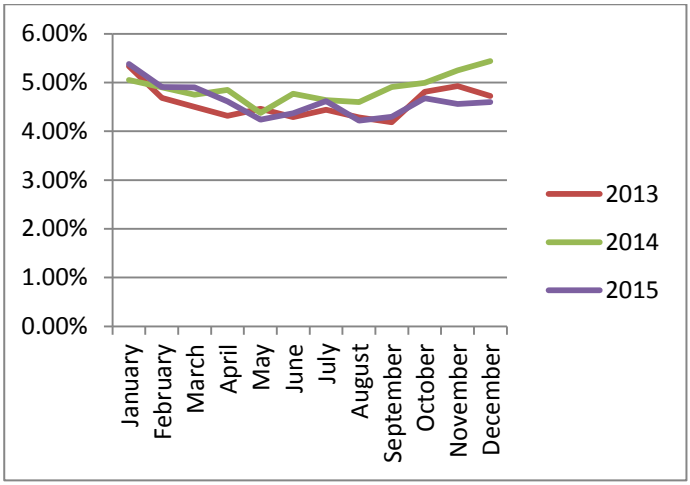
5.0 Human Resources Advisory Team – Attendance Management

In addition to the support provided to staff and Trust management to improve the health and wellbeing of staff by the HWWB service, the Human Resources Advisory Team assist managers in the consistent application of the Trust's Attendance Management policy. The most recent benchmarking data available covers the period from January 2015 to December 2015 and shows that the Trust sickness absence for this period (4.84%) compares favourably to Alder Hey Children's Hospital (5.00%), Royal Liverpool and Broadgreen (5.17%) but slightly worse than Warrington & Halton NHS at 4.42%.

Benchmarking of Cumulative Absence January 2015 to December 2015				
	St Helens & Knowsley	Royal Liverpool	Alder Hey	Warrington & Halton
Trust Overall Absence Rate	**4.84%**	**5.17%**	**5.00%**	**4.42%**
Add Prof Scientific and Technical	**5.35%**	**4.32%**	**3.53%**	**3.73%**
Additional Clinical Services	**7.21%**	**9.14%**	**7.81%**	**6.58%**
Administrative and Clerical	**3.56%**	**4.50%**	**4.19%**	**4.37%**
Allied Health Professionals	**3.59%**	**2.83%**	**1.94%**	**2.42%**
Estates and Ancillary	**7.17%**	**6.91%**	**6.83%**	**6.02%**
Healthcare Scientists	**3.75%**	**3.47%**	**3.18%**	**1.67%**
Medical and Dental	**1.05%**	**1.04%**	**2.13%**	**1.16%**
Nursing and Midwifery Registered	**5.08%**	**5.78%**	**5.75%**	**4.44%**

Analysis of sickness over the last 3 years indicates an overall improved position January to December year on year.

3 Year Absence Trend Analysis



Month	2013	2014	2015
January	5.33%	5.05%	5.38%
February	4.69%	4.90%	4.91%
March	4.50%	4.75%	4.90%
April	4.31%	4.85%	4.61%
May	4.46%	4.37%	4.24%
June	4.29%	4.77%	4.37%
July	4.44%	4.64%	4.62%
August	4.28%	4.60%	4.22%
September	4.18%	4.91%	4.30%
October	4.81%	4.99%	4.68%
November	4.93%	5.25%	4.56%
December	4.72%	5.44%	4.60%

5.1 Human Resources Advisory Team - Attendance Management Positive Action

The HR Advisory Team continues to work closely with Ward Managers, Matrons and Directorate Managers to address sickness absence, with particular attention being paid to areas with the highest levels of sickness absence. They also continue to work in partnership with the HWWB team to tackle long term sickness absence and support staff back to work. There are currently 40 members of staff who have been absent for 3 months or more. Action plans are in place for all long term sickness absence cases and are updated regularly by ward managers, the HR Advisory Team and HWWB. Across the Trust, there are 350 employees on stages of the attendance management policy and 124 employees on levels of the policy, (i.e. with underlying conditions).

Stages and Levels	Medical Care Group	Surgical Care Group	St Helens	Clinical Support Services	Pharmacy	Corporate Services	Non Clinical	Total
Stage 1	114	63	20	46	8	10	42	303
Stage 2	7	18	2	3	4	0	11	45
Stage 3	0	0	0	1	1	0	0	2
Stage 4	0	0	0	0	0	0	0	0
Level 1	30	32	11	11	5	7	11	107
Level 2	4	5	0	3	1	0	4	17
Level 3	1	0	0	1	0	0	4	6
Level 4	0	0	0	0	0	0	0	0

In November 2015 the Trust appointed substantively to the Absence Support Team (1 x Band 3 and 1 x Band 2) with the remit of supporting clinical managers with attendance management administration to free up their time to support their teams with patient care. The purpose of the Absence Support Team role is to:

- Support managers in the identification of staff who may/are triggering under the policy and during monthly manager/HR Advisor absence meetings,
- Issue reports to managers regarding their staff absence on a monthly basis

- Assist with administrative duties to support managers such as drafting staging/level letters, referrals to HWWB.
- Hold Absence "Summits" with problem areas – HR/Advisor/Business Partner/Matron and Directorate Managers in attendance. Individualised management plans developed and maintained.
- Assist each ward in identifying an Absence Champion to specifically manage first-stage HCA attendance i.e. return to work discussions/documentation and Stage 1 formal meetings.
- Facilitate group training/refresher for Band 6 and Ward Managers on the Attendance Management Policy.
- Meet with Senior Managers in Medirest on a monthly basis to agree KPIs/action plans for supporting staff.
- Provide 1:1 coaching and support for new Managers or Managers still developing in terms of effective attendance management of staff.
- Ensure that all long-term sickness cases have an action plan in place and that HR Advisors are alerted to attend welfare meetings over the 2 month stage of absence.
- Provide reports on staff who have been absent for three or more months and discuss with Deputy Director of HR and HWWB to support them back to work if possible.
- Ensure that managers adhere to processes for non-compliance with sickness reporting procedures and submission of timely medical certificates; and take appropriate action e.g. withhold Occupational Sick Pay.
- Develop and publish attendance management support booklets for both managers and staff to ensure that the correct process for any absence is followed.
- Increase focus on monitoring staff coming to the end of the 52 week monitoring following a stage to ensure staff can be downgraded (e.g. from a stage 3 to stage 2) rather than starting afresh.
- Carry out Ward-level Return to Work audits.
- Ensure that the "5 Easy Steps" Poster is visible in all ward/clinical areas; to reinforce staff and manager responsibilities with regards to reporting absence and maintaining communication during periods of sickness.
- Assist the HR Business Partners in reporting the cost of absence to ADO/DM level at monthly meeting
- Support the HR Business Partner in the provision of education to increase Matron input to ward and line managers to ensure that sickness is monitored, managed to avoid lengthy absence.
- Support the HR Advisors in the creation of bi-weekly action plans to actively manage sickness with Ward Managers in high absence rate areas.
- Attend listening groups with HCAs in the areas with the highest absence to understand the underlying problems in a certain area.

5.2 Attendance Management Policy

Amendments to the policy were approved at the Workforce Council in January 2016 to strengthen the triggers in place for moving staff to stages/levels of the policy as well as ensuring a robust process for managing trends in sickness absence which do not hit a trigger.

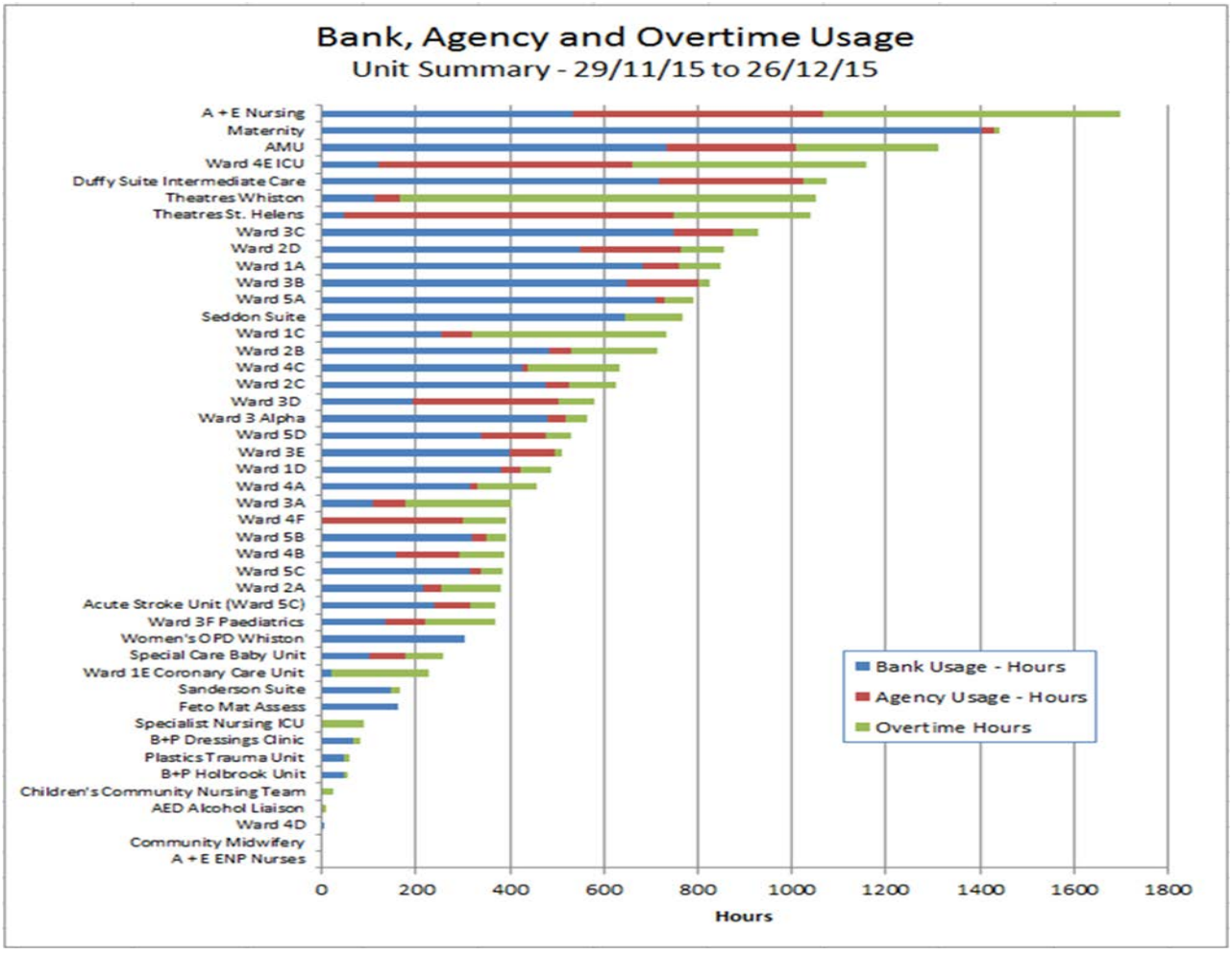
6.0 Enhancing Workforce Systems & Processes

6.1 eRostering Implementation

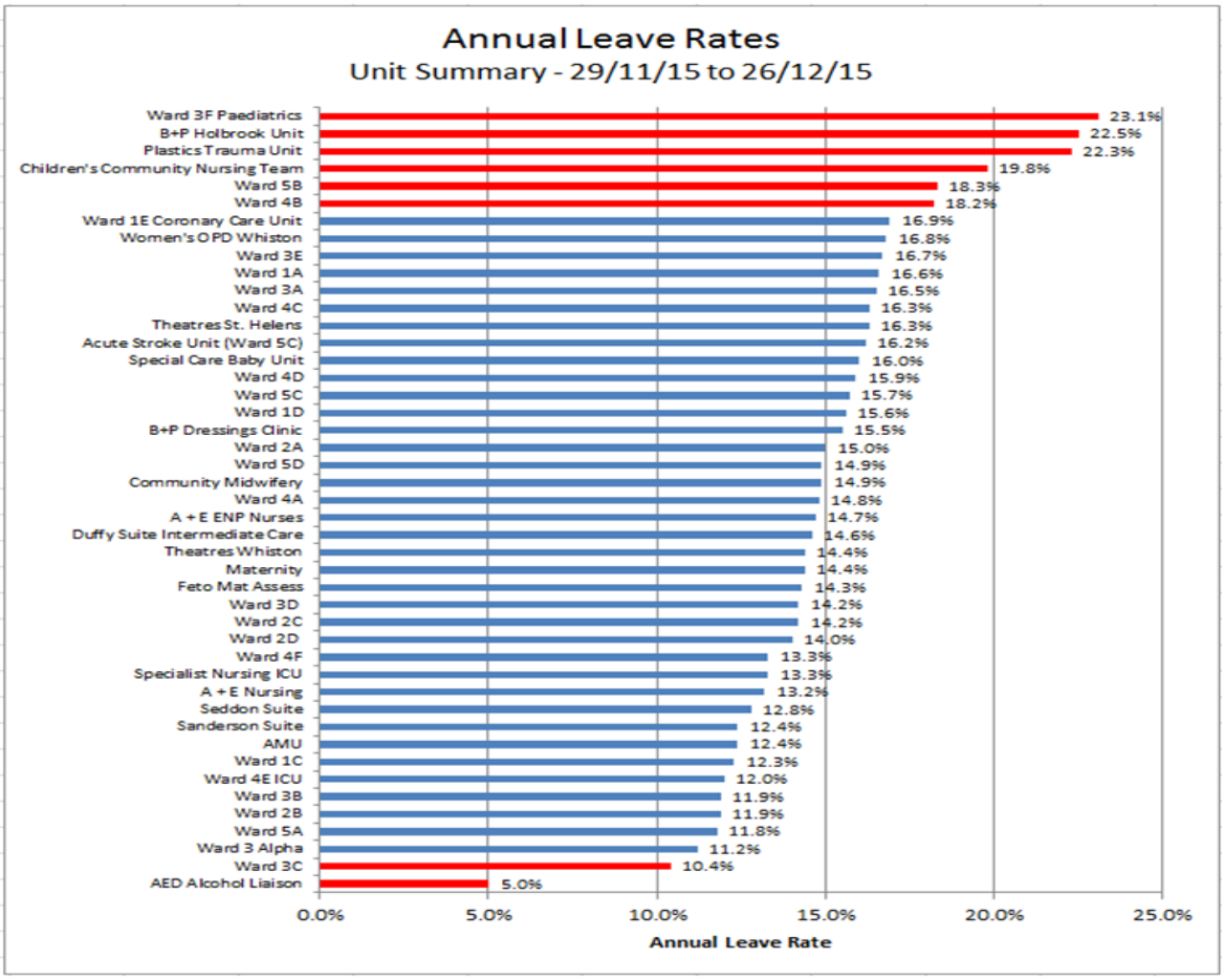
Key to the efficient rostering practice is the monitoring and analysis of available metrics from within the Roster Perform reporting element of the e-Rostering system. Following the roll-out of the system to all 47 ward areas, including the Emergency Department and Theatres, a management reporting tool has now been enabled.

The Trust now has the ability to report on the use of Bank, Agency and Overtime usage and the efficient control of annual leave. During Q4 key performance indicators will be developed and rolled out to line managers to assist in embedding e-rostering and the delivering realisation of benefits.

The table below illustrates the split of bank, agency and overtime across a 4 week roster period in December 2015 showing that the majority of additional shifts are covered by Trust staff via the Bank or overtime. Agency usage is mainly in specialist areas.



The Trust's eRostering policy sets out guidance on the maximum percentage of staff who should be permitted to book annual leave each day, currently set at 17%. The majority of Wards/department have maintained annual leave request under 17%.



6.2 Medical & Dental Workforce e-Job & Jnr Drs eRostering

Following the updating of Consultant/Associate Specialist job plans in line with the Trust's new Job Planning Policy, job plans have been uploaded onto a system aligned to Healthroster, which will also allow for the recording of annual leave, study leave and sickness absence. This will enable Divisional Managers and Clinical Directors to have improved oversight of job plans (previously paper based), so they remain dynamic to service priorities and commissioning intentions. Implementation of eJobplanning commences in January 2016.

7.0 Payroll Services

The Trust's Payroll Department provides a service to c.24,000 NHS staff across Cheshire and Merseyside. A key priority throughout 2014/15 has been supporting Trust and clientstaff to understand the implications of the changes to the NHS Pension arrangements. There are significant changes involving staff making decisions about their future pension benefits (Pensions Choice 2). Some groups of staff (dependent on age, role and service) will have moved into a new pension scheme from April 2015. There are also planned changes to National Insurance and State Pensions rates and taxation impacting on pensions and the Annual Life time Allowances commencing in April 2016.

8.0 Workforce Planning – Staff in Post

Staff in Post			
Staff Group	Apr-15 WTE	Dec-15 WTE	Difference WTE
Scientific and Technical	132.19	138.45	6.26
Clinical Support	816.62	851.86	35.24
Admin and Clerical	897.29	912.31	15.02
Allied Health Professionals	185.26	221.41	36.15
Estates and Ancillary	304.66	292.93	-11.73
Healthcare Scientists	194.03	185.49	-8.54
Medical and Dental	374.91	395.10	20.19
Nursing and Midwifery	1,306.72	1,334.63	27.91
Grand Total	**4,211.68**	**4,332.18**	**120.50**

Since April 2015, the figure for staff in post increased overall by 120.50 wte. Increases in clinical staff (Nurses, Doctors, AHP's and HCA's accounted for the majority of the increase) There are currently c.94 staff on maternity leave, with 46 of staff on secondments from their substantive posts, 7 on Career Break and 10 are suspended/action short of suspension.

8.1 Workforce Planning - Staff Turnover Rates

Turnover rate is currently 9.73% for the YTD (January to December 2015) The Trust benchmarks low against some local Acute Trusts and national average of c.14%.

Staff Group	St Helens & Knowsley			Royal Liverpool			Alder Hey			Warrington & Halton		
	Headcount	Leavers Headcount	Staff Turnover %	Headcount	Leavers Headcount	Staff Turnover %	Headcount	Leavers Headcount	Staff Turnover %	Headcount	Leavers Headcount	Staff Turnover %
Add Prof and Technical	145	24	16.61%	348	45	12.95%	210	27	12.89%	184	13	7.08%
Additional Clinical Services	982	87	8.86%	1040	104	10%	404	36	8.92%	730	99	13.57%
Administrative and Clerical	1065	91	8.55%	1617	159	9.84%	611	78	12.77%	830	114	13.74%
Allied Health Professionals	223	32	14.38%	410	43	10.50%	148	10	6.76%	316	42	13.31%
Estates and Ancillary	446	30	6.73%	135	11	8.18%	203	17	8.37%	400	43	10.75%
Healthcare Scientists	206	31	15.05%	280	30	10.73%	102	9	8.82%	102	15	14.71%
Medical and Dental	401	33	8.24%	680	212	31.20%	270	51	18.89%	304	77	25.33%
Qualified Nursing Staff	1487	154	10.36%	1920	193	10.05%	1030	79	7.67%	1090	155	14.23%
	4953	482	9.73%	6427	797	12.40%	2977	307	10.31%	3954	558	14.11%

Retirement Profile Next Five Years (Women Aged 60, Men Aged 65)

Position Details		Year					
Staff Group	Role	2016	2017	2018	2019	2020	5 yrs Summary
Add Prof Scientific and Technic Total		3	3		2		8
Additional Clinical Services	Assistant/Associate Practitioner Nursing	3	4		4		11
	Counsellor		1		1		2
	Health Care Support Worker	1	1		1		3
	Healthcare Assistant	71	35		39	1	146
	Healthcare Science Assistant	17	10	1	8		36
	Helper/Assistant	6	4		7		17
	Nursery Nurse		1				1
	Play Specialist	1					1
	Student Technician	2			2		4
	Technical Instructor	1			1		2
	Technician	1					1
	Trainee Healthcare Science Associate		2				2
	Trainee Scientist					1	1
Additional Clinical Services Total		103	58	1	63	2	227
Administrative and Clerical Total		94	40	1	64	3	202
Allied Health Professionals Total		9	6		3		18
Estates and Ancillary Total		82	24	4	27	6	143
Healthcare Scientists Total		19	7		5	1	32
Medical and Dental Total		10	8	5	10	4	37
Nursing and Midwifery Registered	Enrolled Nurse	2					2
	Midwife	9	5		6		20
	Modern Matron	2			1		3
	Nurse Manager	1			1		2
	Sister/Charge Nurse	12	8	1	14		35
	Specialist Nurse Practitioner	5	6		8		19
	Staff Nurse	35	14		30	3	82
Nursing and Midwifery Registered Total		66	33	1	60	3	163
Grand Total		386	179	12	234	19	830

The above table above indicates that in Years 2016 and 2020 there will be a high number of Sister/Charge nurses and staff grade nurses who will be of retirement age should they choose to retire. The Trust is taking steps to include analysis about level of potential retirement into workforce plans. Planning assumptions are now factoring in different retirement ages for a variety of staff groups dependent on their roles and also their age based on recent changes to both the state retirement age and changes to NHS pensions schemes. The Trust is also promoting flexible retirement options to encourage staff who wish to retire to consider return on a part time basis so the Trust retains the knowledge and skills of highly experienced staff.

9.0 Recruitment & Retention

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9.1 Registered General Nursing (RGN)

As at 31st December 2015, there were 42.86 wte Registered General Nursing (RGN) vacancies within the Trust. The recruitment of 49.94 wte external applicants are the final stages of the recruitment process for these positions. Proactive recruitment is on-going to ensure a proactive recruitment planning cycle.

In order to address expected nursing gaps due to e.g. retirement and career progression, recruitment days were held in September and November 2015. The Trust made the following offers to fill nursing gaps in the Department of Medicine and Older People (DMOP), General Surgery, Respiratory, Gastroenterology and Theatres.

Offered	Trained	Untrained	Total
Sept	10	29	39
Nov	3	11	14
Total	13	40	53

There are a further 4 nurse recruitment days scheduled on the 27th February, 16th April, 18th June and 3rd September 2016. In order to maximise attraction, the Trust has been working with the Media Department to enhance advertisement of these events and will be placing extended adverts in media outside of the Merseyside Area, i.e. Manchester Evening News, Manchester Metro as well as targeting the RCN Bulletin and all Job Centres and their partners across Knowsley, St Helens and Liverpool areas. In addition, all 3rd year student nurses from the 3 universities will receive regular advance email notifications regarding the recruitment events.

1 to 1 meetings with matrons have taken place to assist in establishing and agreeing on-boarding activities for applicants, i.e. successful candidates to receive a ‘welcome pack’ containing information on the Trust and the details of a dedicated contact from the team they will be joining, who will involve them in various activities: coffee mornings, shadowing and attending team meetings to help familiarise with the new work environment.

Use of the recruitment Facebook page has been increased to both support the recruitment days and to boost attraction to on-going recruitment.

The Trust is in the process of developing a mobile ‘app’ which will be used to support on-boarding activities to aid retention of applicants. It is expected that this will be launched within the next few months.

Work is currently being scoped out to develop and deliver a series of key performance indicators for all recruitment activities within the Trust. These KPI's are expected to centre on reducing time to hire and will include both quantity and qualitative recruitment data, to support and engender an ethos of continuous improvement within the recruitment function. To facilitate this, it is expected that a series of SLA's will be developed with key service providers within the Trust i.e. HW&WB etc. to ensure the optimum provision of all recruitment services.

9.2 Healthcare Assistant Recruitment (HCA)

The Trust recruits the majority of substantive Healthcare Assistants from the Trust's Bank after a period of bank working when they will have gained the required knowledge, skills and experience required and are already familiar with Trust policies and procedures. In September 2105 the Trust held a recruitment drive to increase the number of Bank HCA's. This recruitment campaign resulted in 183 HCA Bank worker offers and to date 116 are have now had all employment checks completed and are booked to attend the Fundamentals induction course in January 2016.

9.3 Employee Online

The Trust Bank system is part of the e-rostering system so that managers can request shifts on-line when planning their rosters and ensure they have appropriate levels of staff. The bank booking system will be enhanced during Q4 to include the implementation of a new system, Employee Online. The system will allow bank staff with the right skill match to self-book onto shifts 24 hours per day in order to increase bank fill rate and avoid the need to agency workers.

7.0 Governance

The Workforce Council provides on-going assurance to the Quality Committee that policies and procedures ratified are legally compliant and in line with national guidance.

8.0 Recommendations

The Trust Board are requested to accept the report, noting the areas of achievement/progress against corporate objectives and governance standards.

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)011

Title of paper: Equality, Diversity and Inclusion Strategy 2016-17

Purpose:

To demonstrate compliance with the Public Sector Equality Duty, while outlining the Trust's commitment to promoting equality in all its functions and to valuing the diversity of staff and service users.

Summary:

The Trust, as a public body, is subject to the Public Sector Equality Duty (PSED). There are two elements to this – the "General duty" and the "Specific Duties".

The general duty requires the Trust to:-

- To eliminate unlawful discrimination, harassment and victimisation
- To advance equality of opportunity between different groups
- To foster good relations between different groups

The specific duties require that the Trust publishes equality information about the protected characteristics of both its service users and its workforce.

The strategy combines the statutory equality information with an equality action plan for the forthcoming year.

Also included is the Workforce Race Equality Standard update (WRES) document, with a number of indicators provided by the NHS Equality and Diversity Council to ensure all employees have equal access to career opportunities and receive fair treatment in the workplace.

Corporate objectives met or risks addressed:

Developing organisational culture and supporting our workforce

Financial implications:

N/A

Stakeholders: Staff, Managers, Trust Board, Patients,

Recommendation(s):

The Trust Board are requested to accept the report.
To continue tracking of given indicators to allow an indication of progress for equality in the Trust

We have written to The NHS Equality and Diversity Council to seek clarification on a number of indicators

Presenting officer: Anne-Marie Stretch, Director of Human Resources & Deputy CEO
Date of meeting: 27th January 2016

Equality, Diversity & Inclusion

Workforce Race Equality Standard Update (WRES)

Summary

The NHS Equality and Diversity Council in 2014 agreed action to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The move follows recent reports which have highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population.

The Council pledged its commitment, subject to consultation with the NHS, to implement two measures to improve equality across the NHS, which would start in April 2015. The first, is a Workforce Race Equality Standard (WRES) that would, for the first time, require organisations employing almost all of the 1.4 million NHS workforce to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. Alongside the standard, the NHS will be consulted on whether the Equality Delivery System (EDS2) should also become mandatory.

This report provides St Helens & Knowsley Teaching Hospitals NHS Trust data against the nine indicators within the Workforce Race Equality Standard (WRES).

WRES guidance advises that, 'is not intended to provide a blueprint on how "good" can be achieved; however, it does provide the necessary platform and direction that encourages and enables NHS organisations:

- To reduce the differences between the treatment and experience of White and BME staff on each of indicators 1-8.
- To compare not only their progress in reducing the gaps in treatment and experience but to make comparisons with similar organisations about the overall level of such progress over time.
- To take necessary remedial action following further analysis on the causes of ethnic disparities in the indicator outcomes.

The WRES Standard and the EDS2 has, for the first time been included in the 2015/16 Standard NHS Contract. The regulators, the Care Quality Commission (CQC), National Trust Development Agency (NDTA) and Monitor, will use both standards to help assess whether NHS organisations are well-led.

The Standards are applicable to providers, and extend to clinical commissioning groups through the annual CCG assurance process.

The Trust is required to submit and publicise its indicators on our website following Trust Board sign off. An action plan is being drafted with the Equality, Diversity & Inclusion Steering Group involvement and will be completed by March 2016. This action plan will include obtaining Navajo Chartermark, completing EDS2 objectives including representative workforce at all levels, ensure that all services are accessible to all and promote employee network groups for minority staff. Progress will be maintained by the Workforce Council and any issues will be escalated to the Quality Committee.

Workforce Indicators Table (WRES)

Workforce indicators	
1.	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.
2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4.	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff
National NHS Staff Survey findings : For each of these four staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question	
5.	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
Boards; Does the Board meet the requirement on Board membership in 9	
9.	Boards are expected to be broadly representative of the population they serve.

St Helens & Knowsley Teaching Hospitals NHS Trust WRES Workforce indicators 2015		Data for reporting year 2015 As at 31 March 2015	Explanation
1.	**Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.**	Trust overall BME is 11.77% Band 8 and above including VSM is 8.05%	Figure shows Trust's overall BME against BME in Bands 8+
2.	**Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.** *Limitations to data range – October 2014 to March 2015 due to implementation of new Trac system*	Relative likelihood of white staff being appointed from shortlisting compared to BME staff is 1.64 times greater **	Figure shows relative likelihood of white staff being appointed compared to BME staff
3.	**Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation** *Restrictions on data - we do not currently use ESR BI for reporting ER cases, an excel spreadsheet is used.*	BME staff are 0.90 times as likely to enter the disciplinary process compared to white staff	Figure shows the likelihood of BME staff entering the disciplinary process compared to White staff
4.	**Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff** *Restrictions on data – this data is from OLM however doesn't include medics and any training they do for their CPD.*	White staff are 1.14 as likely to access mandatory training and CPD as compared to BME staff	Figure shows likelihood of white staff accessing mandatory training compared to BME staff

National NHS Staff Survey findings: St Helens and Knowsley Teaching Hospitals NHS Trust Results		BME	White	
5.	**KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**	27.5%	25.4%	
6.	**KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**	30%	19.20%	
7.	**KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion**	90.91%	93.57%	
8.	**Q23b. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues**	12.82%	6.13%	
Boards; Does the Board meet the requirement on Board membership in 9				
9.	**Boards are expected to be broadly representative of the population they serve.**	Trust board BME is 7.69% BME Local population 3.6% for St Helens and 2.8% for Knowsley.		This figure shows the BME rate for the Trust Board, including Non-Execs compared to the BME rate for the local population.

EQUALITY, DIVERSITY & INCLUSION STRATEGY

2016 – 2017

(Incorporating the Trust's 'Equality Information' to demonstrate compliance with the Public Sector Equality Duty)

1. FOREWORD

Welcome to the St Helens and Knowsley Teaching Hospitals NHS Trust's Equality Strategy for 2015/2016. This document includes information about our patients, our workforce our local population and outlines the Trust's commitment to promoting equality in all its functions and to valuing the diversity of staff and service users.

The provision of high quality patient care is our key driver and the principles of equality, diversity and human rights are intrinsic to the Trust's core business. We are committed to delivering high quality services that are accessible, responsive and appropriate to meet the needs of all our patients. In this respect, patient pathways have been designed to reduce variations in care and improve outcomes, whilst recognising the needs of individual patients.

We aim to be an employer of choice and ensure that all our staff have equality of access to jobs, to promotion and to training opportunities.

The Trust is committed to creating an environment where everyone is treated with dignity, fairness and respect and to developing a culture of support and inclusion for all our employees and for those patients who access our services.

Ann Marr

Chief Executive

Richard Fraser

Chair

2. ABOUT US

St Helens and Knowsley Teaching Hospitals NHS Trust is one of the busiest acute hospital Trusts in North West England.

The Trust provides acute and specialist services across two hospital sites: Whiston Hospital and St Helens Hospital, both of which are modern, high quality facilities. The Trust is currently in the process of working towards becoming an NHS Foundation Trust.

The Trust's annual income in 2014/15 was £301.7 million, and more than 4,000 members of staff are employed overall. In addition to this, the Trust is the lead employer for the Mersey Deanery and responsible for 2,000 trainee specialty doctors, based in hospitals and GP practice placements throughout Merseyside and Cheshire.

The Trust has a good track record of providing high standards of care to a population of approximately 350,000 people across St Helens, Knowsley, Halton, and South Liverpool and further afield. In addition, the Mersey Regional Burns and Plastic Surgery Unit at Whiston Hospital has been designated as part of the local major trauma network and provides treatment to patients across Merseyside, Cheshire, North Wales, the Isle of Man and other parts of the North West, serving a population of over 4 million people.

The Trust strives to meet the best standards for professional care whilst being sensitive and responsive to the needs of individual patients. Clinical services are organised within three care groups; surgery, medicine and clinical support, working together to provide integrated care. A range of corporate support services, including Human Resources (HR), Education and Training, Informatics, Research and Development, Finance, Governance, Facilities, Estates and Hotel Services, all contribute to the efficient and effective running of the two hospitals.

3. OUR POPULATION

The population served by the Trust resides principally in four local different local authority areas, St Helens, Knowsley, Halton and Liverpool. The majority of patients (75%) reside in St Helens and Knowsley (50% and 25% respectively).

3.1 St Helens

The Borough of St Helens has a resident population of 176,000[1] This has stayed fairly constant for the past decade however it is predicted to increase over the next 10-20yrs.

The health of people of St Helens is generally worse than the England average. Deprivation is higher than average and about 25.6% (8,300) children live in poverty (the threshold for being in poverty is defined as having a household income less than 60% of the average British household income that year). Life expectancy for both

men and women is lower than the England average[2]. Life expectancy is 11.2 years lower for men and 9.9 years lower for women in the most deprived areas of St Helens than in the least deprived areas.

There is a larger proportion of people aged between 50yrs and 70yrs old and proportionally less aged under 40yrs. There is little difference between the percentage of males and females for each age range except for a greater proportion of women aged 80yrs and over[3]

Cancers and allied conditions are the highest cause of death for both men and women in the Borough (30% and 27% respectively).

In terms of ethnicity, 96.6% of the population declared themselves to be White British with only 3.6% of the population being from Black and Minority ethnic (BME) groups. In terms of religion, 78.8% declared themselves to be Christian, 15% declared 'no religion/Atheism' and 5.5% did not disclose their religion (ONS census 2011).

Priorities in St Helens include children and early years, sustaining healthy lifestyles and mental wellbeing. See www.sthelens.gov.uk

[1] 'Source: Office for National Statistics
[2] 'Source: www.healthprofiles.info
[3] Source: ONS cited in St Helens Public Health Annual Report 2013 'Better Health Together' [Using the latest census data from 2011]

3.2 Knowsley

The resident population for the Borough of Knowsley is 146,000[1]. The population of Knowsley fell by 5,300 people (3.5%) between 2001 and 2011. This fall is due to a net outward migration. The health of the people in Knowsley is generally worse than the England average. Deprivation is higher than average and about 31.8% (9,500) children live in poverty (the threshold for being in poverty is defined as having a household income less than 60%of the average British household income that year).

Life expectancy for both men and women is lower than the England average[2]. Life expectancy is 9.7 years lower for men and 7.4 years lower for women in the most deprived areas of Knowsley than in the least deprived areas.

Approximately a third (32%) of the population is aged under 25yrs and a fifth (21%) is aged 60yrs or over. There are marginally more women than men, 53% compared to 47%, and the average age of the population is 39.1yrs (which is marginally lower than the average age in the population of England)[3].

Knowsley had the 10th highest mortality rate for cancer deaths to people aged under 75yrs of age out of 326 local authority areas in England.

In terms of ethnicity, 97.2% of the population declared themselves to be White British and only 2.8% of the population is drawn from BME groups. In terms of religion, 80.9% declared themselves to be Christian, 12.6% declared 'no religion/Atheism' and 5.7% did not disclose their religion[3].

Priorities in Knowsley include alcohol misuse, smoking/respiratory disease and mental health/wellbeing. See www.knowsleyhwb.org.uk

[1] Source: Office for National Statistics
[2] Source: www.healthprofiles.info
[3] Source: ONS census 2011[Latest Census Data Available]

4. THE LEGAL CONTEXT

4.1 The Equality Act 2010

The Equality Act 2010 ("the Act") provides the legislative framework to protect the rights of individuals and advance equality of opportunity for all. The Act harmonises and simplifies previous equality legislation with the aim of delivering an accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

The Act consolidated 116 separate pieces of equality legislation, principally:

- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995

The Act introduced the new terminology of "protected characteristics" to which it then applies, in a consistent way, the traditional elements of direct and indirect discrimination, victimisation and harassment.

The protected characteristics are as follows:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race (includes ethnic or national origins, colour or nationality)
- religion or belief (Including lack of belief)
- sex
- sexual orientation

4.2 The Equality Duty

The Act also introduced a new Equality Duty on all public bodies, such as St Helens & Knowsley Teaching Hospitals NHS Trust, which came in to force on 5th April 2011. The new duty replaces the three previous public sector equality duties for race, disability and gender. The aim of the Equality Duty is to embed equality considerations into the day to day work of public bodies so that they tackle discrimination and inequality and contribute to making society fairer.

The duty supports good decision making by ensuring that the Trust considers how different people will be affected by its activities, it helps us to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.

The Equality Duty has three main aims. It requires the Trust, in the exercise of all its functions, to have "due regard" to the need to:

- eliminate discrimination, harassment, victimisation and other conduct prohibited by the Act

- advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it

- foster good relations between people who share a relevant characteristic and those who do not share it

(in respect of the protected characteristic of marriage and civil partnership, only the duty to eliminate discrimination applies)

Having "due regard" means that the Trust must always consciously think about the three aims of the Equality Duty as part of process of day to day decision-making. This means that consideration of equality issues influences the Trust's decision-making process in how we act as employers; how we develop, evaluate and review policy; how we design, deliver and evaluate services and how we commission and procure from others.

Further information about the Equality Act 2010 can be found at the Equality and Human Rights Commission. http://www.equalityhumanrights.com/

5. EQUALITY GOVERNANCE

The Equality Act 2010 and the Human Rights Act 1998 provide the legal framework within which the Trust operates its equality governance. Additionally, the Health & Social Care Act 2008, NHS England, the Operating Framework and the NHS Constitution all highlight the need to reduce discrimination in services, improve accessibility and reduce health inequalities for all.

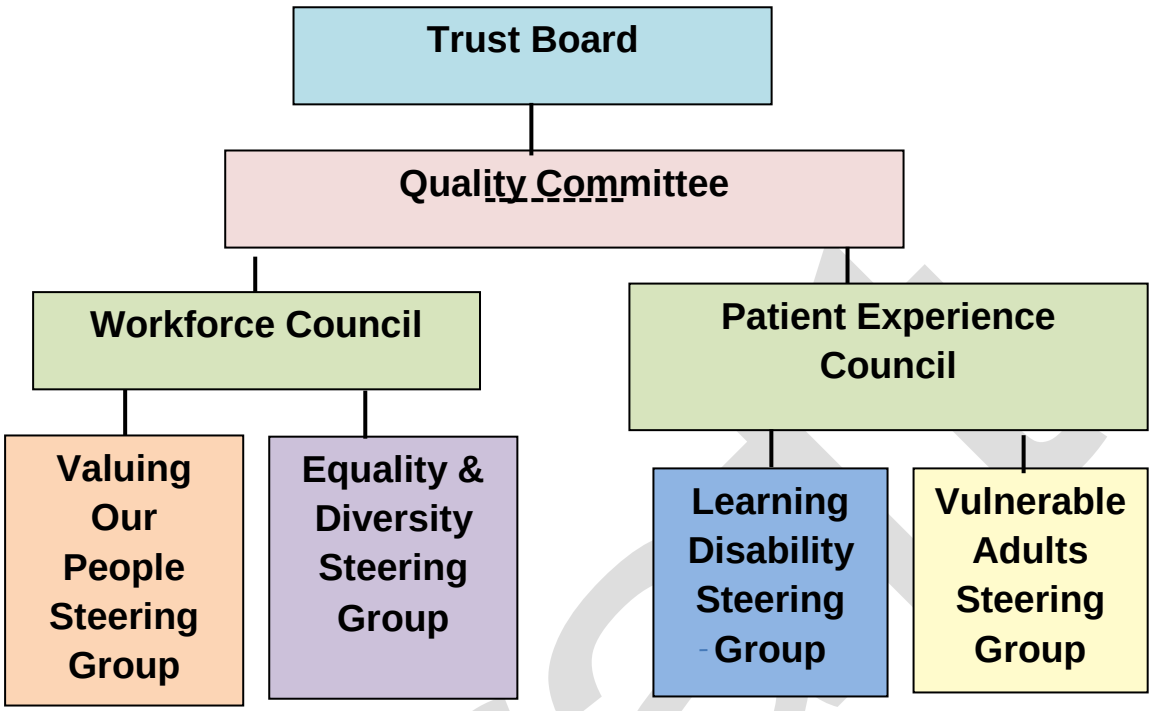
The refreshed Equality Delivery System (EDS2) is the framework by which the Trust can demonstrate how it is performing on issues of equality and health inequality to its patients, staff, communities and commissioners.

At Board level the lead accountability sits with the Director of Human Resources. Non-Executive Director, Bill Hobden, also acts as an Equality Champion.

The Trust's Equality and Diversity Steering Group ensures that the Trust complies with externally set standards and establishes, monitors and reviews content and methods of assurance to the Workforce Council and Patient Experience Council in relation to all areas of Equality and Diversity. The Steering Group reviews relevant policies and procedures for approval at the Workforce Council and ratification at the

Quality Committee. The Trust has a number of other patient-related Steering Groups e.g. Learning Disabilities, Vulnerable Adults which also report directly to the Patient Experience Council.

Governance Structure



6. THE EQUALITY DELIVERY SYSTEM (EDS2)

The Department of Health's Equality and Diversity Council (EDC) developed the original Equality Delivery System (EDS) to help the NHS improve its equality performance and embed equality considerations into mainstream business. It was designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS is about making positive differences to healthy living and working lives. In November 2013 a refreshed EDS was launched, EDS2, which encouraged local adaptation with a strong focus on local issues and problems.

The Trust adopted both the original EDS framework and the 'refreshed' system (EDS2). The heart of EDS2 remains a set of 18 outcomes (17 for provider units) grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined. The four EDS2 goals are:

1. Better Health outcomes for all
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

The grades are as follows:

1. Excelling
2. Achieving
3. Developing
4. Undeveloped

During 2013/14 the Trust was assessed as “developing’ across all otutcomes. Subsequently, during 2014/15, the Trust moved to “achieving” across five outcomes. The summary report can be accessed on the Trust’s website via the following link:-

http://www.sthk.nhs.uk/patients-visitors/Documents/EDS2%20Summary%20Report%20Template%20FINAL%20v4.pdf

7. CARING FOR OUR PATIENTS

7.1 Learning Disability

In 2008 the Trust established a bi-monthly Learning Disability Pathway Group which is the vehicle through which the Trust meets with community learning disability teams, parent carers and local learning disability service providers to address issues and drive forward good practice.
The Trust has an Executive Lead, the Director of Nursing, Midwifery and Governance supported by the Head of Safeguarding and Public Protection. The Trust’s Patient Experience Council receives reports on the access of people with a learning disability on a quarterly basis.

The Trust has made significant contributions each year to the Local Learning Disability Self-Assessment Processes and has helped its localities achieve positive outcomes over the last two years.

The Trust has a range of guidance, templates and pathways to manage the access of people with a learning disability to Trust services. The Trust also has an Electronic Alert Standard Operating Procedure which allows alerts to be added to the patient’s electronic record and is used to identify people with a learning disability at the point of access to the Trust. Since 2011 the Trust has been scanning and uploading individual Patient Health passports to electronic patient records.

In February 2015 the Trust Executive Team agreed to fund a ‘changing places’ facility on the Whiston Hospital site which will aid toilet access for any individuals with profound physical disabilities and is planning to provide one on the St Helens Hospital site.

In February 2015 the Trust made a successful bid for funding to develop an integrated pathway for people with an additional need (including a learning disability) who require Trust services. The resultant document, “Integrated Pathways supporting access to Health Care; Assisting those delivering treatment/care, for a patient with a learning disability or complex additional need, from referral to discharge”, has been well received and the pathway provides a simple process for

staff to follow which works across all areas regardless of the individual or the clinical speciality concerned. In August 2015 the Trust also produced “Guidance for the Care and Treatment of people with Learning Disabilities” to support staff in providing safe, high quality and efficient service to people who have a learning disability

All staff receive Learning Disability awareness training through Induction and Mandatory Training (approx 4800 staff). All patient facing staff receive additional awareness raising through the Safeguarding Adult Level 2 Workbook (approx. 3000 staff). In addition, the local Community Learning Disability Teams provide bespoke training when required.

Within the wider community, the Trust is involved in St Helens Valuing people Partnership Board and is represented on both the St Helens and Knowsley Health Sub-Groups by Head of Safeguarding and Public Protection.

7.2 Interpreter Services

The Trust’s foreign language interpreter activity has historically been relatively low due to the local demographics with the Chinese dialects being the most commonly referred, followed increasingly over recent years by Polish.

The Trust has always used a local British Sign Language (BSL) provider, St Helens Deafness Resource Centre (DRC) which has always provided a value added service due to its locality and knowledge of, and relationships with, the local ‘deaf’ communities. Foreign language interpreting services are provided by ‘Prestige Network’.

Until September 2013, both foreign language and BSL referral activity was consistent with very little variation month on month. However, since then, the Trust has seen significant increases in both foreign language and BSL activity. Whilst the foreign language increase partly mirrors increases locally in the population of those whose first language is not English the Trust is also confident that it reflects increasing awareness of the Trust Policy and its responsibility in respect of the communication needs of all its patients.

The increase in BSL referrals is thought to reflect more clearly the work which has been undertaken by the Trust with St Helens DRC to increase deaf awareness. The close relationship with St Helens DRC means that the Trust quickly finds out about problems and has the opportunity to learn from the experiences of hearing -impaired patients who use its services.

Interpreter Referral Activity is reported on a quarterly basis to the Patient Experience Council. Local HealthWatch representatives attend this council and have the needs of deaf people as a local priority.

The Interpreter Policy was revised and ratified (June 2015) and work is in hand to move from a central booking system to a locally based system which will ensure that local areas take responsibility for the booking of interpreters thus making the service more patient-focused.

7.3 Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

The Trust has an Executive Lead in the Director of Nursing, Midwifery and Governance, a medical lead in the Assistant Medical Director; both are supported by the Head of Safeguarding and Public Protection who is responsible for providing assurance in this area. Appropriate Mental Capacity and Deprivation of Liberty issues are also reported to the Trust Safeguarding Adult Steering Group on a quarterly basis. Deprivation of Liberty Safeguards (DoLS) applications are included in the quarterly safeguarding adult activity reports. The Trust also has a longstanding Mental Capacity Act bi-monthly meeting which reports on a quarterly basis to the Patient Experience Council. There is a Mental Capacity Act/Deprivation of Liberty Policy which has recently been reviewed and ratified. Guidance is issued at ward level in the form of a Deprivation of Liberty Toolkit which provides advice and guidance in identifying and managing DoLS cases.

The Trust has both adult and later life mental health liaison teams enabling positive communication between mental health and Trust professionals navigating the complexities of the mental health and mental capacity legislation.

7.4 Patients with Mental Health Needs

The Trust recognises the evidence that one third of all inpatients are likely to have some sort of mental disorder. This means that managing patients with mental health needs is a mainstream part of Trust activity. The Trust has a Medical Lead, Assistant Medical Director supported by the Director of Nursing, Midwifery and Governance, Head of Safeguarding and Public Protection and the Emergency Department, Mental Health Lead.
The Adult Mental Health Liaison Team is based in the Emergency Department and provides a service 24/7
The Trust signed up to the local Crisis Care Concordat Declaration and has been an active participant in developing the local St Helens and Knowsley Action Plan which has been uploaded to the national website.

7.5 Carers Support

The commissioned Carer Support Service is embedded within the Integrated Discharge Team with funding until March 2016. The Team covers all areas of the Trust.

Using the latest report available, in the period 2013/14 the Team;

- had contact with 4034 carers;
- registered 918 with a carers support service;
- referred 487 to community based carer support services;
- referred 143 to other services

The Team contributes to ward based training programmes and participate in Trust teaching sessions.

8. PATIENT INFORMATION

8.1 Gender

The gender profile of inpatients into the Trust shows a split between 57.1% female to 42.9% male (Figure 1.0). Excluding Obstetrics & Gynaecology, predictably the female inpatients percentage falls to 51.4% while the male's rises to 48.6% (Figure 1.1).

8.2 Religion

The religious spread of inpatients was wide, however the largest group remains Church of England with 46% of inpatients declaring it as the main religion, this was following with 33% Roman Catholic; making Christianity the religion of 79% of all inpatients (Figure 1.2); the second highest is atheist/agnostic with 10% of the patient population. When looking at only patients over the age of 61, we see an increase in Christianity with Roman Catholics and Church of England making up 87% of all inpatients over the age of 61 while atheists/agnostics reduces to 6% (Figure 1.3).

Similarly, when analysing the religious diversity of outpatients, the largest religious group remains Church of England (48%) with Roman Catholics (33%) the second highest; again, this makes Christianity the dominant religion of outpatients (81%) (Figure 1.4). Analysis of outpatients over the age of 61 shows similar patterns to inpatients with a rise in Christianity to 86% and a fall in atheist/agnostic from 8%-5% (Figure 1.5).

8.3 Ethnicity

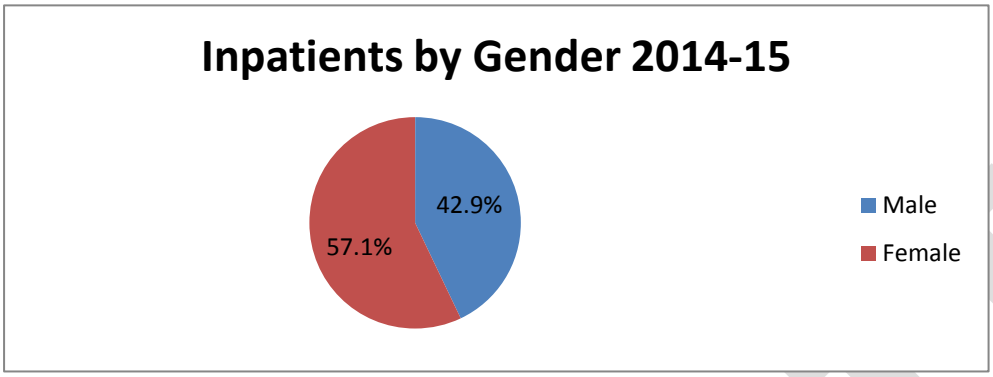
When analysing the Trust's ethnicity figures for inpatients we found that, as representative of the local population, the vast majority (95.7%) identified as White British (Figure 1.6). This figure increases when analysing the over 61 inpatient population which shows 97.3% identifying as White – British (Figure 1.7).

The outpatient population follows a similar pattern with 94.7% declaring themselves as White – British (Figure 1.8). Again, this figure increases when analysing the outpatients aged over 61 which shows 96.4% of the specific population as White British (Figure 1.9)

Gender

Gender	Total	%
Male	42,955	42.9%
Female	57,154	57.1%
Total	**100,109**	**100.0%**

Figure 1.0



Inpatient by Gender excluding Obstetrics & Gynaecology 2014-15

Gender	Total	%
Male	42,955	48.6%
Female	45,415	51.4%
Total	**88,370**	**100.0%**

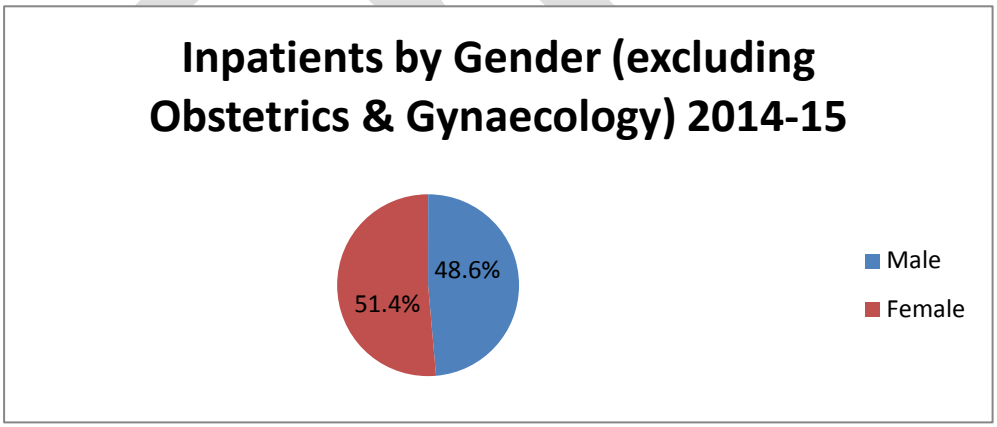


Figure 1.1

Religion

Religion	Total	%
Church of England	46,706	46.4%
Roman Catholic	33,057	32.7%
Atheist/Agnostic/None	11,340	10.4%
Not Stated	4,993	6.6%
Other	1,855	1.9%
Other - Grouped*	2,158	2.2%
Total	**100,109**	**100.0%**

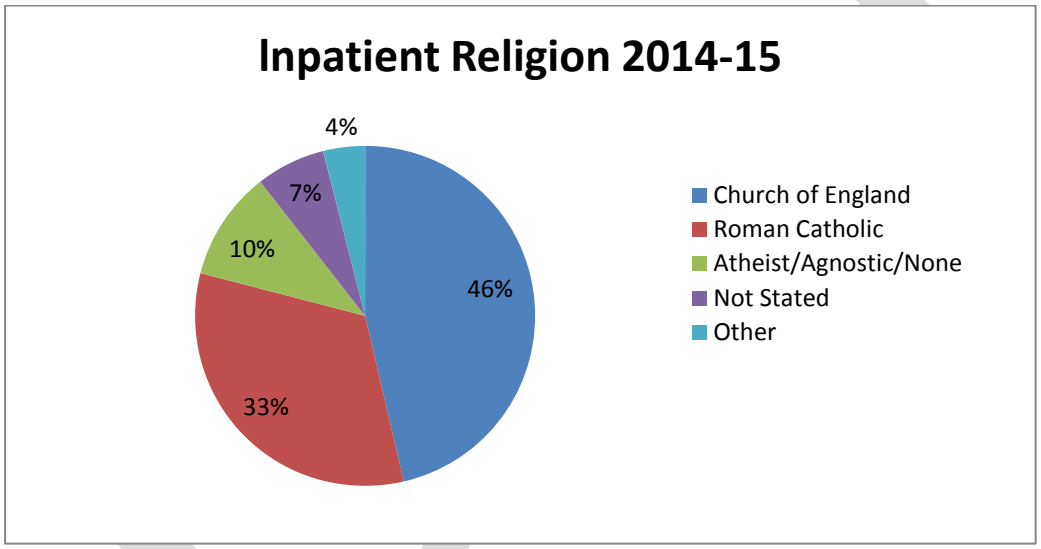


Figure 1.2

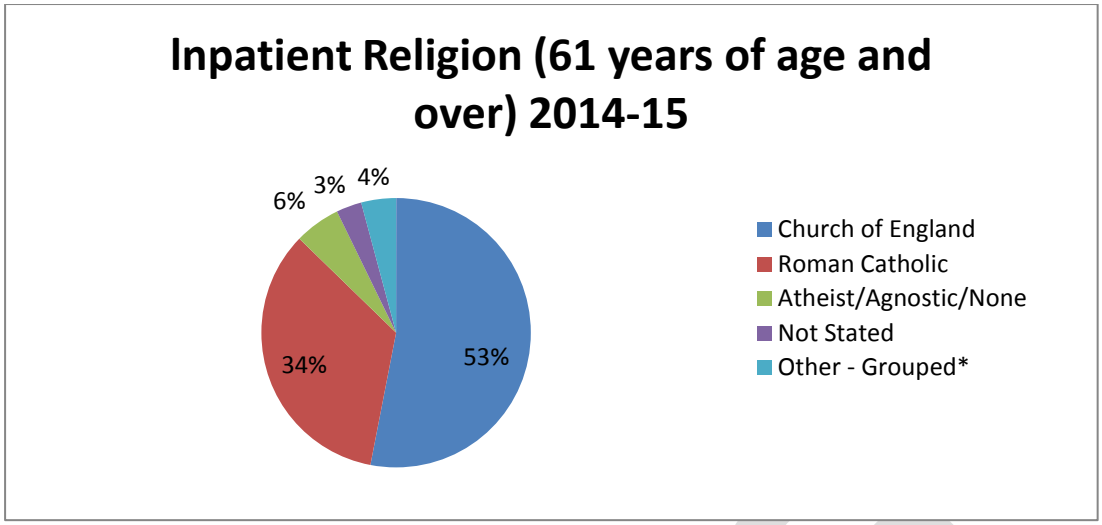


Figure 1.3

Religion	Total	%
Church of England	198,562	47.8%
Roman Catholic	136,028	32.8%
Atheist/Agnostic/None	32,056	7.7%
Not Stated	30,298	7.3%
Other	8,246	2.0%
Methodist	4,884	1.2%
Free Church	1,114	0.3%
Other - Grouped*	3,863	0.9%
Total	**415,051**	**100.0%**

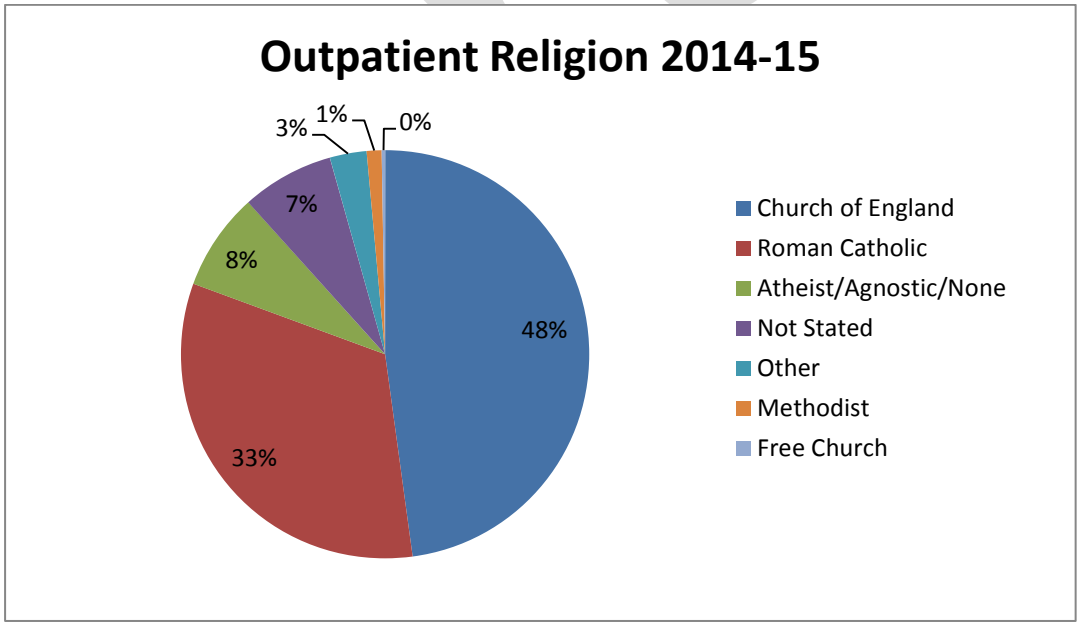


Figure 1.4

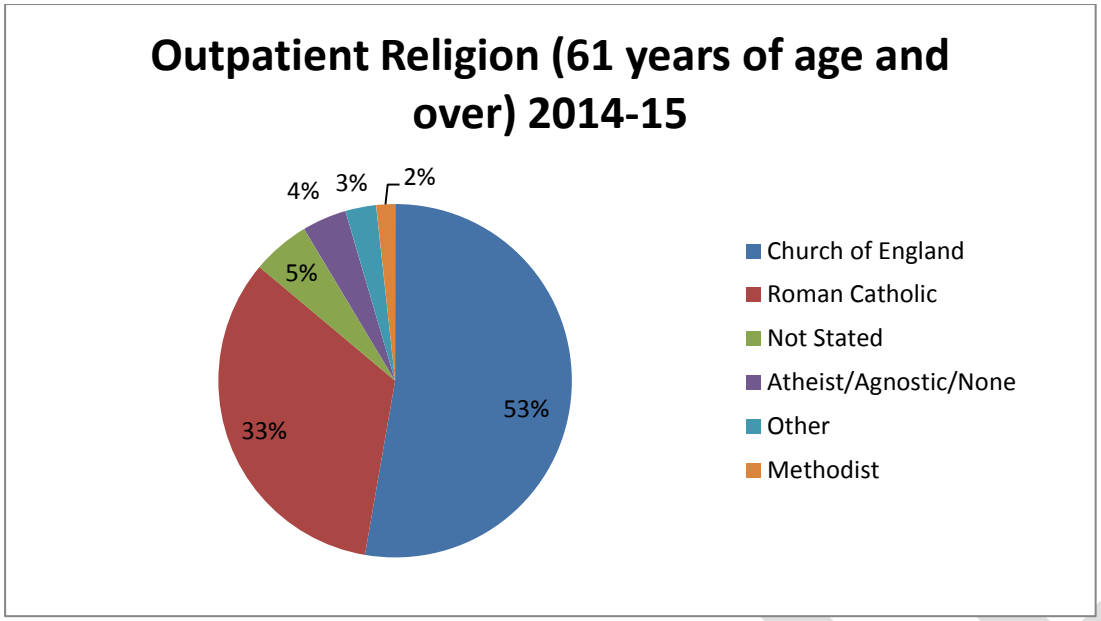


Figure 1.5

Ethnicity

Ethnic Description	Total	%
White - British	95,785	95.7%
Other	4,324	4.3%
Total	**100,109**	**100.0%**

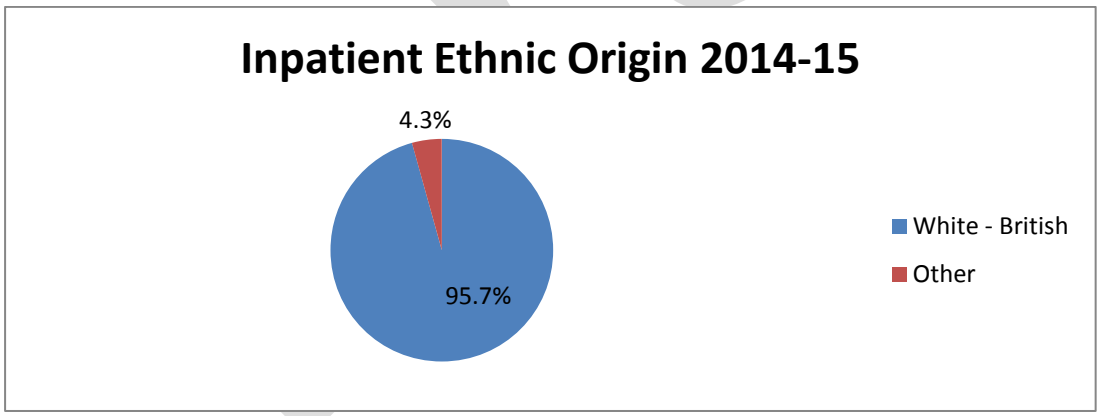


Figure 1.6

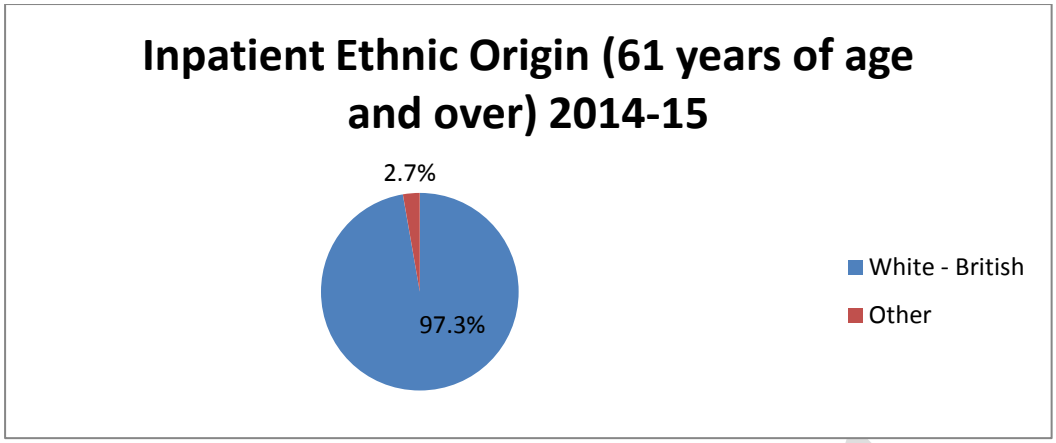


Figure 1.7

Ethnic Description	Total	%
White - British	175,903	96.4%
Other	6,558	3.6%
Total	**182,461**	**100.0%**

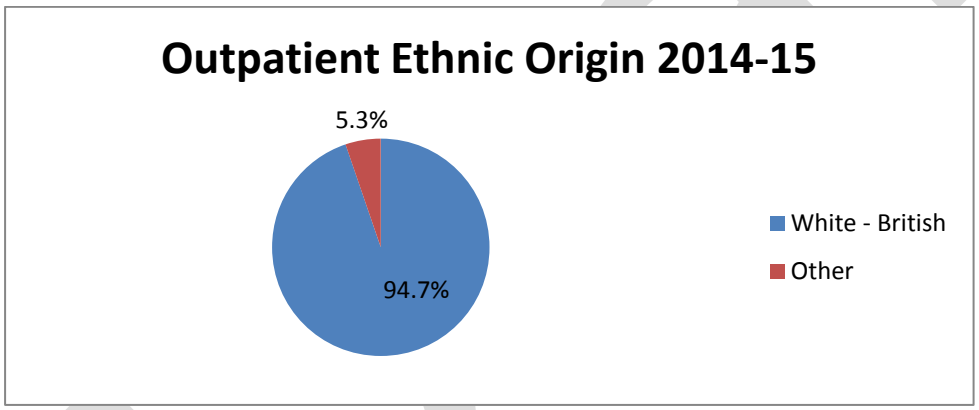


Figure 1.8

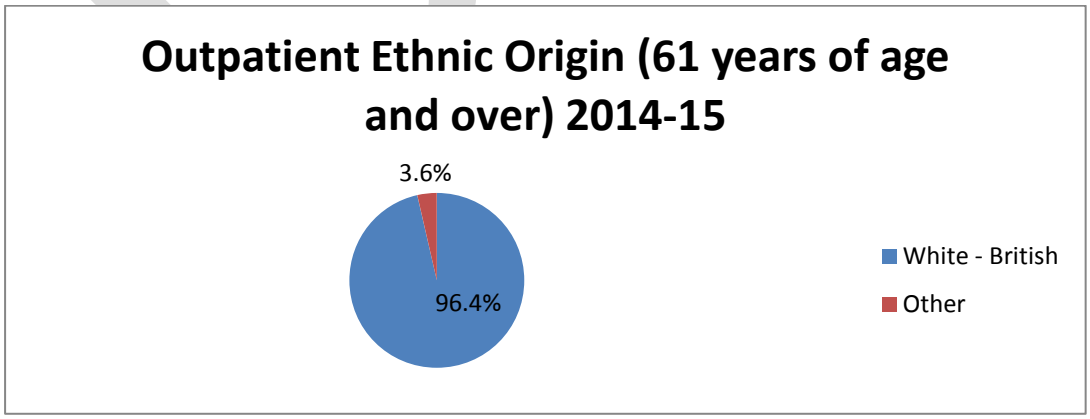


Figure 1.9

9. OUR WORKFORCE

Each year the Trust produces information in relation to the make-up of its workforce. Whilst being a legal requirement, this information is also useful for workforce planning.

This section outlines what we know about the make-up of our workforce in relation to the nine different protected characteristics. This information has been sourced from the Employee Service Record (ESR); Employees will be routinely provided with the information we hold on them and asked to update their information on a voluntary basis, this in itself is one of the challenges as a number of staff prefer not to disclose their personal information or have access to ESR manager self-service to update independently. One of the actions in our plan is to undertake the same level of analysis for the people who use our services.

9.1 Age

The age profile within the Trust (see Figure 1.1 below) shows that the largest age group of our workforce are those staff between the ages 46-50 and significantly lower figures for staff aged under 61.

The Trust recognises that the under 25 year old age group is currently under represented and as a result there has been a concerted effort to attract young talent into the Trust through the apprenticeship and skills for health schemes.

9.2 Disability

A total of 145 staff, or 3% of the total workforce have formally disclosed to the Trust that they consider themselves to have a disability. 27% of staff have not disclosed whether they have a disability or not and with 70% have stated they do not have a disability. (see figure 1.2).

9.3 Ethnicity/Race

The ethnicity profile within the Trust (see Figure 1.4); 1.05% of staff have not defined their ethnicity; thereby a small proportion of staff at 8.74% can be identified as belonging to an ethnic group other than that of White British. The percentage of staff from BME groups who are employed by the Trust is higher than the composition of the local population (2.8% in Knowsley and 3.6% in St Helens).

9.4 Sex

The gender profile of the Trust's workforce has remained fairly consistent and shows a split of 82.43% female to 17.57% male. (see figure 1.0). The majority of the female workforce are employed in roles at either Band 2 or Band 5 (see figure 1.6).

9.5 Religion & Belief

Of the staff who have chosen to disclose a religion to the Trust, the largest group remains Christianity at 55.53% of the total workforce; and the next highest group being Atheist at 5.61%. 33.15% of staff chose not to disclose their religious belief, this leaves 5.73% of staff as declaring themselves as having a religious belief other than Christianity or Atheism (see figure 1.3).

9.6 Sexual Orientation

Of the staff who have disclosed their sexual orientation to us, the largest group remains Heterosexuality at 64.33%, with Bisexual at 0.42%, Gay at 0.55%, Lesbian recording 0.36% while 34.35% of staff did not disclose their sexuality (see figure 1.5).

9.7 Gender Reassignment

The Trust currently has no data regarding staff who may have, or be undergoing, gender reassignment.

9.8 Pregnancy and Maternity

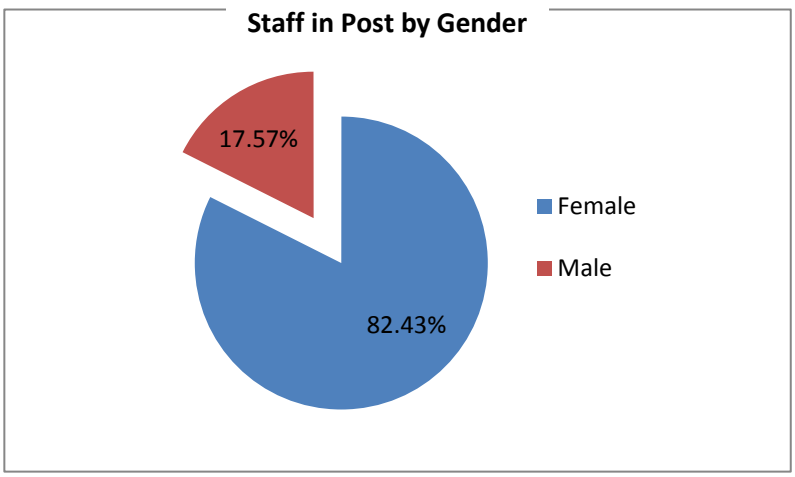
The Trust currently is correlating its data around pregnancy and maternity including adoption.

9.9 Marriage and Civil Partnership

The Trust currently is correlating its data around marriage and civil partnership.

Gender

Figure 1.0

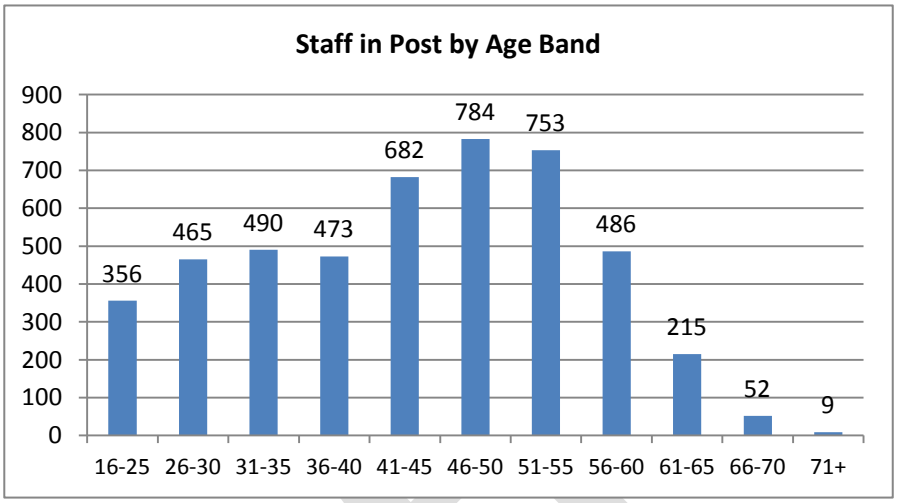


Gender	Total
Female	3927
Male	837
Grand Total	**4764**

Age

Age Band	Total
16-25	356
26-30	465
31-35	490
36-40	473
41-45	682
46-50	784
51-55	753
56-60	486
61-65	215
66-70	52
71+	9
Grand Total	**4764**

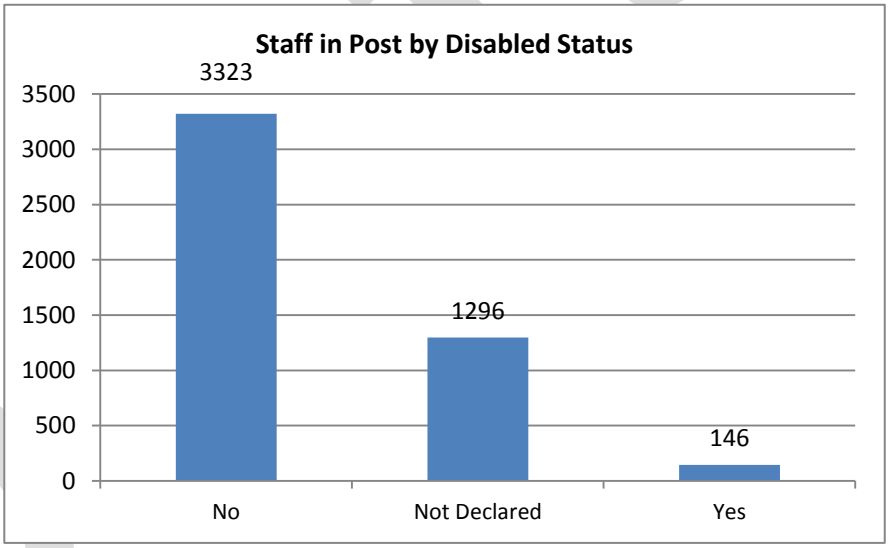
Figure 1.1



Disability

Disability Status	Total
No	3323
Not Declared	1296
Yes	145
Grand Total	**4764**

Figure 1.2



Religious Belief

Religion	Total	%
Atheism	267	5.61%
Buddhism	12	0.25%
Christianity	2646	55.53%
Hinduism	53	1.11%
Islam	42	0.88%
Not Disclosed	1579	33.15%
Other	166	3.49%
Grand Total	**4764**	

Figure 1.3

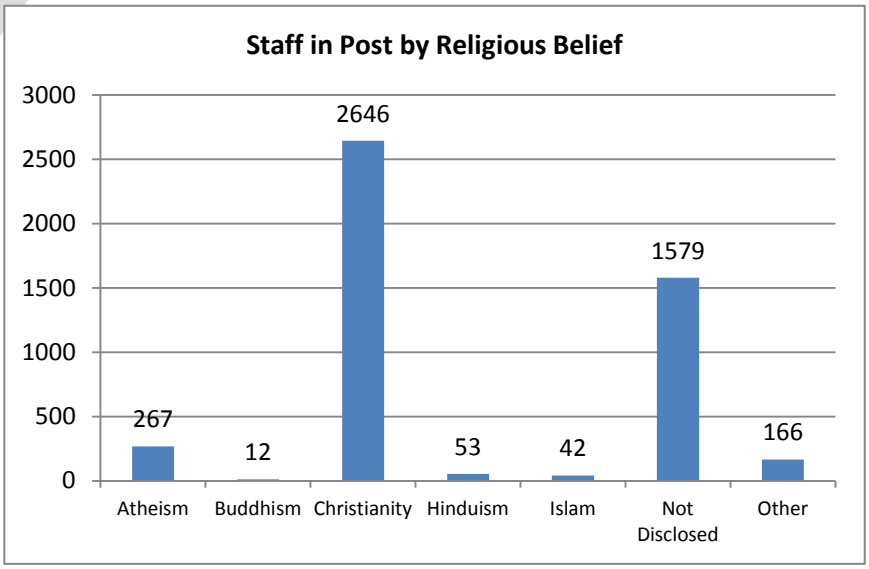
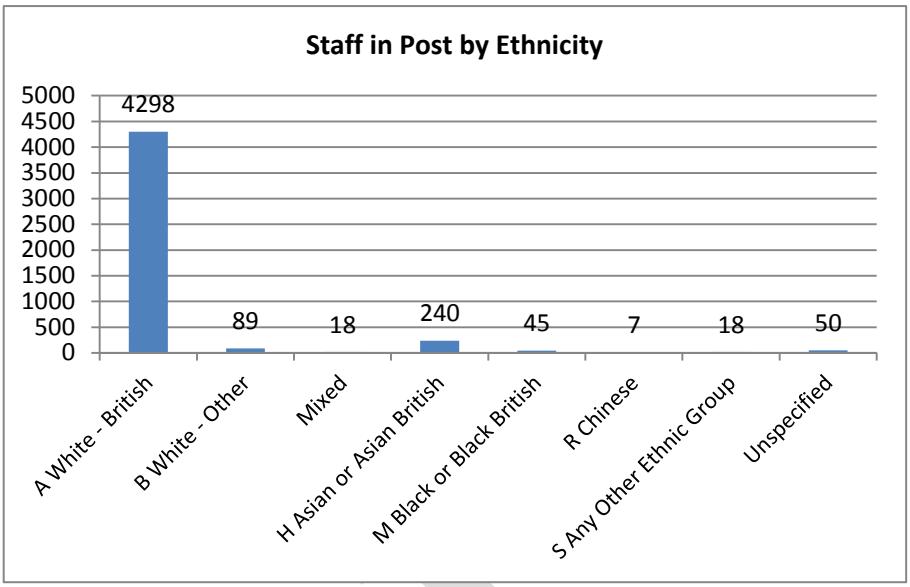


Figure 1.4

Ethnicity

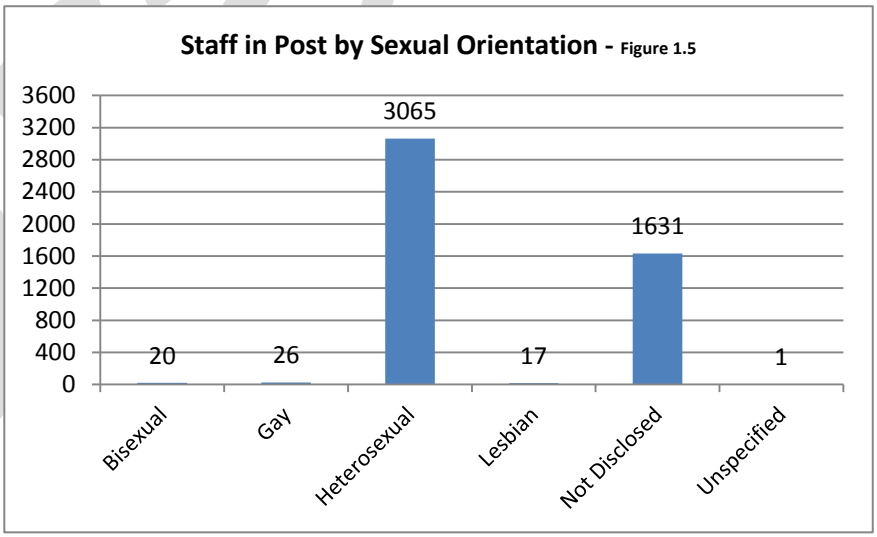
Row Labels	Total	%
A White - British	4298	90.22
B White - Other	89	1.87
Mixed	18	0.38
H Asian or Asian British	240	5.04
M Black or Black British	45	0.94
R Chinese	7	0.15
S Any Other Ethnic Group	18	0.38
Unspecified	50	1.05
Grand Total	**4764**	



Sexual Orientation

Figure 1.5

Sexual Orientation	Total	%
Bisexual	20	0.42%
Gay	26	0.55%
Heterosexual	3065	64.33%
Lesbian	17	0.36%
Not Disclosed	1636	34.35%
Unspecified	1	0.02%
Grand Total	**4764**	



Staff by Pay Band

Figure 1.6

Gender by Pay Band

AFC Band	Female	Male	Grand Total
Executive	6	8	14
Other	87	180	267
1	248	16	264
2	993	208	1201
3	332	42	374
4	303	48	351
5	1021	126	1147
6	484	83	567
7	325	64	389
8a	87	25	112
8b	28	26	54
8c	7	8	15
8d	2	4	6
9	3		3
Grand Total	**3924**	**835**	**4764**

Age by Pay Band

Figure 1.7

Age	Executive	Other	1	2	3	4	5	6	7	8a	8b	8c	8d	9	Grand Total
<20				2											2
20-25			3	107	23	9	191	18	3						354
26-30		3	11	104	39	25	196	62	19	6					465
31-35		17	13	93	29	29	153	96	50	10					490
36-40	1	43	10	86	32	29	145	58	46	14	5	3	1		473
41-45	1	65	30	142	45	64	144	83	72	22	12	2			681
46-50	3	60	38	198	70	62	124	104	80	24	14	4	1	1	782
51-55	2	32	71	215	66	67	104	86	73	18	12	4	1	2	753
56-60	3	35	34	162	47	42	60	40	35	15	8	2	3		486
61-65	3	11	32	73	21	19	27	14	9	3	3				213
66-70	1	1	19	13	2	5	3	6	2						51
71+			3	6											9
Total	**14**	**267**	**264**	**1201**	**374**	**351**	**1147**	**567**	**389**	**112**	**54**	**15**	**6**	**3**	**4764**

Disability by Pay Band

Figure 1.8

Disability	Executive	Other	1	2	3	4	5	6	7	8a	8b	8c	8d	9	Grand Total
No	6	180	182	795	268	241	861	383	268	85	36	12	3	3	3322
Not Declared	8	81	70	374	95	103	242	166	110	26	17	3	1		1292
Yes		6	12	32	11	7	44	18	11	1	1		2		145
Grand Total	**14**	**267**	**264**	**1201**	**374**	**351**	**1147**	**567**	**389**	**112**	**54**	**15**	**6**	**3**	**4764**

Ethnicity by Pay Band

Figure 1.9

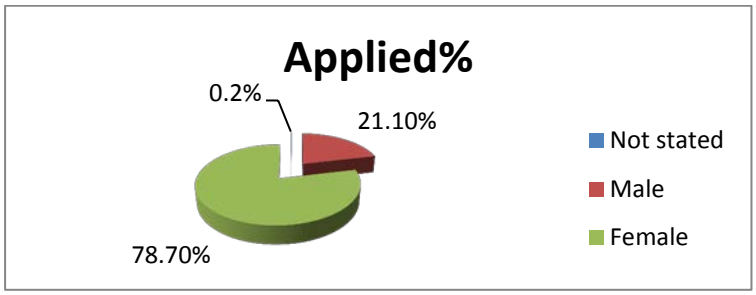
Ethnic Origin	Executive	Other	1	2	3	4	5	6	7	8a	8b	8c	8d	9	Grand Total
A White - British	12	111	262	1156	353	336	970	515	356	102	51	15	6	3	4244
Black or Black British		13		3	1		20	5	2	1					45
Asian / Asian British	1	88		11	2	1	110	11	6	1					230
Other Ethnicity		22	1	2			6	1	1	1					34
White Other		19	1	15	13	11	29	24	19	4	3				139
Mixed		5		1	3		6	2		1					19
Not Stated	1	9		13	2	3	6	9	5	2					51
Grand Total	**14**	**267**	**264**	**1201**	**374**	**351**	**1147**	**567**	**389**	**112**	**54**	**15**	**6**	**3**	4764

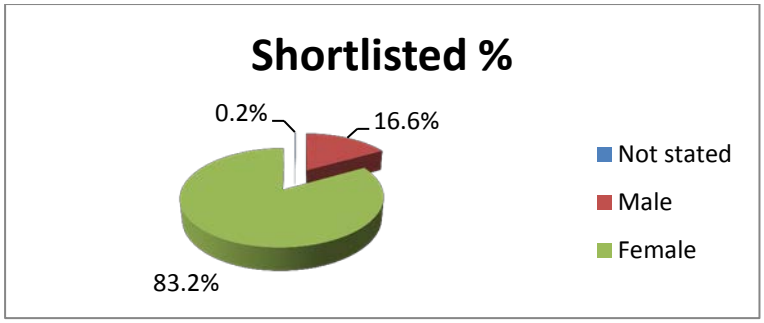
9.10 Recruitment

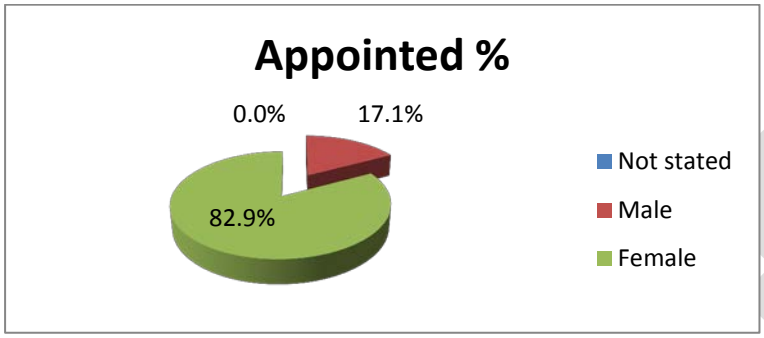
This information demonstrates applications made to the Trust through the NHS jobs website and covers the period 1st July 2015 – 1st January 2016. It must be noted that as the data was drawn in early January 2016, the progression to shortlisting and appointment for some applicants may not have been realised.

Gender

As can be seen from the charts below the majority of applicants were female (78.70%) female progression through to shortlisting and appointment remained fairly static at approx. 83% of all candidates.

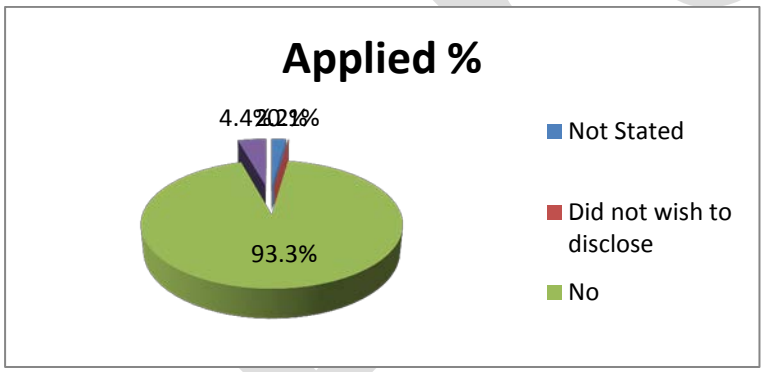


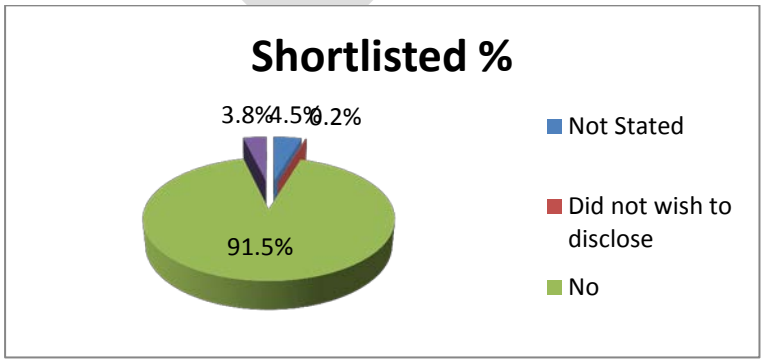


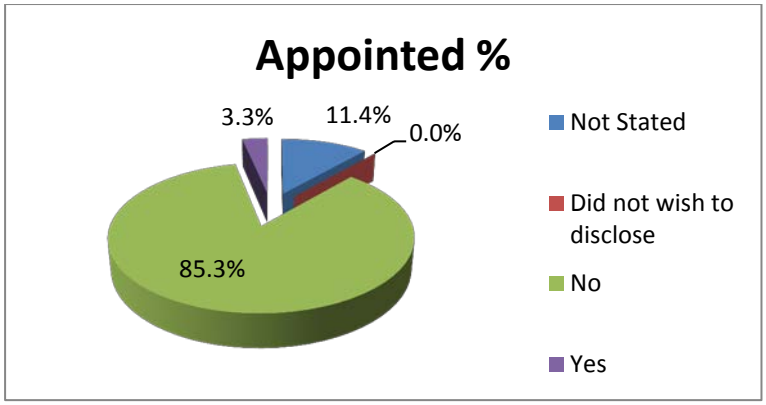


Disability

93.3% of applicants declared they did not have a disability; however the charts show that the percentage of applicants who declared a disability who were shortlisted was marginally lower than the percentage who applied, in addition, the reduction in disabled applicants from shortlisting to appointment was minimal 0.5%.

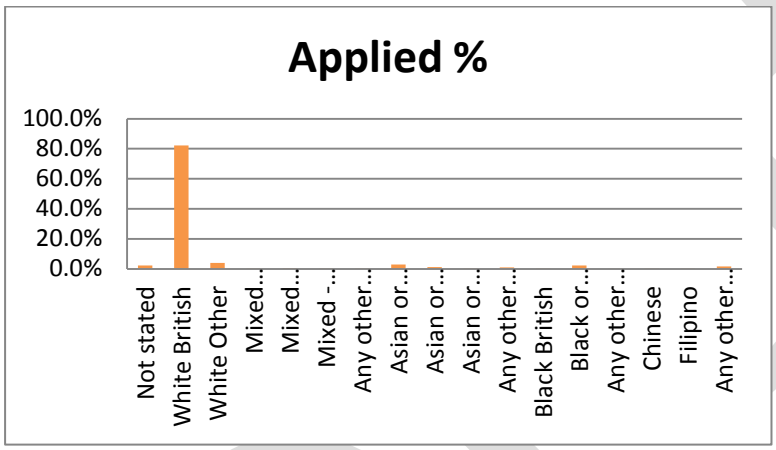


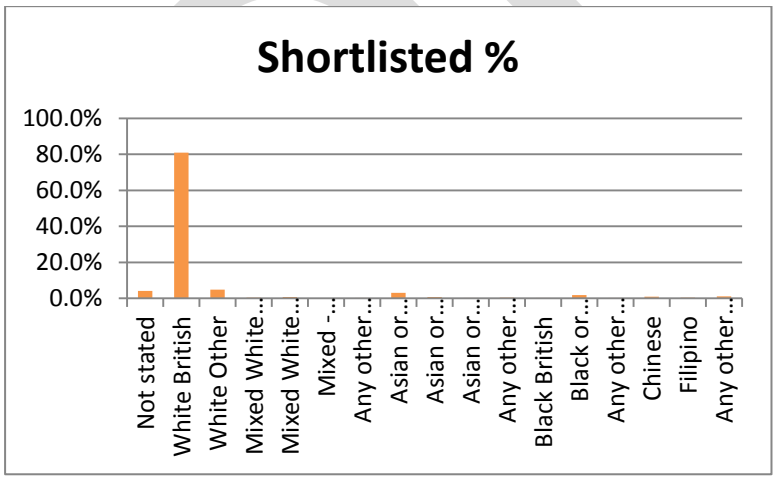


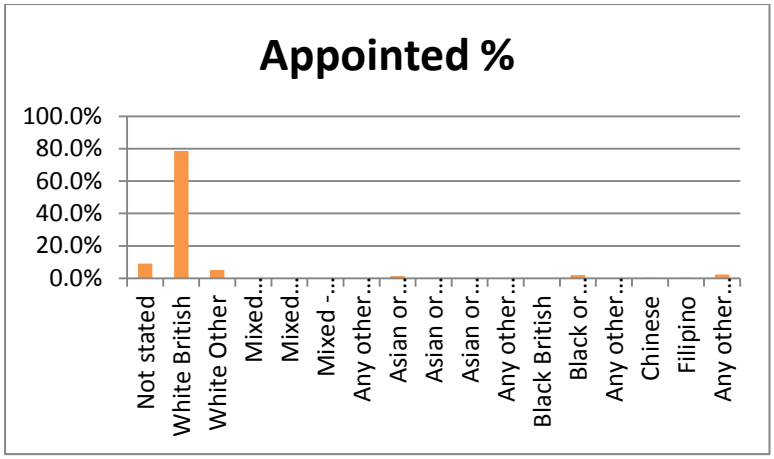


Ethnicity

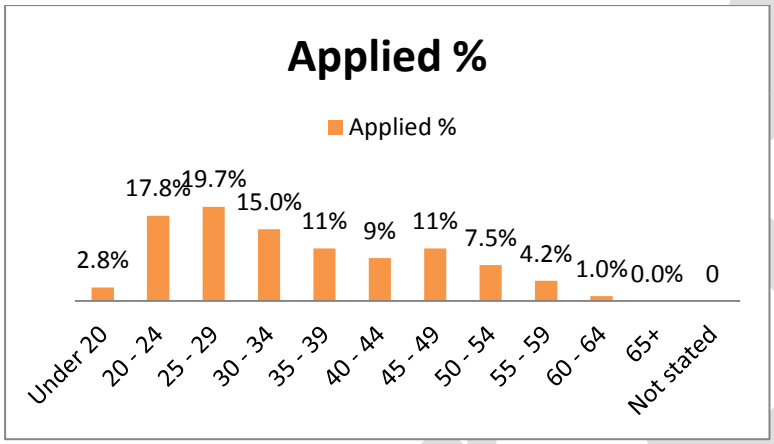
Excluding 'not stated', the dropout rate from Application through to Appointment for White British / White Other and all other ethnic groups as a whole was consistent.

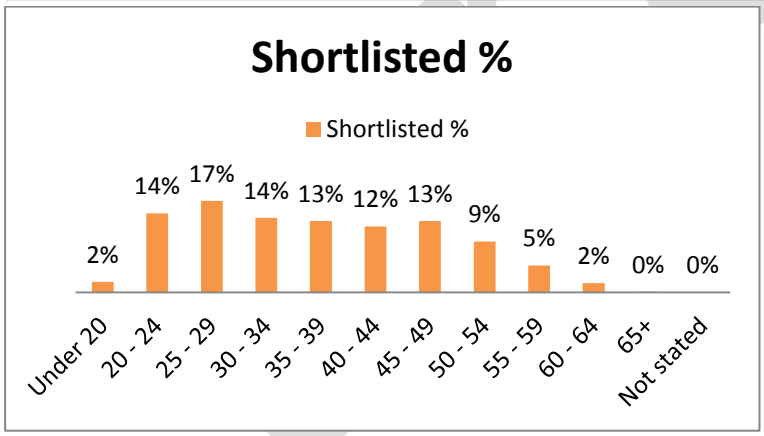


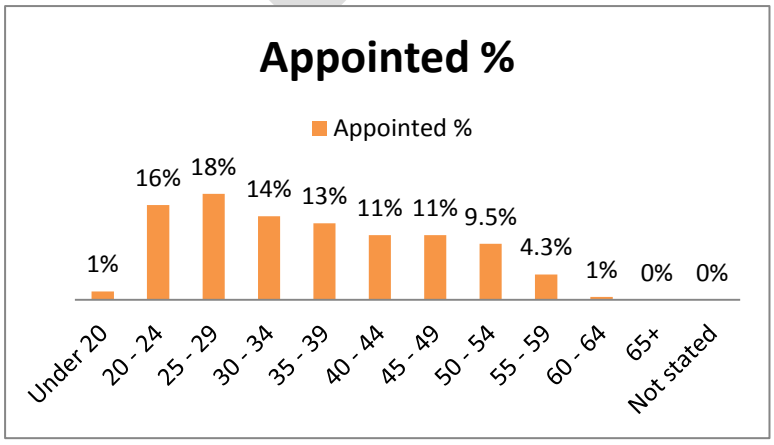



Appointed %
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Not stated
White British
White Other
Mixed...
Mixed...
Mixed -...
Any other...
Asian or...
Asian or...
Asian or...
Any other...
Black British
Black or...
Any other...
Chinese
Filipino
Any other...

Age

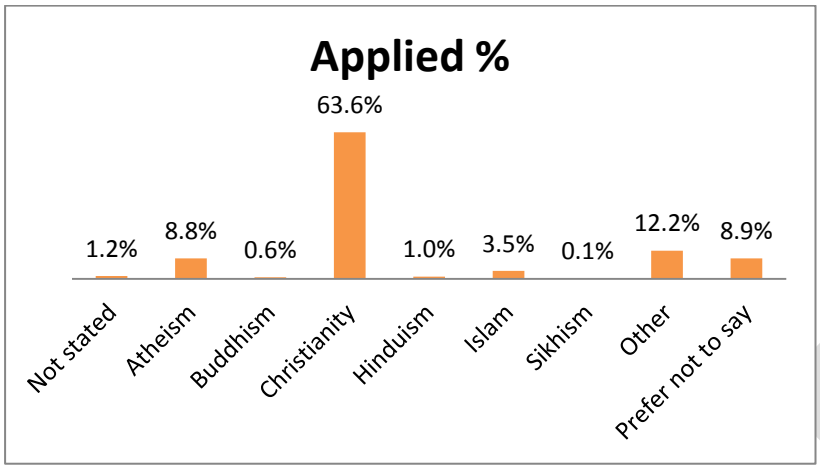

Applied %
Applied %
2.8%
17.8%
19.7%
15.0%
11%
9%
11%
7.5%
4.2%
1.0%
0.0%
0
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65+
Not stated

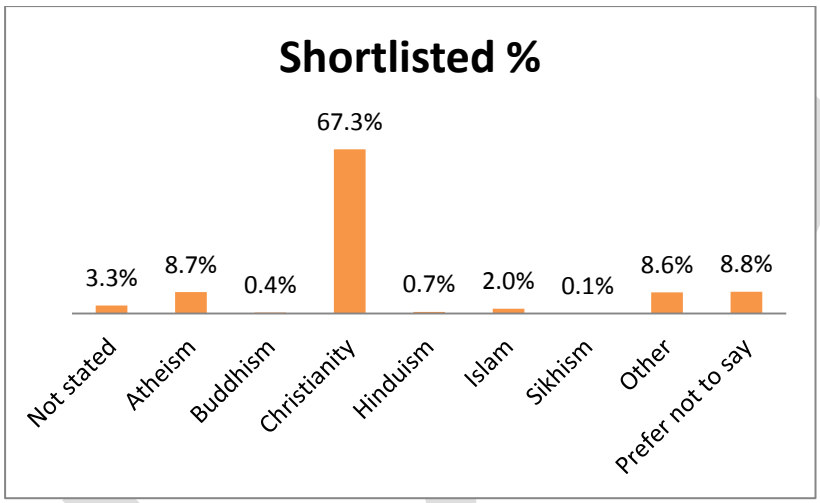

Shortlisted %
Shortlisted %
2%
14%
17%
14%
13%
12%
13%
9%
5%
2%
0%
0%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65+
Not stated

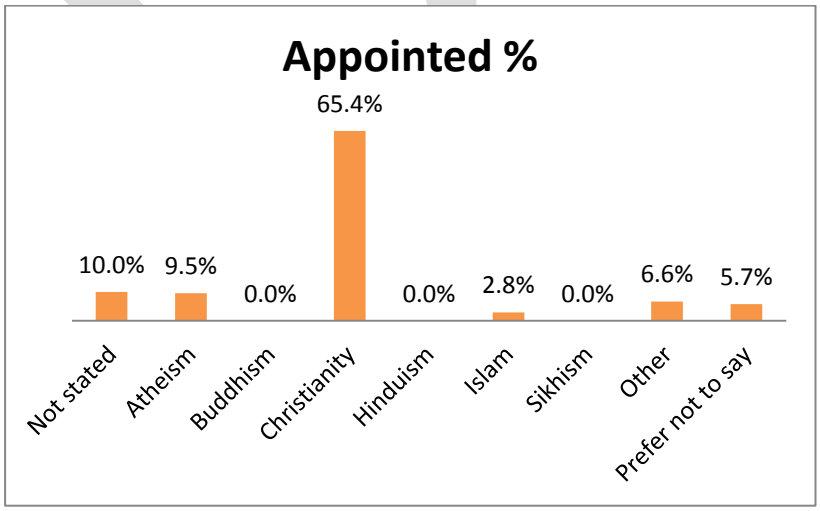

Appointed %
Appointed %
1%
16%
18%
14%
13%
11%
11%
9.5%
4.3%
1%
0%
0%
Under 20
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65+
Not stated

Religious Belief

10.1% of applicants did not state or preferred not to disclose their ethnic origin. The majority of applicants were of a Christian belief.

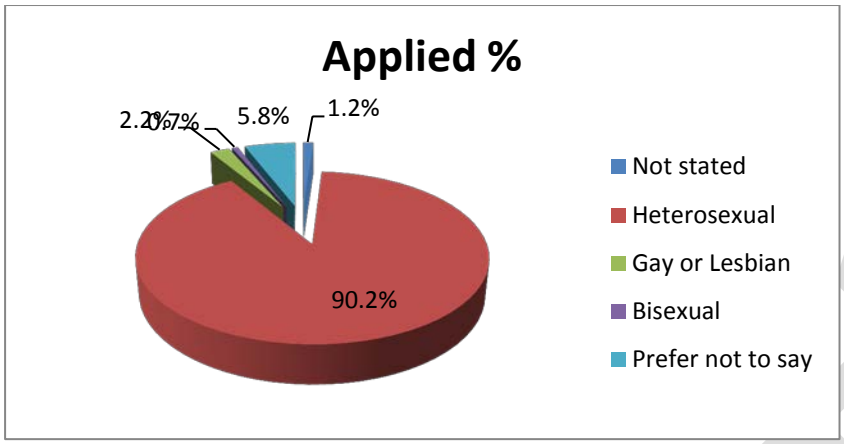


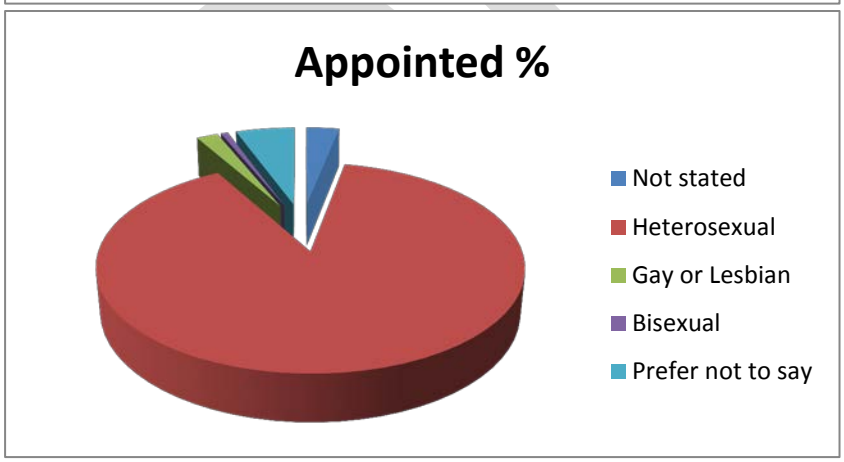




Sexual Orientation

The percentage of Gay, Lesbian and Bisexual applicants is consistent with the percentage of Gay, Lesbian and Bisexual staff appointed.





Equality Action Plan 2016/2017

This action plan will be updated as progress is made and or the objectives are reviewed/amended as appropriate including making any additional objectives to the action plan.

RAG Rating	Incomplete	In Progress	Ongoing/Complete

Objective	Progress	Lead	Target/Review Date	RAG Rating
Equality Act 2010 (including Public Sector Equality Duty)				
Publication of annual workforce diversity report in January each year		Workforce Planning & Head of Human Resources	January 2017	
Review of Equality Impact Assessment documents for policies and procedures	Toolkit to be Updated	Equality & Diversity Lead	March 2016	
Equality is mainstreamed through the organisations business through effective implementation of the Equality Delivery System (EDS) and equality analysis	Equality Analysis to be mainstreamed through business planning and audits etc. External training planned for Operational, Financial and Corporate Managers	Equality & Diversity Lead	Ongoing	
Benchmarking with other NHS Trusts and sharing of best practice		Equality & Diversity Lead	Ongoing	
Publication of WRES Indicators and progress against these	Report results and progress against action plan to Equality and Diversity Steering group	Head of HR	Ongoing	
All papers to Executive and Board include equality impact declaration by author		Director of Corporate Services	March 2016	
Governance systems in place to clearly demonstrate compliance with Public Sector Equality Duty.	Equality & Diversity Lead attends PEC and Workforce Council to ensure compliance and involvement across Trust activity		Ongoing	

Revise Equality & Diversity Steering Group Terms of Reference	Discussed and agreed at October's meeting with attendees and sent to WFC for sign off	Head of Safeguarding	Complete	
Obtain Navajo Chartermark	Stakeholder involvement from all staff groups and schedule of dates publicised on internet	Head of HR & Head of Safeguarding	June 2017	
Establish Transgender Staff Support Policy	Policy drafted and stakeholder consultation completed with approval at November 2015 WFC.	Head of HR & Head of Safeguarding	Complete	
Circulate schedule of HealthWatch meetings 2015/16 for specific focus on EDS2 progress	Circulated at October Equality & Diversity Steering Group.	Head of Safeguarding	Complete	
EDS2 Submission and sign off by HealthWatch against Outcomes in July 2016	Outcomes published on the internet.	Head of HR & Head of Safeguarding	July 2016	
Propose the Trust adopts Inclusion within its Equality & Diversity title to better reflect the external environment and the language used in the health and social care sector, and also the wider business environment.	Proposal tabled at October's Equality & Diversity Steering Group and agreed by all in attendance.	Head of HR and Equality & Diversity Lead	Complete	
EDS Goal 1: Better Health Outcomes				
EDS Goal 2. Improved patient access and experience				
Ensure all services are accessible – consider both physical access and access to information Accessible Information Standard (from April 2016)	There has been a Steering Group Set Up The Translation and Interpretation services are being revised and updated for staff (including braille, large font etc). There is an Accessible Information Policy drafted.	Director of Nursing	July 2017	
EDS Goal 3: A Representative and Supported Workforce				
WRES – increase representation	Consider advertising media and how advertising could be targeted to better inform local communities of opportunities	Recruitment Manager	Ongoing	

Promote Employee Network Groups to ensure they are well supported and actions are delivered as appropriate	Currently the Trust has an established disability staff network. Currently promotes LGBT and BME staff network formation via the internet.	Equality & Diversity Lead	April 2016	
Recruitment & Retention Strategy reflective of Equality and Diversity Initiatives and		Recruitment Manager	Ongoing	
EDS Goal 4: Inclusive Leadership				
Senior Leaders are engaged and drive equality through attendance at E&D groups	Equality & Diversity Champion NED Bill Hobden to attend future E&D Steering Groups	Equality & Diversity Lead	Ongoing	
Training and development opportunities are available to all staff irrespective of background	Training and development opportunities are advertised on specific employee network group sites on E&D webpage for staff. Training data to be added to workforce diversity report	Assistant Director of Organisational Development	Ongoing	
Leaders are equipped with the skills to manage a diverse workforce	Develop module to be delivered within Leadership and Management programmes facilitated by Education & Training	Head of Human Resources & Organisational Development	Ongoing	
Workforce Race Equality Standard – increase diversity at all levels of organisation	Review current internal talent management programmes to support the development of junior staff into senior positions	Assistant Director of Organisational Development	Ongoing	

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

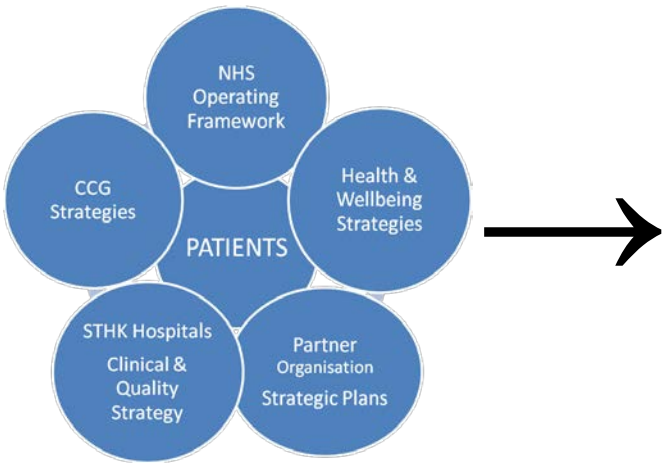
TRUST BOARD PAPER

Paper No: NHST(16)012
Title of paper: 2014-18 Clinical Quality Strategy Progress Report
Purpose: Update Board on CQS Progress
Summary: Strong performance against most measures. Areas for action with leads identified.
Corporate objectives met or risks addressed: All
Financial implications: N/A
Stakeholders: All
Recommendation(s): Members are asked to approve:
Presenting officer: Kevin Hardy
Date of meeting: 19th January 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

STHK

2014-18 Clinical & Quality Strategy



Progress Report
January 2016

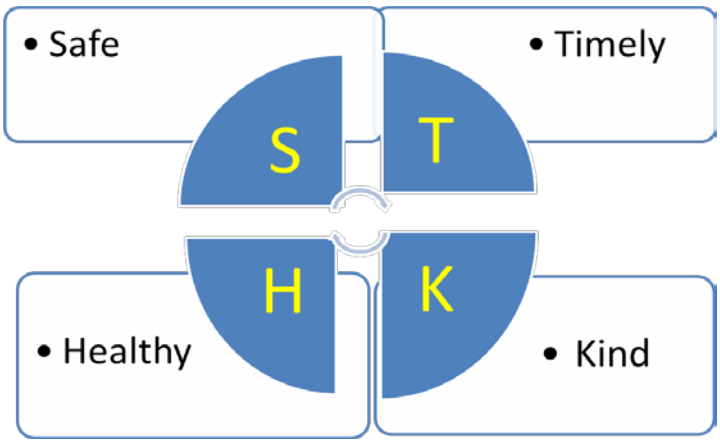
Background

In April 2014, following consultation with a wide range of stakeholders, St Helens & Knowsley Teaching Hospitals NHS Trust Board approved its 5-year clinical & quality strategy.

This interim report describes background and progress over the first 6 months or so to January 2015.

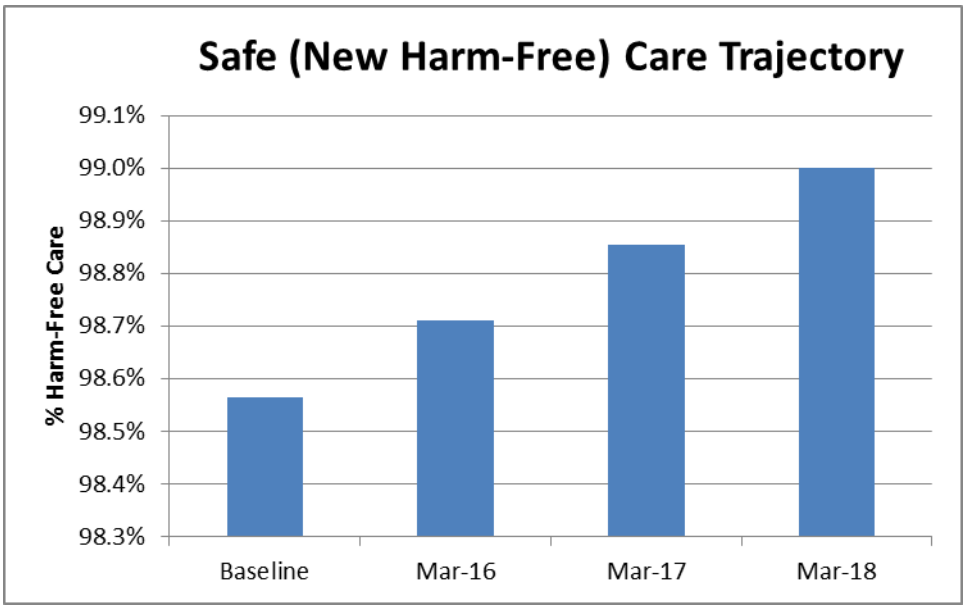
5 Star Patient Care

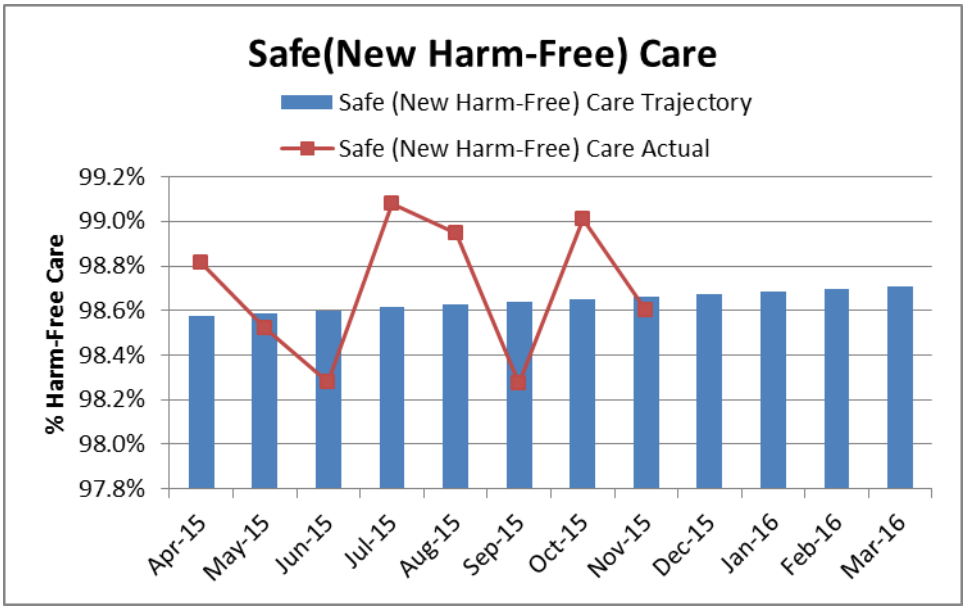
Priorities



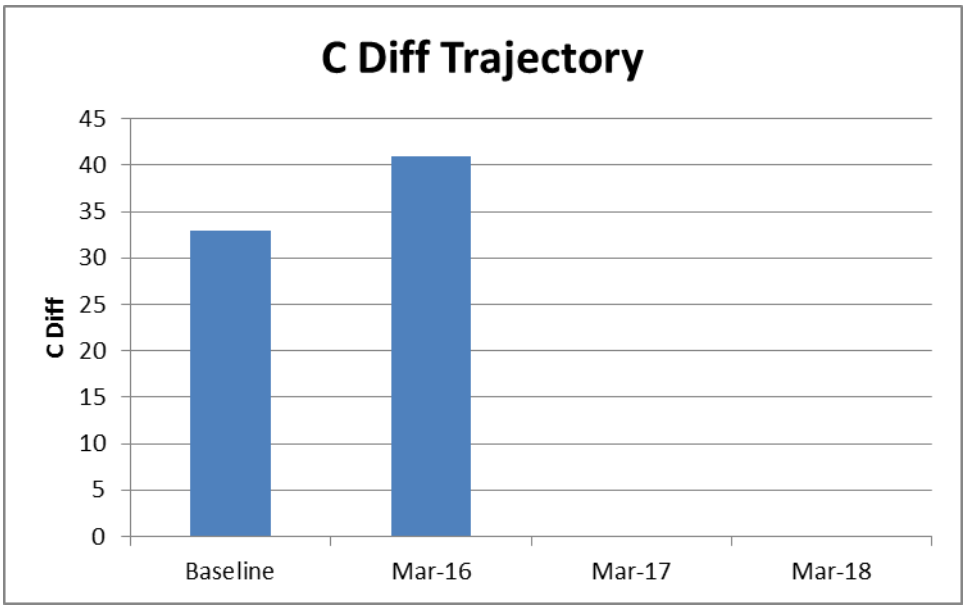
CQS Action Plan: 24 Key Performance Indicators

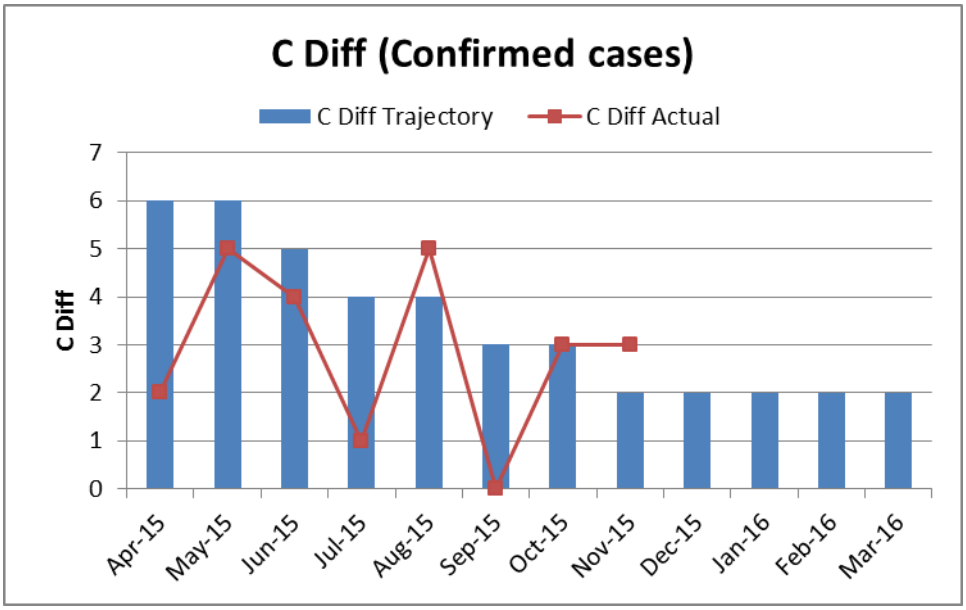
1. Increase safe (harm-free) care.
2. Reduce hospital acquired infections.
3. Prevent never events.
4. Reduce hospital acquired grade 3/4 pressure ulcers.
5. Increase VTE screening.
6. Reduce medication errors causing severe harm.
7. Improve timely elective care (18 week RTT).
8. Improve timely assessment in A&E.
9. Improve timely treatment (cancelled ops).
10. Improve timely discharge from ICU.
11. Improve timely communication.
12. Improve cancer care.
13. Improve hospital mortality.
14. Improve weekend mortality.
15. Reduce avoidable mortality.
16. Improve emergency readmissions.
17. Consultant care.
18. Standardised care.
19. Friends & Family Test.
20. Embedded PPI.
21. Safeguarding.
22. Basic care & dignity.
23. Better dementia care.
24. Better End of Life Care.





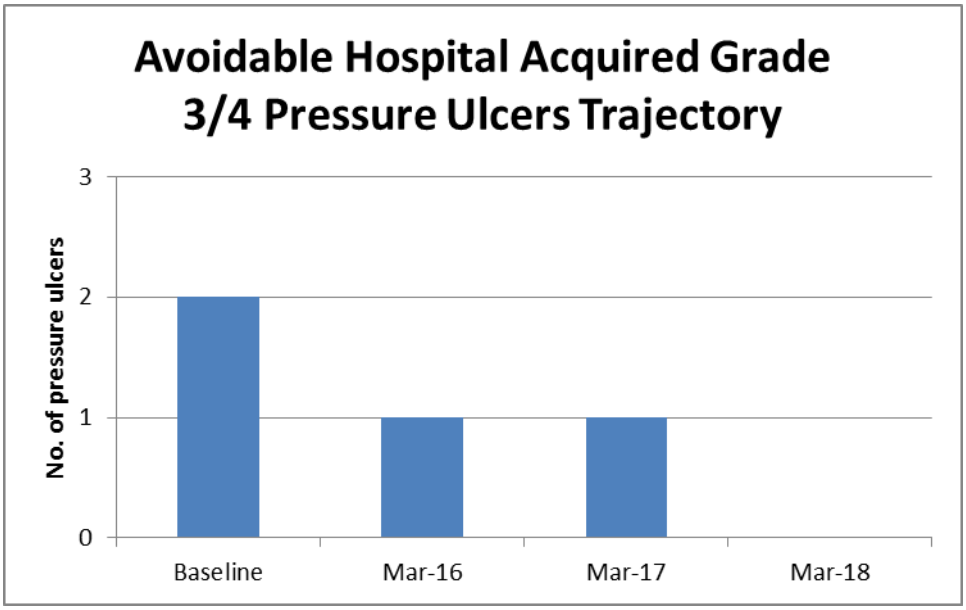
Strong performance

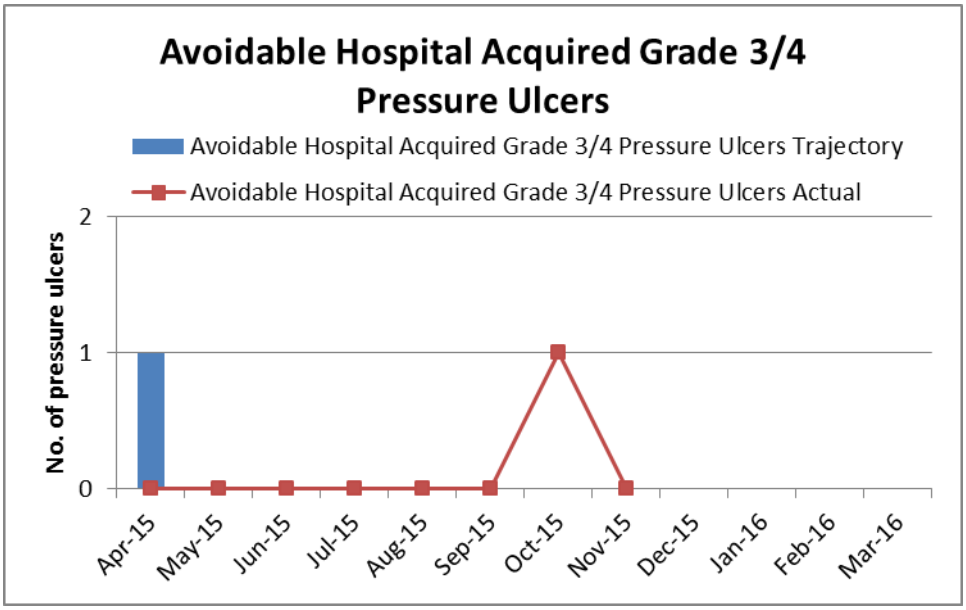




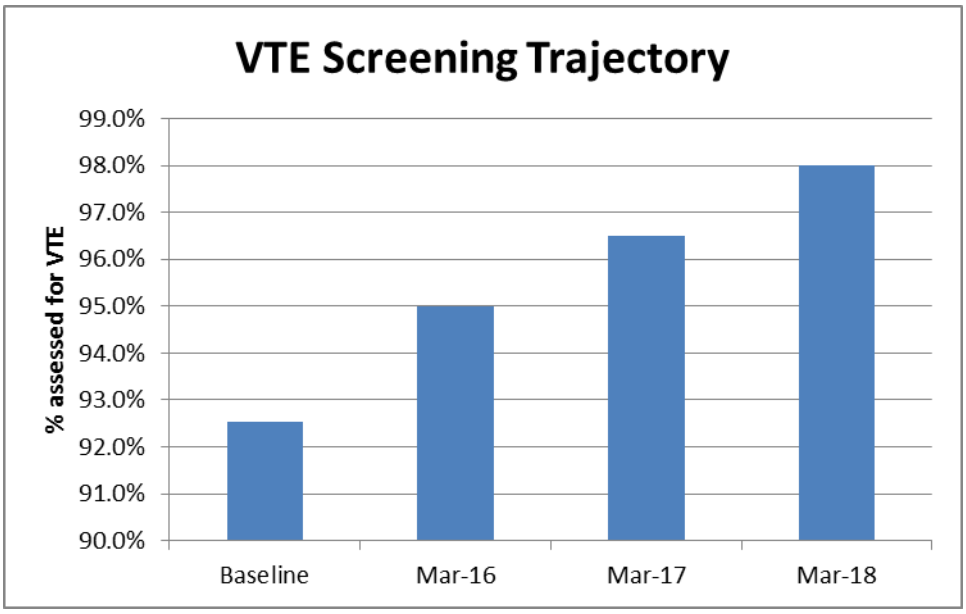
On trajectory

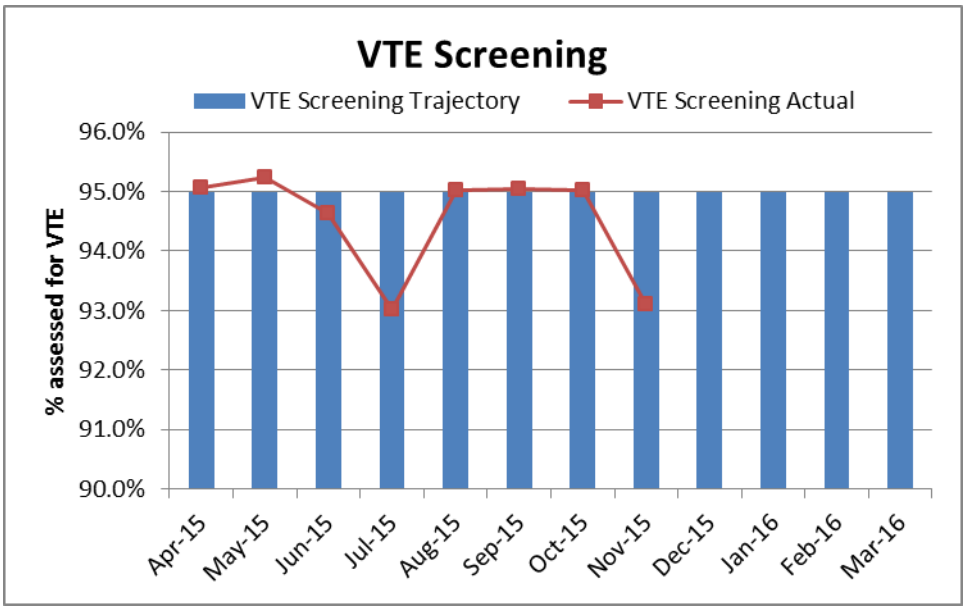
Zero never events





On trajectory

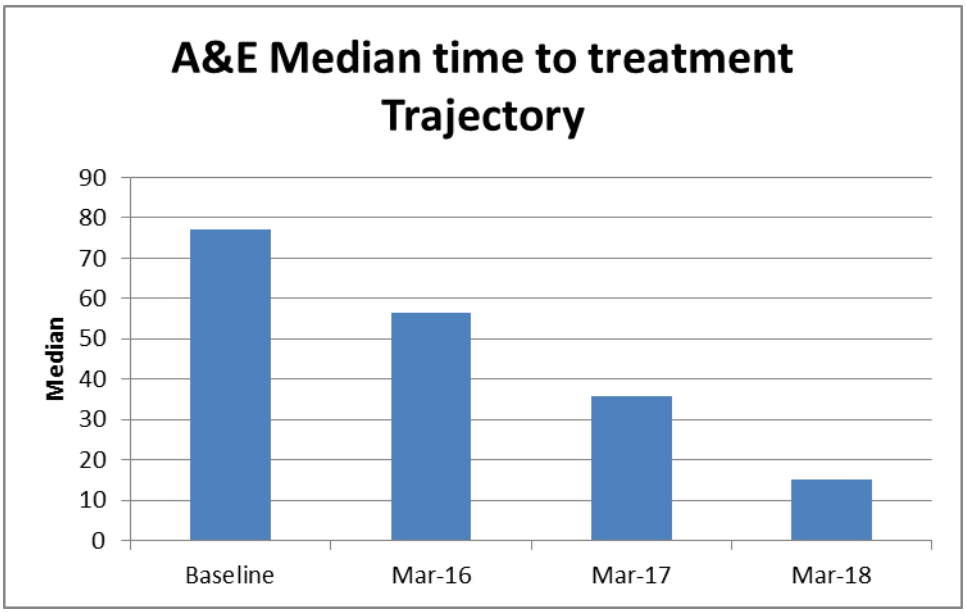


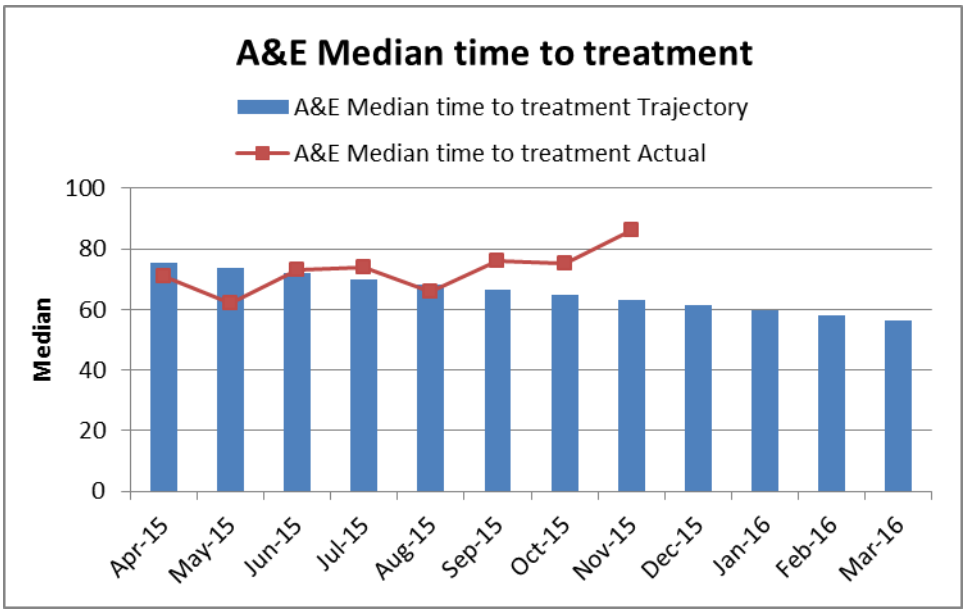


Mostly satisfactory

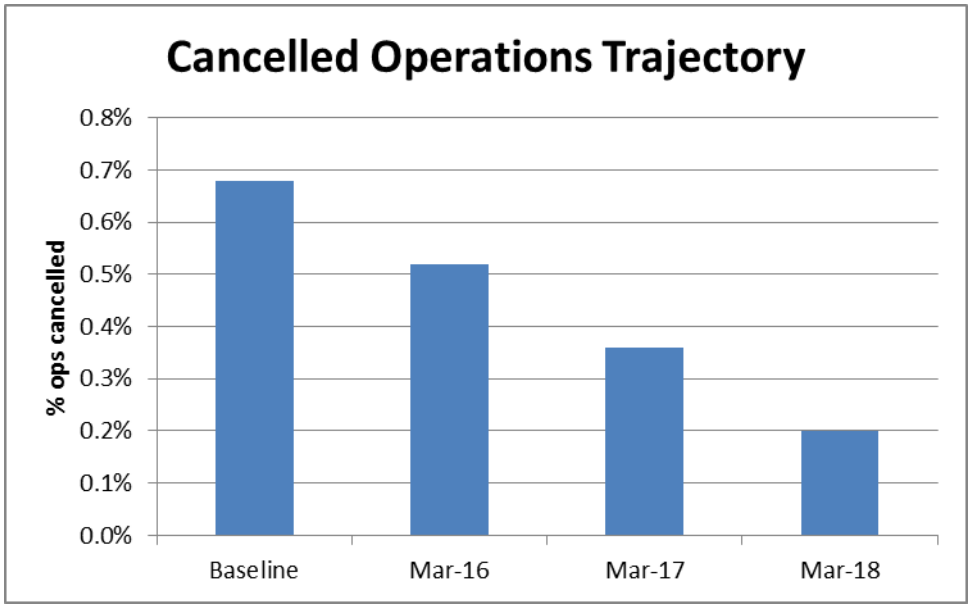
Zero Medication Errors causing serious harm

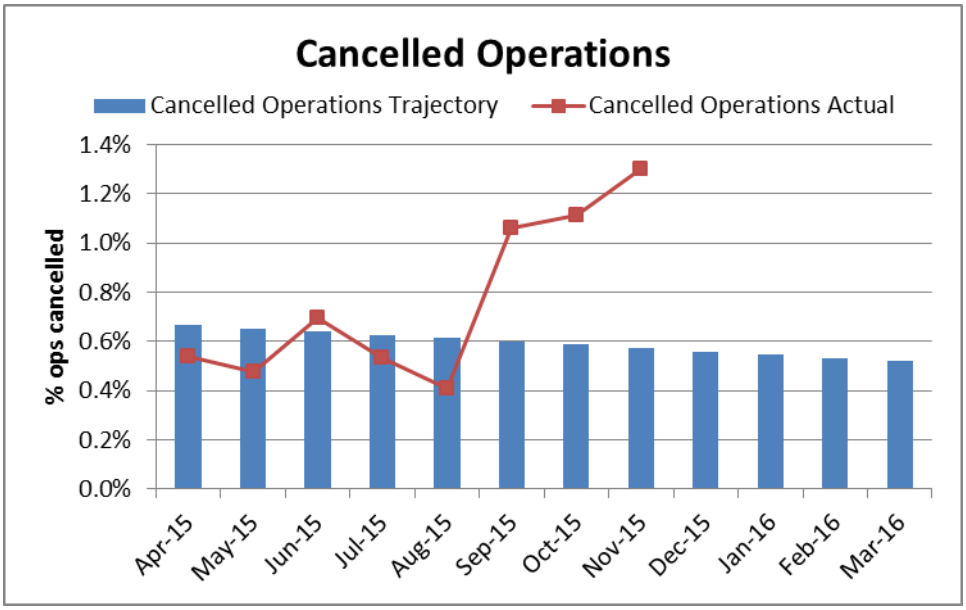
18 weeks RTT no longer a national standard



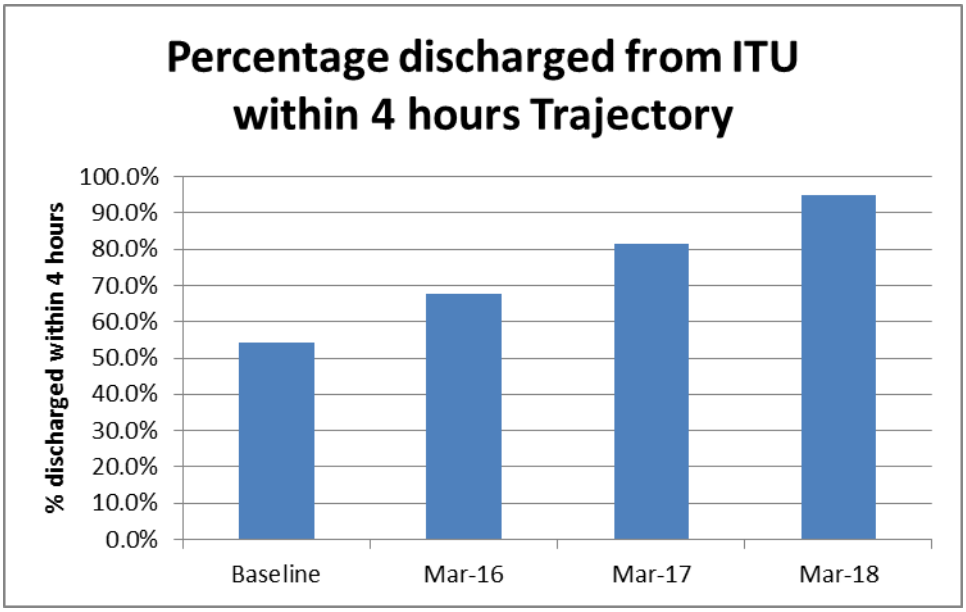


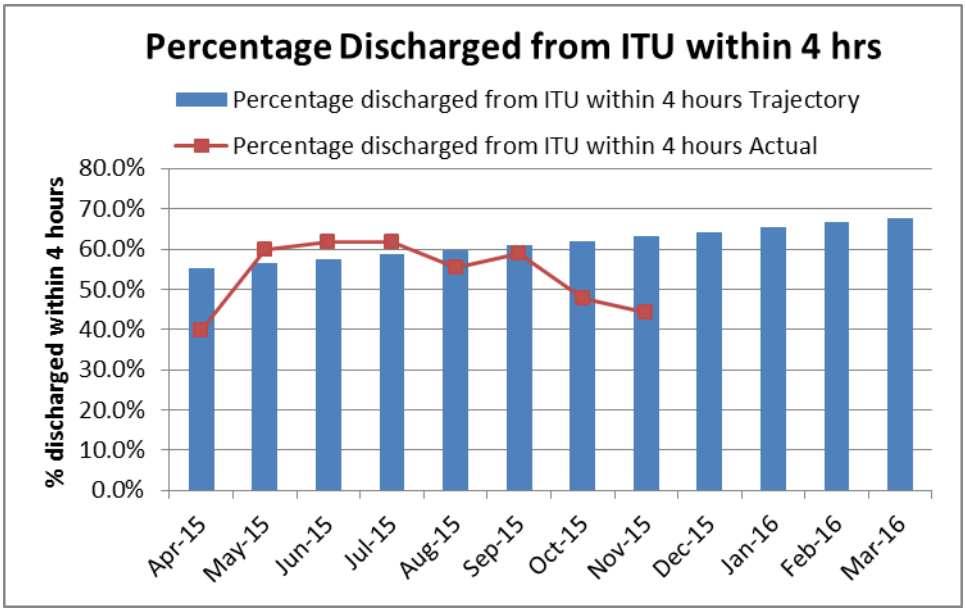
Deteriorating performance



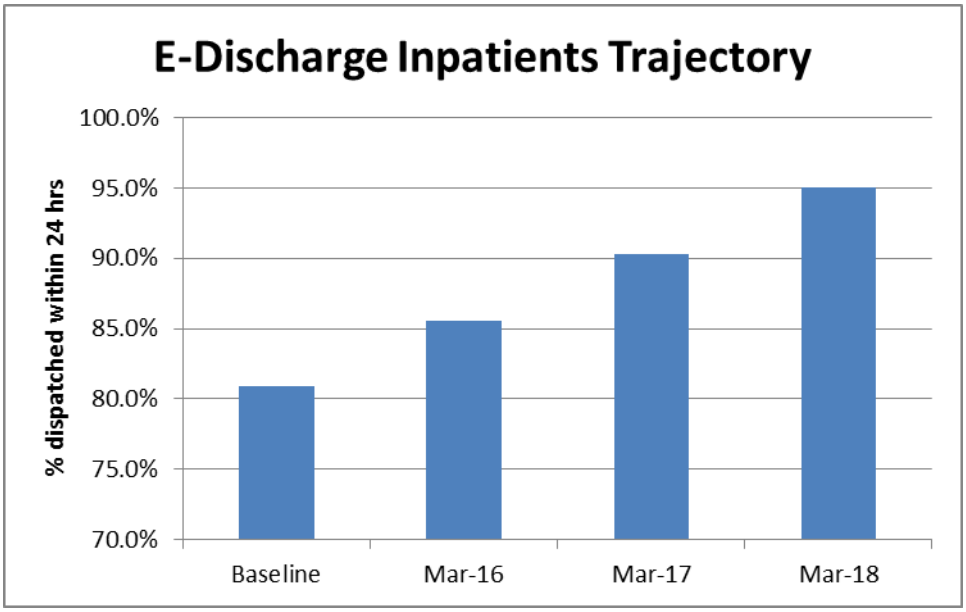


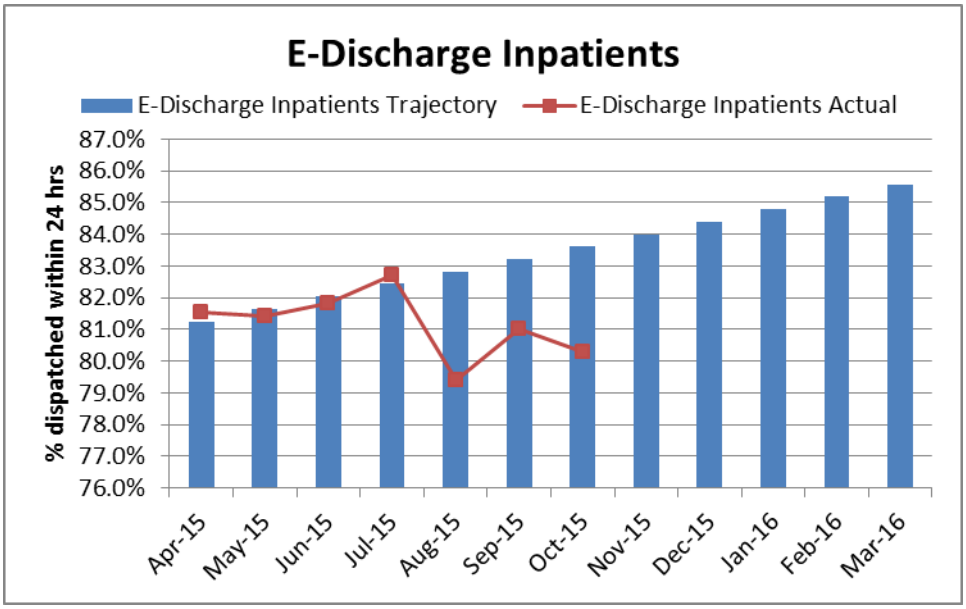
Deteriorating performance



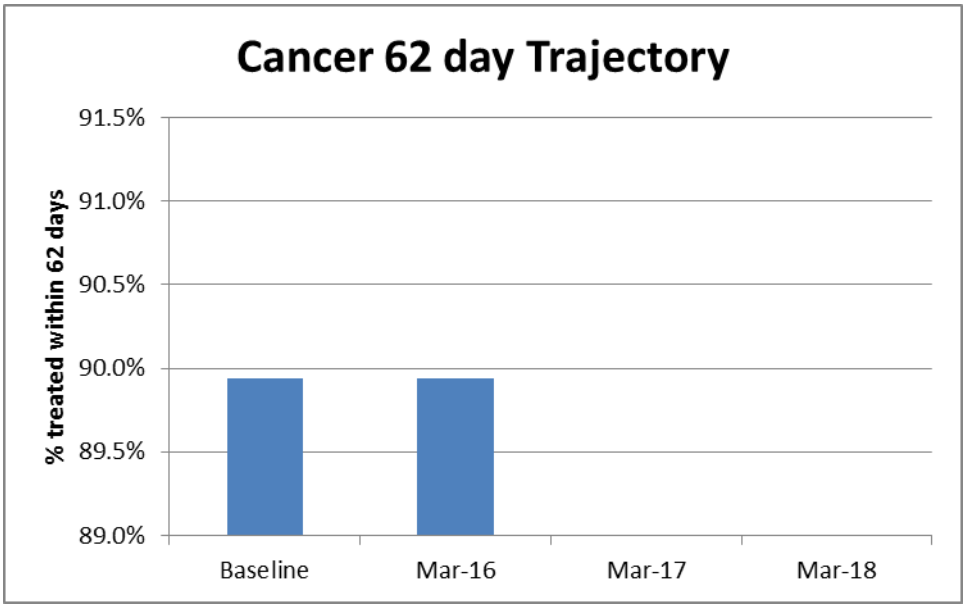


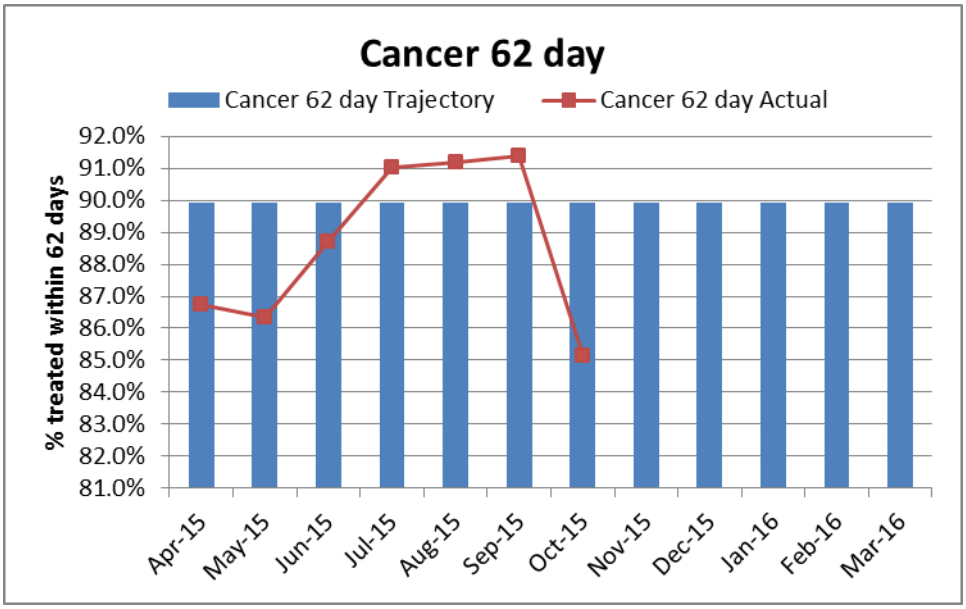
Largely strong performance



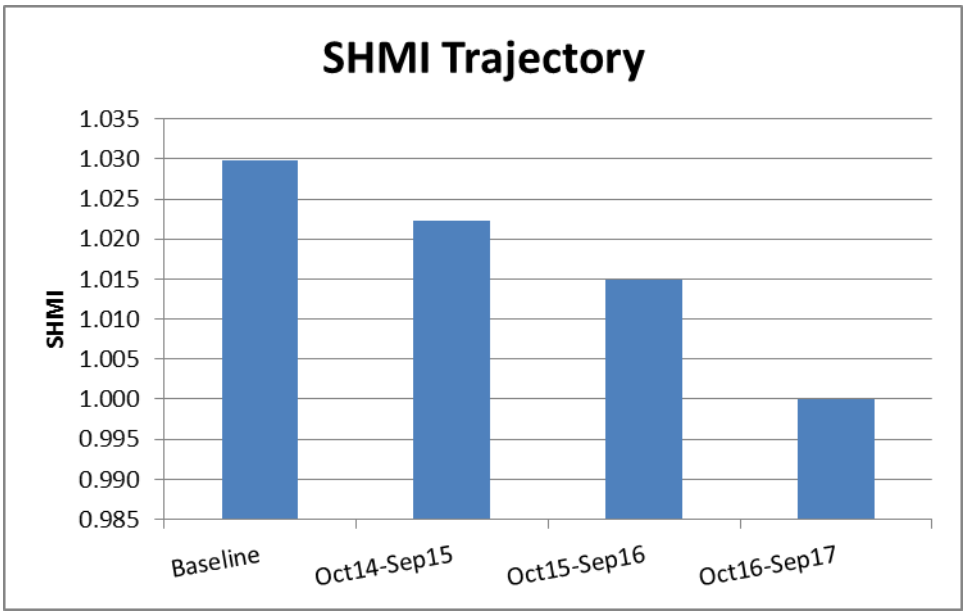


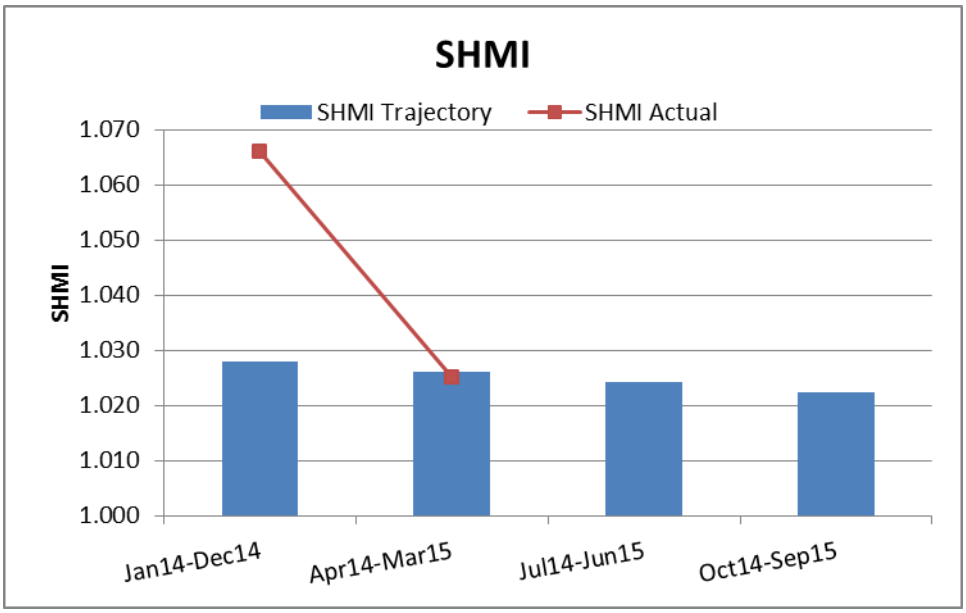
Deteriorating performance



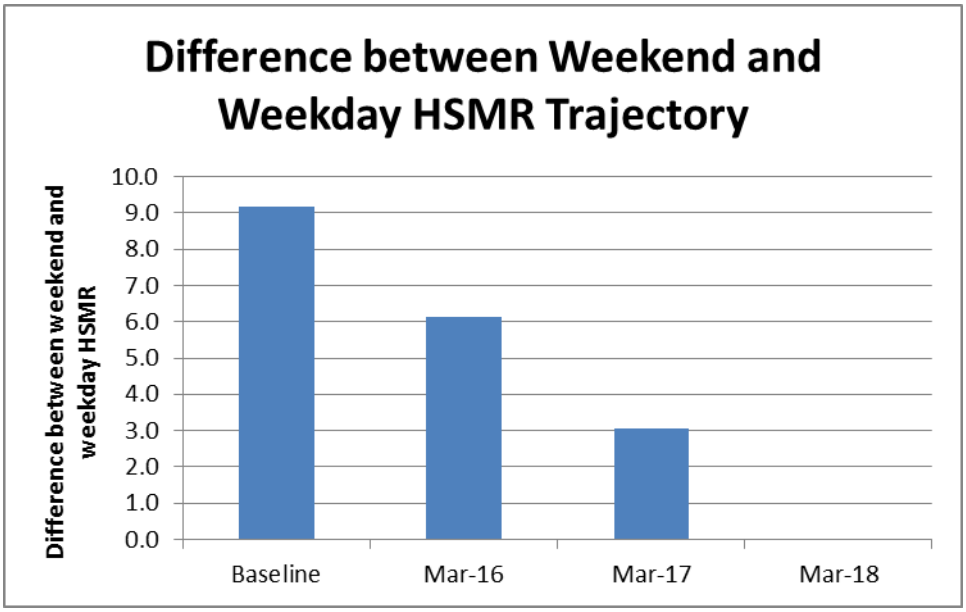


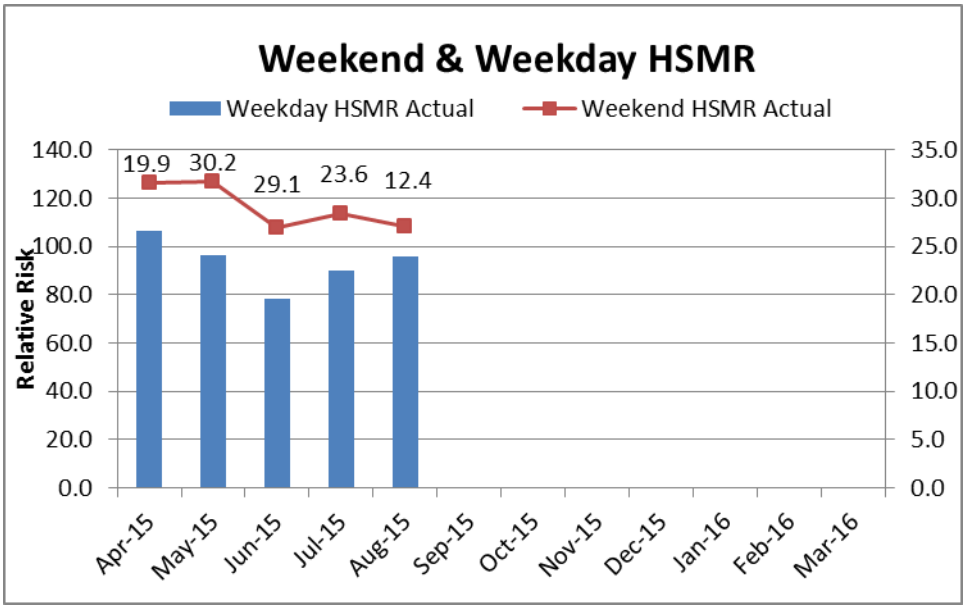
Generally positive trend





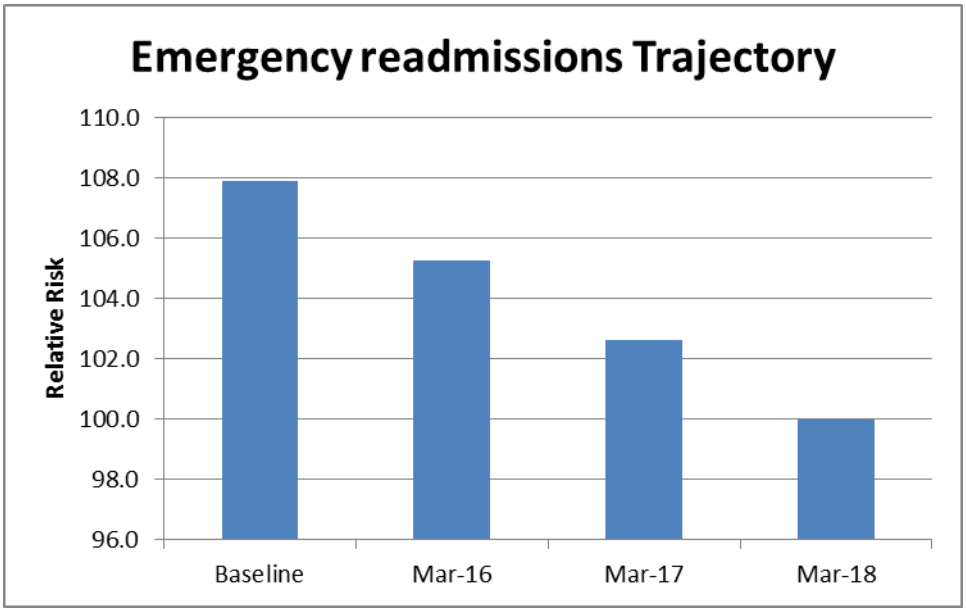
Strong performance

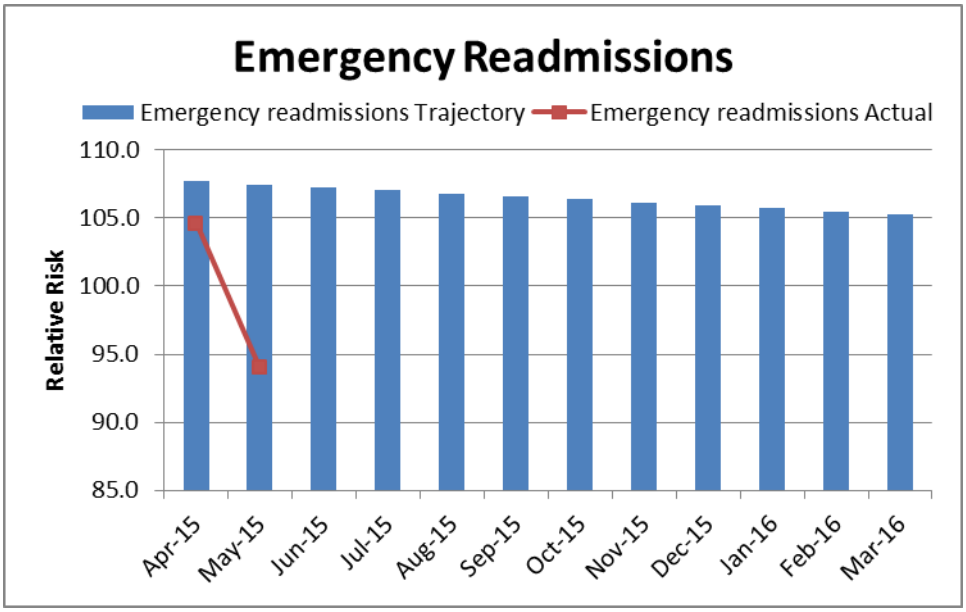




Weekend mortality high but improving

Measure discontinued by DH

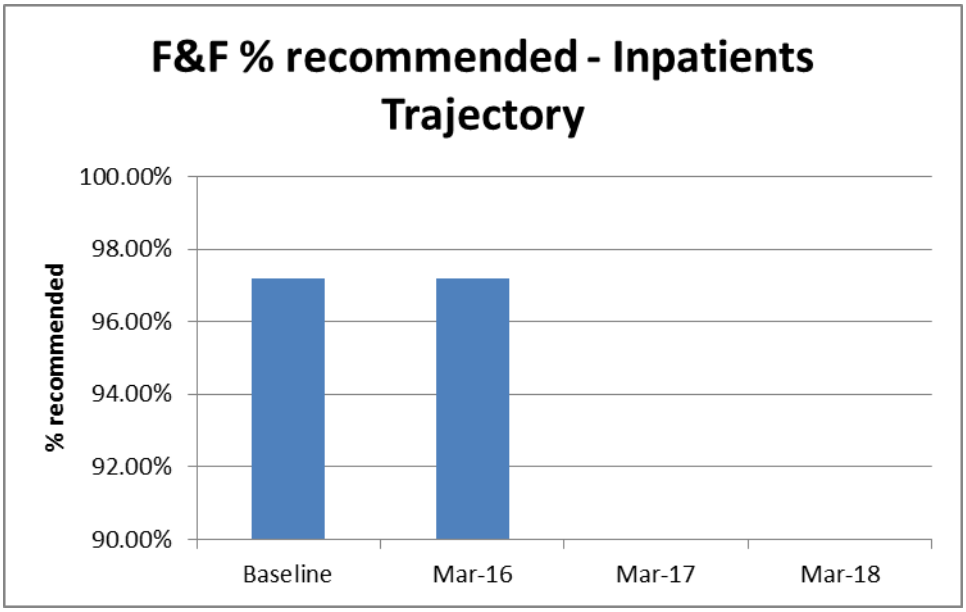


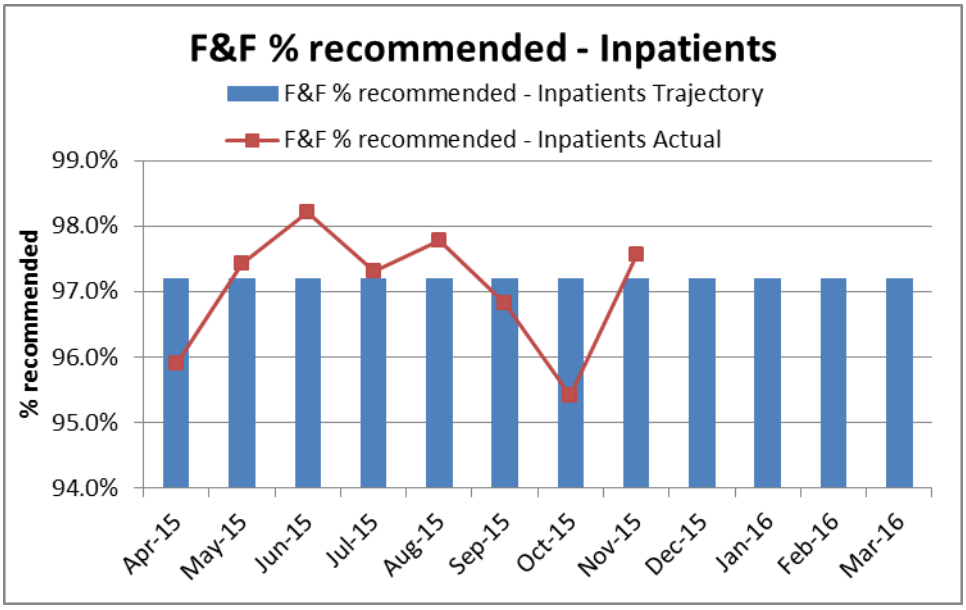


National data lag because of nature of measure

Consultant 7-day working subject of separate report to board.

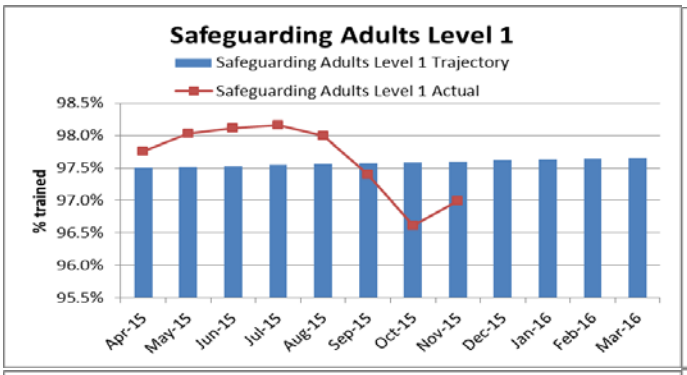
NICE Guidance Performance being audited by Mersey Internal Audit. Positive comment from CQC.

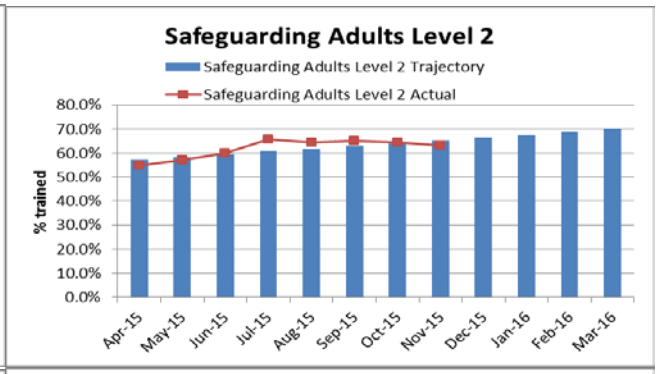


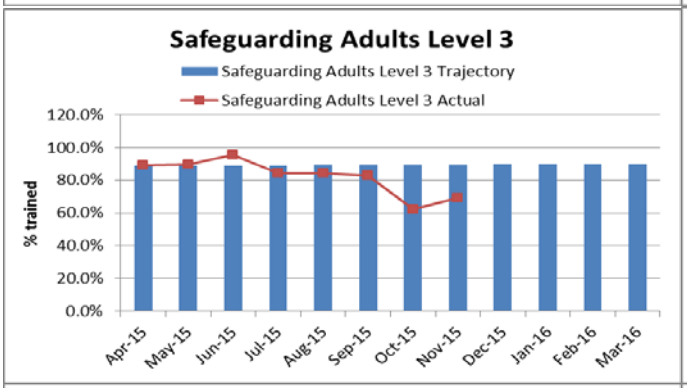


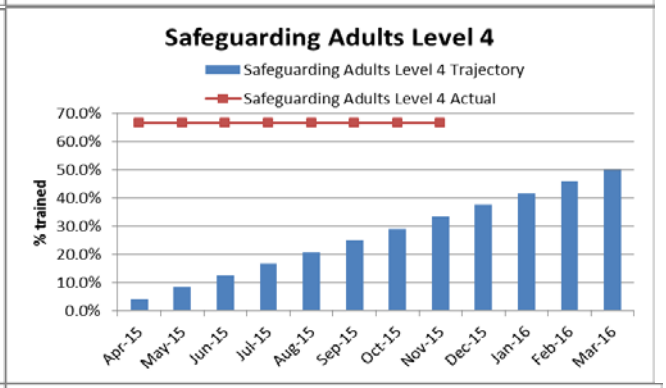
Largely strong performance

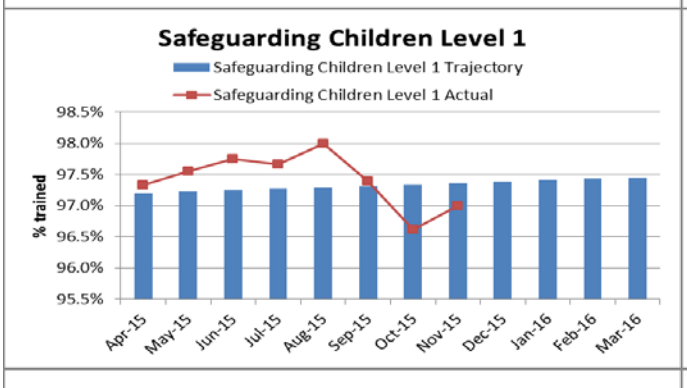
Embedded PPI: no KPI at present. Positive informal feedback

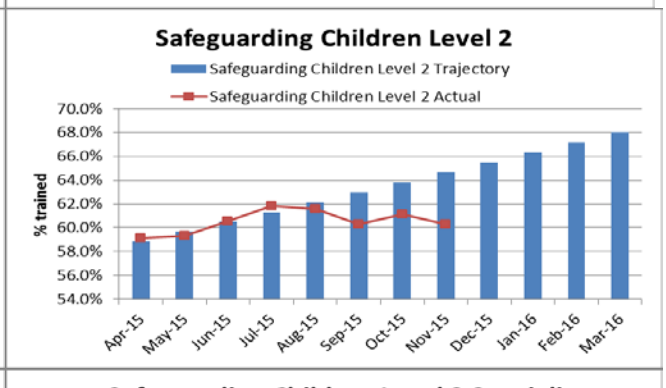


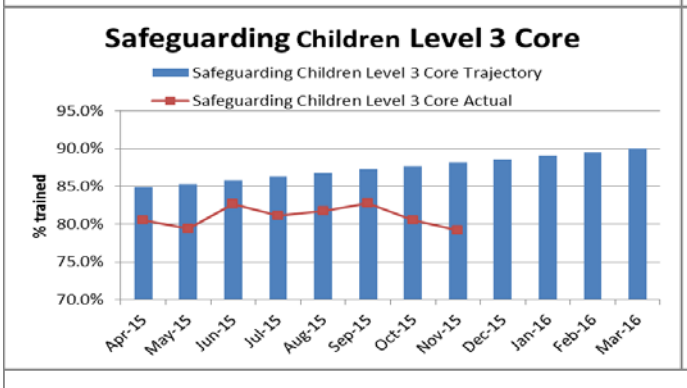


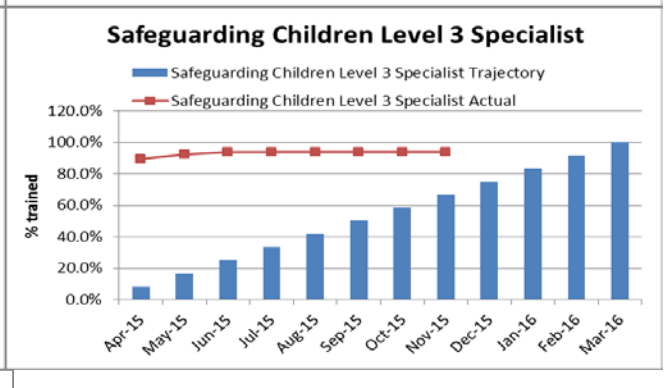


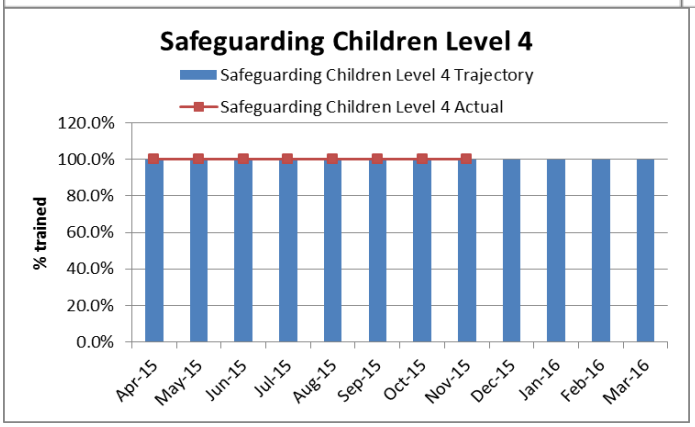










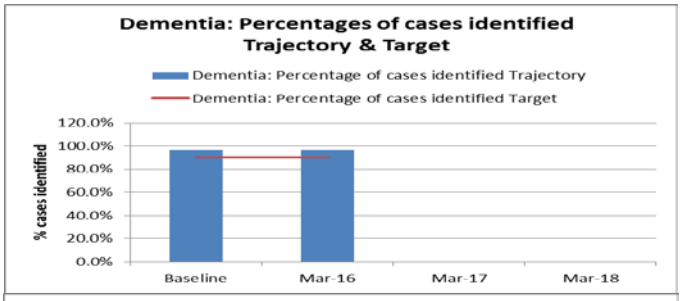


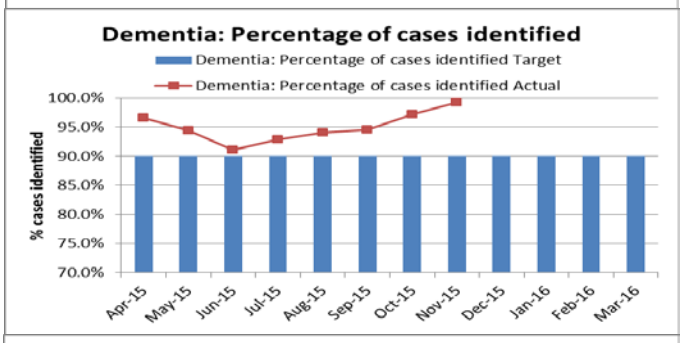
Safeguarding Training is largely on trajectory

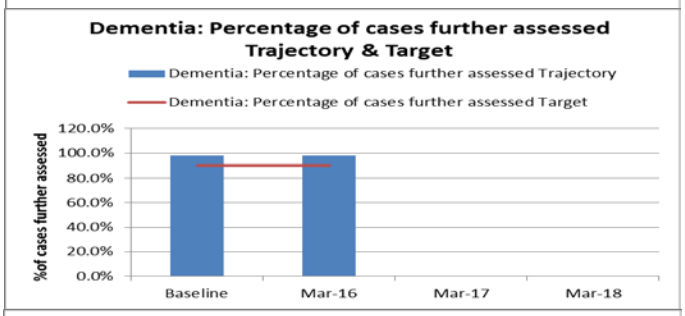
Basic Care & Dignity. Still awaiting DH measure.

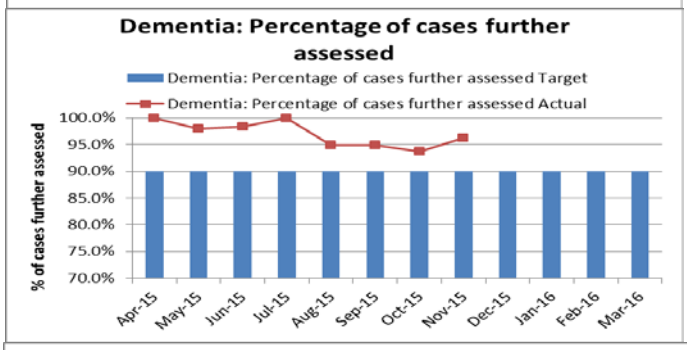
STHK 1st in England for PLACE assessment.

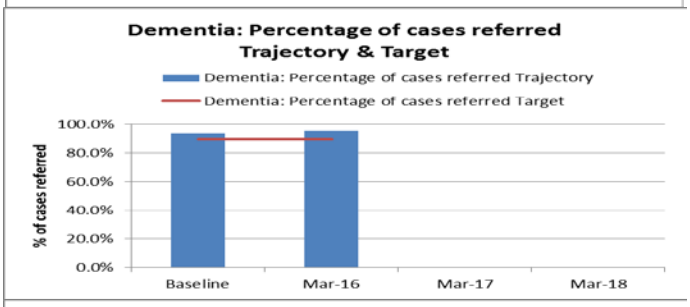
Strong performance

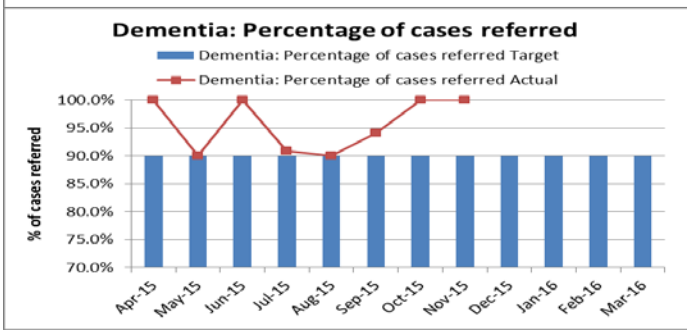












EOL care plan piloted & being rolled out. Positive appraisal.

Progress Summary

Measure	Exec Lead	On Trajectory?
Harm-free Care	SR	Yes
Healthcare Infections	SR	Yes
Never Events	KH	Yes
Avoidable Pressure Ulcers	SR	Yes
VTE Screening	KH	No
Medication Errors	KH	Yes
A&E Treatment Time	PW	No
Cancelled Ops	PW	No
ICU discharge Time	PW	No
eDischarge IPs	CW	No
Cancer - 62 days	PW	No
SHMI	KH	Yes
Weekend HSMR	KH	Yes
Emergency Readmissions	PW	Yes
7/7 Consultant Care	KH	Yes
Standardised Care	KH	Yes
Friends & Family	SR	Yes
Embedding PPI	SR	Yes
Safeguarding Training	SR	No
Dementia Care	KH	Yes
End of Life Care	SR	Yes

Comments / Required Action Plans

1. VTE

   VTE Assessment performance has been much stronger in 2015/16 but still lacks resilience. At times of escalation when patients are bedded down in A&E it is not possible to complete an electronic assessment. The promised eVTE upgrade from IMS has not materialised and there seems little prospect of securing it. A new electronic solution is required. CW will explore with IT Team.

2. A&E Median Time to Medical Assessment

   A&E performance as measured by 4-hr target has been consistently poor, not least because median time to first medical assessment is poor. The Trust has appointed an Interim Turnaround Director (Mags Barnaby) to address this and other aspects of emergency pathway under-performance.

3. Cancelled Operations

   Historically at or about target, this measure has deteriorated markedly with increasing emergency pressures and junior doctor industrial action. PW to develop action plan to ensure resilient performance.

4. ICU Discharge Time

   This measure benchmarks strongly against England & NW, but has deteriorated recently and is under-performing against a very challenging internal stretch target. Continue existing action plan which has delivered dramatic improvements in nationally benchmarked performance over past 12 months.

5. eDischarge Summary Timeliness

   A&E and Outpatient performance is very strong and although inpatient discharges are comparable or better than neighbouring trusts, CCG has set a target of 85% performance. This is a challenge with existing staff numbers and systems, particularly at weekends when there are fewer trainee doctors in the hospital. National contract changes and the introduction in due course of more nurse clinicians may be required to

improve performance to the 85% level.

6. Cancer 62 day target

   Trust performance has improved progressively to last month of reporting when it deteriorated. PW to develop plan to ensure resilience.

7. Emergency Readmissions

   Emergency readmission rates have improved but remain high compared with England. In part this reflects the EAU model of care operated in A&E, but rates are also high for certain groups, most notably newborn babies. This is being investigated via CEC (Jan'16).

8. Friends & Family Test

   Largely strong performance deteriorated lately with increased pressure from increased emergency admissions.

9. Safeguarding Training

   SR to develop plan to return relevant groups to trajectory.

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)013
Title of paper: Informatics Report
Purpose: To update the Board on the progress of the Informatics portfolio
Summary: This report covers the operational performance and the following projects:- • E-Prescribing and Medicines Administration (EPMA) • Electronic Modified Early Warning Scores (eMews) • Electronic Document Management System (EDMS) version 4 • Clinical Portal • Internet Explorer 11 upgrade • ICE upgrade • Data Warehouse Upgrade • Maxims Version 10 upgrade (A&E, OCS and VTE modules) • Opera Theatre System • Multi-functional device replacement project • Order Communications (OCS) • ITU system upgrade • Electronic Handover • Mortuary System Upgrade • Patient Wi-Fi • Mobile Telecommunication Privileged Access Scheme (MTPAS) • Pager System Upgrade
Corporate objectives met or risks addressed: Contributes directly to the 2015/16 Corporate Objectives – Safety, Care, Systems
Financial implications: Benefits may not be realised or delivered late and costs may increase if projects are delayed.
Stakeholders: St Helens and Knowsley Teaching Hospitals NHS Trust Board
Recommendation(s): Members are asked to note the Informatics Update
Presenting officer: Mrs Christine Walters, Director of Informatics
Date of meeting: 27th January 2016

Last Update	*September 2015*
This Update	*January 2016*
Project Office	*Informatics*
Point of Contact	*Judith Nicholson*
Total Projects	*17*

Count of Criticality	Criticality		
Status	High	Medium	Grand Total
Delivered	1		1
Planning	1	1	2
In Progress	5	6	11
Approved	1	1	2
External Delays		1	1
Grand Total	**8**	**9**	**17**

Summary

Highlights

Electronic Modified Early Warning Scores (eMEWS)

The EMews system is now live on two pilot wards (5a and 5b). The pilot has gone very well with no major issues. All nurses, HCAs, Junior Doctors, Consultants and Allied Health Professionals have been trained and are using the Patientrak system on iPad mini devices on the wards.

A post pilot review has been undertaken. During the pilot period 16/12/2015 to 03/01/2016 a total of 3599 patient observations were completed.

Approval will be sought from the Project Board on 19 January to go live across the rest of the hospital. The project board will agree the speed and order of roll out order from a set of options to ensure a safe roll out.

Projects Back on Track

ePrescribing and Medicines Administration

This project was subject to slippage due to operational pressures during 2015. The Informatics Service and Executive Sponsor have worked closely with the supplier and with NHS England to review potential options. The Project Board agreed that the preferred option is to implement version 2016 of the JAC software which has added functionality and is also mobile device compatible, providing more flexibility for users. This proposal and revised timeline was presented to the ePrescribing lead for NHS England and has subsequently been formally approved.

This project is now showing as green as the risk to delivery to the original timescales has been mitigated.

Electronic Document Management System (version 4)

This upgrade will provide faster access to patient notes, a new user friendly interface and the potential to approve and sign letters electronically. There have been several cycles of testing and close liaison with the supplier. This has culminated in confirmation of a go live date of 14 March 2016. The Clinical Informatics Committee have seen a demonstration of the new system and agreed that it is much improved and were therefore comfortable to sign off the system. This system upgrade is required as an interface for previous and current outpatient episodes to appear in the Clinical Portal.

This project is now showing as green as the go live date has been confirmed and the system has been clinically signed off.

Clinical Portal

This system will bring together key information about the patient (current and previous episodes) into one summary view.

In order to achieve this, several interfaces from existing systems are required. Some of these interfaces are already complete (ICE for discharge information, Maxims for inpatient episodes and Carestream for Radiology images). Other interfaces have not yet been completed and tested (IMS Maxims for checked results, EDMS for outpatient clinic information and the Summary Care Record for primary care prescribing information from the national database).

Dependencies

IMS Maxims checked results feed is reliant on the Maxims Version 10 upgrade, EDMS interface is subject to the EDMS V4 upgrade, which is now on track to be delivered, and the Summary Care Record information is subject to HSCIC timetable.

This project is now showing as yellow as there is a confident date around the EDMS interface, but the dates for V10 upgrade are still unclear. Clinicians can still access all information via the core systems, including the Summary Care Record.

Opera Theatre System

In February 2015 several clinical risks were identified with the Opera system during User Acceptance testing. The Project Board agreed to pause the project whilst the Health Informatics senior management team, together with the CCIO, entered into negotiations with the supplier. The supplier has made every effort to mitigate the issues identified, utilising senior technical resources within its teams.

Two demonstrations have taken place recently with the clinical teams in theatres, both of which have been received favourably. The system will now be reconfigured and thoroughly tested.

This project is now yellow as it has yet to be functionally and user tested.

Dependencies

IE11 is a dependent project. This is on track to be delivered to timescales.

The following project is paused

Order Communications (OCS)

The Order Communications System (Pathology and Radiology orders and results in inpatients) has been successfully utilised for the last three years in inpatients across the hospital trust. However, issues have been encountered when trying to deploy the system in outpatient settings. The Project Board has agreed to pause the project in outpatients pending a review with the system supplier on how the Trust is currently using the functionality of the software. In parallel, a review of alternative solutions is being undertaken alongside visits to other trusts who have successfully implemented OCS in their outpatient areas, to understand and learn lessons from their implementations.

This project is therefore showing as red.

New Pipeline Projects

Requests have been received and approved for patient Wi-Fi and Mobile Telecommunication Privileged Access Scheme (MTPAS), both of which are being scoped.

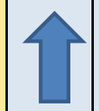
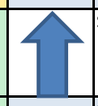
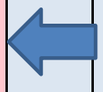
MTPAS is a UK Cabinet Office sponsored emergency mobile phone capability to ensure mobile phones for key staff continue to work, in the event of a major incident. STHK Trust is a category 1 responder and will align this capability with the Police, Fire and Ambulance services.

The Informatics Service is also working closely with A&E to assist with patient flows, supporting work streams in delayed discharges and diagnostics task management.

Operational Performance

All KPI's have been met over the last four months.

Project Sponsor	Previous health (1 month prior)	Health	Improving or deteriorating	Project ID	Status	Criticality	Project Description	Summary	Planned Go Live Date	Comments	Risks	Mitigation
Francis Andrews	Red	Yellow	↑	SHK-0001	In Progress	High	E-Prescribing and Medicines Administration (EPMA)	*Procure and Implement an E Prescribing System across all areas of the Hospital Trust-* *Cohort 1 (inpatients)* *Cohort 2 (outpatients)*	1-Oct-16	NHS England and the Project Board have approved a change to the system version and timeline. This will allow the implementation of the 2016 mobile app version, which also includes additional functionality (injectables and complex infusions).	Change in working practices which have not been identified and resolved prior to implementation. Delay in set up of remainder of system due to lack of resources in pharmacy. NHSE support of revised plan	Current and future operational processes to be mapped by a business analyst to ensure gaps and issues are identified early Additional pharmacy resource for the project has been approved. Meeting and close liaison with NHSE has resulted in approval of rebased plan
Sue Redfern	Green	Green	←	SHK-0002	In Progress	High	Electronic Modified Early Warning Scores (eMEWS) - PILOT, Roll out, combined e risk assessment	*Procure and implement an electronic Modified Early Warning Score system across all inpatient areas* *Phase Two - Replace paper based risk assessments with electronic flows within the Patientrak system, releasing time to care.*	7-Dec-15	This project has gone live on two Elderly Care Wards with no major issues. Post pilot evaluation has been completed and clinical staff and patient surveys have been positive. A nurse has been seconded to the project team for the configuration, testing and go live. Her experience has been invaluable.	Dual processes in place (electronic and manual paper) as the project rolls out. ADT compliance is not adhered to (patients are required to be in the correct location on the ADT system before an eMews can be performed?) Clinical involvement (nursing time) during configuration and go live of this project ADT is currently not used in theatres at Whiston and St Helens.	Project Board will approve options for go live on 19 January including swift roll out utilising internal resource. Roles and responsibilities with ADT are currently being reviewed. Nurse emews lead seconded to project team. Theatres have agreed to go live with ADT and training starts in Whiston theatres on Monday, 18th January.
Paul Williams	Red	Green	↑	STHK-0003	In Progress	Medium	Electronic Document Management System (EDMS) Upgrade to Version 4	*Upgrade of EDMS to make the User experience more intuitive and faster*	14-Mar-16	STHK Trust Clinical informatics steering group have provided approval to proceed	Further minor issues found in last round of testing	Close collaboration between the technical Health Informatics team and C-Cube has reduced this risk considerably over the last two months. There are no show stoppers.
Paul Williams	Red	Yellow	↑	STHK-0004	In Progress	Medium	Clinical Portal	*To provide a summary view of key patient information in one read only view*	1-Jul-16	Clinical Informatics Board have agreed to delay go live until all interface elements are available - Maxims, EDMS and SCR	Maxims Version 10 upgrade is required for the interfaces to the clinical portal summary - awaiting dates from the supplier. EDMS interface Summary Care Record is subject to HSCIC timetable	Continual liaison with IMS regarding issues with V10 uncovered during testing. Awaiting delivery dates from supplier for final delivery. EDMS upgrade is on track following close collaboration with C Cube Continual liaison with HSCIC - dates to be confirmed.

Christine Walters	Yellow	Yellow		STHK-0004-01	Planning	High	Internet Explorer 11 (IE11) for the Acute Trust	*Required for EDMS and Opera*	1-Apr-16	This is a pre-requisite to clinical portal. Plan is in place	Some critical applications do not work with IE11. MS support for all versions earlier than IE11 ends at the end of January - no additional support or patches. Introduction of a new security volunerability.	Thorough testing of all critical applications is currently taking place. Mitigation will be to continue to use applications on IE8, IE9 or IE10. HIS will support current browsers until IE11 is live
Christine Walters	Yellow	Green		STHK-0004-02	In Progress	Medium	ICE Upgrade (Pathology Orders from Primary Care, E Discharge)	*For IE11 compatibility. Required for the Clinical Portal*	15-May-16	This is a pre-requisite for the Clinical Portal	Issues uncovered during testing	System is loaded onto the server and there is a plan in place for thorough testing.
Christine Walters	Yellow	Green		STHK-0004-03	Planning	Medium	Data Warehouse Upgrade	*Required for the Clinical Portal.*	15-Mar-16	On track - acceptance criteria needs to be agreed with the business	Servers need to be upgraded Legacy operating systems and databases need to be upgraded	These will be upgraded - plan is to achieve this by end of February Data is backed up.
Christine Walters	Red	Yellow		STHK-0004-04	In Progress	High	Maxims version 10 upgrade	*Includes upgrades for eVTE, A&E and OCS.*	TBA	Hardware upgrade will enable the A&E elements to flow into the Portal. However the OCS elements of the Portal require V10 implementation	Several rounds of testing have resulted in fixes but a small number of residual issues. We are awaiting delivery date from he supplier for the final version of the system	Continual liaison with supplier regarding issues. Awaiting final delivery date.
Mike Manning	Red	Yellow		STHK-0006	In Progress	High	Opera theatre system	*To replace Ormis with an alternative solution (Ormis is end of contract July 2016)*	31-Jul-16	The national contract with Ormis runs out at the end of July 2016. It is anticipated that the Opera system will be available to implement in July 2016. This is dependent on successful User Acceptance and Functional Acceptance testing	System does not meet functional requirements once tested functionally and clinically. The new system is not implemented prior to the end of the ORMIS contract. Alerts entered locally (in theatres) are not retained under the patient for future admissions	Close collaboration between the clinical, technical informatics team and the supplier has resulted in major developments and improvements to the system which have been well received recently by the clinical teams. Option to extend the contract through discussions with the supplier and HSCIC Thorough testing of the system will now take place An interface is in development locally to mitigate the risk of local alerts. This solution has been clinically signed off.
Christine Walters	Green	Green		STHK-0007	In Progress	Medium	Multi functional device replacement (MFD)	*To replace current devices (printers, copiers and scanners) with Multi Functional devices*	TBA	Awaiting sign off by project board, F&P, Execs & Board. 6 week lead time to order kit. This project will realise savings of between £300k and £400K per annum	Demand Challenges - specialties are not comfortable with the number of printers allocated. Increased contract costs due to reduction in copies produced.	A process is in place with criteria to assist the Project Board with demand challenges Negotiations have taken place with the supplier and we are able to scale down to a degree with no penalties
Francis Andrews	Red	Red		STHK-0008	In Progress	Medium	Order Communications System (OCS) in outpatients	*To implement an order communications system for Pathology and Radiology across outpatients*	TBA	Project Board decision to pause and review the current system against other potential systems. The current supplier has agreed to undertake a workshop with the users to identify things that could be resolved by reconfiguration of the system. This will take place at the beginning of February.	No systems are available that fulfil all clinical requirements. The current supplier is unable to update the system to address the main issues and risks	Continue with current solution or procure an alternative that mitigates most of the issues. Options paper will be presented to the project board in February

Francis Andrews	Green	Green	←	STHK-0009	In Progress	High	Upgrade to the ITU clinical system (Innovian)	*To upgrade the ITU Innovian system to improve stability of the system*	28-Feb-16	Meetings with the clinical team, Informatics and supplier have taken place. Upgrade is now on track.	Upgrade is delayed due to user change management issues	The scope of this project has been revised in order to provide the upgrade which will stabilise the system. Further enhancements will be assessed in the context of the future Informatics Strategy
Kevin Hardy	Blue	Green	↑	STHK-0010	In Progress	Medium	Electronic Handover (eHandover)	*To systemise the new manual ehandover in GPAU. Improvement in communications between A&E GPAU and the ward managers due to visibility of patient requirements and status.*	TBA	Meeting with Lead required to review development and agree go live date. Meeting arranged for early January 2016. Change to operational processes will be required	This system meets current organisational requirements but is not integrated.	Incorporate into requirements for an integrated system. Consider as part of the 2016-19 Informatics Strategy.
Christine Walters	Green	Green	↑	STHK-0011	Delivered	High	Mortuary Tool Upgrade	*Upgrade to mortuary system to link to Warrington*	1-Nov-15	Complete	N/A	N/A
Paul Williams	Blue	Yellow	↑	STHK-0012	Approved	Medium	Patient WiFi	*To implement a WiFi service for patients and relatives. Initially in St Helens Hospital*	1-Mar-15	This has been piloted successfully in the Lilac Centre and Seddon Suite Wider roll out to St Helens Hospital patient areas will be subject to a business case	Lack of funding. Will require additional Wifi points	Business case to be completed Seek external funding.
Paul Williams	Blue	Yellow	↑	STHK-0013	Approved	High	Mobile Telecommunication Privileged Access Scheme (MTPAS)	*A UK Cabinet Office sponsored emergency mobile phone capability to ensure mobile phones for key staff (20) continue to work, in the event of a major incident. STHK Trust is a category 1 responder and will align this capability with the Police, Fire and Ambulance services.*	1-Apr-16	Two Executive phones currently enabled on the MTPAS. -18 further phones planned	Requires a system administrator to be identified within the business Compatibility of phones/SIM cards	Operations need to agree ownership of phones New SIM cards could be provided (free of charge)
Paul Williams	Green	Green	←	STHK-0014	In Progress	Medium	Pager System upgrade	*To enable more advanced monitoring and resilience of the pager system*	12-Feb-16	Infrastructure is in place. Downtime has been agreed with the Trust	Junior doctor strike is planned the date of go live but moving the date to mid March may mean additional overnight support costs from the supplier	Stay with current working system and postpone the go live until mid March 2016

Key

Red	Stopped / Paused
Yellow	Some Delays
Green	On Track
Blue	Pipleline

St Helens & Knowsley NHS
Health Informatics

HIS OPERATIONAL PERFORMANCE PROGRAME BOARD REPORT

Jan 2016

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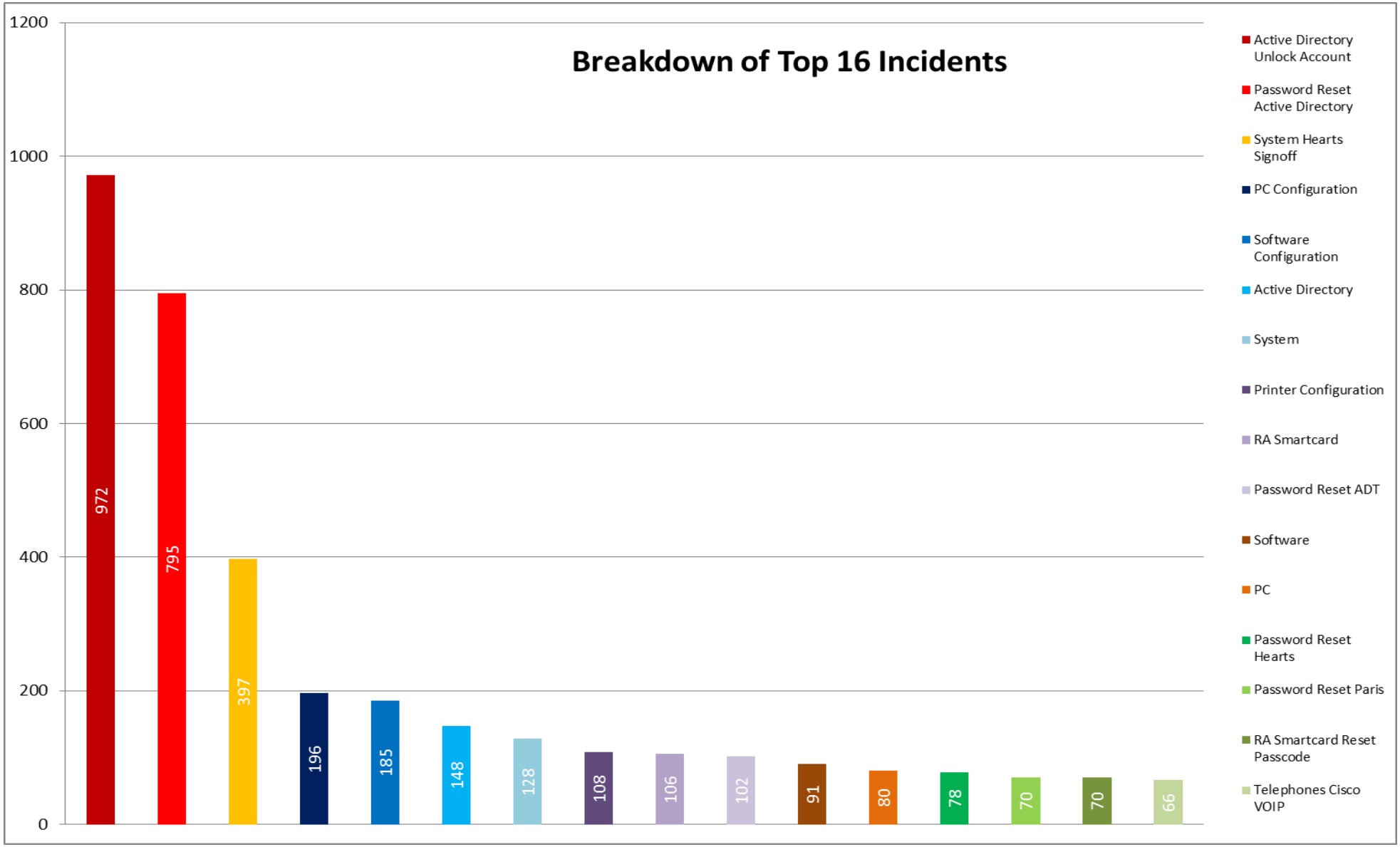
HIS Operational Performance – Taskforce KPIs.....7
HIS Operational Performance – Systems Availability.....8

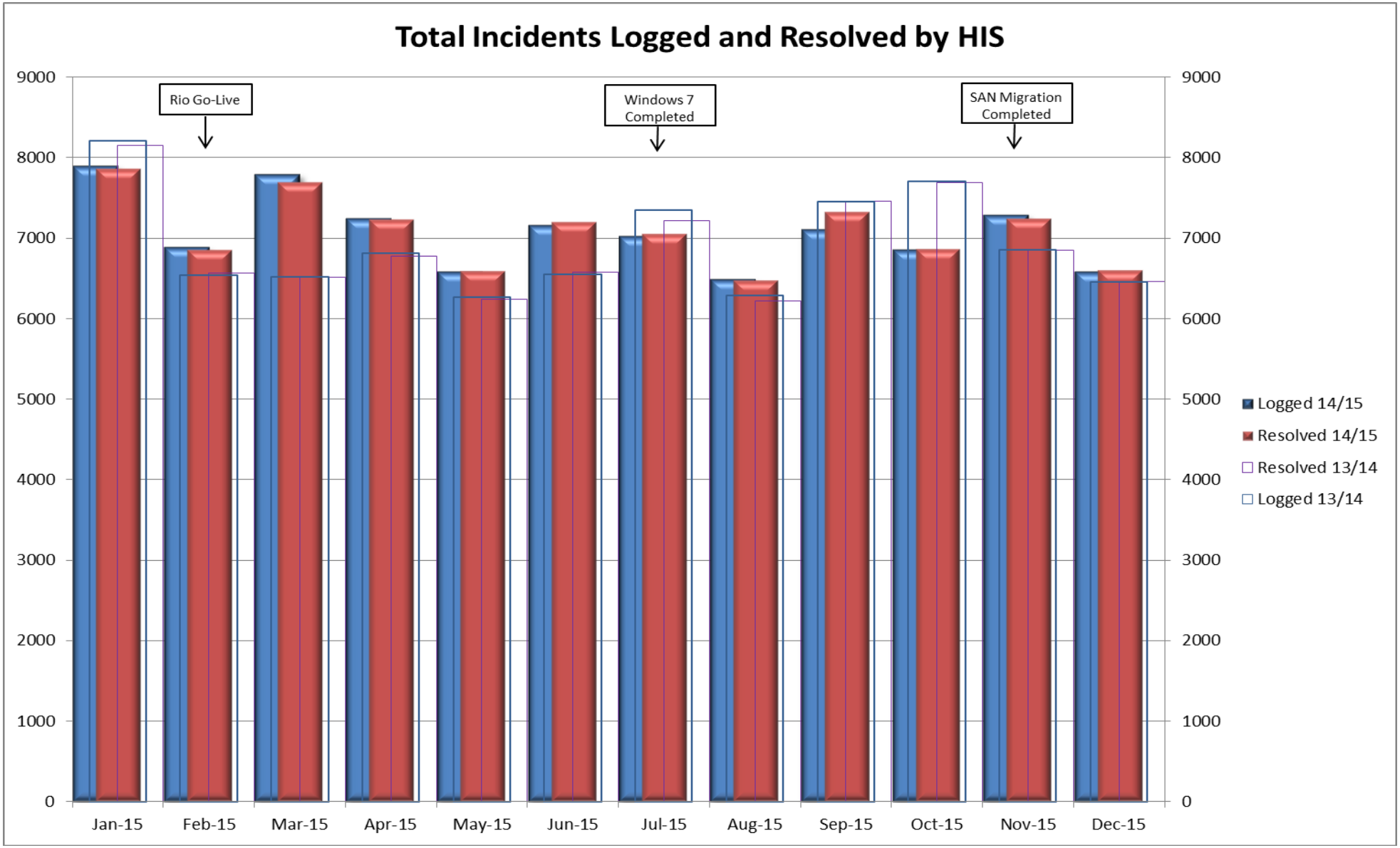
HIS Operational Performance – Service Levels & KPIs

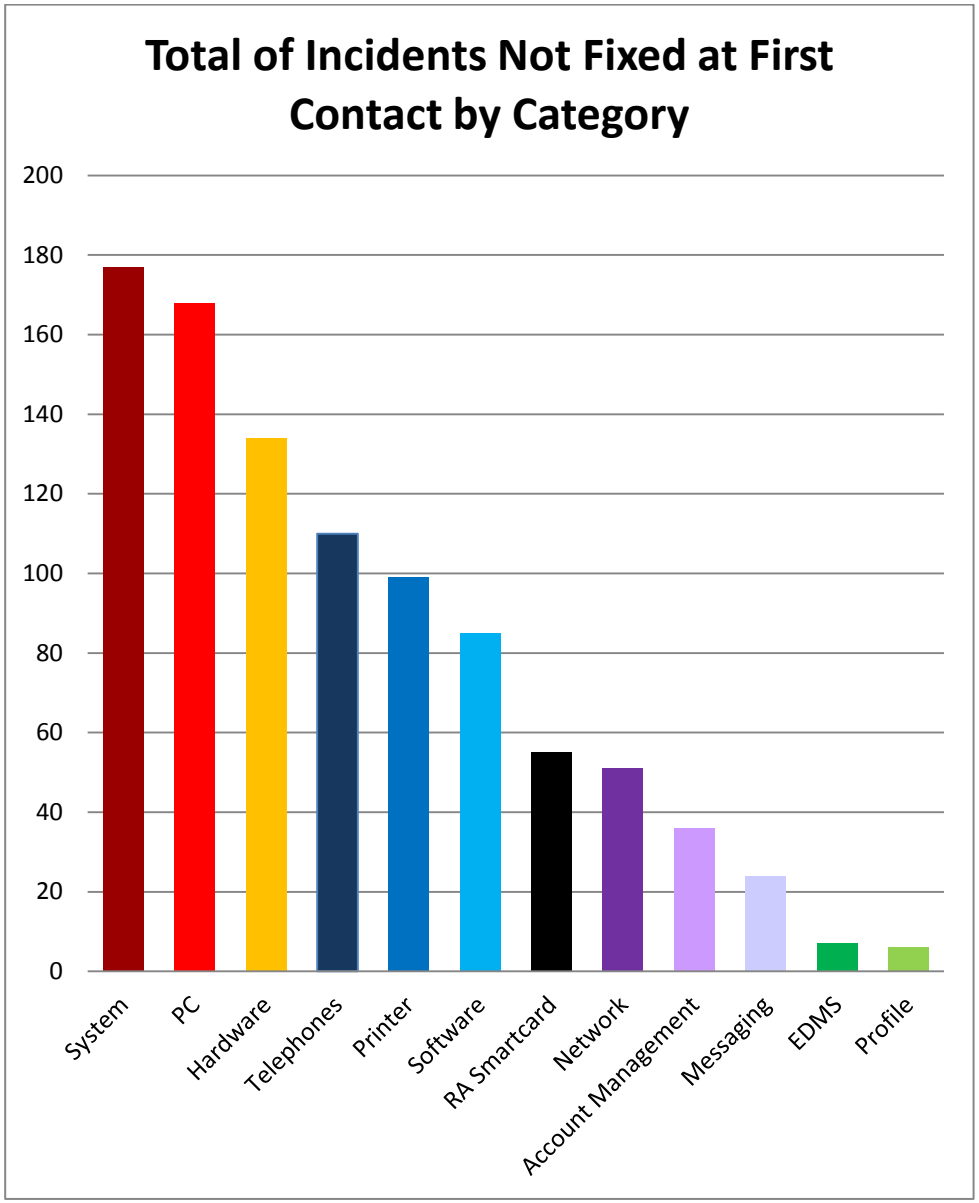
Reporting Period – 07-12-2015 to 03-01-2016				*Customer ALL*
Total Incidents Logged this Period = 5,365				
Total Incidents Closed that were Logged this Period = 5,277				
Total Incidents Closed this Period = 5,367				
Incident Category	**Target Time to Resolve**	**Total Resolved**	**Resolved within SLA**	**% Resolved within SLA**
Category 1 - Urgent	**4 hours**	11	11	**100.00%**
Category 2 - High	**8 hours**	12	12	**100.00%**
Category 3 - Medium	**24 hours**	5197	5133	**98.77%**
Category 4 - Low	**40 hours**	149	146	**97.99%**
Category 5 - Request	**1 – 20 Days**	1830	1820	**99.45%**

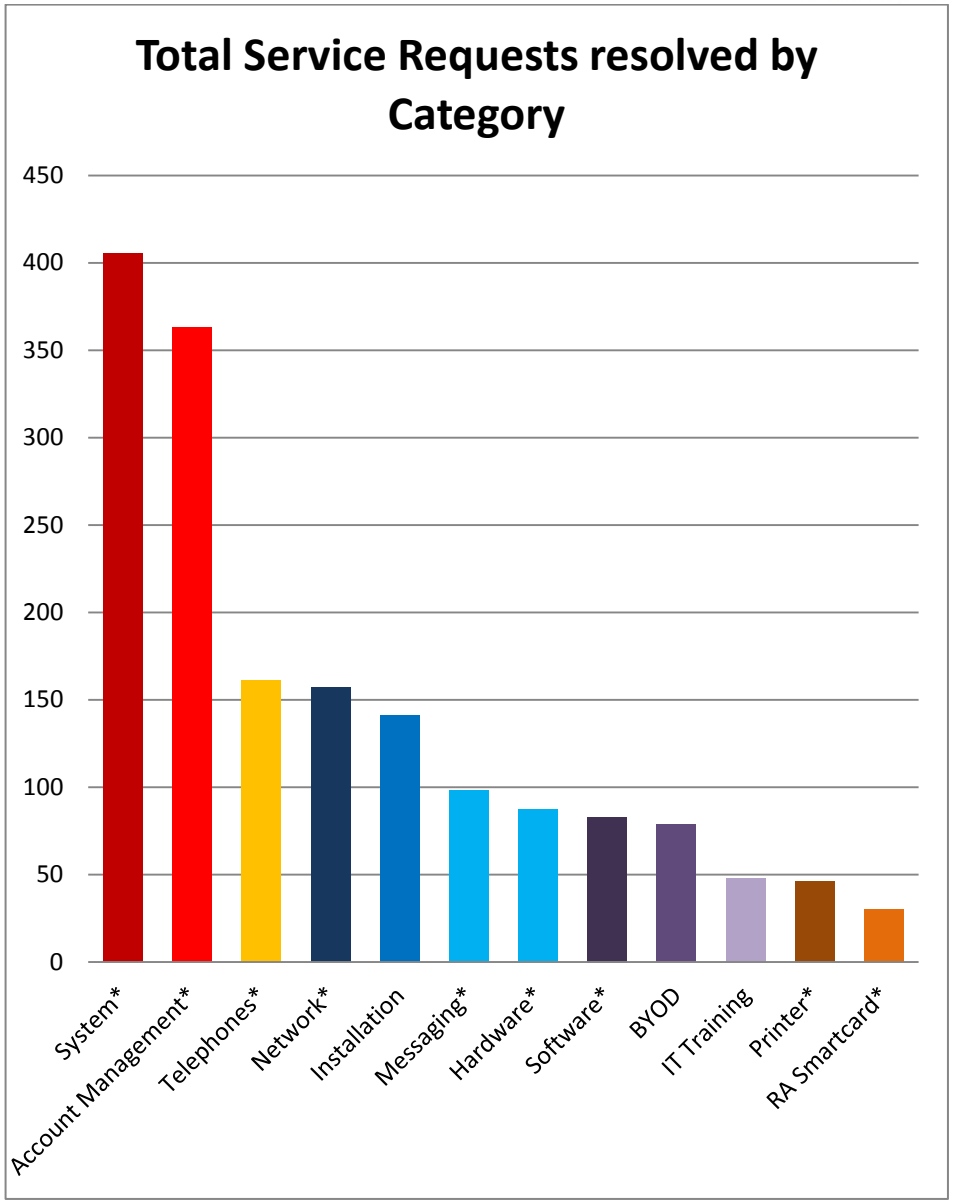
Key Performance Indicator	**Monthly** (Compared to previous year)						**Forecast**				
	Aug	Sep	Oct	Nov	Dec	Jan	Jan	Feb	Mar	Apr	KPI
Reporting Period (Days)	45	19	20	20	20	17	17	20	18	20	
Average Phone calls per day to the IT helpdesk	427 (↑1.41%)	433 (0)	409 (↓10.50%)	413 (↓5.71%)	432 (↑5.09%)	396 (↓4.58%)	480	430	430	430	
Call abandoned rate (%)	5.70 (↓18.22%)	3.76 (↓35.84%)	2.24 (↓22.05%)	2.56 (↓31.26%)	3.60 (↓50.99%)	3.41 (↓53.67%)	5.0	5.0	5.0	5.0	5.0
Calls answered within 30 seconds (%)	77.22 (↑8.51%)	81.27 (↑27.96%)	90.26 (↑27.69%)	89.94 (↑25.48%)	82.48 (↑14.69%)	88.28 (↑18.35%)	75.0	75.0	75.0	75.0	75.0
Incident First Time Fix Rate (%)	81.33 (↑3.36%)	80.69 (↓1.20%)	79.87 (↑0.94%)	82.33 (↑2.58%)	79.86 (↓0.46%)	79.59 (↓1.81%)	78.0	78.0	78.0	78.0	78.0
Average IT Incidents Logged Per Day	315 (↑3.17%	330 (↑3.94%)	357 (↑7.84%)	322 (↓3.30%)	339 (↑8.26%)	316 (↑0.32%)	370	340	340	340	
Average IT Service Requests Logged Per Day	102 (↑14.71%)	105 (↑15.24%	116 (↑12.93%)	110 (↑28.73%)	128 (↑38.28%)	106 (↑32.13%)	120	100	100	100	

Key:-
Met KPI
1<10% KPI
>10% KPI


Breakdown of Top 16 Incidents
1200
1000
800
600
400
200
0
972
795
397
196
185
148
128
108
106
102
91
80
78
70
70
66
Active Directory Unlock Account
Password Reset Active Directory
System Hearts Signoff
PC Configuration
Software Configuration
Active Directory
System
Printer Configuration
RA Smartcard
Password Reset ADT
Software
PC
Password Reset Hearts
Password Reset Paris
RA Smartcard Reset Passcode
Telephones Cisco VOIP


Total Incidents Logged and Resolved by HIS
Rio Go-Live
Windows 7 Completed
SAN Migration Completed
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Logged 14/15
Resolved 14/15
Resolved 13/14
Logged 13/14


Total of Incidents Not Fixed at First Contact by Category
200
180
160
140
120
100
80
60
40
20
0
System
PC
Hardware
Telephones
Printer
Software
RA Smartcard
Network
Account Management
Messaging
EDMS
Profile


Total Service Requests resolved by Category
450
400
350
300
250
200
150
100
50
0
System*
Account Management*
Telephones*
Network*
Installation
Messaging*
Hardware*
Software*
BYOD
IT Training
Printer*
RA Smartcard*

HIS Operational Performance – Taskforce KPIs

HIS Board Reporting Period 07/12/2015 – 03/01/2016 (17 working days)	Dec (20 Days)				Jan (17 Days)			
	Number Visited	Target Number	Actual Number %	Target %	Number Visited	Target Number	Actual Number %	Target %
% GP Task Force Visits Attended	157	173	90.75	90.00	110	121	90.91	90.00
% All Task Force Visits Attended	855	946	90.38	90.00	669	730	91.64	90.00
% of above achieved within 10 minutes of schedule	827		96.73		655		97.91	
% of Visits Re-scheduled with customer agreement	26		3.04		14		2.14	

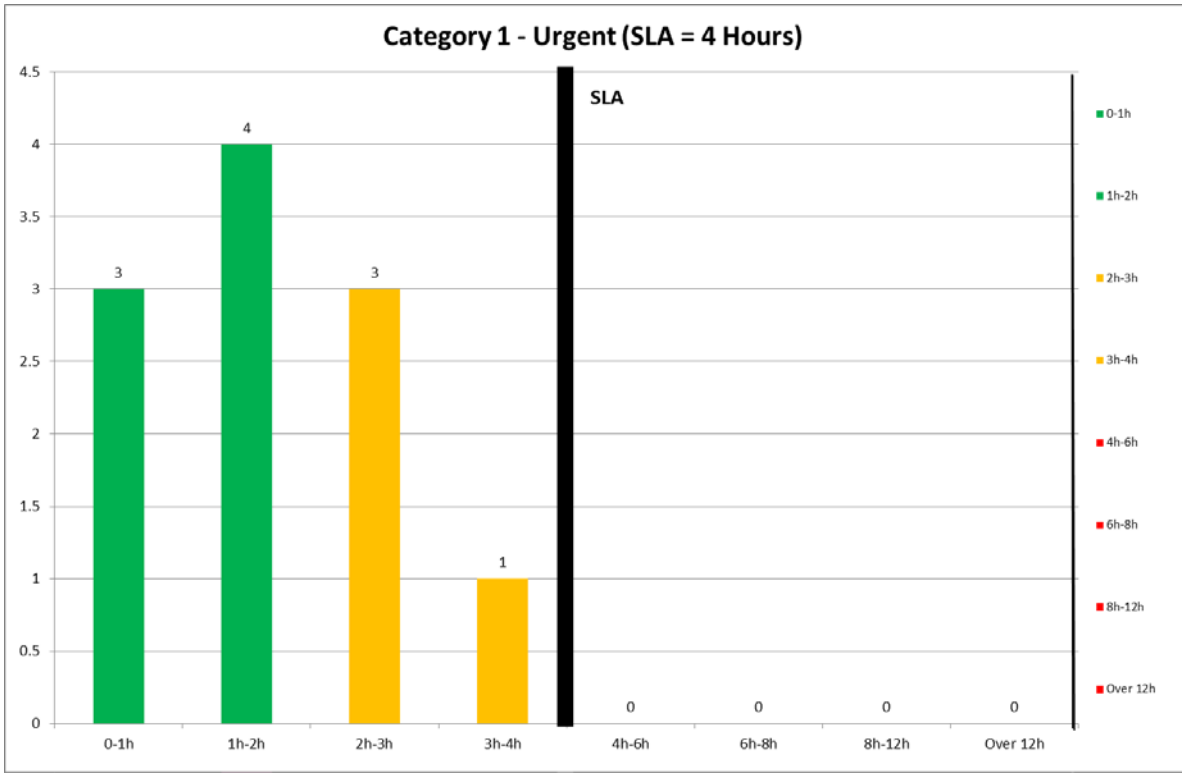
HIS Operational Performance – Systems Availability

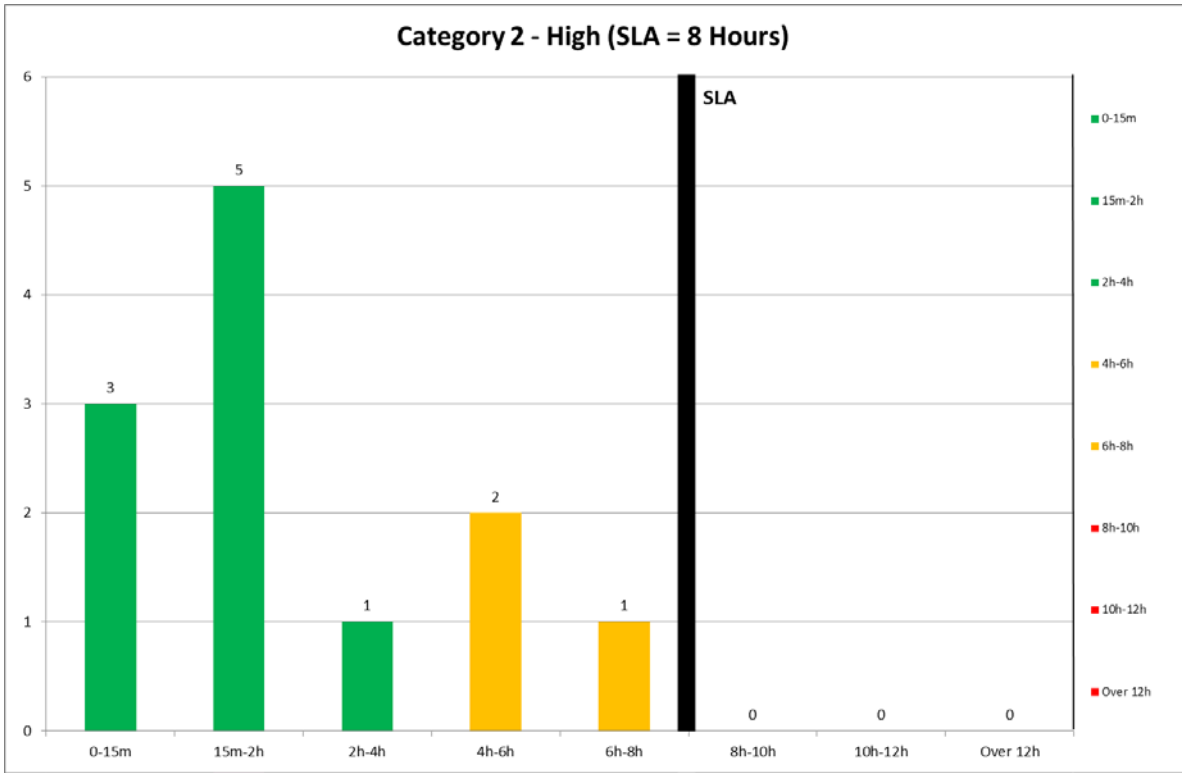
HIS Board Reporting Period 07/12/2015 – 03/01/2016 (17 working days)								
Service	**Date**	**Customer(s)**	**Outage**	**Cause**	**Impact**	**% Availability**	**% Target**	**Cat 1 SLA Breach**
VOIP	22/12/15	5BP, Acute Trust, Halton CCG, Knowsley CCG, St Helens CCG, Bridgewater	LDAP issue affecting UCCX Call Centre Sites	HIS	32 Sites for 2 Hours and 3 Minutes	99.50%	98.50%	
	29/12/15	5BP, Acute Trust, Halton CCG, Knowsley CCG, St Helens CCG, Bridgewater	Database issue affecting UCCX Call Centre Sites	HIS	32 Sites for 1 Hour and 58 Minutes	99.52%	98.50%	
COIN	11/12/15	5BP	Switch issue at Puma Court affecting PCs and Telephones	HIS	48 Users for 9 Minutes	99.96%	98.50%	
	11/12/15	5BP	Switch issue at Puma Court affecting PCs and Telephones	HIS	48 Users for 2 Hours and 36 Minutes	99.36%	98.50%	
	11/12/15	5BP	Switch issue at Puma Court affecting PCs and Telephones	HIS	142 Users for 2 Hours and 45 Minutes	99.33%	98.50%	

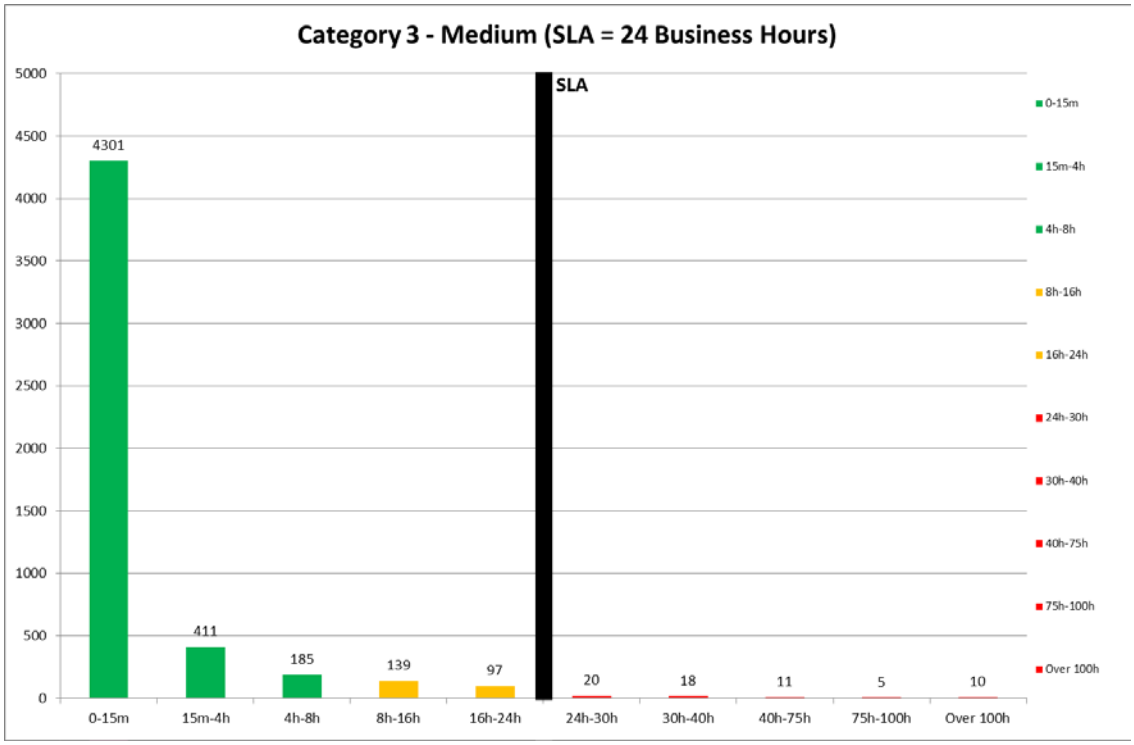
	17/12/15	Acute Trust	Network issue affecting Switchboard phones	Virgin Media	1 Site for 12 Minutes	99.95%	98.50%	
	17/12/15	5BP, Acute Trust, Halton CCG, Knowsley CCG, St Helens CCG, Bridgewater	Network issue affecting UCCX phones	Virgin Media	32 Sites for 1 Hour and 33 Minutes	99.62%	98.50%	
	17/12/15	Acute Trust, St Helens CCG	Network issue affecting performance of sites in St Helens Area	Virgin Media	37 Sites for 3 Hours and 19 Minutes	99.19%	98.50%	
	17/12/15	St Helens CCG	Network issue affecting Telephones at Spinney MC	Virgin Media	1 Site for 1 Hour and 10 Minutes	99.71%	98.50%	
Email Services							98.50%	
File Services							98.50%	
EDMS							98.50%	
Otter							98.50%	
GP Systems							98.50%	
Paris							98.50%	
Unscheduled Outages	16/12/15	5BP, Acute Trust	Application error affecting Maxims System	HIS	1 System for 1 Hour and 38 Minutes	99.60%	98.50%	

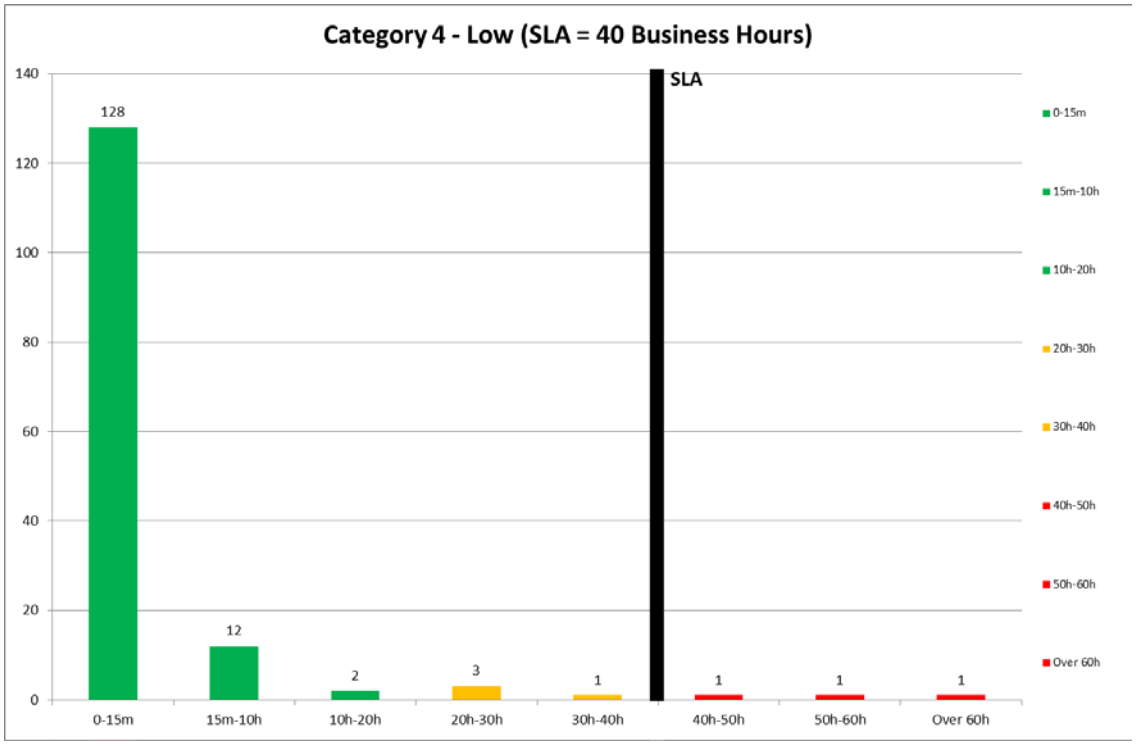
all Services	23/12/15	Acute Trust	Datix system unavailable	HIS	1 System for 30 Minutes	99.88%	98.50%	

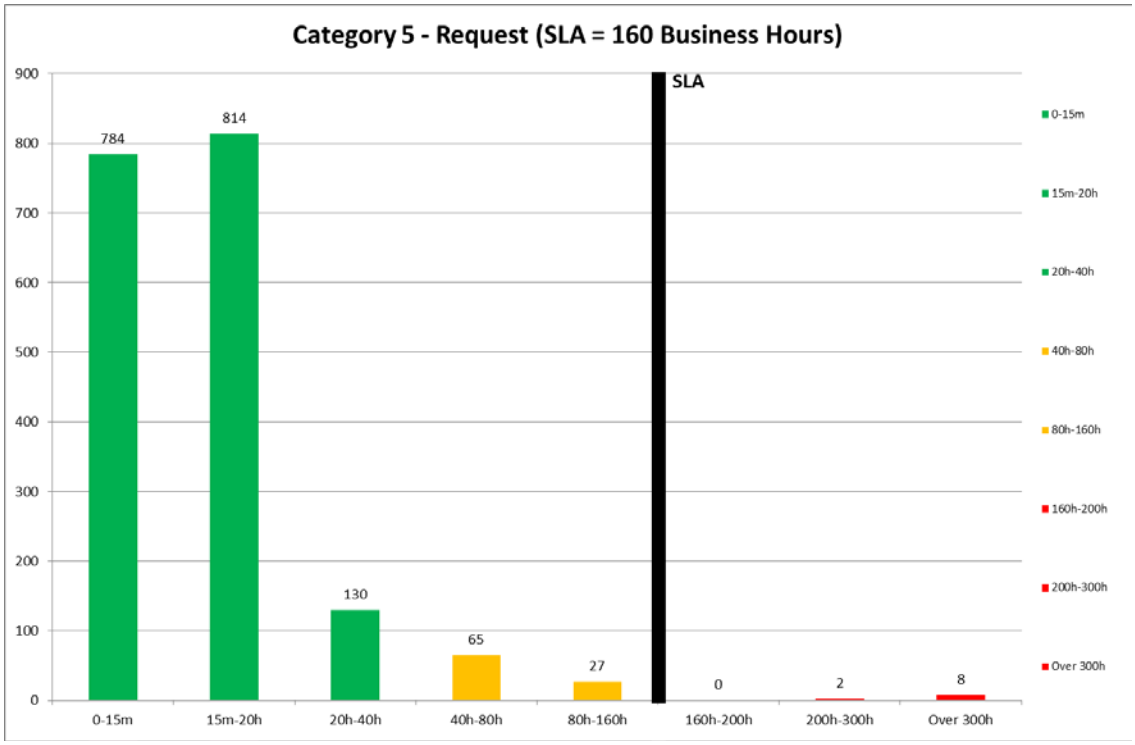
HIS Board SLA Category Reports – Period: 07/12/15 – 03/01/16






Category 3 - Medium (SLA = 24 Business Hours)
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
SLA
4301
411
185
139
97
20
18
11
5
10
0-15m
15m-4h
4h-8h
8h-16h
16h-24h
24h-30h
30h-40h
40h-75h
75h-100h
Over 100h
0-15m
15m-4h
4h-8h
8h-16h
16h-24h
24h-30h
30h-40h
40h-75h
75h-100h
Over 100h


Category 4 - Low (SLA = 40 Business Hours)
140
120
100
80
60
40
20
0
SLA
128
12
2
3
1
1
1
1
0-15m
15m-10h
10h-20h
20h-30h
30h-40h
40h-50h
50h-60h
Over 60h
0-15m
15m-10h
10h-20h
20h-30h
30h-40h
40h-50h
50h-60h
Over 60h


Category 5 - Request (SLA = 160 Business Hours)
900
800
700
600
500
400
300
200
100
0
784
814
130
65
27
SLA
0
2
8
0-15m
15m-20h
20h-40h
40h-80h
80h-160h
160h-200h
200h-300h
Over 300h
0-15m
15m-20h
20h-40h
40h-80h
80h-160h
160h-200h
200h-300h
Over 300h

St Helens and Knowsley Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)014
Subject: Research & Development Operational Capability Statement (RDOCS)
Purpose: As part of the National Institute for Health Research (NIHR) Research Support Services Programme, each NHS organisation is required to publish a Research and Development Operational Capability Statement (RDOCS). This Statement provides a Board level approved operational framework which sets out how the organisation plans to meet its research related responsibilities/requirements as stated in the Research Governance Framework, Clinical Trials Regulations, Operating Framework for the NHS in England, Handbook to the NHS Constitution and other relevant guidance and regulations.
Summary: The statement provides researchers with an operational overview of resources available to support Research & Development in the organisation and an overview of research collaborations and partnerships with other organisations, including areas of special interest. The statement is a tool to improve effectiveness and collaborations in research activities.
Corporate Objective met or risk addressed: • Non-compliance with DOH directive • Lose potential research partners who want to work with STHK
Financial Implications: None, however the RDOCS is viewed by commercial companies who are looking to invest in research and will use the RDOCS to seek out potential sites.
Stakeholders: • St Helens & Knowsley Teaching Hospital's NHS Trust • North West Coast Clinical Research Network (NWC CRN) • Commercial Partners • External Partners
Recommendation(s): This statement should be on STHK website as we have to provide a link to the NWC CRN and they in turn submit to the DOH.
Presenting Director: Professor Kevin Hardy
Board date: 27th January 2016

NIHR Guideline B01
RDI Operational Capability Statement

May 2011

Note: This spreadsheet is protected to help avoid inadvertent changes. However there is no password set so that users can unlock the sheet and edit their own content if required.

Version History

Version number	Valid from	Valid to	Date approved	Approved by	Updated by
Statement 001					
Statement 002	01/11/2013	01/11/2014	27/11/2013	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 003	18/11/2014	18/11/2015	18/11/2014	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 004	31/12/2015	31/12/2016			

Contents

Organisation RDI management arrangements
Organisation study capabilities
Organisation services
Organisation RDI Interests
Organisation RDI planning and investments
Organisation RDI standard operating procedures register
Planned and actual studies register
Other information

Organisation RDI management arrangements

Information on key contacts.

Organisation details	
Name of organisation	St Helens and Knowsley Teaching Hospitals NHS Trust (STHK)
RDI lead / Director (with responsibility for reporting on RDI to the organisation Board)	Professor Kevin Hardy
RDI office details:	
Name:	Research Development and Innovation Department
Address:	Whiston Hospital, Ground Floor , Yellow Zone, Warrington Road, Prescot, Merseyside, L35 5DR
Contact number:	0151 430 2334 / 1218
Contact email:	research@sthk.nhs.uk
Other relevant information:	
Key contact details e.g. Research governance lead, NHS Permissions signatory contact details	
Contact 1:	
Role:	Research Development and Innovation Department Manager (RDI)
Name:	Jeanette Anders
Contact number:	0151 430 2334
Contact email:	jeanette.anders@sthk.nhs.uk
Contact 2:	
Role:	Research Development and Innovation Co-ordinator
Name:	Paula Scott
Contact number:	0151 430 1218
Contact email:	paula.scott@sthk.nhs.uk
Contact 3:	
Role:	Research Development and Innovation Administrator
tsp.	David Roberts
Contact number:	0151 430 1424
Contact email:	David .roberts2@sthk.nhs.uk
Contact 3:	
Role:	
Name:	
Contact number:	
Contact email:	

Information on staffing of the RDI office.

RDI team		
RDI office roles (e.g. Governance, contracts, etc.)	Whole time equivalent	Comments indicate if shared/joint/week days in office etc.
Research Development and Innovation Manager	1.0 WTE	
Research Development and Innovation Co-ordinator	1.0 WTE	
Research Development and Innovation Administrator	1.0 WTE	

Information on reporting structure in organisation (include information on any relevant committees, for example, a clinical research board / research committee / steering committee).

Reporting structures		
Trust Board		The Medical Director reports to the Trust Board.
RDI Manager report to the Quality Committee.		The Quality Committee advises the Board on all matters pertaining to Quality of services and subsequent risk to patients and the Trust. In establishing the Committee the Board agrees the delegated power for it to take appropriate action regarding issues within the remit of the Committee and for this to be reported at the next Board meeting. Where the issue is considered to be of Board level significance it is to be reported to the Board for approval before action.
RDI Manager report to the Clinical Effectiveness Council (CEC)		The CEC Council investigates any issue that sits within it terms of reference. Its aim is to seek and receive from any department or service assurance on the maintenance and improvement of clinical effectiveness. The Council is authorised by the Quality Committee to investigate any issue that may pose a risk to Clinical Effectiveness. The Committee shall advise the Board on all matters pertaining to Quality of services and subsequent risk to patients and the Trust. In establishing the Committee the Board agrees the delegated power for it to take appropriate action regarding issues within the remit of the Committee and for this to be reported at the next Board meeting. Where the issue is considered to be of Board level significance it is to be reported to the Board for approval before action.
RDI Manager report to the Research Development & Innovation Group (RDIG)		The RDI Group reports to the Quality Committee to provide assurance about all aspects of RDIG activity within and involving the Trust. The RDI Committee has representation from Academia, Primary Care and Finance. The RDI Group is responsible for: Review and approval of the RDI strategy consistent and compliant with contemporary (inter)national guidance Review and approval of the Annual RDI Report (written by the RDI Manager) Review and approval of the Research Capability and Capacity Statement Review and approval of the Research Standard Operating Procedures Oversee operational delivery of the RDI strategy via updates received from the RDI Manager The RDIG has a a sub-group, The Research Practitioner Group (RPG), who will report to the RDIG quarterly (through the RDI Manager who sits on both groups) Review of research studies deemed high risk or with identified issues/concerns will be referred to RDIG for consideration (by the RDI Manager). Any risk or safety issues relating to research activity will be reported to the RDI Group for discussion and action plan.
The Research Practitioner Group (RPG)		The Research Practitioner Group (RPG) has delegated responsibility from the Research Development & Innovation Group (RDIG) to ensure that the trust has robust processes and systems in place for Research Development & Innovation (RDI). The RPG is responsible for: Review Research Standard Operating Procedures (SOPs) prior to submission to RDIG for approval. Ensure that the Trust is prepared for a Research MHRA (Medicines and Healthcare Products Regulatory Agency) inspection through the review and discussion of regular action plans Report to the RDIG quarterly (through the RDI Manager who sits on both groups) Support the aim to embed a positive research culture throughout the organisation Ensure that lessons are learned from research audits/issues and that effective improvement is implemented Ensure that on a day to day basis RDI activities are conducted according to RDI Standard Operating Procedures (SOPs) Support the training programme for Research Nurses to ensure that they are fully complaint in accordance with nursing/trust requirements.

Information on research networks supporting/working with the organisation.
Information on how the organisation works with the Comprehensive Local Research Network (CLRN), Primary Care Research Network (PCRN), Topic Specific Clinical Research Networks (TCRN).

Research networks	
Research network (name/location)	Role/relationship of the research network e.g. host organisation
Clinical Research Network, North West Coast (CRN NWC)	STHK host 1 x WTE Research Nurse (Cancer) 1 x 0.8WTE Senior Research Nurse (Cancer)
Clinical Research Network, North West Coast (CRN NWC)	STHK host 0.7 x WTE Data Manager (Cancer)
Clinical Research Network, North West Coast (CRN NWC)	STHK host 0.8 x WTE Data Manager (Cancer)
Clinical Research Network, North West Coast (CRN NWC)	STHK host 1 x WTE Senior Research Nurse (Cross divisional)
Clinical Research Network, North West Coast (CRN NWC)	STHK host 4 x WTE Research Nurses (Cross divisional)

Clinical Research Network, North West Coast (CRN NWC)	STHK host 2 x 0.5 WTE Research Nurses (Cross Divisional)
Clinical Research Network, North West Coast (CRN NWC)	STHK host 0.8 x WTE Generic Administrator (Nurse support)
St Helens & Knowlsey Teaching Hospitals NHS Trust	STHK fund 1 x WTE Generic Research Nurse
North West Dementia & Neurodegenerative Disease Research Network	There are no posts funded by this network.

Information on collaborations and partnerships for research activity (e.g. Biomedical Research Centre/Unit, other NHS organisations, higher education institutes, industry).

Current collaborations / partnerships

Organisation name	Details of collaboration / partnership (e.g. university/organisation joint office, external provider of pathology services to organisation, etc., effective dates)	Contact name	Email address	Contact number
Liverpool John Moores University (LJMU)	The Trust is involved in a number of research projects with Liverpool John Moores University. LJMU also have representation on the Trust Research Development and Innovation Group.	Dr Dave Harriss, Research Governance Manager	D.harriss@ljmu.ac.uk	0151 904 6236
NIHR Research Design Service -North West	The Research Design Service in the North West is part of the NIHR infrastructure and exists to provide support and advice for people preparing NIHR grant applications.	Dr P Dolby, Communications and information Manager	www.rds-nw.nihr.ac.uk	
Trus TECH	STHK have signed an exclusive contract for service delivery with TrusTECH who are the North West Innovation Technology hub and assist us with healthcare technology, innovation and links with other organisations at a national level.	Dr Ruth Hale, Deputy Innovation Unit Manager	Ruth.Hale@cmft.nhs.uk	0161 276 5786
Clatterbridge Centre for Oncology	Oncology Research Clinics are undertaken at St Helens and Knowsley Teaching Hospitals where PIs from Clatterbridge actively consent and recruit patients to research trial.	Dr Maria McGuire	Maria.Maguire@clatterbridgecc.nhs.uk	0151 334 1155 x4917
Academic Health Science Network, North West Coast	The Trust is a partner of the AHSN, we work together to embed innovation as a core part of the business within STHK .	Dr Liz Mear	info@nwcahsn.nhs.uk	01772 520250
Collaboration for leadership in applied health research (CLAHRC)	The Trust is exploring entering into partnership with the CLAHRC North West.	Professor Mark Gabbay, Director of CLAHRC North West Coast	m.bgabbbay@liverpool.ac.uk	
Clinical Commissioning Groups	The Trust is involved in a small number of primary care research projects.	For further information contact Jeanette Anders, RDI Manager	jeanette.anders@sthk.nhs.uk	0151 430 2334

Liverpool University	The Trust is involved in a number of research projects with Liverpool University.	For further information contact Jeanette Anders, RDI Manager	jeanette.anders@sthk.nhs.uk	0151 430 2334
St Helens Primary Care Group	The Trust has links to Primary Care through the CCG. These links are vital and offer us the potential to collaborate on joint research projects as well as recruiting from the primary care sector.	Professor Sarah O'Brien Chief Nurse St Helens CCG	Sarah.OBrien@sthelensccg.nhs.uk	01744 621819
Liverpool University	Mr Rowan Pritchard Jones, Consultant Plastic Surgeon at STHK and Honorary Clinical Lecturer at Liverpool University	Mr Rowan Pritchard Jones	rowan.pritchardjones@sthk.nhs.uk	

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).
Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
Go to top of document

Organisation study capabilities

Information on the types of studies that can be supported by the organisation to the relevant regulatory standards.

Types of studies organisation has capabilities in (please tick applicable)							
	CTIMPs (indicate phases)	Clinical trial of a medical device	Other clinical studies	Human tissue: Tissue samples studies	Study administering questionnaires	Qualitative study	OTHER
As sponsoring organisation			√	√	√	√	
As participating organisation	√ (Phase, II, III, IV,)	√	√	√	√	√	
As participant identification centre	√ (Phase, II, III, IV,)	√	√	√	√	√	

Information on any licences held by the organisation which may be relevant to research.

Organisation licences			
Licence name Example: Human Tissue Authority licence	Licence details	Licence start date (if applicable)	Licence end date (if applicable)
Human Tissue Act 2004	Licence number 12043	May-08	On-going

For organisations with responsibilities for GPs: Information on the practices which are able to conduct research.

Number/notes on General Practitioner (GP) practices

Organisation services

Information on key clinical services contacts and facilities/equipment which may be used in studies for supporting RDI governance decisions across the organisation.

Clinical service departments					
Service department	Specialist facilities that may be provided (e.g. number/type of scanners)	Contact name within service department	Contact email	Contact number	Details of any internal agreement templates and other comments
Pathology	Minus 20, 30 and 80 freezers	Samantha Bonney	samantha.bonney@sthk.nhs.uk	0151 430 1838	
Pharmacy	Designated Research Pharmacist	Margaret Hargreaves	margaret.hargreaves@sthk.nhs.uk	0151 290 4284	
Pharmacy	Back up Research Pharmacist	Jodie Kirk	jodie.kirk@sthk.nhs.uk	0151 430 1750	
Radiology	Clinical Radiation Expert	Glenn Massey	glenn.massey@sthk.nhs.uk	0151 426 1600	Clinical Director for Radiology
Radiology	Medical Physics Expert	Paul Connolly	paul.connolly@irs-limited.com	0151 709 6296	Paul Connolly from IRS Ltd is the Medical Physics expert for the Trust
Radiology	2x 1.5 GE MRI / 3 X GE 64 slice CT	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	2x 1.5 GE MRI / 3 X GE 64 slice CT	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	2x Digital Mammography	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	2x Digital dental including cephalometry	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	2x Fluoroscopy	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	18x Ultrasound including Cardiac /Elastography	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	6x Digital radiography including tomosynthesis	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Echocardiogram	24 hour ambulatory electrocardiography Extended ambulatory electrocardiography Cardiomemo Event Recording Tilt table testing [HUTT] Carotid sinus massage test Ambulatory blood pressure monitoring Electrocardiograms: 12 lead ECGs Transthoracic echocardiography Transoesophageal echocardiography Stress echocardiography Exercise electrocardiography Spirometry Measurement of maximum expiratory and inspiratory flow volume loop Oximetry assessment Carbon monoxide transfer factor test Simple lung function exercise test Measurement of static lung volume Measurement of respiratory muscle strength Measurement of maximum expiratory and inspiratory flow volume loop Bronchial Reactivity Overnight oximetry (Includes: Measurement of oxygen desaturation index)	Gina Rogers	gina.rogers@sthk.nhs.uk	0151 430 2424	
Echocardiogram	Assessment for fitness to fly (hypoxic challenge) - flight assessment Pacemakers - single / dual [plus Box Changes] Implantation / Removal of electrocardiography loop recorder inc Pacemakers / Defibrillators / ILR Remote Follow-up	Gina Rogers	gina.rogers@sthk.nhs.uk	0151 430 2424	

Information on key management contacts for supporting RDI governance decisions across the organisation.

Management Support e.g. Finance, legal services, archiving					
Department	Specialist services that may be provided	Contact name within service department	Contact email	Contact number	Details of any internal agreement templates and other comments
Archiving	Archiving arrangements are part of the Trust approval process and are detailed in the Clinical Trial Agreement for each study. The Trust holds a corporate archiving contract with Cintas.	Jeanette Anders	jeanette.anders@sthk.nhs.uk	0151 430 2334	
Contracts (study related)	Advice and support - See comments	Jeanette Anders	jeanette.anders@sthk.nhs.uk	0151 430 2334	The model agreement for non-commercial research and the model agreement for pharmaceutical and biopharmaceutical industry sponsored research is used by St Helens and Knowsley Teaching Hospitals NHS Trust
Contracts (study related)	Sign off of clinical trial agreements	Professor K Hardy	kevin.hardy@sthk.nhs.uk		The model agreement for non-commercial research and the model agreement for pharmaceutical and biopharmaceutical industry sponsored research is used by St Helens and Knowsley Teaching Hospitals NHS Trust
Finance	Corporate Accountant	Nicola Wood	nicola.wood@sthk.nhs.uk	0151 430 1600	The RDI Department has links with finance and are fully supported in all areas relating to research.
Information Technology	Director of Informatics	Christine Walters	christine.walters'sthk.nhs.uk	0151 430 1134	RDI Department is fully supported by the Director of ICT. IT training, IT system set up, hardware and software configuration set up, firewall configuration and connection to external servers.
Legal	Head of Legal Services	Carol Freeman	carol.freeman@sthk.nhs.uk	0151 430 1433	Support and advice with the legal aspects of research is provided when necessary.
HR	Research Passports, Honorary Contracts, Letters of Access	Andrea Wisdom	andrea.wisdom@sthk.nhs.uk	0151 426 1600	
Training	Essential In house Standard Operating Procedure Training	Jeanette Anders, Amanda McCairn, Susan Dowlling	research@sthk.nhs.uk	0151 430 2334/ 2315	In house training on essential Standard Operating Procedures is provided for new starters or as updates if required.
Training	Good Clinical Practice (GCP) training. The Trust has 2 NIHR GCP Facilitators.	Jeanette Anders, Susan Dowlling	research@sthk.nhs.uk	0151 430 2334/ 2315	The GCP facilitators are required to facilitate 4 courses per year.
Performance Management of studies	Audit and on-going review of studies.	Contact via RDI Department	research@sthk.nhs.uk	0151 430 2334/ 2315	During the RDI approval process, feasibility, capacity and capability checks take place including requirement for nurse support, appropriate resources, equipment & facilities, realistic recruitment target etc. After approval is granted, the RDI Department remain a point of contact, reviewing the progress of each study. A yearly Research Governance Framework (RGF) audit is conducted and when a need is identified ad hoc audits will be completed..

Organisation RDI interests

Information on the research areas of interest to the organisation (provide detailed or summary information as appropriate).

Organisation RDI areas of interest				
Area of interest	Details	Contact name		Contact number
Anaesthetics		Dr P Yoxall	peter.yoxall@thk.nhs.uk	0151 430 1267
Anaesthetics		Dr K Mukhtar	karim.mukhtar@sthk.nhs.uk	0151 430 1268
Burns and Plastics		Mr R Pritchard-Jones	rowan.pritchardjones@sthk.nhs.uk	
Burns and Plastics		Mr P Brackley	philip.brackley@sthk.nhs.uk	0151 430 1664
Burns and Plastics		Dr I James	ian.james@sthk.nhs.uk	
Cancer		Ms Leena Chagla	leena.chagla@sthk.nhs.uk	
Cancer		Professor R Audisio	riccardo.audiso@sthk.nhs.uk	01744 646672
Cancer		Dr T Nicholson	toby.nicholson@sthk.nhs.uk	0151 430 1825
Cancer		Dr E Hindle	elaine.hindle@sthk.nhs.uk	
Cancer		Dr Z Khan	zahed.khan@clatterbridgecc.nhs.uk	
Cancer		Dr R Lord	rosemary.lord@clatterbridgecc.nhs.uk	
Cancer		Dr H Innes	helen.innes@clatterbridgecc.nhs.uk	
Cancer		Dr E Marshall	ernie.marshall@sthk.nhs.uk	01744 646771
Cardiology		Dr R Katira	Ravish. Katira@sthk.nhs.uk	0151 430 1041
Critical Care		Dr J Wood	julie.wood@sthk.nhs.uk	0151 430 2394
Critical Care / Acute Medical Unit		Dr Ascanio Tridente	ascanio.tridente@sthk.nhs.uk	0151 2901421
Critical Care		Dr K Simms	kevin.simms@sthk.nhs.uk	
Dermatology		Dr J Ellison	judith.ellison@sthk.nhs.uk	01744 646584
Dermatology		Dr E Pang	evelyn.pang@sthk.nhs.uk	01744 646614
Diabetes		Professor K Hardy	kevin.hardy@sthk.nhs.uk	01744 646490
Diabetes		Dr N Furlong	naill.furlong@sthk.nhs.uk	01744 646496
Diabetes		Dr Upendram Srinivas-Shankar	Upendram Srinivas-Shankar@sthk.nhs.uk	01744 646497
Emergency Medicine		Dr H Kataria	himanshu.Kataria@sthk.nhs.uk	0151 430 1063
Emergency Medicine		Dr J Matthews	john.matthews@sthk.nhs.uk	
Musculoskeletal		Dr R Abernethy	rikki.abernethy@sthk.nhs.uk	01744 646586
Gastro		Dr A Bassi	ash.bassi@sthk.nhs.uk	
Gastro		Dr R Chandy	rajiv.chandy@sthk.nhs.uk	
Gastro		Dr J McCabe	john.mccabe@sthk.nhs.uk	
Gastro		Dr D McClememts	dave.mcclements@sthk.nhs.uk	
Haematology		Dr M Gharib	majed.gharib@sthk.nhs.uk	0151 430 1315
Paediatrics		Dr A Elbadri	abubaker.elbadri@sthk.nhs.uk	.
Paediatrics		Dr M Aziz	maysara.aziz@sthk.nhs.uk	
Paediatrics		Dr L Chilukuri	lakshmi.chilukuri@sthk.nhs.uk	
Paediatrics		Dr Ijaz Ahmad	ijaz.ahmad@sthk.nhs.uk	0151 430 1636
Paediatrics		Dr L Amegavie	laweh.amegavie@sthk.nhs.uk	0151 430 1435
Reproductive and Child Health		Mrs Sandhya Rao	Sandhya Rao@sthk.nhs.uk	0151 430 2289
Reproductive and Child Health		Miss Vicky Cording	vicky.cording@sthk.nhs.uk	0151 430 1495
Reproductive and Child Health		Mrs Nidhi Srivastava	nidhi.srivastava@sthk.nhs.uk	
Reproductive and Child Health		Mrs Susmita	susmita.pankaja@sthk.nhs.uk	
Stroke		Dr V Gowda	vinod.gowda@sthk.nhs.uk	0151 430 1224
Stroke		Dr S Mavinamane	sunandra.mavinamane@sthk.nhs.uk	0151 430 1224
Stroke		Dr S Meenakshisundaram	sanjeevikumar.meeakshisundaram@sthk.nhs.uk	
Stroke		Dr A Hill	andrew.hill@sthk.nhs.uk	
Stroke		Dr T Smith	tom.smith@sthk.nhs.uk	0151 430 1245
Surgery		Mr R Rajaganeshan	raj.rajaganwshan@sthk.nhs.uk	

Information on local / national specialty group membership within the organisation which has been shared with the CLRN.

Specialty group membership (local and national)					
National / local	Specialty group	Specialty area (if only specific areas within group)	Contact name	Contact email	Contact number
North West Coast	Division 6	Injuries and Emergencies	*Dr Himanshu Kataria*	himanshu.kataria@sthk.nhs.uk	*0151 430 1063*

Organisation RDI planning and investments

Planned investment

Area of investment (e.g. Facilities, training, recruitment, equipment etc.)	Description of planned investment	Value of investment	Indicative dates
Investment including an income distribution plan for commercial trials will be agreed by the board.			
Grant Development	Advice and support in the development of new STHK led grant applications		

Organisation RDI standard operating procedures register

Standard operating procedures				
SOP ref number	SOP title	SOP details	Valid from	Valid to
A suite of SOPs are available upon request				

Information on the processes used for managing research passports.

Indicate what processes are used for managing research passports
Research Passports are accepted at STHK and a letter of access issued via the RDI Department. At present Research Passports are not produced at STHK.

Information on the agreed escalation process to be used when RDI governance issues cannot be resolved through normal processes.

Escalation process
In accordance with RDI management structure: The Research Practitioner Group reports to the Research Development and Innovation Group who reports to the Clinical Effectiveness Council who report to the Quality Committee then to the Trust Board.

Planned and actual studies register

The organisation should maintain or have access to a current list of planned and actual studies which its staff lead or in which they are involved.

Comments
STHK records every research project on a ReDA database, this system is used to register and manage all research projects.

Other information

For example, where information can be found about the publications and other outcomes of research which key staff have led or have otherwise contributed.

Other information (relevant to the capability of the organisation)
STHK RDI have current copies of Trust approved Research Development & Innovation Strategy and Trust RDI annual report which contain information relating to publications and outcomes of research. The Trust is very well placed to support industry studies as well as NIHR commercial portfolio studies and has an excellent track record in meeting NIHR performance targets. Our performance in terms of study setup and recruiting to time and target is excellent. The development and strengthening of partnerships is pivotal to delivering the Trusts Strategic Plan and partnership with universities is constantly being expanded.