St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 30TH MARCH 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	February		
		1.2	March		
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 24th February 2016		Attached	
		5.1	Correct record & Matters Arising		
		5.2	Action list	Attached	
10:10	6.	Committee Report – Executive		NHST(16) 023	Ann Marr
10:15		6.1	STP progress report	NHST(16) 024(a)	Nik Khashu
		6.2	Approval of the 2016/17 operational plan	NHST(16) 024(b)	Nik Khashu

10:45		6.3	Corporate Risk Register	NHST(16) 025	Sue Redfern
10:50		6.4	Board Assurance Framework	NHST(16) 026	Sue Redfern
10:55	BREAK				
11:05	7.	Committee Report – Finance & Performance		NHST(16) 027	Denis Mahony
11:15		7.1	Integrated Performance Report	NHST(16) 028	Nik Khashu
11:25		7.2	Approval of budget plans	NHST(16) 029	Nik Khashu
11:35	8.	Committee Report – Quality		NHST(16) 030	David Graham
11:40		8.1	Safer Staffing	NHST(16) 031	Sue Redfern
11:50		8.2	Infection Control	NHST(16) 032	
12:00		8.3	CQC Registration	NHST(16) 033	
12:05		8.4	Mixed Sex Declaration	NHST(16) 034	
12:10		8.5	Review of staff survey	NHST(16) 035	Anne-Marie Stretch
12:20		8.6	Health & Well Being Board report	NHST(16) 036	Anne-Marie Stretch
12:30		8.7	Recruitment report	NHST(16) 037	Anne-Marie Stretch
12:40	9.	Approval of 2016/17 Trust Objectives		NHST(16) 038	Ann Marr
12:50	10.	Annual Meeting Effectiveness Review		NHST(16) 039	Peter Williams
13:00	11.	Effectiveness of meeting			Richard Fraser
13:05	12.	Any other business			
	13.	Date of next Public Board meeting – Wednesday 27th April 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 24th February 2016 in the Boardroom, Whiston Hospital

PUBLIC BOARD

Chair:	Mr R Fraser (RF)	Chairman
Members:	Ms A Marr (AM)	Chief Executive
	Mrs A-M Stretch	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
	Prof K Hardy (KH)	Medical Director
	Mr N Khashu (NK)	Director of Finance
	Mr PJ Williams (PJW)	Director of Operations and Performance
	Mr P Williams (PW)	Director of Corporate Services
	Ms S O'Brien (SOB)	Associate Non-Executive Director
	Ms S Rai (SR)	Non-Executive Director
	Mrs S Redfern (SRe)	Director of Nursing, Midwifery & Governance
Apologies:	Mr T Foy	St Helens CCG
In Attendance:	Mr I Johnson (IJ)	IMS and member of public
	Mrs K Pryde	Executive Assistant (Minutes)

1. **Employee of the Month**

The award for Employee of the Month for December 2015 was presented to Mandy Evans, Assistant Practitioner, Ward 3 Alpha.

2. **Apologies for Absence**

2.1. Apologies for absence were noted.

3. **Declaration of Interests**

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

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

4.1. **Correct Record and Matters Arising**

4.1.1. Following amendment to paragraphs 8.5 to read "In addition, falls were highlighted as a further area of concern" and amendment to paragraph 9.1.2 to read "the decision to implement different software", the minutes were approved as a correct record.

4.2. **Action List**

4.2.1. Item 1 - Minute 5.6 (28.10.15): Trust Standards of Business Conduct Policy: The policy was approved by the Audit Committee. A guidance sheet for declarations is to be compiled prior to issuing to Board members.

4.2.2. Item 2 – 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. NK reported that the Committee saw no reason why other organisations could not fund raise within our hospitals subject to appropriate approval. Action closed.

4.2.3. Item 3 – Minute 8.10.5 (27.01.16): Safeguarding training. SRe to update the Board in March.

4.2.4. Item 4 – Minute 8.11.4 (27.01.16): Claire Scrafton to review table for annual leave rates. Update at March Board.

4.2.5. Item 5 – Minute 8.12.3 (27.01.16): Claire Scrafton to discuss WRES at steering group and implement a turnaround action plan. Update at April Board.

4.2.6. Item 6 – Minute 8.13.4 (27.01.16): SRe to find common themes within EOL complaints and implement an action plan. Update at March Board.

5. **Committee Report – Audit – NHST(16)015**

5.1. SR summarised the report from the Audit Committee held on 3rd February 2016.

5.2. Items highlighted and discussed included the Quality Account, changes to the internal audit plan regarding maternity following the CQC inspection, progress with the audit log and the Standard of Business Conduct policy approved by the Committee.

5.3. SR raised the issue of limited assurance from an audit report regarding password protection on an IT system and the need to move towards complex passwords in due course. Assurance was given that this was an isolated case from a bespoke software package.

5.4. CW informed the Board that the Information Governance Steering Group is investigating issues with passwords which should be resolved with single sign on; however some older systems may not allow complex passwords.

5.5. The Board approved the updated Anti-Fraud, Bribery and Corruption Policy.

6. **Committee Report – Charitable Funds – NHST(16)016**

6.1. DM provided an update of the meeting held on 16th February.

6.2. Following the launch of the Trust's new charity, there is a renewed focus on fundraising. The abseil down the side of Whiston Hospital, in which 105 people took part, raised in excess of £12,000. DM highlighted the Committee's thanks to members of the public who donated money in the "bucket" collection.

6.3. DM advised on unrealised gains and losses with funds, but following queries on the figures quoted it was agreed that NK would provide further explanation.

6.4. DM informed the Board that Consultant Cardiologist, Dr Wong, had submitted a proposal to purchase a portable GE Venue Vascular Ultrasound machine for the Cardiac Catheter Lab at Whiston Hospital, at a cost of £11,325, which was approved.

6.5. SR enquired about the new fundraiser. AMS replied that she has helped with the charity strategy and will be with us for another three months.

7. **Committee Report – Finance & Performance – NHST(16)017**

7.1. DM reported from the Finance & Performance meeting held on 18th February.

7.2. An Extraordinary Finance & Performance meeting was held on 5th February to seek approval to accept funding from the Sustainability and Transformation Fund. A letter has subsequently been sent to the TDA, accepting the offer.

7.3. Key issues discussed at the meeting held on 18th February were:

7.3.1. IT progress and priorities
7.3.2. NWAS contract update
7.3.3. Operational turnaround update
7.3.4. Annual plan update
7.3.5. RTT

7.4. There was a lengthy discussion regarding the forecast outturn, the amalgamation of Monitor and the TDA, and asset revaluation. SR commented that an independent review of the Trust assets to prompt a revised figure in the accounts would cost circa £10k, and this is being progressed.

7.5. DM highlighted the discussion on the Maternity dashboard where both the Clinical Director and nursing representative attended the meeting. The data on stillbirths was noted, and it was confirmed that RCA's are carried out on each one.

7.6. **IPR – NHST(16)018**

7.6.1. NK provided an overview of the IPR report.

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

7.6.3. There have been 28 confirmed avoidable cases of C.Diff to date which puts the Trust in line to achieve the required performance. It was agreed that the IPR report needs to be clearer in describing the figures and the cases still in dispute.

7.6.4. Stroke, cancer and 18 weeks RTT all continued to perform well, despite the pressures from significant non-elective demands. Internal diagnostic delays have been significantly reduced in the past month.

7.6.5. The Trust is reporting against a stretched annual financial plan of £6.7m deficit, as agreed with the TDA. This equates to a £3.1m improvement on the original plan, of which £2.8m relates to anticipated additional income from commissioners.

7.6.6. For January the Trust is reporting an income and expenditure deficit of £9.8m after technical adjustments. The deterioration against plan relates to the proposed imposition of contractual penalties by commissioners, which were assumed would not be enforced.

7.6.7. The Trust has delivered £12.6m of CIPs which is £0.2m ahead of plan. The Trust is forecasting to deliver its full CIP target of £13.0m.

7.6.8. GM asked if the Trust was now looking to report against the original plan of a £9.8m deficit outturn, and this was confirmed.

7.6.9. GM asked about the draw down of money to meet March cash-flow and NK responded that this was already being pursued for 14th March. There was discussion regarding the cash deficit, debtors and creditors and the balance sheet. NK advised that this issue will be discussed further at the next Finance & Performance meeting.

7.6.10. NK advised that FFT is performing well and the staff survey had a 55% return rate, which places the Trust in the top 20 nationally.

7.6.11. AMS reported that staff sickness is still high, despite management action.

8. **Committee Report - Executive - NHST(16)019**

8.1. AM summarised the report of Executive Committee meetings held between 15th January and 17th February.

8.2. There were no key issues to be escalated to the Board, but AM did inform the Board that discussions had been held to agree the Sustainability and

Transformation Planning footprint, which ultimately approved a Liverpool City Region and Cheshire area. This is a positive outcome for the Trust.

9. **Committee Report – Quality – NHST(16)020**

9.1. DG provided a summary of the Quality Committee meeting held on 16th February.

9.2. Complaints remain high on the Quality Committee agenda, and at present the rate for timely response is 67% which is a concern and has prompted improved engagement between care groups and senior clinicians. AMS confirmed that this issue is being addressed.

9.3. The CQC action plan has now been submitted, with most items resolved but achievement of A&E performance and ambulance turnaround times remain challenging.

9.4. Weekend mortality was discussed and KH reported that investigations are taking place and we are refining our understanding, but influencing factors are likely to include:

9.4.1. Co-morbidities
9.4.2. Social health
9.4.3. Palliative reporting at the weekend, and
9.4.4. Failure to rescue

9.5. KH confirmed that weekend mortality is high across the UK, and that he has written to Dr Foster for greater clarification of their methodology. DG suggested that Rani Thind could be asked to collate the number of inpatient investigations at the weekend and the response rates.

9.6. **Safer Staffing Report & Shelford Acuity Audit – NHST(16)021**

9.6.1. PJW presented the safer staffing figures for January. The date indicated that the overall Trust compliance was 98.88% with 13 ward areas with a fill rate below 90%.

9.6.2. A nurse recruitment day is to be held on 27th February, and following the international recruitment to India 100 posts have been offered to registered nurses, but there will be a lead-in time before they join us.

9.6.3. RF asked for clarification regarding bank HCA and agency HCA figures. PJW advised that an additional 200 bank HCA's have been recruited and are completing their training at the moment which will address the agency usage.

9.6.4. The Shelford Acuity data is presented to Board every 6 months and takes account of the acuity over a 20 day period. The latest data shows that the organisation's staffing meets good practice guidance.

9.6.5. PJW confirmed that the two measures provide assurance of the safe staffing levels in the Trust.

9.6.6. SR asked what encouragement we are giving to staff to register with the bank. PJW replied that whilst agency rates exceed bank payments concerted efforts are made to increase our bank staff.

9.6.7. GM asked how successful we have been at implementing the new rates through the agency. AMS reported that this is improving and is discussed at Finance & Performance meetings and that a report is sent to the TDA on a weekly basis describing performance.

10. **FT update – NHST(16)022**

10.1. NK presented the monthly FT progress report. The TDA has temporarily suspended the submission of the TDA self-certification.

10.2. Two and a half days have been scheduled for Board development. The half day in February has been cancelled but the dates for June and November are going ahead.

10.3. Regarding actions against the Well Led Framework, the Non-Executive terms of office are being addressed, and the 1 year operational plan was submitted on 8th February; the final plan will be submitted on 11th April. The longer-term plans surrounding the STP footprint will be submitted in June.

11. **Effectiveness of meeting**

11.1. IJ was asked to comment on the effectiveness of the meeting. He responded that it was pretty much as he had expected, with good openness of discussion. He could see the challenges that the organisation faces and this assists him, as a supplier, to focus on what is needed.

12. **AOB**

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

13. **Date of next meeting**

13.1. The next meeting is scheduled for Wednesday, 30th March 2016 in the Boardroom, Whiston Hospital commencing at 9.30 am.

Chairman: .....

Date: 30 March 2016

TRUST PUBLIC BOARD ACTION LOG – 30th March 2016

No	Minute	Action	Lead	Date Due
1	28.10.15 (5.6)	Trust Standards of Business Conduct Policy. User guide to be devised and disseminated to Board members. ~~27.01.16 New proforma devised. Will be presented to Audit Committee and then disseminated to the Board.~~ 24.02.16 - Policy approved at Audit Committee. Guidance sheet to be completed and approved at F&P. It will then be presented to Board.	~~KH/NK /PW~~ NK	~~24 Feb 16~~ 30 Mar 16
2	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. ~~27.01.16 Update at next Board~~ 24.02.16 – NK reported that he saw no reason why other organisations could not fund raise within our hospitals. Action closed.		Action closed
3	27.01.16 (8.10.5)	Sue Redfern will take a paper to the Executive Committee meeting regarding safeguarding training. 25.02.16 – Paper to be presented to the Executive Committee on 24th March then update at March Board.	SRe	30 Mar 16
4	27.01.16 (8.11.4)	Ann Marr asked Claire Scrafton to review the table for the annual leave rates. Update at March Board	CS	30 Mar 16
5	27.01.16 (8.12.3)	Claire Scrafton will discuss WRES at the steering group on 28.01.16 and a turnaround action plan will be implemented. Update at April Board	CS	27 Apr 16
6	27.01.16 (8.13.4)	Ann Marr asked Sue Redfern to gather all EOL care complaints and find a common theme; this work is to be carried out forensically and action plan must be put in place. 28.01.16 - Information received from Complaints Team. Update to be given at March Board.	SRe	30 Mar 16

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)023
Title of paper: Executive Committee Assurance Report.
Purpose: To feedback to members key issues arising from the Executive Committee meetings.
Summary: 1. Between the 18th February and 23rd March four meetings of the Executive Committee have been held. The attached paper summarises the issues discussed at the meetings. 2. Decisions taken by the Committee included capacity plans for medical and surgical care groups, and actions to improve A&E performance. 3. Assurances regarding the Quality Account, management of bank and agency usage, CQC action plan, Sustainability and Transformation Planning, and audit actions were obtained. 4. Investment decisions included multi-functional devices which requires Board approval. 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: 30th March 2016.

EXECUTIVE COMMITTEE REPORT (18th February to 23rd March 2016)

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

18th February

1. Risk Report /Board Assurance Framework (BAF)

   1.1. PW reported on the Corporate Risk Register (CRR).

   1.2. He advised of changes proposed to the Risk Management Council from March to improve the governance and effectiveness of risk management.

   1.3. Risk descriptors, the actual scoring of risks, and the escalation process were discussed in detail.

   1.4. A new risk regarding the lack of middle grade doctors to cover the ED rota was reviewed.

   1.5. The Committee considered two potential changes to the BAF and agreed that the risk regarding operational performance should be increased, whilst the risk regarding working with stakeholders was appropriate at its current level.

   1.6. Changes to improve the RAG rating on the timeliness of review were agreed.

2. Outstanding Audit actions

   2.1. NK reported on outstanding actions from internal audit reports.

   2.2. The recent report highlighting IT password weaknesses was discussed. CW is currently drafting an action plan.

   2.3. The Committee briefly discussed the current initiative being pursued to merge the access cards with NHS Smartcards.

3. CQC Action Plan

   3.1. Anne Rosbotham-Williams (ARW) presented the CQC action plan for final approval prior to submission on 19th February.

   3.2. There was lengthy debate regarding the plan, including weekend discharges and four hour performance.

4. Safer Staffing/ Vacancy Dashboard

   4.1. ARW presented the latest report. It was noted that the current format of the report makes triangulation of staffing levels with incidents extremely difficult. KH confirmed that he is awaiting data regarding falls and staffing figures by shifts in order to undertake more rigorous scrutiny.

   4.2. AMS presented the vacancy dashboard, which correlates with the safer staffing data.

   4.3. It was noted that the next recruitment day is scheduled for 27th February. Due to the timescale for processing the OSCE from the international recruitment drive it is envisaged that most appointees will join the Trust in late 2016.

5. Multi-Functional Device (MDF) Business Case

   5.1. CW presented the proposal to implement a robust printing/scanning service at a much lower cost than the current arrangements.

   5.2. The proposal is for a £1.9m contract, which will take six months to roll out.

   5.3. The Committee approved the proposal subject to ratification by the Board on 24th February.

6. 7 day working Board presentation

6.1. The proposed presentation to the Trust Board on 24th February was discussed and modified.

7. Electronic Patient Record Board presentation

7.1. The proposed presentation to the Trust Board on 24th February was discussed. This provided an in depth summary of the current IT facilities within the Trust and of the options available going forward.

7.2. It was agreed that further exploration of the options would be needed before the Board could make an informed decision. CW advised of a seminar in the near future where the national and regional drivers will be made more explicit which will help with strategic planning.

8. Caring for resuscitation and NIV patients

8.1. KH briefed members on developments with regards to the best use of A&E, wards and ICU in accommodating these two groups of patients.

8.2. It was noted that NK is pulling together a revised business case for NIV, however it was concluded that KH would need to meet with interested parties to ensure the preferred model is unanimously supported.

8.3. To complement this further work is required to fully understand the utilisation of beds on ICU.

3rd March

9. TDA/ Monitor submission on Bank and Agency spend

9.1. The January and February return was presented where 480 and 427 shifts respectively breached.

9.2. It was noted that additional HCA staff have been recruited to the Bank to reduce procurement through agency and a permanent nursing recruitment campaign is scheduled to take place in March.

9.3. Highest medical workforce expenditure is in ED and the Staffing Solutions Team is commencing work with them to assist with bookings.

9.4. It was agreed that the agency framework list would be shared with Executive Directors. In addition a further costing exercise around bank staff pay rates would be undertaken.

10. Referral growth

10.1. Frankie Morris, Phil Nee and Natalie Gilmore attended to brief on surgical and medical activity modelling.

10.2. The anticipated growth was discussed in detail, with the corresponding impact on bed and theatre capacity and opportunities to use spare capacity at neighbouring Trusts.

10.3. It was agreed the proposed Capacity Plan formed a reasonable basis for initial submission and discussions with Commissioners.

11. Exec to Exec with Halton

11.1. Agenda items for the meeting with Halton were agreed which covered One Halton and the Sustainability and Transformation Plan.

10th March

12. Maternity actions from CQC Report

    12.1. Progress against the action plan was discussed where the majority of the actions are either complete or work is well underway.

    12.2. The arrangements for covering matron vacancies were discussed.

    12.3. The external peer review has resulted in several pieces of work, including listening events and care pathway work changes to strengthen nurse led services. It was agreed that the report would be shared with staff.

    12.4. It was agreed that the maternity dashboard would be regularly circulated for information as part of the IPR.

    12.5. It was noted that midwifery bank and overtime costs were higher than anticipated and would be analysed.

13. Quality Account

    13.1. Nicola Bunce briefed members on the draft Quality Account and provided assurance that the agreed timescale for production would be met.

    13.2. The document will be presented to the Quality Committee on 22nd March, and the final version will be presented to stakeholders at the Joint Quality Account event on 19th April.

14. Liverpool Community Health – Tender of Community Services

    14.1. Liverpool Community Health will cease to exist in March 2017 and its service contracts are being transferred to other providers. The services have been divided into two bundles, one covering services commissioned by Liverpool CCG, Liverpool City Council and NHSE, the other covering services covered by South Sefton.

    14.2. The Committee discussed the feasibility of taking over the services, and it was agreed to engage with 5 BP Trust on a collaborative arrangement.

15. ICU bed occupancy data

    15.1. Following discussion it was an agreed that patients in Resus deemed too sick for a general ward should to be accommodated in Critical Care without delay if a bed is available.

16. Trust Board agenda

    16.1. PW presented a draft agenda for March and subject to replacing the FT update with STP process update was agreed.

17. Annual Meeting Effectiveness Review

    17.1. PW presented the Annual Meeting Effectiveness Review for the Committee. The recommendations in the report were accepted.

18. A&E turnaround progress

    18.1. PJW described progress being made through the weekly meeting. It was agreed to review the arrangements for the Turnaround Director post at the next Executive Committee meeting.

    18.2. Progress against actions were discussed including issues with TTO and Pharmacy; utilisation of relative rooms; options for increasing bed capacity; specialist referrals; additional Medical Registrar for Monday and Friday nights;

PR comms messages; deep cleaning capacity; enforcing the discharge process; reconfiguring the discharge lounge.

18.3. NK advised of a meeting with St Helens CCG representatives where their deficit and QIPP plans were discussed. Points covered included a referral management scheme; Right Care benchmarking review; no winter pressure funding; review of community nursing and pathways; a focus on "must do" NICE guidance; and a focus on non-GP referrals.

18.4. Noted that we are in receipt of advice from Knowsley and St Helens CCGs that in line with guidance, growth plans will be set at zero for next year to help CCGs to restore and maintain financial balance.

18.5. Agreed that NK would bring a proposal on referrals and 18 weeks.

17th March

19. 3 Alpha and 3B ward moves

19.1. AMS advised of a perceived patient risk suggested with the proposed swap of accommodation. The Committee agreed a risk assessment should be undertaken to inform a decision on the move.

20. Local Delivery Systems

20.1. AMM and KH fed back from the recent meeting to discuss the C&M Sustainability and Transformation Plan which included membership from 4 CCGs, 4 provider units and Public Health representatives. A robust discussion around governance took place and there was clear focus on the next steps. A further meeting is arranged for 29th March.

21. Corporate Risk Register (CRR)

21.1. NB presented the report from the Risk Management Council on 15th March.

21.2. Risks were scrutinised by Directors and amendments noted. Members were reminded of the need to record in Datix when risks are reviewed as this is required as evidence.

21.3. It was agreed that PW and NB would meet to review risk descriptions as these can still be vague.

22. Board Assurance Framework (BAF)

22.1. The BAF was discussed and approved for submission to the March Trust Board.

23. CQC action plan

23.1. The action plan was reviewed in detail.

23.2. It was agreed that NK should revisit the Birth-rate Plus methodology to ensure a robust proposal will be brought to the Committee.

23.3. Noted that an interim Head of Midwifery appointment has been made to commence in post in early April.

24. Integrated Performance Report

24.1. Chris Yates attended to take members through the draft report prior to its circulation to Quality and F&P Committees. Changes to the narrative were agreed.

24.2. Members expressed concern regarding mortality rates of patients admitted at weekends and although performance is within confidence levels, requested a deep dive into case notes.

24.3. A staffing concern relating to Ward 3D was highlighted by AMS and it was agreed that this should be investigated alongside the Safer Staffing Report

24.4. It was agreed that a full report on cancer performance would be brought to a future meeting.

24.5. VTE rate is still below target. Noted that this is on the action log to be addressed, and the requirements were reiterated.

25. ED actions

25.1. Andy Ashton and Peter Williams attended to take stock of progress against actions agreed at the meeting on 3rd March.

25.2. Issues discussed included GP referrals to ED (and analysis to identify whether they could have been referred to and managed in another care facility); the need for data on the highest referring GPs/Nurse Clinicians; telephone advice to GPs; offering ED patients appointments for an alternative time; the weekly meetings with Medical CDs taking place to discuss discharges before 1pm; Junior Doctors being released to write TTOs and input from ward pharmacists; Doctors attendance at Board Rounds; discharge lounge; PMO review of bed management; converting wards to create 6 transitional care spaces; progress with CCGs around transitional care; the need for regular telephone conference calls to scrutinise medically optimised patients awaiting transitional care; recruitment of a 2nd medical registrar for weekday nights; overseas nurses; analysis of deep cleans to ensure they are always appropriate; greater ANP resource.

26. Changing Places proposal

26.1. PW confirmed the arrangements for creating this facility on Ward 1A and provided assurance that this will not impact on the frailty plans.

27. A&E trajectories

27.1. Darran Hague attended to obtain agreement on the proposed trajectory for achieving emergency 4-hour response times.

ENDS

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)024(a)
Title of paper: Sustainability and Transformation Planning
Purpose: To provide a briefing to the Board on the emerging structures and issues in developing local five year Sustainability and Transformation Plans for the Cheshire and Merseyside Footprint.
Summary: This paper replaces the usual FT Programme progress report, as the next key strategic goal for the Trust is to work with partners in our local STP footprint to agree plans for how sustainable services will be developed and delivered by 2021. The 2016/17 planning guidance introduced the requirement for the NHS to undertake "place based" strategic planning, and to produce local five year Sustainability and Transformation Plans (STP) that would demonstrate how health economies were going to respond collectively to deliver the Five Year Forward View and create long term sustainable health services by 2021. The Trust will be involved in STP planning at 3 levels; the Cheshire and Merseyside Footprint, the Mid Mersey Local Delivery System (LDS) and at Trust level. Each level of STP must be coordinated and consistent. The quality of the STPs will affect the allocation of sustainability and transformation funding from 2017/18. All levels of STP must be produced and submitted by 30th June 2016. The governance arrangements for the STP Footprints and the guidance for the development of STPs is still emerging, and the paper gives an update on the current position.
Corporate objectives met or risks addressed: To be a sustainable and efficient Trust
Financial implications: None arising directly from the approval of this paper
Stakeholders: CCGs, NHSE, NHSTDA, Local Authorities, Staff, Patients
Recommendation(s): a) The Board notes the Cheshire and Merseyside STP structures and emerging governance arrangements. b) Further monthly progress reports will be made to the Board to provide assurance on the development of the Trusts STP and involvement
Presenting officer: Nik Khashu, Director of Finance and Information
Date of meeting: 30th March 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

SUSTAINABILITY AND TRANSFORMATION PLANNING

1. Executive Summary

The 2016/17 planning guidance has introduced the concept of "place based" or whole system planning for the NHS to achieve the transformation required to deliver the Five Year Forward View and restore the NHS to a financially sustainable position.

Locally, this will mean that the system will produce 3 tiers of five year Sustainability and Transformation plans, one at the Cheshire and Merseyside "Footprint" level, one at a Local Delivery System (LSD) level, in our case Mid Mersey and the third for our individual organisation. All the plans have to be finalised and submitted to NHS England (NHSE) and NHS Improvement (NHSI – the new regulator of NHS providers from 1st April) by 30th June, having been approved by the Boards/Governing Bodies of each of the partner organisations.

The governance arrangements for the Cheshire and Merseyside Footprint and the Mid Mersey LSD are being agreed between all the partner organisations. A gap analysis for the footprint against the three key criteria of; health and wellbeing, care and quality and finance and efficiency is to be undertaken and submitted to NHSE and NHSI by 11th April.

The timescales to develop fully coordinated and Board approved plans for each tier by 30th June is challenging and will require substantial commitment from all the partner organisations.

The clarity, deliverability and ambition of the STPs are important as they will be used to assess the level of sustainability and transformation funding that is allocated from 2017/18.

2. Sustainability and transformational planning – Cheshire and Merseyside Footprint Plan

The planning guidance issued in December set out the requirement for "place based" five year Sustainability and Transformation Planning (STP). The objective of these plans is to;

- describe a local cross-partner prevention plan, with particular action on national priorities of obesity and diabetes and locally identified priorities to reduce demand and improve the health of local people;
- increase investment in the out-of-hospital sector, including considering how to deliver primary care at scale;
- set out local ambitions to deliver seven day services. In particular:

(i) improving access and better integrating 111, minor injuries, urgent care and out-of-hours GP services;
(ii) improving access to primary care at weekends and evenings; and
(iii) implementing the four priority clinical standards for hospital services every day of the week;

- support the accelerated delivery of new care models in existing Vanguard sites; or in systems without Vanguards, set out plans for implementing new models of care with partners;
- set out collective action on quality improvement, particularly where services are rated inadequate or are in special measures;
- set out collective action on key national clinical priorities such as improving cancer outcomes; increasing investment in mental health services and parity of esteem for mental health patients; transforming learning disabilities services; and improving maternity services;
- ensuring these and other changes return local systems to financial balance, together with the increased investment that will come on-stream as set out in NHS England's allocations to CCGs; and
- be underpinned by a strategic commitment to engagement at all levels, informed by the 'six principles'.

By the end of January NHS organisations were charged with agreeing a STP "Footprint" covering a geographical area and all NHS organisations operating within this area. Locally a footprint covering the Liverpool City Region (Merseyside) and Cheshire was proposed and this has subsequently been agreed by national NHS management and regulatory bodies; NHSE, NHSTDA and Monitor.

Nationally 44 STP Footprints have now been agreed. They vary in size from 0.3m population to 2.8m. Cheshire and Merseyside is one of the largest STP footprints covering a population of 2.4m.

Each STP Footprint has been asked to agree governance arrangements for agreeing the STP and to nominate a single leader who will oversee the process on behalf of all the partner organisations. Some of these leaders have already been announced and are a mixture of Trust CEO's, Council Leaders and CCG Chief Officers.

The current proposal for the Cheshire and Merseyside Footprint is to have an STP steering group, the membership of which is suggested as;

- 4 CCG Accountable Officers - Steve Cox, Katherine Sheerin, Jon Develing, Jerry Hawker
- 4 Provider Chief Executives - 2 from Merseyside, 2 from Cheshire (TBA)
- 1 Public Health Representative (TBA)

The steering group has proposed a set of principles for all the partner organisations in developing the STP (appendix 1)

Several common themes that need to be prioritised across Cheshire and Merseyside have been proposed, these are;

- Children's & Women's Health (Maternity)
- Mental Health
- Prevention
- Workforce
- Future hospital configuration

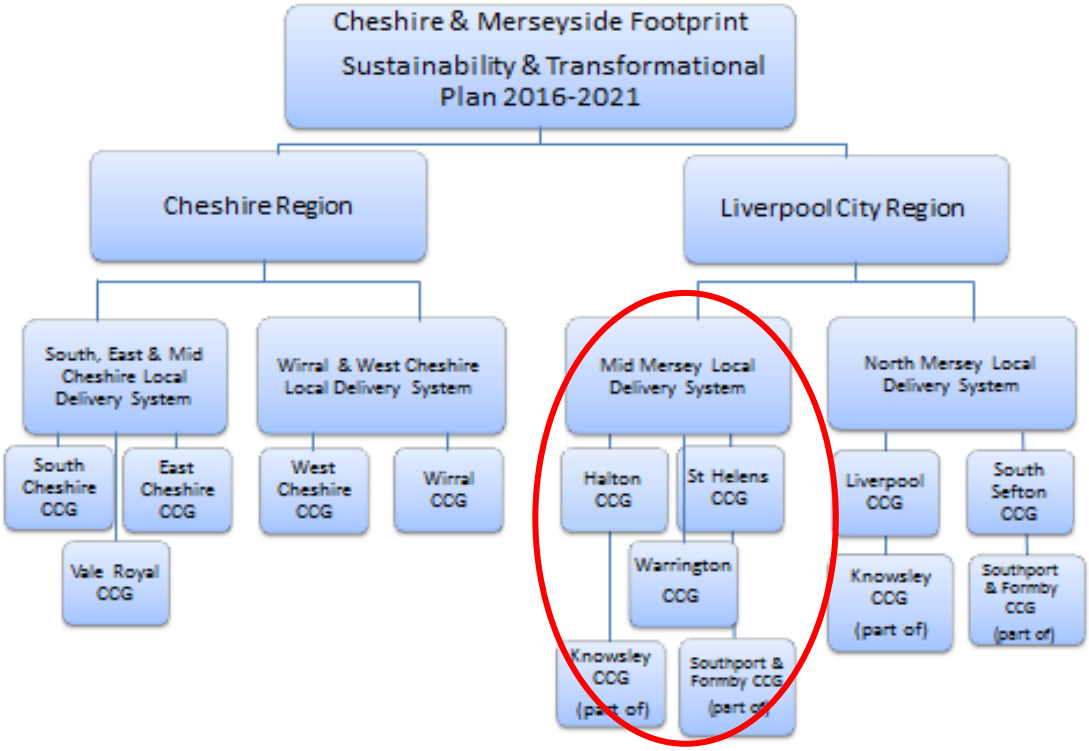
Footprint STP Plan Timetable Milestones

Date	Requirement
24/03/16	STPs to submit details of the proposed governance and leadership **arrangements** – including a Lead Officer for the STP planning process
11/04/16	Each STP to submit a gap analysis to quantify the scale of the challenge
22/04/16	Outline STP to be submitted
30/06/16	Footprint STP to be submitted
31/07/16	NHSE and NHSI Assessment of the STP plans
Aug - September	Possible revised or 2nd cut STP submissions from Footprints
1/10/16	Start implementing the STPs

3. Sustainability and transformation planning – Local Delivery System Plans

Recognising the size of the Cheshire and Merseyside STP Footprint smaller geographies or health systems within the Footprint have been identified to take forward sustainability and transformation planning for the majority of non-specialist services. These segments of the STP Footprint have been called Local Delivery Systems (LDS) and each will produce its own STP that will feed into the overall Footprint STP.

Four LDS areas have been identified, as illustrated below;



Each LDS will be "led" by the CCG Chief Officer who sits on the STP steering group and for Mid Mersey this will be Steve Cox. The first meeting of the Mid Mersey LDS took place on 15th March to agree the local arrangements for managing the STP process.

Each LDS has been asked by the Footprint to draft an outline "chapter" of the Cheshire and Merseyside STP by 18th March.

4. Sustainability and transformation planning – Organisational Plans

Each individual NHS provider organisation is also required to submit its own STP by 30th June, which is consistent with the wider "Footprint" STP Plan and the LDS plan.

Some guidance has been issued setting out the issues that Provider STP plans must address, and from this a template for the Trusts STP has been developed (appendix 2).

Final comprehensive guidance on the required content and format of STPs is still to be published by the tri-partite NHS leadership bodies (if the guidance has been published before the date of the Board meeting a verbal update will be provided). There is an indication that an outline STP will be required from all NHS Trusts and Foundation Trusts by 15th April, for submission to NHSI.

Clearly, there is a significant challenge to develop plans in this ambitious time scale, in parallel, for all three tiers of STP, and this will require substantial input and resource allocation from the Trust.

The Trusts full engagement in this process is important as it will influence access to sustainability and transformation funding to the Trust and the wider health economy in future years, and this will be the major source of new monies for the NHS in the period to the next general election. The Trusts allocation of £10.1m from the sustainability and transformation fund in 2016/17 is a one off allocation aimed at returning the provider sector to financial balance. From 2017/8 the sustainability and transformation fund will be used to support the delivery of STPs and be allocated via commissioners.

5. Recommendations

c) The Board notes the Cheshire and Merseyside STP structures and emerging governance arrangements.
d) Further monthly progress reports will be made to the Board to provide assurance on the development of the Trusts STP and involvement

ENDS

Appendix 1

Cheshire & Merseyside Sustainability & Transformation Plan

Principles for working together

1) All organisations will work collectively and positively towards developing an overarching plan, with a shared ambition to improve the health & wellbeing of the people of Cheshire & Merseyside.

2) System Leaders will work together to take a population based approach to reducing Inequality, improve patient outcomes & experience, quality & safety of care, and improve system productivity & efficiency.

3) The diversity of Cheshire & Merseyside should be treated as a unique strength and an opportunity to share and learn from each other.

4) Local Delivery Systems (LDS) will be empowered and supported to deliver the best transformational change for their local population constrained neither by organizational, geographical or artificial planning boundaries.
.
5). Responsibility for delivery of the plans will be at each LDS and appropriate governance arrangements to ensure this will be established

6). All Local Delivery Systems will be expected to operate within existing recurrent allocations and achieve sustainability by 2021.

7) Each LDS will identify areas it considers most suitable for developing and implementing on a Cheshire & Merseyside Footprint. These will be aggregated as themes to form part of the STP.

8). Each LDS / STP theme will identify the transformation resources required to deliver sustainability for the future, taking due account of the three key STP gaps: (health & wellbeing, care & quality and finance & efficiency)

9) All partners will contribute to establishing a robust governance structure that supports a population based approach, and delivers at speed, balancing the needs of individual LDS with the wider interests of the NHS.

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Implementing the Five Year Forward View – Supporting providers to deliver

1. Introduction

Published on 11th February as part of the suite of guidance to support operational planning for 2016/17, this document sets out the task facing NHS Improvement as the new regulator and all NHS provider organisations for the next 5 years.

"The provider task to 2020 is delivering outstanding quality of patient care, NHS Constitution access standards and financial balance, eliminating unwarranted variation across all these areas, while also making the transformation that is needed to ensure long term sustainability. This requires providers to increase their capability by improving leadership and engaging staff fully to maximise their contribution, as well as improving technology, innovation and research. We will not achieve this by individual organisations working in isolation – it is best delivered by working collaboratively in partnership across local health and care economies and with other providers"

This document, although not explicitly presented in these terms, details all the "tasks and expectations" that provider organisations need to plan to address in their five year Sustainability and Transformation Plans (STP) that have to be submitted by 30th June 2016, and come into effect from 1st October 2016.

The document states that Trust Boards should set local organisational and system priorities within the framework of requirements set out in the guidance.

2. Delivering Value – Quality

a. CQC Ratings

The majority of providers to have achieved or maintained an Outstanding or Good ratings by 2020.

b. Eliminating Unwarranted Variation

The clinical priorities are to eliminate variations in care for;

- Cancer Care
- Mental health
- Maternity services
- Dementia Care

- Urgent and emergency care

c. Improving Patient Safety

- Engagement with nationwide system of patient safety Collaboratives, in the Academic Health Science networks
- Participation in the “Sign up to safety” campaign
- Adopt the national methodology for reviewing and reporting avoidable mortality (guidance not yet published)

d. Seven-day services

- Providers should have plans for full implementation of all the NHSE seven day standards by 2020.
- Plan for the roll out of the four “priority clinical standards” in all specialities during 2016/17.
- 50% of acute Trusts expected to have achieved full implementation by March 2018.

3. Delivering Value – Access Standards

a. Deliver improvement trajectories in 2016/17 to achieve the access targets by the end of the year

b. Set out plans for how the targets will be maintained

- Effective demand and capacity planning
- Better use of data, including data quality
- Enhanced operational management and coordination within providers and across local systems
- Referral management and implementation of patient choice

4. Delivering Value – Finances and Efficiency

a. Delivering financial balance in 2016/17

- Return to financial balance without compromising patient care
- Achieve the Trust control total outturn for 2016/17

b. Temporary staff

- Achieve the agency nursing spending cap
- Adhere to the nationally set agency rates for temporary staff
- Only use agencies on approved frameworks
- Comply with controls on the use of consultancy and VSM pay

c. Efficiency, productivity and the Carter Review

- Increase workforce productivity through more efficient deployment of staff and reduction in temporary staff costs
- Realise savings through better procurement practice
- Generate savings by more efficient clinical support services; pharmacy, pathology and Imaging services
- Improve the management of estates and facilities

d. Estates

Plan to consolidate healthcare in the highest quality NHS estate;

- Co-locate primary and secondary care where possible
- Run the estate more efficiently and maximise its value
- Transform the use or disposal of surplus estate and make a contribution to increasing housing stock for NHS staff or for the wider population

5. Transformation and Sustainability

a. Working across local health and care systems

Work with partners to develop a STP for the whole health and local care system, that creates long term stability and sustainability

b. The new care models programme

Set out the Trusts response to the three drivers in the FYFV to rapidly move to new models of care;

- Vertical integration of acute, community and primary care services across local health economies
- Horizontal integration through chains, networks and joint ventures
- Systematic improvement of patient pathways using formal improvement methodologies

c. Service reconfiguration

- Set out plans for service or organisational reconfiguration where this is necessary to achieve long term sustainability in the local health economy.

- Including plans for substantial and effective community and stakeholder engagement.

d. Prevention

- How the provider can support the wider health economy initiatives for prevention, early intervention and tackling health inequalities
- Plans for a progressive and proactive approach to the health and wellbeing of staff

6. Building capacity – workforce and leadership

a. Recruit retain and develop the right workforce

Outline plans to maximise the contribution of the entire workforce to implement the new models of care, taking a strategic, holistic and sophisticated view of staffing.

b. Future workforce

Detail how the Trust workforce will need to change to deliver the STP. Set out the plans for how this change will be achieved.

c. Workforce health and productivity

- Outline plans to improve staff engagement, satisfaction, learning and innovation.
- Plans to reduce sickness absence, to improve workflow and productivity.

d. Equality and diversity

- Plans to tackle discrimination to improve patient care
- Leadership of NHS organisations should more closely resemble the communities they serve
- Provider Boards to be diverse across gender, ethnicity and other key characteristics
- Demonstrate an understanding of the different equality and diversity needs of different employees e.g. the aging workforce

e. Developing leadership and management

Outline the plans to achieve the right levels of leadership and management capacity and capability, within the Trust and to support the wider local health and care system to deliver the STP

7. Building capability – technology, innovation and research

a. Technology, data and a paperless NHS

- Plans to be able to seamlessly interface with other parts of the local health and care system
- Improved flow of real time information to improve the flow of patients through the system
- Increased automation of routine tasks
- Complete and up to date electronic patient records accompanying patients around the health and care system
- Patients able to book services and order prescriptions on line
- Appointments available via video links, email or teleconference
- Use of portable devices and apps in community and maternity services to support mobile working
- Patient supported to use apps that help monitor and manage conditions

b. Speeding up research and innovation

- Define the Trusts role and ambitions in science, education and training, and research and innovation.
- Describe how the Trust will work with the local academic health science network

8. Supporting providers to deliver – the role of NHS Improvement

There is a further section in “Implementing the forward view” which sets out the future role of NHS Improvement in regulating NHS Trusts and Foundation Trusts. There is no distinction drawn in this document between the approach that will be adopted for Foundation Trusts and Non-Foundation Trusts

The purpose of NHSI is better health, transformed care delivery and sustainable finances, by supporting providers to deliver, by;

a. System level support
b. A new dialogue
c. Developing the right relationships
d. A single definition of success
e. Autonomy for good performers
f. Supporting leaders and rapidly spreading good practice

ENDS

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHSTB(16)24(b)

Title of paper: 2016/17 Operational Plan

Purpose: For the Trust Board to approve the final Operational Plan submission covering the financial, activity, performance, quality and workforce plans for 2016/17

Summary:

As part of the 2016/17 Shared Planning Guidance "Delivering the Five Year Forward View" all NHS provider organisations are required to submit detailed 12 month plans to their regulator. The draft operational plan was submitted in February and submission deadline for the final Board approved plan is11th April.

The plan consists of a number of submissions, detailing the financial, activity, quality, performance and workforce plans of the Trust for the 12 months to March 2017. In addition each provider is required to submit a supporting narrative plan detailing how all the elements are internally consistent, providing assurance of robust delivery systems and how any risks to delivery will be mitigated.

The Trust has received a number of queries and formal feedback from the NHSTDA on the draft plan submission and has also had in-depth scrutiny of the capacity and demand modelling and CIP planning processes by the NHSTDA Development and Delivery Team. The Trust has been able to respond to all the queries and has received positive feedback on the quality of the draft plan and the robustness of the planning processes. All feedback has been taken account of or addressed in the final submission.

The key assumptions used for the final 2016/17 plan are;

- Average activity growth of 3.5% over 2015/16 outturn
- 18 week and cancer RTT pathways access targets will be achieved
- The A&E four hour access target will be achieved by March 2017, assuming attendances and NEL activity growth does not exceed plan
- The Trust will receive in full the £10.1m Sustainability and Transformation (S&T) funding
- The Trust will meet the S&T fund conditions
- A CIP of 4.5% £15.2m
- Capital programme of £5.6m
- National and locally agreed CQUIN targets will be delivered
- National quality targets and locally agreed quality improvement plans will be delivered
- Inflation 3.1%

The narrative Operational Plan is appended for approval.

As contract negotiations have not yet been fully concluded and further national guidance may impact on the S&T funding conditions. To ensure that the final submitted plans reflect the latest agreed position delegated authority is requested to make any minor technical amendments to the plan and the data submissions before the 11th April.

Material changes to the plan would be agreed in with the Chairman and if necessary an extraordinary Finance and Performance Committee meeting.

Corporate objectives met or risks addressed:

Objective

To deliver a sustainable and efficient organisation

Risks

1. Activity growth exceeds plan
2. Failure to deliver operational performance/achievement of access targets or improvement trajectories
3. Unable to reduce agency costs
4. Non achievement of CIP
5. Failure to deliver quality improvement targets
6. Health economy financial sustainability and cash position

Financial implications: 2016/17income and expenditure plans

Stakeholders: NHSTDA (NHS Improvement from 1st April), Commissioners, Cheshire and Merseyside STP Footprint.

Recommendation(s): Members are asked to approve:

1. The 2016/17 Operational Plan
2. Delegate authority to the CEO and DoF to make any minor changes to reflect the outcome of contract negotiations or national guidance before the submission deadline

Presenting officer: Nik Khashu, Director of Finance and Information

Date of meeting: 30th March 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

2016/17 Narrative Operational Plan

Final Submission - 11th April 2016

Draft 1(24/03/16)

(Subject to amendment and updating in light of the final contract negotiations, further guidance or feedback from the NHSTDA and completion of the detailed submission templates – with changes to be approved by the CEO and DoF)

Section 1 - Activity Planning

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

- the demand and capacity approach for 2016/17

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

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

The majority of the Trusts Commissioners have not engaged in any joint demand modelling with the Trust and continue to seek to agree 0% growth for the 2016/7 contract compared to 2016/17 outturn (except Halton CCG which is has agreed to 2% activity growth). The Commissioners are facing considerable financial constraints and this is the key driver of their activity targets.

Whilst the majority of the Trusts clinical income is covered by PbR and it will therefore be paid for all activity undertaken, it would prefer to reach a position with the Commissioners where the level of activity commissioned is a realistic reflection of the increased demand that the Trust is likely to have to respond to. Discussions with Commissioners are on-going and the Trust wants to continue working with all parts of the health economy, via the mediation and arbitration processes if necessary, to agree how the health needs of the local population will be met.

(Subject to final verification prior to submission)

Activity Type	Growth in 2015/16 (to month 11) compared to (month 11) 2014/15	Demand Modelling 2016/17 activity predictions
A&E Attendances	2.8%	2.2%
Outpatients Referrals	7.3%	4.7%
Non Elective	3.0%	2.2%
Elective	3.0%	2.5%
Day case	11.8%	6.3%

In recent years the Trust has experienced differential rates of activity growth from different CCGs, as illustrated in the table below;

All referrals to all	2014 -15	2015-16	% Variance

clinics	(Apr – Jan)	(Apr – Jan)	(Apr – Jan)
St Helens CCG	50,101	52,159	4.1%
Halton CCG	16,403	17,461	6.5%
Knowsley CCG	22,748	23,484	3.2%
Liverpool CCG	5,620	6,165	9.7%
Other CCGs	10,365	12,139	17.1%
Total	**105,237**	**111,408**	**5.9%**

In order to be both efficient and productive the Trust needs to be able to plan and prepare to deliver a realistic level of activity, and has therefore set an opening budget based on PbR income from an aggregated 3.5% growth in activity, across all PODs and all commissioners. Further detail of the financial impact and risk is provided in section 4.

From the demand modelling the Trust has developed capacity plans which factor the capacity required for outpatient clinics, theatre sessions, beds and staff throughout the year. There are a number of internal moves, increased planned working in the evenings and weekends and efficiencies (e.g. LoS reductions) that will enable the Trust to create sufficient capacity, assuming activity growth does not exceed plan. The Trust is confident that in the majority of specialities it has or will be able to recruit the staff needed to deliver the activity plan, and the principle limiting factor will be bed availability, but as detailed in section 1.3 it is also exploring other options to access additional NHS capacity.

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

Trust and lead Commissioner representatives attended the capacity and demand modelling workshops provided by Monitor, and these techniques have been applied to the demand and capacity modelling undertaken by the Trust. The Trusts predictions of demand have been shared with Commissioners during the contract negotiations.

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

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

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

The Trust has reviewed its demand modelling assumptions in light of the predicted impact of the known Commissioner Better Care Fund (BCF) and referral management schemes, and also how the planned elective programme could be impacted by NEL pressures if demand increases by more than 2.2**%.**

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

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

The Trust is not planning to utilise private sector capacity to deliver activity and maintain access standards. It is however in negotiation with neighbouring Trusts to utilise capacity on other sites to deliver the activity plans. Increased pooling of resources to increase overall capacity and utilisation across the Mid Mersey segment will be part of the STP discussions going forward.

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

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

Cancer 62 day

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

Referral to Treatment (RTT)

Whilst the Trust has achieved the 92% incomplete RTT standard in previous years, this has not always been delivered with maximum efficiency. Significant year on year growth, beyond commissioned and planned levels, has resulted in extensive utilisation of premium cost sessions and the utilisation of locum staff whilst the additional permanent staff capacity required to deliver the increased activity are recruited.

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

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

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

The Trust is aware of the St Helens CCGs plans for financial recovery which includes consideration of RTT performance levels. The Trust is working with the CCG to model the potential financial impact and risks to breaching this constitutional standard.

Emergency Access standard

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

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

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

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

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

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

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

1. A&E attendances do not increase by more than 2.2% in 2016/17
2. Type 3 activity undertaken in the health economy as part of the integrated urgent care system can be included in the calculation and reporting of the Trusts performance level

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

Diagnostics

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

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

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

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

Insert details of final agreed plans.

In recent years the Trust has experienced most growth in A&E attendances and NEL admissions for residents of Halton and Liverpool CCGs, and discussions regarding a longer term coordinated winter

resilience plan for the whole urgent care network in Merseyside and Cheshire are a key priority for five year STP.

1.6 Arrangements for managing unplanned changes in demand.

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

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

Section 2 - Quality Planning

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

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

2.2 Performance against the 2015/16 quality goals.

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

2015/16 Progress in achieving quality goals

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

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

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

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

The action plan to address these actions was submitted to the CQC on 18th February 2016. Three of the actions (iii, iv & v) have already been addressed. There is a full action plan including external peer review and OD support to facilitate improvements in the maternity service, which was the only core service rated as Requires Improvement. An action plan to improve urgent and emergency care access has been agreed by the Mid-Mersey SRG. The Trust and local health economy partners are also embarking upon the Regional Tripartite – Improvement Programme with a rapid improvement event scheduled to take place in April (as detailed in section 1.4)

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

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

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

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

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

The Trust is finalising its plans in response to the recent CQC report to develop a Midwifery Led Unit within the Maternity service. These plans are being validated by external experts and will be implemented during 2016/17, which will involve the development of a new care pathway, physical alteration to the current accommodation and considerable cultural change for the service.

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

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

The CIP plans for 2016/17 and process for QIA have recently been reviewed by the NHSTDA as part of its operational planning scrutiny and assurance processes.

2.5 Annual publication of avoidable deaths

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

2.6 Quality improvement governance systems

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

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

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

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

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

2.7 Executive lead for quality

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

2.8 Quality improvement priorities for 2016/17

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

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

2.9 Top three risks to quality, and plans for mitigation

See section 2.4

Other operational and quality risks for 2016/17 are;

- Continued increases in NEL demand putting further pressure on A&E and inpatient capacity,
- The ability to maintain safe staffing and recruiting to hard to fill posts, whilst containing costs and reducing the need for agency and locum staff

- Maintaining access targets for cancer and RTT, if referrals continue to increase and pressure put on elective services by NEL demand.
- Meeting the conditions to access the sustainability and transformation funding allocated to the Trust for 2016/17
- Achieving the expenditure ceiling for agency/locum staff compared to 2015/16

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

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

2.10 How quality improvement is "Well-led"

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

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

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

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

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

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

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

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

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

The priorities for 2016/17 are;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.18 In-year monitoring of QIA.

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

2.19 Triangulation of quality indicators

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

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

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

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

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

2.20 The key indicators

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

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

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

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

Section 3 - Workforce Planning

3.1 Approach to workforce planning with clinical engagement

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

The Trust uses a six step methodology to ensure:

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

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

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

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

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

Financial Year	Baseline	Planned Staff in Post											
Staff Group(s)	WTE Planned Staff in post 2015/16 As at 31st Mar-16	WTE Apr-16	WTE May-16	WTE Jun-16	WTE Jul-16	WTE Aug-16	WTE Sep-16	WTE Oct-16	WTE Nov-16	WTE Dec-16	WTE Jan-17	WTE Feb-17	WTE Mar-17	WTE 2016/17 As at 31st Mar-17
1.Total WTE	**4390.96**	**4390.96**	**4390.96**	**4390.96**	**4390.96**	**4390.96**	**4447.28**	**4452.28**	**4457.28**	**4462.28**	**4468.28**	**4475.28**	**4541.24**	**4,541.24**
1.1 Bank	115.40	115.40	115.40	115.40	115.40	115.40	106.56	106.56	106.56	106.56	106.56	106.56	107.53	107.53
1.2 Agency staff (including, Agency, Contract and Locum)	23.65	23.65	23.65	23.65	23.65	23.65	23.89	23.89	23.89	23.89	23.89	23.89	24.12	24.12
Substantive WTE	**4251.91**	**4251.91**	**4251.91**	**4251.91**	**4251.91**	**4251.91**	**4316.83**	**4321.83**	**4326.83**	**4331.83**	**4337.83**	**4344.83**	**4409.59**	**4,409.59**
1.3 Total Non Medical -Clinical Staff	3258.06	3258.06	3258.06	3258.06	3258.06	3258.06	3305.57	3310.57	3315.57	3320.57	3326.57	3333.57	3380.93	3,380.93
1.4 Total Non Medical- Non-Clinical Staff	447.04	447.04	447.04	447.04	447.04	447.04	454.86	454.86	454.86	454.86	454.86	454.86	462.69	462.69
1.5 Total Medical and Dental Staff	546.81	546.81	546.81	546.81	546.81	546.81	556.40	556.40	556.40	556.40	556.40	556.40	565.97	565.97

The Trust has recruited over 50 qualified nurses from overseas and a number of provisional offers to newly qualified nurses and others returning to nursing, following major recruitment drive. These staff will start working at the Trust from July 2016, but will need to undergo preceptorship and induction before they can take up substantive roles. This means that during 2016/17 there will be a continued use of bank and agency nursing staff, which will be managed within the agency cost rules.

3.2 Governance process for board approval of workforce plans

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

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

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

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

3.4 Workforce transformation programmes and productivity schemes

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

3.5 Use of e rostering

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

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

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

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

3.6 Workforce efficiency and productivity opportunities

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

- Performance management of e-rostering KPIs to optimise the planning of e.g. annual leave and better forward planning of unused hours
- Review the demand and supply of additional nursing hours, particularly with respect to 1 to1 specialing care
- Re-launch of back to basics for Attendance Management with line management re-fresher training and bespoke action plans where improvements required
- Adherence to agency caps and off framework guidance
- International recruitment campaign for qualified nurses in 2016/17 to fill gaps in recruitment plans
- Retention of strict vacancy authorisation controls
- Develop a Trust return to practice programme as part of the Trusts Recruitment & Retention plans
- Refresh the Trusts volunteer strategy to include increasing the number of volunteers and the range of activities supported
- Review forecasted retirement aligned to the Trusts flexible retirement policy to maximise retention rates of experienced staff
- Review of bank rates of pay
- Review of all premium payments including financial controls
- Implement paperless e-bank time sheets
- Carry out re-fresh of medical workforce job plans as part of move to e-job plans
- Explore opportunities for expanding the Trusts ability to offer shared services to other NHS organisations, e.g. Payroll, ESR, Health Work and Well Being (HWWB)
- Implementation of the PA Consulting review of back office functions

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

3.7 Alignment with Local Education and Training Board plans

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

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

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

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

- Workforce Planning
- Recruitment & Selection
- Turnover
- Attendance Management process adherence - number of staff on stages & levels
- Disciplinary, grievances and capability cases, including suspensions
- Respect at work cases

- Speaking out safely
- Equality & diversity monitoring
- Mandatory training
- Appraisals & PDPs
- Bank & agency usage with reasons & costs
- Staff engagement including delivery of the staff survey action plan

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

Principle risks for the workforce include;

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

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

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

3.10 New workforce initiatives agreed with partners

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

The Trust's Leader Employer service hosts the Physicians Associate roles on behalf of the Health Education England North West team, to explore the introduction of Physicians Associate (PA) roles to support the Medical workforce in addressing a predicted national shortfall of Junior Doctors. Acting as the host employer for the PA programme places the Trust at the forefront of this workforce initiative.

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

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

3.11 Systems to regularly review and address workforce risk areas.

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

Section 4 - Financial Planning

4.1 Financial Strategy 2016/17.

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

This will be achieved by:-

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

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

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

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

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

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

Key elements of the financial plans are to:-

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

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

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

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

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

The Trust is adopting the national planning guidance assumptions:

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

4.2 2015/16 Forecast Outturn

The Trust originally set a plan for 2015/16, for a deficit of £9.8m, which was revised through a stretch target of £3.143m.

The revised plan was for £6.647m deficit which 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)

In month 10 the Trust reported to the NHSTDA that the stretch target could not be delivered because no additional winter resilience funding was allocated to CCGs and additional penalties had been incurred as a result of increasing A&E activity and the impact on performance.

The Trust has agreed a year end position with its commissioners which means it will deliver the original deficit plan for 2015/16 of £9.8m.

4.3 Draft 2016/17 Financial Plan

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

- deficit reduction;
- improving performance against the A&E four hour access standard;
- progress on transformation
- compliance with the agency spend controls guidance

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

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

		Income	Expenditure	EBITDA	ITDA	Net S/(D)	Technical	Final Annual Plan Adj S / (D)	*Draft Plan 8th Feb Adj S / (D)*	*Budget impact*
1	**2015/16 M12 Outturn as at Month 11**	**312.611**	**-297.989**	**14.622**	**-19.814**	**-5.192**	**-4.598**	**-9.790**	*-9.790*	
2	Impact of Non-Recurrent CIP in 2015/16		-2.727					**-2.727**	*-2.384*	*0.343*
3	16/17 Tariff Inflation	2.835						**2.835**	*2.835*	
4	16/17 National cost pressures		-9.222					**-9.222**	*-9.222*	
5	16/17 PFI inflation	0.210						**0.210**	*0.210*	
6	3.5% Indicative Growth	9.083	-6.358					**2.725**	*1.515*	*-1.209*
7	Executive Contingency		-1.000					**-1.000**	*-1.000*	
8	Cost Pressures		-2.000					**-2.000**	*-2.000*	
9	Technical Accounting adjustment				-5.031		4.705	**-0.326**	*-0.326*	
	Adj Surplus / (Deficit)	**324.738**	**-319.295**	**5.443**	***-24.845***	**-19.402**	*0.107*	**-19.295**	*-20.161*	***-0.866***
	S & T Funding *(per letter from NHSI 15/01/16)*	*10.100*						***10.100***	*10.100*	
	Adj Surplus / (Deficit)	**334.838**	**-319.295**	**15.543**	***-24.845***	**-9.302**	*0.107*	**-9.195**	*-10.061*	***-0.866***
10	16/17 CIP at 3.74%		12.523					**12.523**	*13.389*	*0.866*
	Annual Plan 2016/17 (£3.3m surplus)	**334.838**	**-306.772**	**28.066**	***-24.845***	**3.221**	*0.107*	**3.328**	*3.328*	
	Total CIP including contribution from income growth							***15.248***	*14.904*	

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

There are several key assumptions which underpin this bridge, including:

- Activity growth is estimated at 3.5%, based on the demand and capacity modelling
- Additional winter funding of £0.6m for 2016/17
- Budget cost pressures of £2.0m

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

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

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

4.5 Income and expenditure

Income for 2016/17 is £12.1m more than the forecast outturn for 2015/16, £22.2m higher including the Sustainability &Transformation funding.

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

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

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

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

The Trust's expenditure budgets in 2016/17 are planned to increase by £8.8m compared to the forecast outturn in 2015/16.

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

The Trust has planned for cost pressures of 3.1% in line with the planning guidance issued by the TDA.

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

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

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

*based on original plan

Balance Sheet

As a result of the annual plan, the level of loans has increased by £3.8m, of which £2.2m relates to an approved Salix Capital scheme for combined heat and power, which will derive future efficiencies in energy usage. The Salix loan is a non-interest bearing loan over four years.

Income & Expenditure

For 2016/17 the indicative income budget is £334.8m including £10.1m of S&T funding with an expenditure budget of £306.8m. This would deliver a planned surplus of £3.3m.

Cash

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

4.7 Efficiency Opportunities for 2016/17

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

4.8 Lord Carter's provider productivity work programme

The interim Carter information for the Trust identified circa £19m of potential savings over a three year period, with nearly £15m of these being aligned to 10 specialities. The Trusts headline ATC was £0.97,

which means that the Trust is approximately 3 pence less expensive per £1 of national cost weighted output (CWO) - how much it would have cost to perform the same amount of output at the national mean price.

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

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

Other Trust Wide Initiatives

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

4.9 Agency rules

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

4.10 Procurement

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

4.11 Capital planning

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

The indicative capital budget for 2016/17 is £5.567m, comprising:

PFI related Capital (major equipment replacement)	£1.394m
Combined Heat and Power scheme	£2.173m (funded by interest free loan)
Minor equipment replacement and IT	£2.000m

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

Section 5 - Sustainability and Transformation Planning

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

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

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

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

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

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

The Trust is already working with a variety of local partners and local commissioners to develop and agree alternative clinical models for;

- Stroke services
- Frailty pathways, including outreach services
- Urgent and emergency care services
- Breast services
- Children's and maternity services
- Nursing and care home support
- Diagnostics and clinical support services

Section 6 - Membership and elections (Foundation Trusts only)

The trust is not required to complete this section.

ENDS

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)025

Title of paper: Corporate Risk Register (CRR) report

Purpose: To provide assurance to the Board that the Trusts risk management and escalation process is operating effectively and that operational risks are being identified and managed in line with the Boards risk appetite.

Summary:

The Executive Committee has reviewed the report from the Risk Management Council (RMC) and can confirm that:

- All risks have been identified and reported
- All risks have been scored in accordance with the Trusts risk grading matrix
- Risks scoring 15 or above have been escalated and reviewed by the appropriate Executive Director, who has approved the planned mitigations and action plan
- Risks are reviewed on a regular basis and the action plans are being delivered and are having the required impact on the level of risk
- The level of risk appetite (target risk score) is realistic and achievable given the mitigations/ actions being proposed

This report is based on Datix information at 2nd March 2016 and shows that:

- The total number of risks on the risk register is **589**
- There are **16** high/ extreme risks that have been escalated to the CRR; 7 in the Medical Care Group, 0 in the Surgical Care Group, 1 in Clinical Support and 8 in Corporate Services (4 for IT, 3 for HR and 1 for Finance)
- **7** of the risks on the CRR relate to staffing

The Executive Committee have asked the RMC to:

- Ensure that the number of outstanding risk reviews is substantially reduced
- Ask each Lead Director to review the wording of the CRR risks to ensure they accurately reflect the risk the Trust is facing
- Review the CRR following approval of the Trust objectives for 2016/17.

Corporate objectives met or risks addressed: The effective identification, escalation and management of risks to the delivery of services and the Trusts annual plan.

Financial implications: None arising directly from this report.

Stakeholders: Trust Board, Risk Management Council.

Recommendation(s): Members are asked to confirm their assurance that risk management processes are being effectively operated.
Presenting officer: Sue Redfern, Director of Nursing, Midwifery & Governance.
Date of meeting: 30th March 2016.

CORPORATE RISK REGISTER REPORT

1. Purpose

1.1. The purpose of this report is to provide an overview of the risks currently being managed by the Trust and those high/extreme risks that have been escalated to the Corporate Risk Register (CRR).

1.2. This report is based on DATIX data extracted on 2nd March 2016, and reflects all the risks reported during February and reviewed by the Risk Management Council and Executive Committee at meetings in March.

2. Risk Register Summary for the Reporting Period

RISK REGISTER	Current Reporting Period 02.03.16	Previous Reporting Period 01.02.16	Previous Reporting Period 04.01.16
Number of new risks reported	13	23	12
Number of risks closed or removed	7	10	43
Number of increased risk scores	2	12	7
Number of decreased risk scores	3	8	8
Number of risks overdue for review	**253**	224	-
Total Number of Datix risks	**589***	**583***	**567**

** Includes 9 risks recorded but not scored at the time of reporting*

2.1. The overall number of risks being reported has risen in the last three months.

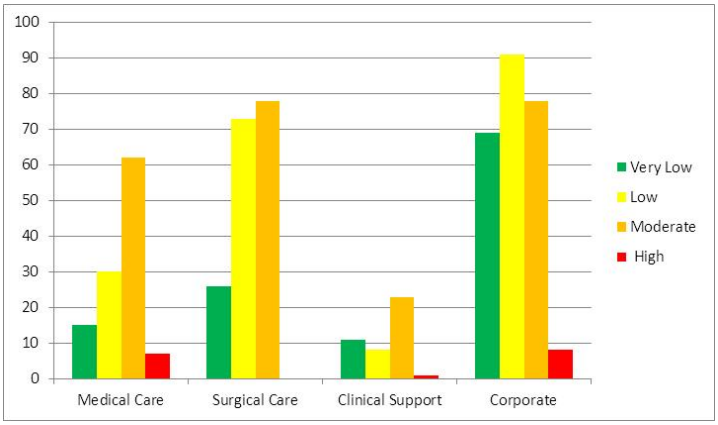
3. Trust Risk Profile

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
66	27	28	62	10	130	44	81	39	77	7	7	2	0
121 = 20.9% of total			202 = 34.8% of total			241 = 41.6% of total				16 = 2.8% of total			

** there are 9 additional new risks that have been reported but had not been graded at the time of the report. The figures in the report are therefore based on 580 risks.*

3.1. This profile indicates that the Trust is currently managing 257 moderate and high risks. The proportion of risks graded as moderate or high has increased in the last 3 months.

4. Distribution of Risk



5. The Trusts Highest Scoring Risks

5.1. Risks of 15 or above escalated to the CRR.

Medicine	Surgical	Clinical Support	Corporate

Datix Ref	Risk	Description	Risk Score I x L	Lead Exec.
Clinical Care				
1483	Risk to patient safety, quality and experience due to lack of middle grade doctors to cover middle grade rota	Risk to patient safety, quality and experience due to lack of middle grade permanent doctors to cover ED rota. Currently only has 2 permanent staff members and is staffed predominantly by locum doctors.	3 x 5 = 15	Kevin Hardy
1542	Junior Doctor Proposed Industrial Action	The Trust may be unable to provide business continuity and safe services should the proposed junior doctor industrial action take place for a 24 hour period with emergency cover only on the dates communicated by the BMA	5 x 3 = 15	Anne-Marie Stretch
Continuity of Service Delivery				
1152	Increasing use of Bank and Agency	The Trust has been experiencing an increased requirement for temporary bank and agency workers.	4 x 4 = 16	Anne-Marie Stretch
962	Capacity – includes the actual physical space on 1B to see AEC patients, GP referrals and manage trust escalation	Risk to patient safety and experience due to reduced physical / environmental capacity because of increased patient activity	3 x 5 = 15	Paul Williams
351	Failure to deliver external stakeholder expectation on the GPAU	There may not be available space on GPAU for triage of GP referred patients when GPAU is used as an escalation area	3 x 5 = 15	Sue Redfern
Finance, including achievement of CIP				
209	Failure to achieve statutory financial duties	Failure to achieve statutory financial duties	5 x 4 = 20	Nik Khashu
1431	Activity Contribution (MCG)	Financial risks associated with CIP ideas	3 x 5 = 15	Paul Williams
IT Systems or Equipment Failure				
159	Possible fragmentation of Health Informatics Services (HIS)	The partners of the HIS would like a different service provided at a reduced cost	4 x 4 = 16	Christine Walters
609	Mobile Devices	Potential lost or stolen BYOD/mobile device with access to emails and/or personal, confidential and sensitive information	4 x 4 = 16	Christine Walters
79	Missing windows patches on servers	Windows security patches are missing from some servers and PC's which could lead to remote compromise	4 x 4 = 16	Christine Walters
1237	Unencrypted USB Permitted on Trust client computers	Non-informatics and unencrypted USB drives are being permitted on the network	4 x 4 = 16	Christine Walters

Workforce Capacity or Capability				
512	Emergency Department nurse staffing levels when caring for additional specialty patients	ED congestion results in patients waiting many hours for a bed which leads to inefficiencies within the department	5 x 5 = 25	Anne-Marie Stretch
762	Staffing levels	The Trust may be unable to recruit staff (medical and AFC staff) with the knowledge, skills and experience required to provide safe effective levels of patient care	4 x 4 = 16	Anne-Marie Stretch
963	Staffing on GPAU when it remains open as escalation at the weekend	Risk to patient safety, patient experience and clinical effectiveness due to need to nurse patients on GPAU at weekends at times of escalation without any establishment in nurse staffing	4 x 4 = 16	Sue Redfern
1337	Increased acuity of patients and high demand for intravenous – ward 3D	Registered nurse numbers are depleted due to	3 x 5 = 15	Sue Redfern
1523	Reduced number of BMS staff covering CPP Out of hours rota – clinical biochemistry	Due to sickness and vacancies	3 x 5 = 15	Anne-Marie Stretch

6. Board Assurance Framework (BAF) Implications

6.1. There are no new or escalated CRR risks from February that have new implications for the BAF.

ENDS

Appendix – Corporate Risk Register

Corporate Risk Register 2 March 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD MEETING

Paper No: NHST(16)026
Title of paper: Review of the Board Assurance Framework (BAF)
Purpose: To provide assurance to the Board that the Trust's strategic risks are being identified and managed in order to safeguard achievement of the Trust's objectives.
Summary: The BAF is the mechanism used by the Trust Board to ensure it has sufficient controls in place and is receiving the appropriate level of assurance in relation to its strategic plans and key long term objectives. In line with governance best practice the BAF is reviewed by the Trust Board four times a year. The Executive Committee have reviewed the BAF and are proposing updates to the actions and controls plus a change to the scoring of Risk 3 – Sustained failure to maintain operational performance/deliver contracts. This raises the risk score to reflect the A&E access target performance and increased emergency care demand, and the additional pressure on the elective programme and the achievement of the other access standards. **Key to Changes:** ~~Score through~~ = proposed deletions Blue Text = proposed additions Red = overdue actions
Corporate objective met or risk addressed: To ensure that the Board has put in place sufficient controls to assure it that risk to the delivery of its strategic objectives can be effectively managed.
Financial implications: None arising directly from this report
Stakeholders: Trust Board, TDA, CQC, Commissioners
Recommendation(s): To approve the proposed changes to the BAF.
Presenting officer: Sue Redfern, Director of Nursing, Midwifery and Governance.
Date of meeting: 30th March 2016.

St Helens and Knowsley Teaching Hospitals NHS Trust – Board Assurance Framework

Trust Board Review – March 2016

Strategic Risks - Summary Matrix

Vision: 5 Star Patient Care

Mission: To provide high quality health services and an excellent patient experience

BAF Ref	Long term Strategic Risks	Strategic Objectives					
		We will provide services that meet the highest quality and performance standards	We will work in partnership to improve health outcomes	We will be the hospital of choice for patients	We will respond to local health needs	We will attract and develop caring highly skilled staff	We will be a sustainable and efficient Foundation Trust
1	Systemic failures in the quality of care	✓		✓	✓	✓	✓
2	Failure to agree a sustainable financial plan with commissioners	✓		✓		✓	✓
3	Sustained failure to maintain operational performance/deliver contracts	✓	✓		✓	✓	✓
4	Failure to protect the reputation of the Trust			✓			✓
5	Failure to work in partnership with stakeholders	✓	✓	✓	✓		✓
6	Failure to attract and retain staff with the skills required to deliver high quality services	✓				✓	✓
7	Major and sustained failure of essential assets, infrastructure	✓	✓	✓			✓
8	Major and sustained failure of essential IT systems	✓	✓	✓			✓

The BAF will be reviewed quarterly by the Executive Committee and the Trust Board.

Impact Score	Likelihood /probability				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible (very low)	1	2	3	4	5

Likelihood – Descriptor and definition
Almost certain - More likely to occur than not, possibly daily (>50%)
Likely - Likely to occur (21-50%)
Possible - Reasonable chance of occurring, perhaps monthly (6-20%)
Unlikely - Unlikely to occur, may occur annually (1-5%)
Rare - Will only occur in exceptional circumstances, perhaps not for years (<1%)
Impact - Descriptor and definition
Catastrophic – Serious trust wide failure possibly resulting in patient deaths / Loss of registration status/ External enquiry/ Reputation of the organisation seriously damaged- National media / Actual disruption to service delivery/ Removal of Board
Major – Significant negative change in Trust performance / Significant deterioration in financial position/ Serious reputation concerns / Potential disruption to service delivery/Conditional changes to registration status/ may be trust wide or restricted to one service
Moderate – Moderate change in Trust performance/ financial standing affected/ reputational damage likely to cause on-going concern/potential change in registration status
Minor – Small or short term performance issue/ no effect of registration status/ no persistent media interest/ transient and or slight reputational concern/little financial impact.
Negligible (very low) – No impact on Trust performance/ No financial impact/ No patient harm/ little or no media interest/ No lasting reputational damage.

BAF Ref	Risk Description	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
1	**Systemic failures in the quality of care**									
	Cause: • **Failure to deliver the Clinical and Quality Strategy** • **Failure to deliver CQUIN element of contracts** • **Patient experience indicators decline** • **Breach of CQC regulations** • **Unintended CIP impact on service quality** • **Availability of resources to deliver safe standards of care** • **Failure in operational or clinical leadership** • **Failure of systems or compliance with policies** • **Failure in the accuracy, completeness or timeliness of reporting** **Effects:** • **Poor patient experience** • **Poor clinical outcomes** • **Increase in complaints** • **Negative media coverage** **Impact:** • **Harm to patients** • **Loss of reputation** • **Loss of contracts/market share**	5x4= 20	• Quality metrics and clinical outcomes data • Safety thermometer • Quality Board Rounds • Complaints and claims • Friends and Family scores & response rates • Incident reporting • IPR monitoring • Quality Governance structure • Outcomes data • Risk Assurance and Escalation policy • Contract monitoring • CQPG meetings with lead CCG • TDA Accountability Framework • Appraisal and revalidation processes • Clinical policies and guidelines • Mandatory Training • Professional development • Lessons Learnt reviews • Clinical Audit • Quality Improvement Action Plan • Clinical Outcomes Group • Ward Quality Dashboards • CIP Risk Assessment Process • Data Quality monitoring and audit • CQC Action Plan • Medicines Optimisation Strategy	To Board; • IPR • Patient Stories • Quality Board Round reports • Quality Committee and its Councils • Audit Committee • Finance and Performance Committee • Infection control, Safeguarding, H&S, complaints, claims and incidents annual reports • Staff Survey • Nursing Strategy • Mortality Review Reports • Quality Account • Internal audit • Clinical and Quality Strategy and the Action Plan reviewed annually Other; • National clinical audit programme • TDA quality inspections and reviews • External independent reviews • PLACE Inspections • ~~CQC Intelligent Monitoring~~ Reports • CQC CIH Inspection Report	5 x2 = 10	~~CIP schemes still to be identified for a proportion of the CIP required in 2015/16~~ ~~Additional CIP identified as part of the financial challenge stretch target plan to be Quality Impact Assessed.~~	~~CQC Report action plan to address any areas of concern in the final report~~ ~~Falls review and action plan~~ Maternity Service Independent Peer Review report	Development of a new Complaints Management system and performance monitoring - October 2015 Achievement of complaints response times targets for 2015/16 Delivery of the CQC Action Plan (December 2016) Preparation for the CQC re-inspection of areas rated as requires improvement (June 2016) Assessment of weekend mortality (May 2016)	5 x 1 = 5	KH/ SR

BAF Ref	Risk Description	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
2	**Failure to agree a sustainable financial plan with commissioners**									
	Cause; • **Failure to achieve the Trusts statutory breakeven duty** • **Failure to develop a strategy for sustainable healthcare delivery with partners and stakeholders** • **Failure to delivery LTFM, including growth and CIP** • **Failure to control costs** • **Failure to implement transformational change at sufficient pace** • **Failure to meet the TDA 4 tests and secure national PFI support** • **Failure to respond to commissioner requirements** • **Failure to respond to emerging market conditions** **Effects;** • **Failure to meet statutory duties** • **TDA Escalation status increases** • **Failure to progress FT application** **Impact;** • **Unable to deliver viable services** • **Loss of market share** • **External intervention**	5 x 5 = 25	• IBP/LTFM • Business Planning • Budget setting • CIP plans and assurances processes • Monthly financial reporting • Service line reporting • 5 year capital programme • Productivity and efficiency benchmarking (ref costs, Carter Review) • Contract monitoring and reporting • Contract review Board and CQPG • Activity planning and profiling • IPR • TDA monthly monitoring submissions • GP Engagement and Marketing • ~~Appointment of a Turnaround Director~~ • Creation of a PMO to support delivery of CIP and service transformation • Signed Contracts with all Commissioners • Application of agency caps	To Board; • Finance and Performance Committee • Annual financial plan • Finance report • IPR • Statement of Internal Control • Annual Accounts • Audit Committee • Grant Thornton CIP Review and Report • SLM Reporting and commercial assessment matrix • Medicine Redesign Impact and progress Report. Other; • TDA Operational Plan • TDA revised plan submission 09/15 • TDA Accountability Framework • Contract Monitoring Board	5 x 4 =20	Agree a shared health economy financial and sustainability strategy ~~Development of shared health economy downside scenario/plan B for 2015/16~~ ~~Preparation for 2016/17 contract negotiations~~ Develop 2016 - 19 detailed CIP plans Agreement of a financial recovery plan as part of 2016/17 Sustainability and Transformation fund acceptance	Commissioner engagement in joint long term financial modelling and planning ~~Identification of schemes to deliver outstanding CIP gap for 2015/16 and assurance on delivery of high risk schemes~~. Resolution of all financial disputes with Bridgewater NHSFT Establishment of Merseyside and Cheshire structure and governance for agreeing the 5 year Sustainability and Transformation Plan (STP) 2016 - 2021	~~Gain agreement to establish a health economy turnaround /sustainability group~~ ~~Agree revised long term sustainability strategy and renew the IBP/LTFM~~ Agree a STP for the Trust and with the STP footprint (June 2016) St Helens CCG long term estate utilisation and efficiency plan – to identify health economy savings plans (On-going) ~~Urgent Care Network proposals for Mid – Mersey (work to continue following unsuccessful vanguard application~~) ~~FYFV Vanguard application re Acute Care Collaborations – awaiting outcome~~ Delivery of the 60 day challenge to achieve the 2015/16 planned financial outturn Negotiation of contracts for 2016/17 that support sustainability and financial recovery (March 2016)	4 x3 = 12	NK

BAF Ref	Risk Description	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
3	**Sustained failure to maintain operational performance/deliver contracts**									
	Cause; • **Failure to deliver against national performance targets (ED, RTT, Cancer etc)** • **Failure to reduce LoS** • **Failure to meet activity targets** • **Failures in data recording or reporting** **Effects;** • **Reduced patient experience** • **Poor quality and timeliness of care leading to poorer outcomes** • **Failure of KPIs and self-certification returns** • **Increases in staff workload/stress** **Impact;** • **Potential patient harm** • **Loss of reputation** • **Loss of market share/contracts** • **External intervention**	~~4 x 4 = 16~~	• Care group activity profiles and work plans • Winter Plan • Care Group Performance Monitoring Meetings • Team to Team Meetings • ED RCA process for breaches • Exec Team weekly performance monitoring • Waiting list management and breach alert system • ECIST review of A&E performance • A&E Recovery Plan • Capacity and Utilisation plans • CQUIN Delivery Plans • Capacity and demand modelling • Membership of CCG System Resilience Groups • Internal Urgent Care Action Group (UCAG)	To Board; • Finance and Performance Committee • IPR • Winter Plan • Annual Operational Plan • TDA Annual Operational Plan Other; • Contract review meetings/CQPG • TDA monitoring and escalation returns/sitreps • CCG CEO Meetings	~~4 x 3 = 12~~ ~~4x4 = 16~~	Mid-Mersey SRG Emergency Access Target action plan for the CQC Speciality level capacity and demand delivery plans for 2016/17	Long term health economy emergency access resilience and urgent care services plans	~~Delivery and evaluating the impact of the UCAG action plan;~~ Benefits realisation from the A&E Turnaround programme (April 2016) Agreement of A&E improvement trajectory for 2016/17 with Commissioners ~~Agreed Trust winter plan for 2015/16~~ ~~Approved SRG' Capacity and Resilience Plans for 2015/16~~	4 x 3 = 12	PJW

BAF Ref	Risk Description	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
4	**Failure to protect the reputation of the Trust**									
	Cause; • **Failure to respond to stakeholders e.g. Media** • **Single incident of poor care** • **Deteriorating operational performance** • **Failure to promote successes and achievements** • **Failure of staff engagement and involvement** • **Failure to maintain CQC registration/Good Rating** • **Failure to report correct or timely information** **Effect;** • **Loss of market share/contracts** • **Loss of income** • **Loss of patient/public confidence and community support** • **Inability to recruit skilled staff** • **Increased external scrutiny/review** • **Delay in FT application timetable** **Impact;** • **Reduced financial viability and sustainability** • **Reduced service safety and sustainability** • **Reduced operational performance** • **Increased intervention**	4 x 4 = 16	• Communication and Engagement Strategy • Communications and Engagement Action Plan • Membership Strategy • Workforce Strategy • Communications/ Media Relations Department • Complaints and legal Department • Publicity and marketing activity • Patient Involvement Feedback • Health Watch • Annual Board effectiveness assessment and action plan • Board development programme • Internal audit • Data Quality • Scheme of delegation for external reporting • Social Media Policy • Approval scheme for external communication/ reports and information submissions • Well Led framework self-assessment and action plan • NED internal and external engagement programme • Trust internet and social media monitoring and usage reports	To Board; • Quality Committee • Audit Committee • Communications and Engagement Strategy • IPR • Staff Survey • Complaints reports • Friends and Family • Staff F&F Test • ~~Net promoter scores~~ • PLACE Survey • National Cancer Survey • Francis action plan • Referral Analysis Reports • Market Share Reports • CQC national patient surveys • CQC Inspection ratings • Annual assessment of compliance against the CQC fundamental standards Other; • Health Watch • CQC • TDA Escalation Rating • ~~CQC Intelligent Monitoring reports~~	4 x 3 = 12	Regular media activity reports , including social media, to the Board Develop a new Communications and Engagement Strategy for 2016 – 2019 (July 2016)		Review of corporate reporting and scheme of delegation for approval for external reports – October 2015 New Trust intranet to be developed and launched by April 2016 ~~Progress report of the Communication and Engagement Strategy and Action Plan – November 2015~~	4 x 2 = 8	AMS

BAF Ref	Risk Description	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
5	**Failure to work effectively with stakeholders**									
	Cause; • **Different priorities and strategic agendas of multiple commissioners** • **Unable to create or sustain partnerships** • **Competition amongst providers** • **Complex health economy** • **Poor staff engagement** • **Poor community engagement** • **Poor patient and public involvement** **Effect;** • **Lack of whole system strategic planning** • **Inability to secure support for IBP/LTFM** • **Potential loss of market share** • **Loss of public support and confidence** • **Loss of reputation** • **Inability to develop new ideas and respond to the needs of patients and staff** **Impact;** • **Unable to reach agreement on collaborations to secure clinically and financially sustainable services** • **Reduction in quality of care** • **Loss of referrals** • **Inability to attract and retain staff** • **Failure to win new contracts** • **Increase in complaints and claims**	4 x 4 = 16	• Communications and Engagement Strategy • Membership of Health and Wellbeing Boards • Representation on Urgent Care Boards/System Resilience Groups • JNCC/ Workforce Council • Patient and Public Engagement and Involvement Strategy • CCG CEO Meetings • Staff engagement strategy and programme • Patient power groups • Involvement of Healthwatch • CCG Board to Board Meetings • CCG Representative attending StHK Board meetings • Membership of specialist service networks and external working groups e.g. Stroke, Frailty, Cancer • Merseyside and Cheshire Sustainability and Transformation Planning governance structure	To Board; • Quality Committee • CEO Reports • HR Performance Dashboard • Board Member feedback and reports • Francis Action Plan • TDA IDM's • Review of digital media trends and trust mentions • Monitoring of and responses to NHS Choices comments and ratings	4x3 = 12	Annual programme of engagement events with key stakeholders to obtain feedback and inform strategic planning ~~Health economy response to the Five Year Forward View report~~ Agreement of the process and governance arrangements to support the STP footprint planning for the June 2016 5 year plan submission		New Trust intranet to be developed and launched by April 2016 Quality Account to record how patients have been involved in service improvement and re-design – May 2016 Re-fresh stakeholder mapping and engagement plans as part of the renewal of the Communications and Engagement Strategy – July 2016 Establish a Clinical forum with potential partner organisations (December 2016)	4 x2 = 8	AMS

BAF Ref	Risk Description	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
6	**Failure to attract and retain staff with the skills required to deliver high quality services**									
	Cause; • **Loss of good reputation as an employer** • **Doubt about future organisational form or service sustainability** • **Failure of recruitment processes** • **Inadequate training and support for staff to develop** • **High staff turnover** • **Unrecognised operational pressures leading to loss of morale and commitment** **Effect;** • **Increasing vacancy levels** • **Increased difficulty to provide safe staffing levels** • **Increase in absence rates caused by stress** • **Increased incidents and never events** • **Increased use of bank and agency staff** **Impact;** • **Reduced quality of care and patient experience** • **Increase in safety and quality incidents** • **Increased difficulty in maintaining operational performance** • **Loss of reputation** • **Loss of market share**	5x4 = 20	• Team Brief • Staff Newsletter • Mandatory training • Staff benefits package • Health and Wellbeing Provision • Staff Survey action plan • JNCC/Workforce Council • Francis Report Action Plan • Education and Development Plan • HR Policies • Exit interviews • Staff Engagement Programme – Listening events • Action plans in respect of hard to recruit posts • Involvement in Academic Research Networks • Workforce Strategy Implementation Plan • Values based recruitment • Daily nurse staffing levels monitoring and escalation process • 6 monthly Nursing establishment reviews • Workforce KPIs • Recruitment and Retention Strategy action plan • Band 6 development programme • Agency caps and usage reporting • LWEG/LETB membership	To Board; • Quality Committee • Finance and Performance Committee • IPR - HR Indicators • Staff Survey • Monthly Nurse safer staffing reports • Workforce plans aligned to strategic plan • Monitoring of bank, agency and locum spending • Monthly monitoring of vacancy rates and staff turnover • Staff F&FT snapshots Other • Annual workforce plans • HR benchmarking • Nurse staffing benchmarking	5x4= 20	~~Assess the impact of the national initiatives to cap agency spend and charges~~	Junior Medical Cover following reduction in Deanery allocations Specific strategies to overcome recruitment hotspots e.g. Therapists and scientists, Nurses and some medical specialities RMO cover for St Helens in line with strategic site development plans and changing nature of patients	Specialist nurse staffing review – Phase II to review the deployment, roles and responsibilities and how supporting the longer term workforce requirements (October 2015) Complete E-Rostering roll out to all Medical Staff - September 2016. ~~Maintain/Increase influence on external agencies that are responsible national workforce policy and commissioning training places via LWEG and LETB.~~ International recruitment plan Nursing staff - March 2016. Plans for Physicians Assistants and recruitment of newly qualified Doctors – March 2016 Development and delivery of an action plan to respond to the 2015 staff survey results (May 2016)	4 x 2 = 8	AMS

BAF Ref	Risk Description	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
7	**Major and sustained failure of essential assets or infrastructure**									
	Cause; • **Poor replacement or maintenance planning** • **Poor maintenance contract management** • **Major equipment or building failure** • **Failure in skills or capacity of staff or service providers** • **Major incident e.g. weather events/ fire** **Effect;** • **Loss of facilities that enable or support service delivery** • **Potential for harm as a result of defective or** • **Increase in complaints** **Impact;** • **Inability to deliver services** • **Reduced quality or safety of services** • **Reduced patient experience** • **Failure to meet KPIs** • **Loss of reputation** • **Loss of market share/contracts**	4 x 4 = 16	• New Hospitals / Vinci Contract Monitoring • Equipment replacement programme • Equipment and Asset registers • Capital programme • Procurement Policy • PFI contract performance reports • Regular accommodation and occupancy reviews • Estates and Accommodation Strategy	To Board; • Finance and Performance Committee • Finance Report • Capital Programme • Audit Committee • I.P.R. Other; • Major Incident Plan • Business Continuity Plans • ERIC Returns • PLACE Audits • Issues from meetings of the Liaison Committee escalated as necessary to Executive Committee, to capture: ▪ Strategic PFI Organisational changes ▪ Legal, Financial and Workforce issues ▪ Contract risk ▪ Design & construction ▪ FM performance ▪ MES performance	4 x 2 = 8	3 – 5 Year Estates, Accommodation and Equipment Strategy to support the long term strategic sustainability and transformation plan being developed by the Trust and Merseyside and Cheshire STP footprint (September 2016)		~~Estates & accommodation Strategy - initial document produced in April with supplementary Whiston estate utilisation data to be added for Board approval - September 2015~~ St Helens site strategy and accommodation development plan - December 2015 Develop long term solution for cold-decontamination taking on board the timescale for Whiston equipment replacement and risks inherent with the interim solution at St Helens – March 2016	4 x 2 = 8	PW

BAF Ref	Risk Description	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
8	**Major and sustained failure of essential IT systems**									
	Cause; • **Poor replacement or maintenance planning** • **Poor contract management** • **Failure in skills or capacity of staff or service providers** • **Major incident e.g. power outage** • **Lack of effective risk sharing with HIS shared service partners** **Effect;** • **Lack of appropriate or safe systems** • **Poor service provision with delays or low response rates** • **System availability resulting in delays to patient care or transfer of patient data** • **Inability to record activity and duplication due to reliance on back up paper or manual systems.** • **Loss of data or patient related information** **Impact;** • **Reduced quality or safety of services** • **Reduced patient experience** • **Failure to meet KPIs** • **Loss of reputation** • **Loss of market share/contracts**	4x4=16	• HIS Management Board and Accountability Framework • IM&T Strategy monitoring • Procurement Policy • Information Strategy • HIS performance framework and KPIs • HIS customer satisfaction ratings	To Board; • HIS Board Reports • IM&T Strategy delivery and benefits realisation plan reports • Audit Committee • MITc Other; • Major Incident Plan • Business Continuity Plans	4x2=8	Secure on-going HIS funding from CCGs and other partners	Review IT Strategy and system development /replacement plans in light of reduced national funding for IT projects and incorporate in to the new strategy	Current HIS IM&T Strategy expires in 2016, a new 3-5 year separate Trust and HIS strategies to be developed - March 2016. New HIS shared service business agreement to be finalised with all partners – April 2016	4x2=8	CW

TRUST BOARD PAPER

Paper No: NHST(16)027

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 March 2016

Summary:

Agenda Items

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

For Assurance

- IPR Report Month 11
- Finance Report Month 11
  - Trust is forecasting £9.79m deficit for FOT – in line with original Plan
- CIP scheme – governance compliance
- Medical SLR performance Q3 February15/16
- Operational Turnaround update
- Meeting Effectiveness Review

For Decision

- Final Budget Setting for 2016/17
  - Trust may have to utilise the dispute resolution process to agree the NHS standard contract with main Commissioners

Actions Agreed

- Medical SLR review
  - Demand & Capacity planning review to consider estate utilisation eg location of intermediate care unit
  - Locum usage in Dermatology is to be reviewed – circa £0.6m cost pressure
- Final Annual Plan to be recommended for approval by the Trust Board

Corporate objectives met or risks addressed: Finance and Performance duties

Financial implications:

Risks to the Annual plan for 2016/17 to be presented to Trust Board

Stakeholders: Trust Board Members

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

Presenting officer: Nik Khashu, Director of Finance and Information

Date of meeting: 30th March 2016

INTEGRATED PERFORMANCE REPORT

Paper No: NHST(16)028
Title of Paper: Integrated Performance Report
Purpose: To summarise the Trusts performance against corporate objectives and key national & local priorities.

Summary

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

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

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

Patient Safety, Patient Experience and Clinical Effectiveness

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

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

The tolerance for C.Difficile in 2015-16 is 41 cases. In total there have been 39 cases, of which 9 cases have been successfully appealed. This gives 30 confirmed avoidable cases YTD. The Trust is appealing a further 2 cases . RCAs are currently being undertaken.

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

1 fall resulting in severe harm was recorded in January. The Trust remains on trajectory to reduce both moderate and severe falls in the second 6 months of 2015-16 by 50% (compared to the first 6 months of 2015-16).

Performance for VTE assessment for January was 90.3%

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

The latest available 12 month HSMR (Dec-14 to Nov-15) is 100.1.

Corporate Objectives Met or Risk Assessed: Achievement of organisational objectives.
Financial Implications: The forecast for 15/16 financial outturn will have implications for the finances of the Trust
Stakeholders: Trust Board, Finance Committee , Commissioners, CQC, TDA, patients.
Recommendation: To note performance
Presenting Officer: N Khashu
Date of Meeting: 30th March 2016

Operational Performance

The sustained non-elective demand is now impacting our RTT performance. This is through both increased orthopaedic trauma and emergency general surgery demand displacing the elective programme, in addition to the requirement to accommodate medical patients in those beds allocated for elective surgery. Whilst overall RTT performance is compliant with the standard, this is a result of the high outpatient performance supporting our fragile inpatient performance. To counter this, St Helens elective activity is being maximised, whilst opportunities to use external theatre facilities are being actively investigated. The impact is also evident in critical care step-downs, which are being delayed as a result of no capacity, particularly within medicine. Stroke and cancer continued to perform well, despite the significant non-elective demands. Intensive interaction with the local authorities and CCG's continues, with the objective of reducing the length of stay for patients with complex discharge needs.

Financial Performance

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

As a result of ongoing negotiations with Commissioners around the 2015/16 Contract, the Trust Board has decided to amend the Forecast outturn back in line with the original plan of £9.979m, as contractual penalties will be applied by the Commissioners, but not reinvested in the Trust.

For the month of February 2016 (Month 11) the Trust is reporting an overall Income & Expenditure deficit of £10.953m after technical adjustments which is adverse to agreed plans. This deterioration against plan reflects the likely contractual penalties imposed by Commissioners.

To date the Trust has delivered £12.931m of CIPs which is £0.228m ahead of plan. The Trust is forecasting to deliver its full CIP target of £13.043m and the PMO continue to support delivery of CIP.

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 in the top 20% of all Trusts nationally. The Trust also scores overall in the 20% of Trusts nationally. The full results will be published following presentation to the Trust Board in March 2016.

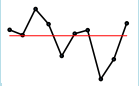
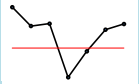
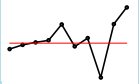
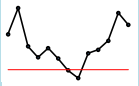
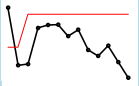
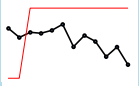
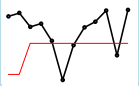
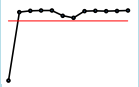
The Trust is below the mandatory training target by 5.4%. Appraisals performance has improved and is now only 0.7% below target. Recovery plans for both are in place to ensure compliance by year end with significant action being taken to recover the reduction in Mandatory training compliance.

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

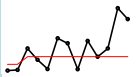
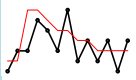
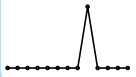
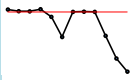
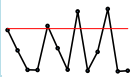
The following key applies to the Integrated Performance Report:

▲ = 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

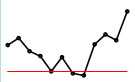
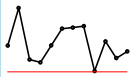
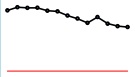
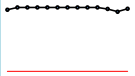
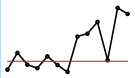
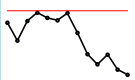
	Committee		Latest Month	Latest month	2015-16 YTD	2015-16 Target	2014-15	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS												
Mortality: Non Elective Crude Mortality Rate	Q	T	Feb-16	2.3%	2.4%	No Target	2.6%		Palliative care consultant starts April - will improve palliative care provision, which should favourably affect HSMR. First phase of investigation to understand STHK weekend HSMR complete. Deaths in Saturday admissions are disproportionately increased. Further investigation ongoing.	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	▲	Jun-15	1.03		1.00	1.03					
Mortality: HSMR (Dr Foster)	Q	▲	Nov-15	105.4	98.8	100.0	102.3					
Mortality: HSMR Weekend Admissions (emergency) (Dr Foster)	Q	T	Nov-15	114.5	112.3	100.0	109.6					
Readmissions: 28 day Relative Risk Score (Dr Foster)	Q	T	Aug-15	104.5	101.4	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 is underway.	KH
Length of stay: Non Elective - Relative Risk Score (Dr Foster)	F&P	T	Nov-15	89.4	87.5	100.0	87.7		This is a key efficiency, productivity and patient experience measure	Patient experience and operational effectiveness	Sustained reductions in NEL LOS are assurance that medical redesign practices continue to successfully embed. The elective performance is believed to be partially a result of the shifting casemix to daycase, leaving an increasing volume of the more complex patients as inpatients. This assumption is under verification.	PJW
Length of stay: Elective - Relative Risk Score (Dr Foster)	F&P	T	Nov-15	124.5	104.0	100.0	102.0					
% Medical Outliers	F&P	T	Feb-16	3.4%	2.1%	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 of outlying patients are in place.	PJW
Percentage Discharged from ICU within 4 hours	F&P	T	Feb-16	31.9%	50.9%	67.7%	54.1%		Failure to step down patients within 4 hours who no longer require ITU level care.	Quality and patient experience	This is a function of the NEL demand and subsequent impact on patient flow. The operational turnaround actions should assist in improving this metric.	PJW
E-Discharge: % of E-discharge summaries sent within 24 hours (Inpatients)	Q	▲	Jan-16	76.9%	80.3%	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	▲	Jan-16	95.7%	87.9%	85.0%	84.3%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E)	Q	▲	Jan-16	99.0%	98.4%	95.0%	89.5%					

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2015-16 YTD	2015-16 Target	2014-15	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (continued)												
Stroke: % of patients that have spent 90% or more of their stay in hospital on a stroke unit	Q F&P	▲	Feb-16	88.7%	91.8%	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	▲ £	Feb-16	0	0	0	0		There have been no never events since May 2013	Quality and patient safety	Theatre harm has now reduced by more than 50% overall since the implementation of the safer surgery project in October 2013	SR
% New Harm Free Care (National Safety Thermometer)	Q	T	Feb-16	99.6%	98.9%	98.6%	98.6%		Figures quoted relate to all harms excluding those documented on admission	Quality and patient safety	StHK reported its second best month for performance in February for hospital acquired harm:	SR
Prescribing errors causing serious harm	Q	T	Feb-16	0	0	0	0		The trust continues to have no prescribing errors which cause serious harm. Trust has moved from being a low reporter of prescribing errors to a higher reporter - which is good.	Quality and patient safety	Intensive work on-going to reduce medication errors and maintain no serious harm. Trust approved national insulin training programme to try to prevent insulin errors.	KH
Number of hospital acquired MRSA	Q F&P	▲ £	Feb-16	0	0	0	2		In total there have been 39 cases, of which 9 cases have been successfully appealed. This gives 30 confirmed avoidable cases YTD. 15-16 tolerance = 41 cases YTD tolerance = 37 cases	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	▲ £	Feb-16	3	30	41	33					
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	Feb-16	0	1	No Contract target	2		There was 0 grade 3 or 4 pressure ulcers in February.	Quality and patient safety	Pressure ulcer performance continues to improve with zero grade 3 or 4 reported in month and remains on trajectory for a 50% reduction in year, and 10 % reduction in all grades	SR
Number of falls resulting in severe harm or death	Q	▲	Jan-16	1	18	No Contract target	19		There was 1 fall resulting in severe harm during January	Quality and patient safety	January to date falls performance against national benchmark was 6.99 falls against 6.63 benchmark and 0.14 significant harm against a 0.19 benchmark.	SR
VTE: % of adult patients admitted in the month assessed for risk of VTE on admission	Q	▲ £	Jan-16	90.28%	93.79%	95.0%	92.54%		Emergency pressures have resulted in patients spending longer than usual in A&E where the electronic system for VTE assessment cannot at present be used	Quality and patient safety	An alternative to the present electronic solution is being implemented to address this issue	KH
Hospital acquired VTE events rate (National Safety Thermometer)	Q F&P	T	Feb-16	0.14%	0.28%	0.45%	0.45%					
To achieve and maintain CQC registration	Q	▲	Feb-16	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.	SR
Safe Staffing: Registered Nurse/Midwife Overall (combined day and night) Fill Rate	Q	T	Feb-16	96.7%	97.2%		98.6%		Overall the Nurse/Midwife fill rate remains consistent	Quality and patient safety	Daily staffing huddles supported by escalation flow chart are in place. The Trust has an escalation protocol in place which includes Executive authorisation for requesting agency staff. Contact Care Time reviews were undertaken on Intermediate Care wards in November and the Shelford Patient Acuity Audit was reported to Trust Board in February.	SR
Safe Staffing: Number of wards with <80% Registered Nurse/Midwife (combined day and night) Fill Rate	Q	T	Feb-16	0	0		0					
Intelligent Monitoring Risk Banding	Q	T	May-15	5		6	4		The Trust has improved priority banding to band 5 (Band 1 = highest risk and Band 6 = lowest risk).	Quality and patient safety	Actions plans in place for areas identified as requiring improvement.	SR

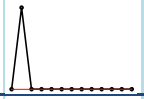
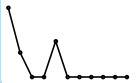
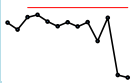
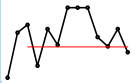
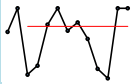
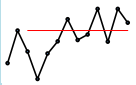
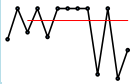
St Helens and Knowsley Teaching Hospitals NHS

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	▲ £	Jan-16	97.8%	94.6%	93.0%	94.0%		Access targets achieved in January including Breast and Dermatology.	Quality and patient experience	All tumour pathways are under review as part of a cancer improvement programme. The revised Cancer PTL approach and increased capacity in the tracking team are assisting the achievement of this standard.	PJW
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Jan-16	97.5%	97.8%	96.0%	98.8%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ £	Jan-16	87.9%	88.4%	85.0%	89.9%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲ £	Feb-16	96.2%	96.2%	92.0%	98.1%		Trauma & Orthopaedics failed the 92% standard in February with a performance of 87.42%.	There is a risk due to the current medical bed pressures that the elective programme will be compromised	18 weeks performance continues to be monitored daily and reported through the weekly PTL process. Alternatives to Whiston theatre and bed capacity are being sought to counter the significant non-elective demand.	PJW
18 weeks: % of Diagnostic Waits who waited <6 weeks	F&P	▲ £	Feb-16	99.98%	99.99%	99.0%	100.0%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲ £	Feb-16	0	0	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Feb-16	1.5%	0.9%	0.6%	0.7%			Patient experience and operational effectiveness Poor patient experience	This metric continues to be directly impacted by increases in NEL demand (both surgical and medical patients). The planned increase in elective surgical activity in St Helens has begun. Potential to use external theatre and bed capacity is being investigated.	PJW
Cancelled operations: % of patients treated within 28 days after cancellation	F&P	▲ £	Jan-16	100.0%	100.0%	100.0%	100.0%					
Cancelled operations: number of urgent operations cancelled for a second time	F&P	▲ £	Feb-16	0	0	0	0					
A&E: Total time in A&E: % < 4 hours (Whiston: Type 1)	F&P	▲ £	Feb-16	75.4%	86.2%	95.0%	92.8%		Failure to ensure patients are managed within 4 hours in the Emergency Department All Type activity includes the Trusts contribution to the local urgent care centres.	Patient experience, quality and patient safety	A Turnaround process has commenced with a view to increasing capacity and reducing inpatient demand, thus improving patient flow and the 4 hour standard. The 12 hour trolley wait has been thoroughly investigated and actions implemented to prevent a recurrence.	PJW
A&E: Total time in A&E: % < 4 hours (All Types)	F&P	▲ £	Feb-16	84.7%	90.1%	95.0%	94.2%					
A&E: 12 hour trolley waits	F&P	▲	Feb-16	1	1	0	1					

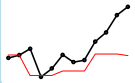
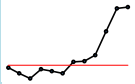
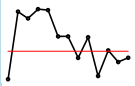
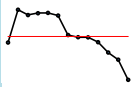
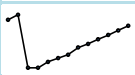
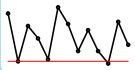
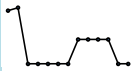
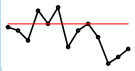
St Helens and Knowsley Teaching Hospitals NHS

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	▲ £	Feb-16	0	0	0	7		Increased demand for IP capacity has a direct bearing on the ability to maintain this quality indicator.	Patient Experience	Maintained focus and awareness of this issue across 24/7.	PJW
Complaints: Number of New (Stage 1) complaints received	Q	T	Feb-16	15	269		281			Patient experience		SR
Complaints: Number of New (Stage 1) complaints received in 2015-16 and resolved in 2015-16	Q	T	Feb-16	19	227							
Complaints: Number of New (Stage 1) complaints received in 2015-16 and resolved in 2015-16 within agreed timescales	Q	T	Feb-16	52.6%	62.6%							
Complaints: Number of New (Stage 1) complaints received in 2014-15 and resolved in 2015-16	Q	T	Feb-16	0	121							
Complaints: Number of New (Stage 1) complaints received in 2014-15 and resolved in 2015-16 within agreed timescales	Q	T	Feb-16	0.0%	5.0%							
Friends and Family Test: % recommended - A&E	Q	▲	Feb-16	84.6%	91.9%	95.0%	94.8%		The Trust ED and Maternity (Birth and Post natal) % that would recommend remains slightly below YTD target. Despite being below target in these areas, performance remains very strong compared to other Trusts. Latest available benchmarking (Apr-15 to Jan-16) shows that nationally A&E performance is in the top third of Trusts, and Maternity has one element in the top 15% of Trusts (Antenatal), and two others (Birth and Postnatal Community) in the top 33% of Trusts. Postnatal Ward is also in the top half of Trusts in the country.	Patient experience & reputation	Scores have been fed back to the ED and Maternity departments. New company has taken over FFT surveys on behalf of the Trust since January 2016. Number of patients being surveyed Has increased greatly from January. Roll out will be incremental during quarter 4 and will include all outpatients, day cases and all ages.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Feb-16	96.1%	96.6%	95.0%	97.2%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q	▲	Feb-16	97.0%	98.3%	97.3%	97.3%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Feb-16	100.0%	97.9%	98.7%	98.7%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q	▲	Feb-16	97.8%	95.0%	96.6%	96.6%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q	▲	Feb-16	97.9%	98.7%	99.4%	99.4%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Feb-16	93.9%	94.9%	>14/15 out turn						

St Helens and Knowsley Teaching Hospitals NHS

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	▲	Jan-16	5.7%	4.9%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	4.8%		Trust sickness had showed a positive trend with significant reductions between January (5.4%) - June 2015 (4.3%) (-1.1%) Since October, sickness has been above 5% and has remained high. January was 1.02% above the Q4 target and YTD is 0.4% above target. Stress remains the highest reason for absence with HCA's continuing to be the staff group with the highest levels of absence.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	It is proposed that the Trust introduces differential targets across the Trust to give stretch targets to those department/staff groups that are not patient facing where they should be able to achieve well under the 4.5% overall Trust target. The targets will be presented to the Trust Executive Committee in March for approval. The HR Advisory Team and Absence Support Team continue to work closely with managers with top areas being targeted and action plans invoked.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P	T	Jan-16	7.5%	5.8%	5.3%	5.8%					
Staffing: % Staff received appraisals	Q F&P	T	Feb-16	84.3%	84.3%	85.0%	89.6%		Despite providing 20% additional capacity over the year than should be required to achieve targets, compliance has reduced slightly again in month for Mandatory Training. This is due in the cancellation of 12 clinical sessions since September due to staff being required to provide patient care as a result of operational pressures or industrial action. This has resulted in the loss of 300 places from overall capacity, equivalent to the 5% shortfall.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	Capacity of clinical subject matter experts and suitable room availability prevents the provision of additional sessions up to year end. Consequently the Learning & Development team recovery plan is focussing on maximising pre-existing sessions by increasing capacity on each remaining session to the end of the year. Additional targeting of those managers with non compliant staff. To help achieve end of year compliance staff already booked in that do not need to attend until post April are being swapped with those that are currently non compliant.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Feb-16	79.6%	79.6%	85.0%	88.3%					
Staff Friends & Family Test: % recommended Care	Q	▲	Q2	96.5%	95.4%	>14/15 out turn			In line with national requirements, there is no Trust Staff Friends and Family Test for the reporting period. this is replaced in Q3 by the National Staff Survey. Trust Board will receive the results of the Staff Survey at the March Board meeting		The Trust has issued the Q4 SFFT survey, results will be available in April. It is anticipated that the results will remain positive. An action plan will be developed for 2015/16 annual staff survey based on the results of the 2015 survey, including focussed analysis down to a Directorate level.	AMS
Staff Friends & Family Test: % recommended Work	Q	▲	Q2	90.1%	84.9%	>14/15 out turn						
Staffing: Turnover rate	Q F&P	T	Jan-16	0.7%			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	Feb-16	2.0	2.0	2.0			The Trust's year to date performance is behind plan, due to the Commissioners applying a level of contractual penalties. As a result, the Trust Board have agreed that the forecast outturn is revised from the stretch target back in line with the original plan of £9.790m deficit.	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	Feb-16	11,994	11,994	13,043	15,000					
Reported surplus/(deficit) to plan (000's)	F&P	T	Feb-16	(10,953)	(10,953)	(6,647)	(2,551)					
Cash balances - Number of days to cover operating expenses	F&P	T	Feb-16	18	18	>10	10					
Capital spend £ YTD (000's)	F&P	T	Feb-16	3,518	3,518	4,923	4,906					
Financial forecast outturn & performance against plan	F&P	T	Feb-16	(9,790)	(9,790)	(6,647)	(2,551)					
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Feb-16	94.2%	94.2%	95.0%	94.8%					

APPENDIX A

		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	2015-16 YTD	2015-16 Target	FOT	2014-15	Trend	Accountable Exec
Cancer 62 day wait from urgent GP referral to first treatment by tumour site																				
Breast	£	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	95.8%	99.0%	85.0%		99.5%		Paul Williams
Lower GI	£	90.9%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	77.8%	100.0%	84.6%	100.0%	100.0%	89.5%	93.2%	85.0%		90.6%		
Upper GI	£	66.7%	100.0%	75.0%	100.0%	71.4%	100.0%	100.0%	100.0%	85.7%	71.4%	83.3%	100.0%	100.0%	88.6%	85.0%		86.3%		
Urological	£	74.1%	78.6%	94.1%	77.8%	75.8%	82.4%	62.5%	100.0%	83.3%	76.7%	84.0%	79.2%	83.3%	80.2%	85.0%		87.4%		
Head & Neck	£	75.0%	0.0%	75.0%	80.0%	50.0%	100.0%	50.0%	100.0%		83.3%	100.0%	50.0%	57.1%	73.7%	85.0%		59.4%		
Sarcoma	£	100.0%	100.0%		100.0%		50.0%	100.0%			100.0%			100.0%	83.3%	85.0%		100.0%		
Gynaecological	£	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	40.0%	100.0%	54.5%	50.0%	60.0%	77.4%	85.0%		88.2%		
Lung	£	100.0%	90.0%	91.7%	66.7%	76.9%	85.7%	90.5%	75.0%	100.0%	71.4%	80.0%	100.0%	90.5%	85.3%	85.0%		80.9%		
Haematological	£	88.9%	100.0%	100.0%	66.7%	100.0%	46.2%	50.0%	66.7%		60.0%	80.0%	66.7%	83.3%	69.2%	85.0%		77.0%		
Skin	£	94.3%	85.2%	100.0%	94.9%	96.6%	97.0%	100.0%	90.0%	94.7%	88.5%	95.9%	95.3%	94.4%	94.5%	85.0%		94.6%		
Unknown	£	0.0%				100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	33.3%	100.0%	87.5%	85.0%		89.5%		
All Tumour Sites	£	88.1%	88.7%	93.9%	86.7%	86.3%	88.7%	91.0%	91.2%	91.4%	85.1%	89.3%	86.9%	87.9%	88.4%	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%		100.0%	85.0%		100.0%		
Children's	£															85.0%				

TRUST BOARD PAPER

Paper No: NHST(16)029
Title of Paper: Approval of Budget Plans
Purpose: To present the final Financial plan for 2016/17 for approval - which will then be the basis of the final submission to the TDA on the 11th April 2016
Summary: The purpose of this paper is to update the Trust Board on the development of the Annual operational plan and to gain approval for the revenue and capital budgets. The submitted plans are consistent with "Delivering the Forward View - NHS planning guidance" that was issued jointly by the NHSE and NHS Improvement, in conjunction with the CQC, HEE, NICE and PHE. The Trust is currently negotiating with its commissioners on the 2016/17 NHS Standard Contract and the key areas to be agreed are referral rates from Primary Care, Winter funding, local CQUIN schemes and the impact of any demand management schemes planned by CCGs. Once approved, the proposed statements presented in this report will form the basis of the approved budgets for 2016/17 and will form the basis of the final financial, activity and performance plans that will be submitted on the 11th April 2016 to the TDA.
Corporate Objectives met or risks addressed: Financial Performance, Efficiency & Productivity
Financial Implications: The Trust is planning for a £3.3m surplus, dependent upon the receipt of £10.1m Sustainability and Transformational funding
Stakeholders: Trust, TDA
Recommendation(s): To approve the final financial plan for 2016/17.
Presenting Officer: Nik Khashu, Director of Finance and Information
Date of Meeting: 30th March 2016

Financial Plan 2016/17

1. Introduction

The purpose of this paper is to update the Board on the development of the Annual financial and operational plan and to gain approval for the revenue and capital budgets for 2016/17. The submitted plans are consistent with "Delivering the Forward View - NHS planning guidance that was issued jointly by the NHSE and NHS Improvement, in conjunction with the CQC, HEE, NICE and PHE. The timetable issued as part of the Planning guidance can be found in appendix A.

If approved, the proposed statements presented in this report will form the basis of the approved budgets for 2016/17 and will form the basis of the final financial, activity and performance plans that will be submitted on the 11th April 2016 to the TDA.

2. Executive Summary

The proposed financial plan for 2016/17 has several key assumptions that are identified below.

- Full achievement of CQUIN and Access trajectory targets has been assumed
- Full achievement of best practice tariffs
- National PFI support is received including inflation uplift
- Winter funding in line with that received in 2015/16 - £0.6m
- Delivery of Cost Improvement Programme of £15.248m
- Receipt of Sustainability and Transformation (S & T) funding - £10.1m
    - Dependent upon meeting conditions of S & T funding
- Assumed growth of 3.5% overall
    - 5.3% expected growth, calculated by Specialty
    - -1.8% referral management driven by CCG targeted schemes

The following table illustrates the key movements between forecast deficit in 2015/16 and the planned deficit in 2016/17, which are incorporated into the financial plan:

Table 1: Bridge between 15/16 Forecast Outturn (M11) and 16/17 Plan

	Income	Expenditure	EBITDA	ITDA	Net S/(D)	Technical	Final Annual Plan Adj S / (D)	*Draft Plan 8th Feb Adj S / (D)*	*Budget impact*
2015/16 M12 Outturn as at Month 11	**312.611**	**-297.989**	**14.622**	**-19.814**	**-5.192**	**-4.598**	**-9.790**	*-9.790*	
Impact of Non-Recurrent CIP in 2015/16		-2.727					**-2.727**	*-2.384*	*0.343*
16/17 Tariff Inflation	2.835						**2.835**	*2.835*	
16/17 National cost pressures		-9.222					**-9.222**	*-9.222*	
16/17 PFI inflation	0.210						**0.210**	*0.210*	
3.5% Indicative Growth	9.083	-6.358					**2.725**	*1.515*	*-1.209*
Executive Contingency		-1.000					**-1.000**	*-1.000*	
Cost Pressures		-2.000					**-2.000**	*-2.000*	
Technical Accounting adjustment				-5.031		4.705	**-0.326**	*-0.326*	
Adj Surplus / (Deficit)	**324.738**	**-319.295**	**5.443**	***-24.845***	**-19.402**	***0.107***	**-19.295**	*-20.161*	***-0.866***
S & T Funding *(per letter from NHSI 15/01/16)*	*10.100*						***10.100***	*10.100*	
Adj Surplus / (Deficit)	**334.838**	**-319.295**	**15.543**	***-24.845***	**-9.302**	***0.107***	**-9.195**	*-10.061*	***-0.866***
16/17 CIP at 3.74%		12.523					**12.523**	*13.389*	*0.866*
Annual Plan 2016/17 (£3.3m surplus)	**334.838**	**-306.772**	**28.066**	***-24.845***	**3.221**	***0.107***	**3.328**	*3.328*	
Total CIP including contribution from income growth							***15.248***	*14.904*	

Notes:

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

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

Within the constraints of the proposed financial plan, the Trust would be able to deliver the following financial performance.

- Operating surplus of £3.3m
- Financial Sustainability Risk rating (FSRR) of 2
- Year End cash balance of £1.6m (inclusive of £5.0m PDC support)
- Capital spend of £5.6m

The plan provides for recognised national cost pressures such as pay and pension changes and price inflation. The risks associated with the respective assumptions have been risk assessed in section 7.2 of this paper and will appear on the Trust's risk register (DATIX).

As a result of setting this surplus plan it will mean that the Trust has reduced its overall cumulative deficit.

3. Income and Expenditure

The table included in the Executive Summary reconciles the outturn in 2015/16 with the proposed 2016/17 plan.

3.1.1 Income

Planned Income for 2016/17 is £12.1m more than the outturn for 2015/16, £22.2m including sustainability and transformation funding.

Table 2 – Income Movements

FOT Income outurn 2015/16 - £m	312.6
Patient Care	11.9
Sustainability & Transformation Fund	10.1
PFI Income	0.2
Planned Income 2016/17	334.8

NHS providers received initial guidance to plan for:

- 2% efficiency deflator
- a 3.1% inflation uplift

CQUIN is estimated at £5.6m for 2016/17. Schemes are currently being drawn up with local commissioners and these will form part of the contract sign off process.

The Trust has been allocated £10.1m of general Sustainability and Transformation funding, on the basis of achieving a £3.3m surplus in 2016/17. The funds will be released quarterly, conditional on meeting milestones for;

- deficit reduction;
- improving performance against the A&E four hour access standard;
- progress on transformation
- compliance with guidance on agency controls

Additional clinical income has been based on agreed service developments and a rolling average of referral growth into respective specialities, which has then been reduced to reflect Commissioners' schemes to manage demand.

While we continue to negotiate on the 2016/17 NHS standard contract, the Trust believes it is reasonable to plan for this growth and as there is a PbR contract in place, we should be paid for all activity undertaken.

Seasonal funding of £0.6m has been included within the plan which is based on the funding received in 2015/16. Despite the allocation of an additional £2bn for the NHS announced in the Autumn Statement it is now clear that the vast majority of this money was directed to those CCGs who are furthest under target and as a result local CCGs will see limited additional money.

3.1.2 Total Expenditure

The Trust's total expenditure budgets in 2016/17 are planned to increase by £14.4m compared to the actual outturn in 2015/16.

The movement in costs between years reflects recognised national and local cost pressures such as pay and pension changes, price inflation, and operational pressures identified and recognised through the budget setting process. Planned expenditure also reflects new service developments, including the transfer of therapies (fye) and Southport pathology services (fye); and provides for costs of planned growth in patient care activities.

The risks associated with the respective assumptions have been risk assessed in section 7.2 of this paper and will appear on the Trust's risk register (DATIX).

Table 3 – Expenditure movement

Total Expenditure 2015/16 - £m	-298.0
Pay Costs	-14.0
Non-Pay Costs	5.5
Capital Charges	-0.3
Planned Expenditure 2016/17	-306.8

Note: Non-Pay costs include all the planned CIP for 2016/17, which will be allocated between specific pay and non pay schemes.

The Trust has planned for cost pressures of 3.1% in line with the planning guidance issued by the TDA.

4. Cost Improvement plan (CIP)

The submitted plans require the Trust to deliver £15.2m of CIP which equates to 4.5% of the proposed income for 2016/17. The current CIP is summarised in table 3 below.

Table 4 –2016/17 CIP

	£m							
		Fully	Plans in			Medium		
Type of saving	**Total**	Developed	Progress	Opportunity	Unidentified	High Risk	Risk	Low Risk
Income	**2.7**	0.0	0.6	0.2	1.9	1.1	1.6	0.0
Pay	**6.1**	0.0	4.1	2.0	0.0	2.4	2.7	0.9
Non-Pay	**6.4**	0.0	4.3	2.1	0.0	2.6	2.9	1.0
	15.2	**0.0**	**9.0**	**4.3**	**1.9**	**6.1**	**6.8**	**2.3**
		0%	**59%**	**28%**	**12%**	**40%**	**45%**	**15%**

The Trust has currently identified 88% of the CIP for next year.
The Trust has supported the delivery of the CIP in 2016/17 with the implementation of the Programme Management Office (PMO). This team will support existing managers and clinicians in delivering their respective CIP targets throughout the year.

All schemes will need to pass through the Trust quality risk assessment process to ensure that patient safety or experience is not affected.

5. Cash and Balance sheet (Appendix B & C)

The current plans assume that the Trust will require a further £1.6m PDC loan in 2016/17 to achieve the planned year end cash balance of £1.6m. The loan facility was requested and approved in March 2016 at a maximum level of £7.444m and an initial drawdown has been received of £3.457m.

6. Capital Expenditure (Appendix D)

The Trust will use internally generated cash as the source of capital financing with there being no requirement for external funding or interest bearing loans other than the PFI.

The gross capital budget for 2016/17 is £5.6m. Discussions are concluding with operational departments about prioritising capital spend for the coming year. Only high risked capital schemes have been selected for the capital programme this year as a result of the deficit plan and pressure on cash balances.

7. Risk

7.1 Financial Sustainability Risk Rating

The proposed financial plans will mean that the Trust delivers a Financial Sustainability Risk Rating (FSRR) of 2 (With 4 being the best and 1 being the worst).

This year's forecast and next year's plan can be seen in Table 5.

Table 5 – FSRR

Financial Sustainability Risk Rating	FOT * 2015/16	Annual Plan 2016/17
Liquidity	1	1
Capital Servicing Capacity	1	1
I & E Margin	1	2
I & E Variance	4	4
Overall Rating	**2**	**2**

' FOT score of 4 based on I & E Variance to Original Plan*

As the FSRR measures liquidity, capital servicing capacity and accuracy of planning, the proposed plan will score low as a result of the liquidity and capital servicing ratios.

7.2 Key Financial Risks

The key financial risks that may impact on the Trusts ability to achieve its financial plan for 2016/17 are outlined below (all risks have been logged on Datix).

BAF Ref	Risk Description	Initial Risk Score (I x P)	Key Controls	Sources of Assurance	Residual Risk Score (I x P)	Additional Control Required	Additional Assurance Required	Action Plan with target completion date	Target Risk Score	Exec Lead
	Winter Funding									
	The Trust has planned for the same level of winter funds (0.6m) but commisioners are currently arguing that this should be covered by the S & T fund	4 x 3 = 12	Contract process/mediation	**To Board;** Fin & Perf Comm **Other;** FARG	4 x 3 = 12	Will be discussed with commissioners through respective contracting groups.			4 x 3 = 12	
	CQUIN									
	The Trust is planning to deliver all CQUINs within the plan totaling £5.6m	4 x 5 = 20	Finance and Performance Committee/Quality Committee	**To Board;** Fin & Perf Comm Quality Com **Other;**	4 x 4 = 16				4 x 3 = 12	
	CIP delivery									
	The Trust is planning to del;iver £15.2m CIP	4 x 5 = 20	Finance and Performance Committee/Quality Committee	**To Board;** Fin & Perf Comm **Other;**	4 x 4 = 16			The Trust will have to identify alternative CIP / cost reduction schemes	4 x 3 = 12	
	National Controls on Agency Spend									
	The Trust has been given an indicative control target of £7.256m expenditure on Agency	4 x 5 = 20	Finance and Performance Committee/Quality Committee	**To Board;** Fin & Perf Comm Quality Com **Other;**	4 x 4 = 16			The Trust is forecasting to spend circa £12m in 2015/16, so this represents a 40% reduction	4 x 4 = 16	

BAF Ref	Risk Description	Initial Risk Score (I x P)	Key Controls	Sources of Assurance	Residual Risk Score (I x P)	Additional Control Required	Additional Assurance Required	Action Plan with target completion date	Target Risk Score	Exec Lead
	Planned Growth									
	The Trust expects referral growth in the region of 5.3% but has recognised Commissioner schemes could reduce this by circa 1.8%	4 x 5 = 20	Finance and Performance Committee	**To Board;** Fin & Perf Comm **Other;**	4 x 5 = 20			If planned care does not grow , alternative CIPs w ill need to be identified.	4 x 5 = 20	
	2015/16 forecast cash deficit									
	The current plans will require the Trust to drawdown a further £1.6m PDC loan before year end	4 x 5 = 20	Finance and Performance Committee	**To Board;** Fin & Perf Comm **Other;**	4 x 4 = 16	A PDC facility of £7.444m has been secured to increase cash balances		Application w as made to the TDA in March 2016	4 x 4 = 16	
	PFI Inflation									
	The Trust received PFI inflation in 2014/15 and 2015/16. The plan assumes that it will receive this allocation and a further allocation for 2016/17	4 x 3 = 12	Finance and Performance Committee	**To Board;** Fin & Perf Comm **Other;**	4 x 3 = 12				4 x 3 = 12	
	S & T Funding									
	The Trust has been allocated £10.1m of S & T funding, which will be received quarterly in arrears, subject to compliance with specific conditions	4 x 5 = 20	Finance and Performance Committee	**To Board;** Fin & Perf Comm **Other;**	4 x 5 = 20				4 x 5 = 20	

8. Summary

For 2016/17 the indicative income budget is £334.8m and would yield a planned surplus of £3.3m, including a £1m contingency.

The plans assume that the Trust will deliver a minimum CIP and productivity target of £15.2m.

These financial plans would mean the Trust would achieve a FSRR of 2 and will need additional cash support of £1.6m during the year.

9. Recommendations

To approve the proposed financial plan for 2016/17, and to utilise this plan for the organisational budget from the 1st April 2015.

Appendix A – Planning timetable

Timetable

Timetable	Date
Publish planning guidance	22 December 2015
Publish 2016/17 indicative prices	By 22 December 2015
Issue commissioner allocations, and technical annexes to planning guidance	Early January 2016
Launch consultation on standard contract, announce CQUIN and Quality Premium	January 2016
Issue further process guidance on STPs	January 2016
Localities to submit proposals for STP footprints and volunteers for mental health and small DGHs trials	By 29 January 2016
First submission of full draft 16/17 Operational Plans	8 February 2016
National Tariff S118 consultation	January/February 2016
Publish National Tariff	March 2016
Boards of providers and commissioners approve budgets and final plans	By 31 March 2016
National deadline for signing of contracts	31 March 2016
Submission of final 16/17 Operational Plans, aligned with contracts	11 April 2016
Submission of full STPs	End June 2016
Assessment and Review of STPs	End July 2016

Please note that we will announce the timetable for consultation and issuing of the standard contract separately. A more detailed timetable and milestones is included in the technical guidance that will accompany this document.

Appendix B

Summarised Statement of Financial Position (Balance Sheet)

	2015/16 Outturn £m	2016/17 Plan £m
NON CURRENT ASSETS	**274.7**	**271.7**
Current Assets		
Inventories	3.5	3.5
Receivables & Other Current Assets	15.4	15.4
Cash at Bank and in Hand	1.5	1.6
Total Current Assets	**20.4**	**20.5**
Current Liabilities		
Payables and Other Current Liabilities	(38.6)	(35.3)
Total Current Liabilities	**(38.6)**	**(35.3)**
Net Current Assets / (Liabilities)	**(18.2)**	**(14.8)**
Non Current Liabilities*	(260.5)	(257.7)
TOTAL ASSETS EMPLOYED	**(4.0)**	**(0.9)**
Taxpayers' Equity		
Public Dividend Capital	64.4	64.4
Retained Earnings Reserve	(79.6)	(76.5)
Revaluation Reserve	11.2	11.2
TOTAL TAXPAYERS' EQUITY	**(4.0)**	**(0.9)**

Appendix C

Summarised Cash Flow

	2015/16 Outturn £m	2016/17 Plan £m
EBITDA	**14.6**	**28.0**
Excluding Non-Cash Items	0.0	0.0
Movement in Working Capital		
Inventories / receivables / payables / provisions etc	3.6	(3.2)
CF from Operations	**18.2**	**24.8**
Capital Expenditure		
Capital Spend	(4.8)	(5.9)
Capital Receipts	0.0	0.0
CF before Financing	**13.4**	**18.9**
Interest payment / net of receipts	(16.3)	(16.2)
Capital repayments (PFI, leases, loans)	(6.9)	(6.3)
PDC dividends paid (-) / refunded (+)	0.2	0.0
PDC receipts / repayments / new loans inc Salix	3.4	3.8
Net Cash Inflow / (Outflow)	**(6.3)**	**0.1**
Opening Cash Balance	**7.8**	**1.5**
Net Cash Inflow / (Outflow)	(6.3)	0.1
Closing Cash Balance	**1.5**	**1.6**

Appendix D

Outline Capital Programme

	2015/16 Outturn £m	2016/17 Plan £m
FUNDING		
Depreciation	8.1	8.4
Applied to Balance Sheet	(4.9)	(5.0)
Loan (Salix)	0.0	2.2
Donations	0.0	0.0
Capital to Rev transfer	(0.1)	0.0
Carried Forward	1.1	0.0
TOTAL FUNDING	**4.2**	**5.6**
EXPENDITURE		
PFI and Finance Leases		
MES Lifecycle Replacement	0.5	1.4
Finance Leases	0.0	0.0
	0.5	1.4
Other		
Contingency	0.5	0.5
Technical Cap / Rev	0.5	0.5
Combined Heat & Power scheme	0.0	2.2
Decontamination/MOHS/ GP Unit schemes etc	0.9	0.0
All other (to be determined for 2016/17)	1.7	1.0
	3.6	4.2
TOTAL EXPENDITURE	**4.2**	**5.6**

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)030
Title of paper: Quality Committee Assurance Report.
Purpose: The purpose of this paper is to summarise the Quality Committee meeting held on 22nd March 2016 and escalate issues of concern.
Summary: Key items discussed were: 1. Complaints 2. IPR 3. CQC registration and compliance 4. Safer Staffing 5. Infection control 6. Weekend mortality 7. Draft Quality Account 8. Annual meeting effectiveness review
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: David Graham, Non-Executive Director
Date of meeting: 30th March 2016

QUALITY COMMITTEE ASSURANCE REPORT

Summary of the discussions and outcomes from the Quality Committee meeting held on 22nd March 2016.

Action Log

1. All actions on the log were reviewed.

Complaints, Incidents and Claims Report

2. N Jones updated the Committee on complaints, incidents and claims including trends for the period 1st October to 31st December 2015.

   2.1. The number of StEIS incidents reported this has decreased by 1 to 11; but remains static with between 10-12 reported each month.

   2.2. The number of incidents raised for this quarter was 3213 compared to 3029 in the same quarter last year (2014).

   2.3. There were 28 new clinical negligence claims and 41 insurance claims open for this quarter.

   2.4. There were a total of 71 formal 1st stage complaints and 423 contacts/enquiries during Q3. The Trust has responded to 67.7% of the complaints within agreed time frames. The top three themes during Q3 are clinical treatment, values and behaviours and patient care/nursing care.

   2.5. There was good discussion and debate amongst Committee members regarding timeframes and responses.

   2.6. J Hendry highlighted a problem with regards to response times from clinicians. K Hardy and J Hendry will visit the relevant department(s).

   2.7. N Jones reported that lessons learned are shared on the intranet, in bi-monthly patient safety newsletters and clinical governance meetings throughout the care groups.

CQC registration and compliance

3. N Bunce briefed the Committee on CQC registration and compliance

   3.1. The paper provides a summary of policies, processes and practices across the Trust to demonstrate how compliance with the fundamental standards required by the CQC is maintained and to give assurance.

   3.2. A fee will need to be paid for the registration but at the time of writing the Trust is not aware of what they will be for 16/17 but for 2015 it was £94,966.

   3.3. A M Stretch queried the amber status regarding mixed sex breach and it was confirmed that this should now be rated green.

   3.4. Quality Committee members supported the registration to be approved by the Board.

Safer Staffing report

4. N Jones provided an update:

   4.1. The overall Trust fill rate for February 2016 was 102.14% for registered and for care staff. There were 9 ward areas with a fill rate below 90%, 6 wards for registered staff and 3 wards for care staff.

4.2. Regarding incidents and staffing, 41 incidents had been recorded, but with no evidence of harm to patients as a result. Incidents involving staff being moved to other wards are increasing.

4.3. S Redfern said there are still particular challenges being faced on Wards 2B and 2C, however, a recruitment drive was held two weeks ago and staff were recruited. S Redfern also commented that work will have to done with the Matrons regarding staff moving to other wards and this not being reflected on e-rostering.

4.4. A M Stretch queried the RN figures as there were five or six areas over 100% but staffing still feels very stretched at the moment.

IPR

5. N Khashu presented the IPR

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

5.2. There has been 39 cases of C.Diff, of which 9 cases have been successfully appealed. This gives 30 confirmed avoidable cases year to date. The Trust is appealing a further two cases.

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

5.4. D Graham asked N Khashu to add figures to the falls narrative.

5.5. VTE assessment total was 90.3%.

5.6. The sustained non-elective demand is now impacting our RTT performance. This is through both increased orthopaedic trauma and emergency general surgery demand displacing the elective programme.

5.7. Contracting issues for next year will include:

5.7.1. RTT performance

5.7.2. Growth assumptions

5.7.3. Trajectories

5.7.4. Expected winter funding.

5.8. The Trust is reporting against a revised Annual Plan of £6.647m deficit, as approved by the Trust Board and confirmed with the TDA.

5.9. To date the Trust has delivered £12.931 m of CIPs which is £0.22m ahead of plan.

5.10. Staff friends and family test Q2 survey results again show the Trust as performing exceptionally well compared to the national position.

5.11. The Trust has completed the annual staff satisfaction survey in Q3 with a return rate of 55% which is in the top 20% of all Trust's nationally.

5.12. The Trust is below the mandatory training target by 5.4%. Appraisals performance has improved and is now only 0.7% below target. Recovery plans for both are in place.

5.13. Staff sickness is 5.7% against a Q4 target of 4.68%.

5.14. S Redfern raised her concern regarding the VTE scoring and an action plan would be discussed at the Executive Team meeting this week. Paul Williams said that the new maxims software will resolve the issues, but a 12 hour

downtime period will be required for the system to be installed; possibly over the May bank holiday weekend.

Infection, Prevention and Control report

6. V Weston updated the Committee on infection, prevention and control:

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

6.2. As discussed in the IPR, there were 39 positive C.Diff samples of which the Trust has successfully appealed:

6.2.1. 4 in October 2015, 3 in January 2016 and 1 in February 2016.
6.2.2. 3 referred to Liverpool CCG awaiting decision
6.2.3. 1 case being presented to the appeals panel in April – awaiting a decision of a further three cases scheduled for RCA review in March

6.3. Key training is going ahead regarding MRSA.

6.4. There had been an outbreak of multi resistant MDR Pseudomonas on 4D and 4E, the index case was a patient transferred from Romania. Water testing of all outlets has taken place and filters in the shower heads of the bath have been replaced.

Annual Meeting Effectiveness review

7. Peter Williams summarised the report for the Committee.

7.1. The Committee are requested to accept the revised Terms of Reference and annual meeting programme.

7.2. P Williams discussed the review findings with Committee members.

7.3. D Graham did not think that the Safer Staffing report should be restricted to Board as it relates to Quality. He felt that the paper was discussed in more detail at Quality Committee and gave assurance or limited assurance to Board members. P Williams will look at the agenda items going forward and discuss with D Graham.

7.4. Both D Graham and G Marcall felt that the inclusion of another Non Executive Director on the Committee would be of benefit. D Graham will discuss this with Richard Fraser, Chairman.

Draft Quality Account update

8. N Bunce presented the update to the Committee:

8.1. The report is to provide assurance to the Committee that the Trust are adhering to timescales regarding the Quality Account and for the Quality Committee to agree that the quality priorities set for this year are what the Quality Committee would wish us to include.

8.2. D Graham asked why ambulance turnaround and four hour wait figures are not included. N Bunce replied that they are performance targets not quality

indicators, so do not feature in the quality account, although we do report against the performance targets. The quality priorities were approved by the Quality Committee

Analysis of weekend mortality

9. K Hardy summarised the report for the Committee:

9.1. Weekend mortality. The paper examines observed/expected mortality and finds it is likely to be a true rise in observed mortality rather than a fall in expected mortality; the paper identifies that mortality in weekend admissions is increased in all adult age bands and across all specialties. Weekend admission mortality is disproportionately increased for Saturday admissions, most of whom die after the weekend. Further investigation is ongoing.

9.2. K Hardy said that although further investigation would be needed, there is now greater understanding about mortality.

9.3. R Thind commented that requesting of services goes down 50% at the weekend, but it could also be a delay in diagnosis or ward rounds not being done.

9.4. There was further discussion regarding 7 day working in medicine.

Feedback from Patient Safety Council

10. N Jones reported:

10.1. There was only for issue for escalation and related to concerns noted regarding the medical consultant in-reach into AED.

Feedback from Patient Experience Council

11. N Jones reported:

11.1. Support from the Committee in looking at the options for providing Z-beds to allow carers of end of life patients to be more comfortable when staying overnight. N Khashu asked N Jones to provide the figures for him and he would look at this item

11.2. On going need to embed the use of the amber care bundle, using ward 1A as an exemplar ward.

11.3. Support from the Committee for extending open visiting hours across the Trust to improve patient/carer experience.

11.4. The Committee will look at these recommendations except open visiting. It was felt that this had been discussed previously but S Redfern will check what the outcome of open visiting was across the 5th floor and will report back.

Feedback from Clinical Effectiveness Council

12. M Manning reported:

12.1. Key items discussed at the Clinical Effectiveness Council were:

12.1.1. MET attendance.
12.1.2. ICNARC presentation
12.1.3. Haematology
12.1.4. KPI's
12.1.5. AQ
12.1.6. IOG
12.1.7. Mortality
12.1.8. Complications

12.2. M Manning wish to escalate to the Quality Committee the issue relating to Clinical Oncologists for being physically available at Haematology MDT's. This is an issue for Clatterbridge, which is not able to provide Clinical Oncologists to the many MDT's across the region.

Feedback from CQPG Meeting – February

13. Paul Williams reported:

13.1. Key issues discussed at CQPG included:

13.1.1. 62 day cancer breach report. The majority of issues resulting in a breach were agreed as complex pathways or where the patient chose to delay part of their treatment.
13.1.2. Timeliness of SUI's. The Trust did accept that some SUI's took too long to be resolved and outlined the revised process now in place.
13.1.3. Infection, Prevention and Control. There was discussion around CPE and the screening regime in operation to prevent an outbreak.

Feedback from Executive Committee

14. Peter Williams reported:

14.1. Between 15th January and 17th February, three meetings of the Executive Committee were held.

14.2. Decisions taken by the Committee included improvements for VTE performance and flash reporting.

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

14.4. No significant investment decisions were made and there were no specific items requiring escalation to Quality Committee.

CQC Action Plan

15. N Bunce updated the Committee.

    15.1. There are a total of 57 actions the Trust must complete. 32 actions have been completed by the target date, 22 are on track for completion and 3 are overdue.

    15.2. The plan was submitted to the CQC on 19th February and to date the Trust has not received any feedback from the CQC. The plan was also submitted to the TDA.

Policies/documents approved by Councils

16. Safer Use of Oral Anti Cancer Medicines policy
    Patient Group Directions policy
    Restrictive Transfusion policy for Gastro-Intestinal Haemorrhage
    IPC Chapter 21a Glove policy
    Outlier policy
    Community Nursing Transfer of Care form
    Merseyside NHS Management of Patient Choice and Transfer of Care policy
    Recruitment, Selection and Management of Volunteers updated to reflect changes to the Trust's recruitment policies.

Effectiveness of meeting

17. P Williams said that there was good debate amongst Committee members. The quantity of paper still needs to be reduced and key messages should be evident from the papers.

AOB

None noted.

Date of Next Meeting

Tuesday, 19th April 2016.

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)031
Title of paper: Safer Staffing Report for February 2016
Purpose: The aim of the report is to provide the Board with an overview of nursing and midwifery staffing levels in the inpatient areas during the month of February 2016. This will highlight the wards where staffing has fallen below the 90% fill rate, review the impact of this on patient care and will provide a summary of actions implemented to address gaps.
Summary: The Trust is required to publish monthly nursing and midwifery staffing levels by shift as 'expected' versus 'actual' in hours via the template set up on UNIFY, to provide the URL to our own "safe staffing" web page. The URL will enable the NHS Choices team to establish this link from the NHS Choices website to the Trust website. The month of **February 2016** data indicates: • Overall Trust fill rate = 102.14 % (for registered and for care staff) • Overall registered staff fill rate for days was 95.60% and for nights 99.14% • Overall care staff fill rate for days was 106.11% and for nights was 107.73% There were 9 ward areas with a fill rate below 90%, 6 wards for registered staff, 3 wards for care staff and 0 wards for both registered and care staff.
Corporate objectives met or risks addressed: Contributes towards the achievement of Patient Safety and Workforce planning objectives.
Financial implications: None directly from this report.
Stakeholders: Patients, the public, staff and commissioners.
Recommendation(s): 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 & Governance
Date of meeting: 30th March 2016

SAFER NURSING & MIDWIFERY WORKFORCE STAFFING LEVELS REPORT

1. The purpose of this paper is to provide assurance regarding nursing and midwifery ward staffing levels which is an indication of the Trust's capacity to provide safe, high quality care across all wards at 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 January 2016 for all wards is attached for information as Appendix 1.

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

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

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

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

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

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

9. GPAU and ward 3D are the two wards presently on the Trust Corporate Risk register scoring above 15 for on-going staffing shortfalls. Both areas achieved over a 90% fill rate for all shifts in February.

10. In February 2016 there were a total of 9 ward areas with a fill rate below 90%; 6 for registered staff, 3 for care staff and 0 for both care and registered staff.

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

	RN days	HCA days	RN nights	HCA nights
1D	91.8%	114.2%	87.40%	139.7%
2B	88.1%	105.10%	87.40%	139.70%
2C	96.0%	114.2%	88.5%	108.6%
4C	85.0%	94.1%	98.9%	103.4%
4E	99.0%	81.6%	100%	87.9%
5A	90.5 %	95.1%	88.2%	117.7 %
5C	83.4%	112.1%	91.7%	111.5%
SCUBU	99.8%	81.3%	108.1%	75.0%
Delivery suite	91.3%	86.8%	93.6%	82.8%

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

	RN days	HCA days	RN nights	HCA nights
4E	98.99%	81.6%	100.00	87.9%
SCBU	99.81%	81.3%	108.14%	75.0%
DELIVERY SUITE	91.28%	86.8%	93.60%	82.7%

10.3. There where no wards in February with both a registered nurse and care staff fill rate of less than 90%

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

February 2016

staff group	Unfilled requested shifts	Filled requested shifts
Bank HCA	668	1671
Agency HCA	86	182
Bank RN / RM	351	79
Agency RN	171	230
Wards with RN shortfall	**Unfilled requested bank and agency shifts**	**Filled bank and agency requested shifts**
Ward 1D	57	6
Ward 2B	69	11
Ward 2C	30	15
Ward 4C	12	1
Ward 5A	7	5
Ward 5C	3	6
Wards with a care staff shortfall	**Unfilled bank and agency requested shifts**	**Filled bank and agency requested shifts**
Ward 4E	52	19
SCUBU	1	2
Delivery suite	0	0

12. During **February 2016**, there were a total of 41 incident forms completed related to staffing. This related to 16 wards/departments as indicated in the table below:

Ward	Reports	Datix details	Actions
AED	3	01/02/2016 – Lack of suitably trained staff – Meds given late as a result 18/02/2016 – Department on Black alert with a lack of suitably trained staff – 2 x trained staff and 1 x HCA sent home sick. Department on Red – Lack of suitably trained staff. – 2 x staff went home sick	Additional staff sought from coprporate/educational and specialist nurse services to support

Duffy Suite	7	Additional staff to provide 1:1 staffing cover unavailable	Available team worked flexibly on all occasions and no harm occurred.
Sanderson Suite	2	1 member of staff moved to Whiston AED to support activity. 1 operation cancelled due to inavailability of suitably trained staff	Available team worked flexibly on all occasions and no harm occurred.
SCBU	1	Additional unplanned admisions created staffing pressure	Available team worked flexibly and no harm occurred.
1A	1	Shortage of staff to cover 2 patients requiring 1:1 following DOLS assessment	Available team worked flexibly and no harm occurred.
1D	1	1 nurse short for night shift – Medication administered late	Additional nurse allocate to ward by 10pm
2B	2	Patient admitted from AED on BIPAP Insufficient staff on duty to manage this additional need Both trained staff new to ward and unfamiliar with EMEWS	Available team worked flexibly and no harm occurred.
2C	1	HCA moved to cover another ward leaving unit 1 staff member short	Available team worked flexibly and no harm occurred.
2D	1	Trained staff nurse moved to cover another ward, leaving their normal ward short as activity increased	Available team worked flexibly and no harm occurred.
2E	9	All incidents listed a lack of suitably trained staff	Esclation policy inacted on 3 occasions and Maternity unit closed.
3A	2	Both incidents due to a lack of suitably trained staff	1 occaion led to a cancelled operation. No harm occured
4C	1	I trained nurse moved to cover shortages elsewhere	Available team worked flexibly and no harm occurred
4D	3	1:1 care requested on all occasions, on 2 occasions staff did not attend as planned, on 1 occasion staff not available	Available team worked flexibly and no harm occurred
5C (stroke)	1	Trained nurse did not arrive as per booking through nurse bank	Available team worked flexibly and no harm occurred
5C (DMOP)	2	Trained nurse did not arrive as per booking through nurse bank 1x trained nurse sick, late notice no cover available	Available team worked flexibly on bothb occaisons and no harm occurred
5D	4	Ward short 1 trained nurse on each occasion	Trained nurse provided on 1 occasion from neighbouring ward Available team worked flexibly and no harm occurred on any oocasion.

13. February 2016 falls incidents rated Moderate and above related to staffing at the time of incident findings are presented in the table below. During February 2016 there doesn't appear to be a consistent correlate between staffing hrs and harm, however in 2 of the 5 episodes RN defecits had been replaced with additional HCA Hrs.

February 2016 safer staffing and patient falls rated moderate or above

Incident date/time	Incident type	Ward area	Level of harm	Staffing Expected Hrs	Staffing actual Hrs	Defecit postion
06/02/2016 21:30	Fall	1d	Severe	30RN 20HCA	20RN 30HCA	-10 RN +10HCA
16/02/2016 06:25	Fall	3B	Severe	20RN 20HCA	29.5RN 20HCA	+9.5RN
18/02/2016 00:00	Fall	2D	Moderate	20RN 20HCA	20RN 20HCA	Nil
20/02/2016 06:05	Fall	3E	Severe	20RN 10HCA	20RN 10HCA	Nil
23/02/2016 16:30	Fall	1B	Moderate	30RN 7.5HCA	15RN 21.5HCA	-15RN +14HCA

Summary
The report provides assurance that every effort was made to ensure optimum staffing levels across all wards daily during February 2016 to reduce the incidence of harm to patients and long term to address vacancies. It is difficult to definitively attribute patient incidents to unfilled shifts, however a loger term study of the the relationship between staffing/skill mix and incidents would be required to draw firm conclusions.

Appendix 1

11 - February 2016 Upload Form.xls

Ward name	Specialty 1	Registered		Care Staff		Registered		Care Staff		Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/mid wives (%)	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				
1A	430 - Geriatric Medicine	1,790	1,631	2,252	2,225	870	790	870	980	91.1%	98.8%	90.8%	112.6%
1B	300 - General Medicine	3,043	3,034	1,251	1,416	870	990	580	540	99.7%	113.2%	113.8%	93.1%
1C	300 - General Medicine	3,172	2,987	1,527	1,837	1,450	1,560	580	630	94.2%	120.3%	107.6%	108.6%
1D	320 - Cardiology	1,949	1,788	1,305	1,491	870	760	580	810	91.8%	114.2%	87.4%	139.7%
1E	320 - Cardiology	2,330	2,122	870	850	1,150	1,110	290	290	91.1%	97.7%	96.5%	100.0%
2A	303 - Clinical Haematology	1,476	1,413	818	853	580	560	290	310	95.7%	104.3%	96.6%	106.9%
2B	340 - Respiratory Medicine	2,009	1,771	1,506	1,583	870	760	580	810	88.1%	105.1%	87.4%	139.7%
2C	340 - Respiratory Medicine	2,091	2,006	1,301	1,486	870	770	580	630	96.0%	114.2%	88.5%	108.6%
2D	300 - General Medicine	1,413	1,412	1,070	1,263	580	580	570	570	99.9%	118.0%	100.0%	100.0%
2E	501 - Obstetrics	3,167	2,865	1,298	1,227	1,160	1,110	580	550	90.5%	94.5%	95.7%	94.8%
3A	160 - Plastic Surgery	1,616	1,791	1,335	1,246	580	910	580	740	110.8%	93.3%	156.9%	127.6%
3Alpha	110 - Trauma & Ortho.	1,335	1,223	1,055	1,553	580	580	580	710	91.6%	147.3%	100.0%	122.4%
3B	110 - Trauma & Ortho.	1,421	1,325	1,523	1,509	580	590	580	590	93.2%	99.1%	101.7%	101.7%
3C	110 - Trauma & Ortho.	1,998	1,856	1,302	1,749	870	860	860	870	92.9%	134.4%	98.9%	101.2%
3D	300 - General Medicine	1,949	1,760	1,305	1,333	870	810	580	650	90.3%	102.1%	93.1%	112.1%
3E	502 - Gynaecology	2,205	2,174	1,230	1,525	1,150	1,140	560	530	98.6%	124.0%	99.1%	94.6%
3F	420 - Paediatrics	2,142	2,219	435	457	1,160	1,150	290	290	103.6%	105.1%	99.1%	100.0%
4A	101 - Urology	2,111	2,036	1,302	1,234	870	880	860	860	96.4%	94.8%	101.1%	100.0%
4B	100 - General Surgery	2,333	2,202	1,684	1,663	1,030	1,080	420	440	94.4%	98.8%	104.9%	104.8%
4C	100 - General Surgery	2,156	1,834	1,299	1,222	870	860	870	900	85.0%	94.1%	98.9%	103.4%
4D	160 - Plastic Surgery	1,289	1,311	857	885	570	640	560	510	101.7%	103.3%	112.3%	91.1%
4E	192 - Critical Care Medicine	5,508	5,453	1,422	1,161	3,480	3,480	580	510	99.0%	81.6%	100.0%	87.9%
4F	420 - Paediatrics	1,724	1,940	435	432	580	630	290	280	112.5%	99.3%	108.6%	96.6%
5A	300 - General Medicine	1,748	1,581	2,157	2,051	850	750	849	999	90.5%	95.1%	88.2%	117.7%
5B	430 - Geriatric Medicine	1,377	1,388	2,077	2,065	850	780	870	810	100.7%	99.4%	91.8%	93.1%
5C	430 - Geriatric Medicine	2,744	2,289	1,780	1,994	1,440	1,320	870	970	83.4%	112.1%	91.7%	111.5%
5D	430 - Geriatric Medicine	1,451	1,437	1,503	1,572	580	530	570	560	99.0%	104.6%	91.4%	98.2%
Duffy	430 - Geriatric Medicine	1,333	1,260	1,272	2,008	580	580	580	920	94.5%	157.9%	100.0%	158.6%
SCBU	420 - Paediatrics	1,305	1,303	870	708	860	930	280	210	99.8%	81.3%	108.1%	75.0%
Delivery	501 - Obstetrics	3,479	3,176	870	755	2,030	1,900	580	480	91.3%	86.8%	93.6%	82.8%
Seddon	314 - Rehabilitation	1,185	1,411	1,500	1,525	580	580	520	690	119.0%	101.7%	100.0%	132.7%

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)032
Title of paper: Infection Prevention & Control Report
Purpose: To provide the Trust Board with an update on the current Trust infection control status against Department of Health objectives.
Summary: Number of cases for financial year 2015-16: • MRSA bacteraemia: 0 cases (target 0) • CDI: 39 Positive samples (target 41) of which the Trust has successfully appealed: - 4 in October 2015, 3 in January 2016 and 1 in February 2016. - 3 referred to Liverpool CCG awaiting decision - 1 being presented to the appeals panel in April – awaiting decision of a further 3 cases scheduled for RCA review in March. Number of HCAI MSSA bacteraemia in February 2016: 4 Number of HCAI E coli bacteraemia in February 2016: 5
Corporate objectives met or risks addressed: Patient Safety and Patient Care
Financial implications: There is a risk of financial penalties if the Trust does not achieve the CDI target.
Stakeholders: Trust, patients and stakeholders
Recommendation(s): That the Trust Board receive the report and discuss the contents to identify any actions required.
Presenting officer: Sue Redfern, Director of Nursing, Midwifery & Governance
Date of meeting: 30th March 2016

Indicator: (name)			
Key Measures	**Progress Month to Date**	**Issues/Escalation**	**Positives**
1. MRSA (meticillin-resistant *Staphylococcus aureus*) bacteraemia. Target: zero hospital-acquired cases for 2015-2016.	No cases so far during this financial year.		
2. CDI (*Clostridium difficile* infection) Target: 41 cases or fewer hospital-acquired cases for 2015-2016.	To date there have been 39 positive samples of CDI. This number includes cases that have been or are to be appealed up to February 2016: • 4 have been successfully appealed in Oct, 3 in January and 1 in February • 3 referred to Liverpool CCG **<u>February :</u>** 3 cases 2C 3Alpha	Themes from RCA's Delay in taking faecal specimens – Development of a stool sample algorithm/flow chart to assist staff in identifying when to send samples	CDI action plan in place and updated bi monthly. The key updated points are as follows: Commencement of whole health economy infection control meetings involving CCGs, Community IPC and Acute IPC. To include sharing of CDI Action plans. RCA and panel process training sessions arranged for Consultant Champions, Quality Leads, Matrons and Ward Managers held on 22nd and 29th February. Further sessions to be arranged. Bowel awareness day to be undertaken with a display stand - Booked for March the 18th in the lecture theatre.

	2A Awaiting RCA Reviews scheduled for March. Monthly CCG C difficile panel dates arranged going forward. Panel meeting on the 18th March cancelled due to low number of CDI cases in the previous month. Next panel meeting is booked for Wednesday April 20th – 1 case so far for appeal, awaiting results of other RCA reviews scheduled for March.		Trial of both hydrogen peroxide and UV systems for room decontamination. Visit undertaken on 13th and 19th January 2016 to other Trusts using these systems. Meeting took place on the 11th February to discuss how to take the process forward. Further meeting arranged for the 16th March with the development of a steering group. HPV demonstration has taken place on the 2nd March to understand the process. Commencement of monthly meetings between Warrington Hospital and St. Helens and Knowsley Hospitals to share best practice and develop a CDI Risk assessment.
3. MSSA (meticillin-sensitive *Staphylococcus aureus*) bacteraemia	To date there have been 27 cases **February:** 0 cases	ANTT and VIP charts documentation continues to be reviewed and monitored.	ANTT action plan in place and updated bi-monthly. The key updated points are as follows: ANTT Nurse (secondment) working with the wards to implement peripheral cannula care bundle and ANTT competency assessments. ANTT stickers to be rolled out for all competent ANTT practitioners.

			Peripheral cannula and PICC line audit commenced in January 2016 by ANTT Nurse. A post cannula care plan has been developed which will be incorporated into the existing VIP charts. This form has been trialled on one of the wards in January (1D) and has since been modified. Awaiting evaluation after modification.
4*. Escherichia coli* bacteraemia	**<u>February</u>** – There were 29 E coli bacteraemia in February 2016. Of these 5 (17%) were hospital acquired and 24 (83%) were community acquired.	<u>The hospital acquired bacteraemia are as follows:</u> **February:** 2 patients with urosepsis unrelated to catheterisation or any other invasive procedure (unavoidable). 1 patient with neutropenic sepsis without an identifiable focus of infection (unavoidable) 1 patient with a history of decompensated liver disease due to hepatitis C without an identifiable source of infection (unavoidable). 1 patient with skin/soft infection (unavoidable).	
5. VRE bacteraemia Vancomycin resistant enterococci	To date there have been 8 cases of VRE bacteraemia. **<u>February</u>** - 1 case		
6. Outbreaks	**February:** MDR Pseudomonas – 4D and 4E 3 connected patients – from	Multidisciplinary meetings and all investigations into connections between the identified patients have taken place.	Water testing of all outlets has taken place and filters in the shower heads of the bath have been replaced. This is in addition to the routine water testing and replacement of

	November 2015 – January 2016. Index case was a transfer from Romania and was colonised on admission.		filters. Further testing continues to ensure water safety. ANTT procedures have been audited by the ANTT nurse. Report demonstrated no lapses in ANTT procedures. Enhanced cleaning of the area was implemented. Sink cleaning audit was undertaken by Domestic supervisors – sink cleaning was being done appropriately. There has been a review of the transport of clinical material for dressings between 4D and 4E. A timeline of the 3 cases was done. No connections were found although 2 of the patients had been in the same room but had not followed each other.
7. CPE Carbapenemas – producing Enterobacteriasceae.	**February:** 0 HCAI		Wards have continued to be reminded, via the IPC Monthly Report, and various meetings that 3 screens should be carried out on any patients who are risk assessed and fulfil screening requirements, following admission. Audits on compliance are being undertaken – next audit scheduled for April 2016.

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St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)033

Title of paper: Care Quality Commission (CQC) compliance and registration

Purpose:

To confirm compliance with the fundamental standards and on-going CQC registration requirements, following a review of the summary of compliance by the Quality Committee and to note the annual fee for registration

Summary:

The Trust is required to register with the CQC and has a legal duty to be compliant with the fundamental standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). In 2015, the Trust underwent a comprehensive Chief Inspector of Hospitals' visit and was found to be compliant with the fundamental standards, with no requirement for enforcement action in any area. The Trust was rated as good overall with outstanding features and has remained registered with the CQC without conditions.

The Quality Committee reviewed the information contained in Appendix 1 which provides a summary of compliance against each of the relevant standards.

The committee agreed that the assessment of standard 2 (regulation 10) should be updated to reflect the recent capital works to ensure privacy and dignity in the Coronary Care Unit and the Trusts record of no mixed sex breaches reported during 2015/16.

The CQC charges all providers an annual registration fee to cover its regulatory activities. Fee bandings in 2015-16 were based on the total amount of operating revenue given in the last published audited accounts, and the Trusts fee was £94,966. Central funding for the CQC has been reduced in 2016/17 and higher charges are likely to be passed on to providers. This is expected to be a cost pressure for the Trust but the final fee is not yet known.

Corporate objectives met or risks addressed:

Care, safety and communication

Financial implications:

The Trust is required to pay an annual registration fee on 1st April – the fees for 2016-17 have not yet been published. In 2015 this was £94,966.

Stakeholders: Trust Board, patients, carers, staff, regulators, including the CQC and commissioners

Recommendation(s):

The Board are requested to note the contents of the report and approve the annual declaration of compliance with CQC standards.

Presenting officer: Sue Redfern, Director of Nursing, Midwifery and Governance
Date of meeting: 30th March 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Compliance with CQC Regulations and Fundamental Standards

Key	This paper was updated on 22nd February 2016
	Full assurance in place in STHK
	Process in place, further work required until full assurance can be given
	No assurance in place
	Position not yet assessed and, therefore, not known.
	Not applicable

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
No FS maps to this regulation	5 - Fit and proper persons: directors	People with director-level responsibility for meeting the standards are fit to carry out this role.	**Well-led**	Remuneration	DoHR		Process in place for confirming all current Directors including Non-Executive Directors meet the required standard and will be applied to all new appointments. The process being followed is in line with the process shared across a number of north west foundation trusts.	Chair approved process in place and adhered to for all new starters. Confirmed in the CQC inspection report

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
No FS maps to this regulation	6 - Requirement where the service provider is a body other than a partnership	Provider is represented by an appropriate person nominated by the organisation who is responsible for the management of regulated activity.	**Well-led**	Executive	DoNMG		Director of Nursing, Midwifery and Governance is the Accountable Person registered with the CQC.	Director of Nursing registered with the CQC as responsible officer. Declaration made and noted on CQC website
No FSs map to this regulation	8 - General	Registered person must comply with regulations 9 to 19 in carrying on a regulated activity	**Well-led**	Quality	DoNMG		See information below for compliance	See below

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
1	9 - Person-centred care	Providers must do everything reasonably practicable to put patients at the centre and to reflect personal preferences, taking account of people's capacity and ability to consent.	Safe, **Caring,** Responsive	Quality	DoNMG		All patients are assessed on admission and have comprehensive treatment/care plans in place. Trust has examples of adjustments made to meet individual needs, including electronic alerts, health passports, side-rooms, additional staffing where needed, carer beds, hearing loops & communication aids. In outpatients, double, early and late appointments are used with desensitising visits to clinics. Specialities have developed their own pathway supporting people with additional needs and include imaging, endoscopy and pre-operative assessment. For complex patients, best interest decision-making and journey planning involving multi-disciplinary teams are routine. Trust is achieving the dementia CQuIN. Mental Capacity Act included in mandatory training which achieved 88.3% compliance in 2014-15 and with target of 85% set for 2015-16. Consent Policy has been updated and re-launched. Compliance with nursing care indicators is regularly audited and reported to each ward. A report was presented to January 2016 Patient Experience Council.	The Trust was rated first nationally for patient experience, using a number of indicators, highlighting the importance the Trust places on all aspects of patient care. The Trust received an overall rating of outstanding for the caring domain, with examples of compliance sited in the CQC inspection report, including the fact there were sufficient numbers of trained nursing and support staff with an appropriate skill mix to ensure that patients' needs were met appropriately and promptly. The CQC observed positive interactions when staff were seeking consent.

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
2	10 - Dignity and respect	Have due regard to the Equality Act 2010 protected characteristic – staff demonstrating compassion and respect. Maintain privacy **at all times**, inc when sleeping, toileting and conversing.	Safe, **Caring,** Responsive	Quality	DoNMG		Trust has reported no mixed sex breaches during 2015/16. Privacy and dignity assessed as part of CQC inspection and external PLACE assessments. Structural changes to the Coronary Care Unit have enhance privacy and dignity of patients.	Additional assurance to be gained through audit of mixed sex breaches and responses to audit findings. On-going observation through internal Quality Inspections.
3	11 - Need for consent	All people using the service or those acting lawfully on their behalf give consent. (Meeting this regulation may mean not meeting other regulations eg this might apply in regard to nutrition and person centred care. However, providers must not provide unsafe or inappropriate care just because someone has consented.)	**Safe,** Responsive	Quality	MD		Consent Policy has been updated and rolled out. Patients are consented using standard Trust forms for all procedures.	Audit of patient records and compliance with consent policy and Mental Capacity Act (MCA) 2005 and report through Clinical Effectiveness Council to the Quality Committee. CQC observed positive interactions when staff were seeking consent

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
4	12 - Safe care and treatment	**Assessing risks** against health and safety standards, mitigating risks, **staff providing care** have relevant qualifications, competence, skills and experience, ensure **premises and equipment** used are safe for intended purpose. Ensure sufficient quantities **of medicines/ equipment** to remain safe. Proper oversight of safe management of medicines. **Infection prevention and control (IPC)**.	**Safe**	Quality; Workforce Council; Executive	DoHR, DoNMG, DoCS,		H&S risk assessments in place and outlined in H&S Policy & supporting documents. Work place inspections reported to Health and Safety Committee which reports to Workforce Council and programme of environmental checks in place reporting to Patient Experience Council. Relevant checks against job description/ person specification undertaken as part of recruitment process for all staff. Missed doses of medication are recorded in patient notes, on Datix and are audited. Pharmacy undertake audits of missed doses and security, providing feedback to individual wards for improvement. Programme of medical device maintenance in place. Compliance with infection prevention and control is audited monthly.	Monitoring patient safety incidents, review of root cause analysis and delivery of action plans arising from reported incidents, through Patient Safety Council. Strengthen process for embedding lessons learnt from incidents and complaints is to remain as a quality improvement priority for 2016-17.

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
5	13 - Safeguarding service users from abuse and improper treatment	Zero tolerance approach to abuse and unlawful discrimination and restraint, including neglect, degrading treatment, unnecessary restraint, deprivation of liberty. All staff to be aware of local safeguarding policy and procedure and actions needed if suspicion of abuse.	**Safe**	Quality, Workforce	DoNMG, DoHR		The Trust has a zero tolerance approach to abuse, discrimination and unlawful restraint. The Trust has a Raising Concerns Policy and also Disciplinary Policy and Procedure in place for any staff who fail to meet the Trust's values and ACE behavioural standards. Each clinical area has a Safeguarding file with key information to ensure all suspicions are reported appropriately. Safeguarding level 1 is the minimum mandatory requirement for all staff, with level 2&3 targeted at those who require it, ie those working with children and young people and those in decision-making roles respectively. Current compliance with training is meeting the target for level 1 and is in line with commissioners' expectations for levels 2&3. Awareness of Deprivation of Liberty Safeguards (DoLS) is included in induction and mandatory training. The Trust provides training in conflict resolution (Customer Service Training).	Review of complaints and incidents to identify any episodes of abuse and deprivation of liberty instances. Review of risk assessments when working in partnership with other providers including local authority in relation to safeguarding procedures. CQC inspection report highlighted that the relevant policies and procedures are in place, with robust training and support from the Safeguarding Team to ensure patients receive appropriate care.

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
6	14 - Meeting nutritional and hydration needs	People who use services have adequate nutrition and hydration to maintain life and good health.	**Effective**	Quality	DoNMG		Nutrition and hydration screening tools in place (MUST) and relevant patients have food charts. There is a red tray and red jug system in place for patients who require additional support with eating and drinking. All general wards operate protected mealtimes. Patients are regularly assessed to note any changes in nutrition and hydration status. Trust rolled out the Malnutrition Universal Screening Tool (MUST) for adults to ensure compliance with NICE guidance in 2015.	Audit of patient records, including fluid balance charts, appropriate risk assessments and resulting care plans. Direct observation during Quality Inspections. Review of patient satisfaction surveys and PLACE scores.
7	15 - Premises and equipment	Premises and equipment are clean, secure, suitable, properly used/maintained, appropriately located and able to maintain standards of hygiene. Management of hazardous/clinical waste within current legislation. Security arrangements in place to ensure staff are safe.	**Safe**	Quality	DoCS		The Trust was rated first acute Trust overall in the national Patient-Led Assessment of the Care Environment (PLACE) in 2014 and again in 2015. A comprehensive internal environmental audit is undertaken and reported to the Patient Experience Council. Workplace inspections and COSHH risk assessments in place.	Review of PLACE scores and monitor delivery of action plans. Audit of cleaning schedules to confirm appropriate frequency and products. Audit of medical devices

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
8	16 - Receiving and acting on complaints	All staff to know how to respond when receiving a complaint. Effective and accessible system for identifying, receiving, handling and responding to complaints, with full investigation and actions taken. Providers must monitor complaints over time looking for trends and areas of risk.	**Responsive**	Quality	DoNMG		Staff aware of how to manage complaints at a local level, including local resolution where possible, with involvement of PALS. Arrangements for responding to formal complaints within agreed timescales were reviewed in 2015 and amendments made to the system to improve timeliness of responses. Themes identified and reported to Patient Experience Council and the Quality Committee.	Continue to improve response times to complainants. Strengthen the process for identifying and disseminating lessons learnt across the Trust.

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
9	17 - Good governance	Robust assurance and auditing processes in place to drive improvement in quality and safety, health, safety and welfare of patients and staff. Effective communication system for users/staff/ regulatory bodies/ stakeholders so they know the results of reviews about the quality and safety of services and actions required.	**Well-led,** Responsive	Board	CEO		Board completed a second self-assessment against the Well-led framework and has a detailed action plan in place to address areas for improvement. An annual Board effectiveness review is undertaken, including a review of the Board Committees and the outcomes are considered by the whole Board. MIAA review the governance arrangements within the Trust including compliance with the CQC processes. External Audit review the annual governance statement. The Trust complies with the NHS Publication scheme, it has an internal team briefing system in place to ensure staff are aware of the results of external reviews. Ward accreditation scheme in place (Quality Care Assessment Tool – QCAT) that is aligned to CQC standards.	Assess methods of communicating to users, staff and stakeholders the outcomes of quality reviews. CQC noted that there was effective staff engagement in the development of the Trust's vision and values, which were widely understood across the organisation.

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
10	18 - Staffing	**Sufficient numbers** of suitably qualified, competent, skilled and experienced persons deployed to meet CQC requirements.	**Safe, Effective**	Workforce Council	DoHR		Comprehensive workforce strategy in place supported by a Recruitment and Retention Strategy, including targeting workforce hotspots. There is also a comprehensive workforce performance dashboard, which enables detailed monitoring and oversight. A safer staffing report is presented every month to the Board, with a 6 monthly detailed staffing review reported to the Board including nurse establishment and patient acuity.	Review of clinical supervision delivery. CQC inspection report noted that the Trust maintains a rolling programme of nurse recruitment that meant vacancies were filled in a timely way and that where there were medical vacancies patients received prompt and appropriate care.
11	19 - Fit and proper persons employed	Staff to be of good character with appropriate qualifications, competence, skills and experience ie all staff are fit and proper – honest, trustworthy, reliable and respectful	**Well-led**	Workforce Council	DoHR		Effective procedures in place for pre-employment and on-going revalidation of relevant staff. The Trust has range of HR policies and procedures. Staff are aware of the requirement to raise any concerns about patient care and anything that may affect them personally in fulfilling their duties.	Audit recruitment policies and procedures, with all relevant checks.

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
No FS maps to this regulation	20 - Duty of candour	Open and transparent with people who use services/people acting lawfully on their behalf. Promote culture of openness, transparency at all levels, with focus on safety to support organisational and personal learning. Actions taken to ensure bullying and harassment is tackled in relation to duty of candour.	**Safe**	Quality Committee	DoNMG		Electronic reporting system, Datix, amended to include mandatory field to confirm compliance with Duty of Candour Compliance to be included in future Serious Incident Board reports Training is provided to staff within the following training programmes: Trust's induction. Mandatory training Root cause analysis training Awareness of duty of candour has also been raised with staff via team brief and presentations at large events such as nurses' day. From June 2015 all line managers trained as speak up safely champions and received a training video, which also includes their responsibilities under duty of candour.	Review of Datix to ensure all patients severely or moderately harmed have been informed in person within 10 working days of incident reported (NHS Standard contract requirement) and written responses supplied. Audit of written records to include those patients who do not wish to be informed. CQC confirmed in their inspection report that the Trust has good systems in place to fulfil its obligations in relation to the Duty of Candour Regulations.

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position	Comment including any further actions to strengthen compliance if required
No FS maps to this regulation	20A - Requirement as to display of performance assessments	Notify via all websites and in each premise where services are provided the latest CQC rating, including principal premises. The information is to include the CQC's website address and where the rating is to be found and for each service/premise the rating for that service/premise.	**Responsive,** Well-led	Executive	DoCS		Ratings available on internet with links to the full reports using the CQC widget. Full list of clinics and sites where services provided collated for staff to display ratings in individual clinics.	

TRUST BOARD PAPER

Paper No: NHST(16)034
Subject: Elimination of Mixed Sex Accommodation Declaration
Purpose: For discussion and Approval
Summary: All Trusts are required to declare an annual compliance with the guidance in relation to elimination of mixed sex accommodation. Should they not be in a position to do so, they may declare non-compliance however significant financial penalties may apply under such a circumstance. The annual declaration must be published on the Trust website.
Corporate Objective met or risk addressed: Safe, Effective care
Financial Implications: Financial penalties apply if breaches occur
Stakeholders: All staff and external partners
Recommendation(s): For discussion and approval
Presenting Director: Sue Redfern Director Of Nursing , Midwifery and Governance
Board date: 30th March 2016

Eliminating Mixed Sex Accommodation Declaration

1. Background

1.1 In November 2010, the Chief Nursing Officer (CNO) and Deputy NHS Chief Executive wrote to all NHS Trusts. The letter (PL/CNO/2010/3) set out the expectations that all NHS organisations 'are expected to eliminate mixed sex accommodation, except where it is in the overall best interests of the patient, or their personal choice'. The CNO letter included detailed guidance on what was meant by 'overall best interests', including situations, for example, when a patient is admitted in a life threatening emergency.

1.2 This was followed by another letter from the Chief Nursing Officer and Deputy NHS Chief Executive in February 2011 (Gateway ref 15552) setting out expectations regarding a Declaration exercise.

1.3 Trusts are required to declare an annual compliance with the statement above. Should they not be in a position to do so, they may declare non-compliance however significant financial penalties may apply under such a circumstance.

1.4 The Trust has continued to declare annual compliance.

2. Declaration of Compliance

2.1 The Trust Board of St Helens and Knowsley Teaching Hospitals NHS Trust confirms that mixed sex accommodation has been virtually eliminated within all its hospitals, except where it is in the overall best interest of the patient, or reflects their personal choice.

2.2 We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen by exception based on clinical need. (Example, where patients need specialist equipment such as in critical care areas).

2.3 Sleeping accommodation does not include areas where patients have not been admitted, such as accident and emergency (A&E) cubicles.

2.4 If our care should fall short of the required standard, the Trust will report it. St Helens and Knowsley Teaching Hospitals NHS Trust have assurance mechanisms in place to monitor compliance, the management structure to manage any breaches and the desire to ensure we are communicating to patients and the public that we are delivering our commitment to eliminating mixed sex accommodation.

3. Data collection and performance

3.1 2015/16 year to date there has been zero breaches reported via Unify.

3.2 Financial penalties apply to all non-clinical breaches. This is defined as £250 per person that the breach applies to.(for example 4 bedded bay 1 female and 3 male = 4 breaches).

4. Current Situation

4.1 Gender mixing only occurs within critical care units and the emergency department. This is in line with the overall best interests criteria stated by the CNO.

4.2 All adult in-patient wards are either single sex, or where they are mixed sex, areas within the ward are designated as male or female, with separate designated toilets and bathrooms. Where admissions and transfers may potentially cause a mixed sex breach ward teams move patients to prevent this occurrence.

4.3 Children, young people and their parents will be asked at time of admission if they wish to be cared for with others of a similar age in a single sex bay or in a single room. The preference chosen will be used as the basis upon which to decide where to place a child or young person in our children's wards.

4.4 Any changes to the environment include risk assessment to ensure the mixed sex is not breached.

4.5 The Trust Elimination of Mixed Sex Accommodation policy has been reviewed and is available on the Trust website.

5. Patient experience

5.1 Year to date there have been no complaints specifically about breaches of single sex accommodation.

Recommendation.

The Trust Board is asked to approve the declaration of compliance, for it to be published on Trust website and to enable the Trust to declare compliance to NHSE.

ENDS

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)035
Title of paper: 2015 NHS Staff Survey Trust Board Report
Purpose: To provide the Trust Board with an overview of the outcomes of the Staff Survey for 2015 and recommended actions.
Summary: • Purpose of Survey • Structure of Survey • Performance Overview • Key Findings of note • Proposed Actions.
Corporate objectives met or risks addressed: Developing Organisational Culture and supporting our workforce, Safety, Communication
Financial implications: Continued investment in services, no new financial requirements**.**
Stakeholders: Staff, Staff Side colleagues, Service users, Line Managers, Staff Side, Service users, CCG, CQC.
Recommendation(s): Members are asked to approve: The Board are requested to note the outcomes and accept for progression into a detailed milestone plan interventions to address the proposed actions.
Presenting officer: Anne-Marie Stretch, Director of HR
Date of meeting: 30th March 2016

St Helens and Knowsley Teaching Hospitals NHS Trust

2015 NHS Staff Survey Report

1. INTRODUCTION

Between October and December 2015 St Helens and Knowsley Teaching Hospitals NHS Trust (STHK/ the Trust) took part in the National NHS Staff Survey, the results of which were published nationally on 23rd February 2016.

The survey, administered on our behalf by Quality Health, was completed by a sample of staff determined by the total number of staff employed on a national sliding scale. The sample was generated at random from all those employed on 1st September 2015 and included those on maternity leave. The official sample size for the Trust was 850.

The data generated from this sample is for the purposes of the Care Quality Commission monitoring assessments, and is also used by other NHS bodies such as the Department of Health.

Questionnaires were distributed to staff by hand through the network of Staff Survey Champions. Staff responded by using a pre-paid response envelope provided by the contractor. Two reminders were sent; a first reminder letter, and a further mailing which included a repeat questionnaire. As in previous years, no additional promotional incentives were used instead efforts were concentrated on ensuring the effective distribution and promotion.

This report provides an overview of all the conclusions arising from the survey into an Executive Summary.

Detailed results can be viewed on the Trust Intranet Staff Survey pages;

http://nww.sthk.nhs.uk/pages/LearningAndDevelopment.aspx?iPageId=16737

A breakdown of the responses to each question are available from the following site;

http://www.nhsstaffsurveys.com/Page/1019/Latest-Results/Staff-Survey-2015-Detailed-Spreadsheets/

2. QUESTIONNAIRE CONTENT

The questionnaire content is agreed nationally after extensive consultation between the CQC, the Department of Health, and the Survey Advice Centre.

The feedback reports, published by the Survey Advice Centre, map the response to individual questions to “Key Findings”.

As in previous years, there are two types of Key Finding (KF):

- **Percentage scores:** i.e. percentage of staff giving a particular response to one, or a series of survey questions.
- **Scale summary scores:** calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5.

The allocation of questions to Key Findings along with their respective results is set out in Appendix 1 below.

The core questionnaire includes questions to fulfil the Health and Safety Executive's Stress Audit. the report have been structured around 4 of the seven pledges to staff in the NHS Constitution which was published in March 2013 plus three additional themes:

1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.

2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

3: To provide support and opportunities for staff to maintain their health, well-being and safety.

4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

Additional theme 1: Staff satisfaction

Additional theme 2: Equality and diversity

Additional theme 3: Patient experience measures

In this report, the results of the questionnaire have been summarised and presented in the form of 32 Key Findings (Appendix 1).

3. RESPONSE RATE

Local

448 completed questionnaires were returned from this sample. The response rate to the National Staff Survey was therefore **55%** (448 usable responses from a final sample of 812).

National

The overall national response rate for Acute Trusts in England was 41%. 14% less than that of St. Helens & Knowsley Teaching Hospitals.

Respondents

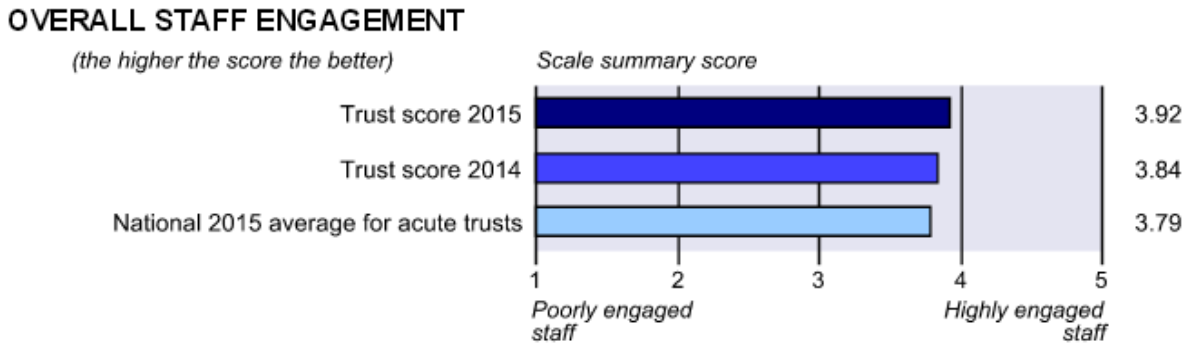
The 448 respondents comprised the following staff;

Staff Type	%
Women	80
Men	20
White	94
Ethnic Minorities	6
16-40yrs	32
50+ years	41
Face to face contact with patients as part of their job	82

4. RESULTS

Overall Staff Engagement

The figure below shows how the Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating poorly engaged staff (with their work, their team and their trust) and 5 indicating a highly engaged workforce. The Trust's score of **3.92** was in the **highest (best) 20%** when compared with trusts of a similar type nationally.



The most notable contributory response to this overall indicator of staff engagement is the 'Staff Friends and Family test question, " Staff members' willingness to recommend the Trust as a place to work or receive treatment" (Key Finding 24), for which the Trust again returned a score in the **best 20%** of acute hospitals nationally.

Other contributory responses to this measure include KF4. 'Staff motivation at work (the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs)' having a score in the **best 20%** of acute hospitals nationally and KF7. Staff ability to contribute towards improvements at work (the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work) which remained unchanged from the 2014 score and was slightly below the national average.

Patient Focus

83% of staff agreed that care of patients / service users is the organisation's top priority.

With an increase of 4% on the 2014 survey score, this is well above the national average of 75%. This compares well with all other similar acute trusts where STHK has the joint **best** score nationally and underlines the Trusts commitment to placing the patient at the centre of all we do.

Key Findings

The Trusts results for a significant number of the Key Findings have maintained the improvements made in the previous 2 year's surveys (Appendix 1).

Of the 32 Key Findings, 2 have shown a statistically significant change;

- KF10. Support from immediate managers improved from 3.75 to 3.89 taking it into the **best 20%** of acute trusts nationally.

- KF16. The percentage of staff reporting they work extra unpaid hours has seen an increase against last years' result. Whilst this is a statistically significant movement in the wrong direction, it is equal to the average for similar trusts nationally. The majority of staff contributing to the high score on this KF are clinical roles from the Medical and Surgical Care, Clinical Support services and Patient Access Directorates. Whilst increased levels of

work can, be associated with absence rates and an unprecedented increase in the levels of activity in the organisation since the 2014 survey additional work will be undertaken to determine what can be done to address this.

Of the 32 Key Findings, 22 have a score in the best 20% of acute trusts nationally (Appendix 1) and details of the changes for all Key Findings are provided in Appendix 2, with the most notable responses set out in the following tables.

Key Finding	Scores out of 5		
	STHK	National Average	Best
KF1. Staff recommendation of the organisation as a place to work or receive treatment	4.03	3.76	4.10
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	4.21	3.93	4.29
KF4. Staff motivation at work	4.00	3.94	4.14
KF5. Recognition and value of staff by managers and the organisation	3.59	3.42	3.73
KF8. Staff satisfaction with level of responsibility and involvement	4.01	3.91	4.08
KF10. Support from immediate managers	3.89	3.69	3.96
KF13. Quality of non-mandatory training, learning or development	4.12	4.03	4.18
KF19. Organisation and management interest in and action on health /wellbeing	3.89	3.57	3.97
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.86	3.70	3.92
KF31. Staff confidence and security in reporting unsafe clinical practice	3.79	3.62	3.93
KF32. Effective use of patient / service user feedback	3.81	3.70	3.97

Key Finding	%		
	STHK	National Average	Best
KF3. % agreeing that their role makes a difference to patients / service users	92	90	95
KF17. % suffering work related stress in last 12 months	28	36	24
KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	22	28	19
KF21. % believing the organisation provides equal opportunities for career progression / promotion	92	87	96
KF29. % reporting errors, near misses or incidents witnessed in the last month	94	90	97

Work from the 2014 survey action plan focussing on the reporting of and learning from errors and incidents, has led to improvements in responses for the following Key Findings which now place the Trust in the **best 20%** of acute hospitals nationally for these measures.

- KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month.
- KF 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month.
- KF 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents.
- KF 31. Staff confidence and security in reporting unsafe clinical practice.

Whilst the overwhelming majority of responses are positive, there are a number of areas which generated less favourable results. Areas of note and which will require action as part of the 2016-17 action plan (Appendix 3) are:

- KF 20. The percentage of staff stating they had experienced discrimination at work in the last 12 months - Whilst the overall result for the trust is better than the national average, 32% of respondents from black and ethnic minority groups report that have experienced some form of discrimination.
- KF6. The percentage of staff reporting good communication between senior management and staff – This has seen a marginal improvement since the 2014 survey and does place the Trust in the best 20% of acute trust nationally. However the results indicate that only 36% of staff state that communication is good.
- KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months – at 16% this is 2% worse than the national average and 6% higher than the best acute trust. Respondents contributing to this are predominantly in the Medical Care Group and comprise mostly Healthcare Assistants.
- KF24. Percentage of staff / colleagues reporting most recent experience of violence – Only 42% of respondents that had experienced violence stated they had reported it. Respondents were exclusively from the adult nursing and Healthcare Assistant workforce in the Medical, Surgical and Clinical support service directorates.
- KF23. Percentage of staff experiencing physical violence from staff in last 12 months – Despite work in the previous action plan, this has remained unchanged at 3%. 1% above the national average and 3% higher than the best acute trust nationally. The greatest level of contributory responses where from Nurses, Midwives, Healthcare Scientist and Allied Health professionals in the Clinical support services, Medical care and Patient Access Directorates.
- KF7. Percentage of staff able to contribute towards improvements at work – The Trust response has remained unchanged from the 2014 survey at 68%, however improvements in scores in comparator trusts has led to the score being 1% under the national average and 11% lower than the best score nationally.

5. CONCLUSIONS AND RECOMMENDATIONS

The Trust has continued to work hard over the last 12 months in the delivery of the 2014-15 staff survey action plan and to engage with, support and develop its workforce and would like to recognise the progress made in an operationally challenging environment.

Our staff continue to be our most vital resource and we will use the results from the Survey to continuously improve staff experience and service to our patients.

Appendix 3 details the suggested action points, based on those areas where the Trust has responded less favourably to other acute trusts or where performance is not what we would aspire to. The headline areas recommended for the Board to keep under close review throughout the year are highlighted below and progress will be monitored monthly as part of the combined workforce report through the Workforce Council. Whilst some of the areas of focus are consistent with those from the previous survey results it should be recognised that progress has been made the Trust improving its overall standing across a wide range of measures .

Publicising the results

Further to the presentation given by Quality Health to the Trust Senior managers on 4th March 2016, it is important that staff see the benefits of participating in this survey and are aware both of the outcomes from the Staff Survey and the resultant actions. In support of this, with the support of the Media and Communications team, the results of the staff survey will be publicised through all

available channels including:

- Display presentations in appropriate locations on St Helens & Whiston Hospital sites.
- The management and full reports to be uploaded and available on the Intranet.
- Copies to Clinical Governance teams and to Divisional and Departmental Heads.
- Summary of findings at Team briefing.
- Summary with links to full report on Global emails.
- Copies to the local Staff Side representatives.
- Circulation to the Valuing Our People steering group.

Reporting to staff on the outcomes of the survey, and telling staff what has been done about key issues arising from it is a major help in maximising response rates at the next survey and significantly improves the credibility of the process.

6. ACTION REQUIRED BY THE BOARD

The Trust Board are asked to note the content of this report and to approve and support the recommendations. Actions to address the limited areas of concern will be incorporated into the Combined Workforce Action Plan for 2016-17. This will be monitored by the Workforce Council and assurance of delivery will be provided to the Quality Committee as part of the Board Governance Assurance Framework.

Prepared for:
Anne-Marie Stretch, Director of Human Resources
Prepared by:
Adam Rudduck, Assistant Director of Organisational Development
10th March 2016

APPENDIX 1
Comparison of all Key Findings for St Helens & Knowsley Teaching Hospitals

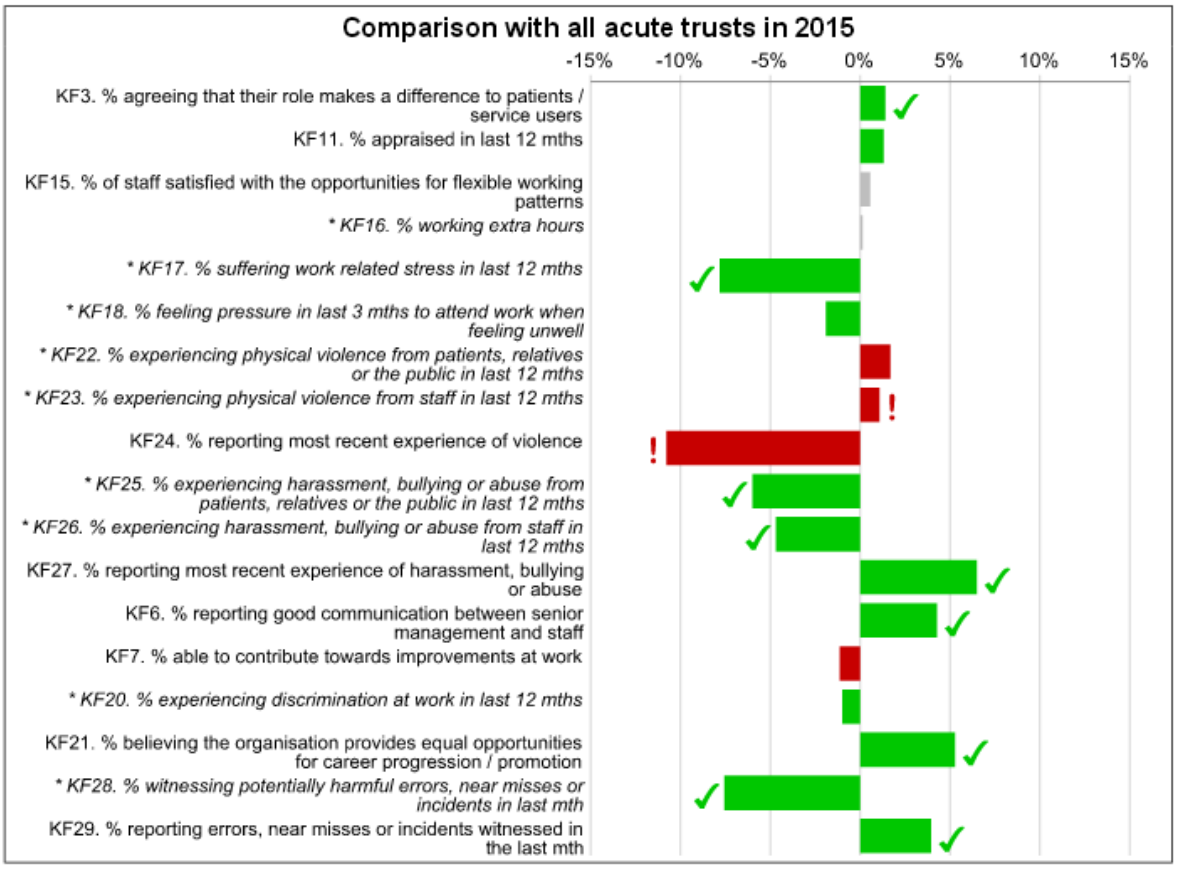
KEY

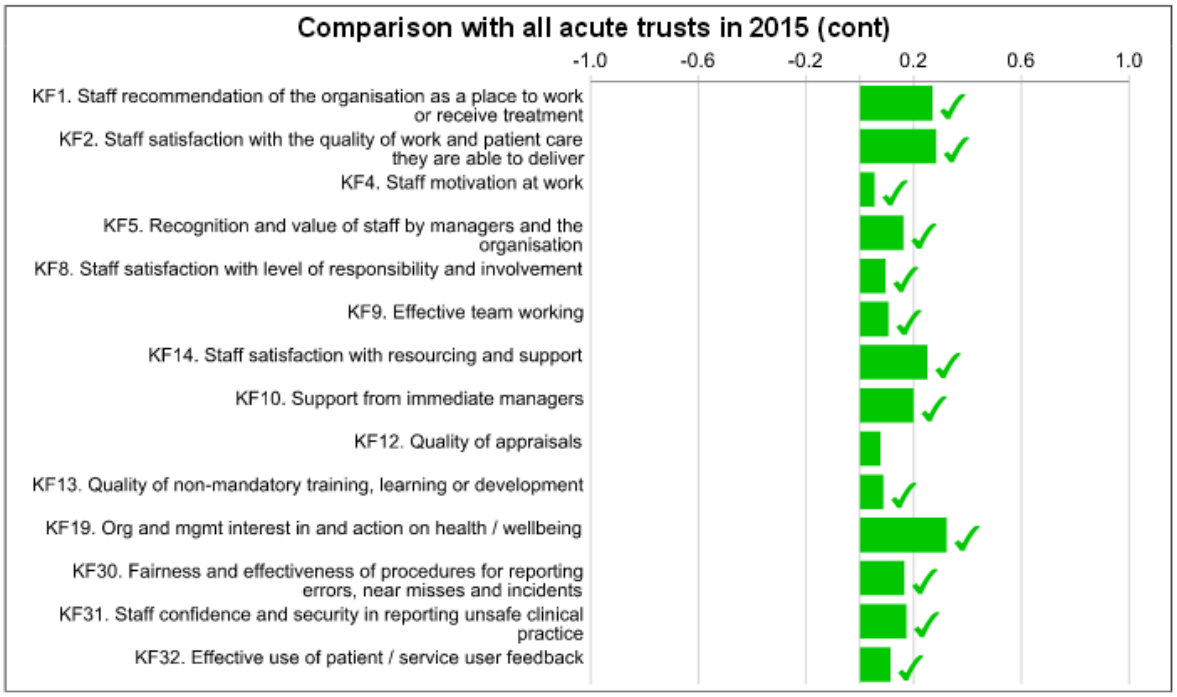
Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.





APPENDIX 2
Summary of all Key Findings for St Helens & Knowsley Teaching Hospitals

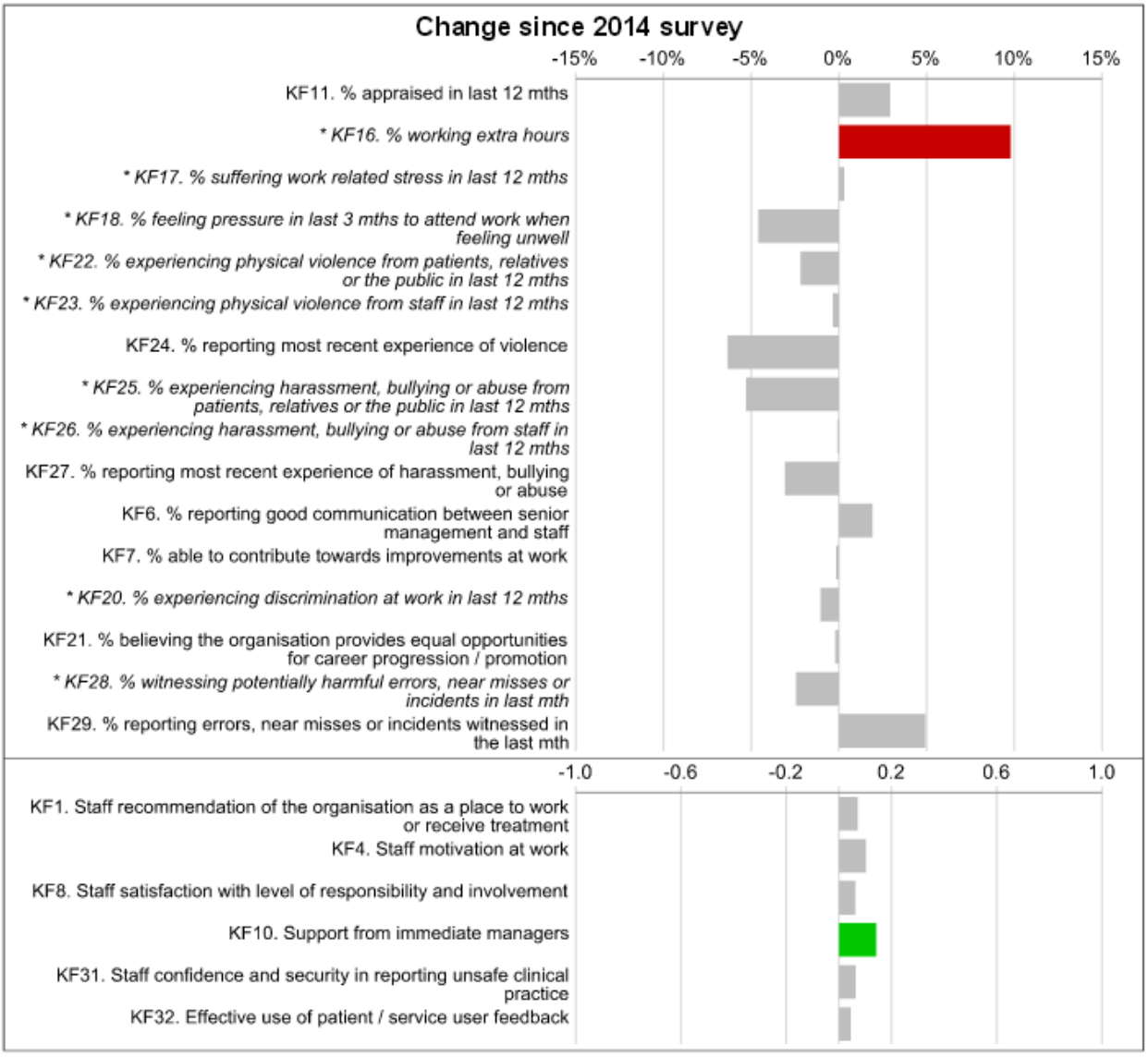
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2014 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2014 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2014 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



APPENDIX 3
Staff Survey Action Plan 2016-17

Area	Recommendation	Intervention	Lead	Anticipated deadline
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.	KEY FINDING 12. Quality of appraisals	Review the appraisal process to ensure it supports robust and effective appraisal and personal development planning, linked to delivering the role and development opportunities	Victoria Shore – Head of Leadership and OD	August 2016
		Implement e-appraisals to improve effectiveness of appraisal and links to talent management/ career progression		September 2016
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.	KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	Identify the location of spikes in violent incidents from patients and the public, by drilling down into your data where possible.	Carole Whewell – Head of Non-Clinical Risk Management	June 2016
		Identify the location of spikes in violent incidents from patients and the public, by drilling down into survey data where possible.		June 2016
	KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months	Identify the location of spikes in violent incidents from staff and the public, by drilling down into your data where possible.		June 2016
		Identify the location of spikes in violent incidents from staff, by drilling down into survey data where possible.		June 2016
	KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence	Undertake review to understand why staff are failing to report experience s of violence.		May 2016

		Make staff aware of the policy and processes for reporting and managing incidences of violence and aggression .		
	KEY FINDING 16. Percentage of staff working extra hours	Review staff survey data to identify affected staff groups and areas	Kate O'Driscoll/ Jan Hornby- Head of HR	July 2016
		Use of additional survey methods to understand why this is happening		July 2016
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.	KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff	Understand which staff at what levels in what areas are experiencing this	Kim Hughes - Head of Media and Comms	June 2016
		Review existing communications process ensure they are fit for purpose		June 2016
	KEY FINDING 7. Percentage of staff able to contribute towards improvements at work	Work with managers in those areas highlighted in the survey to establish systems that encourage staf to contribute to developments at work	Victoria Shore – Head of Leadership and OD	August 2016
ADDITIONAL THEME: Equality & Diversity	KEY FINDING 20. Percentage of staff experiencing discrimination at work in last 12 months	Work with HR to identify how discrimination might be occurring.	Kate O'Driscoll/ Jan Hornby- Head of HR	July 2016
		Review systems and processes that support equal opportunities	Annette Craghill – E&D Lead	July 2016
		Review E&D training to ensure full coverage of the organisation and incorporation in the management development programmes		July 2016

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)036
Title of paper: Health Work and Well-Being Strategy 2016-21
Purpose: To provide the Trust Board assurance that the new five year Health, Work and Well-Being Strategy has been developed to meet the requirements of current national guidance and recommendations and to ensure that the improvement of health and well-being of the Trust workforce remains a Trust priority
Summary: The aim of the Strategy is to work with the staff to integrate health & well-being into the day to day activities to enable the Trust to create a sustainable positive healthy working environment. A healthy motivated workforce is integral to achieving better care for patients. It is well researched that supporting the well-being of the workforce is paramount to achieving higher levels of performance.
Corporate objectives met or risks addressed: Developing Organisational Culture and Supporting our Workforce. The Trust is committed to supporting a workforce who feel valued and supported
Financial implications: The introduction of the strategy should enable staff to make healthy lifestyle choices which leads to improved well-being and so staff are healthier and sickness can be reduced
Stakeholders: All staff who are employed by the Trust
Recommendation(s): Members are asked to approve: To implement the Health Work and Well-Being Strategy.
Presenting officer: Anne-Marie Stretch, Deputy Chief Executive/Director of HR
Date of meeting: 30th March 2016

Workforce Health, Work & Well-Being Strategy

2016 - 2021

The Trust is committed to ensuring a planned approach to providing a healthy and safe working environment to support staff in maintaining and enhancing their personal health and Well-being at work.

Date: 3rd March 2016
Author: Karen Brayley, Head of Health, Work & Well-Being
Version: Final v.1

Version Control

Version	Date	Author	Amendments	Distribution
1	3/3/16	Karen Brayley		
2				

Workforce Health, Work & Well-Being Strategy 2016 - 2021

1. Introduction

This Strategy has been developed with a particular focus on staff health, work & well-being with the intention of supporting three of the Trusts broader Workforce Strategies already in place:

1. HR & Workforce Strategy 2013-18
2. Staff Engagement Strategy 2013-18.
3. Recruitment and Retention 2015-18

The Trust's Health, Work & Well-Being model identifies six principles for a healthy workforce demonstrating Trust's commitment to delivering on the national health and well-being agenda.

The definition of health as presented by the World Health Organisation (1)

'Health is a state of complete, physical, mental and social well-being and not merely the absence of disease.

St Helens and Knowsley Teaching Hospitals NHS Trust describes well-being as:

'a more general – and as yet not legally defined – concept that covers a range of policy areas for enabling citizens to feel more comfortable, secure and fulfilled in their lives.

The local understanding of well-being acknowledges the range of different ambitions and lifestyle aspirations of people living in a complex urban society.'

The aim of the Strategy is to work with our staff to integrate health & well-being into day to day activities to enable us to create a positive and healthy working environment. We are in the business of patient care and a healthy motivated workforce is integral to achieving better care for patients. It is well researched that supporting the well-being of the workforce is paramount to achieving higher levels of performance.

As set out in the Department of Health 2011 document (2) `Healthy Staff, Better Care for Patients` there is a direct correlation between staff well-being and the quality of patient care delivered. Therefore in the current economic climate getting the best from our workforce through good engagement and maintaining and enhancing their personal health and well-being at work, is more important than ever in influencing better care for patients and business success.

Stephen Bevan from the Workforce Foundation (3) stated the following in a report prepared for Investors in People in 2010:

"The British workforce is not healthy enough to drive the improvements in productivity which the UK needs"

This statement emphasises just how important the link is between workforce well-being and business success is.

Last year, Public Health England launched new Workplace Well-being Charter standards. The charter provides employers with a straightforward and systematic way of driving these improvements in workplace health. The charter website contains a set of toolkits, information on local accreditation providers, as well as the charter standards themselves, which reflect the most recent NICE guidance.

The charter has three levels: Commitment, Achievement, Excellence and we hope that all organisations will be striving for Excellence and use the networks of the local charter participants to learn from local best practice alongside the learning from within the NHS Network.

Changing demographics (4) in the UK predict that about a third of the labour market will be over 50 years old by 2020. The extension of the national retirement age and changing demographics will inevitably change the way organisations need to think and plan for supporting the well-being of its older workforce. This strategy will also reflect upon the NHS Employers, Working Longer Review and the implications of changes to both NHS Pensions and the state age of retirement on health and well-being and the employment of an aging workforce.

Trust staff will be encouraged to take responsibility for their own health and well-being and a supportive self-help approach will be adopted as an underpinning principle of this Strategy. We already have a robust platform in place through a number of policies and procedures and innovative practice to support staff well-being. This Strategy and

the supporting action plan aims to further build on good practice to ensure a proactive and innovative approach to promoting and protecting the health and well-being of our staff is a reality within the Trust.

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

- Improved staff commitment, reliability and energy to deliver better patient care
- Reduced sickness absence
- Improved recruitment and retention rates
- Improved staff morale and motivation and a healthier, happier workforce
- Improved resilience in the workforce
- Improved work life balance
- Enhanced staff engagement
- Lower workplace accidents
- Improved timescales for returning to work following ill health absence
- Improved working environments

Successful implementation of our Staff Health & Well-being Strategy will be measured by the feedback we receive through the staff survey and informal feedback routes, customer satisfaction surveys, reductions in sickness absence; particularly short term absenteeism, staff retention rates, the staff friends and family test and patient quality performance data. Achievement and retention of Investors in People and Safe, Effective, Quality Occupational Health Services (SEQOHS) will also be key indicators.

2. National & Local Context

2.1 Key National Documents

The importance of the health and well-being agenda is receiving increased awareness at a national level. The impact of poor health and well-being on our staff is well researched and acknowledged in the following national documents and guidance which form the foundation of this strategy and the associated actions plan:

a. Dame Carol Black's review (5) "Working for a Healthier Tomorrow" 2008 and Health at Work: An independent view of Sickness Absence sets a vision based on three principles:

- Prevention of illness and promotion of health and well-being;
- Early intervention for those who develop a health condition; and
- An improvement in the health of those out of work.

It identified the importance of healthy workplaces designed to protect and promote good health and the central role that such workplaces play in preventing illness arising in the first place.

b. **The response to Dame Carol Black's review**, (6) published in November 2008, identified a number of indicators against which to measure implementation of the vision:

- knowledge and perceptions about the importance of work to health and health to work;
- improving the promotion of health and well-being at work;
- reducing the incidence of work-related ill-health and injuries and their causes;
- reducing the proportion of people out of work due to ill-health;
- improving the self-reported health status of the working age population;
- the experience of working-age people in accessing appropriate and timely health service support; and improving business productivity and performance.

In November 2015 working with Dame Carol Black; NHS England, NHS Employers, Public Health England and the Social Partnership Forum along with NHS organisations are developing and refining a 'core offer' of what NHS organisations should do to promote staff health and well-being.

The Workplace Well-being Charter National Standards set out a simple road map for delivery of the NICE guidance on workplace health, yet the participation across the NHS is currently patchy. Organisations will be asked to commit to undertake a Workplace Well-being Charter assessment and accreditation process to ensure that they are fully implementing the NICE guidelines on workplace health.

Improvements in the health and well-being of individuals cannot occur in a vacuum, it's important that the environment is right to support staff to make healthy choices and enable employers to intervene appropriately, in a timely manner when issues arise. It's also important to provide individual support when necessary. To enable this, the offer includes:

- supporting and developing board level leadership and engagement
- developing core line management training
- supporting and enabling healthier food choices
- on-site NHS Health Checks
- rapid access to health services, such as physiotherapy and talking therapies
- promoting physical activity

c. **The Boorman NHS Health & Well-Being Review final report 2009** (7)
The NHS Health and Well-being review led by Dr Steven Boorman found that organisations that prioritise staff health and well-being perform better, with improved patient satisfaction, stronger quality scores, better outcomes, higher levels of staff retention and lower rates of sickness absence. The benefits are not only cost effective for organisations in terms of reduced absence rates and increased productivity, but also enable staff to live a healthier and more

fulfilled life which in turn will have a significant impact on their performance at work.

d. Healthy Staff, Better Care for Patients DH 2011[2]
This document outlines a vision and recommendations for occupational health services to healthcare staff stating that they play a key role in the delivery of safe, effective and efficient patient care through promoting and protecting the health of staff.

e. NICE Guideline promoting well-being at work; [8] Public Health Guidance for the Workplace

Provides evidence based guidance for all employers on how to improve the health & Well-being of staff. The areas covered include:

- Long term absence
- Workplace policy and management practices to improve the health and well-being of employees
- Mental well-being
- Obesity
- Smoking cessation
- Promoting physical activity in the workplace
- Lifestyle and well-being.

A report called `Overcoming the Barriers and Sharing Success` was produced by Royal College of Physicians as part of the Staff Health Improvement Project in 2012 to review practice against the NICE Guidance in a number of NHS Trusts. [9]

f. No Health without Mental Health` [10] 2011
In 2012 the Government produced the National Framework to Improve Mental Health and Well-being. This framework sets out the expectations of organisations in delivering six key objectives to improve mental health and well-being defined in the `No Health without Mental Health Strategy`. The Mental health implementation framework sets out what employers, can do to promote and support the mental health of their workforce.

g. Health and Well-Being Standards for IiP. [11]
The Trust holds Investors in People accreditation as assurance that we invest in our workforce as an employer of choice. During 2015 Investors in People have now introduced a new Health and Well-Being Good Practice Award which the Trust as part of this strategy aspires to attain. The aim of this is to help Organisations achieve sustained performance from their staff with the following benefits:

Improving	Reducing
• Employee engagement • Innovation • Morale & Motivation • Talent retention & loyalty • Advocacy productivity	• Recruitment costs • Absence rates ideas • Agency cover • Costs of employee health insurance • Costs of quality and litigation

h. NHS Health & Well-being Improvement Framework, Department of Health, July 2011 (12)

The Improvement Framework sets the expectations for NHS Organisations in relation to Health & Well-Being of the Workforce. The document describes five high impact changes for NHS Organisations to focus on giving their staff a healthy and positive experience of working in the NHS. The five Impact changes are:

1. Develop local evidence-based improvement plan
2. Strong visible leadership
3. Support by improved management capability
4. Access to better, local high quality accredited OH services
5. All staff are encouraged and enabled to take more personal responsibility

i. Engaging for Success: A report to the Government, 2008 (13)

The report focuses on the evidence-base linking positive employee engagement to increased performance and profitability.

j. Supporting our People, The Royal College of Physicians 2015 (14)

According to the Royal College of Physicians 2015 report; “Work and well-being in the NHS: why staff health matters to patient care” staff should be supported to deliver safe, compassionate care;” It is in the best interests of patients and Trusts for the health, well-being engagement of the workforce to be prioritised. Good staff health, well-being and engagement support significant benefits to patient and professionals alike:

- Improved patient safety, including reduced methicillin resistant staphylococcus aureus (MRSA) infection rates and lower standardised mortality figures;
- Improved patient experience of care, including higher levels of patient satisfaction;
- Reduced costs, including lower rates of sickness absence, reduced use of agency staff, improved productivity and higher rates of staff retention;

- Professional and personal benefits for NHS staff, including improved morale, job satisfaction and well-being.

k. What is a Healthy Workplace? (15)

NHS Employers define a healthy workplace in `The Healthy workplaces handbook` as:

- a place where health risks are recognised, and controlled if they cannot be removed
- a place where work design is compatible with people's health needs and limitations
- an environment that supports the promotion of healthy lifestyles
- a place where employees and employers recognise their responsibilities for their health and the health of colleagues

l. Commissioning for Quality and Innovation (CQUIN), March 2016 (16)

NHS England recently has announced plans to offer financial incentives to improve the health and well-being of NHS staff in England, as part of its Healthy Workplaces effort.

These plans are in the form of a new Commissioning for Quality and Innovation (CQUIN), which has been influenced by the ambitions of the Five Year Forward View. New guidance to help NHS organisations reach these targets has been released.

From April 2016, as part of a new health and well-being indicator, NHS organisations will be funded to improve the support they offer to healthcare staff to stay healthy. This new focus will be on giving staff better access to health and well-being initiatives and supporting them to make healthy choices and lead healthy lives.

All NHS care providers will be able to earn their share of a £600m national incentive fund in 2016/17. Organisations will be funded by achieving 5 per cent improvement in health and well-being related (including MSK and stress) staff survey questions, providing a step-change in the health of the food offered on premises and improving the uptake of flu vaccinations for frontline staff; up to 75 per cent. The NHS will support improved outcomes for staff well-being and patient care thus improving the financial position through reduced organisational spend.

2.2 Local Context

The Trusts Objectives, Workforce, Organisational Development (OD) and Human Resources Strategies place high value on the physical and mental health of our employees and our commitment to measures that encourage a healthy workforce.

Over the next 10 years, it is anticipated that the proportion of people aged 85 or over will increase by 1,900 people (a 78% increase). This will mean an increase in demand for caring services to support these people. Mortality from chronic obstructive pulmonary disease (COPD) has fallen by 19% in Knowsley in the last 10 years. However, latest data shows that Knowsley has the highest mortality rate for this condition out of 326 local authorities in England and has a mortality rate that is almost twice the size of the rate for England as a whole (94%). According to the annual report by St Helens Public Health (2014-15) (17) the health of the people in St Helens is generally worse than the average in England. Deprivation is higher than average with 25.6% of children living in poverty. The life expectancy for men and women is also lower than the England average.

Given the issues around population health it is vital that the Trust supports staff to improve their own health and well-being, and in doing so improve that of their families, and their patients. Trust staff need to act as role models for their patients by demonstrating healthy lifestyle choices; thus inspiring our patients and their families to make lifestyle choices.

Health promotion is key to supporting people to stay well. As we train our staff to support patients in areas such as smoking cessation, weight management, alcohol and cancer awareness, healthy eating and getting active, we are giving staff the tools they may also need for themselves.

2.3 Legal Obligations

As an employer, the Trust recognizes that it has a duty of care to under the Health and Safety at Work Act (1974). (18) The Act states that the employer must:

`Ensure, so far as is reasonably practicable, the health, safety and welfare at work for all.'

Employers have a responsibility to carry out risk assessments and must provide the necessary information, training and supervision for staff to ensure they are equipped to maintain health, safety and well-being at work. Our staff have a responsibility to take reasonable care for health, safety and well-being of themselves and others who may be affected by any acts of omissions at work.

The Trust must take action to make reasonable adjustments for staff with disabilities and cannot refuse employment or terminate someone on the grounds of their disability without justification. The Trust wants to go beyond the statutory Health & Safety duties defined above and deliver a meaningful strategy which can make a difference to how staff feel about coming to work and to ultimately deliver good quality care to patients.

2.4 External Influencing Factors

2.4.1 Economic Climate

We are facing increasing financial restraints and challenging targets. This has an inevitable impact on the workforce and the Trust's challenge is to maintain a healthy and motivated workforce that is committed and capable of delivering safe patient care. To get the best from our workforce we need good engagement to understand what will help to maintain and enhance their personal health and well-being at work. Recognising the challenges faced at all levels of the organisation, it is more important than ever to invest time and effort in influencing better health and well-being for the workforce and patients to secure and achieve success.

2.4.2 The Ageing Workforce

The Trust recognises that the challenges in managing work and personal lives, the impact of working longer and the age profile of our workforce all have implications for the health of our workforce. Given that nearly a third of our workforce are over 50 we need to think innovatively about how we continue to engage and support this group of staff.

The Trust needs to plan for supporting the well-being of an older workforce, creating opportunities for promoting and monitoring health and well-being for this group. The wealth of experience and skills obtained from our older workforce need to be retained. However, there also needs to be recognition that for some people, there may be a decline in physical and or mental capacity e.g. loss of muscle strength, reduced heart and lung function, reduced memory and an increased risk of suffering with one or more long term condition. Flexible work options taking into account changes that may occur in the older workforce will need to be considered to maximise an individual's potential and the organisational benefits. Options such as the following will be explored by the Trust:

- Optional health checks for the older workforce
- Individual wellness programmes to maintain fitness for work
- More information available for the older workforce about long term conditions and self- management
- Flexibility with work patterns or reduced hours
- Step down programmes to less demanding roles
- Maximising the use of different types of contracts e.g. annualized hours or bank

2.4.3 Stress & Developing Resilience

It is well recognised that stress at work is a fast growing problem. Stress has a significant impact on staff health and well-being and it is well recognised that excessive work pressures over a prolonged period can lead to stress and absence from work.

The Trust recognises the challenges which face healthcare staff in today's NHS and the need to truly make staff health and well-being a priority. We can manage and help to prevent work- related stress by improving conditions at work and the

support mechanisms in place to help people to build up their personal resilience to stress triggers. Individuals and managers have a role to play in identifying and acknowledging when there is a problem and in making adjustments to help the person to manage a problem at work. As a Trust the approaches need to be multifaceted in recognition of the unique response individuals have in terms of personal resilience and responses to stress triggers.

2.4.4 Managing Change

The need for continuous service improvement and the delivery of sustainable transformational change has become and will continue to be a constant challenge for NHS and its' partners. As such the Trust recognises the importance of acknowledging the effects of frequent change on staff and the need for good communication and support strategies to be in place to promote health and well-being for the workforce. Equipping managers with the transitional change management skills to effectively manage change programs and recognising that cultural development and supporting staff through change is a critical is another key element of valuing our people and their health and well-being.

3. The STHK Strategic Approach to Health, Work & Well-being

3.1 Our Well-Being Promise to Staff

It is the aim of the Trust to create a healthy, happy and safe working environment by:

- Continuing to move to a proactive approach to HWWB
- Building a culture with a sense of belonging, being cared for and feeling valued
- Having effective leadership and management across the organisation to embed and maintain health and well-being as part of everyday activities
- Helping staff develop and maintain a healthy lifestyle and improve their physical and emotional health
- Building personal resilience in individuals through practical strategies, training and support in managing stress
- Providing early intervention and support to staff with health problems or disabilities to remain at work or return to work as soon as possible following a period of absence
- Developing and monitoring the effectiveness of policies which support staff well-being
- Focus on employee engagement
- Continue to grow a culture of the St Helens and Knowsley family as a great place to work and be treated

3.2 Organisational Culture & Well-Being

The Trust Board's commitment and support to help drive the strategy and role model good management practice and ensuring two way communications is vital to the meaningful success of achieving our workforce well-being promise to create a healthy, happy and safe working environment for our staff.

Day-to-day management behaviour form the foundation of our workplace culture as outlined within the Trust Values. The behaviour and attitudes of staff towards their work and colleagues are vitally important as part of a two-way process for improving health and well-being.

Being at work can be a healthy or unhealthy experience and this will depend largely on the individual's perception and the organisation's culture and support mechanisms. There is evidence to suggest that being at work should add value to people's lives in terms of a sense of purpose and being in daily contact with others. Being away from work can lead to a sense of worthlessness and poor mental and physical health. However, staff being in control of how much time is spent at work and how this is balanced with other priorities in their life is the important factor. This balance will be different for each individual and where staff have appropriate work demands and a degree of control over the work, will be where there are the best outcomes for staff, patients and the Trust.

The value of looking after the workforce by promoting health and well-being will come naturally for some, for others additional information and support through training and development will be required. This will be supported through the Trust's Leadership and Management Development Framework. Leaders and managers at all levels should be role modeling positive leadership behaviour and enabling a culture of well-being management which can cascade throughout the organisation setting high but realistic expectations of staff. This approach will help influence an organisational culture which firmly puts the health and well-being of the workforce as a high priority where staff can achieve a healthy work-life balance.

4 HWWB Strategic Activities

The Department of Health & NHS Well-Being Improvement Group Template (2010) provides guidance on the supportive activities which are recommended to ensure a continuous improvement approach to HWWB services in NHS organisations. The Trust currently meets all Department of Health & NHS Well-Being Improvement Group guidance with the exception of a medication service which will be explored as part of the delivery of the strategy:

The Department of Health & NHS Well-Being Improvement Group Template (2010) outlines the following activities which will be quickly put in place to support staff with ill-health and support prompt return to work:

4.1 Supportive Activity

- ✓ Timely referrals to Health, Work and Well-Being
- ✓ Fast and efficient triage by HWWB team
- ✓ Appointments offered within 10 working days
- ✓ Employee Assistance Programme
- ✓ Counselling service
- ✓ Psychology Service
- ✓ Staff physiotherapy services
- ▪ Medication service
- ✓ Self-help courses e.g. “You and Your Well-Being”
- ✓ Signposting staff to external support where appropriate

4.2 Preventative Activity

The Carter Review (19) makes some critical points about the current culture of the NHS, which it says ‘directly affects motivation and morale, and the degree to which people are prepared to give their best at work.’ Delivering the recommendations requires good working relationships throughout organisations, and high quality staff engagement.

NHS England (20) has announced that with effect from April 2016, all NHS organisations in England will for the first time be funded to improve the support they can offer staff to improve their health and well-being. Simon Stevens, Chief Executive, said the healthy workforce programme would support NHS organisations to help staff to stay well, including serving healthier food, promoting physical activity, reducing stress, providing health checks, support for mental health and musculo-skeletal problems.

National CQUIN Templates 2016/17 (16)

1a) Introduction of health and well-being initiatives
1b) Healthy food for NHS staff, visitors and patients
1c) Improving the uptake of flu vaccinations for front line staff within Providers

4.3 Fit for work activity

Activities to promote and support healthy lifestyles:

- ✓ Staff Well-being Champions
- ✓ Health Trainers – workforce support programme
- ✓ Health Promotion Directory of Resources for Activity and Healthy Eating
- ✓ OH Wellness checks
- ✓ Well-being resource information
- ✓ Employee Assistance Programme
- ✓ Healthy lifestyle awareness campaigns
- ✓ Easy access to support and information
- ✓ Well-being monitoring in the workplace – self-help approach
- ✓ Well-being messages built into core staff training

- ✓ Other programmes and schemes that promote healthy lifestyles e.g. cycle to work scheme
- ✓ Moving & Handling advice &Workplace assessments
- ✓ Organisational policies and processes which support staff health & well-being – such as:
    - Health & Safety Policies
    - HR Policies
    - Learning & Development
    - Clinical Supervision
    - Reward & Recognition Policy
    - Staff Engagement Programme

4.4 Healthy Work activity

Developing good management practice and leadership to promote healthy working environments and giving staff satisfying roles by

- Culture and leadership development
- Manager training
- Bullying & Harassment policy and monitoring
- Targeted work on bullying & harassment
- Raising Concerns Policy

4.5 Evaluative Activity

Monitoring progress:

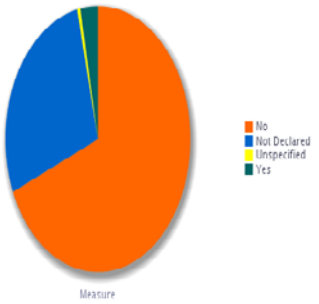
- Sickness absence rates
- Short term episodes of sickness
- Sickness trends e.g. mental health problems, musculoskeletal injuries
- Agency spend
- Staff Turnover
- Staff leavers as a result of stress / workload
- Use of Employee Assistance Programmes
- Staff survey results
- Spend on health & well-being
- Equality and Diversity Training
- Influenza vaccination rates

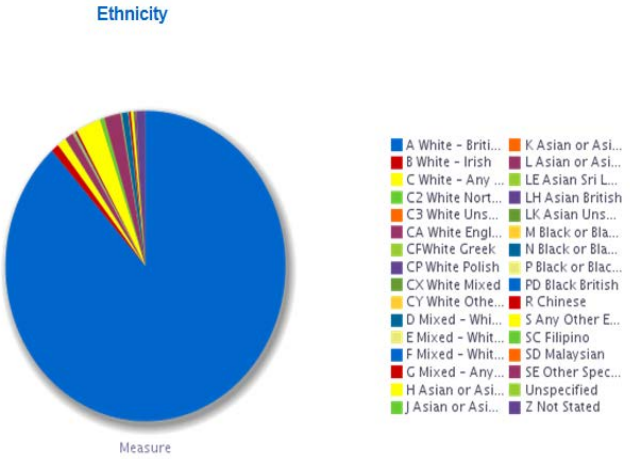
5. Workforce Profile

5.1 About Our Workforce

Disability

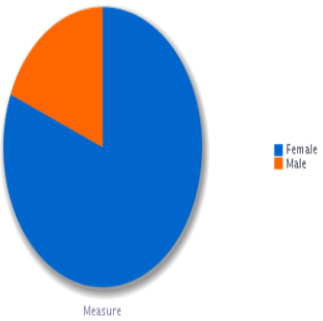
Disability Flag	Headcount	%	FTE
No	3,405	68.5	2941.85
Not Declared	1,385	27.9	1164.52
Unspecified	28	0.6	22.79
Yes	151	3.0	125.33
Grand Total	**4,969**	**100.0**	**4254.48**

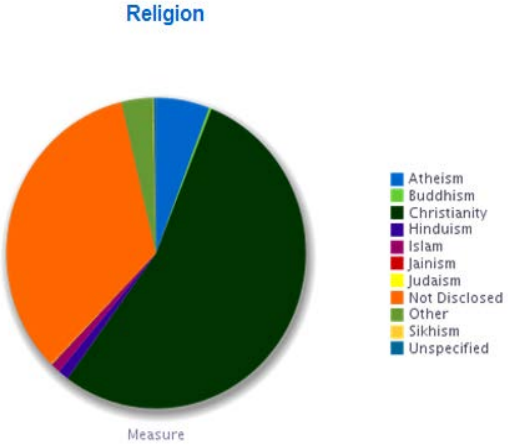


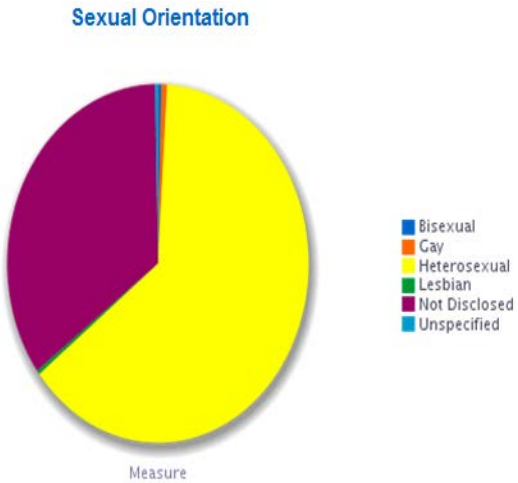


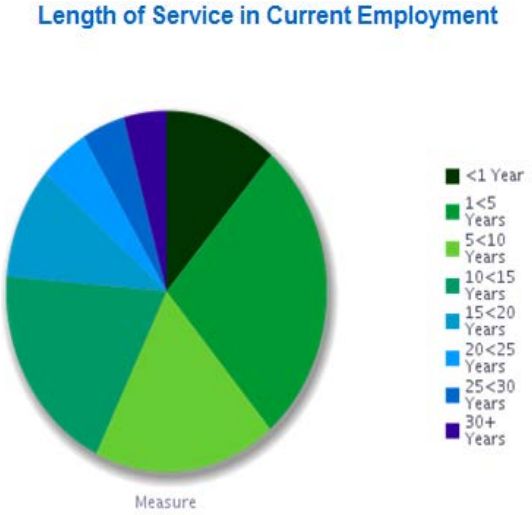
Gender

Gender	Headcount	%	FTE
Female	4,032	81.1	3369.33
Male	937	18.9	885.15
Grand Total	**4,969**	**100.0**	**4254.48**









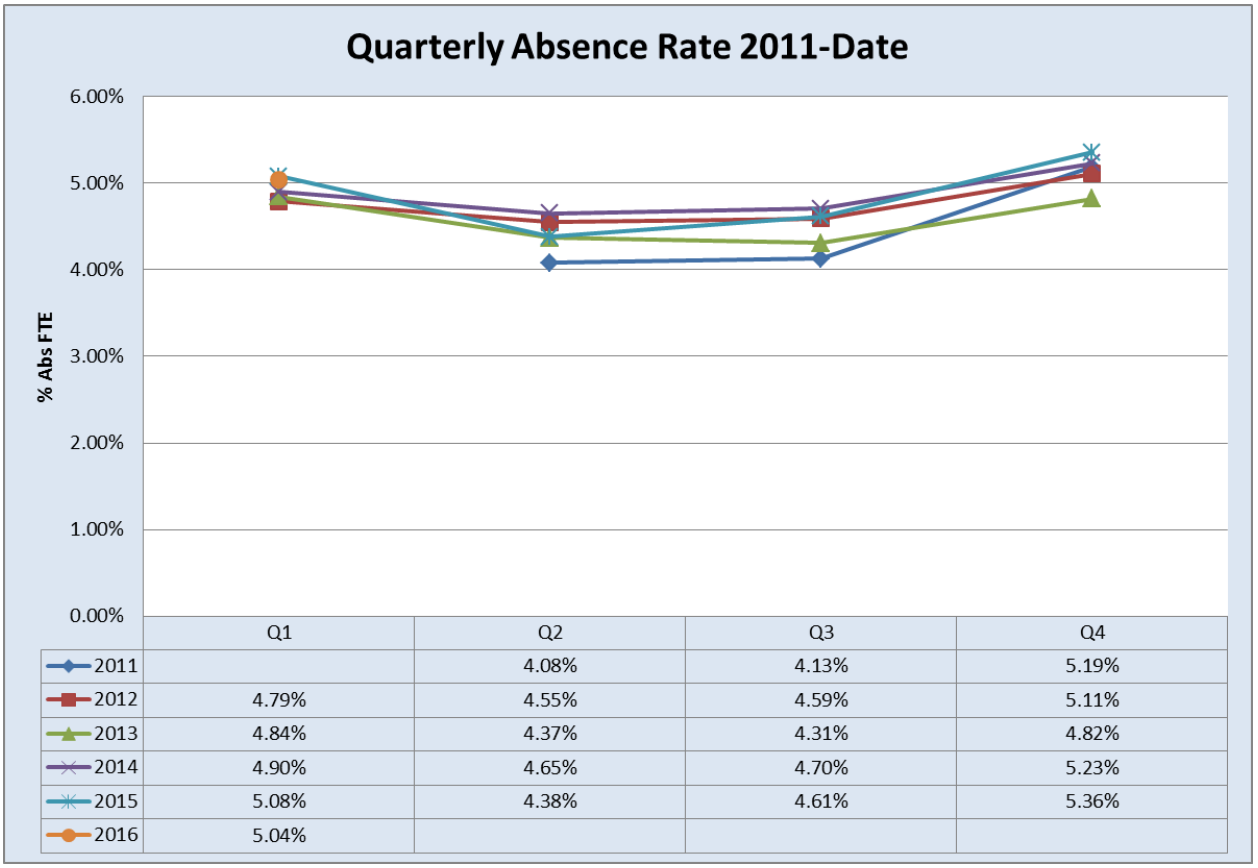
5.7 Sickness Absence

The Trust will continue to build on the good work that has started across the organisation in monitoring and striving to reduce sickness absence. If these improvements regarding the health & well-being support for our workforce are fulfilled, then the overall sickness absence rates will reduce.

Through proactive management of sickness absence and regular reporting and escalation to the Trust Board through the Trusts Executive Committee, the Workforce Council, the Quality Committee and the Finance & Performance Committee; the HWWB agenda has a high profile within the Trust. Managers are responsible for ensuring that long and short term cases are actively managed with the support of the HR Advisory Team to ensure compliance and to monitor the health and well-being of the individual.

The provision of real time statistics of absenteeism, including reasons for absence enables the HR and HWWB Departments to inform managers of areas of concerns regarding health and well-being of the workforce. Senior and local managers discuss sickness absence at each team meeting and support is offered to all staff regarding well-being and flexibility.

Trust Five Year Sickness Comparison



	Q1	Q2	Q3	Q4
2011		4.08%	4.13%	5.19%
2012	4.79%	4.55%	4.59%	5.11%
2013	4.84%	4.37%	4.31%	4.82%
2014	4.90%	4.65%	4.70%	5.23%
2015	5.08%	4.38%	4.61%	5.36%
2016	5.04%			

For the 12 month period, 1st March 2015 to 29th February 2016, the Trust's short term and long term ratio was 31% short term and long term 69%. Long term is defined as 28 day's or more duration.

The table below provides a breakdown by top 10 reasons over the 12 month period including % absence, actual FTE days lost, number of episodes and average duration in days.

1st March 2015 to 29th February 2016

Sickness Reasons	% Absence	Actual FTE Days Lost	Number of Episodes	Average Duration
Anxiety/stress	26.85%	20407.29	675	30.23
Other musculoskeletal problems	10.21%	7762.33	337	23.03
Gastrointestinal problems	9.06%	6889.09	1394	4.94
Injury, fracture	8.57%	6516.53	255	25.56
Back Problems	6.69%	5081.86	267	19.03
Genitourinary & gynae disorders	6.66%	5058.25	289	17.50
Cold, Cough, Flu - Influenza	4.62%	3510.78	916	3.83
Chest & respiratory problems	4.55%	3460.47	360	9.61
Pregnancy related disorders	4.36%	3312.47	314	10.55
Benign and malignant tumours	3.52%	2673.99	38	70.37

Since 2010, Stress/Anxiety has increased from 16.73% in 2010/2011 to 26.8% in 2015/2016 and Musculoskeletal (MSK) has reduced from 20.58% to 16.88% in the same period.

These two reasons for absence have been the top two reasons for the past five years. The HWWB Department and HR Team have and continue to identify the wide ranging factors contributing to anxiety/stress of our staff, absences being related to home life circumstances in particular. These have included experiencing financial constraints within the family unit, being a carer for a family/friend which has in some cases resulted in bereavement and or complex family situations that have involved external agencies such as Safeguarding and Police. The Strategy therefore ensures that various interventions in relation to mental health are prioritised. One of these interventions is to expand the Stress Nurse Advisor role to include targeted wellbeing initiatives for this multifaceted absence reason. Work related stress/anxiety will be addressed through the Well-Being Support Programmes such as 'Stress Busting' sessions, 'You and Your Well Being Course' and the 'Letting off Steam Sessions' that the Advisor would facilitate across the Trust to all staff groups. The role will also ensure partnership working continues with HR and line managers in relation to staff absence and action plans are appropriate for the individual cases.

These supportive interventions will ensure timely staff support is provided when trends are identified and absences are prevented. The Stress Nurse Advisor will also be part of the Trusts multi-disciplinary cultural survey team to support staff who are for example

going through change and also to support staff engagement, team development and ensure adherence of the ACE Behavioral Standards.

MSK related absences are all triaged to ensure they are firstly coded correctly but also to ensure Physio-Med intervention is provided to appropriate absences and referrals are made within three days inline with KPI's. The HR and HWWB Department have identified, through initial findings that there are higher rates of MSK injuries at home rather than the workplace. This has in turn meant that our approach to managing these absences has flexed to ensure we can address these trends appropriately through the referral process which is reviewed on a regular basis.

6. Mapping – Building Blocks to Success

6.1 Our Trust values

The Trust vision is to provide Five Star Patient Care, through a set of strategic aims which encompass safety, care, communication, systems and pathways. These values apply equally to both how the Trust values it's staff and how we aspire to care for our patients:

- Care- will be of a consistent high quality which meets best practice standards and provides the best possible experience of healthcare for our patients and their families.
- Safety- there will be a learning culture that reduces harm, achieves good outcomes and enhances the patient experience.
- Pathways-will be clear, reducing variation whilst recognizing the need of our patients for personalized planned care.
- Communications- will be open and inclusive with patients providing them with timely information about their care.
- Systems – the Trust will improve both systems and processes drawing on best practice to ensure they are efficient, patient centered and reliable.

6.2 Staff Survey

The Trust encourages staff to participate in the annual staff survey in the belief that the feedback provided by our staff enables responsive actions to improve the employee experience within the Trust. The Trust strives to increase the response rate and levels of staff satisfaction each year and ensures that action plans which include HWWB deliverables are achieved. Additional bespoke cultural surveys in a range of departments and facilitated focus groups have also been implemented to support staff engagement, team development and ensure adherence of the Attitudes, Communication, Experience (ACE) behavioral standards. These surveys include questions about; resilience, workload, hours of work, stress factors and ensuring staff know where to go for HWWB support.

6.3 Health, Work and Well-Being Service

SEQOHS is a set of standards and a voluntary accreditation scheme for occupational health services in the UK and beyond. In response to this a broad stakeholder group led by the Faculty of Occupational Medicine (FOM) developed standards and accreditation for occupational health services. The standards were launched as SEQOHS in January 2010 and the FOM commissioned the Royal College of Physicians to develop and manage the accreditation scheme, which was launched in December 2010.

Since the launch, the SEQOHS accreditation scheme has rapidly become an integral part of the occupational health service landscape, accepted in both the public and private sectors as the recognised industry standard. The Trust was accredited as achieving the SEQOHS standards in 2012 and has been re-accredited annually.

The 2015 Review of SEQOHS Standards (20)

In early 2014 the Faculty of Occupational Medicine (FOM) commenced a scheduled review of the standards. The resulting 2015 standards were informed by a wide consultation of services, assessors and other stakeholders.

The key changes are:

- The scope of the standards has been broadened to include occupational health physiotherapy services
- The introduction of a requirement to undertake a systematic audit of clinical practice and provide evidence of action taken.
- The introduction of a requirement that purchasers must be advised of the value of conducting an occupational health needs assessment.
- The NHS standards, previously an extra domain, have been incorporated into the other existing domains, A to F.

The Department of Health document `The Healthy Staff, Better Care for Patients` (2) sets out the recommendations for realigning Occupational Health Services in the NHS. The recommendations focus on occupational health services playing a key role in the

delivery of safe, effective and efficient patient care through promoting and protecting the health of staff.

The Trust has a dedicated Team of Occupational Health professionals to achieve this role and the Team will play an important role in the development and implementation of this Workforce Health Well-Being Strategy.

6.4 Human Resources Team

Health and Well-being of all our employees commences at the point of recruitment through ensuring that we can best support new employees in their health and promoting the flexible working options. Throughout employment the HR Department ensures that as far as reasonably possible, support is provided to all staff, including full consideration of reasonable adjustments where applicable.

Overall HR Department forms a pivotal role in ensuring the development and implementation of sound policies and good practice relating to staff well-being. The HR Business Partners work with operational and clinical mangers to actively promote and engage with staff about the benefits of health and well-being with the aim of improving signposting access to HWWB services and facilities. The HR Department has a key role to help facilitate early intervention, management and support of staff, including training and coaching where required. The Absence Support Team provides administrative support to managers in ensuing adherence to the Attendance Management policy and escalating areas of concern.

6.5 Learning & Development Team

The Leadership and Organisational Development Department play an important role in developing an appropriate leadership culture to support staff health & well-being. All staff are made aware at an early stage of mechanisms that are in place to support their safety and well-being, starting at their point of entry into the organisation with the corporate induction programme which makes specific reference to staff safety and well-being.

The Trusts Leadership and Management Development Framework offers opportunities for leaders and managers at all levels with health and well-being embedded across the full range of programmes. Other learning and development activities will support staff capability to carry out their roles which in turn improves motivation and satisfaction in their work, including development of resilience.

Learning and Development programmes will also provide mechanisms for seeking staff views on how improving staff well-being, seeking to identify innovative and practical ideas to feed into the Staff Well-being Operational Plan. Development opportunities are identified in the Workforce and Organisational Development which help to reinforce and facilitate cultural change and good management practice in supporting workforce well-being.

6.6 Health Promotion Links

Our staff are able to access a significant amount of information, training and support through the Trust's Health Promotion Services. Several staff programmes have been introduced e.g. "You and Your Well-Being," which includes approaches and strategies for helping to improve health & well-being of staff. Fitness testing takes place in wards and departments and staff are encouraged to focus on their lifestyle based on the outcomes.

6.7 Employee Assistance Programme (EAP)

The Employee Assistance Programme (EAP) is a 24/7 support service offered to all staff. The current EAP provider gives practical information, resources and counselling to help staff balance their work, family and personal life.

6.8 Policies and Guidance that Support the Staff Well-Being Strategy

The following Trust polices also support the health and well-being of our staff:

- Stress Management Policy
- Alcohol and Substance Misuse Policy
- Smoking Policy
- Flexible Working Policy
- Bullying & Harassment Policy
- Manual Handling Policy
- Special Leave Policy
- Employment Break Policy
- Equality and Diversity Policy
- Raising Concerns Policy

6.9 Health screening

The Trust provides a range of health screening programmes at the start of employment and throughout employment, these are:

- New starter health checks
- Wellness checks e.g. blood pressure, cholesterol
- Health checks for night workers
- Lung function screening
- Dermatitis screening

6.10 Staff Physiotherapy Service

The Trust provides staff with an innovative physiotherapy service by an award winning provider. The Service aims to provide early intervention and rehabilitation support that helps to reduce pain and discomfort and long term disability. The service has an important role to play in prevention of musculoskeletal problems and in helping to

reduce staff sickness absence by supporting timely recovery, enabling staff to remain at work and to facilitate an early return to the workplace.

6.11 Reward and Recognition schemes

Reward and recognition can positively influence staff morale and productivity and enhances the development of a performance culture. The Trust considers its employees to be their most valuable asset and wants to appropriately reward and recognise them.

Reward is usually thought of as tangible elements of the remuneration package, such as base salary, variable pay, allowances and benefits e.g. pension scheme or holidays. There are less tangible benefits such as work-life balance, learning and development opportunities, flexible working, living the Trust values, staff feeling valued by out managers, being involved in decision making and feeling proud to work at the Trust.

7. HWWB Assessment – What else is needed?

7.1 NICE Guidance

The Health Work and Well-Being Service works within the framework of all NICE Guidance which includes:

- Healthy Eating
- Obesity
- Alcohol & Drugs
- Smoking
- Exercise

The Trust's HWWB action plan includes activities to support achievement of NICE guidance and the promotion of well-being and health lifestyles through the new 2016/17 CQINNs.

7.2 Role of Staff Side Representatives

Positive partnership working between Staff Side representatives and the Trust will strengthen the likelihood of embedding a positive well-being culture for employees. Our staff side colleagues are involved in the Trust's Valuing our People Steering Group which addresses a range of workforce issues relating to improving the well-being of our workforce. Trade Unions also play an important role in helping to ensure the health, well-being and safety of staff. They take an active role as health & safety representatives in helping to prevent accidents and injury at work. The Trusts staff-side colleagues have appointed a work Health Representative to work in partnership with the Trust as health champion to support the promoting of staff well-being and help to make a difference to the quality of life of our workforce.

7.3 Stakeholder & Partner Engagement

There are a number of key internal partners whom need to be involved in the work to deliver the HWWB Strategy. It is only through positive partnerships and a commitment from managers and staff that employee well-being will be improved and maintained. The following partners identified are not intended as an exhaustive list but as an indicator of the key stakeholders:

- Staff and Managers at all levels
- Trust Board and Executive Management Team
- Staff-side Representatives
- Communications Team
- Health Promotion Team
- Health, Work & Well-Being Team
- Human Resources Team
- Infection and Prevention Team
- Learning & Development Team
- Risk & Quality Team
- Spiritual and Pastoral Care team
- Estates, Catering and Facilities Departments
- Stop Smoking Service

The Trust intends to extend its partnership working around the well-being agenda, working with Healthwatch to raise the profile and importance of staff well-being and the positive impacts that commitment and investment in this agenda can have on raising quality of care for patients.

Further work between GP's and the Health, Work & Well-being Service will be explored, to include the use of `Fit Notes`. The `fit note` allows a GP to give employees more information on how their health condition affects their ability to work. Effective use of `Fit Notes` will help to get people back to work as early as it is safe to do so. This is important as there is strong evidence to show the association between extended periods off work and poor mental and physical health. The longer someone is off work, the lower their chances of getting back to work.

7.4 Communication Mechanisms

Trust communication mechanisms will be used effectively to regularly update and advertise well-being news and opportunities to staff: Using a variety of communication methods such as team briefings, consultation, newsletters, staff events and cascade briefings we have ensured that staff are fully briefed on up to date information. An intranet page is under development to provide staff with easy access to well-being information, to include self-care resources and support available to assist with health & well-being matters.

7.5 Health & Well-Being Monitoring

The Trust Staff Survey provides a mechanism for feedback to include staff well-being, providing managers and their teams with some tools that can be used at a local level to assist with monitoring staff well-being. This is intended as a way of encouraging managers to actively monitor the well-being of their staff and for teams to take ownership of identifying triggers and strategies which can be developed and initiated at a local level. The Trust is also looking at developing a new template for use during staff supervision sessions to include specific reference to well-being status and action planning to proactively address needs.

7.6 Carer Support & Information

Many staff undertake the role of carer for family members there is an opportunity to expand the range of information available to our staff relating to both internal and external sources of support to access as required.

8. Governance and Assurance

The achievement of this strategy will be monitored through an annually revised action plan. This will be a dynamic document with lead responsibilities assigned to each area of delivery. The action plan will be monitored through the Workforce Council who will provide assurance of delivery to the Quality Committee. Any risks to the delivery of the strategy will be raised on the HR Department's Risk Register with risk mitigation plans escalation to the Trust Executive Committee of any significant risks.

9. Measuring Success

Progress to the Trust Board will be reported via the Director of Human Resources and will include the following performance indicators:

Indicator	Measures	Outcome / Target
Trust Sickness Absence Levels	↓ Total Number of sickness days ↓ Average number of sick days per staff member ↓ Number of staff absence due to work related stress ↓ Cost of sickness absence	↓ Reduction is absence ↓ Reduction in absence due to work related stress, Gastro, and MSK
Staff Survey	↓ Staff Survey section on `Your Health & Well-being & Safety at Work`	↓ Improvement in Staff Survey results for section on Health & Well-being & Safety at work

Monitoring Health & Well-being at Work at team level	↓ High levels of absence ↓ Respect at Work claims ↓ Grievances ↓ Cultural Surveys ↓ Focus Groups ↓ Staff Turnover ↓ Raising Concerns/SOS	↓ Reduction in absence ↓ Reduction is respect at work cases ↓ Reduction in grievances ↓ Improved survey results when re-surveyed ↓ Improved feedback from focus groups ↓ Better outcomes from concerns raised
Well-being Support Programmes	↓ Stress Busters, You and Your Well-being course ↓ HWWB Satisfaction & Audit Survey ↓ Health Trainers Programme ↓ Number of Health checks provided	↓ Staff confirmed programme supported their well-being needs. ↓ HWWB Satisfaction & Audit Survey ↓ before and after feedback on prevented health deterioration / improved attendance at work and quality of life ↓ Increase year on year
Flu Vaccination Campaign	↓ How many front line staff have had the flu vaccine ↓ Number of staff of work sick with flu	↓ More than 75% of front line staff have had the flu vaccination ↓ Reduction number of staff reporting absence with the reason of flu

10. References

1. The World Health Organisation. *The Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organisation, no.2, p.100)* (and entered into force on 7 April 1948).
2. DOH Crown Copyright *Healthy Staff, Better Care for Patients*: *Realignment of Occupational Health Services in England* (2015).
3. Stephen Bevan, *Business Case for Employee Health and Well-being*; A Report prepared for Investors in People, (2010)
4. Public Health England *Workplace Well-being Charter* (2010)
5. Dame Black, *Working for a Healthier Tomorrow*, (2008)

6. DOH, *Improving health and Work changing lives*; government response to Dame Black report (2008)
7. S. Boorman, *Boorman Review*; *NHS Health and Well-being Review*, (2009)
8. NICE Guidance, *Promoting Mental Well-being at Work* (2009)
9. Royal College of Physicians, *Staff Health Improvement Project report*, *Overcoming Barriers and Sharing Success*, (2012)
10. DOH, *National Framework to improve Mental Health and Well-being*; *No Health without MentalHealth* (2012)
11. Investors in People, *Health and Well-being standards*. (2015)
12. DOH, *NHS Health & Well-being Improvement Framework*, (2011)
13. D. MacLeod, N. Clarke, *Engaging for Success: A report to the Government*, (2008)
14. Royal College of Physicians*. Supporting our People*. (2015-2020)
15. NHS Employers: *Healthy Workplaces Handbook*, (2007)
16. DOH, *National CQUIN Templates* (2016/17)
17. Public Health England, *St Helens Annual Public Health Report (*2014)
18. *Health and Safety at Work Act* (1974)
19. Lord Carter, *Carter Review – Final Report and Recommendations* (2016)
20. NHS England/NHS Employers, *SEQOHS Review* (2015)

Health Work and Well-Being Strategy 2016-21 - Action Plan 2016/17

Objectives	Action Required	Outcome	Lead / Accountable Officer	Timescale	Progress BRAG rating
Timely and appropriate referral by the manager to Health Work and Well-Being (HWWB) Service	Liaison between HR advisers and managers to follow the Absence Management Policy	• Staff seen by HWWB within Key Performance Indicator (KPI) time frames.	Head of HR	April 2016	
Fast and efficient triage by the HWWB team	Daily triage by HWWB Advisors	• Staff will receive an appointment to attend HWWB within the KPI	Head of HWWB	March 2016	
Appointments to be offered with 10 working days	Clerical team to arrange first available appointment within the time frame	• Staff are seen within 10 working days	Head of HWWB	May 2016	
Reports following management referral will be in real time	To develop E-Systems (management referral online) within HWWB	• Turnaround time for reports to go to managers will be reduced	Head of HWWB	December 2016	
Employee Assistance Programme (EAP) contract review	To go out to tender for a EAP service at the end of the current SLA	• 24 hour access for counselling /other staff support services	Head of HWWB	July 2016	
Counselling Service contract review	Counselling Service to go out to tender at the end of the current SLA.	• Access to onsite face to face counselling	Head of HWWB	July 2016	

Psychology Service contract review	Psychology services including on site mental health provision at the end of the current SLA	• To have a psychology provision within HWWB • Staff access to mental health support for stress, anxiety and depression	Head of HWWB	July 2016	
To provide a Physiotherapy Service for all staff	To continue with the dual provider physiotherapy service	• Immediate access to physiotherapy services	Head of HWWB	March 2016	
To comply with the 2015 SEQOHS standards a Trust Needs Assessment is to be carried out to ensure that service provision is meeting the requirements of the Trust	The HWWB Service will undertake a needs assessment	• A Trust Needs Assessment will be carried out via Survey Monkey and additional paper questionnaires	Head of HWWB	August 2016	
Availability for self-help courses to be increased	To produce a business case for additional capacity Mental Health/ Stress Advisor	• An increase in short self-help courses available for staff to attend	Head of HWWB	June 2016	
Sign posting staff to external support agencies as appropriate.	Stress Advisor to continue to contact staff and sign post them accordingly	• To provide information for access to external agencies	Head of HWWB	March 2016	

The Trust will hold focus groups and have a well-being Champion in each area every ward and department	To identify staff who are interested in promoting well-being	• Champions to be in situ to give advice on well-being issues. • Healthy lifestyle ideas will be driven forward and owned by staff. • The Trust will collate information from these groups and ideas will be actioned	Head of HWWB	January 2017	
External Health trainers to provide fitness testing	To establish commitment from Health Improvement teams to provide a program of fitness testing.	• Staff to be aware of lifestyles changes where necessary • Staff to have taken part in fitness testing	Head of HWWB	October 2016	
The Trust will offer free flu vaccine to all staff	To ensure that there is a comprehensive timetable to ensure 75% of frontline staff are vaccinated	• 75% of frontline staff are vaccinated	Head of HWWB	January 2017	
Health Promotion Directory of Resources for Activity and Healthy Eating	Head of Communication will publicise an annual timetable of events year on year. HWWB Senior lead to drive initiatives forward e.g. NHS Games	• Staff to have access to resources. • Feedback of event will be given to the Trust	Head of HWWB/ Head of Media & PR Deputy Director of HR	April 2016	
Well-being resource information available for staff	Update and maintain HWWB intranet page and regular social media posts. Hard copy information available.	• Staff have access to well-being resources	Head of HWWB	Oct 2016	

The Trust will be a smoke free Trust by October 2017	To provide support for staff who wish to quit and maintain a non-smoking lifestyle.	• To assess the numbers of staff who wish to quit and support them accordingly • Launch staff smoke free campaign • Achieve NICE guidance	Director of Nursing	Oct 2017	
Well-being will be monitored throughout the Trust	HWWB Champions will monitor the progress of campaigns and feed information back to HWWB Service	• Healthy lifestyle ideas will be driven forward by staff	Head of HWWB	March 2017	
Organisational policies in place to support staff	New policies to be introduced to support the well-being initiative e.g. clinical supervision	• A change in culture to embed well-being within the Trust	Head of Learning and Development/ Deputy Director of HR	Jan 2017	
The Trust will support healthy eating initiative.	Trust catering provider to review CQUIN criteria for cheaper and healthier options and ensure available 24/7.	• The Trust engaged with staff on how to improve dietary options. Use of apps etc.	Head of HWWB/ Medirest Catering Manager	May 2016	
The Trust will encourage the provision of a fruit cart	Staff and patients will have an opportunity to buy fresh fruit and vegetables on site.	• Staff and patients will have an opportunity to buy affordable fresh fruit and vegetables on site.	Head of HWWB	July 2016	

The Trust will drive forward the smoke free agenda for all staff and support those who wish to quit.	Staff who smoke will be able to: Attend stop smoking group. Have access to Nicotine Replacement Therapy (NRT) Be given support as required.	• Staff will be signposted and supported from induction to full employment. • Reduction in the number of staff smoking	Director of Nursing	Oct 2017	
Provide a culture of leadership and development	Implement policies to support managers training in well-being	• Staff have a positive working environment having satisfying roles with good management practice, support and leadership	Head of Learning and Development / Head of HR	Oct 2017	
Policy will be developed to support staff who have a drug or alcohol problem.	Modules will be developed around drugs and alcohol for awareness for managers and supervisors.	• Training will be delivered to first line manager on drug/alcohol testing service • Monitoring of use and impact of testing service	Head of Human Resources	March 2016	
To encourage staff to manage their weight in line with NICE Guidance	Trust establish range of various slimming groups to offer support to Trust staff	• To provide staff with information on healthy eating option • To provide facilities for slimming groups to meet to support staff	Head of HWWB	March 2016	

To provide information for a diverse workforce on healthy options	To engage with diverse sections of the workforce.	• To meet the needs of all staff in providing well-being irrespective of diversity	Equality and Diversity Lead	April 2016	

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)037
Title of paper: Resourcing Update - January - February 2016
Purpose: To provide assurance to the Trust Board that the workforce strategies, objectives and indicators are being achieved to support the Trust's objectives specifically 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 objectives met or risks 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 note the report.
Presenting officer: Anne-Marie Stretch, Deputy Chief Executive and Director of Human Resources
Date of meeting: 30th March 2016

Resourcing Update
January – February 2016

1. Introduction

Further to the HR Indictors report provided to the Trust Board in January 2016 this paper provides an update on the current and planned position of the resourcing function. The resourcing function includes; Recruitment, Staffing Solutions (temporary workforce) and E-Rostering.

2. Purpose of the Paper

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

3. Recruitment & Retention

Recruitment & Retention Strategy

Over the last 12 months the Trust has developed a Recruitment and Retention Strategy which has been monitored via the Trust's Workforce Council. An action plan updating the Trust Board on the Trust's 2015/16 achievements along with a proposed action plan 2016/17 will be shared with the Trust Board in April 2016.

3.1 Registered General Nursing (RGN)

As at the end of February there were 50.39 WTE Registered Nurse vacancies, which has increased marginally from January 50.06 WTE. While the overall number of staff nurses in post has been maintained at 779.30 WTE. Nationally, the current demand for nurses exceeds the supply available and as such the Trust has therefore explored other options to address this.

There are currently 65 WTE staff nurses appointed, but as yet not commenced in post awaiting completion of safer employment checks. In addition to this 113 staff nurses have been recruited from India who it is anticipated will commence in a series of cohorts during the winter period 2016.

The Trust held a number of successful recruitment days during 2015. The most recent recruitment day was held on the 27th February 2016 and we had an excellent turnout despite other local NHS Trusts hosting their own recruitment events on the same day. The Trust made 32 offers on the day across the following specialities; Department of Older Peoples Medicine, General Surgery, Respiratory, Burns & Plastics and Medical Escalation with a further additional 10 offers made after the event totalling 42 offers made (this is included in the 65 WTE)

There are further nurse recruitment days scheduled on the 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.

3.2 Healthcare Assistant (HCA)

The Trust manages to successfully recruit 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 2015 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 have now had all employment checks completed and have completed induction training during January and February 2016.

3.3 Medical Workforce

Targeted recruitment campaigns are on-going for hard to fill posts in Histopathology, Radiology and the Emergency Department. We are targeting a range of EU countries and in the case of the Emergency Department and Radiology, advertisements have been placed in both Australia and New Zealand.

3.4 Retention

Retaining our current workforce will not only reduce the costs and time invested in recruitment initiatives but there is significant evidence that retaining skilled and competent staff improves the patient experience and the overall quality of patient care and staff satisfaction.

Turnover rate is currently 9.75% for the YTD (January to December 2015). The Trust benchmarks low against some local Acute Trusts and the national average of c14%. The detail is shown below.

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%

Exit Interviews

The current exit questionnaire is being revamped and re-launched to capture meaningful data regarding leavers and their reasons for leaving the Trust. Analysis of information will be fed into the Recruitment and Retention Strategy and will inform a series of initiatives to support and aid retention of staff.

On-boarding

Across the nursing workforce 1 to 1 meetings with matrons have taken place to assist in establishing and agreeing on-boarding activities for applicants, i.e. all 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 Trusts dedicated recruitment Facebook page has been increased to both support the recruitment days and to boost attraction to on-going recruitment. The Trust is due to launch bespoke Twitter and LinkedIn accounts in order to boost recruitment to specialist roles within the Trust.

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 by August 2016.

4. eRostering (Nursing & Midwifery)

Following the roll-out of the system across 47 clinical areas, including the Emergency Department, Maternity Department and Theatres across both hospital sites a management reporting tool is now being used to support managers to optimise the use of their workforce.

The key to efficient rostering practice and maximising the benefits is the monitoring and analysis of available key performance indicators that are available from within both Roster Perform and Insight the reporting and benchmarking element of the e-Rostering system. The Trust has agreed a set of metrics that include; Unavailability, Temporary Workforce Usage and Contracted Hours Balances which will be used to target areas that require improvement and drive best practice.

Updates on the Trust's performance against the identified metrics are reported at the Trust's Workforce Council and Management Information & Technology Council.

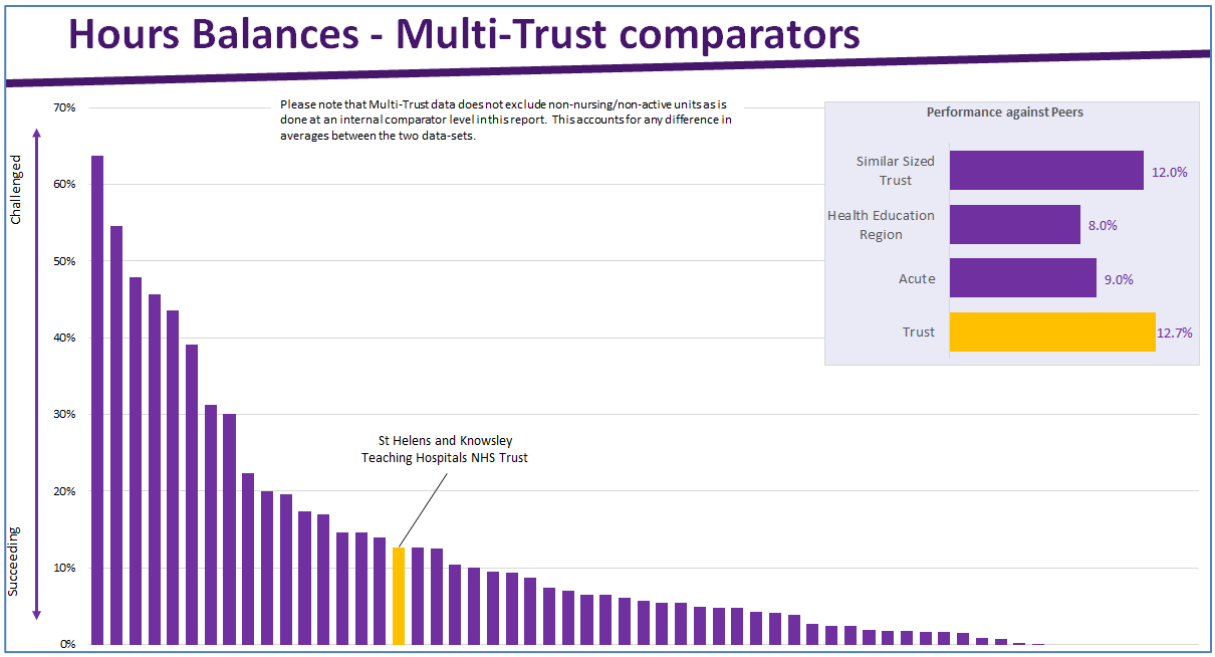
The detail below shows roster data from January – February which has been benchmarked against other similar sized NHS organisations.

Hours Balances

The Hours Balance metric calculates the total worked hours compared to total contracted hours and provides an overall number of hours over or underworked. For example; a full time member of staff should be rostered for 150 hours over a four week period.

Most clinical areas will have a small percentage of unused contracted hours owing to a number of reasons including night rotations, long day shift allocation and study days.

When performance is compared against similar sized trusts the unused contracted hours are above the peer performance indicator by 0.7%.

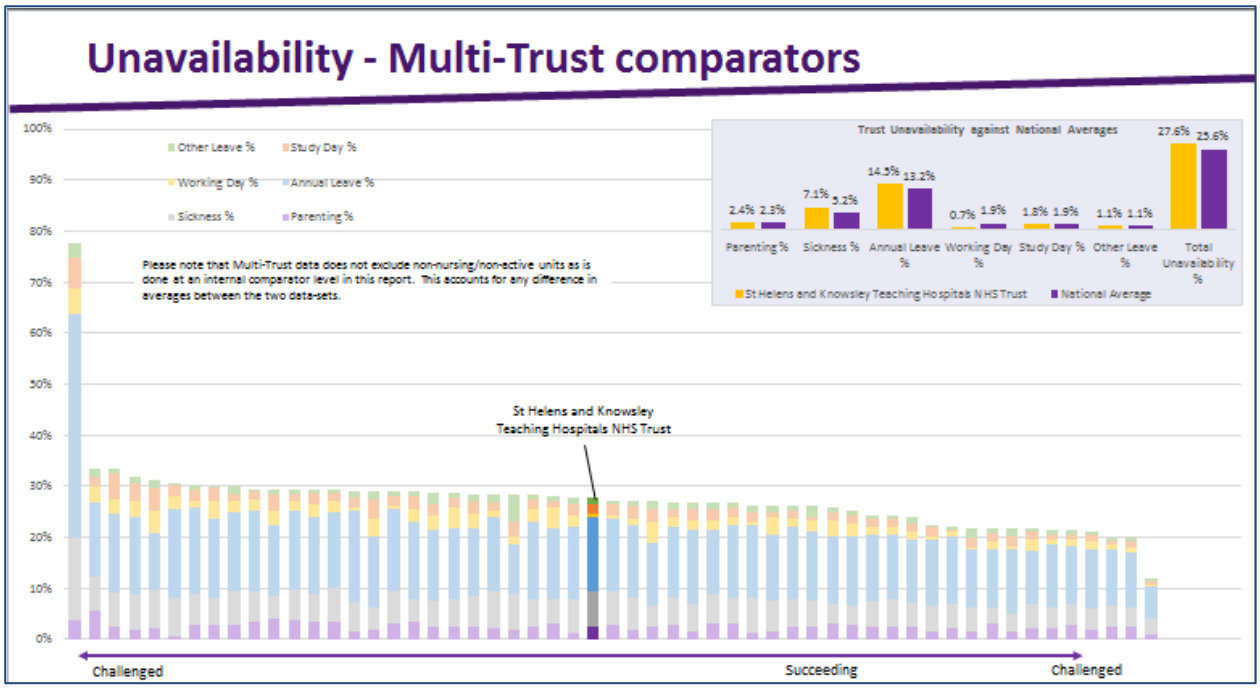


**the lower the score the better*

Unavailability

The Unavailability metric looks at the percentage of staff on leave including annual, sickness and study.

When performance is compared against similar sized trusts the unavailability metric is above the peer performance indicator by a 2%, while the desired position would be at the lower end of the table indicated by ‘succeeding’.



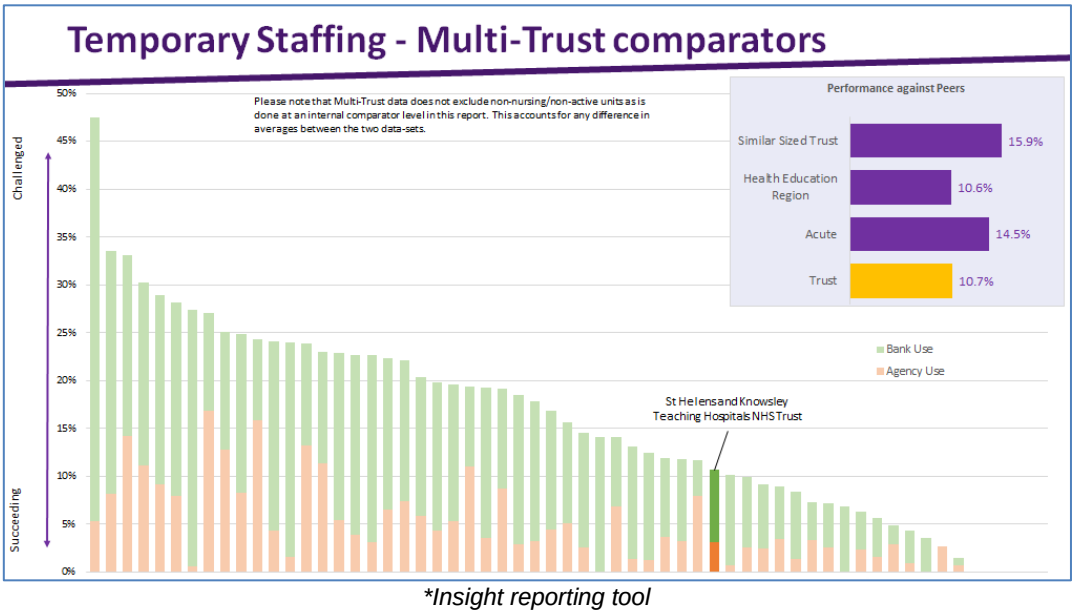
5. Temporary Workforce

The Trust continues to work closely with each of its Care Groups to monitor the usage of temporary workforce and to work in line with the Agency Rules set by NHS Improvement.

There are a number of initiatives being explored to boost recruitment to the Trust's Bank including the recent successful Healthcare Assistant recruitment campaign and the auto-enrolment of substantive staff to the Bank for specialist posts across nursing, medical workforce and clinical support services.

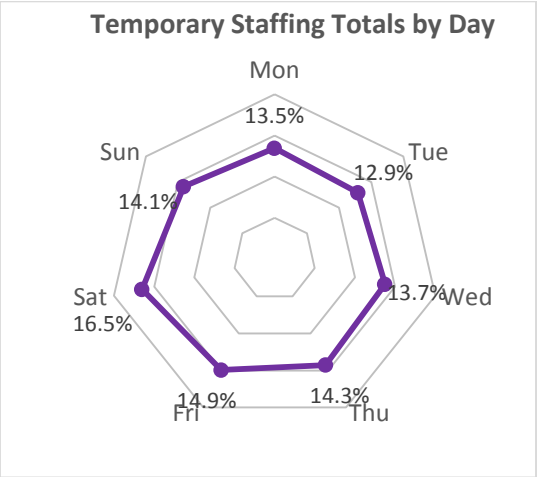
<u>Temporary Staffing (Nursing & Midwifery)</u>

The Trusts performance against the Temporary Staffing metric is 10.7%. When compared against other similar sized trusts the Trust's temporary staffing usage is a favourable 5.2% lower.



**Insight reporting tool*

The graph below shows the Trust's Temporary Staffing Totals (%) by day of the week. Work is underway to understand in more detail what can be done to reduce the percentages across Friday and Saturday.



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 for agency workers, it is expected that this piece of work will 'go-live' June 2016.

6. Medical & Dental Workforce eJob Plan & eRostering

A robust system of Job Planning for Consultants is an essential component in strategic planning, operational delivery, development of excellent patient care and sustainable healthcare services.

The implementation of the electronic job planning software commenced in January 2016 with the initial mapping of terminology and creation of a standardised format. e-JobPlan will inform the infrastructure for the wider implementation of medical rostering and is expected to be completed by June 2016.

7. Governance

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

8. Recommendations

The Board is asked to note the information provided and to continue to support the resourcing initiatives set out in this paper.

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)038

Title of paper: Trust Objectives.

Purpose: To advise Trust Board members of the proposed Trust Objectives for the financial year 2016/17.

Summary:

1. Each year in March, the Executive Directors review the Trust's objectives taking into account the national and local healthcare landscape, and the Trust's own strategic and operational plans.
2. The Board then reviews the resulting proposals from the Chief Executive for the coming year's objectives.
3. Subject to approval at the March meeting of the Board (and embracing any agreed modifications), the objectives are then launched at the annual Start of Year Conference for Trust Senior Managers, planned this year for 4th April 2016.
4. Through the personal objectives agreed for each individual member of staff, these objectives are flowed-down through management structure.
5. The proposed objectives follow the format of the previous year, comprising five key objectives linked directly to patient care, and four associated and supporting objectives.
6. Performance against 2015/16 objectives will be finalised in April 2016 and a report summarising this information will then be provided to the May Board meeting.

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:

1. Consider and approve the proposed Trust Objectives for 2016/17 for launching throughout the Trust.
2. Note that performance against 2015/16 objectives will be formally presented to the May Board meeting.

Presenting officer: Ann Marr, Chief Executive.

Date of meeting: 30th March 2016.

PROPOSED 2016/17 TRUST OBJECTIVES

ACTIONS	ASSESSMENT	ASSURANCE MECHANISM
5 STAR PATIENT CARE - Care		
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		
1. Improve the patient experience, based on the national inpatient survey results 2015/16 2. Deliver key performance indicators (KPIs) outlined in the nursing strategy action plan for 2014-18 3. Make suitable progress towards implementation of the four key 7-day service standards 4. Improve the timeliness of discharges and transfers 5. Promote cost-effective and sustainable stroke services, and work towards full integration of acute stroke services with Warrington Hospital 6. All specialist nurses will dedicate time to support education and ward based training 7. Formal six monthly reviews of ward staffing establishments using acuity and dependency tools.	• Nursing indicators • Audit results • CQC registration requirements • Ward dashboard scores • Survey results	• Reports from Quality Committee and Councils • Audit Committee • Overview of quality improvement in the annual Quality Report • Quality Accounts • Quality ward rounds
5 STAR PATIENT CARE - Safety		
We will embed a culture of safety improvement that reduces harm, improves outcomes and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care		
1. Further utilise the "sign-up for safety" indicators to improve safety and clinical outcomes for patients 2. Maintain in-hospital mortality below the north west average and aim for less than the national average 3. Continue to close the gap between in-hospital mortality for weekend and weekday admissions 4. Deliver the improvements specified in the updated Clinical Quality Strategy 5. Improve processes to raise the Trust's standing in the "Learning from mistakes" league table 6. Develop robust systems for effective venous thromboembolism screening 7. Further improve prescribing and administration of medicines and improve error reporting 8. Reduce hospital readmissions and move towards the national average 9. Ensure practices are appropriate to achieve the national targets for improvements in the treatment of Acute Kidney Injury and Sepsis.	• Mortality indicators • National Safety Thermometer - Harm-free Care • National Serious Incident reports • National Safety Thermometer • National Safety Reporting • DATIX incident reporting system • Dr Foster Intelligence	• Integrated Performance Report (IPR) • Quality Committee and its Councils • Finance & Performance Committee and its Councils • Audit Committee

ACTIONS	ASSESSMENT	ASSURANCE MECHANISM
5 STAR PATIENT CARE - Pathways		
As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient		
1. Use benchmarking data intelligence to reduce variation and improve outcomes 2. Embed the ambulatory emergency care pathways to reduce non-elective admissions 3. Introduce a new midwifery-led care pathway for women having low risk births 4. Work closely with CCG colleagues to advance emergency access performance in line with the agreed improvement trajectory 5. Work collaboratively with neighbouring health and social care partners to improve patient care, and simplify the patient journey, for example frailty pathways and discharge to assess.	• New pathways in place • Reduced avoidable admissions • Reduced unnecessary delays in the discharge pathway	• Activity reports to Board • Improving Outcomes Group • Clinical Effectiveness Council • IPR
5 STAR PATIENT CARE - Communication		
We will respect the privacy, dignity and individuality of every patient. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services		
1. Continue to improve response rates and outcomes from the Friends & Family Test (FFT) 2. Improve compliance with the timeliness of responding to complaints and continue to reduce complaints related to staff attitude and behaviour 3. Improve patient information and communications via the Website and other social media channels, as well as more traditional routes 4. Continue to use patient stories to learn lessons and share best practice 5. Improve opportunities for communications with patients and relatives, to support their experiences and to help the Trust plan future service developments	• Patient survey results • Complaints monitoring • Availability of appropriate information leaflets	• Patient stories presented to Board meetings • Survey results presented to Board • Complaints summaries • Information from Quality Ward Rounds • Patient Experience Council
5 STAR PATIENT CARE - Systems		
We will improve Trust arrangements and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes		
1. Continue to maintain the national data quality standards encompassed in the IG toolkit 2. Continue to implement the next phase of IT systems including: a clinical portal, e-prescribing, electronic medical early warning system, theatre system and next generation Electronic Document Management System 3. Develop a 3-year IM&T Strategy which builds the foundations to support clinical transformation	• Improved electronic records • Reduced length of stay and earlier discharge • NICE guideline compliance	• Regular reports to Board and Executive Committee • Benefits realisation reports to Executive Committee

ACTIONS	ASSESSMENT	ASSURANCE MECHANISM
DEVELOPING ORGANISATIONAL CULTURE AND SUPPORTING OUR WORKFORCE		
We will use an open management style that encourages staff to speak up, in an environment that values, recognises and nurtures talent through learning and development. We will maintain a committed workforce that feel valued and supported to care for our patients.		
1. Re-launch the Trusts Speaking out Safely campaign, using an e-system, empowering staff to easily raise concerns 2. Develop new approaches to celebrate innovation from front line staff to further enhance public, patient and staff engagement 3. Continue to raise the profile of the Trust's ACE Behavioural Standards and re-launch the Trust's Respect at Work policy 4. Implement department level development plans to include talent management, succession planning, health & well-being and leadership 5. Maintain positive staff survey and FFT outcomes and develop the Workforce Race Equality Standard in line with guidance 6. Identify creative approaches to recruitment and retention to ensure the Trust remains an employer of choice including opportunities for increasing our volunteer workforce and ensuring support and training for recruits from overseas 7. Achieve the planned benefits from the implementation of e-rostering, e-job planning, e-timesheets & e-expenses 8. Ensure safe staffing levels are maintained, whilst adhering to guidance for agency usage caps & frameworks by utilising e-systems and processes 9. Continue delivering core HCA competencies and enable new starters to achieve care certificates.	• Training statistics • Appraisal rates • Staff survey feedback • Culture surveys • Staff Friends & Family test • Turnover rates • Sickness rates • Agency caps/off framework reports • Bank, agency and overtime spending • E-Rostering utilisation • E-Job planning utilisation • HR Dashboard • Incident reports • Respect at work, disciplinary and grievance cases	• Quality Committee • Workforce Council • Finance & Performance Committee • IPR • Equality & Diversity Steering Group
OPERATIONAL PERFORMANCE		
We will meet and sustain national and local performance standards		
1. Achieve national performance indicators including: a. The agreed trajectory for emergency access standards b. Cancer treatment standards c. 18 week access to treatment for planned care d. Diagnostic tests completed within 6 weeks e. Ambulance handover 2. Achieve local performance indicators including: a. CQUINS b. Contract performance indicators and compliance c. Activity levels to meet Trust operational plans.	• Performance against National Operating Framework targets • Benchmark information	• Reports to Executive Committee • Reports to Trust Board

ACTIONS	ASSESSMENT	ASSURANCE MECHANISM
FINANCIAL PERFORMANCE, EFFICIENCY AND PRODUCTIVITY		
We will achieve statutory and administrative financial duties within a robust financial governance framework, delivering improved productivity and value for money		
1. Achieve all statutory financial duties 2. Continue to refine service and patient level information reporting to support decision making at organisational and service level 3. Manage the Trust's capital programme within the resources available 4. Develop capacity and demand modelling capability at divisional and departmental levels 5. Use available benchmarking data to assess performance and where appropriate underpin service transformation initiatives 6. Review the financial systems, processes and controls to enhance effective financial governance 7. Pursue an increase in Trust charitable funds to support development initiatives.	• BCBV indicators • Monitoring of performance against targets • Audit reporting • Productivity information • Benchmarking • Business Cases • Lord Carter Report targets	• Reports to Board on operational and financial performance • Reports from Finance Committee and Councils, and monitoring by the Audit Committee • Reports to the Executive Committee
SUSTAINABILITY AND TRANSFORMATION PLANS		
We will work closely with NHS Improvement, and commissioning, local authority and provider partners to develop proposals to improve the clinical and financial sustainability of services		
1. Meet all the compliance requirements set by NHS Improvement for long-term sustainability of clinical services 2. Foster positive working relationships with health economy partners and help create the joint 5-year strategic vision for health services, incorporating patient pathway improvements from sharing patient information 3. Continue to deliver the Communication and Engagement Strategy to ensure that staff, patients and visitors are kept informed of the Trust's future organisational plans.	• Progress against agreed trajectory and milestones • 5-year STP	• Reports to Trust Board • Monthly Strategic Delivery Governance Council • Monthly Integrated Delivery Meeting • Regional and National transformation events

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

TRUST BOARD PAPER

Paper No: NHST(16)039
Title of paper: Annual Meeting Effectiveness Review
Purpose: To summarise the 2015/16 annual meeting effectiveness review for the Trust Board.
Summary: 1. The Terms of Reference for each Trust forum include the requirement for an annual "meeting effectiveness review". 2. The process used for the reviews in 2014/15 will continue to form the basis of the reviews across the governance structure. 3. The attached paper summarises the review for the Trust Board. 4. The conclusion of the review is that the purpose and remit of the Trust Board remains appropriate.
Corporate objectives met or risk addressed: Contributes towards the Trust governance arrangements.
Financial implications: None as a direct consequence of this paper.
Stakeholders: The Trust Board, Trust staff, patients and local partners.
Recommendation(s): Members are asked to note the information provided and confirm their approval to the recommendations namely: 1. The structure and reporting arrangements are appropriate and clear. 2. Meeting administration and documentation is good, however minor improvements are proposed. 3. Attendance is good with the average attendance of members at 85%. 4. The results from the survey are largely encouraging, but any areas for attention will be acted upon. 5. The revised ToR should be accepted. 6. The composition of the Board and the competencies, skills and experience of members is very good. In summary, the findings indicate that the purpose and remit of the Trust Board remains fundamentally appropriate with relatively minor changes proposed.
Presenting officer: Peter Williams, Director of Corporate Services.
Date of meeting: 30th March 2016.

INTRODUCTION

1. The Terms of Reference (ToR) for both the Trust Board and its Committees include the requirement to review meeting effectiveness each year.
2. The following paper details the review undertaken for the Trust Board and includes:
   - 2.1. A review of the meeting structure and reporting arrangements,
   - 2.2. A sample audit of compliance,
   - 2.3. A review of attendance,
   - 2.4. A members questionnaire,
   - 2.5. A review of the ToR and annual meeting programme,
   - 2.6. Summary and recommendations from the Chairman and lead officer.

CORPORATE MEETING STRUCTURE

3. There are no proposed changes to the meetings structure relevant to the Trust Board.
4. The Corporate Meeting Structure is as detailed in Appendix 1.

MEETING COMPLIANCE REPORT

5. A high level audit was undertaken by reviewing the documentation surrounding a single sample meeting on 24th February 2016 and RAG rating the findings to provide a flavour of performance (although these are not scientifically based).
   - 5.1. Paper distribution – Both electronic and hard copies of papers of the papers were distributed on 18th February as scheduled, however one missing paper (an appendix to NHST(16)021 related to safer staffing) was circulated on 22nd February, and only available in hard copy at the meeting.
   - 5.2. Minutes – Minutes of the previous meeting on 27th January were good. The colour coding of the action log does not add any value and should cease. There was regular reference to Trust corporate and strategic risks, and discussions appeared focussed on the key issues facing the Trust in meeting its objectives.
   - 5.3. Format of papers - The agenda indicated 8 papers and all but one complied fully with the agreed standard. The one not adhering to the standard (NHST(16)018 - IPR) had minor errors which could be easily rectified. In addition, the missing appendix highlighted in 5.1 above, was produced with a cover sheet numbered the same as the main report which was confusing.
6. In conclusion, this audit found that in general the format, availability, and timeliness of papers was good, but some minor improvements and attention to detail is required.

MEETING ATTENDANCE

7. The following chart summarises attendance at the Trust Board during 2015.

TRUST BOARD		J	F	M	A	M	J	J	A	S	O	N	D	Att	%
Meetings held		✔	✔	✔	✔	✔	✔	✔		✔	✔	✔		10	
Richard Fraser	Chairman	✔	x	✔	✔	✔	✔	x		✔	✔	✔		8	80%
Bill Hobden	Deputy Chairman / SID	✔	✔	x	✔	✔	x	✔		x	✔	✔		7	70%
Denis Mahony	NED	✔	✔	✔	x	✔	✔	✔		✔	✔	✔		9	90%
Su Rai	NED	✔	x	✔	✔	✔	✔	✔		✔	✔	✔		9	90%
George Marcall	NED	✔	x	✔	✔	✔	x	✔		✔	✔	✔		8	80%
David Graham	NED	x	x	✔	✔	✔	✔	x		✔	x	✔		6	60%
Sarah O'Brien	Associate NED			✔	✔	x	✔	x		x	✔	✔		5	63%
Ann Marr	Chief Executive	✔	✔	✔	✔	✔	✔	x		✔	✔	✔		9	90%
Anne-Marie Stretch	HR Director / Deputy CE	✔	✔	✔	x	✔	✔	✔		✔	x	✔		8	80%
Damien Finn	Finance Director *(to 25/09/15, from 19/10/15)*	✔	✔	✔	✔	✔	✔	✔						7	100%
Nik Khashu											✔	✔		2	100%
Sue Redfern	Nursing Director	✔	x	✔	✔	✔	✔	✔		x	✔	x		7	70%
Kevin Hardy	Medical Director	✔	✔	✔	✔	✔	✔	✔		✔	✔	✔		10	100%
Peter Williams	Director of Corporate Services	✔	✔	✔	✔	✔	✔	✔		✔	✔	✔		10	100%
Ian Stewardson	Director of Modernisation	✔	✔	✔	✔	✔	✔	✔		✔	✔	✔		10	100%
Neil Darvill	Director of Informatics *(to 30/10/15, from 28/09/15)*	✔	✔	✔	✔	✔	✔	✔		✔				8	100%
Christine Walters											✔	✔		2	100%
Paul Williams	Director of Operations	x	x	✔	x	✔	✔	x		x	✔	✔		5	50%
Meeting attendance		87%	60%	94%	81%	94%	88%	69%		73%	88%	94%		83%	

*Key: ✔ - Attended * - Deputy attended x - No attendance*

8. It should be noted that all meetings were quorate with an average attendance rate of 85%.

9. Attendance by David Graham, Sarah O'Brien and Paul Williams fell below the target level and this has been reviewed by the Trust Chairman.

TERMS OF REFERENCE & ANNUAL MEETING PROGRAMME

10. In light of results from the Well Led Self-Assessment a detailed review of all ToR was undertaken by CQC and FT leads with the Board Secretary, seeking to align them with latest guidance.

11. Revised copies of the ToR are included as Appendix 2.

12. The Annual Meeting Agenda has been reviewed and is included as Appendix 3.

MEETING EFFECTIVENESS MEMBER QUESTIONNAIRE

13. Questionnaires were distributed in February 2016 and 11 returned. The results are charted in the table overleaf.

14. In general the feedback was good with '*The forum comprises members with the appropriate mix of skills and experience*', and '*There is a good rigour of debate with probing discussions and appropriate challenge*', scoring highest.

15. The three lowest scoring areas were '*Meeting papers are concise, relevant and received in a timely fashion*', '*The standard of delivery of reports is good with appropriate presenters*', and '*Adherence to agenda, topics and timeframes is good*', which will be targeted for improvement in 2016.

16. The following comments were received in questionnaire responses:

    16.1. After each section a summary of what was discussed and concluded should be summarised by the chair, and noted.

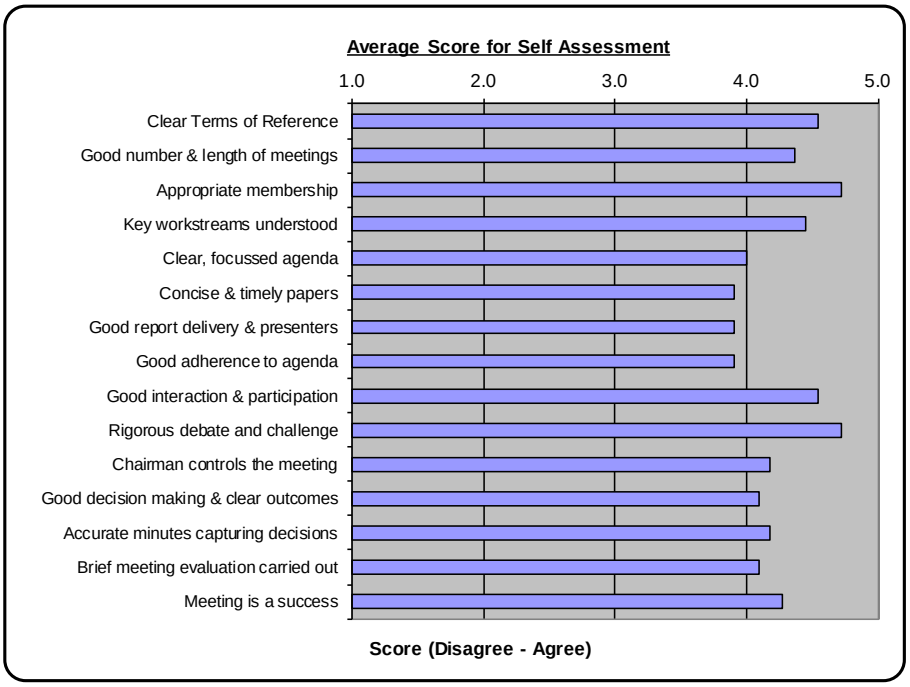
    16.2. Favour moving towards a "smarter" approach – more focussed, only appropriate discussion, more "outcome based".

    16.3. Most papers good; some still too long.

    16.4. Discussion good; occasionally outcome of discussions unclear.

    16.5. General attentiveness good, however there may be some concern about getting distracted through devices (laptops & iPads).

MEETING EFFECTIVENESS REVIEW - February 2016 (Trust Board)	11 questionnaires returned							
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	Mode	Range
	1	2	3	4	5			
Clear Terms of Reference				5	6	4.5	5.0	2
Good number & length of meetings				7	4	4.4	4.0	2
Appropriate membership				3	8	4.7	5.0	2
Key workstreams understood				6	5	4.5	4.0	2
Clear, focussed agenda			3	5	3	4.0	4.0	3
Concise & timely papers		1	2	5	3	3.9	4.0	4
Good report delivery & presenters			2	8	1	3.9	4.0	3
Good adherence to agenda			2	8	1	3.9	4.0	3
Good interaction & participation				5	6	4.5	5.0	2
Rigorous debate and challenge				3	8	4.7	5.0	2
Chairman controls the meeting			1	7	3	4.2	4.0	3
Good decision making & clear outcomes				10	1	4.1	4.0	2
Accurate minutes capturing decisions			1	7	3	4.2	4.0	3
Brief meeting evaluation carried out			2	6	3	4.1	4.0	3
Meeting is a success				8	3	4.3	4.0	2



CHAIR AND LEAD OFFICER REVIEW

17. Richard Fraser and Peter Williams have jointly considered the above points along with undertaking a general review of the meeting arrangement and reached the following conclusions:

17.1. The structure and reporting arrangements are appropriate and clear.

17.2. Meeting administration and documentation is good, however:

- Timeliness of paper drafting to ensure adherence to the distribution schedule requires improvement.
- Some papers still require slimming-down.
- In 2016 the target for all authors of papers should be to turn data into information, and then intelligence for decision-making. Asking themselves “so what does this tell us?” will be the key to producing reports that provide the

Board with the necessary assurance, and interpreted information to assist with decision-making.

17.3. Attendance is good with the average attendance of members at 85%, and 7 achieving 100%. Mitigating factors surrounding the three members failing to achieve 70% attendance have been reviewed and where necessary discussions have taken place to avoid a repetition going forward.

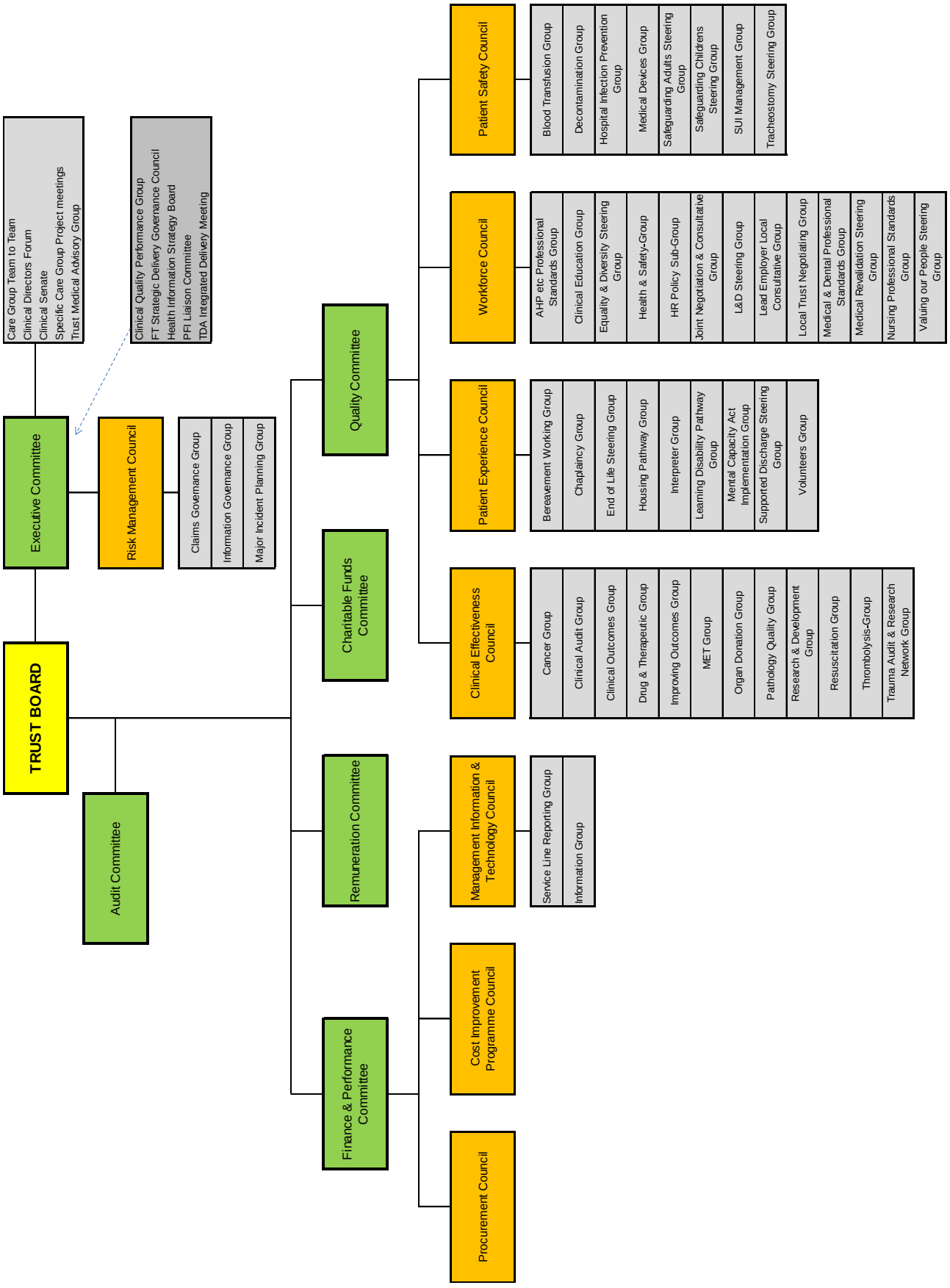
17.4. The results from the survey are largely encouraging, but any areas for attention will be acted upon.

17.5. The revised ToR should be accepted.

17.6. The composition of the Board and the competencies, skills and experience of members is very good.

17.7. The purpose and remit of the Trust Board remains fundamentally appropriate with relatively minor changes proposed.

Appendix 1 – Corporate Meeting Structure



Appendix 2 – Terms of Reference

TRUST BOARD – Terms of Reference	
Authority	St Helens and Knowsley Teaching Hospitals NHS Trust (the Trust) is a body corporate which was established under the St Helens and Knowsley Hospital Services National Health Service Trust (Establishment) Order 1990 (SI 2446) amended by 1999 (No 632) (the Establishment Order). The principal place of business of the Trust is the address as per the establishment order. The terms under which the Trust Board operates are described in the Standing Orders section of the Corporate Governance Manual (section 7.3).
Delegated Authority	The Board shall agree from time to time to the delegation of executive powers to be exercised by committees, which it has formally constituted in accordance with directions issued by the Secretary of State. The constitution and terms of reference of these committees, and their specific executive powers shall be approved by the Board, and appended within the Corporate Governance Manual. The Board has delegated authority to the following Committees of the Board i) Audit Committee ii) Remuneration Committee iii) Quality Committee iv) Finance & Performance Committee v) Charitable Funds Committee vi) Executive Committee
Agendas	The Board will have a forward work programme for the ensuing year that provides an outline plan for reporting throughout the year. This will include items on quality, performance and statutory compliance as well as reports from the Trust's Committees where more in-depth scrutiny of items has occurred in the presence of both Non-Executive and Executive Directors. This does not prevent agenda items being added as required and may result in items being deferred to another month if the agenda becomes too congested. A Board member desiring a matter to be included on an agenda shall make their request to the Chairman at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chairman. Where a petition has been received by the Trust the Chairman of the Board shall include the petition as an item for the agenda of the next Board meeting.
Accountability and reporting	All ordinary meetings of the Board are open meetings which members of the public can attend to observe the decision-making process of the Trust. They are not open meetings where the public have a right to contribute to the debate, however, contributions from the public at such meetings can be considered at the discretion of the Chairman. Members and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Trust, without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers. Exceptionally, there may be items of a confidential nature on the agenda of

	these ordinary meetings from which the public may be excluded. Such items will be business that: i) relate to a member of staff, ii) relate to a patient, iii) would commercially disadvantage the Trust if discussed in public, iv) would be detrimental to the operation of the Trust.
Review	In March each year the Board will undertake an annual Meeting Effectiveness Review. Part of this process will include a review of the ToR.
Membership	**Core Members (voting)** Non-Executive Chairman (chair) 5 Non-executive Directors (one of which will be appointed Vice Chair, and one appointed Senior Independent Director) Chief Executive 4 Executive Directors (to include Director of Finance, Medical Director, Nursing Director plus one other. One to be nominated Deputy Chief Executive) Collective Responsibility - Legally there is no distinction between the Board duties of Executive and Non-Executive Directors; both share responsibility for the direction and control of the organisation. All Directors are required to act in the best interest of the NHS. There are also statutory obligations such as quality assurance, health and safety and financial oversight that Board members need to meet. Each Board member has a role in ensuring the probity of the organisation's activities and contributing to the achievement of its objectives in the best interest of patients and the wider public. <u>In attendance</u> The Board shall be able to require the attendance of any other Director or member of staff.
Attendance	Core Members are expected to attend a minimum of 70% of meetings per year.
Quorum	50% of the core membership must be present including at least one Executive Director and one Non-Executive Director.
Meeting Frequency	The Trust Board will meet monthly (with the exception of August and December). All meetings will have public and private elements.
Agenda Setting and papers	Minute production and distribution is via the office of the Director of Corporate Services. Documents submitted to the Trust Board should be in line with the corporate standard.

Appendix 3 – Annual Agenda and scheduled meetings for 2016/17

ANNUAL TRUST BOARD CALENDAR 2016/17																	
Month			ToR	A	M	J	J	A	S	O	N	D	J	F	M	Report	Presenter
Scheduled agenda items	General	Employee of the month		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Anne-Marie	Richard
		Patient story			✔		✔		✔		✔		✔		✔	Sue	Vary
		Apologies		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Declaration of interests	8	✔	✔	✔	✔		✔	✔	✔		✔	✔		Richard	
		Minutes of the previous meeting		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Action list / matters arising		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Review of meeting		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Any other business		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
	Committee Reports	Audit (including CGM & SFI approval)	2,6,7,10,11,14 15,32,33,34	✔		✔			✔	✔				✔		Nik	Su
		Executive (including MIP approval)	3,11,16,18	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Peter	Ann
		Finance and performance	11	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Nik	Denis
		Quality	11,25	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Sue	David
		Charitable Funds	11			✔				✔				✔		Nik	Denis
		Remuneration (or as required)	6,11			✔										Anne-Marie	Richard
	Operational performance reports	FT update & TDA self-certification	3	✔	✔	✔	✔	*	✔	✔	✔	*	✔	✔	✔	Nik	
		Integrated Performance Report	3,4	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Nik	
		Safer staffing report	3	✔	✔	✔	✔	*	✔	✔	✔	*	✔	✔	✔	Sue	
		Board Assurance Framework	3	✔			✔			✔			✔			Sue	
		Complaints, claims & incidents report	3,9		✔				✔				✔			Sue	
		Informatics report	3		✔				✔				✔			Christine	
		HR indicators	3				✔						✔			Anne-Marie	
		Infection control report	3				✔				✔				✔	Sue	
	Annual reports	Adoption of Annual Accounts	1		✔											Nik	
		Approval of Quality Account	25		✔											Sue	
		Audit Plan approval	33		✔											Nik	
		Board and Committee Effectiveness Review	5,12,13		✔											Peter	
		Information Governance Report	1,3		✔											Francis Andrews	
		Trust objectives - review of previous year's	3		✔											Peter	Ann
		Medical revalidation	20				✔									Terry Hankin	
		Public Health report	24				✔									Kath	CCG Rep
		Audit Letter sign-off	1,33						✔							Nik	
		Charitable Funds Accounts / Annual Report	1								✔					Nik	Denis
		Research & development statement	4								✔					Kevin	
		Review of NHS Constitution	1								✔					Peter	
		Trust Board meeting arrangements	1								✔					Peter	
		Trust objectives - review of current year's	3								✔					Peter	Ann
		Clinical and quality strategy update	24,25										✔			Kevin	
		Research capability statement	3										✔			Kevin	
		Safeguarding report (Adult / Children)	1										✔			Sue	
		Approval of budget plans	1,27,29,30												✔	Nik	
		Board effectiveness review	2												✔	Peter	
		CQC registration	1,25												✔	Sue	
		Mixed sex declaration	1												✔	Sue	
		Review of staff survey	20												✔	Anne-Marie	
		Trust objectives - approval of next year's	3,24,31												✔	Peter	Ann
	Total scheduled items			15	22	16	19	0	18	16	20	0	21	15	20		
Closed Session	Chair and NED meeting			✔		✔				✔				✔		Richard	
	Chief Executives report				✔		✔		✔		✔		✔		✔	Ann	
	Serious untoward incidents		1		✔		✔		✔		✔		✔		✔	Sue	
	Suspensions		17		✔		✔		✔		✔		✔		✔	Anne-Marie	
	Feedback from external meetings and events				✔		✔		✔		✔		✔		✔	All	
	Review of meeting performance				✔		✔		✔		✔		✔		✔	Richard	
	Approval of Strategic Plans (dates TBA)		24,31,33														
	Director mandatory training / Corporate Law update		20							✔						External facilitators	

* To be approved under delegated authority