NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 28TH JUNE 2017
IN THE BOARDROOM, LEVEL 5, WHISTON HOSPITAL

A G E N D A				Paper	Presenter
09:30	1	Employee of the Month			Richard Fraser
		1.2	June		
09:35	2	Apologies for Absence			
	3	Declaration of Interests			
	4	Minutes of the previous Meeting held on 31st May 2017		Attached	
		4.1	Correct record & Matters Arising		
		4.2	Action list	Attached	
Performance Reports					
09:45	5	Integrated Performance Report		NHST(17) 060	Nik Khashu
		5.1	Quality Indicators		Sue Redfern
		5.2	Operational indicators		Rob Cooper
		5.3	Financial indicators		Nik Khashu
		5.4	Workforce indicators		Anne-Marie Stretch
Committee Assurance Reports					
10:05	6	Committee report – Executive		NHST(17) 061	Ann Marr
10:10	7	Committee Report – Quality		NHST(17) 062	George Marcall
10:15	8	Committee Report – Finance & Performance		NHST(17) 063	Denis Mahony
10:20	9	Committee Report – Charitable Funds		NHST(17) 064	Denis Mahony

Other Board Reports				
10:25	10	Guardian of Safe Working (GOSW) report	NHST(17) 065	Mike Chadwick
10:40	11	Strategic update report	NHST(17) 066	Nik Khashu
10:45	12	Medical revalidation report 2017	Presentation	Terry Hankin
11:00	13	Developing People – Improving Care Framework	NHST(17) 067	Anne-Marie Stretch
Closing Business				
11.15	14	Effectiveness of meeting		Richard Fraser
	15	Any other business		
	16	Date of next Public Board meeting – Wednesday 26th July 2017		

Minutes of the St Helens and Knowsley Hospitals NHS Trust Board meeting held on Wednesday, 31ST May 2017 in the Boardroom, Whiston Hospital

PUBLIC BOARD

Chair:	Mr R Fraser (RF)	Chairman
Members:	Ms A Marr (AM)	Chief Executive
	Mrs A-M Stretch (AMS)	Deputy Chief Executive/Director of HR
	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 P Williams (PW)	Director of Corporate Services
	Ms S Rai (SR)	Non-Executive Director
	Mrs S Redfern (SRe)	Director of Nursing, Midwifery & Governance
Apologies:	Mr N Khashu	Director of Finance
	Mr R Cooper	Director of Operations & Performance
	Mrs T Hemming	Director of Transformation
	Mr T Foy	St Helens CCG
In Attendance:	Ms N Villegas (NV)	Trust HR Graduate (Observer)
	Mrs S Duce (SD)	Deputy Director of Nursing (Item 2)
	Dr T Hankin (TH)	Deputy Medical Director (Observer to item 17)
	Mrs C Duffy	Executive Office Manager (Minutes)

1. Employee of the Month

The award for Employee of the Month for April 2017 was presented to Paul Lawrenson, HCA, Ward 5D Stroke Rehabilitation.

The award for Employee of the Month for May 2017 was presented to Emma Whitby, Rehabilitation Sister, ICU.

2. Patient Story

2.1. SD presented the patient story.

2.2. This was positive feedback from a patient who had sustained very serious injuries in a road traffic accident. The patient described the care received from the Trust as exemplary.

2.3. The patient had reported how flexible visiting times had enabled her family to spend as much time with her as possible, which had greatly contributed to her recovery.

2.4. Following discussion with the patient on areas for improvement, feedback has been provided to the catering manager regarding the choice on the menus for patients with specific eating difficulties, and the need to provide a wider variety, for long-stay patients.

2.4.1. CW will take an IT action to provide details of long-stay patients.

2.5. There was brief discussion on the amount of positive feedback the Trust receives, and RF noted the Board's gratitude to the commitment and dedication of Trust staff.

3. Apologies for Absence

3.1. Apologies noted.

4. Declaration of Interests

4.1. RF declared his interim Chairmanship of Southport & Ormskirk Hospital NHS Trust.

5. Minutes of the previous meeting held on 26th April 2017

5.1. Correct Record and Matters Arising

5.1.1. The minutes were approved as a correct record.

5.2. Matters Arising

5.2.1. None noted.

5.3. Action List

5.3.1. Action 1. Minute 6.4.2 (30.11.16): TH reported on the action for AMS on complaints information within appraisals. A 10% sample had been taken, 70% of which had included comments on complaints. Reflection was noted within the appraisal. TH confirmed that if significant concerns are raised, they are immediately addressed. Noted that any complaints received which involved the Consultant workforce should be referred on to TH as Responsible Officer for the Trust. It was agreed that this action is now complete.

6. IPR – NHST(17)045

6.1. Quality Indicators

6.1.1. SRe provided a brief update on Quality Indicators.

6.1.2. There were no never events in April.

6.1.3. There were no cases of MRSA bacteraemia in April.

6.1.4. There was 1C.Diff case in April; annual tolerance for 2017/18 is 41 cases.

6.1.5. There were no grade 3 or 4 pressure ulcers in April.

6.1.6. There were 2 falls that resulted in severe harm during March. Year-end total was 22.

6.1.7. VTE performance for March was slightly above the required 95% target at 95.11%.

6.1.8. The year to February 2017 HSMR is 102.1%.

6.2. Operational Indicators

6.2.1. KH provided an update on the Operational Performance. A&E performance was 82.0% (type 1) and 88.9% (types 1 and 3). It was noted that it had been the busiest ever month of May historically.

6.2.1.1 DM noted the step change in Warrington's performance, and debate had on improvements resulting from an ambulatory care unit. Noted that RC has an action to explore further following discussion at the Finance and Performance meeting.

6.2.2. RTT incomplete performance was achieved in month (92.9%). Specialty level actions to address this continue, with support and focus being provided by ECIP.

6.3. Financial Indicators

6.3.1. PW provided an update of the Trust's financial position. For the month of April 2017 (Month 1) an overall income and expenditure surplus of £0.319m against the YTD profiled plan of £0.459m is reported.

6.3.2. The Trust has delivered £0.84m of CIPs, which is behind annual plan by £0.15m.

6.3.3. The Trust's cash balance at the end of April was £7.8m, in line with the External Financial Limit.

6.3.4. The Trust has incurred £38k of capital expenditure in April.

6.3.5. SR noted that this is a good position and acknowledged early receipt of the central PFI funding.

6.4. Workforce Indicators

6.4.1. AMS provided an overview of the Workforce Indicators, and noted an overall good start to the year.

6.4.2. The 2016 staff satisfaction score has again increased, and the Trust remains in the top 20% of acute Trusts nationally.

6.4.3. Mandatory training compliance exceeded the target by 6.1%. Appraisal compliance reduced in April to 80.6%, which is 4.4% behind target. AMS confirmed that focus will be applied.

6.4.4. Absence decreased in April to 3.5% which is a 0.75% improvement on the Q1 target.

6.4.5. AMS stressed the importance of recognition of a good job well done to aid staff morale.

7. Complaints, Claims and Incidents – NHST(17)046

7.1. SRe provided a quantitative and qualitative analysis of incidents, complaints, claims and inquests. A summary of key issues identified in the final two quarters of 2016-17 was included.

7.2. From incidents reported on the DATIX system, it was noted that 42 were reported to StEIS, and 124 were categorised as moderate, severe or catastrophic harm. SRe reported that a thematic review of falls is underway.

7.2.1 The Board requested a report on SIRI outcomes.

7.3. 178 first stage complaints were received in Q3 and Q4. This is a 10% increase compared to the first two quarters of 2016/17. Clinical treatment and admissions and discharges were the main reason for complaints. A marked increase was noted for a couple of wards; further investigation is ongoing.

7.4. 1006 PALS contacts/enquiries were made in Q3 and Q4, representing a 3% decrease compared to the first two quarters of 2016/17. Communication was noted as a main cause of concern.

7.5. 55 new clinical negligence claims were received in Q3 and Q4, which is a 10% increase compared to the first two quarters of 2016/17. 60% of the new claims were due to failure to diagnose or delay in diagnosis.

7.6. Concern was expressed regarding the overall number of incidents, and the Board requested much more context in the next report, with an analysis of the data provided.

7.7. KH confirmed that when benchmarked, the Trust is in line with other Trusts.

7.8. SR noted that communication seems to be a theme, and enquired what training is available to staff. SRe reported on the many strands of training provided. The Nursing Strategy is currently being reviewed; SRe will ensure that the importance of communication is stressed therein.

7.8.1. Staff accountability was discussed, and it was agreed that further attention should be given to this.

7.8.2. Availability of staff to discuss patient care plans with relatives was reflected upon, and wards will be encouraged to be more proactive. RF charged the Executive Committee to consider this going forward and report back to Board.

8. Committee Report - Executive – NHST(17)047

8.1. AM provided an update to the Board.

8.2. Decisions taken by the Committee included changes to the SIRI process, pursuing Creative Commons Licences, managing the IR 35 Task rule implementation, use of AQuA Infection Control data, measures to safeguard cancer performance, a review of duplicate GP letters, and promotion of Reservist Day.

8.3. Assurance regarding safer staffing, the impact of referral management systems, mandatory training, appraisals, risk management, management of agency expenditure, response to cyber-attack, were obtained.

8.4. With regards to financial commitments, the proposal to create additional mortuary capacity at Whiston (c£120k) was approved. The scheme to replace the paediatric A&E reception desk was deferred for a more cost-effective solution.

8.5. There were no other specific items requiring escalation to the Board.

9. Committee Report – Quality Committee – NHST(17)048

9.1. GM summarised the report for the Board.

9.2. Complaints: slight decrease in complaints received in month compared to March.

9.3. Safer Staffing: Executive Committee is undertaking a deep dive into the staffing levels in wards with the four worst fill rates.

9.4. IPR: A&E performance was discussed; it was agreed to discuss in detail at the Finance and Performance Committee.

9.5. Safeguarding training update: advancements in levels 2 and 3 were discussed.

9.6. Improvement to TTOs was noted, along with the resulting positive impact on discharges.

9.7. Quality Account was approved for final submission to Board, subject to minor amends.

9.8. Policies: it was agreed to review all overdue policies at future Quality Committee meetings. It was noted that this had been deliberated at previous Executive Committee meetings; and would be explored again.

9.9. Other items discussed were updates from the Councils.

10. Committee report – Finance & Performance – NHST(17)049

10.1. DM presented the Finance & Performance Committee Report from 25th May.

10.2. Items discussed for information:

10.2.1. Bed occupancy figures. DM commented that this is regularly 10% over the recognised optimum level of 85%; however noted bed modelling is to be reviewed.

10.2.2. HIS strategy.

10.2.3. Cheshire & Merseyside 5 Year Forward View update.

10.3. Items discussed for assurance:

10.3.1. A&E. DM noted that there are significant areas for improvement; however assurance was gained at the meeting that progress is being made.

10.3.2. IPR.

10.3.3. CIP Council. DM noted that CIP targets are being met which is a good start to the year. 2017/18 programme to be presented to Committee.

10.3.4. Draft 2016/17 Finance Report and Finance Report for Month 1 2017/18.

10.4. Actions agreed included a paper being presented to Committee on the MUST Nutrition Tool.

11. Committee report - Audit – NHST(17)050, 051 and 052

11.1. SR provided a summary of the meeting from 23rd May.

11.2. Key items discussed were:

11.2.1. The adoption of the Annual Accounts (NHST(17)051) including approval of the Annual Report. SR noted that there were no points of contention.

11.2.2. Audit Plan approval (NHST(17)052). Quality assurance was received on the timetable, and it was therefore recommended that the Board formally approves the plan.

11.2.2..1. The Board ratified the approval by the Audit Committee of the Trust's financial accounts for 2016/17 and Annual Report and approved the 2017/18 Internal Audit Plan.

Change to the order of the agenda was agreed for the following item.

12. Learning from deaths in the NHS – NHST(17)058

12.1. KH reported that there is to be a new compulsory national system for learning from deaths in the NHS, new national reporting requirements and a new focus during CQC inspections.

12.2. KH proposed the establishment of a Mortality Surveillance Group (MSG), to be chaired by TH, for the development of a policy going forward. This will be in consultation with partners, patients and the public. Collaborative working with North West Boroughs Partnership and Merseycare will take place to establish a system for identification of patients with learning difficulties and mental health needs, and for Trust inpatients detained under an order.

12.3. From April 2017, the Trust must take steps to report all inpatient deaths and deaths within 30 days of inpatient discharge fitting the new criteria. From October 2017, the mortality report must be published, including those deemed avoidable. Mandatory introduction of a medical examiner role is also required by April 2019.

12.4. The logistics of this, and the tools required were discussed, and the considerable challenge was recognised. The potential for inconsistencies between Trusts was acknowledged.

12.5. The MSG must report regularly to Board, and there is a national requirement that there is a Board level Patient Safety Director (not a new post) and a NED lead.

12.6. TH reported that the next steps are to agree an administrative framework, allocate roles and responsibilities and prepare for October publication.

12.7. Board approved the way forward, and an update will be brought back to September meeting.

13. Strategic and Regulatory Update Report – NHST(17)053

13.1. PW provided the Board with assurance that the Trust continues to take account of external strategic developments that could impact the future direction of the organisation and all regulatory requirements to comply with governance good practice.

13.2. There have been no national policy or strategy announcements during the election purdah period.

13.3. PW briefed the Board on the Single Oversight Framework and the requirement for Board declarations: Condition G6 – systems for compliance with licence conditions and related obligations, and Condition FT4 – governance arrangements.

13.4. The Board noted the Framework and approved the annual declarations.

14. Approval of Quality Account – NHST(17)054

14.1. SRe updated Board on three changes to the circulated Quality Account: successful challenge to CDiff appeal and the inclusion of commentary from St Helens CCG and Grant Thornton.

14.2. Board approved the Quality Account for publication.

15. Information Governance Report – NHST(17)055

15.1. CW reported that annually the Trust must demonstrate compliance with Information Governance requirements by completing the NHS Digital 'Information Governance Toolkit'. There is a requirement for all NHS organisations to meet the minimum of Level 2 across all requirements within the Toolkit.

15.2. The Trust's IG Toolkit submission for 2016-2017 received 'significant assurance' from Mersey Internal Audit Agency. Noted that this included an update from both the Caldicott Guardian and Senior Information Risk Owner (SIRO).

15.3. The Board noted and approved the report and will support the evolving Information Governance Agenda going forward.

16. Freedom of Information Act Annual Report – NHST(17)056

16.1. CW presented the report to Board to give assurance that the Trust is compliant with Freedom of Information (FOI) legislation.

16.2. The number of FOI requests for 2016/17 has increased significantly from 2015/16 figures by 38%. Categories of requests were stated, with the high percentage of commercial requests recognised.

16.3. Compliance with statutory timescales was relayed; however, the extremely complex nature of some of the requests received has impacted upon this. Brief discussion had on the mechanism to challenge requests.

16.4. CW reported that the Trust is second best for compliance in the north west.

17. Trust Objectives Review – NHST(17)057

17.1. The Trust has agreed 27 objectives for 2016/17.

17.2. Progress throughout the year against each one was reported. The objectives were RAG rated:

17.2.1. 22 objectives (81%) graded green;

17.2.2. 4 objectives (15%) graded amber primarily due to timeliness of discharges and transfers, performance against a small number of standards, timeliness of complaint responses and agency expenditure.

17.2.3. 1 objective (4%) graded red regarding emergency access performance.

17.3. GM challenged the 8% increase in admissions, when nationally and locally admission levels are at 2%. AM agreed that Trust admissions were disproportionate and the current bed occupancy levels create inefficiencies. Contingency possibilities were discussed and KH confirmed that every option is being given robust scrutiny.

17.4. The Board noted progress made and actions proposed to achieve the optimum year end outturn.

18. Board Effectiveness Review – Revised Terms of Reference EC(17)059

18.1. From February through to April the effectiveness of the Trust Board and its Committees has been assessed with regular updates provided to the Board. The conclusion of the reviews is that the purpose, remit and organisation of the Trust Board and its Committees remains appropriate and provides the necessary assurance that the Trust is effectively and appropriately managed.

18.2. The final part of the review is the issuing of revised ToR for each forum incorporating agreed changes. Whilst the memberships in the ToR have not been altered, recent changes in the Trust Board members will need to be addressed in the actual attendees at meetings going forward.

18.3. A change to the Remuneration Committee ToR regarding approval of minutes is being considered and this will be taken to the Audit Committee for consideration in due course.

18.4. The Board approved the ToR which reflect the outcomes from the meeting effectiveness reviews.

19. Effectiveness of meeting

19.1. RF invited NV to share her observations. NV stated that she had found the discussion and debates very interesting and informative, and had enjoyed attending.

20. AOB

20.1. RF reported that the visiting Chinese doctors had thanked the Trust for their recent stay, and a reciprocal visit is to be arranged. RF noted the Board's thanks to Dr Francis Andrews for all his input and participation with the visit.

20.2. AM reported that Elton John had donated 40 tickets to the Trust to his forthcoming concert at Halton Stadium, as a mark of his admiration to NHS colleagues following the Manchester bombing. It was agreed that Employees of the Month will be offered first refusal.

20.3. SRe reported that NHSE had reduced the security level from Critical to Severe.

21. Date of next meeting

21.1. The next meeting is scheduled for Wednesday, 28th June 2017 in the Boardroom, Whiston Hospital, commencing at 9.30 am.

Chairman: ……

Date: ……

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST PUBLIC BOARD ACTION LOG – 28th JUNE 2017

No	Minute	Action	Lead	Date Due
1.	~~30.11.16 (6.4.2)~~	~~Appraisals. Ann Marr asked for an audit to be carried out to ensure that information regarding complaints is captured on medical staff appraisals.~~	AMS	Action complete
3.	25.01.17 (11.5)	HR Indicators: A trend line is required in the next report for Bank, Agency and Overtime usage.	AMS	26 Jul 17
4.	31.05.17 (2.4.1)	Patient story: from feedback received on menu variety for long-stay patients with specific eating difficulties, an IT report will be generated to identify such patients.	CW	26 Jul 17
5.	31.05.17 (7.2.1)	Complaints, Claims and Incidents: A report on SIRI outcomes is required.	SR	tbc
6.	31.05.17 (7.6)	Complaints, Claims and Incidents: More context and data analysis of report is required.	SR	tbc
7.	31.05.17 (7.8.2)	Availability of staff to discuss patient care plans with relatives to be considered; wards to be encouraged to be more proactive. Executive Committee report back to Board.	SR	tbc
8.	31.05.17 (9.8)	Overdue policies: extent to be explored at future Executive Committee meeting.	SR	tbc
9.	31.05.17 (12)	Learning from deaths in the NHS – update back to Board.	KH	27 Sept 17

Paper No: b l {¢ómtúлcл
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) 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.** 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 first Outpatient and Diagnostic service in the country to ever be awarded this rating.

May 2017
There were no never events in May 2017.

There were no cases of MRSA bacteraemia in May 2017.

There were 6 C.Difficile (CDI) positive cases in May 2017. RCAs are in progress. 2 cases have be identified for appeal.

There were no grade 3 or 4 pressure ulcers in May 2017.

The overall registered nurse/midwife Safer Staffing fill rate for May 2017 was 94.9%

April 2017
There were 4 falls that resulted in severe harm during April 2017.

Performance for VTE assessment for April 2017 was 93.64%.

YTD HSMR was 103.3 up to February 2017.

Corporate Objectives Met or Risk Assessed: Achievement of organisational objectives.
Financial Implications: The forecast for 17/18 financial outturn will have implications for the finances of the Trust
Stakeholders: Trust Board, Finance Committee , Commissioners, CQC, TDA, patients.
Recommendation: To note performance for assurance
Presenting Officer: N Khashu
Date of Meeting: нyúK WdzyŜ нлмт

Operational Performance

A&E performance was 76.4% (type 1) and 85.1% (type 1 & 3) in month. This is a deterioration in performance from April having had increased pressures in May with 905 more attendances than April and the highest monthly attendance to date. The key actions identified for continued recovery of this position are being driven forward by the senior leaders across the organisation, focusing on both the Emergency Department and the Inpatient wards

Emergency Department key actions:
1. In the final phase of the Urgent and Emergency Care Transformation Plan 30-60-90 Improvement with Standard Operating Procedures following PDSA cycles to be finalised.
2. Appropriate deployment of clinical resources to meet demand.
3. Improved use of IT to enable real time tracking of patients within 4 hours.

Inpatient areas:
1. Clinically led board rounds on inpatient wards
2. KPI of expected number of discharges per ward of which 33% to be achieved by midday
3. Senior daily review and escalation for patients who no longer need care in an acute bed, supported by weekly system wide Multi Agency Discharge Events (MADE).

The additional actions identified within the Trusts recovery plan will continue with support and focus being provided by ECIP in order to sustainably deliver the 95% target.

RTT incomplete performance was achieved in month (93.1%). Specialty level actions to address this continue, including targeted backlog clearance and collaborative working with the CCG to improve the quality and effectiveness of patient referral pathways.

Financial Performance

Surplus/Deficit - For the month of May 2017 (Month 2) the Trust is reporting an overall Income & Expenditure surplus of £0.444m against the YTD profiled plan of £0.539m. This is an adverse variance of £0.095m. Clinical Income has recovered by £1m and is now £0.9m behind plan. This has been offset by increased expenditure in pay which has been mitigated by released slippage in reserves. There is a continued requirement to recover the Clinical income shortfall from productivity opportunities agreed with divisions around theatre utilisation and productivity.
The Trust is planning to deliver its FOT surplus of £8.536m, which equates to (£0.581)m deficit excluding STF.

The Trust has delivered £1.801m of CIPs which is behind Annual plan by £0.190m.

The Trust's cash balance at the end of May was £16.8m, in line with the Trust's External Finance Limit and represents 18 days of operating expenses.

The Trust has incurred £350k of capital expenditure in May.

Human Resources

Mandatory Training compliance exceeds the target by 4.8%.

Appraisal compliance has improved in May to 81.4% which is 3.6% behind a target of 85%.

Absence in May was again lower than the Q1 target of 4.25% at 3.7%, which is 0.55% ahead of the Q1 target. Nursing sickness including HCAs remains at 4.5% which is 0.8% is better YTD target and 1.4% better than last years outturn. Nursing and Midwifery only sickness excluding HCAs was 0.55% better than the Q1 target and is 1.0% better than 2016/17 outturn.

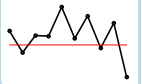
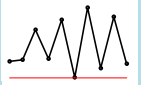
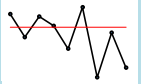
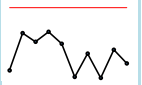
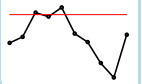
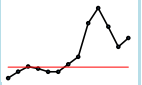
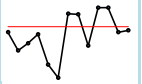
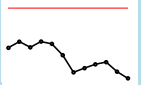
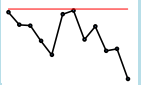
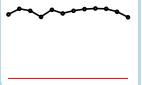
The following key applies to the Integrated Performance Report:

▲ = 2017-18 Contract Indicator
▲£ = 2017-18 Contract Indicator with financial penalty
● = 2017-18 CQUIN indicator
T = Trust internal target

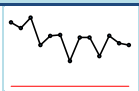
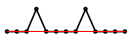
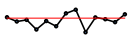
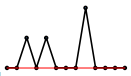
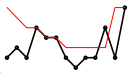
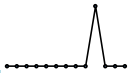
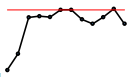
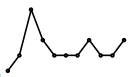
May-17

St Helens and Knowsley Teaching Hospitals NHS Trust

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

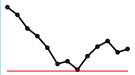
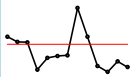
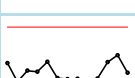
	Committee		Latest Month	Latest month	2017-18 YTD	2017-18 Target	2016-17	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (appendices pages 30-35)												
Mortality: Non Elective Crude Mortality Rate	Q	T	May-17	2.1%	2.2%	No Target	2.5%		Overall SHMI and HSMR within control limits. Mortality fluctuates month-to-month, but is stable medium-term. Weekend mortality - has fallen again after 'Winter' increase (noisy metric).	Patient Safety and Clinical Effectiveness	Trust is exploring an electronic solution to improve capture of comorbidities and their coding. Specific diagnostic groups with raised mortality are subject to intensive investigation (e.g. COPD). Increasing FCEs per spell is contributing to mortality performance adversely (because diagnosis and risk information are gleaned from 1st FCE (nationally). We are exploring options to reduce FCEs per spell. Major initiatives to improve management of AKI and Sepsis are well underway to improve care and reduce mortality.	KH
Mortality: SHMI (Information Centre)	Q	▲	Sep-16	1.05		1.00						
Mortality: HSMR (HED)	Q	▲	Feb-17	84.4		100.0	103.3					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	Feb-17	108.3		100.0	117.1					
Readmissions: 30 day Relative Risk Score (HED)	Q	T	Jan-17	93.9		100.0	98.6		Continues to improve.	Patient experience, operational effectiveness and financial penalty for deterioration in performance	Action ongoing to address babies returning electively but documented as emergency admissions.	KH
Length of stay: Non Elective - Relative Risk Score (HED)	F&P	T	Feb-17	91.9		100.0	93.3		Sustained reductions in NEL LOS are assurance that medical redesign practices continue to successfully embed.	Patient experience and operational effectiveness	Drive to maintain and improve LOS across all specialties.	RC
Length of stay: Elective - Relative Risk Score (HED)	F&P	T	Feb-17	93.4		100.0	91.7					
% Medical Outliers	F&P	T	May-17	2.9%	2.7%	1.0%	1.7%		Patients not in right speciality inpatient area to receive timely, high quality care.	Clinical effectiveness, ↑ in LoS, patient experience and impact on elective programme	Robust arrangements to ensure appropriate clinical management of outlying patients are in place.	RC
Percentage Discharged from ICU within 4 hours	F&P	T	May-17	50.8%	50.4%	52.5%	48.3%		Failure to step down patients within 4 hours who no longer require ITU level care.	Quality and patient experience	Critical care step down patients discussed at all Emergency Access Meetings. Critical care rep now attending all bed meetings to agree plan and to highlight patients who will require transfer over the coming 24 hours. Just below target in month.	RC
E-Discharge: % of E-discharge summaries sent within 24 hours (Inpatients) - TOTAL	Q	▲	Apr-17	69.0%	69.0%	90.0%	75.7%		eDischarge performance poor - there is insufficient trainee doctor resource to hit this target with existing paper-based systems.		Pending ePR, we are exploring a revised, automated eDischarge solution to address the problem that there are too few trainees to reliably hit the 95% target. Medium-term plan to supplement trainee doctor numbers with advanced nurses is ongoing.	KH
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients) - TOTAL	Q	▲	Apr-17	78.6%	78.6%	95.0%	90.0%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	Apr-17	98.7%	98.7%	95.0%	99.0%					

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

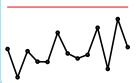
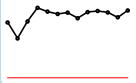
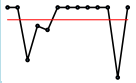
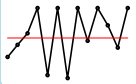
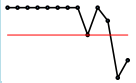
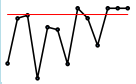
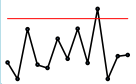
	Committee		Latest Month	Latest month	2017-18 YTD	2017-18 Target	2016-17	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (continued)												
Stroke: % of patients that have spent 90% or more of their stay in hospital on a stroke unit	Q F&P	▲	May-17	92.0%	92.2%	83.0%	94.0%		Target is being achieved	Patient Safety, Quality, Patient Experience and Clinical Effectiveness	Continued focus on delivery of this KPI to ensure our patients continue to receive the best possible care	RC
PATIENT SAFETY (appendices pages 38-40)												
Number of never events	Q	▲£	May-17	0	0	0	2		The National safety standards for invasive procedures will provide further mitigation against future never events.	Quality and patient safety	The RCA for the first never event has been submitted and lessons learnt cascaded. Actions implemented include central line insertion check list . The January 2017 never event is being made subject of a Serious Incident Investigation.	SR
% New Harm Free Care (National Safety Thermometer)	Q	T	May-17	99.2%	98.9%	98.9%	98.8%		Figures quoted relate to all harms excluding those documented on admission. StHK performs well against its neighbours.	Quality and patient safety	Reducing hospital acquired harm is a key priority for the quality and risk teams, the continued development of both risk assessments and harm mitigation strategies will further reduce the risk of harm to patients	SR
Prescribing errors causing serious harm	Q	T	May-17	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. ePrescribing is being rolled out.	KH
Number of hospital acquired MRSA	Q F&P	▲£	May-17	0	0	0	4		There were no cases of MRSA bacteraemia and 6 C.Difficile (CDI) case in May 2017.	Quality and patient safety	Both January cases of hospital acquired MRSA bacteraemia have been investigated and Trust-wide action plans are in place to reduce the risk of any further cases. The Infection Control Team continue to support staff to maintain high standards and practices. They also monitor and undertake RCA for any hospital acquired BSI and CDI. CDI and Antibiotic wards rounds continue to be undertaken on appropriate wards.	SR
Number of confirmed hospital acquired C Diff	Q F&P	▲£	May-17	6	7	41	22					
Number of Hospital Acquired Methicillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections	Q F&P		May-17	1	2	No Target	17					
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	May-17	0	0	No Contract target	1		No grade 3 or 4 pressure ulcers in month	Quality and patient safety	The Trust remains compliant with tissue viability training for all nursing staff including bank staff	SR
Number of falls resulting in severe harm or death	Q	▲	Apr-17	4	4	No Contract target	22		STHK moderate, severe and death harm from falls YTD is 0.156 per thousand bed days(YTD) against a 0.19 national benchmark.	Quality and patient safety	The RCAs have been completed and lessons learnt cascaded.	SR
VTE: % of adult patients admitted in the month assessed for risk of VTE on admission	Q	▲£	Apr-17	93.64%	93.64%	95.0%	93.36%		VTE performance like eDischarge is compromised by trainee doctor numbers pending e-solutions.	Quality and patient safety	E -Prescribing solution will resolve achieving target in 2017. E-prescribing roll out now underway.	KH
Number of cases of Hospital Associated Thrombosis (HAT)		T	Mar-17	3		No Target	28					
To achieve and maintain CQC registration	Q		May-17	Achieved	Achieved	Achieved	Achieved		Through the Quality Committee and governance councils the Trust continues to ensure it meets CQC standards.	Quality and patient safety		SR
Safe Staffing: Registered Nurse/Midwife Overall (combined day and night) Fill Rate	Q	T	May-17	94.9%	94.3%	No Target	94.9%		Shelford Patient Acuity undertaken bi-annually	Quality and patient safety	Daily staffing huddles supported by escalation flow chart are in place. The Trust has an escalation protocol in place which includes Executive authorisation for requesting agency staff.	SR
Safe Staffing: Number of wards with <80% Registered Nurse/Midwife (combined day and night) Fill Rate	Q	T	May-17	0	0	No Target	2					

May-17

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2017-18 YTD	2017-18 Target	2016-17	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (appendices pages 42-49)												
Cancer: 2 week wait from referral to date first seen - all urgent cancer referrals (cancer suspected)	F&P	▲ £	Apr-17	95.2%	95.2%	93.0%	95.1%		Key access targets achieved	Quality and patient experience	A Programme approach is being utilised to monitor and improve the timeliness of the patients journey along the Cancer pathways.	RC
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Apr-17	98.8%	98.8%	96.0%	97.9%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	Apr-17	89.6%	89.6%	85.0%	88.4%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	May-17	93.1%	93.1%	92.0%	93.5%		At specialty level T&O, Plastic Surgery, ENT, General Surgery and Urology are failing the incomplete target. The Dermatology backlog clearance plan has significantly improved its and the Trust RTT position. The impact of the RMS scheme introduced in July by St Helens CCG, Knowsley CCG in November and Halton CCG commenced roll out in April is also impacting on RTT performance due to new referral drop.	There is a risk due to the current medical bed pressures, the increase in 2ww referrals and activity, impact of RMS in unbalancing the numerator / denominator that the elective programme will be compromised risking increases in backlogs and worsening RTT performance.	18 weeks performance continues to be monitored daily and reported through the weekly PTL process. A backlog management plan is in place and alternatives to Whiston theatre and bed capacity are being sought to counter the significant non-elective demand. NHSE backlog clearance commenced beginning of February and completed by end of March clearing 18 T&O and 1208 dermatology patients. actions to maintain and improve RTT performance reliant on theatre and bed capacity along with staff availability in collaboration with CCG's in ensuring RMS delivers in a sustainable and manageable way	RC
18 weeks: % of Diagnostic Waits who waited <6 weeks	F&P	▲	May-17	100.0%	100.0%	99.0%	100.00%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	May-17	0	0	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	May-17	0.4%	0.5%	0.8%	0.7%		The target was achieved again in May 2017. This metric continues to be directly impacted by increases in NEL demand (both surgical and medical patients).	Patient experience and operational effectiveness Poor patient experience	The planned increase in elective surgical activity in St Helens has commenced. Potential to use external theatre and bed capacity continues to be progressed. Continued analysis of the referral drop and impact on RTT underway to include forecast year end position	RC
Cancelled operations: % of patients treated within 28 days after cancellation	F&P	▲ £	Apr-17	100.0%		100.0%	100.0%					
Cancelled operations: number of urgent operations cancelled for a second time	F&P	▲ £	May-17	0	0	0	0					
A&E: Total time in A&E: % < 4 hours (Whiston: Type 1)	F&P	▲	May-17	76.4%	79.1%	95.0%	76.1%		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	The urgent and emergency care transformation plan has several interconnected work streams designed to improve overall 4 hour access performance. **Emergency Department/Front Door** encompassing a 90 day Improvement Programme. In May PDSA cycles tested a number of processes including 'walk in' streaming, Stretcher Triage streaming and internal departmental efficiencies and exit from ED. In June, a new GP stream will be in place as per NHSE recommendations ahead of Sept deadline. **Flow through the Hospital** 1. Continuation of use of the SAFER Care Bundle to increase hospital discharges before midday to 33%. 2. Standardising ward level Board Rounds so that these are consistently delivered across the Care group. Specific attention will be focused on achieving a safe and effective discharge of at least one (golden) patient by 10.00 every morning. 3. Multi-Agency Discharge Events (MADE) continue weekly within the Trust with system wide representation from Executives monthly. The main aim is to remove barriers and blocks that prevent patients with complex needs being discharged safely from hospital.	RC
A&E: Total time in A&E: % < 4 hours (All Types)	F&P	▲	May-17	85.1%	86.9%	95.0%	85.1%					
A&E: 12 hour trolley waits	F&P	▲	May-17	0	0	0	0					

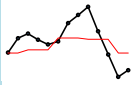
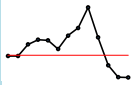
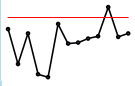
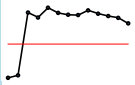
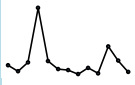
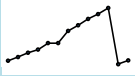
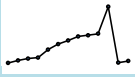
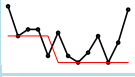
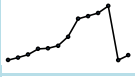
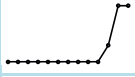
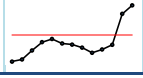
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2017-18 YTD	2017-18 Target	2016-17	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (continued)												
MSA: Number of unjustified breaches	F&P	▲ £	May-17	0	0	0	0		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.	RC
Complaints: Number of New (Stage 1) complaints received	Q	T	May-17	13	34	No Target	338		A delay in responding to patient complaints leads to a poor patient experience.	Patient experience	The Complaints Team are continuing to work on reducing the small backlog of overdue complaints and to improve the timeliness of responses. Complaints training is being provided for staff involved in both investigating complaints and drafting responses in order to ensure comprehensive statements are provided to reduce any delays.	SR
Complaints: New (Stage 1) Complaints Resolved in month	Q	T	May-17	27	61	No Target	293					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	May-17	48.1%	47.5%	No Target	58.0%					
Friends and Family Test: % recommended - A&E	Q	▲	May-17	86.9%	87.9%	90.0%	86.6%		The YTD recommendation rates remain slightly below target for A&E, maternity (antenatal and post-natal ward) and outpatients, but are above target for in-patients and birth and community maternity services.	Patient experience & reputation	Feedback from the FFT responses is fed back to individual areas to enable actions to be taken to address negative feedback, as well as using positive feedback. The Patient Experience Manager continues to contact areas with low response rates to offer support. Reports to the Patient Experience Council will include updates on the number of areas who submit their actions to address the FFT feedback each month.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	May-17	96.1%	95.8%	90.0%	95.5%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q		May-17	100.0%	90.0%	98.1%	98.5%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	May-17	100.0%	98.6%	98.1%	98.1%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q		May-17	90.6%	89.1%	95.1%	98.7%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q		May-17	100.0%	100.0%	98.6%	93.0%					
Friends and Family Test: % recommended - Outpatients	Q	▲	May-17	94.3%	94.3%	95.0%	94.4%					

May-17

St Helens and Knowsley Teaching Hospitals NHS Trust

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2017-18 YTD	2017-18 Target	2016-17	Trend	Issue/Comment	Risk	Management Action	Exec Lead
WORKFORCE (appendices pages 52-56)												
Sickness: All Staff Sickness Rate	Q F&P	▲	May-17	3.7%	3.6%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	4.8%		Absence in May was again lower than the Q1 target of 4.25% at 3.7%, which is 0.55% ahead of the Q1 target. Nursing sickness including HCAs remains at 4.5% which is 0.8% better YTD target and 1.4% better than last years outturn.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	Targeted HCA and St Helens action plan in place continues to be accelerated during June 2017 along with audit on timely Return to Work interviews/stages/levels & recording onto ESR in timely way. There are departments where managers are not strictly complying with the Attendance Management policy, this is being addressed.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P	T	May-17	4.5%	4.5%	5.3%	5.9%					
Staffing: % Staff received appraisals	Q F&P	T	May-17	81.4%	81.4%	85.0%	87.4%		Mandatory Training compliance has reduced in month but continues to exceed the target by 4.8%. Appraisal compliance has increased in month and remains 3.6% behind target.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	The Education, Training & Development team continue to work with managers of non-compliant staff to ensure continued improvement.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	May-17	89.8%	89.8%	85.0%	91.6%					
Staff Friends & Family Test: % recommended Care	Q	▲	Q4	91.9%		No Contract Target			Whilst response rates fluctuate we remain in the top 3 acute Trusts in our region for both response and recommendation rates.	Staff engagement, recruitment and retention.	Continue to expand the number of local FFT trainers to scrutinise comments; ensure FFT posters are widely disseminated; and expand the use of "You said, we did" posters.	AMS
Staff Friends & Family Test: % recommended Work	Q	▲	Q4	82.2%		No Contract Target						
Staffing: Turnover rate	Q F&P	T	May-17	0.6%		No Target	9.8%		Staff turnover remains stable and well below the national average of 14%.		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 (appendices pages 58-62)												
UoRR - Overall Rating	F&P	T	May-17	3.0	3.0	3.0	3.0		The Trust's forecast for year end performance is in line with plan. The Trust has significant contractual agreements with other NHS organisations which may impact on our ability to achieve Better Payment compliance.	Financial	Adherence against the submitted plan and delivery of CIP. Maintaining control on Trust expenditure. Agreeing with Commissioners and NHSE a more advantageous profile for receipt of planned income. Reducing agency expenditure in line with NHSI annual cap.	NK
Progress on delivery of CIP savings (000's)	F&P	T	May-17	1,801	1,801	15,315	15,248					
Reported surplus/(deficit) to plan (000's)	F&P	T	May-17	444	444	8,536	4,861					
Cash balances - Number of days to cover operating expenses	F&P	T	May-17	18	18	2	2					
Capital spend £ YTD (000's)	F&P	T	May-17	350	350	8,015	3,519					
Financial forecast outturn & performance against plan	F&P	T	May-17	8,536	8,536	8,536	4,861					
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	May-17	97.2%	97.2%	95.0%	94.3%					

APPENDIX A

NHS St Helens and Knowsley Teaching Hospitals NHS Trust

			Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	2017-18 YTD	2017-18 Target	FOT	2016-17	Trend	Exec Lead
Cancer 62 day wait from urgent GP referral to first treatment by tumour site																					
Breast	% Within 62 days	▲£	100.0%	87.5%	93.1%	89.3%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	96.2%	94.4%	100.0%	100.0%	85.0%		95.2%		
	Total > 62 days		0.0	1.5	1.0	1.5	0.0	0.0	0.0	0.0	1.0	0.0	0.5	0.5	0.0	0.0			6.0		
Lower GI	% Within 62 days	▲£	100.0%	83.3%	100.0%	100.0%	93.3%	81.8%	71.4%	58.3%	100.0%	91.7%	93.3%	100.0%	76.9%	76.9%	85.0%		89.3%		
	Total > 62 days		0.0	2.0	0.0	0.0	0.5	1.0	1.0	2.5	0.0	0.5	0.5	0.0	1.5	1.5			8.0		
Upper GI	% Within 62 days	▲£	75.0%	90.9%	0.0%	100.0%	100.0%	0.0%	85.7%	88.9%	100.0%	81.8%	0.0%	87.5%	100.0%	100.0%	85.0%		78.7%		
	Total > 62 days		0.5	0.5	0.5	0.0	0.0	1.5	1.0	0.5	0.0	1.0	4.0	0.5	0.0	0.0			10.0		
Urological	% Within 62 days	▲£	85.7%	84.6%	81.3%	75.0%	79.3%	76.9%	96.2%	82.6%	70.0%	95.7%	100.0%	67.6%	92.7%	92.7%	85.0%		81.4%		
	Total > 62 days		2.0	3.0	3.0	4.0	3.0	4.5	0.5	4.0	6.0	0.5	0.0	6.0	1.5	1.5			36.5		
Head & Neck	% Within 62 days	▲£	50.0%	100.0%	37.5%	71.4%	66.7%	100.0%	80.0%	33.3%	33.3%	100.0%	80.0%	80.0%	66.7%	66.7%	85.0%		67.3%		
	Total > 62 days		0.5	0.0	2.5	1.0	0.5	0.0	0.5	1.0	1.0	0.0	0.5	0.5	0.5	0.5			8.0		
Sarcoma	% Within 62 days	▲£		85.7%			100.0%			100.0%	100.0%			100.0%	66.7%	66.7%	85.0%		93.3%		
	Total > 62 days			0.5			0.0			0.0	0.0			0.0	0.5	0.5			0.5		
Gynaecological	% Within 62 days	▲£	66.7%	81.8%	100.0%	85.7%	92.3%	33.3%	100.0%	90.9%	92.3%	100.0%	85.7%	100.0%	87.5%	87.5%	85.0%		90.1%		
	Total > 62 days		0.5	1.0	0.0	0.5	0.5	1.0	0.0	0.5	0.5	0.0	0.5	0.0	0.5	0.5			5.0		
Lung	% Within 62 days	▲£	66.7%	81.5%	90.0%	91.7%	82.6%	100.0%	80.0%	87.5%	91.7%	68.2%	77.8%	100.0%	100.0%	100.0%	85.0%		82.7%		
	Total > 62 days		1.0	2.5	0.5	0.5	2.0	0.0	1.0	0.5	0.5	3.5	1.0	0.0	0.0	0.0			13.0		RC
Haematological	% Within 62 days	▲£	100.0%	100.0%	0.0%	50.0%	50.0%	100.0%	100.0%		66.7%	66.7%	100.0%	100.0%	100.0%	100.0%	85.0%		77.6%		
	Total > 62 days		0.0	0.0	2.5	3.0	1.0	0.0	0.0		1.0	1.0	0.0	0.0	0.0	0.0			8.5		
Skin	% Within 62 days	▲£	97.5%	96.0%	100.0%	97.3%	93.7%	95.7%	92.6%	97.4%	95.7%	95.7%	100.0%	100.0%	92.5%	92.5%	85.0%		96.5%		
	Total > 62 days		0.5	1.0	0.0	0.5	2.0	1.0	2.0	0.5	1.0	1.0	0.0	0.0	1.5	1.5			9.5		
Unknown	% Within 62 days	▲£		100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	66.7%	0.0%	50.0%	0.0%	0.0%	85.0%		82.6%		
	Total > 62 days			0.0	0.0	0.0	0.0	0.0			0.0	0.5	0.5	1.0	1.0	1.0			2.0		
All Tumour Sites	% Within 62 days	▲£	91.8%	88.0%	87.5%	85.8%	89.4%	87.9%	92.0%	86.6%	85.8%	89.1%	87.6%	89.3%	89.6%	89.6%	85.0%		88.4%		
	Total > 62 days		5.0	12.0	10.0	11.0	9.5	9.0	6.0	9.5	11.0	8.0	7.5	8.5	7.0	7.0			107.0		
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																					
Testicular	% Within 31 days	▲£	100.0%					100.0%		50.0%				100.0%			85.0%		83.3%		
	Total > 31 days		0.0					0.0		1.0				0.0					1.0		
Acute Leukaemia	% Within 31 days	▲£			100.0%												85.0%		100.0%		
	Total > 31 days				0.0														0.0		
Children's	% Within 31 days	▲£															85.0%				
	Total > 31 days																				

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(17)061
Title of paper: Executive Committee Assurance Report.
Purpose: To feedback to members key quality issues arising from the Executive Committee meetings.
Summary: 1. Between the 19th May and 15th June 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 arrangements for emergency preparedness and cost improvement initiatives. 3. Assurances regarding CQUINs, NHS licence declarations, baby tagging systems, eRostering, safer staffing, risk management, agency usage, IR35 management were obtained. 4. The business cases regarding cold decontamination project management (c£35k), anaesthetic on-call (c£71k), eRostering system (commercial in confidence), and the incentive packages for nurse recruitment (c£90k) were approved. 5. There are no other 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: 28th June 2017

EXECUTIVE COMMITTEE REPORT (19th May to 15th June)

The following report highlights key issues considered by the Committee.

25th May

1. Orthodontics and RCS review

    1.1. Pat Keeley updated the Committee on the current status of the Orthodontic Service and on the report issued following the Royal College of Surgeons review which is to be shared with the staff.

2. CQUIN

    2.1. Nicola Broderick provided an update on the 2016/17 year end position where two contractual KPIs worth c£1.2m were not achieved relating to readmissions and the non-elective threshold. Regarding the current two-year contract the Trust is in the final stages of collaborative meetings with commissioners and NHSE regarding requirements and this will include some targets relating to the new Community services.

3. Strategic and regulatory update report

    3.1. Nicola Bunce briefed on external strategic developments and annual NHS licence declarations in advance of proposals being taken to May Board.

4. Clinical Quality Performance Group (CQPG)

    4.1. SR provided an update covering stroke developments, the falls action plan, 4-hour target including discharges, ambulance handover, and eDischarge.

5. Threat level 'Critical'

    5.1. The increased threat level following recent events was discussed and the internal communication strategy agreed. Arrangements were confirmed regarding emergency preparedness and for on-call managers to access "Bronze Command" mail. It was proposed that a "collective portal" with auto-update should be considered to keep all related documentation together.

1st June

6. Cold decontamination

    6.1. John Clayton (JC) set out the issues regarding the four current decontamination facilities on both sites and of the need to progress options for their replacement. It was confirmed that the use of endoscopy procedures has, and will continue to increase by circa 6% per annum, partly driven by national cancer initiatives, and that strategic plans to address the decontamination of scopes is required.

    6.2. Funding for a part-time Project Manager (Band 8A for 6 months) was agreed to review what other organisations are planning, and develop robust alternatives.

7. Anaesthesia on-call

    7.1. Following a paper to Committee in January, JC presented a follow-up proposal for Anaesthetist on-call. In particular the proposal provided defined obstetric cover and second on-call arrangements. The Committee approved the proposal which will have a c£71k revenue cost to be met by the Care Group.

8. Baby tagging system

    8.1. Val Clare presented the action plan resulting from exercise Lemon Ribbon which tested the arrangements on the Delivery Unit. It was accepted that there would always need to be a balance between securing any area whilst enabling

safe evacuation, and use of the current system should continue but any beneficial modifications considered.

9. eRostering

9.1. Malise Szpakowska (MS) presented an update on Q4 eRostering where results have fluctuated but showed some improvement. Early publication of rotas is a target that is proving difficult to routinely achieve. A detailed action plan to realise the benefits is being followed.

10. Cost improvements

10.1. Members discussed progress with identifying efficiency savings and a number of actions were agreed including

- Plans by specialty to respond to the OP/IP impact of RMS
- Proposals for meeting the GIRFT recommendations
- A review activity by day of the week to see if scheduling can be improved
- Review the colocation of services for efficiencies

11. A&E performance trajectory

11.1. RC described the current trajectory in light of a request by NHSI for this to be reviewed to reflect ongoing performance and their minimum criteria. It was agreed that RC would discuss this further with Stephen Brown from NHSI.

8th June

12. Safer staffing processes

12.1. Sally Duce (SD) and Stuart Jones described the process undertaken to produce the monthly safer staffing submission. It was noted that the current eRostering system (Allocate) is not sophisticated enough to capture staff transfers between wards during shifts or staff working long days therefore the initial automated report must be manually modified and this task takes circa 20 hours per month. The potential to establish a user group to explore how other Trusts manage this problem is to be considered.

12.2. SD explained how data for the care hours per patient per day is collated. SD commented that skill mix is not taken into account and Lord Carter has acknowledged that this data collection is far more complex than envisaged.

12.3. The present method for measuring bed occupancy was debated, and an exercise to ascertain ‘true occupancy figures’ was agreed.

13. Orthodontics

13.1. PK provided a further update including feedback from the lead clinician on the recommendations within the RCS report. The plan going forward was agreed including the close working required with the department and NHSE.

14. Duplicate letters

14.1. RC and CW provided an update following concerns from a GP Practice receiving duplicate patient letters. It was established that they were receiving data by paper and by the EDT hub solution which was common to all practices.

14.2. There is a solution which relies on electronic sign-off by clinicians and the centralisation of document printing and a Task and Finish Group has been set up to take this forward.

15. Executive Operational Turnaround

15.1. RC provided feedback from the latest meeting on progress with changes to improve A&E 4-hour performance which included overnight social care presence, community nurses on the ED rota, and an increase in reablement.

15.2. The use of the additional escalation beds on wards was discussed and RC will ensure consistency of use through discussion with Directorate Managers.

15th June

16. Risk report

16.1. SR presented the report: the overall number of risks is consistent at circa 700 and the number of overdue risks for review has improved. One area of concern was risks being scored above 15 and automatically added to the Corporate Risk Register via Datix without dialogue with the Director to whom the risk will therefore become the responsibility. Remedial actions were agreed.

17. Agency usage

17.1. Malise Szpakowski (MS) presented the May data which showed monthly expenditure static at circa £700k. A Premium Payment Scrutiny Council has been established to review all drivers for workforce expenditure.

18. IR35 impact

18.1. MS provided an update showing progress with reviewing the 63 relevant staff and follow-up actions were agreed.

19. eRostering business case

19.1. Sally Duce (SD) and MS presented the business case for the annual renewal of the Allocate software with the initial 3-year contract now coming to an end. Core systems account for c70% of the cost with additional packages regarding medical rostering and Cloud services making the balance. Efficiency savings could be demonstrated but little in terms of monetary savings could be proven. The Committee agreed that continued use of the system should be supported including the additional packages.

20. Incentive package to attract nurses

20.1. SD presented a range of proposals to aid recruitment of nurses, particularly newly qualified and acknowledging the hard to recruit to specialties. Two packages were agreed which included the grading of staff awaiting their PIN reflecting duties being performed, and an improved Preceptorship, Mentorship and Leadership programme. The overall cost would be c£90k p.a. and would need to be actively reviewed.

20.2. Other options were discussed which would continue to be developed along with lessons from initiatives at other organisations.

21. Local Clinical Excellence Awards

21.1. The Trust position on consultant awards in respect of 2016/17 performance was discussed. The situation is still unclear and AMS would continue discussions.

22. Integrated Performance Report.

22.1. NK presented the draft report for May. Performance was discussed and changes to the associated commentary agreed.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(17)062

Title of paper: Committee report – Quality Committee

Purpose: To summarise the Quality Committee meeting held on 20th June 2017 and escalate issues of concern.

Summary:

Key items discussed were:

1. Complaints – a reduction in complaints has been seen for the second consecutive month. Lengthy discussion regarding the timeliness of complaint responses and trajectories.

2. Safer Staffing – Information provided regarding nursing and midwifery staffing levels.

3. IPR – A&E performance was discussed. This will also be discussed at the Finance & Performance Committee meeting on 22nd June; CIPS will also be discussed.

4. Audit of pressure pad falls alarms – audit finding of use of falls alarm, with an overview of the improvements put in place.

5. Policies audit update.

6. Infection control update – update on the current Trust infection control status.

7. 2017-19 CQUINs update

8. Feedback from Councils:
   (a) Patient Safety Council
   (b) Patient Experience Council
   (c) Clinical Effectiveness Council
   (d) CQPG
   (e) Executive Committee
   (f) Workforce Council

Items to be escalated to the Board:

- Members of Trust staff met with representatives from the Open University and there will be an opportunity for HCA staff to enrol onto a supported programme (1 day per week as a student, 2 days per week as a supernumerary and 1 day per week as an HCA. This can be completed within four years and is based on flexible learning

- The Trust has received CQC guidance and the next steps. The CQC will not carry out a Trust wide review; only certain departments and any areas where complaints have been received. A briefing will be held and a gap analysis provided to the Executive Team. Mock quality inspections will be held. There is

significant difference with the guidance and the PIR is significantly shorter. Although no date has been given for the Trust to receive a visit, the CQC aim to visit one core service per trust by Autumn 2019.
Corporate objectives met or risks addressed: Five star patient care and operational performance.
Financial implications: None directly from this report.
Stakeholders: Patients, the public, staff and commissioners
Recommendation(s): It is recommended that the Board note this report.
Presenting officer: George Marcall, Non Executive Director
Date of meeting: 28th June 2017

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(17)063

Title of paper: Committee Report – Finance & Performance

Purpose: To report to the Trust Board on the Finance and Performance Committee, 22nd June 2017

Summary:

Agenda Items

For Information

- Cashflow forecast 2017/18, recognising risks towards end of year.
- Referral Management System Review, recognising risk and mitigations of impact.
- Surgery SLR Qtr 4.

For Assurance

- A & E update
  - the Committee were informed about the £985k capital allocation from NHSE for Wave 2 Primary Care Streaming Funding
- Integrated Performance Report Month 2 2017/18. A&E performance below 95%, RTT above 92% and cancer above 85% but possible risk in June.
- Finance Report Month 2 2017/18
  - Clinical income is behind plan by £1.1m but the Trust has recovered £1m of this shortfall from Month 1
  - Other risks are around new tariff impact (HRG4+), CIP delivery, cost control and STF funding risk based on revised trajectories.
- Governance Committee Briefing Papers:
  - CIP Council
  - Procurement Council

For Decision

- Capital Programme 2017/18
  - approved
- Reference Cost Submission
  - approved
- Estates Return Information Collection (ERIC)
  - approved

Actions Agreed

- A & E update
  - A verbal update on progress with the Capital bid in July
- CIP Council
  - Monthly profile of CIP delivery in last 4 years to be presented in July
- Procurement Council
  - Report on Procurement activity, establishment and ROI to be presented in July

Corporate objectives met or risks addressed: Finance and Performance duties

Financial implications: None as a direct consequence of this paper

Stakeholders: Trust Board Members, NHSI

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

Presenting officer: Denis Mahony, Non-Executive Director

Date of meeting: 28th June 2017

TRUST BOARD

Paper No: NHST(17)064

Title of paper: Committee Report – Charitable Funds Committee

Purpose: To brief the Board on the main issues discussed and decisions made at the Committee meeting on 22nd June 2017.

Summary:

1. Approval of Expenditure:
    a. The committee approved £40k expenditure on observation monitoring equipment for the AMU after a presentation by Dr Ragit Varia.

2. Action Log: None to comment on.

3. A presentation was given by Andrew Watson of Giant Cash Bonanza with a view to the Trust joining their lottery. The Trust Charity would receive 60% of the funds of those that take part with no risk involved. The committee had further questions around prize money and the method of canvassing members and will review findings at the next meeting.

4. Mrs J Turner, presented the latest positions on the following items:
    - Investment portfolio – The charitable fund shares are invested in 'Common Investment Funds' (COIFS) and managed on the Trust's behalf by Blackrock Investments who are expert fund managers. (COIFS are very common in the NHS.) Such investments will fluctuate up and down in value over time but hopefully there will be an overall upward gain.
        - At 31st March 2017, the shares were valued at £644k, showing an unrealised gain of £181k, since the acquisition of the shares in 1998. (In other words, the value has shown an increase since they were purchased originally.)
        - In the months since year-end to the valuation, as at 16th June 2017, presented at the June Charitable Funds Sub-Committee, the share value has increased by £19.3k, and overall the unrealised gain (ie. increase in value since purchase) is £200.4k.

5. Restructure proposal – Mr N Khashu put forward a proposal to change the Charity's name from St Helens & Knowsley Hospitals Charitable Fund to its working name Whiston and St Helens Hospitals' Charity. This was agreed in principle and the necessary actions will be taken.

    It was also proposed that there be a consolidation of the three main 'general' funds (St Helens & Knowsley Hospitals Charitable Fund, Whiston Hospital General Fund and St Helens Hospital General Fund) into one main fund (Whiston and St Helens Hospitals'). This was agreed in principle and will be looked into with a view to actioning.

There was a general discussion around dormant funds and funds with low balances. Mrs E Titley and Mrs K Hughes are going to look into the status of funds in discussions with finance to see what can be done about moving funds to enable them to be used generally.

6. Fundraising – Mrs E Titley provided the Committee with a draft Fundraising Strategy.

Corporate objective met or risk addressed: Contributes to the Trust's objectives regarding Finance, Performance, Efficiency and Productivity.

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: Denis Mahony, Non-Executive Director, and Committee Chair.

Date of meeting: 28th June 2017

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(17)065
Title of paper: Quarterly Report on Safe Working Hours: Doctors and Dentists in Training (December 2016 – May 2017)
Purpose: Following the implementation of the Terms and Conditions of Service for NHS Doctors and Dentists in training (England) 2016 the Guardian of safe working is required to ensure that issues of compliance of safe working hours are addressed by the doctor, employer, host organisation as appropriate and provide assurance to the Board of the employing organisation that doctors' working hours are safe.
Summary: The following paper pertains only to employees of the Trust under the Terms and Conditions of Service for NHS Doctors and Dentists in training (England) 2016. It covers the period from the inception of the contract 7th December 2016 – 30th May 2017. It does not include data regarding Lead Employer Trainees nor Community, Public and Mental health trainees, which will be the subject of a future report. The Lead employer GP/Public Health trainees will also be subject to a separate board report presented by Dr Peter Arthur, Guardian of safe working hours. At present 23% (52) of our current doctors in training posts are subject to the Terms and Conditions of Service for NHS Doctors and Dentists in training (England) 2016. This is broken down into 39 Foundation Year One trainees, 8 Foundation Year Two trainees and 5 Core Trainee /Specialty Trainee doctors. From December – May 2017 there have been a total number of 23 exception reports raised.
Corporate objectives met or risks addressed:
Financial implications: Potential incurrence of fines and/or penalties owing to unsafe working practices
Stakeholders: Trust-wide
Recommendation(s): For information
Presenting officer: Mr Mike Chadwick, Guardian of Safe Working Hours
Date of meeting: 28th June 2017

Contents

1. Introduction

Following the implementation of the Terms and Conditions of Service for NHS Doctors and Dentists in training (England) 2016 the Guardian of safe working is required to ensure that issues of compliance of safe working hours are addressed by the doctor, employer, host organisation as appropriate and provide assurance to the Board of the employing organisation that doctors' working hours are safe.

The following report covers the period of 7th December 2016 – 30th May 2017.

As part of the Terms and Conditions of Service for NHS Doctors and Dentists in training (England) 2016 all trainee doctors are provided an opportunity to report exceptions to their standard work schedules, as set out below;

- Working beyond the average weekly hours limit
- Extended hours of work beyond their expected shift length
- Breaches of weekend or night work frequency
- Failure of opportunity to take adequate natural rest breaks
- Failure of opportunity to attend formal teaching sessions in their work schedule
- Lack of support available to doctors during service commitments

2. High level data

Number of doctors/ dentists in training (total)	226	
Number of doctors/ dentist in training on 2016 Terms and Conditions	39	Foundation Year One Trainees
	8	Foundation Year Two Trainees
	5	Core Trainee/ Specialty Trainees
	52	Total
Amount of time available in job plan for guardian role	1 PA	
Admin support provided to the guardian	1 WTE	
Amount of job-planned time for educational supervisors	0.25 PA per trainee	

3. Exception reports (with regard to working hours)

Exception reporting is the mechanism used by trainees subject to the Terms and Conditions of Service for NHS Doctors and Dentists in training (England) 2016 to notify the trust when their day-to-day work varies significantly, or regularly from their agreed work schedule.

Where a trainee raises an exception report this must be acted upon by Educational Supervisors (delegated to Clinical Supervisors.) This may result in no further action, time off in lieu (TOIL) or recommendation for payment for extra hours worked. In addition there are certain breaches which necessitate a fine for the involved department which is reinvested in part back to the trainee and in part in training and educational activity.

Table 1 sets out the exception reports made during December – May 2017. It is worthwhile noting all exception reports raised during this period were made by Foundation Year One trainees.

Table 1:

Specialities	Trainee Grade		Decision Outcome			No. that are on-going
	Foundation Year One					
	Raised	Closed	TOIL	Payment	No further action	
General Surgery	18	17	15	0	2	1
General Medicine	5	3	0	0	5	0
Total	23	22	15	0	7	1

All of the exception reports that have been raised have been dealt with by time off in lieu or no further action required.

The one ongoing exception report is being assigned to an alternative supervisor owing to sickness absence.

Table 2 sets out the Exception Report response time during the same time period, as per the 2016 contract exception reports should be raised within 14 days, and reviewed by the supervisor within 7 days.

Table 2:

Exception reports (response time)				
Grade	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	No. that are ongoing
Foundation Year One	5	5	12	1
Total	5	5	12	1

There were initial delays in the responding to exception reports raised owing to unfamiliarity of the reporting system by clinical supervisors.

All clinical supervisors have been offered one to one training on the exception reporting software to assist with improving response times.

4. Work schedule reviews

The work schedule is a document distributed to trainees before they commence their placement with the trust. It includes generic information relating to the placement, such as learning opportunities and the rota template.

There has been one work schedule review in General Surgery during the reporting period.

5. Locum bookings

The tables below outline for each grade of trainee subject to the Terms and Conditions of Service for NHS Doctors and Dentists in training (England) 2016 the total number of locum bookings filled across each specialty.

Whereby the shift was filled by a trainee subject to the Terms and Conditions of Service for NHS Doctor and Dentist in training (England) 2016 this was paid via the trusts Bank.

Table 1: Foundation Year One

Specialty	Total shifts filled by 2016 Trainees	Total shifts booked by agency
DMOP	19	0
General Surgery	1	0
Haematology	0	34*
MAU	6	0
Urology	1	0
Total	27	34

from April 17 a non-training grade medical vacancy within Haematology has been filled by agency

Table 2: Foundation Year Two

Specialty	Total shifts filled by 2016 Trainees	Total shifts filled by agency
General Surgery	4	0
A+E*	21**	n/a
Trauma and Orthopedics	1	30
Total	26	191

**A&E is not yet subject to the Terms and Conditions of Service for NHS Doctor and Dentist in training (England) 2016*
*** shifts carried out by trainees who are subject to the Terms and Conditions of Service for NHS Doctor and Dentist in training (England) 2016*

Table 3: Core Trainee/ Specialty Trainee

Specialty	Grade	Total shifts filled by 2016 Trainees	Total shifts filled by agency
General Surgery	CT2	2	0
Paediatrics	ST1	8	0
Total		10	0

6. Vacancies

The below table identifies the trainee vacancies across the specialties subject to the Terms and Conditions of Service for NHS Doctors and Dentists in training (England) 2016 during the reporting period.

There are no vacancies within Foundation Year One and Foundation Year Two trainees who are subject to the Terms and Conditions of Service for NHS Doctors and Dentists in training (England) 2016.

Specialty	Grade	Funded Establishment	Vacancy
Paediatrics	Specialty Trainee	6	2.8
Trauma & Orthopaedics	Specialty Trainee	1	1
Obs & Gynae	Specialty Trainee	5	2
ENT	Core Trainee	1	1

7. Fines

No fines have been applicable so far.

8. Issues arising and actions taken to resolve issues

Following the most recent Junior Doctor Forum there was a discussion around the importance of trainees raising reports when educational/teaching opportunities are missed. It was agreed that a communication would be circulated in order to raise awareness.

The Guardian of safe working has met with each clinical director to reiterate the importance of ensuring a prompt response from the clinical supervisors in addressing exception reports.

9. Summary

On review of the exception reporting data the common theme reported is relating to trainees exceeding their working hours set out in their work schedule. The vast majority of cases, the trainees have stayed past their finish time and received time off in lieu in return.

10. Conclusion and Recommendations

The guardian is comfortable with the overall safety of working hours in the organisation for trainees under the 2016 T&Cs based on evidence from the exception reports thus far. A further period of continuous observation is required to gain more meaningful data. The guardian would ask the Board to note this report and to consider the assurances provided thus far.

END

TRUST BOARD

Paper No: NHST(17)066

Title of paper: Strategic and Regulatory Update Report

Purpose: To provide the Board with assurance that the Trust continues to take account of external strategic developments that could impact the future direction of the organisation and all regulatory requirements to comply with governance good practice.

Summary:

1. Ministerial Health Team
   Provides a briefing on the changes to the ministerial health team following the election.

2. Care Quality Commission (CQC) new Inspection Regime and further consultation
   Reports on the outcome and final guidance issued by the CQC following its consultation process last year; the implications for the Trust in meeting these requirements and the further consultation issued in June on proposals for inspection of complex health systems, Primary Medical Services and Adult Social Care services. It also details proposals for changes to the way that the Fit and Proper Persons regulation is applied. The consultation closes on 8th August 2017.

3. Cheshire and Merseyside Five Year Forward View (C&M FYFV) Governance Update
   The C&M FYFV is in the process of finalising, with member organisations, updated governance arrangements to reflect the expectations of the Next Steps Five Year Forward View document published at the end of March.

Corporate objectives met or risks addressed: Provide high quality sustainable services

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

Stakeholders: Patients, Staff, Alliance LDS Partners, C&M FYFV, Commissioners, NHSI

Recommendation(s):

1. The Board notes the report
2. The Board asks the Quality Committee to undertake a full review of the implications of the new CQC Inspection Regime and to formulate a response on behalf of the Trust to the next stage consultation.

Presenting officer: Nikhil Khashu, Director of Finance and Information

Date of meeting: 28th June 2017

Strategic and Regulatory Update Report

1. Ministerial Health Team

Following the general election on 8th June there have been some changes to the ministerial health team.

Jeremy Hunt remains Secretary of State for Health (Constituency: South West Surrey)

Mr Hunt retains overall charge of all areas of health policy "with a particular focus on financial control and oversight of all NHS delivery and performance", and formal responsibility for mental health and "championing patients".

Phillip Dunne remains Minister of state for Health (Constituency: Ludlow)

Mr Dunne's portfolio covers;
• NHS operations and performance
• Secondary care commissioning policy
• Healthcare quality regulation
• Hospital care
• Failing hospitals
• DH expenditure and Spending Review
• Hospital productivity
• Patient safety
• Workforce including pay and pensions, education and training
• Professional regulation
• Cosmetic regulation
• Maternity care
• Health visiting
• Screening in pregnancy
• Patient experience

He is the Ministerial lead for;
• Care Quality Commission
• Health Education England
• NHS Improvement

Lord O'Shaughnessy is re-appointed as Under Secretary of State for Health and will become the ministerial lead for a number of national bodies;

- NHS Litigation Authority
- NHS Property Services and Community Health Partnerships
- NHS Business Services Authority
- NHS Blood & Transplant
- Medicines and Healthcare products Regulatory Agency
- Food Standards Agency
- Human Tissue Authority

Steve Brine (Constituency: Winchester) and Jackie Doyle-Price (Constituency; Thurrock) are newly appointed as Parliamentary Under Secretaries of State with the specific details of their respective portfolio's still to be finalised. They replace Nicola Blackwood and local MP David Mowat, who both lost their seats.

The shadow health team is unchanged.

The Queens speech setting out the parliamentary programme for the next two years did not include any plans for legislation relating to the NHS during this period. There were plans to draft patient safety bill, undertake a review of existing mental health legislation with a view to "working towards" a new Mental Health Act and a Social Care Review that will bring forward options for consultation on how to improve and fund the social care system.

2. CQC Inspection Requirements

The CQC have now issued the guidance on how the new inspection regime for NHS Trusts will operate.

The CQC will increase its "insight monitoring" to monitor Trusts and undertake more targeted inspections on one core service and the Well Led domain. The first of the new style inspections will commence later this year and the CQC are planning that every Trust will have been inspected under this new regime by 2019.

Trusts will then be required to submit an annual Provider Information Request (PIR) and Statement of Quality at Trust level and for service sectors e.g. Community Services, Maternity Care. The PIR is targeted at identifying changes against the 5 domains. There is an increased administrative burden for Trusts in completing the new style PIR each year.

The CQC also plans to work more closely with other national bodies to avoid duplication and to standardise the information used to make judgements about Trusts.

There is also the intention to create improved continuity of the local relationship manager's o that they can develop a more in depth understanding of individual Trusts.

A full briefing on the new inspection regime and how the Trust will prepare will be taken to the next meeting of the Quality Committee.

3. CQC Consultation – Our Next Phase of Regulation

In line with the CQC's revised strategic priorities;

- Encourage improvement, innovation and sustainability in care
- Deliver an intelligence-driven approach to regulation
- Promote a single shared view of quality

- Improve our efficiency and effectiveness

They want to evolve the regulatory framework to recognise the changes that are happening in health and social care, and explore how they should;

- Register, monitor, inspect and rate new models of care and large or complex providers
- Regulate primary medical services (targeted at GP federations and super practices) and adult social care services

The consultation document also sets out proposals for how the CQC will;

- Encourage improvements in the quality of care in local areas
- Carry out their role in relation to the fit and proper persons requirements

The consultation document will be reviewed internally and a response submitted by the deadline of 8th August 2017.

The CQC are proposing that the changes, once agreed, will be implemented by 2019.

4. C&M FYFV Governance Update

The C&M FYFV has proposed making changes to strengthen its current governance arrangements and bring them in line with the principles set out in the Next Steps FYFV document. This will create a C&M Leadership Board, where every organisation in the Sustainability and Transformation Partnership (STP) will be represented and this will be supported by a smaller Management Board which will be the operational arm of the STP. These arrangements do not alter the statutory accountability of member organisations.

To ensure these proposals will be fit for purpose a workshop is being held on 5th July, with all the C&M organisations Chairs and CEO/Chief Officers.

There is a recognition that CCGs need to work together to make commissioning decisions about proposed service changes and to support this being a more effective process CCGs are in the process of establishing Joint Committee's across each LDS area, which will have specific delegated authority from each CCG Governing Body.

A C&M Clinical Advisory Group is also being formed, to be led by Dr Kieran Murphy (NHS England) which will bring together a range of clinicians, including Nurses and Therapists to offer senior clinical advice on key service change decisions to the STP and Leadership Board.

ENDS

Update on Revalidation 2017

Terry Hankin
Responsible Officer
Consultant in Critical Care

In the beginning?

Landmark inquiry into children's heart surgery at Bristol Royal Infirmary between 1990 and 1995,

where up to 35 children and babies died as a result of poor care.

"I don't believe that the medical profession can be trusted any longer to regulate itself in secret," Dr

Hammond, who is also a part-time GP in Bristol,

The public and politicians want a process that provides reassurance that the

Doctor is up to date and fit to practice.

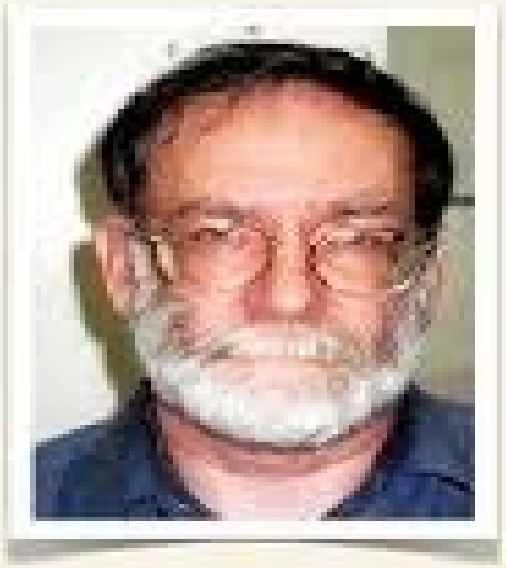
But will it capture ‘Bad Doctors’?

Will it identify ‘Criminal Doctors’?

Will it improve patient care?

Will it raise confidence in the profession?

No regulatory system can protect us from Criminality



Convicted of 15 murders, sentenced to 15 concurrent life sentences.

Killed at least 236 over 24 years - and at most, more than 500

6am, Tuesday, January 13, 2004, found hanging from the ceiling of his cell.

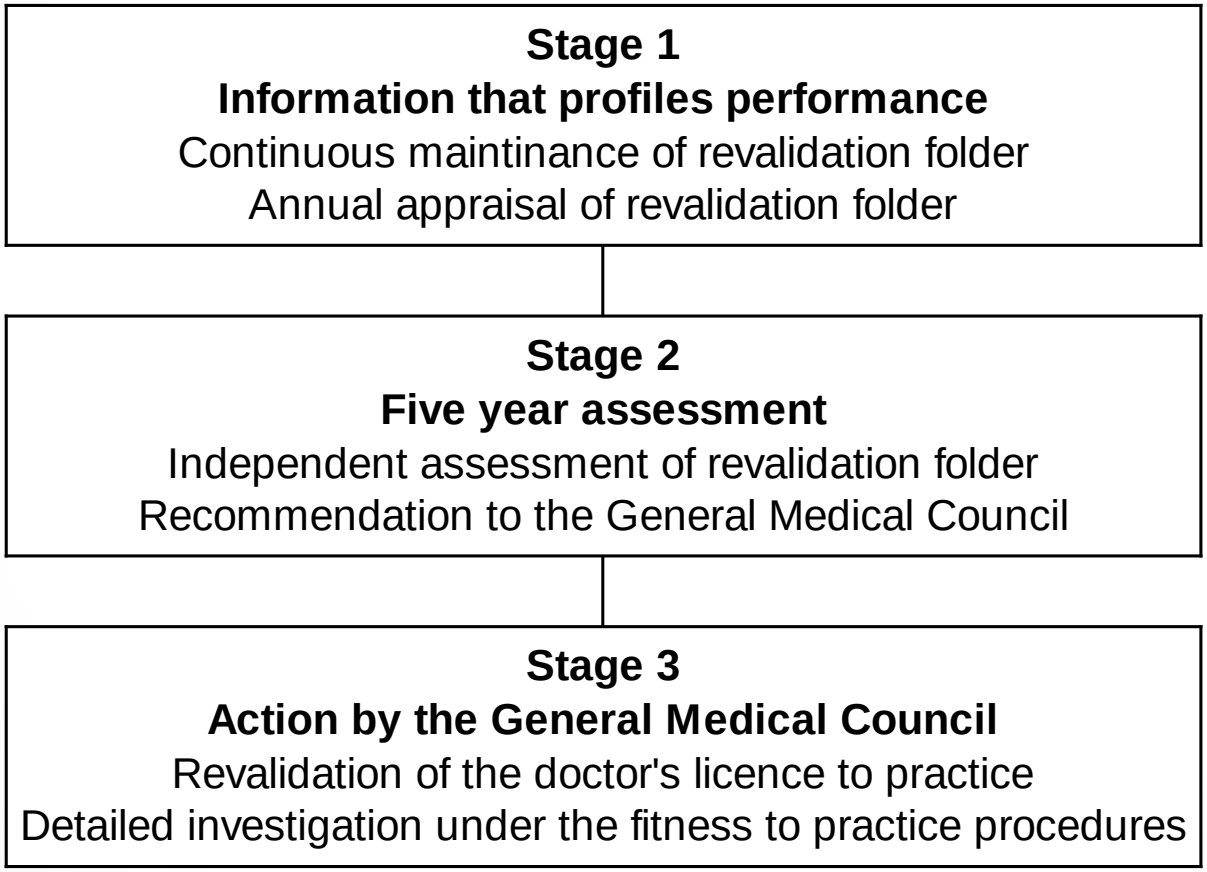
In February 1999 Council of the GMC decided that:

"The regular demonstration by all registered doctors that they remain fit to practice in their chosen field is best assured by a link with continued registration"

Source: http://www.gmc-uk.org/Progress_report_to_Council.pdf_25397760.pdf

Original GMC Model for revalidation

Figure 1: General Medical Council model for the process of revalidation



Source: General Medical Council (2
standards, securing the future. London: G

February 1999

April 2001 Consultant Appraisal

December 2003 Consultant Contract

13 years 10 months

The General Medical Council (Licence to Practise and Revalidation) Regulations 2012

December 2012

- Nearly 14 years!

Responsible Officer (RO) recommendations to GMC

- a positive recommendation that a doctor is up to date and fit to practise
- a request by the RO to defer the date of their recommendation submission
- a notification of the doctor's non-engagement in revalidation

Source: General Medical Council, *Guidance for designated bodies: the GMC responsible office protocol*, London: GMC, 2012, p. 10

Evidence considered by RO:

- participation in annual appraisals
- supporting information collected by doctor for appraisal
- the systems of clinical and corporate governance that are in place within the doctor's workplaces
- information from all organisations in which the doctor has undertaken medical practice
- doctor's compliance with a GMC conditions or undertakings
- the doctor's compliance with any locally agreed conditions on the doctor's practice
- any unaddressed concerns about the doctor's practice

Source: General Medical Council, *the GMC responsible office protocol*, [illegible]

Responsible Officer: Revalidation Recommendation to GMC

Responsible Officer: Review of evidence

Revalidation Appraisal

Job planning

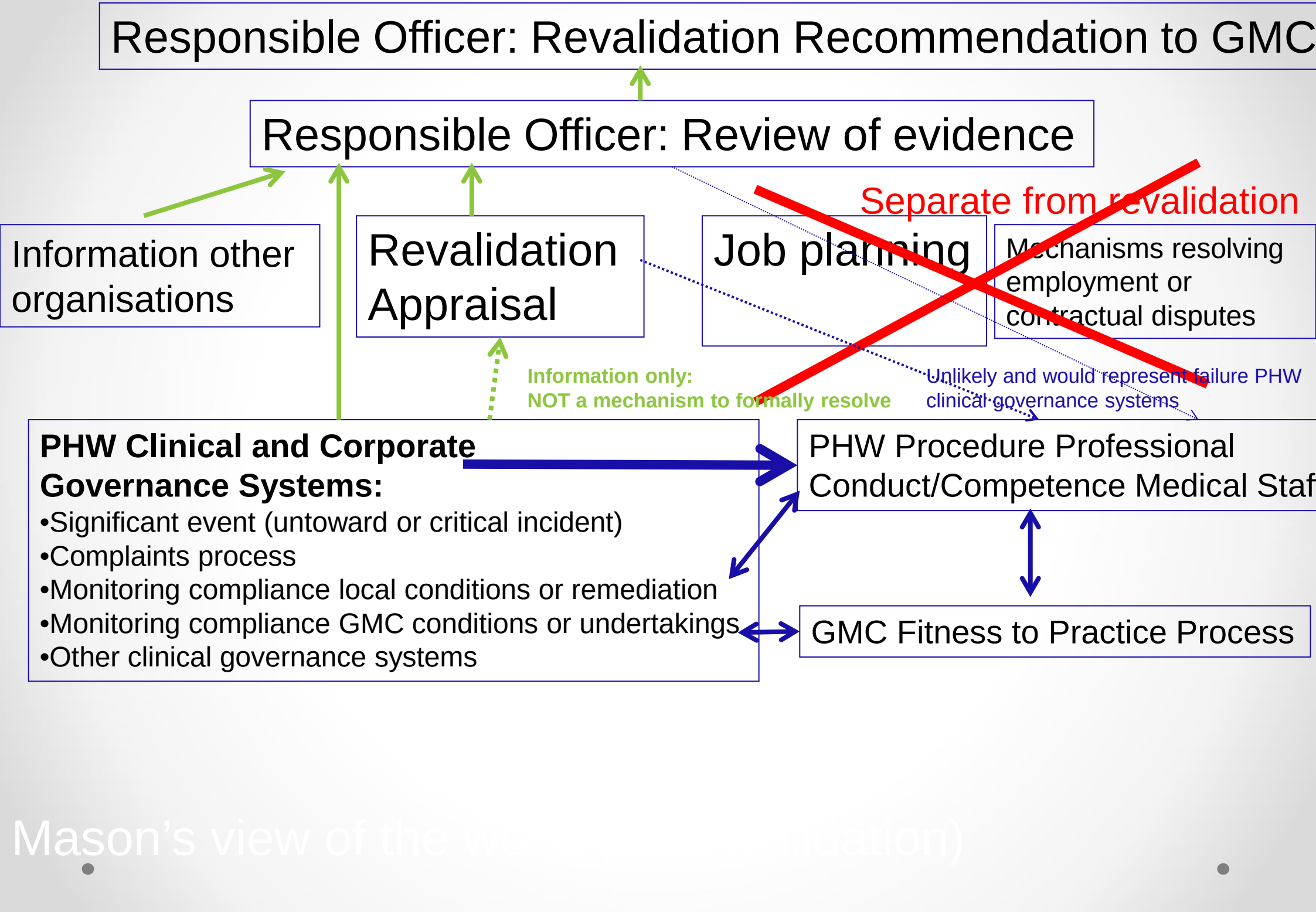
Mechanisms resolving employment or contractual disputes

PHW Clinical and Corporate Governance Systems:

- Significant event (untoward or critical incident)
- Complaints process
- Monitoring compliance local conditions or remediation
- Monitoring compliance GMC conditions or undertakings
- Other clinical governance systems

PHW Procedure Professional Conduct/Competence Medical Staff

GMC Fitness to Practice Process



Mason's view of the wo[illegible]ation)

Criteria for NOT making a positive recommendation:

- the doctor has not provided all of the required elements set out in the GMC's guidance *Supporting information for appraisal and revalidation*
- you wish to consider the outputs of an ongoing or recently concluded local process
- there are unaddressed concerns about the doctor's fitness to practise
- the doctor's fitness to practise is being investigated by the GMC
- the doctor has not engaged in local processes that underpin revalidation

Source: General Medical Council, *[illegible] the GMC responsible office protocol*, [illegible]

Worth while?

- Sir Keith Pearson Review 2016

- The impact of revalidation: emerging findings Responsible Officers Network, Manchester – 28 March 2017 Kieran Walshe

Sir Keith's conclusions on revalidation to date

Medical revalidation is settling well and is 'owned' locally

- Strong ownership from health departments and medical leaders/ROs
- A complex intervention delivered without major problems

The most significant impact to date has been to embed appraisal and broaden reflective practice

- Also clear evidence of stronger clinical governance arrangements
- And some evidence that revalidation is helping to identify and tackle poor performance

Major overhaul is not required and would not be welcome

- Recommendations made to 'nudge' revalidation forward
- Focus on increasing the impact of revalidation on patient care/safety and reducing administrative burdens

Sir Keith on the role of ROs

"Alongside the GMC, ROs have delivered revalidation. They are committed and have dealt with challenges and implementation problems."

"During the course of my review, I have heard that revalidation has clarified local responsibilities and given organisations the confidence to address concerns about doctors locally where appropriate."

One regional medical director told me that: *"We have lifted the floor of what is acceptable, and that is significant".*

"ROs and their organisations are in a good position to know how processes can be improved and, indeed, have already begun to do this."

Improving support for doctors – making it easier to access and collate the information they need for their appraisal and revalidation

Continuing to improve appraisal quality and consistency – sharing best practice, supporting appraisers, and strengthening QA

Distinguishing between GMC revalidation criteria and local employment requirements – while maintaining a developmental focus to appraisal

Responsible Officers

- New role, significant legal responsibilities
- Senior, experienced cadre of medical leaders
- Much more than “just” revalidation
- Additional work and resources required, especially in smaller/non-NHS organisations

“It has been significant extra work for me....I feel I have a closer link to the doctor network and knowledge of their medical activities”

“has given me a framework with which to identify problems and act upon them.”

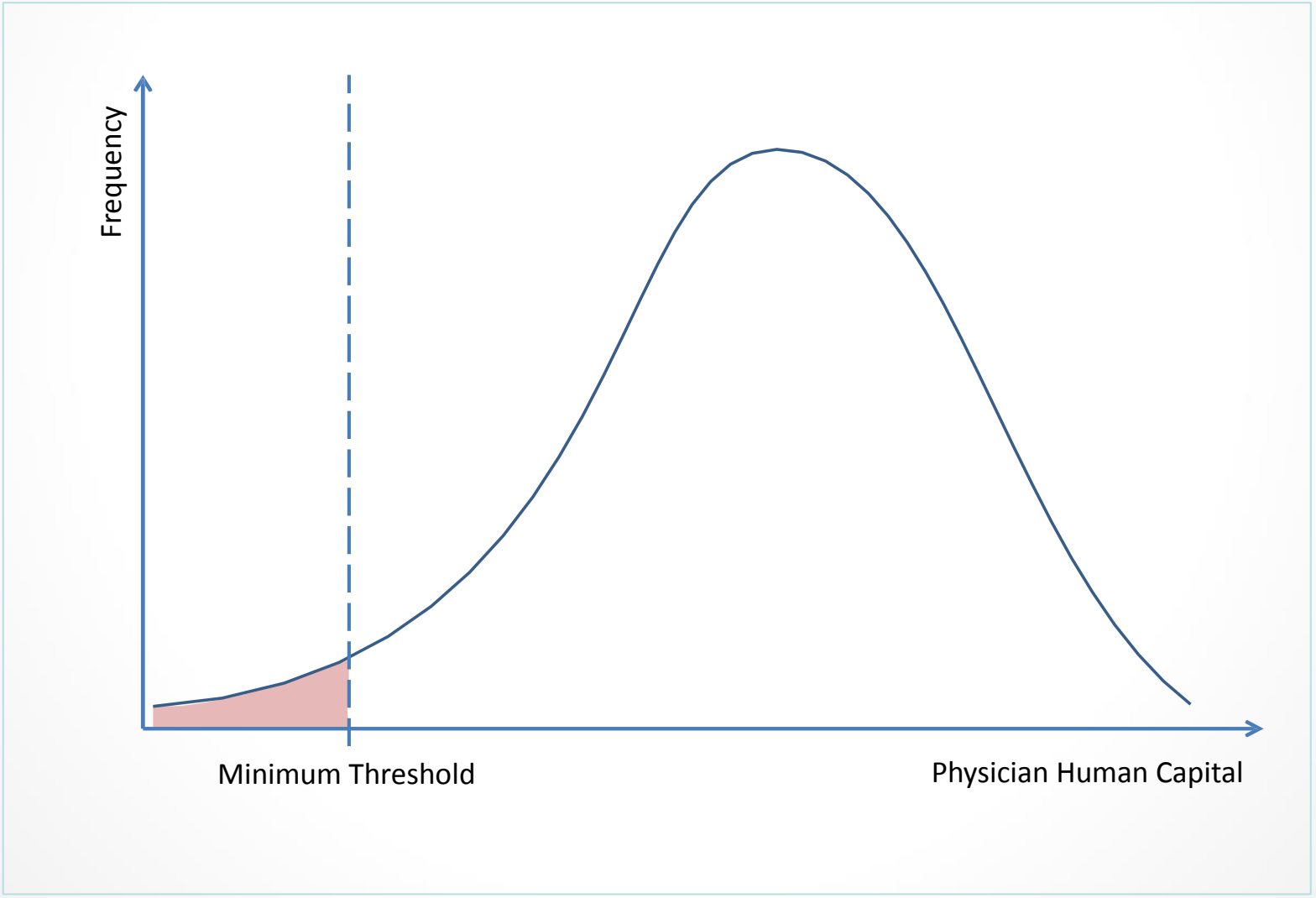
“I think they all now associate the Medical Director with being a policeman/ headmaster/ oppressor.”

MANCHESTER 1824
The University of Manchester
Alliance Manchester Business School

UNIVERSITY of York

RESEARCH WITH PLYMOUTH UNIVERSITY

Performance in the medical workforce



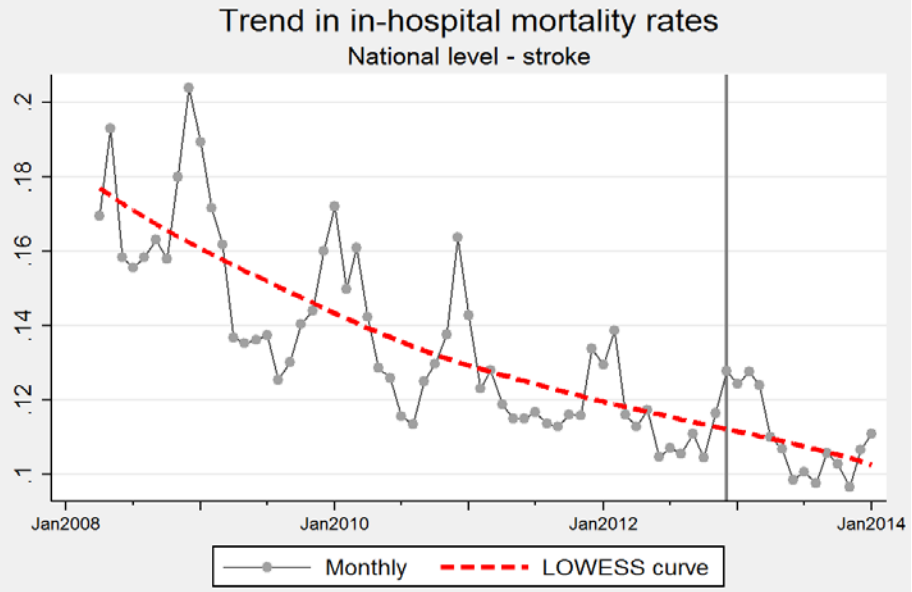
What is the impact of revalidation on consultant performance?

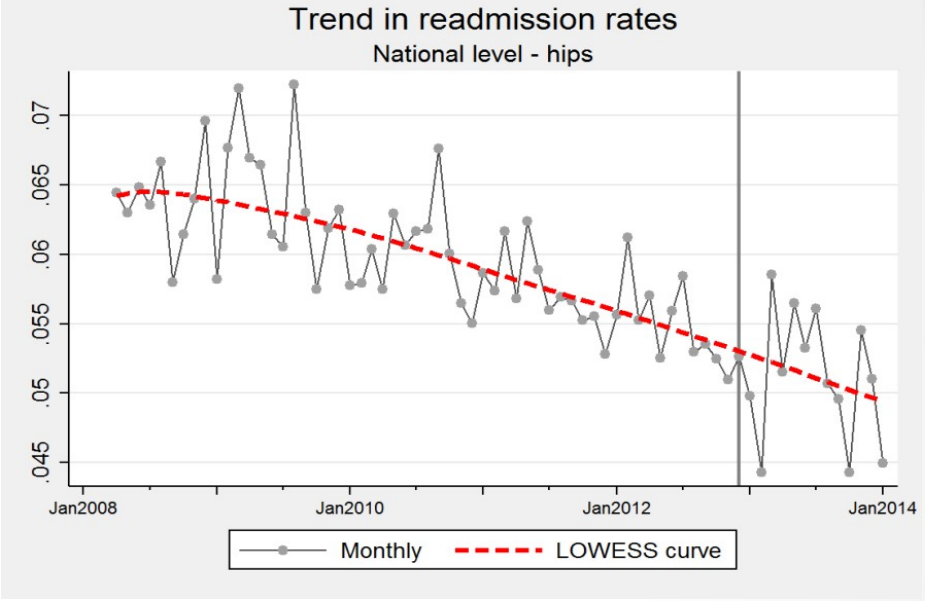
Data source - HES data 2010-13, 1.2 million patient episodes, 7,183 consultants
– 6 AHRQ specified inpatient quality indicators (AMI, stroke, pneumonia, hip fracture, hip replacement and CABG)

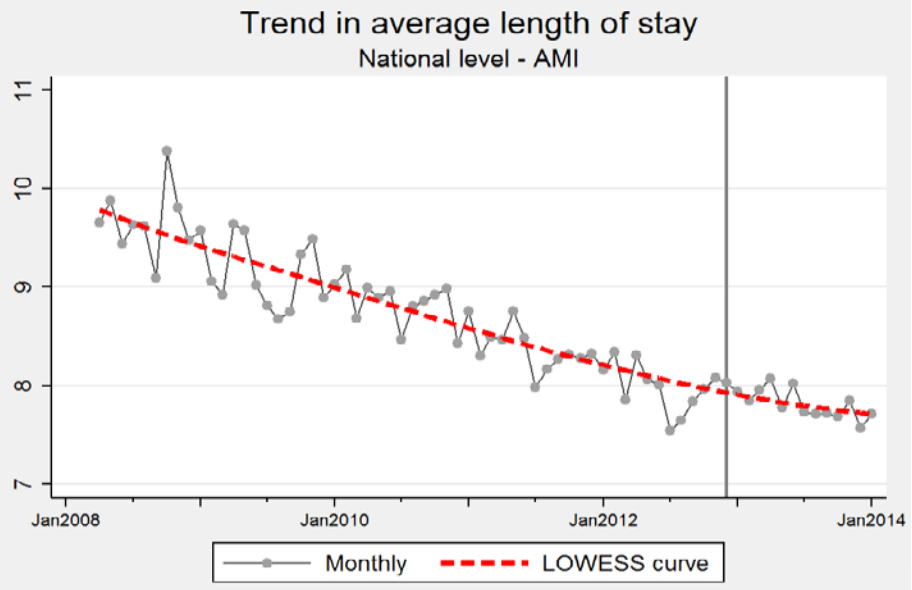
Outcomes: mortality, readmission, length of stay
(patient sample adjusted for case mix)

The University of Manchester
Alliance Manchester Business School

What is the impact of revalidation on consultant performance?







6 conditions, 3 outcomes, no effect on quality indicators of introduction of revalidation at national level or of revalidation date at individual level

Impact on referrals to GMC

	2012		2016
Doctors	252557	Doctors	273767
Enquiries	4%	Enquiries	3.4%
From Public	2.4%	From Public	2.3%
Referrals to panel	216	Referrals to panel	279

The public and politicians want a process that provides reassurance that the

Doctor is up to date and fit to practice.

But will it capture ‘Bad Doctors’?

Will it identify ‘Criminal Doctors’?

Will it improve patient care?

Will it raise confidence in the profession?

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(17)067
Title of paper: "Developing People- Improving Care" NHSI Framework
Purpose: To seek approval of this report and to delivery of the proposed actions
Summary: Following the publication and promotion by NHSI of the Developing People-Improving Care Framework, the Trust has undertaken a review of current practice in relation to the expected actions listed in Appendix 1, at Trust level, to ensure compliance.
Corporate objectives met or risks addressed: Developing Organisational Culture and Developing our Workforce, Financial Performance and Productivity, Operational Performance.
Financial implications: None as a direct consequence of this paper.
Stakeholders: Staff, the Trust, commissioners and regulators.
Recommendation(s): That the Board gains an improved understanding of the work being undertaken by the Trust aligned to the recommendations of the NHSI paper "Developing People- Improving Care"
Presenting officer: Anne-Marie Stretch, Deputy CEO and Director of Human Resources
Date of meeting: 28th June 2017

1.0 Introduction:

In March 2017 NHSI published “Developing People- Improving Care” an evidence-based national framework to guide action on improveming skill-building, leadership development and talent management for people in NHS-funded roles.

The purpose of the framework is to equip and encourage people in NHS-funded roles to deliver continuous improvement in local health and care systems and gain pride and joy from their work. The framework applies to everyone in NHS-funded roles in all professions and skill areas, clinical and otherwise.
The document is directed primarily at the senior management teams of all organisations and systems that do NHS-funded work to inform their decisions on developing people. It will be updated regularly by NHSI, using feedback from people testing the framework.

A number of immediate actions have been taken nationally including the following:

- Health Education England (HEE) has tailored an initial training offer for STP leaders and assigned local partners to each of the 44 STPs to make sure their specific skill needs are met. In addition, NHS Improvement’s Advancing Change and Transformation (ACT) Team are supporting system leaders on how to tackle large scale, multi-stakeholder challenges.
- The NHS Leadership Academy, the Leadership Centre, Public Health England and the Staff College offer a joint Leadership for Change Programme for anyone responsible for implementing part or all of an STP. The programme focuses on what’s actually happening in services and progressing real change on the ground.
- The Association of Directors of Adult Social Services, Association of Directors of Public Health, Department of Health, Local Government Association, NHS Confederation, NHS England, NHS Leadership Academy, Public Health England, Social Care Institute for Excellence, The National Skills Academy for Social Care, Think Local Act Personal, Virtual Staff College and the Leadership Centre have pooled resources worth more than £1.5m to fund a System Leadership – Local Vision programme. This offers support to people working in local services to develop new ways of working that deliver integrated services and achieve measurable improvements in health, care and wellbeing.
- NHS Improvement and HEE’s Executive Search Team are working with partners to improve the approach to senior level recruitment across NHS-funded services, to help address current vacancies.
- NHS Improvement, NHS Providers and the NHS Leadership Academy have worked in partnership to design and deliver two cohorts of the Aspiring Chief Executives programme and several participants have already secured Chief Executive roles. They have also recently launched a new support offer for newly-appointed Chief Executives.
- Local systems are coming together to sponsor schemes to identify and develop future leaders, such as the Accelerated Director Development Scheme (ADDS)

delivered on behalf of the Bedfordshire and Hertfordshire Talent Forum or the Talent Development Centre Model by the West Midlands Leadership Academy.

- The Leadership Academy are providing tailored support for aspiring BME leaders and work has begun on the Commission for Leadership for Inclusion, which aims to quicken the pace of change towards greater levels of equality, diversity and inclusion at all levels.
- Pilot models, sponsored by HEE, are underway to inform the future national approach to talent for the different professions across NHS funded services, such as nursing, HR Directors and Directors of Finance.
- NHS England has launched a Rapid Improvement Support Programme aiming to reach all 7,800 GP practices in the next three years and is sponsoring a new cohort of its Future Clinical Commissioning Leaders programme
- NHS Improvement is working with the King's Fund to provide trusts with resources that help them to understand and develop their organisational culture, including support to diagnose current culture and target the right areas for change.
- Five trusts are participating in a five-year programme sponsored by NHS Improvement working with the Virginia Mason Institute which aims to build and embed QI capability and capacity across their organisations. Their learning from this work will be shared widely alongside other examples to help other trusts to develop local improvement capability.

2.0 The Framework:

The framework guides actions on improving skill-building, leadership development and talent management to help create the following five conditions common to high quality, high performing health and care systems in every local health and care system in England.

- Leaders equipped to develop high quality local health and care systems in partnership
- Compassionate, inclusive and effective leaders at all levels
- Knowledge of improvement methods and how to use them at all levels
- Support systems for learning at local, regional and national levels
- Enabling, supportive and aligned regulation and oversight

Across the five conditions there are 13 proposed actions which are detailed in Appendix 1.

3.0 Local Context and actions:

Whilst the majority of the proposed actions are at a national or strategic level, there are a number of actions appropriate at a Trust level. Where the Trust has taken specific actions, these are detailed along with those for each of the above five conditions in Appendix 1.

Where actions currently have no requirement for an immediate response from the Trust as a consequence of waiting for national systems to be established, these will

be monitored and where appropriate, relevant actions assigned as these national systems become available.

4.0 Recommendation:

That's the Trust Board accepts the content of this report and supports delivery of the proposed actions.

Appendix 1

Proposed action	Intended outcomes		Detailed actions	Responsible	STHK/ Local actions
1: Support development of system leadership capability and capacity	Next 12 months	System leaders and leadership teams know about and can access coherent and co-ordinated place-based support for developing their system leadership skills. STP teams will have discussed this issue and include their own systems leadership development in their planning	Local leadership academies will advise on the support available to individual system leaders and to sustainability and transformation leadership teams	HEE (NHS Leadership Academy)	The Trust currently accesses information on Leadership Academy programmes and provides targeted marketing aligned to its Talent management strategy.
	In 1–3 years	All organisations across primary and secondary health years and care have good enough OD capability to enable effective team and inter-team working within and between organisations across health and care systems	Local leadership academies will help senior teams to build OD capacity and capability within their organisations and systems, working with current OD networks. Where such networks do not yet exist, local leadership academies will help to build them and develop the colleagues that the networks connect	HEE (NHS Leadership Academy)	In line with the OD planning process adopted in 2016, the Trust has increased its OD capacity to support leaders through the use of targeted coaching and
			Local leadership academies will work with NHS England partners to development plan and process	NHS England	No immediate actions for the Trust.
		Colleagues across primary and secondary care and commissioning are building trusting relationships that progress changes planned in their respective STPs	Local leadership academies will facilitate forums for leaders in each STP area to help progress implementing their STPs, including implementing the OD plans for their local system	HEE (NHS Leadership Academy), NHS England and NHSI	The Trust is working in partnership with its LDS colleagues to share information and resources in relation to

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					development opportunities.
2: Develop and implement strategies for leadership and talent development	Next 12 months	Leadership and talent development and planning become core strategic activities for all organisations and local health and care systems	All NHS-funded organisations, including national organisations, develop their own leadership and talent development strategies to create cultures of continuous improvement, with inclusive, compassionate leadership, delivering high quality care	All NHS funded organisations	The Trust has a current Talent management and Leadership Development Strategy, aligned to the current and future needs of the organisation
	In 1–3 years	All organisations understand why they should make leadership and talent development and planning core strategic activities, and are supported in developing high quality strategies	Support organisations and systems to develop and implement leadership and talent development strategies. This entails extending and linking relevant communities of practice, and particularly encouraging clinicians and other professions to be integral to developing the strategies	HEE with NHS Improvement and NHS England	The Trust engages in sharing of best practice through the NW Leadership Academy
3: Develop compassionate and inclusive leadership for all staff at every level	Next 12 months	All health and care organisations have a common understanding of 'what good leadership looks like', and are using it to guide the identification, development, assessment, appointment and support of leaders internally and across the system	Work with organisations at all levels to co-design a guide for health and care leadership for use across the system. The guide will include what good leadership looks like (knowledge, skills, attitudes and behaviours at different levels), how to identify talent and how to help individuals and organisations assess and meet their leadership development needs. Alongside this develop a consistent approach to senior level appraisals that reinforces the values, behaviours and practices of compassionate and inclusive leadership. This work will be reflected in the next update of the Well-Led Framework, due in April 2017	HEE (NHS Leadership Academy), with CQC, NHS Improvement, NHS England and Skills for Care	The NHS Healthcare leadership model forms the foundation of all recruitment, talent management and leadership development for staff in leadership roles. This provides a consistent and universal measure of a good leader and appropriate competency framework, with the Well–led
		More strong candidates are ready and willing to put themselves forward for challenging NHS leadership roles, as national bodies make sure the regulatory regime consistently encourages improvement and compassionate, inclusive leadership (proposed action 11) and potential leaders in NHS-funded roles are better developed			

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					framework incorporated into the appraisal process for all executive roles.
			Develop the role of local leadership academies (LLAs) to enable, promote and improve leadership development delivered locally (in-organisations). LLAs will support local organisations in co-designing and delivering high quality leadership development, signpost them to assured development providers, and kite-mark in-organisation leadership development activities. Local leadership development support will focus on teams, leaders of teams and emerging clinical leaders	HEE (NHS Leadership Academy)	No immediate actions for the Trust.
	In 1–3 years	Greater national consistency and quality in leadership development, as well as better local support for leadership development and talent management, results in: ● a bigger pool of current and future leaders with the knowledge, skills, attitudes and behaviours to create cultures of continuous improvement ● improved staff engagement and reduced levels of discrimination and bullying (evidenced in staff survey results) ● a bigger pool of aspiring senior leaders including clinical leaders, a higher number of qualified candidates per leadership vacancy, and fewer	In collaboration with local and national partners, review and revise the design and delivery of development for senior and mid-level leaders across the system, especially in primary care. Ensure national consistency and quality in leadership development for aspiring directors and above, in line with enhanced talent management. Development for senior leaders to be designed and delivered nationally; development for mid-level leaders aspiring to senior roles to be designed nationally and delivered regionally	HEE (NHS Leadership Academy)	In line with the Talent management and leadership strategy the Trust is supporting the development of current and potential leaders to meet its future needs through development opportunities including

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		such vacancies ● A bigger pool of high potential leaders with the knowledge, skills, attitudes and habits to be compassionate, inclusive leaders and the skills and experience to work across health and care, and who receive improved career support			coaching, resilience and leadership development opportunities.
			Ensure digital access to open source resources and tools on compassionate and inclusive leadership across health and care	HEE (NHS Leadership Academy) with NHS Improvement and NHS England	No immediate actions for the Trust.
			Work with health and social care colleagues to develop a joint graduate management training scheme, in addition to the NHS graduate management training scheme, that is appropriate to the future landscape of health and care	HEE (NHS Leadership Academy)/Skills for Care	The Trust maintains contact with the Graduate Management scheme to ensure it is positioned to offer placements once the new scheme is available.
			Double the size of the NHS graduate management training scheme by 2020 and provide more continuing career support for all trainees and training scheme alumni.. Evaluate training schemes tailored to specific entrants as a model for attracting and rapidly developing high potential managers at later stages of their careers	HEE (NHS Leadership Academy)	The Trust actively supports the Graduate Scheme offering placements to HR, General, Finance and IT trainees.
4: Embed inclusion in leadership	Next 12 months	Improved leadership capabilities are driving greater levels of equality, diversity and inclusion at all levels	Working closely with the NHS Equality and Diversity Council (EDC), launch a system-wide intervention to address discrimination against those with protected characteristics. The intervention will equip future	HEE (NHS Leadership Academy)	No immediate actions for the Trust. The Trust

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development and talent management initiatives		There is equal access to opportunities for career progression and people have the development support they need to pursue them. Line managers identify, encourage and support those from under-represented groups	leaders to accelerate inclusion and create just cultures that ensure inclusion is sustained. It will use action research to identify, design and implement the leadership development and leadership practices that are achieving inclusion. This work will itself be a programme of action that engages leaders across health and care		continues to prevent /monitor potential discrimination through a number of processes including the WRES and Staff survey.
	In 1–3 years	All organisations cultivate the knowledge, skills and capabilities that create the conditions where equality, diversity and inclusion thrive. There is measurable progress towards a senior leadership group that represents the health and care workforce and wider population it serves. Evidence shows such representative leadership leads to more patient-centred care and better staff morale	Publicise ambitious targets to improve diversity at every level of NHS organisations and publish the impact of organisations' action on diversity. Encourage stakeholder forums and recruitment and exchange schemes to improve the diversity of future leaders, meaning diversity in skills, thinking, experience and background as well as in protected characteristics	NHS Equality and Diversity Council (EDC) and NHS national organisations	The Trust is using its leadership and Talent management process to ensure equity of access to leadership opportunities. Work with the NHs Careers hub is promoting career opportunities in the Trust to a diverse population
5: Support organisations and systems to deliver effective talent management	Next 12 months	All NHS-funded organisations know how to deliver effective, inclusive talent management	Building on existing evidence and materials, co-produce a clear statement of what 'good' and inclusive talent management looks like across the NHS system. All members of the NILD Board will publicly commit to putting good talent management in place in their own organisations. The impact and quality of these initiatives will be measured and results published annually	HEE (NHS Leadership Academy), with all members of the NILD Board	Using processes devised by the Leadership Academy, the Trust is developing an e-Talent management tool which will replace the current appraisal

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					system for all staff groups and will allow the creation of a range of talent pools.
		Organisations and line managers have easy access to guidance and advice on how to implement better talent management	Co-design a programme supporting organisations to do talent management better at all levels. This entails building on existing regional talent management networks, which increase access to training and resources, and developing learning collaboratives which share best practice and support peer-to-peer learning	HEE (NHS Leadership Academy) with all members of the NILD Board	The Trust Education and Training team provide bespoke support to managers in the delivery of effective talent management. Deployment of the e-Talent tool from September 2017 will make the process for managers to spot and measure talent a more robust and straightforward process.
	In 1–3 years	All staff at all levels are provided with meaningful feedback and the support they need to fulfil their potential, making them feel more valued. Effective talent pipelines are in place, ensuring that the highest performing individuals across NHS-funded services are identified and adequately supported to become future leaders	Support local organisation leaders to establish pilot talent management forums at regional and local system levels. Such forums can take a partnership approach to strategically identifying and developing diverse talent across all the organisations they represent. The aim is for the pilots collectively to drive local talent development strategies and sustainable succession planning	HEE (NHS Leadership Academy)	Changes made to the appraisal process to be implemented July 2017 ensure that effective conversations take place between managers and staff in a fair and consistent way. The e-Talent tool will allow

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					organisation wide oversight of these assessments to allow effective workforce planning.
6: Improve senior level recruitment and support across NHS-funded services	Next 12 months	Senior leaders in NHS-funded services feel more valued and continually supported to reach their full potential There is progress towards strategic and coherent talent management at the national level, ensuring effective succession-planning for the most senior roles across the health system	Continue work to align and make better use of all existing NHS resource involved in senior level development and recruitment. This work is aimed at offering more coherent national talent management support, covering executive, non-executive and interim board posts. The offer will include monitoring national talent pools; providing career management advice to rising talent; and supporting employers in targeting and appointing appropriately developed senior leaders	HEE (NHS Leadership Academy)	No immediate actions for the Trust.
			Establish a national senior leaders support function (SLSF) with representatives from the health and care system. This team will inform and oversee senior talent management initiatives at national level. The SLSF will systematically source and use talent management data relevant to board level posts to inform national planning and investment decisions concerning the senior leadership pipelines for all professions. This will include regularly collecting new supply and demand data from across the NHS system along with analytical modelling	HEE (NHS Leadership Academy)	No immediate actions for the Trust.
			Commission a senior systems leaders scheme as part of a nationally coordinated talent management programme to support leaders currently in the most senior roles, to attract and retain future senior leaders, and ensure effective succession planning for the most senior roles across the health system	HEE (NHS Leadership Academy)	No immediate actions for the Trust

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			Continue to deliver or commission a set of development programmes for aspiring senior leaders across NHS-funded services and those already in post, particularly for future clinical leaders (for example, running another cohort through an executive fast track programme that prepares clinicians to take up chief executive posts) and for future leaders in primary care and commissioning	HEE (NHS Leadership Academy) with NHS England	The Trust works with the NW Leadership Academy to access senior development programmes including the Aspiring Directors and Nye Bevan programmes
6: Improve senior level recruitment and support across NHS-funded services	In 1–3 years	There is a sustainable and diverse pipeline of senior leaders for NHS-funded services and vacancies are filled quickly with leaders who have the right skills. Improved recruitment support and processes reduce reliance on commercial recruitment firms and deliver better value for money	Expand NHS recruitment support to board-level roles and establish a national framework of preferred executive search agencies that secures better value for money for NHS organisations	HEE (NHS Leadership Academy)	No immediate actions for the Trust.
7: Build improvement capability among providers, commissioners, patients and communities	Next 12 months	All leaders of healthcare organisations and systems, across primary, secondary and community care as well as commissioning and national bodies, have access to the knowledge and skills they need to lead quality improvement	Develop programmes for boards and executive teams of provider and commissioning organisations on leading for improvement, designed in collaboration with regional, national and international organisations experienced in this area Co-design with primary care practitioners a training offer for primary care building on current good practice and aligned with the 'leading for improvement' programme, which is co-ordinated by NHS Improvement	NHS Improvement with NHS England NHS England (Primary Care Team)	The Trust provides training in quality improvement (QI) science and methods, as well as in managerial and leadership skills to its leaders through the management development programme offered by the Education and Training team supported by the Trusts PMO team.

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			Embed leading for improvement in all core leadership development programmes Issue guidance for providers indicating the scale of training required to embed quality improvement capability in their organisations, i.e. what proportion of staff need training in improvement methods at each level, over what period, and the particular improvement skills they need to learn	HEE (NHS Leadership Academy) NHS Improvement	QI techniques are delivered to Trust managers as part of the leadership development programme. PMO team work alongside managers to embed these skills.
7: Build improvement capability among providers, commissioners, patients and communities	Next 12 months	Patients and communities are involved as equal partners in the re-design of processes and systems	All members of the NILD Board will develop their organisations' approaches to involving patients and/or carers in their work and governance processes, working with existing advisory groups (e.g. Five Year Forward View People and communities Board) and sharing their experiences	All NILD Board members	The Trust routinely engages with patients, service users and patients, using their contribution in the development and improvement of services through mechanisms such as, Health watch, PALs and FFT.
	In 1–3 years	All providers and commissioners are supported in building improvement capability by a coherent and co-ordinated support offer at regional and local level, ensuring good value for money	Develop a procurement framework for specialist providers of improvement training and support	NHS Improvement	No immediate actions for the Trust.
			Provide guidance to organisations on how to build organisational and systems improvement capability and work with improvement organisations to offer regional support	NHS Improvement, with NHS England	No immediate actions for the Trust.

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8: Embed improvement and leadership development in curricula, revalidation and award schemes	Next 12 months	Training in quality improvement (QI) science and methods, as well as in managerial and leadership skills, are systematically and comprehensively embedded in training curricula for all health staff, clinical and non-clinical.	With the Medical Royal Colleges, the Academy of Medical Royal Colleges and other relevant professional groups, develop a strategy for implementing the recommendations of *Quality Improvement – Training for Better Outcomes* (Academy of Medical Royal Colleges 2016), in close co-operation with universities and training regulators	HEE	The Trust provides training in quality improvement (QI) science and methods, as well as in managerial and leadership skills to its leaders through the management development programme offered by the Education and Training team supported by the Trusts Black Belt Six Sigma team.
		Individuals and teams are strongly incentivised to improve health and care and rewarded for their contributions	Establish a working group to review Clinical Excellence Awards, with a view to designing an incentive and reward scheme focused on quality improvement and leadership development	Department of Health	No immediate actions for the Trust.
	In 1–3 years	A substantial and increasing share of the NHS-funded workforce is skilled in QI methodology and sees continuous improvement as a normal component of everyday work, rather than an add on. Include knowledge of QI in revalidation processes and appraiser training for all health staff	Continue work with the Medical Royal Colleges, professional regulators and other professional groups to implement new curricula and re-validation processes that include core improvement, team working and leadership development skills	HEE	The Trust supports managers to understand and use current QI methodology through training delivered by its Black Belt Six Sigma team.

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9: Ensure easy access to improvement and leadership development resources	Next 12 months	All staff in health and care organisations have easy access to improvement, leadership development and talent management resources, guidance, tools and best practice methods	Develop a shared approach to knowledge spread and adoption encouraging local organisations and systems to develop communities of practice, share case studies and make evidence from local, national and international research easily available through digital channels	HEE, NHS Improvement, NHS England	The Trust provides on-going support through its leadership development programmes, links to the Leadership academy and PMO team.
	In 1–3 years	All staff in health organisations have easy access to cost-efficient, online improvement technology to aid them in the set-up, management and sharing of improvement projects	With partners across the system, build on existing online improvement platforms to create a national platform that helps people to plan, manage and share learning from their improvement projects	NHS Improvement, with NHS England	No immediate actions for the Trust.
10: Support peer- to-peer learning and exchange of ideas	Next 12 months	Organisations better understand what support patient leaders and NHS-funded staff need to share experience	Build networks of practitioners in patient and public involvement to raise awareness and share knowledge	NHS England (Public and Patient Engagement Directorate) and NHS Improvement (Faculty of Improvement)	No immediate actions for the Trust.
		Individuals involved in improvement work (from policy to practice in every part of the health and care system) belong to improvement communities	Continue to develop the Q Initiative with the Health Foundation and other partners as a pan-UK network for individuals involved in improvement, which supports and advances their work	NHS Improvement	No immediate actions for the Trust.
	In 1–3 years	Effective networks thrive across the health and care system, enabling the flow of improvement ideas, advice, tools and peer support across England, and proactive connections with the rest of the UK and beyond	Identify and align suitable development support for a wider range of existing and emerging networks supporting improvement, leadership development and talent management	NHS England, NHS Improvement, HEE (NHS Leadership Academy)	The Education & Training Team work across the LDs with colleagues at Southport and Warrington hospitals to ensure effective use of

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					leadership development resource and opportunities
11: Create a consistent supportive regulatory approach	Next 12 months	All national bodies share a clear understanding of the changes in their approaches needed to make sure the regulatory regime consistently encourages improvement and compassionate, inclusive leadership	Continue and strengthen inclusive dialogue across the system to explore how regulatory and oversight approaches used in the NHS can be aligned to the strategic framework over time. A critical topic is the metrics used to measure progress. All national regulatory and oversight bodies will commit to act on insights generated by use of this and future iterations of the framework	CQC, NHS England, NHS Improvement	No immediate actions for the Trust.
			Work with partners in the system to establish mechanisms for organisations to feedback constructively experiences in their dealings with national bodies that are not in keeping with the framework's expectations, and to make sure this information is regularly reviewed and acted upon. This action will build on existing processes in national organisations and evidence on what works best	NHS Improvement, with all National Board members	No immediate actions for the Trust.
12: Streamline and automate requests for information	Next 12 months	All national organisations own a cross-sector plan to minimise the burden associated with their information requests, with measurable targets	Develop a joint initiative to assess current measurement activity (including performance targets and associated metrics) and a strategy for 'measuring what matters'. This will include understanding local commissioner behaviour and how this may be influenced to reduce the data burden arising from local information requests for commissioning purposes. This action will be aligned with the work of the Burden Reduction Challenge Panel (DH), on-going work by NHS Digital, the initiative 'Paperless by 2020' (NIB) and the NQB's 'Measuring Quality' working group	National Quality Board, NILD Board and National Information Board (NIB)	No immediate actions for the Trust.
	In 1–3 years	Provider organisations experience a measurable reduction in the data burden associated with the collection and submission of data for regulatory and commissioning purposes	Implement the cross-sector strategy to 'measure what matters' and associated actions to minimise the data burden, with regular assessment of the impact on providers	NQB, NILD Board and NIB	No immediate actions for the Trust.

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13: Balance measurement for improvement and judgement	Next 12 months	All provider and commissioning organisations have easy access to guidance and support on understanding measurement for improvement and how to implement it	In partnership with local organisations develop guidance on good practice in combining measurement for judgement and measurement for improvement, based on national and international good practice	NHS Improvement, NHS England	The Trust will work with NHSI to support development of the good practice guide.

ENDS