Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 25TH JULY 2018
IN THE BOARDROOM, LEVEL 5, WHISTON HOSPITAL

PUBLIC BOARD AGENDA				Paper	Presenter
09:30	1.	Patient Story			
09:45	2.	Employee of the Month			Richard Fraser
		2.1	July		
09:55	3.	Apologies for Absence			
	4.	Declaration of Interests			
	5.	Minutes of the Previous Meeting held on 27th June 2018		Attached	
		5.1	Correct Record & Matters Arising		
		5.2	Action List	Attached	
Performance Reports					
10:05	6.	Integrated Performance Report		NHST(18) 64	Nik Khashu
		6.1	Quality Indicators		Sue Redfern
		6.2	Operational Indicators		Rob Cooper
		6.3	Financial Indicators		Nik Khashu
		6.4	Workforce Indicators		Anne-Marie Stretch
Committee Assurance Reports					
10.25	7.	Committee Report – Executive		NHST(18) 65	Ann Marr
10:35	8.	Committee Report – Quality		NHST(18) 66	David Graham
10:45	9.	Committee Report – Finance & Performance		NHST(18) 67	Jeff Kozer
10.55	10.	Committee Report – Charitable Funds		NHST(18) 68	Denis Mahony
BREAK					

Other Board Reports				
11.15	11.	Strategic & Regulatory Report	NHST(18) 69	Nicola Bunce
11.20	12.	HR Indicators Quarterly Report	NHST(18) 70	Anne-Marie Stretch
	13.	Medical Revalidation Annual Declaration – *deferred to September 2018*	NHST(18) 71	Terry Hankin
11.30	14.	Corporate Risk Register	NHST(18) 72	Nicola Bunce
11.40	15.	Board Assurance Framework	NHST(18) 73	Nicola Bunce
11.50	16.	Draft Trust Strategy 2018 – 2021	NHST(18) 74	Nicola Bunce
12.05	17.	Learning from Deaths Quarterly Report	NHST(18) 75	Francis Andrews
12:15	18.	Effectiveness of Meeting		Richard Fraser
	19.	Any Other Business		
	20.	Date of Next Meeting – Wednesday 26th September 2018		

St Helens and Knowsley
Teaching Hospitals
NHS Trust

Minutes of the St Helens and Knowsley Teaching Hospitals NHS Trust Board meeting held on Wednesday 27th June 2018 in the Boardroom, Whiston Hospital

PUBLIC BOARD

Chair:	Mr R Fraser	(RF)	Chairman
Members:	Ms A Marr	(AM)	Chief Executive
	Ms S Rai	(SR)	Non-Executive Director
	Mrs V Davies	(VD)	Non-Executive Director
	Mr J Kozer	(JK)	Non-Executive Director
	Mrs A-M Stretch	(AMS)	Deputy Chief Executive/Director of HR
	Mrs S Redfern	(SRe)	Director of Nursing, Midwifery & Governance
	Mr N Khashu	(NK)	Director of Finance
	Mrs C Walters	(CW)	Director of Informatics
	Mr P Williams	(PW)	Director of Facilities Management/Estates
	Mr R Cooper	(RC)	Director of Operations & Performance
	Dr T Hemming	(TH)	Director of Transformation
	Ms N Bunce	(NB)	Director of Corporate Services
In Attendance:	Ms J Byrne	(JBy)	Executive Assistant *(Minute Taker)*
	Cllr A Lowe	(AL)	Halton Council *(Co-opted Member)*
	Miss A Munro	(AM)	Asst Directorate Manager, Surgical Care Group *(Observer)*
Apologies:	Mr D Mahony	(DM)	Non-Executive Director
	Prof D Graham	(DG)	Non-Executive Director
	Prof K Hardy	(KH)	Medical Director
	Mr T Foy	(TF)	St Helens CCG *(Co-opted Member)*

1. Employee of the Month

1.1. The Employee of the Month Award for May 2018 was awarded to Felicity Litchfield, Specialist Trauma and Orthopaedic Physiotherapist.

1.2. The Employee of the Month Award for June 2018 was awarded to Jonathan Abbott, Staff Nurse, Ward 1C.

2. Apologies for Absence

Apologies were noted as above.

3. Declaration of Interests

3.1. RF declared that he continued to be the interim Chair of Southport & Ormskirk Hospitals NHS Trust.

4. Minutes of the previous meeting held on 30th May 2018

4.1. Correct Record

4.1.1. The minutes were accepted as a correct record.

4.2. Action List

4.2.1. Action 1 - Minute 4.3 (28.02.18): *Analysis of Staff Turnover* – AMS to provide detailed analysis as part of the next HR Indicators report to the Board on 25th July.

4.2.2. Action 2 - Minute 5.1.2 (28.02.18): *Nasogastric Tubing Never Event* – the final RCA report and action plan will be presented to the Quality Committee in July, after being presented to the Executive Committee. Action closed.

4.2.3. Action 3 - Minute 5.3.6 (28.02.18): *Maternity Reduction for Clinical Negligence Scheme for Trusts* –on agenda. Action closed.

4.2.4. Action 4 – Minute 13.2 (28.02.18) – AMS to undertake further investigation of the issues raised by the WRES survey action plan– on agenda. Action closed.

4.2.5. Action 5 – Minute 12.4 (30.05.18) – action not yet due.

5. Integrated Performance Report (IPR) – NHST(18)54

The key performance indicators (KPIs) for May were reported to the board, following in-depth scrutiny of the whole IPR at the Quality and Finance and Performance Committees. During April the Trust implemented a new Patient Administration System (Medway) which has impacted on the reporting of some indicators.

5.1. Quality Indicators

5.1.1. SRe presented the performance against the key quality indicators.

5.1.2. There had been no never events in month and none year to date (target = 0).

5.1.3. There had been no MRSA bacteraemia cases in month or year to date (target = 0).

5.1.4. There had been 2 C.Diff (CDI) positive cases in May 2018, 4 year to date. The annual tolerance for CDI for 2018/19 is 40.

5.1.5. There had been no grade 3 or 4 avoidable pressure ulcers in month or year to date.

5.1.6. The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) reported for April was 95.6%.

5.1.7. During April there were no inpatient falls resulting in severe harm.

5.1.8. Venous thromboembolism (VTE) performance for April was 95.13%, against a target of 95%.

5.1.9. Latest reported Hospital Standardised Mortality Ratio (HSMR) to January 2018 was 99.7.

5.2. Operational Indicators

5.2.1. RC presented the update on the operational performance.

5.2.2. The Trust continued to achieve all the national access targets for diagnostic testing, cancer and incomplete referral to treatment pathways.

5.2.3. A&E type 1 performance was 71.8% for May. Activity had been particularly high in May with 10,065 attendances, an 8.8% increase compared with the same month in 2017. There was concern that the Trust could not report the overall A&E position for all types of attendance, as the all types' mapped activity was not being provided in time by NHS Improvement (NHSI). Therefore the Trust's performance was not being reported accurately. The estimated all types' mapped position for May was 86.4% achievement of the 4-hour access target. It was agreed that the estimated mapped activity would be included in future reports if the central NHSI figures were not available in time. RC confirmed that this issue had been escalated to NHSI, and they were aware that the published figures did not present an accurate picture of performance between different Trusts.

5.2.4. JK reported that there had been a detailed discussion about A&E performance at the Finance and Performance committee, and as the committee chair he had requested changes in the reporting to strengthen assurance that all the required actions were being taken and the impact they were having.

5.2.5. RC explained that medical staffing continued to be a major issue, due to junior doctor rota gaps, alternative staffing models were being developed to reduce reliance on the junior doctors whose numbers could fluctuate with different HEE allocations each rotation.

5.2.6. There had, however, been a recent improvement in patient flow in the department as a result of increased Medical bed capacity. Work had continued to maintain low numbers of 'good to go' patients and as a result the numbers of medical outliers had also reduced.

5.2.7. Ambulance handover performance had been maintained with an average of 14.32 minutes against a target of 15 minutes.

5.2.8. In relation to a query from SR, SRe confirmed the A&E nursing team had visited other local Trusts to share best practice. When the GP streaming was fully implemented, when the capital build had been completed, it was expected that this would help improve performance, if demand did not continue to grow at the same rate.

5.3. Financial Indicators

5.3.1. NK presented the update on the financial performance for Month 2.

5.3.2. The Trust had reported an overall deficit of £2.3m, which was in line with the agreed plan. Included within the financial position was the assumption that the Trust would receive the full allocation of Provider Sustainability Fund (PSF) worth £1.3m in Q1. Failure to recover the A&E position against trajectory by the end of Q1 could result in the Trust losing an element of this allocation.

5.3.3. £0.8m of non-recurrent funding had been used to benefit the financial position.

5.3.4. The Trust had delivered the CIP target for the month; the monthly target would increase throughout the remainder of the financial year.

5.4. Workforce Indicators

5.4.1. AMS presented the update on the workforce indicators.

5.4.2. Absence in May was 4.3% against the Q1 target of 4.25%. Year to date absence was 4.2%. Qualified and HCA sickness remained at 4.8%.

5.4.3. Mandatory training compliance was above the target of 85%. Appraisal compliance was 80.1% but actions were in place to recover the position.

6. Committee Report – Executive – NHST(18)55

6.1. AM presented the report to the Board, which summarised Executive Committee meetings held during May 2018.

6.2. AM confirmed that the Trust had made the evidence submission for the forthcoming Use of Resources (UoR) assessment, and the preparations for the CQC Well Led Inspection with the core service inspections expected in July. VD asked about Non-Executive Director involvement with the UoR assessment and NK clarified that it would be beneficial for the Audit and Quality Committee Chair's to attend if they were available.

6.3. AM also highlighted the Executive Committee review of the never event investigation report and the resulting action plan, which was being monitored closely.

6.4. There was a discussion about how the Marshalls Cross Medical Centre could help prevent A&E attendances. Action: TH agreed to monitor the attendance rate from the practice to evaluate the impact of the new service model.

6.5. In response to questions, AMS explained that the apprenticeship levy for Junior Doctors was being challenged at a national level, because it could not be accessed and used to benefit Junior Doctors, as they were already in training. This anomaly was one of the unintended consequences of the new system, which would hopefully be corrected.

6.6. SR asked if there would be any negative consequences from the changes to the agency cap. AMS explained that there were a very small number of locum and agency staff who would be affected, and discussions with these individuals had already started. Any payments above cap had to be approved by the Chief Executive, but if critical for patient safety could be authorised.

6.7. In relation to the MSSA Bacteraemia action plan, KH clarified that the Trust reported incidence of MSSA is consistent with the incidence of MSSA in the general population. The action plan was focused on reducing new avoidable infections.

6.8. The Risk Management Council had reviewed the Major Incident Policy and recommended ratification of the changes to the Executive Committee. The Board noted that the Major Incident Policy had been reviewed and updated.

7. Committee Report – Quality – NHST(18)56

7.1. VD presented the Chair's report on behalf of DG, which summarised key issues arising from the Quality Committee meeting held on 19th June 2018.

The number of open stage 1 complaints totalled 38 in May 2018. 89.5% of stage 1 complaints had been responded to within the agreed timescales. There had also been an increase in cases referred to PALs.

7.2. Safer Staffing – the overall fill rate continued to be over 90%, with 27 wards consistently achieving the target, which was an improved position. The adult medical speciality wards continued to be the most challenging to staff, with the highest vacancy rate, and there was assurance that all the proactive recruitment and retention initiatives were beginning to have an impact.

7.3. There was a CQC Operational Group established to oversee preparations for the impending CQC inspection.

7.4. VD reported that the committee had received detailed feedback on the NG Tube Never Event investigation and action plan and were assured that the identified actions were being progressed.

7.5. Insulin training compliance figures had been escalated, however there were data quality issues with the ESR training record, which was to be validated and the training requirements reviewed to ensure that the required standard was achieved. The Quality Committee would continue to monitor progress until there was assurance the standard was consistently being achieved.

7.6. Maternity Continuity of Carer – a strategy was being developed to enable the Trust to meet the requirements of the new national standard for 20% of women to have continuity of carer throughout the antenatal, intrapartum and postnatal period. The project would be overseen by the Maternity Service Quality & Safety team. Progress updates would be provided quarterly by the Head of Midwifery. The options were to be trialled with small cohorts of expectant mothers, to assess the resource and training implications.

7.7. VD also asked the Board to note the progress that had been made in implementing the Medicines Optimisation Strategy by the Medicines Management team.

7.8. SR queried how the ED divert process was triggered, in light of ED attendances now regularly exceeding 400 per day. RC confirmed it was managed via agreed regional protocol whereby requests were made via Operational Directors or the Director on call (out of hours). Greater Manchester had recently implemented a new model whereby the Ambulance Service maintained an overview of activity across all the ED departments. This model was now being considered for Cheshire and Merseyside, however the business of an ED department could not be judged by the number of attendances alone, and was also influenced by many other factors that needed to be considered, eg bed availability, patient acuity, staffing.

8. Committee Report – Finance and Performance – NHST(18)57

8.1. JK presented the Chair's report summarising the key issues arising from the Finance and Performance Committee meeting held on 21st June 2018.

8.2. The committee approved the proposed costing processes for the forthcoming Reference Cost submission; to be made by 31st August 2018.

8.3. There had been a presentation from the Clinical Director for A&E, detailing the actions being taken to respond to the increased demand and performance levels. The committee had welcomed the presentation but also requested more detail on the expected impact of each initiative; how this impact was monitored and the initiatives embedded; and the trajectories for improvement. It had been agreed that this enhanced level of scrutiny by the committee was required to provide the necessary level of assurance to the Board that all the required actions were being taken.

8.4. In scrutinising the financial and operational performance and forward plans, a number of new risks had been noted by the committee, which would be added to the risk register.

9. Workforce Race Equality Standard (WRES) Survey Action Plan – NHST(18)58

9.1. AMS presented the paper that detailed the development of a combined three-year Equality, Diversity and Inclusion Action Plan.

9.2. The paper also detailed the progress taken against the WRES action plan since February 2018, and preparations for the introduction of the Workforce Disability Equality Standard (WDES) in September 2018.

9.3. AMS confirmed that where the WRES data had indicated areas of concern, the Trust had reviewed every case where a disciplinary investigation had been instigated (not just those that had led to formal disciplinary action). The allegations in each case had warranted investigation, but to support managers and raise awareness further training was being provided to promote best practice management behaviour. There was awareness raising for staff to promote and be supported to raise concerns. Staff PULSE surveys would also be used more frequently as a "temperature check" of staff.

10. Knowsley Council Annual Report – NHST(18)59

10.1. Mr Matthew Ashton, Director of Public Health, presented Knowsley Council's Public Health Annual Report for 2017/18, which had been produced as a short film.

10.2. Mr Ashton asked if the Trust would support the work of Knowsley Council by sharing the film with staff and patients, many of who would be Knowsley residents. The Board were impressed by the good work being undertaken in Knowsley and their focus on improving the lives of young people, and agreed to share the film via the Trust communication channels.

10.3. AM asked Mr Ashton about his experiences of working across health and council since the transfer of public health responsibilities in 2012 and if plans for closer integration between health and social care would support the prevention agenda. Mr Ashton agreed that the policy for closer working and integrated services could provide greater opportunities for influencing lifestyle and for tackling the determinants of ill health.

11. Informatics Report and Strategy Update – NHST(18)60

11.1. CW presented the annual update of progress against the Informatics Strategy that had been approved in 2017.

11.2. CW reported good progress against many of the strategy's objectives, including the implementation of the new Patient Administration System, the Electronic Prescribing and Medicines Administration (EPMA) pilot, and the Opera theatre system. Other developments included the introduction of telehealth projects in burns and plastics and stroke, and development of the Shared Care Record with St Helens Cares. The developments had helped to improve the Trust's digital maturity score in 13 of the 15 areas.

11.3. AMS asked how the Trust ensured it planned for the future and was at the forefront of technology. CW responded that many other systems were coming to the end of their life or technology had progressed, so on-going investment was required to maximise the potential of new technology.

11.4. CW confirmed the strategy only looked 3 years ahead as technology was changing and developing so quickly it was very difficult to plan in any detail beyond this timeframe.

11.5. In response to a query from SR relating to being prepared for another cyber-attack, CW assured members that the Trust could ensure that staff were educated and the Trust had the necessary tools to minimise the damage. Informatics was working with Microsoft at a national level to provide additional monitoring, and increase the level of protection for the NHS.

11.6. NK made two observations; firstly the Trust had to ensure it maximised the return on investment from the systems already in place and, secondly, it had to be nimble enough to respond to developing technology – and the telehealth initiative was a good example of this balance.

11.7. RF was pleased with the all that had been achieved in the past 12 months and felt that the shared service model remained very important. He also felt that the Non-Executive Director membership of the HIS Board was very valuable.

11.8. Board members noted the report.

12. Fit & Proper Person's Regulations – Chairman's Declaration – NHST(18)61

12.1. RF confirmed that the annual FPPR self-declarations and independent checks had been undertaken for all board members and he was assured that there were no issues of concern.

12.2. If any Director became aware of any new issues regarding their FPPR status during the year they would need to declare them.

13. Clinical Negligence Scheme for Trusts (CNST) incentive scheme - maternity safety actions – NHST(18)62

13.1. SRe presented the report, and confirmed that the Trust had achieved all of the maternity safety actions needed to qualify for the CNST discount.

13.2. NK thanked everyone involved for their hard work in achieving these standards that would improve the safety and quality of the service and reduce the CNST premiums.

13.3. The Quality Committee had reviewed the evidence provided and recommended the Board to approve the self-declaration.

13.4. Board members approved the self-declaration.

14. Draft Clinical & Quality Strategy 2018 - 2021 – NHST(18)63

14.1. In KH's absence, NK presented the new Trust Clinical and Quality Strategy, which had been updated to include the feedback from a wide range of stakeholders.

14.2. VD was very supportive of the new strategy and asked how Non-Executive Directors could support the delivery of its objectives.

14.3. It was agreed that the wider range of visits to departments and services, including back-office areas such as HR, Finance, should be organised to supplement the Quality Ward Rounds. These should also include the new Trust services and the involvement of Non-Executive Directors would be very valuable.

14.4. NK stressed the importance of spreading the Trust's vision of "5-star patient care" consistently, as it applied to staff in all areas who all contributed to the delivery of patient care, in some way.

14.5. The Board approved the strategy.

15. Any Other Business

15.1. None.

16. Effectiveness of Meeting

16.1. RF asked those in attendance for feedback.

16.2. AL believed the Trust continued to perform well and there was a constructive relationship with Halton Council.

16.3. Ms Munro found the meeting very effective and punctual. As part of her Graduate Trainee Management Programme she was undertaking a module on organisational values and had been tasked to write about how the Trust's values fit with patient care. She had seen how Trust Board members lived those values; how they related back to patient care, and how the Board promoted learning and continuous improvement.

17. Date of Next Meeting

17.1. The next meeting is scheduled for Wednesday 25th July in the Boardroom, Level 5, Whiston Hospital, commencing at 09:30 hrs.

Chairman: [signature] ....

Date: 25-07-18 ....

TRUST PUBLIC BOARD ACTION LOG – 25TH JULY 2018

No	Minute	Trust Public Board Action Log	Lead	Date Due
1.	28.02.18 (4.3)	~~HR Indicators - AMS to undertake further analysis of leavers and pipeline for recruitment initiatives, for review by the Executive Committee and to include a waterfall analysis in the next HR Indicators Board report to come to Board in July.~~ ACTION CLOSED	AMS	25.07.18 (on agenda)
2.	28.02.18 (5.1.2)	Nasogastric Tubing Never Events: The Quality Committee had received detailed feedback on the NG Tube Never Event investigation and action plan and were assured that the identified actions were being progressed. ACTION CLOSED.	SRe	25.07.18
3.	~~28.02.18 (5.3.6)~~	~~SRe to present paper regarding the Maternity Reduction for Clinical Negligence Scheme for Trusts (CNST~~). ACTION CLOSED.	~~SRe~~	~~27.06.18 (on agenda)~~
4.	~~28.02.18 (13.2)~~	~~AMS to undertake further investigation of the issues raised by the WRES survey action plan in relation to disciplinary action~~. ACTION CLOSED.	~~AMS~~	~~27.06.18 (on agenda)~~
5.	30.05.18 (12.4)	First Stage Complaints: SRe to obtain data to show how the Trust compared with others in the region, for next scheduled report.	SRe	26.09.18
6.	27.06.18 (5.2.10)	IPR – Operational Indicators: AM/RC to meet outside of the Trust Board meeting to discuss the reporting of Type 1/All Types performance figures.	AM/RC	25.07.18
7.	27.06.18 (6.4)	Re preventing A&E attendances, TH agreed to monitor the attendance rate from the Marshalls Cross Practice to evaluate the impact of the new service model.	TH	26.09.18
8.	27.06.18 (8.4)	Finance & Performance Committee Assurance Report: following a report from the CD of ED, NB asked for all risks in relation to ED performance to be added to the Corporate Risk Register.	JK/NK	25.07.18

INTEGRATED PERFORMANCE REPORT

Paper No: NHST(18)64
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 delivery of national and local performance standards whilst ensuring affordability across the whole health economy.

During April the Trust implemented a new Patient Administration System which has impacted on the timeliness of some indicators.

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.

There have been no never events year to date (target = 0).

There have been no MRSA bacteraemia cases year to date (target = 0).

There were 5 C.Difficile (CDI) positive cases in June 2018. YTD there have been 9 cases (YTD target = 16). The annual tolerance for CDI for 18-19 is 40.

There have been no grade 3 or 4 avoidable pressure ulcers year to date.

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for April 2018 was 95.6%. YTD performance is 95.6%.

During the month of May 2018 there was 1 inpatient falls resulting in severe harm .

Performance for VTE assessment for May 2018 was 95.3%. YTD performance is 95.2% against a target of 95%.

YTD HSMR (April to February) for 2017-18 is 99.1

Corporate Objectives Met or Risk Assessed: Achievement of organisational objectives.
Financial Implications: The forecast for 18/19 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: 25th July 2018

Operational Performance

Performance against the 62 day cancer standard was above the target of 85.0% in month (May 2018) at 89.9%. The 31 day target was also achieved with 99.6% performance against a target of 96%. 2 week rule compliance was also achieved with 93.2% performance against a target of 93%.

June 18 Type 1 performance was 78.7% which was a 6.9% improvement on the May position of 71.8%. Activity was high again in June with 9,674 attendances (average of 322 per day). The all type mapped STHK Trust footprint performance for June 18 was 89.3%. Medical staffing to manage the increased activity, has been the main issue affecting performance in month. This is being addressed through recruitment to Trust junior doctor locum posts, and more sustainably through development of the Advanced Clinical Practitioner role. Ambulance notification to handover has been fully compliant with 10.39 mins on average against 15 minute target (best in C+M and GM).

In line with the national expectation to reduce the number of Super Stranded patients (patients with a length of stay of greater than 21 days) by 25%, work has continued to maintain low numbers of 'good to go' patients as well as ensuring effective MDT management of clinically unwell patients.

Following migration of the Trust patient administration system in April, whilst being successful across the majority of the Trust, there are continued issues within outpatients. The level of scrutiny and validation of the patient tracking list required post go live with Medway, has lead to an inability to accurately report RTT performance within the required timescales to report the monthly position.

Financial Performance

At the end of June (M3) the Trust is reporting an overall deficit of £3.6m which is in line with agreed plans. Included within the financial position is the full allocation of Provider Sustainability Fund (£1.9m). While the Trust has not delivered the 90% there have been significant improvements during Q1 and the Trust remains in dialogue with regulators. If the Trust is asked to remove the A&E allocation the position will deteriorate by c£0.6m.

Within the YTD position the Trust has had a £1.1m benefit non-recurrently from elements relating to the previous year.

The Trust continues to deliver above the plan of the CIP target with £1.8m delivered YTD against a plan of £1.6m.

The Trust cash balances continue to be above planned levels as a result of receiving the PFI support in April.

The Financial Performance for the month delivers a Use of Resources level of 3.

Human Resources

All staff absence in June was 4.4% and YTD was 4.2% (Q1 target = 4.25%). Qualified & HCA sickness increased to 5.9% in June and 5.2% YTD (target = 5.3%).

Mandatory Training compliance is 96.3% (target = 85%). Appraisal compliance is 80.8% (target = 85%).

The following key applies to the Integrated Performance Report:

▲ = 2018-19 Contract Indicator

▲£ = 2018-19 Contract Indicator with financial penalty

● = 2018-19 CQUIN indicator

T = Trust internal target

UOR = Use of Resources

Jun-18

St Helens and Knowsley Teaching Hospitals NHS Trust

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2018-19 YTD	2018-19 Target	2017-18	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (appendices pages 31-37)												
Mortality: Non Elective Crude Mortality Rate	Q	T	Jun-18	1.9%	1.9%	No Target	2.4%		Overall SHMI and HSMR within control limits. Mortality fluctuates month-to-month, but is stable medium-term. Crude mortality typically increases (nationally) in Winter. Latest NHS evidence supports previous work that patients admitted at weekends and out of hours are sicker. Specific diagnostic groups with raised mortality to intensive investigation.	Patient Safety and Clinical Effectiveness	Trust is implementing an electronic solution to improve capture of comorbidities and to prompt palliative care review in those known to that service. 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-17	1.03		1.00						
Mortality: HSMR (HED)	Q	▲	Feb-18	99.1		100.0	99.1					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	Feb-18	87.8		100.0	95.4					
Readmissions: 30 day Relative Risk Score (HED)	Q UOR	T	Jan-18	107.6		100.0	102.4		The trust historically has a relatively high percentage of readmissions, but when adjusted for 'expected' falls within national norms. Readmissions have risen nationally in the last 2 years. It was suggested that ambulatory readmissions might have been a result of inappropriate coding of elective returns - audit has shown that this is not the case	Patient experience, operational effectiveness and financial penalty for deterioration in performance	There were a small number of misattributed elective returns and this process has been corrected.	KH
Length of stay: Non Elective - Relative Risk Score (HED)	F&P	T	Feb-18	87.2		100.0	90.6		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-18	109.1		100.0	99.2					
% Medical Outliers	F&P	T	Jun-18	0.1%	0.6%	1.0%	2.3%		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. Continued focused management of all patients requiring discharge support. A review of the Trust bed model has resulted in reconfiguration of some surgical beds to medical thus significantly reducing outliers.	RC
Percentage Discharged from ICU within 4 hours	F&P	T	Jun-18	51.1%	42.5%	52.5%	48.7%		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.	RC
E-Discharge: % of E-discharge summaries sent within 24 hours (Inpatients) - TOTAL	Q	▲	May-18	69.1%	68.8%	90.0%	69.5%		eDischarge performance poor - there is insufficient trainee doctor resource to hit this target with existing paper-based systems.		Pending ePR, we have devised an automated eDischarge notification which will be computer generated and send within 24 hours. Thereafter a full discharge summary will be sent within 14 days. We're seeking CCG approval at CQPG before implementation.	KH
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients) - TOTAL	Q	▲	May-18	85.5%	89.0%	95.0%	89.5%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	May-18	97.4%	98.1%	95.0%	99.1%					

Jun-18

St Helens and Knowsley Teaching Hospitals NHS Trust

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2018-19 YTD	2018-19 Target	2017-18	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	▲	Jun-18	87.1%	85.6%	83.0%	90.3%		Target is being achieved YTD. With effect from April 2017, STHK is also treating patients from the Warrington Area.	Patient Safety, Quality, Patient Experience and Clinical Effectiveness	Following previous months deterioration, plans for improvement have resulted in achievement against the target	RC
PATIENT SAFETY (appendices pages 39-42)												
Number of never events	Q	▲ £	Jun-18	0	0	0	2		The National safety standards for invasive procedures will provide further mitigation against future never events.	Quality and patient safety	No never event reported for 2018/19	SR
% New Harm Free Care (National Safety Thermometer)	Q	T	Jun-18	98.9%	99.1%	98.9%	98.9%		Achieving standard YTD	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	Jun-18	0	0	0	0		The trust continues to have no inpatient prescribing errors which cause serious harm. Trust has moved from being a historic 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.	KH
Number of hospital acquired MRSA	Q F&P	▲ £	Jun-18	0	0	0	2		Internal RCAs on-going with more recent cases of C. Difficile.	Quality and patient safety	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	▲ £	Jun-18	5	9	40	19					
Number of Hospital Acquired Methicillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections	Q F&P		Jun-18	3	7	No Target	22					
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	May-18	0	0	No Contract target	0		No grade 3 or 4 avoidable pressure ulcers YTD	Quality and patient safety	The Trust provides ongoing tissue viability training for all nursing staff including bank staff . New pressure ulcer reduction actions being implemented.	SR
Number of falls resulting in severe harm or death	Q	▲	May-18	1	1	No Contract target	22		1 severe harm fall reported in May 2018	Quality and patient safety	Falls action plan progressing and monitored through Strategic Falls Group. New initiatives and awareness session programmes planned.	SR
VTE: % of adult patients admitted in the month assessed for risk of VTE on admission	Q	▲ £	May-18	95.34%	95.24%	95.0%	93.67%		VTE performance monitored since implementation of Medway. The ePrescribing solution implementation has been delayed because of problems with this version of the software.	Quality and patient safety	Every effort is being made to supplement routine reviews with additional activity to improve performance pending an electronic solution.	KH
Number of cases of Hospital Associated Thrombosis (HAT)		T	Jun-18	2	6	No Target	31					
To achieve and maintain CQC registration	Q		Jun-18	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-18	97.4%	96.5%	No Target	93.9%		Shelford Patient Acuity undertaken bi-annually	Quality and patient safety	The next Shelford audit will be reported to June's Board.	SR
Safe Staffing: Number of wards with <80% Registered Nurse/Midwife (combined day and night) Fill Rate	Q	T	May-18	0	0	No Target	1					

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2018-19 YTD	2018-19 Target	2017-18	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (appendices pages 43-51)												
Cancer: 2 week wait from referral to date first seen - all urgent cancer referrals (cancer suspected)	F&P	▲ £	May-18	93.2%	93.1%	93.0%	95.0%		Two week, 31 and 62 day targets achieved YTD.	Quality and patient experience	A Cheshire and Mersey Cancer Alliance PTL has been established as part of the wider strategy to support system wide issues across patient Cancer pathways. Locally the focus is on accelerating pathway redesign and reducing variation in pathway performance by improved clinical engagement . Tumour specific dashboards are being redesigned to assist with visibility of clinical pathway performance. Increased scrutiny at patient level of open pathways and action planning at the weekly Cancer PTL review meeting. Actions arising from the reviews include working to establish improvements in booking by day 7, inter service transfers ,review of complex pathways requiring multiple MDT access and improved clinical and managerial accountability.	RC
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	May-18	99.6%	99.8%	96.0%	97.7%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	May-18	89.9%	91.8%	85.0%	87.4%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	May-18	93.7%	93.7%	92.0%	94.0%		The level of scrutiny and validation of PTL reports required post go live with Medway, has lead to an inability to accurately report RTT performance within the required timescales to report the monthly position. On going backlog clearance plans continue with good effect but similar issues regarding theatre and bed capacity remain. RMS and more recent MCAS primary care services also have compounded the position. However, RMS and MCAS remains unpredictable with short / no notice diverts back to secondary care	Surgical Beds have now been handed to the Medical Care Group. Bed availability to manage the Surgical demand will potentially risk the backlog increasing, causing more incomplete performance failures. Additional risk also caused by impact of RMS and MCAS	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. 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	▲	Mar-18	100.0%		99.0%	100.0%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	May-18	0	0	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Jun-18	0.8%	0.7%	0.8%	0.6%		The cancelled ops targets continue to be achieved	Patient experience and operational effectiveness Poor patient experience	The planned increase in elective surgical activity in St Helens has commenced including increasing GA capacity on Saturdays.	RC
Cancelled operations: % of patients treated within 28 days after cancellation	F&P	▲ £	May-18	100.0%	100.0%	100.0%	99.4%					
Cancelled operations: number of urgent operations cancelled for a second time	F&P	▲ £	Jun-18	0	0	0	0					
A&E: Total time in A&E: % < 4 hours (Whiston: Type 1)	F&P	▲	Jun-18	78.7%	74.3%	95.0%	78.2%		June 18 Type 1 performance was 78.7% which was a 6.9% improvement on the May position of 71.8%. Activity was high again in June with 9,674 attendances (av of 322 per day). Medical staffing has been the main issue affecting performance (business case has been prepared to convert locum/agency spend into substantive - approval given to appoint additional FY3 and ACP staff). Bed capacity has not been the main issue with regard to performance. Work has continued to maintain low numbers of 'good to go' patients and no outliers. Ambulance notification to handover has been fully compliant with 10.39 mins on average against 15 minute target (best in C+M and GM).	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 processes in place including 'walk in' streaming, Stretcher Triage streaming and internal departmental efficiencies and exit from ED. GP streaming in place as per NHSE recommendations. Flow through the Hospital Continuation of use of the SAFER Care Bundle to increase hospital discharges before midday to 33% and standardisation of daily Red to Green board rounds and afternoon huddles. Twice weekly discharge tracking meetings to manage medically optimised and DTOC escalation. Monthly Executive Multi-Agency Discharge Events (MADE) continue across the whole system to remove barriers and blocks that prevent patients with complex needs being discharged safely from hospital. Following 6a ECIP event and system resilience planning, commenced daily AMU/ED huddles and Community Matron in reach which is proving beneficial. Frailty in-reach to ED commenced. 1pm Frailty/ED/SpR safety huddle in place.	RC
A&E: Total time in A&E: % < 4 hours (Mapped STHK Footprint – All Types)	F&P	▲	Jun-18	89.3%	87.4%	95.0%						
A&E: 12 hour trolley waits	F&P	▲	Jun-18	0	0	0	0					

Jun-18

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2018-19 YTD	2018-19 Target	2017-18	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (continued)												
MSA: Number of unjustified breaches	F&P	▲ £	Jun-18	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	Jun-18	30	63	No Target	224		% new (Stage 1) complaints resolved in month within agreed timescales continues to improve overall. There has been an increase in the number of new complaints received in the last month bringing the year to date total in line with previous figures.	Patient experience	The Complaints Team continue to improve the timeliness of responses.	SR
Complaints: New (Stage 1) Complaints Resolved in month	Q	T	Jun-18	17	52	No Target	270					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	Jun-18	100.0%	94.2%	No Target	67.0%					
DTOC: Average number of DTOCs per day (acute and non-acute)		T	May-18	10	10	40	20		In May 2018 the average number of DTOCS (patients delayed over 72 hours) was 10.		Tracking meetings happen with LA/CCG and wards twice weekly to ensure the numbers of DTOCs are maintained below 20.	RC
Friends and Family Test: % recommended - A&E	Q	▲	Mar-18	81.6%		90.0%	87.5%		The YTD recommendation rates remain below target for A&E, maternity (birth, postnatal community) and outpatients, but are above target for in-patients, antenatal, and postnatal ward maternity services. Outpatients saw a decrease in recommendation rates in March 2018.	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 to improve morale. The Patient Experience Manager continues to work with leads in each area where performance is below target, to identify specific themes for improvement, which are then displayed as 'you said, we did' posters.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Mar-18	95.9%		90.0%	95.8%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q		Mar-18	100.0%		98.1%	98.5%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Mar-18	100.0%		98.1%	97.9%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q		Mar-18	98.7%		95.1%	96.6%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q		Mar-18	93.8%		98.6%	98.1%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Mar-18	93.7%		95.0%	94.5%					

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2018-19 YTD	2018-19 Target	2017-18	Trend	Issue/Comment	Risk	Management Action	Exec Lead
WORKFORCE (appendices pages 53-60)												
Sickness: All Staff Sickness Rate	Q F&P UOR	▲	Jun-18	4.4%	4.2%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	4.7%		In June overall absence increased by 0.15% to 4.4% against the Q1 target of 4.25%. Qualified & HCA sickness increased by 0.6% to 5.9% against a target of 5.3%.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	The Absence Support team have supported the HR Advisors with welfare visits and stages to ensure timely action is taken and staff and managers are supported during this very busy period. The Absence Support Team have also been undertaking spot checks of staff absences to ascertain whether triggers have been hit and action subsequently taken by managers in line with the policy.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P UOR	T	Jun-18	5.9%	5.2%	5.3%	5.7%					
Staffing: % Staff received appraisals	Q F&P	T	Jun-18	80.8%	80.8%	85.0%	88.4%		Mandatory Training compliance exceeds the target by 11.3%. Appraisal compliance is below the target by 4.2%.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	The Education, Training & Development and Workforce Planning teams continue to work with managers to ensure on-going maintenance of compliance for Mandatory Training & to improve the rate of compliance for Appraisals with non-compliance being reviewed by the Trusts Executive Committee on a monthly basis and also at department level finance & performance meetings.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Jun-18	96.3%	96.3%	85.0%	92.5%					
Staff Friends & Family Test: % recommended Care	Q	▲	Q4	92.0%		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.	Findings from the Q4 survey have been shared with Survey Champions in Clinical Support Services and Corporate areas following the publication of the results in April.	AMS
Staff Friends & Family Test: % recommended Work	Q	▲	Q4	76.7%		No Contract Target						
Staffing: Turnover rate	Q F&P UOR	T	Jun-18	0.8%		No Target			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. The Trust is undertaking a project with NHSE regarding retention of Nurses and this is part of our wider retention strategy and action plan for 2018/19 for the Trust.	AMS
FINANCE & EFFICIENCY (appendices pages 61-66)												
UORR - Overall Rating	F&P UOR	T	Jun-18	3.0	3.0	3.0	3.0		At the end of M3 the Trust is currently delivering financial performance in line with agreed plans. The Trust is currently forecasting delivery of the plan. During Q2 the Trust will review the forecast to identify the respective risk and mitigations in delivering the Control Total. Better payment compliance is currently not being achieved on invoice numbers but is being achieved on value.	Delivery of Control Total	Weekly update to be provided to DoF on current progress of internal schemes. Divisions to report progress at Finance & Performance Committee. Executives to engage external stakeholders regarding progress of transformational programmes that will assist in delivering the Cost Improvement Programme. The approval of invoices within the Trust is impacting compliance. The Finance department will continue to work with areas of the Trust that need to improve.	NK
Progress on delivery of CIP savings (000's)	F&P	T	Jun-18	1,771	1,771	19,000	12,325					
Reported surplus/(deficit) to plan (000's)	UOR	T	Jun-18	(3,612)	(3,612)	10,993	5,001					
Cash balances - Number of days to cover operating expenses	F&P	T	Jun-18	10	10	2	12					
Capital spend £ YTD (000's)	F&P	T	Jun-18	209	209	9,516	9,180					
Financial forecast outturn & performance against plan	F&P	T	Jun-18	10,993	10,993	10,993	5,001					
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Jun-18	93.8%	92.2%	95.0%	91.4%					

APPENDIX A

			May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	2018-19 YTD	2017-18 Target	FOT	2017-18	Trend	Exec Lead
Cancer 62 day wait from urgent GP referral to first treatment by tumour site																					
Breast	% Within 62 days	▲ £	84.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	85.0%		97.0%		
	Total > 62 days		1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	0.0	0.0	0.0	0.0			3.5		
Lower GI	% Within 62 days	▲ £	100.0%	100.0%	92.3%	84.6%	69.2%	88.9%	82.4%	78.6%	80.0%	91.7%	75.0%	100.0%	76.5%	83.3%	85.0%		84.0%		
	Total > 62 days		0.0	0.0	0.5	1.0	2.0	0.5	1.5	1.5	2.0	0.5	1.5	0.0	2.0	2.0			12.5		
Upper GI	% Within 62 days	▲ £	100.0%	100.0%	33.3%	88.9%	80.0%	100.0%	86.7%	100.0%	100.0%	63.6%	100.0%	80.0%	80.0%	80.0%	85.0%		87.2%		
	Total > 62 days		0.0	0.0	1.0	0.5	0.5	0.0	1.0	0.0	0.0	2.0	0.0	1.0	1.0	2.0			5.0		
Urological	% Within 62 days	▲ £	59.3%	82.1%	83.3%	81.3%	87.5%	77.4%	90.2%	96.6%	60.9%	96.8%	86.2%	93.8%	90.0%	91.7%	85.0%		82.5%		
	Total > 62 days		5.5	3.5	3.0	4.5	1.5	3.5	2.0	0.5	9.0	0.5	2.0	1.0	2.0	3.0			37.0		
Head & Neck	% Within 62 days	▲ £	66.7%	75.0%	75.0%	42.9%	20.0%	100.0%	83.3%	80.0%	33.3%	66.7%	100.0%	50.0%	66.7%	60.0%	85.0%		64.6%		
	Total > 62 days		0.5	0.5	0.5	2.0	2.0	0.0	0.5	0.5	1.0	0.5	0.0	0.5	0.5	1.0			8.5		
Sarcoma	% Within 62 days	▲ £		100.0%		0.0%	100.0%			50.0%	33.3%	100.0%	100.0%	100.0%	100.0%	100.0%	85.0%		66.7%		
	Total > 62 days			0.0		0.5	0.0			0.5	1.0	0.0	0.0	0.0	0.0	0.0			2.5		
Gynaecological	% Within 62 days	▲ £	83.3%	100.0%	68.8%	55.6%	83.3%	100.0%	94.1%	55.6%	90.9%	66.7%	77.8%	87.5%	72.7%	78.9%	85.0%		78.2%		
	Total > 62 days		1.0	0.0	2.5	2.0	0.5	0.0	0.5	2.0	0.5	0.5	1.0	0.5	1.5	2.0			12.0		
Lung	% Within 62 days	▲ £	73.7%	85.0%	100.0%	72.7%	71.4%	87.5%	66.7%	100.0%	80.0%	100.0%	100.0%	87.0%	95.8%	91.5%	85.0%		84.7%		
	Total > 62 days		2.5	1.5	0.0	1.5	1.0	0.5	3.0	0.0	1.5	0.0	0.0	1.5	0.5	2.0			11.5		RC
Haematological	% Within 62 days	▲ £	66.7%	50.0%	71.4%	100.0%	50.0%	100.0%	85.7%	76.9%	100.0%	88.9%	83.3%	100.0%	100.0%	100.0%	85.0%		80.6%		
	Total > 62 days		1.0	1.0	1.0	0.0	3.0	0.0	0.5	1.5	0.0	0.5	1.0	0.0	0.0	0.0			9.5		
Skin	% Within 62 days	▲ £	93.9%	98.1%	93.9%	93.0%	88.9%	95.2%	98.2%	97.7%	100.0%	95.5%	92.5%	100.0%	91.4%	94.9%	85.0%		95.2%		
	Total > 62 days		1.0	0.5	1.5	1.5	2.0	1.0	0.5	0.5	0.0	1.0	2.0	0.0	2.5	2.5			13.0		
Unknown	% Within 62 days	▲ £	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%		75.0%	100.0%	100.0%	100.0%	85.0%		78.4%		
	Total > 62 days		0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0		1.0	0.0	0.0	0.0			4.0		
All Tumour Sites	% Within 62 days	▲ £	81.6%	91.4%	87.1%	84.5%	80.6%	89.5%	90.3%	90.6%	85.2%	89.1%	89.6%	94.2%	89.9%	91.8%	85.0%		87.4%		
	Total > 62 days		12.5	7.0	11.0	13.5	12.5	6.5	9.5	7.0	15.0	8.0	8.5	4.5	10.0	14.5			119.0		
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																					
Testicular	% Within 31 days	▲ £				100.0%		100.0%		100.0%	100.0%						85.0%		100.0%		
	Total > 31 days					0.0		0.0		0.0	0.0								0.0		
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																				

Trust Board

Paper No: NHST(18)065
Title of paper: Executive Committee Chair's Report – June 2018
Purpose: To provide assurance to the Trust Board on those matters delegated to the Executive Committee.
Summary: The paper provides a summary of the issues considered by the Executive Committee at the meetings held during June 2018. There were a total of 4 Executive Committee meetings held in June. The Executive Committee agreed: • Plans to increase capacity at the Lilac Centre in response to growing demand • Outline proposals for phase 2 of the Mid Mersey Hyper Acute Stroke Unit development • Agreement to establish an Operating Department Practitioner apprenticeship course with local higher education institutions, for an initial cohort of 4 staff • Weekly monitoring of the Patient Booking System until a business as usual position had been established. The Executive Committee also received the regular assurance reports covering Marshalls Cross Medical Centre, the Integrated Performance Report, agency and locum usage, safer staffing and shift shortfalls, appraisal and mandatory training compliance, the Risk Management Council and Corporate Risk Register. There were no new matters that needed to be escalated to the Trust Board.
Trust objectives met or risks addressed: All 2018/19 Trust objectives.
Financial implications: None arising directly from this report.
Stakeholders: Patients, Patients Representatives, Staff, Commissioners, Regulators
Recommendation(s): That the report be noted
Presenting officer: Ann Marr, Chief Executive
Date of meeting: 25th July 2018

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE
June 2018

1. Introduction

There were 4 Executive Committee meetings in June 2018.

2. 7th June 2018

2.1 PFI Contract Variation and Capital Works Requests

The Director of Estates and Facilities presented the quarterly report which detailed the current requests for contract variations and capital works. Three schemes were discussed in detail: the Delph Lane car park, the need to replace the old medical records store, and options to increase capacity in the Lilac Centre in response to increasing demand for outpatient chemotherapy. The preferred option to create 6 additional treatment spaces was approved. The report also detailed the latest NewHospitals contract performance data, which remained good.

2.2 Strategic Options – Primary Care

The Director of Transformation presented information on the future models of primary care delivery and opportunities for the Trust to work more closely with local GPs, particularly as part of the St Helens Cares Integrated Care System (ICS) development.

2.3 Executive Time Out 12th April – Action Plan

The Executive Committee reviewed progress against each of the actions that had been agreed at the Executive Time Out.

2.4 Nurse Shift Report for April

The Director of Nursing, Midwifery and Governance reported on the registered nurse shift shortfalls in April, this included analysis by ward and shift (early, late and night). All wards continue to have registered nurse cover at all times and the safer staffing fill rate remained over 90%.

2.5 One Halton

The Director of Transformation reported on the next stage of plans to progress the development of place based integrated care for Halton. A series of workstreams was being established, and the Trust had nominated a Director lead for each of these.

2.6 Golden Eagle Major Incident Exercise

The Director of Nursing, Midwifery and Governance provided a briefing on the recent regional mass casualty exercise designed to test the major incident response. The Trust systems had worked effectively and it had been able to offer the appropriate support to the wider health system in responding to the mock incident. There would be formal feedback from gold command with recommendations if there are areas for improvement.

2.7 Medway

The Director of Operations and Performance provided an update on the actions being taken to improve the performance of the outpatient and patient booking systems in the new Patient Administration System (PAS). This included manual reconciliation and communication with patients and GPs.

3. 14th June 2018

3.1. Tracheostomy Cohorting

The Medical Director introduced the item, explaining the recent Coroner's Court recommendation that patients with a tracheostomy should be located together to ensure that they received the specialist care required to maintain the safety of their tracheostomy even if they had been admitted to hospital for another reason. Different options for the cohorting and care of patients with a tracheostomy were presented. There were wider issues for bed capacity arising from this recommendation and it was agreed that the Medical Director would establish a task and finish group to identify the best option to take this forward.

3.2 Hyper Acute Stroke Unit Update

The Director of Operations and Performance presented the report reviewing the phase 1 hyper acute stroke unit (HASU) implementation, the current excellent performance against the SSNAP metrics and the plans for phase 2. Phase 2 would involve caring for all patients suspected of having a stroke in the mid Mersey region. To be able to achieve phase 2, additional dedicated stroke beds need to be allocated to the unit to cope with the increased workload. Identifying and ring fencing this capacity is a major challenge, when the Trust is responding to continued high non-elective demand and very high bed occupancy.

The plans were approved in principle and the Director of Operations and Performance would work with the team and wider Medical Care Group to bring forward proposals for how the capacity could be created.

3.3 Risk Management Council and Corporate Risk Register (CRR) Report

The Director of Corporate Services presented the Risk Management Council Chair's report and the risks escalated to the Corporate Risk Register during May 2018.

3.4 Mandatory Training and Appraisals Report

The Deputy CEO/Director of Human Resources presented the compliance figures for May, which demonstrated an improvement on the previous month for appraisals. The mandatory training compliance continued to be above target.

3.5 Integrated Performance Report

The Director of Finance and Information presented the Integrated Performance Report for May, and this was reviewed by the committee. It was noted that nationally the type 3 and mapped A&E activity for the Trust was not being reported,

which was making performance appear worse than was actually the case. The Director of Operations and Performance had brought this to the attention of the NHS England central information team. The process for highlighting metrics for escalation and the format of the IPR were being reviewed by the Director of Finance and the information team, with the aim of making it more readily understandable.

3.6 Care Quality Commission (CQC) Insight Report – May 2018

The Director of Corporate Services presented the most recent CQC insight report for the Trust, and the Executive Committee reviewed the reported metrics across all the domains and core services. There were a number of areas where further analysis of the reported data was required.

3.7 Revised National Agency Cap

The Deputy CEO/Director of Human Resources reported that the Trust had been notified that with immediate effect the national agency cap had been changed to £100 per hour. The impact of this change on the Trust's approval processes and current agency/locum staff was being assessed.

3.8 Overseas Healthcare Worker Visas

The Deputy CEO/Director of Human Resources reported that the UK government had announced that the visa cap for overseas healthcare workers was going to be lifted. This would make overseas recruitment easier and quicker, although the process to obtain UK registration with the appropriate professional bodies was still complex.

4. 21st June 2018

4.1 Agency Usage and Premium Payments Report

The Deputy CEO/Director of Human Resources presented the report from the Premium Payments Scrutiny Council detailing payments in May. The number of agency cap breaches was the lowest for 9 months and reflected improved recruitment and reduced absence rates. The figures reported to NHSI included agency and locum staff for general practice, which was not included as part of the Trusts allocated agency cap control total. The Trust continued to promote a "bank first" approach to fill any rota /shift gaps, from the pool of the Trust's own bank staff. The bank was also being continuously expanded.

4.2 Operating Department Practitioner (ODP) Apprenticeships

The Director of Operations and Performance introduced a proposal to utilise the apprenticeship levy to develop an ODP training course with local Higher Education Institutions. This would provide a career development path for Operating Department Assistants. The Executive Committee agree to support an initial cohort of 4 places on the course with backfill costs, and then evaluate its effectiveness.

4.3 Blood Transfusion Competencies Recovery Plan

The Director of Nursing, Midwifery and Governance had produced a report which detailed the proposed recovery actions to ensure sufficient staff had up to date training in blood transfusion. A recovery trajectory will be produced so that improvement can be monitored and until this time additional safeguards have been instigated to ensure that least one registered nurse on each shift has completed the refresher training.

4.4 Safer Staffing Report – May 2018

The Director of Nursing, Midwifery and Governance had produced the monthly report detailing the nurse safer staffing fill rates. Staffing fill rates continued to be above 90%. There were currently 51 vacancies across the ward nursing establishment, which was an improved position. A number of the overseas nurses were due to start their preceptorship period in July.

4.5 Effectiveness Review of Governance Councils

The Director of Corporate Services presented proposals to conduct a comprehensive standardised governance review of all the governance councils between July and November 2018, to provide additional assurance of the effectiveness of the Trust governance structure reporting to the Board Committees. The proposals were agreed.

5. 28th June 2018

5.1 Upper Gastrointestinal Cancer Virtual Optimisation Project

The Trust had been successful in securing funds for Macmillan Cancer Support to optimise the referral pathways and experience for patients with gastrointestinal cancer. The project was in partnership with Warrington and Halton Hospital NHSFT and was for 2 years.

5.2 Caesarean Section Rate

The Clinical Director for Obstetrics and Gynaecology presented a paper detailing the changes in clinical advice and national policy which were drivers for increased elective caesarean sections. There no longer needed to be a medical justification for a caesarean section (it was a matter of patient choice) and the increase in average age and BMI of mothers was also impacting on the numbers performed.

It was agreed that the Trust's internal target should be reviewed and amended to reflect the impact of the most recent national guidance.

5.3 Contract Quality and Performance Group (CQPG) Feedback

The Director of Operations and Performance presented the report providing feedback from the CQPG meeting. There were no issues of concern or to be escalated, the committee agreed that the Patient Access Policy could be reviewed

and approved by the Director of Operations and Performance as there was no Executive Committee on 5th July due to the Use of Resources assessment.

5.4 Falls Audit

The Assistant Director of Patient Safety presented the report which detailed the actions undertaken to improve falls performance on one of the wards, following a cluster of falls in Quarter 4 2017/18. The interventions seemed to have been successful in reducing falls, but the situation would continue to be closely monitored and additional support provided for another few months to ensure that the changes were embedded. Improved falls assessment documentation had been developed and this was being rolled out to all the wards.

5.5 Medway Implementation Update

The Director of Informatics presented an update on the Medway implementation. In the majority of areas this was continuing to be very successful and the teams were moving from the implementation phase to benefits optimisation. However the patient booking system continued to require intensive support from the operational staff, the supplier, the Informatics staff and Information department. There would be weekly reports until a business as usual state was reached.

5.6 Health and Social Care Integration Award

The Chief Executive reported that St Helens Cares had won this prestigious award at the Municipal Journal awards, which she had attended with representatives from the CCG, Council and other partners.

ENDS

TRUST BOARD

Paper No: NHST(18)66

Title of paper: Quality Committee - Chair's Report

Purpose: To summarise the meeting papers from the Quality Committee scheduled for 17th July 2018 which was postponed due to the arrival of the Care Quality Commission for an unannounced inspection.

Summary:

Minutes of the Previous Meeting: The minutes were reviewed by the Chair and there are no items that need escalation to the Board. The minutes will be considered formally at the next scheduled Quality Committee meeting, in September.

Action List: Reviewed by the Chair and there were no urgent matters that could not be deferred to next Quality Committee meeting.

Summary of papers and any issues for escalation

QC(18)093 Complaints Update: 63 first stage complaints were received and opened in Q1; this represents an increase compared to the previous quarter. The Trust responded to 94.4% of stage 1 complaints within the agreed timescales.

QC(18)094 IPR: the main issues of note for the Quality Committee from the IPR are as follows:

- No never events in Quarter 1 2018-19. However, a Never Event was declared on 10th July 2018. This related to an incident in theatre when a patient having a keyhole surgery resulted in a retained product. Duty of candour was immediately completed and an investigation is in progress. Immediate actions were implemented to ensure this does not occur in the future;
- No MRSA bacteraemia year to date;
- 1 inpatient fall resulting in severe harm**:** # NOF
- VTE assessment has improved to 95.3% with YTD performance of 95.2% (target 95%);
- HMSR 99.1%;
- Cancer targets met;
- A&E Type 1 performance was 78.7% for June, and all types performance (mapped) was 89.3%;
- Ambulance turnover improved 10.4 minutes (limit 15 minutes);
- Appraisals below target at 80.8%.

QC(18)095 Safer Staffing: The overall fill rate was 97.85% for Registered Nurses and 114.68% for Health Care Assistants. The fill rate continued to be above the Trust target of 90%. There were 8 of the 32 wards where this was not achieved in June, which is a reduction from 13 in April and reflects the falling number of registered nurse vacancies. During May 2018 there were 51.64 Registered Nurse vacancies for inpatient wards.

QC(18)096 CQC Update: Provided an update on the CQC 2017 National Inpatient Survey and the action plan that has been developed in response to the results. The Trust has benchmarked its results against other similar organisations and scored better on a number of the measures. Compared to the same survey in 2016 the Trust scored better for 24 questions, the same for 4 questions and worse for 19 questions. The action plan will particularly focus on these areas and those where the Trust does not benchmark well compared to others. Progress against the action plan will continue to be monitored by the committee.

QC(18)097 Ward Dashboard: The ward dashboard has been revised to make it more relevant to the performance of individual wards and the indicators that can be influenced at ward level, this will be brought into use as a performance monitoring tool, in the suggested format and trialled over the next 3 months. A progress report will be made to the September committee meeting.

QC(18)098 Quarter 1 Infection Control Report: The report notes that during quarter 1 there were no MRSAb cases, 9 cases of C. difficile and 1 case of MSSA.

QC(18)099 Hospital Pharmacy Transformation Programme (HPTP): a quarterly update has been provided on progress regarding this multi-stranded programme. Progress on ePMA will resume after testing of a major software update is completed. Completion of the business case for outsourcing of outpatients dispensing has been delayed but is now near completion.

QC(18)111 Medicines Storage and Security Audit: Pharmacy staff and matrons performed a Trust-wide audit during June. The overall score (excluding ED) was 89%. This is a substantial improvement over the previously reported audit from January which reported 61% compliance overall. There is good evidence of engagement within clinical areas through completion of daily checklists and temperature monitoring. Unfortunately higher scores were not awarded due to some medicines not being locked away in some areas. Messages to stress the need for improvement have been cascaded. The Emergency Department has received targeted support during 2018 with two-weekly audits and is now regularly scoring over 95% compliance.

QC(18)101 2018 Adult Inpatient Survey Update. The schedule of work for the 2018 National Inpatient Survey has now been received from Quality Health Ltd. There will be an update at the September meeting.

QC(18)110 Workforce Equality, Diversity and Inclusion Action Plan 2019-21 Quarterly Update: The Quality Committee Chair delegated responsibility for approval of the Equality, Diversity & Inclusion Strategy and action plan to the Workforce Council meeting on 18th July 2018.

QC(18)112 Just Culture Guide deferred until next meeting, no issues requiring escalation.

QC(18)104-108 Feedback from Councils/Committees and CQPG meeting: The papers were reviewed, and will be formally presented at the next committee meeting, however there were no issues that required urgent escalation to the Committee.

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: Sue Redfern, Director of Nursing, Midwifery & Governance

Date of meeting: 25th July 2018

TRUST BOARD

Paper No: NHST(18)67
Title of paper: Committee Report – Finance & Performance
Purpose: To report to the Trust Board on the Finance and Performance Committee, 19th July 2018

Summary:

Agenda Items

For Information

- CIP Procurement Council
- Procurement Steering Group

The briefings were accepted.

For Assurance

- A&E Update
  - The Clinical Director for A&E presented the performance for June and the actions that were being put in place to improve performance.
  - The Committee challenged the robustness and ambition of the mitigations to improve A&E performance.
  - The Committee requested that for the next meeting more detailed measures would be presented. More granularity such as the expected impact to performance from each mitigation would strengthen the plans.
  - The committee welcomed and thanked the department for their significant and sustained improvements with Ambulance handover times.
- Integrated Performance Report Month 3
  - Discussion took place around operational performance. The Committee discussed the C-section target and the changes to national guidance for maternity services that may result in an increase in C-sections. It was agreed that this would be reviewed going forward.
  - The committee noted that there was 5 C-Difficile cases in month with 9 cases YTD.
  - It was noted that due to the implementation of our new PAS system, data quality on our RTT numbers being recorded needs to be completed. RTT will be reported once done and our regulator has been informed and is accepting of this.
- Finance Report Month 3 2018/19
  - The month 3 financial position was presented to the committee showing a £3.6m deficit position with includes all allowable PSF funding and is in line with plan. The Committee noted that there was a risk on the PSF as a result of the A&E performance and further discussion are taking place with the regulator.
  - The Committee discussed the UoR rating which was a 3 and on plan. Limiting factors to improving this was the calculation impacted because of our PFI and ensuring we stay close to our agency spend profile.
- CIP Programme update
  - The Committee noted the improvement of green rated CIP within the Trust plan with a further £2m schemes being converted to green in month. The Trust has now identified £7m of green schemes in year. It was noted that this is an improvement to last financial year when only £3m has been classed as green by this point.
  - The Committee discussed the risks associated within the STP schemes. It was

noted that the Trust should be requesting the Indexation uplift on the PFI support. The Committee will continue to monitor progress of these schemes at future meetings noting that they required external influences to be delivered.

- CIP Programme update – CSS
  - The Care Group presented their position with 60% of their target identified.
  - The engagement at all levels was noted with speciality leads in each area supporting delivery.
  - The Care Group identified changing the behaviour of those who request test as one if its main programmes in the future as demand for their services grows.

- SLR update – Medical Care Group
  - The Care Group took the Committee through their 2017/18 SLR performance. There had been a significant improvement in contribution across all specialities, although it was noted that the impact of tariff changes (HRG4+) had played a large part.
  - The Care Group continue to make progress on improving the quality score and financial contribution of their services.

- Agency Update
  - The Committee were updated on the actions that have been put in place to reduce agency and premium spend.
  - The Trust has seen a significant increase in the Bank fill rate following the success of the "#JointheBankNOW" campaign.
  - The ban on certain elements of agency continues to be monitored by the Director of Nursing and HR.
  - The Committee noted the progress but further improvements would be required in order to reduce the agency spend in line with the ceiling issued by regulators.

Risks noted

- Inclusion of PSF within financial position for A&E performance
- CIP profile and step up in delivery from Q2 onwards
- Non-recurrent measures utilised within financial position
- Impact of Medway for OP activity
- A&E performance
- RTT reporting

Issues to be raised at Board

- Continued challenge to achieve desired A&E performance.
- Income assumed included full PSF allocation for Q1 noting A&E performance

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: Jeff Kozer Non-Executive Director

Date of meeting: 19th July 2018

TRUST BOARD

Paper No: NHST(18)68

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 19th July 2018.

Summary

1. A presentation was given by 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 financial risk involved. The committee had further questions around the level of fee being taken and whether this company were the only providers of this type of lottery and will review findings at the next meeting.

2. A presentation was given by B&P Therapies to seek access to a donation being given specifically for therapy provision of burns care garments. They propose to use the donation to pump prime an 18 month post to further enhance the service that is being provided to patients. The committee agreed to the proposal on the basis that the money is donated.

3. It was stated that the charity is GDPR compliant.

4. The issue of a charity office in the foyer of Whiston is to be pursued.

5. After receiving feedback from a second letter sent to fund holders as part of an administrative review the relevant funds are to be monitored with a view to them being merged if no further action is taken. This will only happen after suitable notification and in accordance with official guidelines.

6. Financial position - The Committee noted the level of investments.

7. The committee approved the Charitable Funds Procedures that had come up for review.

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: 25th July 2018

TRUST BOARD

Paper No: NHST(18)69
Title of paper: Strategic and Regulatory Update Report – July 2018
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: The report provides a briefing on the key policy and regulatory developments including; 1. New Secretary of State for Health and Social Care 2. NHS Performance Q1 2018/19 3. Learning from Deaths Working with Families Guidance 4. Beyond barriers: How older people move between health and social care in England
Trust 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, C&M H&SCP, Commissioners, Regulators
Recommendation(s): The Board is asked to approve the self-declarations; • The Board approves the annual declaration of compliance with the Provider Licence condition G6 • The Board approves the annual declaration of compliance with the Provider Licence condition FT4
Presenting officer: Nicola Bunce, Director of Corporate Services
Date of meeting: 25th July 2018

Strategic and Regulatory Update Report – July 2018

1. New Secretary of State for Health and Social Care

The Rt. Hon Matt Hancock MP became Secretary of State for Health and Social Care on 6th July following a cabinet reshuffle, taking over from Rt. Hon Jeremy Hunt MP who has become the Foreign Secretary. The rest of the ministerial team at the Department of Health and Social Care remains the same;

- Stephen Barclay MP, Minister of State for Health
- Caroline Dinenage MP, Minister of State for Care
- Lord O'Shaughnessy, Parliamentary Under-secretary of State (Lords)
- Steve Brine MP, Parliamentary Under-secretary of State for Public Health and Primary Care
- Jackie Doyle-Price MP, Parliamentary Undersecretary of state for Mental Health and Inequalities

2. NHS Performance Quarter 1 2018/19

NHS England and NHS Improvement have published a joint performance report for the NHS, with an emphasis on reporting performance compared to the same month in 2017/18.

Key Statistics

Accident and Emergency

- In the last 12 months there has been a 2.4% growth in the number of people attending A&E and a 4.6% growth in the number of people admitted to hospital as an emergency. There were over 24m attendances to A&E in the last twelve months and 6.1m emergency admissions to hospital.
- In June 2018, 90.7% of patients were seen within 4 hours. This is compared with 90.7% in June 2017.

Ambulances

- There were 670,253 incidents in England in June 2018, 22,342 per day, that either received a face-to-face response from an ambulance service or were resolved on the telephone.
- The mean average response time during June 2018 for Category C1 was 7 minutes and 37 seconds.

Delayed Transfers of Care

- In May 2018 patients spent a total of 139,200 extra days in hospital beds waiting to be discharged, compared to 178,200 in May 2017.
- This equates to an average of 4,490 beds occupied each day in May 2018 by a patient subject to a delayed transfer of care, compared to 5,749 in May 2017.

Referral to Treatment

- Almost 16 million patients started treatment in the last 12 months. This represents a 2.0% increase on the previous year.
- At the end of May 2018, there were 4.1m people on the waiting list for treatment. The waiting list has increased by 7.5% when compared to a year earlier. At the end of May 2018, of those waiting, 88.1% had been waiting for 18 weeks or less, a fall from 90.4% in May 2017.

NHS Continuing Healthcare and NHS-funded Nursing Care

- The total number of Decision Support Tools (DSTs) completed for the Standard NHS CHC assessment route was 15,981 in Q4 2017/18. Of these, 2,236 (14%) were completed in an acute hospital setting.
- Of the 19,257 Standard NHS CHC referrals completed in Q4 2017/18, 12,776 (66%) were completed within 28 calendar days.

Cancer Waiting Times

- In the last 12 months there has been a 6.2% growth in the number of patients seen following an urgent GP referral compared to the preceding 12 months. As well as a 3.1% increase in those starting first definitive treatment for a new primary cancer and a 4.1% increase in those receiving a first treatment for cancer following an urgent referral for cancer.
- In May 2018, 92.1% of people were seen by a specialist within two weeks of an urgent GP referral for suspected cancer, 97.8% started a first definitive treatment for a new primary cancer and 81.1% of people received a first definitive treatment for cancer following an urgent GP referral for suspected cancer within 62 days.

Early intervention in Psychosis

- There were 1,225 patients waiting to start treatment at the end of May 2018. In May 2018, 75.7% of patients experiencing First Episode Psychosis (FEP) started treatment within two weeks of referral.

Improving Access to Psychological Therapies

- 51.9% of patients referred to IAPT services recovered in April 2018, against a target of 50.0%. The proportion recovering increased by 1.5 percentage points between the complete years of 2014-15 and 2015-16.

3. Learning from Deaths Working with Families Guidance

This guidance has been issued by the National Quality Board (NQB), to improving how the NHS engages with families and learns when things go wrong.

It consolidates existing guidance and advises trusts on how they should support, communicate and engage with families following a death of someone in their care. There is not a mandated 'one size fits all' approach as it is recognised that each family and each trust is different, but there are a number of principles that should be adopted.

The information in the guidance is also aimed at supporting families following bereavement. It includes explanations of some terms and processes, used by the NHS.

Key principles that bereaved families can expect will be followed

1. **Bereaved families and carers should be treated as equal partners following a bereavement**
    a. Trusts should be mindful of the imbalance of power represented by the finances, resources, information and knowledge available to them compared to families.
    b. Trusts should try to lessen this inequality by ensuring families are listened to. They should use plain, understandable language to engage families. And they should provide information on how to apply for access to medical and other records.
    c. Trusts should have a clear policy for engaging with bereaved families and carers. This should include a commitment to welcoming their questions or sharing concerns about the quality of care their loved one received.

2. **Bereaved families and carers must always receive a clear, honest, compassionate and sensitive response in a sympathetic environment**
    a. Families only receive the news of a loved one's death once. A human rather than clinical approach to communication is important at this time.
    b. They should be treated with respect, kindness, care and compassion.
    c. It is important to recognise that families are grieving; all communications with families should be person-centred. Challenge from families should be received positively.
    d. Trusts should make it a priority to support bereaved families and carers. They should ensure a consistent level of timely, meaningful and compassionate engagement at every stage, including notification of the death (and of the instigation of an investigation, lessons learned and actions taken, where relevant).

3. **Bereaved families and carers should receive a high standard of bereavement care which respects confidentiality, values, culture and beliefs, including being offered appropriate support. This includes providing, offering or directing people to specialist suicide bereavement support**
    a. Some families that helped develop this guidance never received information about services that could support them, including how to gain access to counselling inside or outside the trust.
    b. The investigation or complaints process is stressful and damaging for families on top of their grieving. They should be offered counselling services appropriate to their needs, or directed to organisations that may help them through these processes.
    c. All families should receive a letter from the trust following the death of a family member in its care. They should also receive information about bereavement support, including points of contact for questions or concerns.

4. **Bereaved families and carers should be informed of their right to raise concerns about the quality of care provided to their loved one**
    a. Families should be told about the different ways they can raise concerns, and the processes involved should be explained.
    b. Trusts should adopt a learning culture that encourages families to raise concerns, as they may highlight issues that may not otherwise be identified.

5. **Bereaved families' and carers' views should help to inform decisions about whether a review or investigation is needed**
    a. Families felt they were a lone voice when seeking to have a death investigated and that organisational culture placed corporate defensiveness above concern for the truth.
    b. Families often have useful information the trust may not be aware of.
    c. Where an investigation may not be pursued despite a family's concerns, the family should be involved in discussions about why, before the trust reaches a final decision. Families should be told about their options to appeal the decision or raise the issue elsewhere.

6. **Bereaved families and carers should receive timely, responsive contact and support in all aspects of an investigation process, with a single point of contact and liaison**
    a. Families need consistent and clear communication from a senior representative with authority to take decisions on the trust's behalf. The communication should be transparent, open and honest.
    b. Timescales should be agreed with families and kept to, with any missed deadlines explained, where possible in advance.
    c. Trusts should provide families with easy-to-understand guides and checklists to explain processes and procedures.
    d. Families should be given contact details for organisations providing advocacy, advice, information and support, in addition to support available within the trust.

7. **Bereaved families and carers should be partners in an investigation to the extent, and at whichever stages, that they wish to be involved, as they offer a unique and equally valid source of information and evidence that can better inform investigations**
    a. Some families said they had to become detectives, seeking information through their own initiative and determination, and learning how processes work.
    b. Families should be central in investigations and treated as equals. This includes being involved in setting the terms of reference and agreeing from the outset how they can be actively involved in any investigation(s).
    c. Families' views should be welcomed and received positively. The trust should aim to respond fully to points raised; where it cannot, it should explain why.

8. **Bereaved families and carers who have experienced the investigation process should be supported to work in partnership with trusts in delivering training for staff in supporting family and carer involvement where they want to.**
   a. Trusts should use families' experiences in developing training programmes and materials. This gives staff an opportunity to hear families' voices and experiences first hand.
   b. Trusts should aim to involve families in staff training. Families can tell staff about the impact of poor engagement. This can help staff interact positively with families in future.
   c. Families can help share learning from one trust to another, particularly when they belong to networks of other families in similar situations.
   d. Trusts should recognise that reviewing and investigating deaths offers an opportunity for learning and a key way to improve the quality of care for all patients.
   e. Where trusts receive feedback, including positive and negative comments from bereaved families about the care and support they provide, they are encouraged to share this so others can learn from it.

The guidance will need to be reviewed to ensure that the key principles are incorporated into Trust policies and procedures, including the mortality review and learning from deaths processes.

4. Beyond barriers: How older people move between health and social care in England (July 2018)

The Care Quality Commission (CQC) has now published its report following the review of 20 local health and care systems, as requested jointly by the Secretary of State for Health and Social Care and the Secretary of State for Housing, Communities and Local Government. The reviews focused on care for people aged over 65 and were in response to increasing delayed transfers of care. The CQC reviewed how each local system works within and across three key areas:

1. Maintaining people's wellbeing at home
2. Care and support when people experience a crisis
3. Step down, return to a usual residence, and/or admission to new residence.

The report identified best practice from the health and care systems reviewed and also the current barriers to effective integrated working. The CQC has made a number of recommendations;

1. Encouraging and enabling commissioners to bring about effective joined-up planning and commissioning
2. A new approach to performance management
3. A move to joint workforce planning
4. Better regulation and oversight of local systems

ENDS

TRUST BOARD

Paper No: NHST(18)70
Subject: HR/Workforce Strategy & Workforce Indicators Report
Purpose: To provide assurance to the Trust Board of the Trust's achievement of workforce indicators that supports the delivery of the Trust's Corporate Objectives specifically to developing organisation culture and supporting our workforce.
Summary: The Trust is committed to developing the organisational culture and supporting our workforce. This paper summarises achievements/progress to date.
Corporate Objective met or risk addressed: Developing organisation culture and supporting our workforce
Financial Implications: N/A
Stakeholders: Staff, Managers, Staff Side Colleagues and Patients
Recommendation(s): The Trust Board is requested to accept the report and to note the areas of achievement/progress against corporate objectives.
Presenting Director: Anne-Marie Stretch, Deputy CEO/Director of HR
Board date: 25th July 2018

HR/Workforce Strategy & Workforce Indicators Report

July 20181.0

1.0 Purpose of the Paper

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

The table below provides a summary of the Trusts use of resources against national and North West benchmark data from Model Hospital and demonstrates the Trust benchmarks well against the majority of categories in the period April to June 2018. The Trust has action plans in place to increase appraisal compliance for all staff groups

Use Of Resources

	Trust			National	North West	Trend Line
People	Apr-18	May-18	Jun-18	Data Source IView	Data Source IView	
Click the % for each month for more information						
Staff Retention Rate (*Definition of Retention The number of staff who were employed at the start of the period who have remained in employement at the end of the period. The % are based over a 12 month period)	88.09%	89.02%	89.01%	85.60%	90.29%	
Sickness Absence Rate	4.05%	4.22%	4.37%	4.38%	4.79%	
Vacancy Rate	1.94%	2.13%	N/A	N/A	N/A	
Turnover Rate (Last 12 months) (* Definition of Turnover Number of Leavers within the period / No os staff at the end of the period)	10.68%	10.62%	10.55%	9.15%	8.70%	
	Apr-18	May-18	Jun-18	Trust Target	National	
Rostering	45	46	47	56 Days or More		
	Apr-18	May-18	Jun-18	Trust Target		
Bank & Agency Usage	7.90%	8.80%	9.40%	10% or Lower	N/A	
Grievance & Discplines	Apr-18	May-18	Jun-18	N/A	N/A	
Safe	Apr-18	May-18	Jun-18	Trust Target		Trend Line
Mandatory Training Rate	95.92%	95.70%	96.33%	85.00%	N/A	
Appraisal Completion Rate	80.05%	80.05%	84.23%	85.00%	N/A	
Medical Appraisal	80.00%	74.00%	58.00%	85.00%	N/A	
Caring	Q1 MCG	Q2 SCG	Q4 Rest of Trust	National		
Recommend to Family and Friends	88.00%	85.00%	92.00%	64.00%		
Recommend as Place to Work	74.00%	76.00%	77.00%	80.00%		
Staff Survey	Key Finding 1	Key Finding 2	Key Finding 4	Median		
Average of Staff Groupings	4.15	4.00	3.98	3.80		

Definitions

Staff Retention Rate: *The number of staff who were employed at the start of the period who have remained in employment at the end of the period. The % are based over a 12 month period.*
Turnover Rate: *Number of leavers within the period / no of staff at the end of the period.*
Model Hospital: *The Model Hospital is a digital information service designed to help NHS providers to improve their productivity and efficiency.*

2.0 Recruitment & Retention

The Trust like other NHS organisations continues to face workforce challenges relating to recruitment.

National reports state that there are in excess of 87,964 advertised vacancy full-time equivalents within NHS England (Sept 17). This represents a significant rise of more than 200% compared to 28,242 advertised vacancies in the previous year (Sep 2016).

Our specific Trust challenges continue to reflect the national picture i.e. shortages in:

- Qualified nursing specifically general ward nursing
- Consultants in dermatology, radiology, histopathology, paediatrics & cardiology
- Doctors in training in paediatrics, obstetrics and gynaecology, general surgery and emergency medicine
- Biomedical scientists, specifically Blood sciences

The Trust currently has 51 band 5 ward vacancies.

The Trust is currently recruiting to 15 consultant vacancies (a number of which are covered by temporary staff). Ongoing recruitment continues with other medical staff.

Vacancies May 18 By Staff Group

	Data			
Staff Group	**Sum of Position FTE**	**Sum of Actual FTE**	**Difference**	**%**
Add Prof Scientific and Technic	170.04	166.31	-3.73	2.19%
Additional Clinical Services	993.95	984.76	-9.19	0.92%
Administrative and Clerical	1085.75	1129.26	43.52	0.00%
Allied Health Professionals	255.31	248.46	-6.85	2.76%
Estates and Ancillary	301.69	292.54	-9.15	3.03%
Healthcare Scientists	207.35	185.00	-22.35	10.78%
Medical and Dental	456.84	424.70	-32.14	7.03%
Nursing and Midwifery Registered	1549.24	1473.82	-75.42	4.87%
Grand Total	**5020.17**	**4904.86**	**-115.31**	**-2.30%**

The Trust's Recruitment Strategy continues to takes steps in progressing with the reservist agenda together with the Director of Transformation. The Trust held a Veterans Insight Day in March 2018 targeting medical and nursing veterans resettling out of the Armed Forces, which received excellent feedback. In addition, the Trust now regularly advertises suitable vacancies on 'Right Job' which is the primary job board for veterans. These initiatives have resulted in many positive enquires and at least one ex-service personnel has been appointed to a role directly through these means. The Trust will also host a stand at the National Step into Health event in Leeds in early August 2018, to promote the Trust as an employer of choice.

2.1 International Recruitment

The Trust's Recruitment Strategy includes the utilisation of international recruitment, and following the recent which through the removal of the Tier 2 visa cap will enable the Trust to access candidates quicker without the visa allocation restrictions.

Medical Workforce Recruitment

In light of the above, the Resourcing Team has developed a bespoke medical recruitment campaign collaborating with external partners and agencies to tackle those areas where we have national shortages, and subsequent premium spend.

The recent government announcement to exempt medic and nurse visa requests from the Tier 2 visa cap is much welcomed and will mean that whilst the normal rules of testing the UK market first will still apply, (Resident Labour Market Test) once this test is met and the visa is applied for there will be no restrictions on the number of doctors and nurses that can be recruited. This policy change came into effect on 6th July 2018.

The Trust has identified a number of International Medical Training Schemes (MTIs) across various specialities and are working with Department heads to employ doctors to the Trust through these routes (Paediatrics and ED are recent examples). This is now being rolled out to other areas in the Trust.

Nursing Recruitment

The well documented issue of the demand for qualified nursing outstripping supply continues to pose a challenge for the Trust and the NHS as a whole and while the applications to nurse degree programmes have dropped it is reported that the number of applicants still exceeds the places available.

To proactively manage the limitations of the UK supply, continues to drive forward its international recruitment strategy. Through the continued use of the Global Learners Programme the Trust has issued 82 conditional offers of employment to nurses from India, Nigeria, the Philippines and Zimbabwe. A high proportion of the conditional offers made (73) are to candidates who have passed the particularly difficult International English Language Test System (IELTS) or the Occupational English Language Test (OET).

The table below provides a summary of nurses who have arrived since January 2018:

January 2018	April 2018	June 2018	July 2018	September 2018	October 2018
3 arrived	5 arrived	5 arrived	8 planned**	6-10 expected	6-10 expected
***8 nurses were planned to arrive but only 4 visas were issues* By the end of August 2018 we will have 23 new international nurses recruits working in the Trust					

The Trust's pastoral care programme to support the internationally recruited nurses in a smooth transition to life in the UK and work in the NHS has received exceptional praise from the nurses themselves. This includes airport collection, settlement into accommodation, food hamper, a tour of the hospitals, local area, Liverpool City Centre and arrangement of bank account, doctors, dentist and religious engagement.

As previously reported nurses who qualified outside of the European Economic Area (EEA) no longer need to complete a language test providing they can evidence that they recently completed a pre-registration nursing qualification which taught and examined in English, or that they have registered and practised for a minimum of one year in a country where English is the first and native language and a successful pass in an English language test was required for registration. As a result of this amendment to the English language testing requirement for the NMC they saw an increase of 4,000 new EU/ Overseas registration applications.

The NMC Council meeting in March 2018 outlined its programme to review the process for applications who wish to join the register from outside of the UK. The review will include the assessment process against the new NMC standards for nurse associates, nurses and midwives. They are looking to streamline, reduce cost and ensure the navigation process is as easy as possible. The review will also incorporate the next stages of the work looking at the evidence requirements for the English language competence.

2.2 Retention

Given the recruitment challenges, particularly for qualified nurses and medical staff, it is absolutely critical that the Trust retains staff in these shortage groups. As a Trust we have signed up to the next NHSI Retention Programme focussed on Development and Career Planning for Nursing. The first workshop attended by the Trust was held on the 11th July 2018 and as a result the Trust has an action plan to complete against national guidance and best practice.

As part of our wider Recruitment and Retention Strategy the Trust is currently reviewing the good work that we already do and pulling together existing schemes, initiatives and good practice. Key areas being reviewed are:

- Culture – being a positive and enjoyable place to work
- Feeling valued and recognised
- Consistent approach to flexible working
- Flexible retirement
- Education and training
- Reward and recognition
- Role rotational placements
- Continuous professional development opportunities
- Coaching and mentorship
- Being able to make changes/improvements
- Understanding their part in delivering the Trust's objectives

We have recently launched guidance on Internal Transfers and have delivery plans for a number of initiatives over the next 12-18 months. Some examples of the initiatives we plan to deliver over the next 3 months are shown below:

ACE Place To....				
	Work	Local Induction - review and standardise	Buddy - assign a buddy to all new starters that can help them with the "this is how we do it round here" stuff and have someone to eat lunch with on the first day!	Timetable - Standardise the use of timetabling for new starters so that they know what they are doing, when, who with etc to relieve some uncertainty
		"Having a Conversation" - use the brew and review method from new starters to check in with staff and make sure everything is ok a couple of times a year.	Brew & Review - incorporate 3, 6, 9, 12 month sessions into someone's first 12 months to iron out any problems and allow them to raise concerns and questions	NHSI Project - Nurse Careers - starts 11.07.2018
		Pension, T&C's, HWWB, EAP, Physio Med, L&D, Bank, Savings schemes (i.e. electronics, cycles etc) - Bring information about all of these into one place on the intranet.	NHS related discount schemes (i.e. Blue Light Card, www.nhsdiscounts.co.uk etc - add these to the benefits section of the website so that people who havent worked in the NHS can maximise their benefits.	
	Grow	#3goodthings - implementation of this at the end of shifts / working day with teams and wards to end on a high acknowledging the great work that has been done.	Bring advice and signposting into one central place on the intranet around stress and mental health - apps, books, websites, organisations	
		Awareness and Skill Development - courses and information about mental health - i.e. www.zerosuicidealliance.com/training, signposting for support (apps such as the Hub of Hope), www.actionforhappiness.org, remploy	Bikes & Boots - support for people wanting to walk/bike to work, support for implementing walks etc at work	
		"Having a Conversation" - same method as the "Brew and Review" for New Starters to check in with staff and make sure everything is ok a couple of times a year.	Internal Transfer Process	
		Career Clinics - initially for nursing utilising Head of Nursing & Quality within SCG, MCG. Linked to NHSI Project		
	Care	Opportunities to join our Volunteer Workforce	Opportunities to raise funds for the Hospital Charity	
		Opportunities to become a mentor or coach for others	Opportunities to engage a mentor or coach	
	Be Me	Action plan to bring together all strands of ED&I including the implementation of support groups for BME, Disability, LGBTQ,	Mindful Employer and other equality frameworks	
		Special Leave, carers leave, career break,	Flexible Working - review of current practices, fit for purpose, initiatives elsewhere that can be implemented.	
		Retire and return options	Pre-retirement courses	Career planning discussions - in line with career clinics
	Be Heard	Review of exit interview process and the introduction of stay interviews to see whether there is anything we can do when someone tells us they are leaving		
		Analysis of Staff Survey results and action plans surrounding areas for improvement		
		OD plans completed as required to review "hotspot" areas		
		Freedom to Speak Up & Speak Out Safely - Currently reviewing process and policy		

3.0 Staff Friends and Family Test

On a quarterly basis the Trust is required to ask staff if they would recommend the Trust as a great place to work. In May, the Trust received the results of its Quarter 4 Staff Friends and Family Test (SFFT), which was undertaken across Corporate, Clinical and Non-Clinical Support Services.The overall response rate was 16% of staff completing the survey. The results are positive, with 77% of respondents recommending the Trust as a place to work. This places St Helens and Knowsley NHS Trust the best acute Trust in Cheshire and Merseyside and second nationally for acute trusts.

In addition, 92% of respondents would recommend the Trust as a place to receive care or treatment, again placing the organisation as best acute Trust in Cheshire and Merseyside and also top nationally for acute non FT trusts. According to the survey results, the general work environment and staff's overall attitude are the top reasons which recommend the Trust as a great place to work, whilst staff's attitude and the level of care received by staff, or their relatives, are the most frequently mentioned reasons supporting the recommendation of the Trust as a place to receive care.

4.0 Staff Turnover and Retention Rates

Turnover rate is currently 10.55% for the period July 2017 to June 2018 compared to the national average of 9.15% and a North West average of 8.70%

Staff Group	STHK Trust	National	North West
Add Prof Scientific and Technic	11.14%	11.59%	10.58%
Additional Clinical Services	9.48%	14.44%	13.08%
Administrative and Clerical	10.20%	17.62%	16.02%
Allied Health Professionals	13.81%	8.88%	8.59%
Estates and Ancillary	7.48%	12.60%	11.42%
Healthcare Scientists	7.69%	10.21%	8.28%
Medical and Dental	15.34%	12.23%	16.63%
Nursing and Midwifery Registered	11.95%	9.12%	8.76%
Grand Total	**10.55%**	**9.15%**	**8.70%**

Stability Index

Staff Group	Start	End	Remain	Index
Add Prof Scientific and Technic	172	183	148	86.05%
Additional Clinical Services	1,140	1,179	1,015	89.04%
Administrative and Clerical	1,221	1,333	1,087	89.03%
Allied Health Professionals	265	279	225	84.91%
Estates and Ancillary	435	424	397	91.26%
Healthcare Scientists	208	202	188	90.38%
Medical and Dental	425	446	338	79.53%
Nursing and Midwifery Registered	1,597	1,648	1,398	87.54%
Grand Total	5,463		4,796	87.79%

5,463 Employees were in post at the start of the period (July 17), with 4,796 remaining at the end (June 18) meaning 87.79% of employees were retained. Compared with a national average of 90.76% and a North West average of 91.20%

5.0 Temporary Staffing

As with the national position the Trust has a continued requirement to fill some posts on a temporary basis, using bank, agency and/ or locum workers. Vacancies have consistently remained the dominant reason for usage, primarily as a result of the on-going national workforce challenges facing the NHS. The Trust has an agency cap set by NHSI of £7.2m for 18/19 and year to date expenditure is £2.5m.

On the 31st May 2018 NHS Trusts received a letter from NHS Improvement Chief Executive Ian Dalton, thanking trusts for their efforts on further reducing the cost of agency staff to the NHS. The draft outturn figures for 2017/18 indicate an 18% reduction in spend in the last financial year, meaning expenditure was within the national agency ceiling set for the year. The letter discussed the need for Trusts to be applying robust internal controls and having a 'bank first' approach to the procurement of temporary staffing. The letter also outlined key changes in the reporting and authorisation of agency staff.

1. Reduction in sign off limit of high cost agency and bank shifts from £120 per hour to £100 per hour
2. Implementation of Executive Director sign off in advance for all agency shifts that are 50% or more above price cap but where hourly rate is less than £100.
3. All Trusts to take measures to restrict the use of administrative agency staff and where possible purchase through the bank arrangements.

4. Trusts to target zero usage of off-framework administrative agency staff.
5. Trusts to ensure they have the necessary access to Temporary Staffing Module of Model Hospital.

The Trust will continue, as per NHS Improvement rules, to report agency spend; fill rate and framework compliance to the NHSI on a weekly basis along with the new requirements. A monthly report is discussed at the Trusts Executive Committee and the Premium Payments Scrutiny Council continues to review and place all premium payments including agency, overtime and additional activity costs under close examination. Scrutiny is given to the volume of agency usage but also the hourly/commission rate to ensure the Trust is getting the best value for money.

As an alternative to the premium agency staff, the recruitment campaigns across all staff groups to join the Trust Nurse Bank are on-going.

5.1 Collaborative Bank Project

Building on the need to avoid costly agency spend, the collaborative bank project development seeks to support the optimisation of workforce capacity across Trusts within Cheshire & Merseyside through having one bank of staff who can move easily between Trusts. The Trust has recently engaged in a regional procurement exercise to rationalise Direct Engagement providers across Cheshire and Merseyside and secure long term savings on commission rates.

In January 2018 the Trust launched the #JoinTheBankNow campaign and produced a toolkit “Grow your own bank” which was published by NHS Improvement on their national website on the 16th July 2018 to share our learning with other Trusts.

Since the creation of the new bank the Trust has recruited 760 new bank workers from all staff groups to join the Trust Bank which is a 22.2% increase. This includes 257 Registered Nurses which is an increase of 46% on 2017.

The Trust has also been instrumental in setting up regional user groups of Trust working together to reduce agency by working collaboratively with suppliers on commission rates.

5.2 Workforce Streamlining

The Trust is actively engaging with the Workforce Streamlining North West programme. The programme supports the delivery of Carter at Scale within HR services through the removal of unwarranted variation and duplication in workforce processes and improving productivity and efficiency.

The programme is now in year three of a three year programme and this year Trusts across Cheshire and Merseyside are working together to develop efficiencies in recruitment processes, aligning mandatory training requirements in order to avoid unnecessary repetition, duplication and lost time on transfers and recruitment of staff and Occupational Health processes in order to improve the time taken to recruit and decrease costs of duplicated health checks across organisations. The systems workstream are focusing on streamlining the transfer/production of smartcards when joining NHS organisations.

6.0 Health Roster (E-Rostering)

6.1 Benefits Realisation – Nursing Workforce

The e-Rostering team will be focusing on the benefits realisation following 100% nursing workforce implementation commencing in Quarter 2. The monthly key performance indicator reports have been refreshed to include national benchmarking data from the rostering software provider and will contain both local and region comparators to measure ongoing performance. The e-Rostering team will aim to improve trust-wide rostering performance through education, refresher training and working closely with the senior nursing workforce. Table 1 below relates to the roster period of May 2018 indicating the Trust provides more notice to staff of their rosters that across the region and by comparator Trusts and is in the upper level of lead times. Table 2. below reports that the 10.2% of the Trusts staffing in May 2018 were temporary of which 22.2% were agency workers and Table 3 benchmark the Trust has having 5.5% lower temporary staffing use than similar size Trusts.

Table 1. Approved Roster Notice

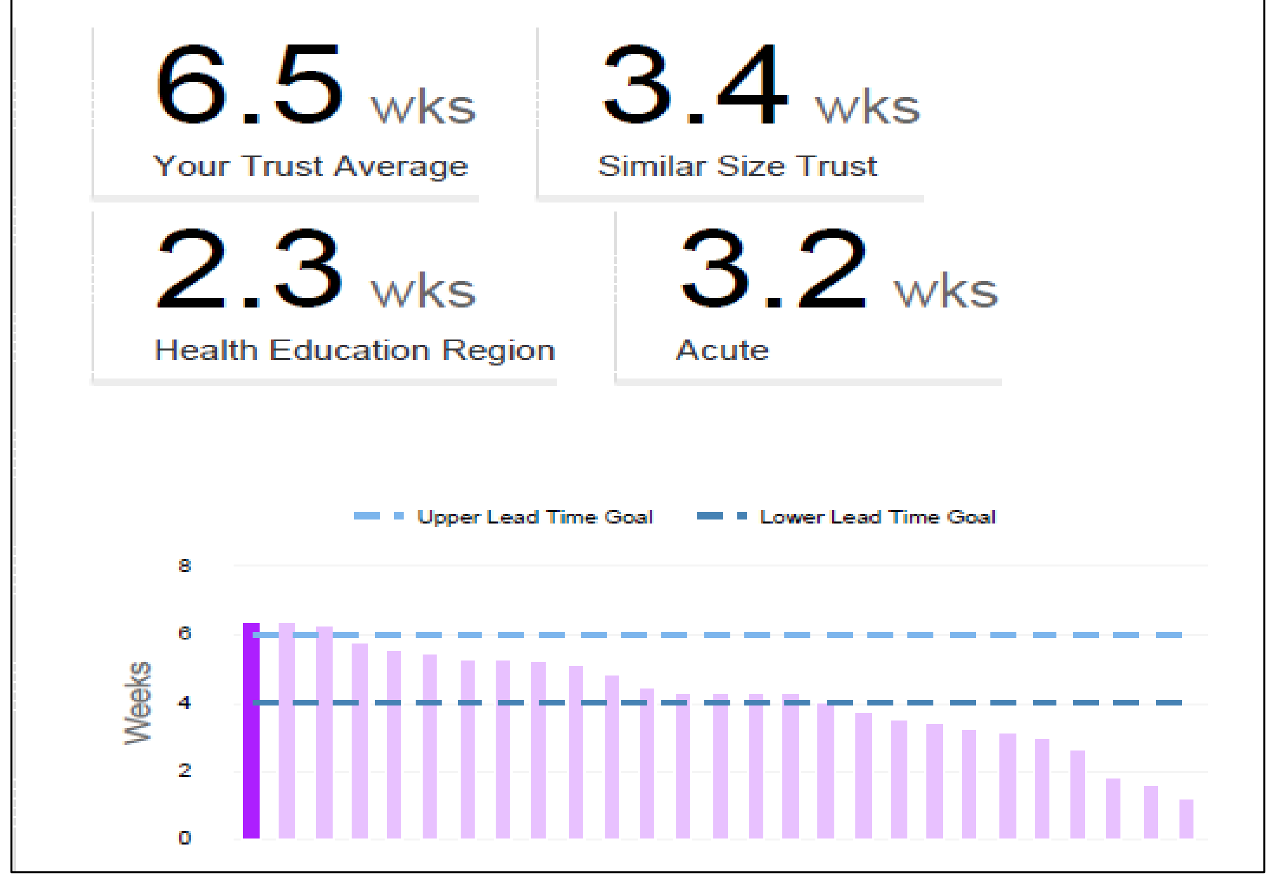


Table 2 Temporary Staffing Used

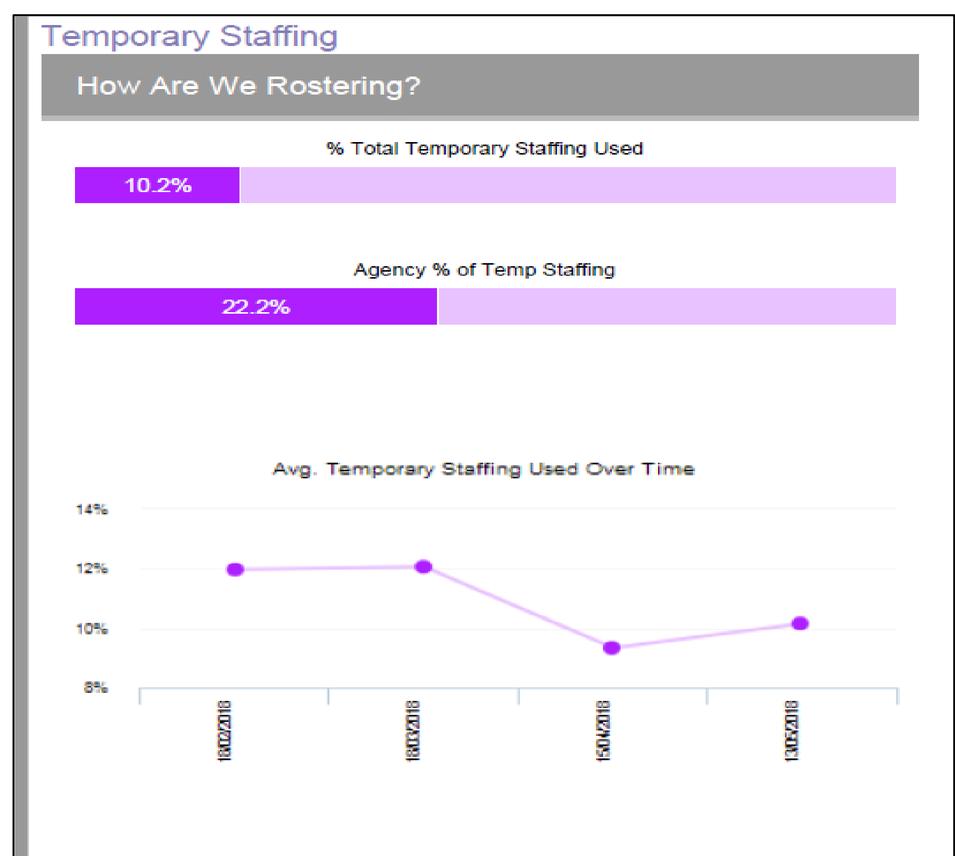
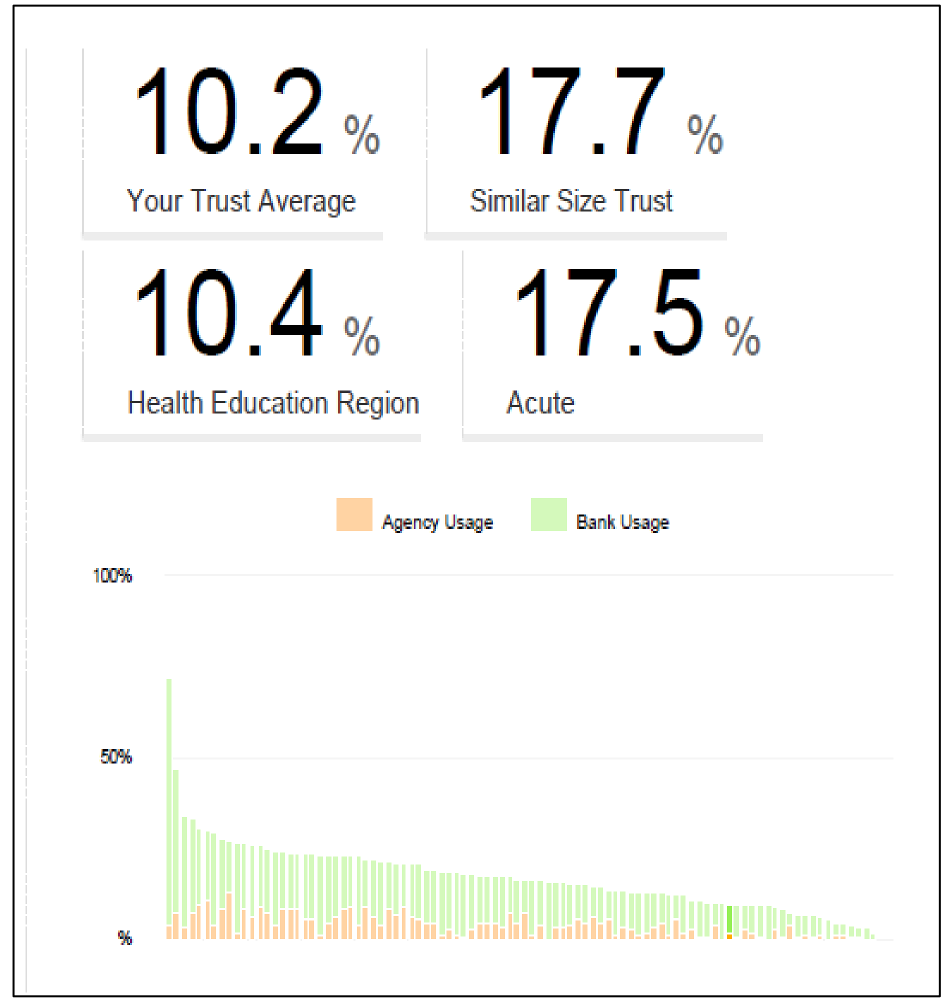


Table 3 Temporary Staffing Benchmarking



6.2 Junior Doctor Rostering

The Trust is now in the final phasing of the junior medical workforce rostering project with a completion date of August 2018. The implementation has also included the introduction of “Medic-On-line” and “Medic-On-Duty”. These mobile app’s allow the doctors to manage their working lives easier by having the ability to view their individual and team rosters, view and request annual leave and study leave, and also organise shift swaps with colleagues. Following implementation the project team will focus on each directorate’s rostering performance, the overall user experience and improving the rotational experience from both a trust and trainee perspective.

6.3 NHSI Orthopaedic Flexible Workforce Project

The e-Rostering team have been invited to work with NHS Improvement to pilot a workforce efficiency and quality project involving the Trusts Orthopaedic Workforce. It has been identified that there is an potential opportunity to increase the flexibility and productivity of the national NHS workforce across the use of multi-disciplinary staff groups e.g. AHP’s, Pharmacy, and Specialist Nursing by extending e-job planning and e-rostering to these staff groups as part of “speciality focused “ integrated workforce planning process. The proposed model will align the overall service demand against the medical workforce job plan and wider activity management at a speciality and role specific level.

6.4 Allied Health Professional Job Planning & e-Rostering

The Trust’s corporate objective to implement e-Rostering for the AHP workforce has commenced. The first stage of implementation will involve the introduction of job planning for the AHP workforce, supported by the existing e-JobPlan software.

6.5 SafeCare

SafeCare is an acuity software model which will allow the Trust to compare staffing levels, skill mix and the patient demand in real time. Throughout Quarters 1 & 2 the e-Rostering team will implementing in conjunction with senior nursing colleagues SafeCare for the first four pilot wards. Completion of implementation for the first four pilot wards will be September 2018, this will then be reviewed before agreeing the approach to the implementation of the remaining wards.

7.0 Volunteering

The Trust has maintained a high level of volunteer activity with a total of 255 volunteers recruited in the last year which brings our volunteer workforce to over 400. We continue to place our volunteers in new areas within the Trust most recently placing volunteers in Critical Care, increasing significantly our volunteer cover in the Emergency Department and extending our Dining Companion volunteers across wards 5a, 5b and 1a to support our nursing staff. The Trust recognised the value of its volunteer workforce on the 18th July with the annual Volunteers coffee morning and celebration of contribution volunteers make to delivering 5star patient care.

We are now recruiting volunteers for Newton Hospital and Marshalls Cross Surgery to undertake a range of roles including; Meet & Greet and Prevention of Delirium, which coincides with the relaunch of our Prevention of Delirium (POD) programme providing those trained in this role with new purple polo shirts, a POD newsletter provided by the Lead Nurse for Dementia/Delirium and dates for bi monthly support meetings.

We continue to build community partnerships with external agencies i.e. Department for Working Pensions who are promoting our volunteer opportunities as a platform to build confidence, learn new skills and improve both mental and physical wellbeing. Local schools and colleges request our attendance at their Career Fairs, Aspiration Evenings and to speak with groups of students who are exploring a career in the NHS. By liaising with all of the above partners and by offering an abundant choice of supported volunteer placements we strive to become the 'Trust and Employer of Choice'

8.0 Improving the Health and Well Being of our Workforce

A key element of the Trusts retention strategy includes ensuring that staff have access to excellent health and well-being services. Throughout 2017/18 there have been a number of Well Being activities to encourage staff to improve their well-being. In September 2017 there was the annual HWWB Open Day. This was attended by over 600 staff from all over the Trust with a similar event taking place at both St Helens hospital and Alexandra Park. Information was provided to increase awareness of Health Work and Well Being provision; areas such as stress and back care were targeted. During the summer months there were skin safety events. During the month of June 2018 'A Summer Health Education and Promotion Campaign' was undertaken by the Health Work and Wellbeing Team supported by external speakers (subject matter experts), the campaign included:

- positive mental health support – which included mindfulness and meditation
- drug and alcohol awareness
- skin care
- sun safety
- sexual health
- healthy lifestyle
- promoting physical activity.

Staff at both St Helens and Knowsley and Southport and Ormskirk supported National Nurses Day.

8.1 Flu Vaccination programme

The flu vaccination programme was launched on 29th September 2017 at the Health Work and Well Being Open Day. The national CQUIN target is for 75% of front line staff to be vaccinated. In October 2017 NHSI recommended that staff need to be offered a flu vaccine. The Trust has achieved this via pay slips, staff have also been asked to complete a form indicating that the current position for STHK is 87.2% which compares very favourably with local and national rates. There has been recent media coverage calling for mandatory flu vaccination for front line staff and the Trust will continue to monitor any further guidance on this point.

8.2 Safe Efficient Quality Occupational Health Service (SEQOHS)

The five year re-accreditation for SEQOHS took place on 24th January 2018 and we were successfully reaccredited. SEQOHS is an integral part of the Health Work and Well Being Service which ensures that standards are being maintained. Two external assessors attended HWWB for a full day to audit the Service. Evidence of the SEQOHS standards had already been uploaded via the web tool and submitted for them to assess. The

information from the standards includes; Business Probity, Information Governance, People, Facilities and Equipment, Relationships with Purchasers and Relationships with Workers. The re-accreditation has been successful and the department was commended on some of the work undertaken by the Team.

8.3 Service Level Agreements (SLAs)

Due to the increase in the demands from Lead Employer within Health Work and Well Being, SLAs have been set up to carry out duties due to the geographical spread of trainees. A Hub and spoke model has been established with St Helens and Knowsley being the hub. In West Midlands there are four spokes, in East of England three and East Midlands two. We have recently introduced an online management referral process to support the Case Management Team in Lead Employer.

9.0 Attendance Management

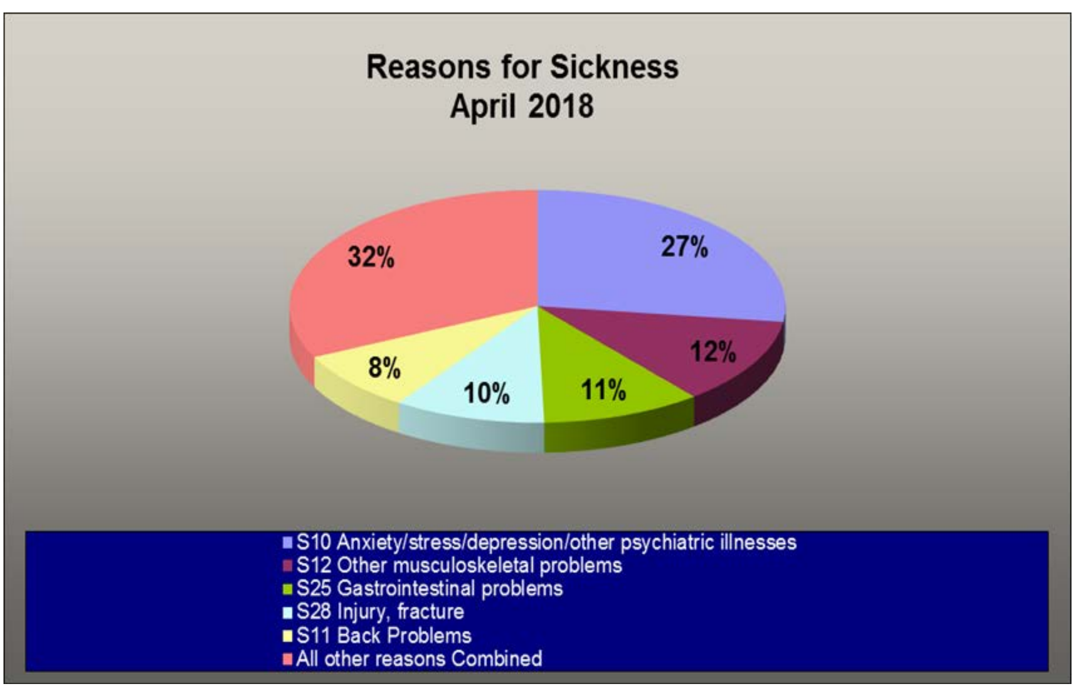
The Human Resources Advisory Team work closely with managers to ensure that they are equipped with the skills and knowledge to effectively manage absence within the Trust ensuring that there is consistent application of the Trust's Attendance Management policy. The Team work in collaboration with the Absence Support Team and Health, Work & Well Being on all aspects of attendance including wellbeing initiatives.

The benchmarking data below shows the Trust's sickness absence for period June 17 to May 18. The data shows that the Trust needs to improve in a number of areas.

Benchmarking of Cumulative Absence June 2017 to May 2018			
Staff Group	**St Helens and Knowsley**	**North West (March 2018 Data)**	**National (March 2018 Data)**
Add Prof Scientific and Technical	4.60%	3.51%	3.17%
Additional Clinical Services	7.06%	6.91%	5.94%
Administrative and Clerical	3.75%	4.34%	3.67%
Allied Health Professionals	2.94%	3.05%	3.00%
Estates and Ancillary	7.67%	6.60%	5.56%
Healthcare Scientists	2.65%	3.21%	2.57%
Medical and Dental	1.38%	1.45%	1.34%
Nursing and Midwifery Registered	5.20%	5.08%	4.33%
Trust Total	**4.83%**	**4.71%**	**4.05%**

Trust Trend Summary

The Absence Support Team continues to be a valued asset to the Trust by supporting managers with their application of the policy and ensuring the procedure and toolkit are adhered to. This includes ward audits regarding compliance with the policy and on-going training for managers and analysis of any trends based on the reasons for absence as the table below. The top 2 reasons of anxiety/depression and other muscular skeletal problems remain consistent with national trends.



9.1 Application of the Attendance Management Policy

The Attendance management policy distinguishes between those staff who have an underlying medical condition (placed on levels) and those who do not (placed on stages). If staff hit a series of 'triggers' relating to absence then their contract of employment can be terminated. This usually occurs at Stage3/Level 3 but the policy does allow for further targets for improvement if required.

There are currently 436 individuals on various 'Stages' of the Attendance Management procedure, this type of short-term absence refers to situations when a person is absent from work on a frequent basis where there is no single underlying medical reason connecting sickness absences and have hit one of the 'triggers' as laid down in the policy. There are four stages in total, Stage 3 being potential dismissal and Stage 4 being appeal.

There are 317 employees currently on various 'Levels' of the policy. This process is used to manage individuals who are absent due to an underlying medical condition confirmed by HWWB that causes an unacceptable level of attendance. There are four levels, Level 3 being potential dismissal and Level 4 being appeal.

The table below relates to action taken under the trust Attendance Management policy as at June 2018.

Surgical Care Group		St Helens		Medical Care Group		Clinical Support:	
Total Stages	**Jun**	**Total Stages**	**Jun**	**Total Stages**	**Jun**	**Total Stages**	**Jun**
Stage 1	128	Stage 1	43	Stage 1	90	Stage 1	55
Stage 2	37	Stage 2	5	Stage 2	23	Stage 2	12
Stage 3 (undertaken - not dismissed)	3	Stage 3 (undertaken - not dismissed)	0	Stage 3 (Dismissal)	1	Stage 3 (undertaken - not dismissed)	0
Stage 4 Appeal (Dismissal Upheld)	0	Stage 4 Appeal (Dismissal Upheld)	0	Stage 4 Appeal (Dismissal Upheld)	0	Stage 4 Appeal (Dismissal Upheld)	0
Total Levels	**Jun**	**Total Levels**	**Jun**	**Total Levels**	**Jun**	**Total Levels**	**Jun**
Level 1	54	Level 1	33	Level 1	57	Level 1	24
Level 2	29	Level 2	8	Level 2	33	Level 2	15
Level 3 (Non Dismissal)	4	Level 3 (Non Dismissal)	2	Level 3 (Non Dismissal)	7	Level 3 (Non Dismissal)	4
Level 3 (Dismissal)	0	Level 3 (Dismissal)	0	Level 3 (Dismissal)	1	Level 3 (Dismissal)	0
Level 4 Appeal (Dismissal Upheld)	0	Level 4 Appeal (Dismissal Upheld)	0	Level 4 Appeal (Dismissal Upheld)	1	Level 4 Appeal (Dismissal Upheld)	0

Pharmacy		Medirest		Corporate	
Total Stages	**Jun**	**Total Stages**	**Jun**	**Total Stages**	**Jun**
Stage 1	11	Stage 1	59	Stage 1	24
Stage 2	6	Stage 2	5	Stage 2	2
Stage 3 (undertaken - not dismissed)	0	Stage 3 (undertaken - not dismissed)	0	Stage 3 (undertaken - not dismissed)	0
Stage 4 Appeal (Dismissal Upheld)	0	Stage 4 Appeal (Dismissal Upheld)	0	Stage 4 Appeal (Dismissal Upheld)	
Total Levels	**Jun**	**Total Levels**	**Jun**	**Total Levels**	**Jun**
Level 1	9	Level 1	15	Level 1	21
Level 2	2	Level 2	12	Level 2	2
Level 3 (Non Dismissal)	0	Level 3 (Non Dismissal)	0	Level 3 (Non Dismissal)	0
Level 3 (Dismissal)	0	Level 3 (Dismissal)	0	Level 3 (Dismissal)	0
Level 4 Appeal (Dismissal Upheld)	0	Level 4 Appeal (Dismissal Upheld)	1	Level 4 Appeal (Dismissal Upheld)	0

10.0 Organisational Change Workforce Transformation & Change Update

The HR Advisory Team continue to support and manage a wide range of organisational change and workforce transformation projects involving multi-disciplinary services across the Trust. A number of which are in response to the Trust being successful in tendering for numerous services which were brought into the Trust on 1 April 2018, particularly in the Community i.e. Tissue Viability Nurses and Cardiac and Heart Failure Nurses.

Internal organisational change programmes for Medical Care include, anti-coagulation and stroke nurse specialist restructure; endoscopy on call consultation, diabetes nurse specialist on-call emergency line - consultation has concluded and the service went live from 21st June. Both Therapy at Newton Hospital and the Transfer Lounge are undergoing 7 day working redesign, and Phase 2 of the Stroke ward conversion continues.

In Surgical Care, the Community and Vulnerability Midwifery review is complete with the appointment of Named Midwife for Safeguarding Children/Community Matron and the maternity led unit (Sapphire Suite) is now up and running.

The St Helens Orthodontic Service closed at the end of March 2018 with services patients being redistributed to other providers. Organisational change has been completed in the Prosthetics Department with Service Leads for Whiston and Aintree sites now appointed.

As an organisation we face the same pressures resulting from non-elective demand and discharge issues. To ensure that 'the right patient, is in the right bed', a decision was made to re-configure surgical wards, namely Orthopaedics, to free up additional beds for general medical patients.

Essentially, the Orthopaedic team will continue to be divided by category; Elective, General trauma and Fractured Neck of Femur patients - the ward moves were completed in April 2018.

In January 2017, it was announced that the national rollout of HPV (virology test) as the primary screen in place of cytology screening is scheduled to be implemented in the NHS originally by April by 2019 though now moved to December 2019. The changes to service delivery for cervical cytology at the Trust will reduce the screening workload by approximately 80%. The team will be required to continue delivering a quality cervical screening service for the next eighteen months as a minimum. The Trust continues to consult with the affected staff together with staff side colleagues. Staff have been consulted with since this announcement and are deemed “At Risk” and will be managed in accordance with the organisational change policy.

One Histopathology Consultant TUPE’ed into the Trust from SOHT on 1st February 2018 and four staff from Merseycare Payroll Transact Service TUPE’ed into STHK on 1st April 2018. The SOHT Medical Education Service has been restructured following the organisational change process to provide an improved level of service to support undergraduate and postgraduate medical education. A review of IT Operations Taskforce Engineers out of Hours Service has taken place with changes commencing in July 2018.

Consultation and recruitment continues across a number of management structures to ensure the Trust is able to be responsive to external demands and strategic priorities.

11.0 Employee Relations

The HR Advisory Team facilitate the management employee relations cases across the care groups for all staff groups. There are increasing cases involving external agencies such as safeguarding and police resulting in lengthy and complex investigations and regional union representative involvement. The team are currently managing a wide range of employee relations cases, including investigation, grievances and mediation.

	Investigations (including fast track)	Disciplinary meetings planned	Grievances	Mediations	Capability	Suspension/ASOS	Tribunals
Total	20	3	4	3	8	9	0

12.0 Equality, Diversity & Inclusion

The Trust is working to bring together the core elements of a number of ED&I strands into one central action plan. As part of this we are reviewing the Equality Delivery System (EDS2), Workforce Race Equality Standard (WRES), Gender Pay Gap Reporting (GPGR) and forthcoming Workforce Disability Equality Standard (WDES). These are national documents promoting the equality, diversity and inclusion agenda.

Action requires involvement from essential stakeholder groups such as the Equality & Diversity Steering Group, noting that the Trust is required to demonstrate continuous improvement in closing the gaps in experience and opportunity between our White and BME workforce. An external Equality and Diversity expert has supported the Trust in formulating the 2018/19 action plan and has reviewed our current Equality & Diversity workforce agenda thus ensuring our action plan reflects best practice. The action plan will be shared at Trust Board in the forthcoming months.

NHS England and NHS Equality and Diversity Council continue to consult and engage with NHS Organisations regarding the new Workforce Disability Equality Standard (WDES). It is proposed the WDES is mandated from April 2018. The Trust will be consulting with key stakeholders in preparing our 2018/19 action plan.

The WDES is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the relevant organisations to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality. Like the WRES, on which the WDES is in part modelled, it will also allow us to identify good practice and compare performance regionally and by type of Trust. The first WDES reports will be published in August 2019 based on 2018/19 financial year.

13.0 Workforce Planning – Staff in Post

Since July 2017, the figure for staff in post increased overall by 218.56 wte. Increases in Nursing & Midwery staff account for the 67.02 wte of the increase. There are currently c.87.04 wte of staff currently on maternity leave. The Trust providing a number of additional HR and Payroll shared services which has contributed to an increase in admistration posts.

Whole Time Equivalents by Staff Group			
Staff Group	**Jul-17**	**Jun-18**	**Difference**
Add Prof Scientific and Technic	160.85	168.87	8.02
Additional Clinical Services	958.04	982.50	24.46
Administrative and Clerical	1,044.67	1,145.60	100.93
Allied Health Professionals	244.42	251.88	7.45
Estates and Ancillary	296.64	292.38	-4.26
Healthcare Scientists	189.51	181.71	-7.80
Medical and Dental	405.54	428.28	22.74
Nursing and Midwifery Registered	1,402.64	1,469.66	67.02
Grand Total	**4,702.32**	**4,920.87**	**218.56**

13.1 Retirement Age

Given the workforce challenges it is imperitive that the Trust can offer flexibility to those staff who wish to retire. The retire and return option offered under the NHS Pension Scheme is proving popular. The table below shows the numbers of staff who could retire. The number of qualified nurses who could potentially retire is of concern and discussions regarding flexible retirement options are encouraged, as is the promotion of the various NHS Pension Scheme options.

Staff Group	Retirements Due @ July 2018	Can Retire Within the Next 3 Months	Can Retire Within the Next 6 Months	Can Retire Within the Next 9 Months	Can Retire Within the Next 12 Months	Can Retire Within the 5 Years
Add Prof Scientific and Technical	3	4	4	5	6	13
Additional Clinical Services	47	53	59	63	70	212
Administrative and Clerical	35	39	45	50	54	155
Allied Health Professionals	2	2	2	4	4	14
Estates and Ancillary	27	30	33	38	42	91
Healthcare Scientists	4	4	5	6	6	18
Medical and Dental	15	21	23	25	26	53
Nursing and Midwifery Registered	17	18	26	28	31	112
Trust Total	**150**	**171**	**197**	**219**	**239**	**668**
Nursing and Midwifery Aged 55+	323	338	345	360	374	646
Nursing and Midwifery Aged 60+	112	117	124	134	140	323

14.0 Developing our Workforce

14.1 Mandatory Training and Risk Management.

Development work remains on-going with the Cheshire & Mersey Streamlining group to ensure a reduction in the time committed to training by new employees. Latest developments have seen the introduction of the nationally specified refresher periods and minimum content, in line with the NHS Core Skills Framework, creating a standardised framework for delivery across the Northwest.

The group have experienced problems following the National up-grade to the ESR Portal in July 2017, with trusts, including STHK, experiencing a variety of issues with the implementation of the revised ELearning platform. Workforce Planning Team are in discussions with the Informatics Team on how the required technical specification can be met however this has been hampered by the availability and capacity of resources within these teams to complete.

Once fully implemented the current 2 day induction will be reduced by a day and Mandatory training for most subjects will be available to staff at their desks, in the education centre and on personal mobile devices.

These changes will maintain the Trust's commitment high quality training, patient safety and achieving the 85% compliance rate, with current compliance exceeding this at 95.7%.

14.2 Appraisal Training

The e-appraisal from introduced in November 2017, continues to be embedded across the organisation for staff in Agenda for Change Bands 1-9. Whilst the timing of introduction in November had potential to impact on completed Appraisal percentages, further work remains on-going to encourage all managers to complete appraisal on a frequent basis throughout the year to high levels of activity being done towards the end of the year.

A programme of Appraisal development workshops is available for Appraisers and Managers within the Trust, accessed through the new management development module `Appraisal Refresher`. Appraisal data and information is reviewed on a regular basis and where there are areas of non-compliance the Appraisal Lead will target these services to provide a bespoke Appraisal Workshop so Appraisers and Managers feel comfortable and confident to engage in quality conversations that are both meaningful and of value.

14.3 Apprenticeships Status

Trusts nationally continue to face challenges to maximise the effective use of the Apprenticeship Levy owing to the strict rules on its use.. The Education, Training and Development Team reports monthly to the Apprenticeship Steering Group on the progress of any new apprenticeships, appropriate spending of levy funds, proposed apprenticeship recommendations and any associated risks. Since May 2018, a schedule of meetings have been taking place across the Trust with DDO's, ADO's and Operational Management Teams to identify where apprenticeships have potential to support transformation, growth, re-structuring and /or re-organisation and recruitment of new/ existing vacancies and roles. In June 2018 the Trust currently had 90 members of staff undertaking a wide range of new Apprenticeships.

As at June 2018 the Trust has committed £820,760 from its levy fund to support apprenticeships across the Trust.

The recent success of the Nurse Degree Apprenticeship in March 2018 has led to an application being submitted by the Trust for the Nursing Times Awards to be held in October 2018 in the category of "Best workplace for learning and development - Employing over 1,500 nursing staff".

15.0 Organisational Development - Cultural Surveys

Services are being supported to fully utilise cultural and ‘pulse’ surveys, as a key tool to support improvements, identify development opportunities and engage staff to share their views and opinions with the Trust.

Cultural surveys provide a comprehensive picture of the culture within a service and provide detailed information used to establish appropriate interventions, such as focus groups, individual/ team coaching, HR interventions and service redesign to address any issues that are highlighted. Cultural Surveys are a key tool in the Organisational Development planning process.

Pulse Surveys are used to measure the impact of any planned interventions following a full cultural survey. These are much shorter surveys comprising of just a few key questions designed to identify where progress is being made and where further work may be necessary.

In the reporting period, cultural surveys have taken place within Paediatrics as well as in the Quality & Risk Department, with arrangements to provide feedback confirmed shortly. A pulse survey was also carried out across the Pharmacy department, the results having been shared with the senior management.

16.0 Leadership Coaching

The Trust continues to support a coaching culture through the delivery of a rolling coaching programme to c.40 leaders within the Trust at Bands 8b and above. In recognition of the value that coaching provides to support individuals in the workplace, a Coaching & Mentoring webpage has been implemented in the Education, Training & Development Hub. There is a direct link to the NHS Leadership Academy registration for access to coaching. During the first two-months of the page becoming live we have seen an increase in the number of coaching requests coming Team. Coaching requests have been received to support individuals who are seeking to improve performance in their current role and to provide support with career development opportunities.

17.0 Core Management & Leadership Development

A range of internal Management & Leadership Development modules continues to be provided to enhance and build management and leadership competence across all areas. These modules are offered, either as a “stand-alone” option, or as an end to end programme to meet the diverse needs of individuals. In March 2018 a further Coaching module was added to the programme, to develop and encourage the application of coaching to support development across the organisation. During the reporting period a further 45 managers attended one or more of the modules. Feedback from attendees remains extremely positive.

18.0 Payroll Services

STHK Payroll Services currently process c.50,000 payslips a month to 25 monthly payroll clients and 3 weekly clients across Cheshire and Merseyside, East of England, West Midlands and East Midlands. The Payroll service catalogue includes end to end payroll

processing, pensions, expenses and salary sacrifice. From 1st April 2018, the Trusts Payroll Service also provides HR Transactional Services to Mersey Care NHS Foundation Trust.

Recent key achievements have included:

- Development of a HR Transactional service catalogue for current and future clients
- Payrolling of benefits in month from 1st April 2018 for 4 clients reducing the requirement to produce P11D's from April 2019
- Increase in of number of payslips processed
- Significant assurance from MIAA audit
- Developing and sharing best practice with the wider roll out of Standard Operating Procedures (SOP's)

19.0 Agenda for Change Pay Deal

NHS Employers have recently confirmed that the negotiations regarding a new pay deal for Agenda for Change staff have been successful and the offer has been accepted. Work is currently underway by the National Electronic Staff Record (ESR) team to create the amended pay scales and salaries within the system. The revised salary bands will be implemented for July 2018 pay run and the back pay that staff are eligible to receive will be paid in August 2018.

Work is ongoing nationally with NHS Employers regarding revising appraisal systems as these are directly linked to pay progression through the bands for staff. The Trust will be working in partnership with staff side colleagues to ensure a smooth transition as national guidance becomes available.

20.0 Recommendations

The Trust Board is requested to accept the report, noting the areas of achievement/progress against corporate objectives.

Anne-Marie Stretch
Deputy Chief Executive and Director of HR
July 2018

TRUST BOARD

Paper No: NHST(18)72
Title of paper: Corporate Risk Register – July 2018
Purpose: To inform the Board of the risks that have currently been escalated to the Corporate Risk Register (CRR) from the Care Groups via the Trusts risk management systems.
Summary: The CRR is reported to the Board to provide assurance that the Trust is operating an effective risk management system, and that risks identified and raised by front line services can be escalated to the Executive if they are graded as high or extreme risks. The risk management process is overseen by the Risk Management Council (RMC), which reports to the Executive Committee providing assurance , that all risks; • Have been identified and reported • Have been scored in accordance with the Trusts risk grading matrix. • Any risks initially rated as high or extreme or increasing to high /extreme have been agreed with and reviewed by the appropriate Executive Director • Are regularly reviewed • Have an identified target risk score, which captures the level of risk appetite and has a mitigation plan that will realistically bring the risk to the target level This report covers the risks reported and reviewed in June 2018. The report shows; • The total number of risks on the risk register is 743 • 44% (328) of the Trusts risks are rated as Moderate or High. • There are 13 high/extreme risks that are escalated to the CRR. The spread of risks across the organisation is; • 3 in the Medical Care Group • 2 in the Surgical Care Group • 3 in Clinical Support Care Group • 5 in Corporate Services The risk categories of the CRR risks are; • 7 x Patient Care • 2 x Money • 2 x Governance • 2 x Staff
Corporate objectives met or risks addressed: The Trust has in place effective

systems and processes to identify manage and escalate risks to the delivery of high quality patient care.
Financial implications: None directly from this report.
Stakeholders: Staff, Patients, Executive Committee, Trust Board, Commissioners.
Recommendation(s): The Trust Board 1. Notes the risk profile of the Trust and the risks that have been escalated to the CRR
Presenting officer: Nicola Bunce, Director of Corporate Services.
Date of meeting: 25th July 2018

CORPORATE RISK REGISTER REPORT

1. Purpose

The purpose of this report is to provide an overview of the changes to the Trust's risks, and to focus on those risks which score 15 or above which are included on the Corporate Risk Register (CRR). This report is based on DATIX reported risks until the end of June 2018.

2. Risk Register Summary for the Reporting Period

This table provides a high level overview of the "turnover" in the risk profile of the Trust compared to previous reporting periods.

RISK REGISTER	Current Reporting Period 06.07.18	Previous Reporting Period 01.06.18	Previous Reporting Period 30.04.18
Number of new risks reported	35	90	21
Number of risks closed or removed	61	40	71
Number of increased risk scores	7	8	0
Number of decreased risk scores	13	3	18
Number of risks overdue for review	42	111	92
Total Number of Datix risks	**743***	**769**	**718**

*Includes new risks that had not been scored

3. Trust Risk Profile *(Based on 737 scored risks)*

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
51	**58**	**28**	**120**	**10**	**142**	**59**	**122**	**39**	**95**	**3**	**5**	**5**	**0**
137 = 18.59%			**272 = 36.91%**			**315 = 42.74%**				**13 = 1.76%**			

The risk profile for each of the Trust's Care Groups and Corporate Services are;

4.1 Surgical Care Group

254 risks reported 34.46% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
5	**19**	**9**	**39**	**2**	**54**	**23**	**58**	**18**	**25**	**1**	**1**	**0**	**0**
33 = 12.99%			**95 = 37.40%**			**124 = 48.82%**				**2 = 0.79%**			

4.2 Medical Care Group

201 risks reported 27.27% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
20	**26**	**6**	**40**	**0**	**27**	**11**	**26**	**17**	**25**	**0**	**0**	**3**	**0**
52 = 25.87%			**67 = 33.33%**			**79 = 39.30%**				**3 = 1.49%**			

4.3 Clinical Support Care Group

56 risks reported 7.6% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
7	**5**	**1**	**4**	**0**	**6**	**7**	**6**	**3**	**14**	**1**	**2**	**0**	**0**
13 = 23.21%			**10 = 17.86%**			**30 = 53.57%**				**3 = 5.36%**			

4.4 Corporate (incl. Finance, HR, IT, Facilities, Quality & Risk, Operational, IG)

226 risks reported 30.66% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
19	**8**	**12**	**37**	**8**	**55**	**18**	**32**	**1**	**31**	**1**	**2**	**2**	**0**
39 = 17.26%			**100 = 44.25%**			**82 = 36.28%**				**5 = 2.21%**			

The split of the risks across the corporate departments is:

Department	High	Moderate	Low	Very low	Total
Health Informatics/ Health Records	1	15	2	2	20
Facilities (Medirest/TWFM)	0	1	12	5	18
Nursing, Governance, Quality & Risk	0	19	9	6	34
Finance	0	3	14	12	29
Medicines Management	0	17	49	7	73
Human Resource	4	27	14	7	52
Total	**5**	**82**	**100**	**39**	**226**

4. The Trusts Highest Scoring Risks – Corporate Risk Register

Risks of 15 or above are added to the CRR (Appendix 1).

Appendix 1 - Corporate Risk Register – July 2018

KEY	Medicine		Surgical		Clinical Support		Corporate	

New Risk Category	Datix Ref	Risk	Initial Risk Score I x L	Current Risk Score I x L	Lead & date escalated to CRR	Target Risk Score I x L	Action plan in place
Governance	222	Risk of failure to ensure delivery of national performance targets	4 x 4 = 16	4 x 4 = 16	24/04/2017 Rob Cooper	4 x 2 = 8	Action plan in place
Governance	1772	Risk of Malicious Cyber Attack	3 x 4 = 12	4 x 5= 20	09/11/2016 Christine Walters	4 x 3 = 12	Action plan in place
Money	1555	Risk of unplanned cost pressures from the introduction of an apprenticeship levy.	3 x 5 = 15	4 x 5 = 20	01/04/2016 Anne-Marie Stretch	3 x 4 = 12	Action plan in place
Money	1152	Risk to the quality of care, contract delivery and finance due to increased use of bank and agency	4 x 4 = 16	4 x 4 = 16	08/07/2015 Anne-Marie Stretch	4 x 3 = 8	Action plan in place
Patient Care	1569	Risk to consultant recruitment for Clinical Support Services, due to national staff shortages	2 x 5 = 10	3 x 5 = 15	17/11/2016 Anne-Marie Stretch	3 x 4 = 12	Action plan in place
Patient Care	1080	Risk to patient safety risk and operational effectiveness if staffing levels are below establishment on wards 2B &2C	4 x 5 = 20	4 x 5 = 20	15/08/2017 Sue Redfern	2 x 2 = 4	Action plan in place
Patient Care	2223	Risk that if A&E attendances and admissions increase beyond planned levels then the trust may not have sufficient bed capacity or the staffing to accommodate patients and provide safe care	4x3=12	4x5=20	09/01/2018 Rob Cooper	4 x 2 = 8	Action plan in place
Staff	762	Risk that if the Trust cannot recruit sufficient staff to fill approved vacancies then there is a risk to being able to provide safe care and agreed of staffing	4 x 4 = 16	4 x 4 = 16	08/07/2015 Anne-Marie Stretch	4 x 2 = 8	Action plan in place
Patient Care	2080	Risk of avoidable harm to A&E patients being cared for in the corridor at times of escalation when there is insufficient bed capacity	5 x 4 = 20	5 x 4 = 20	27/12/17 Rob Cooper	4 x 3 = 12	Action plan in place
Patient Care	2283	Risk that replacement biochemistry blood analysers cannot be procured by December	4 x 4 = 16	4 x 4 = 16	11/05/18 Rob Cooper	4 x 2 = 8	Action plan in place
Patient Care	2334	Risk to outpatient booking system changes resulting from Medway switchover	4 x 4 = 16	4 x 4 = 16	21/05/18 Rob Cooper	4 x 2 = 8	Action plan in place
Patient Care	1266	Risk of increased DNA rates and potential impact on quality, safety, performance and income	3 x 4 = 12	3 x 5 = 15	04/07/18 Rob Cooper	3 x 3 = 9	Action plan in place
Staff	2336	Risk of not being able to obtain UKVI approval for internal recruits for hard to recruit specialities	3 x 5 = 15	3 x 5 = 15	23/05/18 Anne-Marie Stretch	3 x 2 = 10	Action plan in place

ENDS

TRUST BOARD

Paper No: NHST(18)73
Title of paper: Review of the Board Assurance Framework (BAF) – July 2018
Purpose: For the Board to review the BAF and agree any changes
Summary: The BAF is the mechanism used by the Board to ensure it has sufficient controls in place and is receiving the appropriate level of assurance in relation to its statutory duties, strategic plans and long term objectives. In line with governance best practice the BAF is reviewed by the Board four times a year. The last review was in April 2018. The Executive Committee review the BAF in advance of its presentation to the Trust Board and make proposed changes to ensure that the BAF remains current, that the appropriate strategic risks are captured, and that the proposed actions and additional controls are sufficient to mitigate the risks being managed by the Board, in accordance with the agreed level of risk appetite. **Key to proposed changes:** ~~Score through~~ = proposed deletions Blue Text = proposed additions Red = overdue actions **Recommended changes** There are no recommended changes to any of the risk scores, at this time.
Corporate Objective met or risk addressed: To ensure that the Trust has put in place sufficient controls to assure the delivery of its strategic objectives.
Financial implications: None arising directly from this report.
Stakeholders: NHSI, CQC, Commissioners.
Recommendation(s): To review and approve the proposed changes to the BAF.
Presenting officer: Nicola Bunce, Director of Corporate Services.
Date of meeting: 25th July 2018

Strategic Risks – Summary Matrix

Vision: 5 Star Patient Care

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

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

Alignment of Trust 2018/19 Objectives and Long Term Strategic Aims

2018/18 Trust Objectives	Strategic Aims					
	We will provide services that meet the highest quality and performance standards	We will work in partnership to improve health outcomes for the population	We will be the hospital of choice for patients	We will respond to local health needs	We will attract and develop caring highly skilled staff	We will work in partnership to create sustainable and efficient health systems
Five star patient care – Care						
Five star patient care – Safety						
Five star patient care – Pathways						
Five star patient care – Communication						
Five star patient care – Systems						
Organisational culture and supporting our workforce						
Operational performance						
Financial performance, efficiency and productivity						
Strategic Plans						

Risk Scoring Matrix

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

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

Risk 1 – Systemic failures in the quality of care	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause: • Failure to deliver the Clinical and Quality standards and targets • Failure to deliver CQUIN element of contracts • Breach of CQC regulations • Unintended CIP impact on service quality • Availability of resources to deliver safe standards of care • Failure in operational or clinical leadership • Failure of systems or compliance with policies • Failure in the accuracy, completeness or timeliness of reporting Effects: • Poor patient experience • Poor clinical outcomes • Increase in complaints • Negative media coverage Impact: • Harm to patients • Loss of reputation • Loss of contracts/market share	5x4= 20	• Quality metrics and clinical outcomes data • Safety thermometer • Quality Ward Rounds • Complaints and claims • Incident reporting and investigation • Quality Governance structure • Risk Assurance and Escalation policy • Contract monitoring • CQPG meetings with lead CCG • NHSI Single Oversight Framework • Staff appraisal and revalidation processes • Clinical policies and guidelines • Mandatory Training • Lessons Learnt reviews • Clinical Audit Plan • Quality Improvement Action Plan • Clinical Outcomes Group • Ward Quality Dashboards • CIP Quality Impact Assessment Process • IG monitoring and audit • CQC routine annual PIR return • Medicines Optimisation Strategy • Learning from deaths policy	To Board; • IPR • Patient Stories • Quality Board Rounds • Quality Committee and its Councils • Audit Committee • Finance and Performance Committee • Infection control, Safeguarding, H&S, complaints, claims and incidents annual reports • Staff Survey • Friends and Family scores • Nursing Strategy • Learning from Deaths Mortality Review Reports • Quality Account • Internal audit • National Inpatient Survey Other; • National clinical audits • External inspections and reviews • GIRFT Reviews • PLACE Inspections Reports • CQC Inspection Report • Learning Lessons League • IG Toolkit results • Model Hospital benchmarking	5 x2 = 10	~~Quarterly publication of avoidable deaths data (Jan 2018)~~ Routine reporting of quality and performance of community and primary care services delivered by the Trust	Plans to achieve 30% of discharges by midday Improvement plans for Falls, Infection Control and Pressure Ulcers in 2018/19 Lessons learnt from never events and inquests	Implementation plans for the four key 7-day service standards by 2020 Implementation of Stroke Service integration with WHH – phase 2 planned completion in 2018/19 Targeted improvement work to increase FFT response rates (March 2019) ~~Development of a new Clinical and Quality Strategy for the Trust (June 2018)~~ Develop Community and Primary care outcome KPIs to support the integration of services (November 2018)	5 x 1 = 5	KH/ SR

Risk 2 –-Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Failure to achieve the Trusts statutory breakeven duty • Failure to develop a strategy for sustainable healthcare delivery with partners and stakeholders • Failure to deliver strategic financial plans and two year operational plan, including the agreed control total • Failure to control costs • Failure to implement transformational change at sufficient pace • Failure to continue to secure national PFI support • Failure to respond to commissioner requirements • Failure to respond to emerging market conditions • Failure to respond to new models of care (FYFV) • Failure to secure sufficient capital to support additional equipment/bed capacity Effects; • Failure to meet statutory duties • NHSI Segmentation Status increases Impact; • Unable to deliver viable services • Loss of market share • External intervention	5 x 5 = 25	• Two year Operational Plan and STP financial Modelling • Annual Business Planning • Annual budget setting • CIP plans and assurances processes • Monthly financial reporting • Service line reporting • 3 year capital programme • Productivity and efficiency benchmarking (ref costs, Carter Review) • Contract monitoring and reporting • Activity planning and profiling • IPR • NHSI annual provider Licence Declarations • PMO capacity to support delivery of CIP and service transformation • Signed Contracts with all Commissioners • Premium/agency payments approval and monitoring processes • Internal audit programme	To Board; • Finance and Performance Committee • Annual financial plan • Monthly finance report • IPR • Statement of Internal Control • Annual Accounts • Audit Committee • External Audit Reports Inc. VFM assessment • SLM/R Reporting and commercial assessment matrix • Agency and locum spend approvals and reporting process • Benchmarking and market share reports • Annual audit programme • PSF Targets and Control Total Other; • NHSI monthly reporting • Contract Monitoring Board • NHSI Review Meetings • Use of Resources reviews • Contract Review Boards with Commissioners • St Helens Cares Peoples Board	5 x 4 =20	Develop 2018 - 19 detailed CIP plans and strengthen QIA monitoring to mitigate additional risk Establish a benchmarking and reference cost group Transformational CIP contribution to the overall CIP target	Develop capacity and demand modelling and a consistent approach to service development proposals approval Foster positive working relationships with health economy partners to help create a joint vision for the future of health services Cash flow and prompt payment of invoices from other NHS providers ~~Achievement of the Maternity CNST premiums risk reduction discount (June 2018)~~	Develop a detailed Health and Care Partnership implementation plan with C&M partners in line with the priorities outlined in the Next Steps FYFV plan Secure maximum PSF funding in 2018/19 to achieve control total. Agree payment mechanisms to support the development of an Integrated care system for St Helens (October 2018) Seek all possible sources of capital funding including national bids to support capacity planning	4 x3 = 12	NK

Risk 3 - Sustained failure to maintain operational performance/deliver contracts	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) • Failure to reduce LoS • Failure to meet activity targets • Failures in data recording or reporting • Failure to create sufficient capacity to meet the levels of demand Effects; • Reduced patient experience • Poor quality and timeliness of care leading to poorer outcomes • Failure of KPIs and self-certification returns • Increases in staff workload/stress Impact; • Potential patient harm • Loss of reputation • Loss of market share/contracts • External intervention • Loss of PSF funding • Increases in staff sickness rates	4 x 4 = 16	• NHS Constitutional Standards • Care group activity profiles and work plans • System Winter Plan • Care Group Performance Monitoring Meetings • Team to Team Meetings • ED RCA process for breaches • Exec Team weekly performance monitoring • Waiting list management and breach alert system • ECIP Improvement Events • A&E Recovery Plan • Capacity and Utilisation plans • CQUIN Delivery Plans • Capacity and demand modelling • System Urgent Care Delivery Board Membership • Internal Urgent Care Action Group (EOT) • Data Quality Policy • MADE events re DTOC patients	To Board; • Finance and Performance Committee • IPR • System Resilience Plan • Annual Operational Plan • Data Quality audits Other; • Contract review meetings/CQPG • Community services contract review meetings • NHSI monitoring and escalation returns/sit reps • CCG CEO Meetings • CQC System Reviews e.g. Halton, Liverpool	4 x 5= 20	~~Improvement plans for 62 day cancer target, where this is not consistently achieved in every month.~~ Theatre productivity improvement plan monitoring.	Long term health economy emergency access resilience and urgent care services plans re NEL admissions and DTOC Health economy winter resilience plan for 2018/19 which identifies additional capacity requirements - Sept 2018 Achieve target to reduce bed occupancy to 92% in 2018/19, including work with the wider health system to improve discharge Action plan to achieve BAU operational functionality for out-patients and Patient booking services following introduction of new Medway PAS (September 2018)	Improvement Event Action Plans and Internal Improvement strategy – on going Delivery of the ECIP concordat 5 key targets for 2018/19 Full Implementation of the new frailty pathways for all CCGs – Sept 2018	4 x 3 = 12	RC

Risk 4 - Failure to protect the reputation of the Trust	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Failure to respond to stakeholders e.g. Media • Single incident of poor care • Deteriorating operational performance • Failure to promote successes and achievements • Failure of staff/ public engagement and involvement • Failure to maintain CQC registration/Good Rating • Failure to report correct or timely information Effect; • Loss of market share/contracts • Loss of income • Loss of patient/public confidence and community support • Inability to recruit skilled staff • Increased external scrutiny/review • Delay in FT application timetable Impact; • Reduced financial viability and sustainability • Reduced service safety and sustainability • Reduced operational performance • Increased intervention	4 x 4 = 16	• Communication and Engagement Strategy • Communications and Engagement Action Plan • Workforce, Recruitment and Retention Strategy • Publicity and marketing activity • Patient Involvement Feedback • Patient Power Groups • Annual Board effectiveness assessment and action plan • Board development programme • Internal audit • Data Quality • Scheme of delegation for external reporting • Social Media Policy • Approval scheme for external communication/ reports and information submissions • Well Led framework self-assessment and action plan • NED internal and external engagement • Trust internet and social media monitoring and usage reports • Complaints response times monitoring and quarterly complaints reports	To Board; • Quality Committee • Workforce Council • Audit Committee • Charitable funds committee • Communications and Engagement Strategy • IPR • Staff Survey • Complaints reports • Friends and Family • Staff F&F Test • PLACE Survey • National Cancer Survey • Referral Analysis Reports • Market Share Reports • CQC national patient surveys • CQC Inspection ratings • Annual assessment of compliance against the CQC fundamental standards • Compliance review against the NHS Constitution Other; • Health Watch • CQC • NHSI Segmentation Rating	4 x 3 = 12	Regular media activity reports , including social media, to the Executive Committee Development of a new Patient Experience Strategy	Action plan to improve understanding of patients and carers' views – June 2018	Update Trust internet site ~~Staff engagement and leadership strategy review (January 2018)~~ ~~Maternity Patient Survey Action Plan Implementation – May 2018~~ Delivery of the Well Led Action Plan – on going Preparation for new style CQC inspection scheduled for July/August 2018 Develop a new Trust staff engagement and leadership strategy (September 18)	4 x 2 = 8	AMS

Risk 5 – Failure to work effectively with stakeholders	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Different priorities and strategic agendas of multiple commissioners • Unable to create or sustain partnerships • Competition amongst providers • Complex health economy • Poor staff engagement • Poor community engagement • Poor patient and public involvement Effect; • Lack of whole system strategic planning • Inability to secure support for IBP/LTFM • Loss of market share • Loss of public support and confidence • Loss of reputation • Inability to develop new ideas and respond to the needs of patients and staff Impact; • Unable to reach agreement on collaborations to secure sustainable services • Reduction in quality of care • Loss of referrals • Inability to attract and retain staff • Failure to win new contracts • Increase in complaints and claims	4 x 4 = 16	• Communications and Engagement Strategy • Membership of Health and Wellbeing Boards • Representation on Urgent Care Boards/System Resilience Groups • JNCC/ Workforce Council • Patient and Public Engagement and Involvement Strategy • CCG CEO Meetings • Staff engagement strategy and programme • Patient power groups • Involvement of Healthwatch • CCG Board to Board Meetings • St Helens Cares Peoples Board • Involvement in Halton and Knowsley ICS development • CCG Representative attending StHK Board meetings • Membership of specialist service networks and external working groups e.g. Stroke, Frailty, Cancer • Merseyside and Cheshire Health and Care Partnership governance structure • Exec to Exec working • StHK Hospitals Charity annual objectives	To Board; • Quality Committee • Charitable Funds Committee • CEO Reports • HR Performance Dashboard • Board Member feedback and reports from external events • NHSI Review Meetings • Quality Account • Review of digital media trends • Monitoring of and responses to NHS Choices comments and ratings • Participation in the C&M STP leadership and programme boards • Partnership working with NWB NHSFT to deliver the St Helens Community Nursing Contract • Membership of the St Helens Peoples Board • Collaborative working with Halton and Knowsley CCGs to develop plans for Integrated care systems in these Boroughs • Achievement of the integrated working CQUIN • Annual staff engagement events programme	4 x 3 = 12	Annual programme of engagement events with key stakeholders to obtain feedback and inform strategic planning	C&M Health and Care Partnership performance and accountability framework ratings and reports	St Helens Cares - development of financial and governance models – October 2018 ~~Work with Knowsley and Halton on development of their Integrated Care Systems – March 2019~~ Participation in One Halton Programme Board Continue working with Knowsley to support the development of place based integrated care plans	4 x2 = 8	AMS

Risk 6 - Failure to attract and retain staff with the skills required to deliver high quality services	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Loss of good reputation as an employer • Doubt about future organisational form or service sustainability • Failure of recruitment processes • Inadequate training and support for staff to develop • High staff turnover • Unrecognised operational pressures leading to loss of morale and commitment Effect; • Increasing vacancy levels • Increased difficulty to provide safe staffing levels • Increase in absence rates caused by stress • Increased incidents and never events • Increased use of bank and agency staff Impact; • Reduced quality of care and patient experience • Increase in safety and quality incidents • Increased difficulty in maintaining operational performance • Loss of reputation • Loss of market share	5x4 = 20	• Team Brief • Staff Newsletter • Mandatory training • Staff benefits package • H&WB Provision • Staff Survey action plan • JNCC/Workforce Council • Francis Report Action Plan • Education and Development Plan • HR Policies • Exit interviews • Staff Engagement Programme – Listening events • Involvement in Academic Research Networks • Values based recruitment • Daily nurse staffing levels monitoring and escalation process • 6 monthly Nursing establishment reviews • Workforce KPIs • Recruitment and Retention Strategy action plan • Nurse development programmes • Agency caps and usage reporting • LWEG/LETB membership • Speak out safely policy • ACE Behavioural standards	To Board; • Quality Committee • Workforce Council • Finance and Performance Committee • Premium Payments Scrutiny Council • IPR - HR Indicators • Staff Survey • Monthly Nurse safer staffing reports • Workforce plans aligned to strategic plan • Monitoring of bank, agency and locum spending • Monthly monitoring of vacancy rates and staff turnover • Staff F&FT snapshots • WRES report and action plan • Quality Ward Rounds Other • Annual workforce plans • HR benchmarking • Nurse staffing benchmarking • C&M HR Work Stream	5x4= 20		Specific strategies to overcome recruitment hotspots e.g. International recruitment and working closely with HEE's Plans to optimise opportunities from the apprenticeship levy to create new roles and qualifications to address skills and capacity gaps	Complete E-Rostering roll out to all Medical Staff (revised to August 2018) Development of a C&M collaborative staff bank – Sept 2018 Maximise the benefits of the apprenticeship levy – December 2018 ~~Annual review of Departmental OD plans – June 2018~~ Implementation of the NHSI Recruitment and Retention Framework and evaluation of the return on investment (March 2019) Develop workforce strategy in relation to new roles e.g. Nurse Associates and Physicians Assistants to maximise potential – September 2019 ~~Development of specific nursing workforce recruitment strategy and infrastructure – business case (May 2018)~~	4 x 2 = 8	AMS

Risk 7 - Major and sustained failure of essential assets or infrastructure	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Poor replacement or maintenance planning • Poor maintenance contract management • Major equipment or building failure • Failure in skills or capacity of staff or service providers • Major incident e.g. weather events/ fire Effect; • Loss of facilities that enable or support service delivery • Potential for harm as a result of defective building fabric o equipment • Increase in complaints Impact; • Inability to deliver services • Reduced quality or safety of services • Reduced patient experience • Failure to meet KPIs • Loss of reputation • Loss of market share/contracts	4 x 4 = 16	• New Hospitals / Vinci Contract Monitoring • Equipment replacement programme • Equipment and Asset registers • Capital programme • Procurement Policy • PFI contract performance reports • Regular accommodation and occupancy reviews • Estates and Accommodation Strategy • H&S Committee • Membership of system wide estates and facilities strategic groups • Membership of the C&M 5-year forward view programme strategic estates workstream	To Board; • Finance and Performance Committee • Finance Report • Capital Programme • Audit Committee • I.P.R. Other; • Major Incident Plan • Business Continuity Plans • ERIC Returns • PLACE Audits • Model Hospital • Issues from meetings of the Liaison Committee escalated as necessary to Executive Committee, to capture: ▪ Strategic PFI Organisational changes ▪ Legal, Financial and Workforce issues ▪ Contract risk ▪ Design & construction ▪ FM performance ▪ MES performance	4 x 2 = 8	Development of a 10 year strategic estates development plan to support the Trust's service development and integration strategies. ~~Development of estate options for cancer services, urgent care and surgical care are being developed~~	~~Membership of the C&M 5-year forward view programme strategic estates workstream.~~ Maximise the potential from the GP Streaming investment to improve the A&E department flows.	~~PLACE assessment of Intermediate Care Ward at Newton Hospital (May 2018~~) Options appraisal for additional community based bed capacity to support the Winter Plan (September 2018) Delivery of additional car parking capacity to improve patient and staff experience (September 2018)	4 x 2 = 8	PW

Risk 8 - Major and sustained failure of essential IT systems	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Inadequate replacement or maintenance planning • Inadequate contract management • Failure in skills or capacity of staff or service providers • Major incident e.g. power outage or cyber attack • Lack of effective risk sharing with HIS shared service partners • Inadequate investment in systems and infrastructure. Effect; • Lack of appropriate or safe systems • Poor service provision with delays or low response rates • System availability resulting in delays to patient care or transfer of patient data • Lack of digital maturity. • Loss of data or patient related information Impact; • Reduced quality or safety of services • Financial penalties • Reduced patient experience • Failure to meet KPIs • Loss of reputation • Loss of market share/contracts	4x5=20	• HIS Management Board and Accountability Framework • Procurement Framework • Health Informatics Strategy • ~~HIS~~ performance framework and KPIs • ~~HIS~~ customer satisfaction surveys • Cyber Security Response Plan • Benchmarking • Workforce Development • Risk Register • Contract Management Framework • Major Incident Plan • Disaster Recovery Policy • Business Continuity Plans • Care Cert Response Process • Project Management Framework • Change Advisory Board • ~~Availability and capacity management framework~~	To Board; • ~~HIS~~ Board Reports • IM&T Strategy delivery and benefits realisation plan reports (5YFV) • Audit Committee • Executive committee • Risk Management Council • Information Security Assurance Group • Health Informatics Service Operations Board • Health Informatics Strategy Board • Programme/Project Boards • Information Governance Steering Group Other; • Annual financial plan agreed with partners • Internal/External Audit Programme • Data security protection Toolkit Submissions • Information asset owner framework • Information Security Dashboard • External sources of assurance – CareCert, Cyber Essentials, External Penetration Test	4x4=20	Annual Cyber Security Business Case approval Annual Infrastructure Replacement Programme to be agreed Annual Corporate Governance Structure review Staff Development Plan Technical Development Annual programme of audit	ISO27001 Cyber Essentials Plus ~~NHS IT Health Check (CareCert)~~ ~~Annual Service Delivery Assurance Report~~ Service Improvement Plans Communications Strategy Digital Maturity Assessment ~~Independent systems reviews~~ ~~Penetration Testing Exercise~~	ISO27001 (~~Sept 18~~ August 20) Cyber Essentials Plus (~~Sept 18~~January 19) ~~CareCert Accreditation (July 18)~~ Cyber Security Strategy (~~May 18~~ October 18) ~~Delivery of PAS Replacement programme (April 18)~~ Benefits realisation programme following PAS replacement (March 2019) Penetration Test (December 18) Information asset owner/administrator work programme (Tier 1 systems) (December 18) Information security management framework (December 18) Five year Forward View Plan (December 2018)	4x2=8	CW

TRUST BOARD

Paper No: NHST(18)74
Title of paper: Draft Trust Strategy 2018 - 2021
Purpose: To present the final draft of the new Trust Strategy for the period 2018 – 2021
Summary: The pace and scale of change facing the NHS and local health and care environment led the Board to review the strategic plans for the Trust. This process started at the Board time out in November 2017 and has continued via the Strategy Board meetings since then. The draft Trust Strategy document summarises this work and aims to present the agreed strategy in a succinct and accessible format that can be shared with staff and stakeholders. The draft Trust Strategy seeks to build on the established vision and values of the Trust and set out the direction of travel for the next 3 years, as the NHS changes to a more integrated and less market driven operating environment. The draft strategy was discussed at the Strategy Board meeting in June and this version incorporates comments and feedback from that meeting. The document is therefore now presented for approval.
Trust objectives met or risks addressed: Compliance with the NHSI Single Oversight Framework and Well Led Framework
Financial implications: None arising directly from this report.
Stakeholders: Patients, Patients Representatives, Staff, Partners, Regulators
Recommendation(s): The Board approve the new Trust Strategy for 2018 - 2021
Presenting officer: Nicola Bunce, Director of Corporate Services
Date of meeting: 25th July 2018

Trust Strategy 2018 – 2021

DRAFT v 3

(July 2018)

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5. Strategic Aims
6. Stakeholders
7. Strategic Delivery Plans
8. Supporting Strategies
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1. Introduction

The previous Trust strategy was developed in 2015, and in the last 3 years there have been many changes in health and care policy nationally and to the environment and context in which that care is delivered. Health and Care Transformation partnerships have emerged; Integrated Care Systems offer contiguous local health and social care; and integration with and of health care providers offer an opportunity to tackle the twin challenges of clinical and financial sustainability.

The health and care sectors have experienced sustained increases in demand as a result of a steadily aging population, and the rise in people of all ages with one or more long term health condition.

Locally, deprivation, unemployment, smoking, drug and alcohol misuse remain high, and health outcomes are still poor relative to more affluent areas; health inequalities persist and emergency attendances and admissions to hospital are amongst the highest in England.

The Trust is already involved in the development of Integrated Care Systems, with our main commissioners and Local Authorities and is working collaboratively in many different areas with other healthcare providers. There have been new services added to the Trust portfolio and we are embracing technological solutions that will increase our productivity and improve patient experience.

As a result of this changing landscape the Board of Directors felt that it was an appropriate time to reassess the strategic direction for the Trust.

The vision of the Trust to provide Five Star Patient Care has not changed and remains a constant anchor point by which all future proposals will be judged. This vision continues to guide the Trust's choices and direction of travel. The Trust values have also not changed as they are as relevant to the emerging NHS environment as they have always been.

The challenge for the Board in the next three years is to: maintain safe, effective, high quality and best value services, committed and motivated staff, the culture and values of the organisation, and its reputation with stakeholders and regulators; whilst responding to a period of rapid change to the health and social care environment.

2. Trust profile

The Trust provides acute healthcare services at St Helens and Whiston Hospitals, both of which are modern, high quality facilities. Both hospitals are provided under the Private Finance Initiative (PFI) and as such are always maintained "as new". During 2017/18 the Trust started to deliver adult community nursing services (in partnership with North West Boroughs Healthcare NHSFT) and a primary care practice. Community intermediate care services are now delivered from Newton Community Hospital in Newton le Willows, which is also a modern purpose-built facility (financed through the local LIFT partnership). All of these facilities offer a high quality patient experience and pleasant working environment for staff.

The Trust has an excellent track record of providing high standards of acute hospital care to a population of approximately 360,000 people principally from the boroughs of St Helens, Knowsley, Halton, and Liverpool, but also from other neighbouring areas such as Warrington, Ormskirk and Wigan. The Trust has the busiest Accident and Emergency department in Cheshire and Merseyside and the largest provider of paediatrics and maternity services, other than the specialist tertiary centres. It is the Mersey Regional Burns and Plastic Surgery Unit provides treatment for patients across Merseyside, Cheshire, North Wales, the Isle of Man and other parts of the North West, serving a population of over 4 million. The Trust has become the Hyper Acute Stroke Unit (HASU) for St Helens, Knowsley, Halton and Warrington, providing specialist acute treatment in the first hours and days following a stroke.

The Trust was inspected by the Care Quality Commission in 2015 and received an overall rating of Good, with the caring domain, outpatients services and St Helens Hospital all being given the highest rating of Outstanding.

The Trust employed an average of 5,014 whole time equivalent (WTE) staff during 2017/18, and had an annual turnover of £384m.

The Trust has 722 acute and inpatient beds as well as day case and assessment beds/trolleys (total beds circa 800). Half of the inpatient beds are single rooms with en-suite bathrooms.

The Trust is the second largest acute services provider in Cheshire and Merseyside and has the busiest Accident and Emergency Department.

Since opening the new hospitals, nearly 10 years ago the Trust has experienced almost continual growth across all areas of activity, and now operates at maximum capacity.

2.1 Performance

During 2017/18 the Trust experienced unprecedented demand for services and responded to extreme winter pressures. There were more A&E attendances and non-elective admissions than any previous year. The percentage bed occupancy (for general and acute beds) within the Trust throughout winter was over 96.3%. In spite of these pressures the Trust was able to avoid any 12 hour trolley waits and cancelled less than 0.6% of planned operations (of which 99% were re-booked within 28 days).

Table 1 - Activity Growth 2017/18

	2016/17	2017/18	Variation
Activity Type	**(000's)**	**(000's)**	**%**
Outpatient 1st attendances	140.6	138.1	(1.8)
Outpatient follow-up attendances	314.9	314.8	0
Ward attenders	17.3	19.1	10.4
Outpatient procedures	100.5	102.5	2.0
Elective inpatients	7.3	7.0	(4.0)
Day case	41.5	42.8	3.1
Non-elective inpatients (less Obstetrics)	51.6	54.4	5.4
A&E attendances	103.3	111.3	7.8
Births	4.1	4.1	0

The Trust is successful at recruiting staff in the majority of areas but experiences difficulties in some disciplines and specialities where there are acute national staff shortages.

The Trust is now responsible for leading the provision of a range of adult community nursing services; adult community nursing (District Nurses and Community Matrons), some specialist community nursing teams – Cardiac Rehab, Tissue Viability, Integrated Frailty Team and community Intermediate Care, for the borough of St Helens. During the first 12 months of the contract services have been aligned to localities so they can work more closely with primary care and improve continuity of care. The intermediate care services have developed new pathways to maximise discharges from the acute setting and also to optimise the step up pathways that prevent hospital admissions. The specialist community teams have become integrated with hospital services to offer end to end pathways which reduce duplication and improve the quality of care for patients.

2.2 Quality and value

The Trust has an impressive record of achieving national access, performance and quality standards and making improvements year on year.

The main challenge in 2017/18 was in achieving the Accident and Emergency 4 hour access target. The Trust, like the majority of others across the country was unable to achieve the target of 95% during 2017/18, because of steadily increasing attendances and the number of these patients who needed to be admitted. The Trust also experienced difficulties in being able to discharge patients who were medically fit and this restricted the number of beds available for new patients.

Despite the increases in activity during 2017/18 there was a fall in the number of formal complaints made to the Trust and an increase in the informal concerns resolved locally by ward managers and the Patient Advice and Liaison Service (PALS) team.

Quality and Access Performance 2017/18

Achievements 2017/18	Target	Perform.
% of patients first seen within two weeks when referred from their GP with suspected cancer	93.0%	95.1%
% of patients receiving first treatment within 31 days from diagnosis of cancer	96.0%	97.6%
% of admitted patients treated within 18 weeks of referral	92.0%	94.0%
Number of Hospital Acquired MRSA bacteraemia incidences	0	1 (1)*
Number of Hospital Acquired C. Difficile incidences	<41	19
% of patients admitted with a stroke spending at least 90% of their stay on a stroke unit	83.0%	90.3%
Harm Free Care (NHS Safety Thermometer)	100%	98.9%
Falls resulting in severe harm	Reduction on previous year	22
Hospital Standard Mortality Ratio (HSMR)	<100	99.7
Safer Staffing – registered nurse fill rate	90%	93.9%
Flu vaccination uptake	75%	87.1%
Friends and Family Test Patient Recommendation Rate		95.8%

*1 MRSA and 1 contaminant

In the Patient Led Assessments of the Care Environment (PLACE) the Trust had the highest scores in the country in all categories of the assessment; cleanliness, food, privacy and dignity, facilities for patients living with dementia and disability, condition, appearance and maintenance of the hospital buildings

There were extremely positive national staff survey results with the Trust rated as the best place to work or receive treatment across the whole NHS, and having the best score nationally for 10 out of the 32 key findings and scoring above the national average in 27 indicators.

2.3 Catchment Population

The communities served by the Trust are characterised by their industrial past, with local people being generally less healthy, with lower life expectancy and less years in good health than the rest of England, and a higher proportion of people suffer from a long-term condition.

Rates of smoking, cancer, obesity, and heart disease, related to poor general health and nutrition, are significantly higher than the national average.

Many areas also have high levels of deprivation, which in turn is linked to health inequalities.

The population in our catchment area is growing as a result of new housing developments and regeneration, but is also aging faster than the general population of the UK. This means there is a higher proportion of older people in the catchment population living in poor health.

All of these factors give rise to a population with greater health needs that require increased access to both health and social care

In order to help create both clinically and financially sustainable services, the Trust is already working in several different collaborations with partners from the local health systems.

The workforce challenges being experienced by acute care are shared with other health and care sectors including primary care, and in some parts of our catchment area there are severe shortages of general practitioners, which make it harder for people to access primary care and are therefore more dependent on urgent and emergency care services.

2.4 Developments since 2015

The Trust has been an active member of the Cheshire and Merseyside Health and Care partnership (formerly known as the STP) since 2015. The partnership includes all NHS commissioners, provider trusts and local authorities in Cheshire and Merseyside. The objective of the partnership has been to transform health and care services locally to achieve the ambitions set out in the NHS Five Year Forward View that was published in 2014.

During 2017/18 the structure of the Cheshire and Merseyside Health and Care Partnership was revised to focus on a number of cross cutting themes, for example; Urgent and Emergency Care, Women's and Children's Services and Prevention at Scale and nine areas where local "place based" care could be developed, based on local authority boundaries.

The Trust is a member of a number of the cross cutting work streams e.g. Cancer Services, Women's and Children's, clinical support services and corporate services collaborations, which support NHS providers to work more closely together. The Trust's Chief Executive is the Senior Responsible Officer for the cancer work stream and leads the local Urgent Care Delivery Board.

The Trust is also working in partnership with Clinical Commissioning Group and Local Authority partners and other provider Trusts, to develop opportunities for place based integrated care systems in St Helens, Knowsley and Halton. Although each borough is at a different stage of development, there is a strong commitment in each to achieve a greater integration of services.

The Trust continues to be a major provider of corporate and support services to other NHS bodies.

The Health Informatics Service (HIS) provides information systems and expertise to 9 CCGs and Trusts in Mid- Mersey, and has an annual budget of over £10m. The Human Resources and Payroll teams have secured contracts to deliver the payroll service to the majority of Trusts and CCGs in Merseyside. The Trust also acts as the lead employer for Junior Doctors in training on behalf of a number of the Health Education England regions. The Trust already provides a payroll service to 32 health organisations and delivers lead employer services to over 5,000 Junior Doctors, and both these services continue to expand.

Pathology services are provided to Southport and Ormskirk NHS Trust and for primary care. There are plans to create pathology and diagnostic imaging networks across the North Mersey area and the Trust is an active member of both these groups.

3 Environmental Assessment

The Board has utilised a number of planning techniques to support the strategic planning process. This included undertaking an environmental assessment.

PESTLE – Environmental Assessment

POLITICAL	ECONOMIC
• Government with small majority – political uncertainty • NHS Policy drivers for integrated care models and recognition that current patterns of provision are not sustainable (within planned levels of funding) • Move away from market values driving NHS policy • NHS performance deterioration – financial outturn, A&E 4 hour target • Continued austerity and reductions in Local Government spending • Impact of Brexit (particularly supply of labour) • Drive for devolution/regional mayors • Northern Power House • Pressure for a long term funding settlement for the NHS	• Impact of pay restraint for public sector workers • Risk of recession / low economic growth • High employment levels nationally but low paid or zero hours contracts • Continued economic deprivation amongst catchment population • New housing developments and predicted population growth • H2 Rail Line - increasing transport links and mobility • Nursing & Care home sector not economically viable and reducing capacity • NHS not seen as offering attractive careers or job security
SOCIAL	**TECNOLOGICAL**
• Higher than national average increases in the proportion of older people, locally • Fewer people can afford means tested Social Care (with implications for DTOC) • High dependency culture e.g. reliance on NHS • High incidence of risk taking behaviours and cultural acceptance of poor health (LTCs) • Increasing pressure for population to take responsibility for their own health e.g. smoking/weight management	• Patient/Public access to information and knowledge; social media • Patient expectation re electronic booking/notifications etc. • Move to patient held records • Remote monitoring and tele health • Cyber threats – data integrity • Sharing health information, across providers • Need to be able to stay connected and access real time patient information remotely • Support for new types of care worker to operate safely • New targeted/individualised drug therapies • Antimicrobial resistance and implications for health care
LEGAL	**ENVIRONMENTAL**
• Currently no statutory framework for health reforms and	• Increased environmental awareness e.g. growth in

creation of integrated care systems • Formal role of Health and Care Partnerships in transforming the NHS • Closer working between NHSE and NHSI – changing nature of regulation and accountability • Future role of Cooperation and Competition Authority • Increasing costs of medical negligence • Impact of new CQC Inspection regime and UoR Assessments	electric cars/reduction in use of plastic • Increased desire to reduce environmental impact and reliance on fossil fuels • Increased re-cycling and reduction in single use items • Use of brown field land for developments and changes in planning regulations • Many NHS hospitals have high backlog maintenance and out of date equipment (no longer fit for purpose)

As the NHS nationally has been tasked with producing a new 10 year strategy and there is currently a high level of uncertainty politically as a result of Brexit, the Board felt that a 3 year strategic planning horizon was the most appropriate for the Trust. On this basis the Board undertook a SWOT (strengths, weaknesses, opportunities, threats) exercise, in response to the environmental assessment.

SWOT Analysis

Strengths (internal)	Weaknesses (internal)
• Excellent hospital facilities and patient environment • Relationships with main commissioners & key stakeholders • Partnership working with other Trusts e.g. NWB • Ring fenced elective capacity • High patient satisfaction ratings • Track record of high quality care and good operational performance • Excellent staff survey results • CQC rating • NHSI segmentation (2) • The hospital of choice for an increasing number of patients • Burns and Plastics, Stroke Care, Ambulatory pathways • Expertise in non-elective care • Strong leadership and consistent vision for high quality care • Associate teaching status • Highly motivated, engaged and skilled staff • Benchmark well on may measures of productivity • Low staff turnover compared to many NHS organisations • Already started to diversify into Community Services and Primary Care in St Helens • Track record of providing shared and collaborative services	• High fixed costs (PFI) • Risk of not achieving A&E access improvement trajectory • Bed occupancy very high/trust operating at maximum capacity • Risk of not achieving financial plan and securing all PSF/breaching agency cap if increases in demand continue • Level of CIP needed to achieve financial balance • Disproportionate non-elective activity (higher proportion of unplanned care) • Variation of SLR performance • Challenges in providing comprehensive 7/7 care across **all** specialities • Discharge processes – DTOCs/medically optimised patients/management of patient flow • Lack of capital to invest in new service developments • Management capacity to deliver scale and pace of change • Productivity in some areas can be improved (Lord Cater/Model Hospital)

• Culture of continuous improvement	
Opportunities (external)	**Threats (external)**
• Place based & Integrated care system models • Increasing demand for some specialities from North Wales and IOM • Diversification into community , primary and social care • Expansion of locally provided cancer services - Eastern cancer hub proposals • Drivers for integration of services and care pathways across hospital and community settings • C&M Health and Care Partnership collaboration programmes • Potential service and acute care reconfiguration and consolidation • Technological advances – new PASs /Shared care record to drive quality and productivity • Expansion of shared services e.g. payroll, pathology, lead employer, HIS • Political and community support for local hospitals/services • The development of a 10 year NHS Plan • Ability to recruit from abroad • Opportunities to develop new roles and offer career development to staff	• Lots of other providers locally – urban congestion • Provide services across 3 (principle) place based footprints – St Helens, Knowsley and Halton • Referral management schemes – impact on elective demand • Changes to NHS payment mechanisms • Continued increases in A&E attendances and NEL demand despite diversion schemes • Responding to 3 different CCGs and LAs(with differing and sometimes conflicting visions for integrated care) • Poor underlying population health and proportion of elderly people driving demand for Urgent Care • Social Care funding and means testing • Legislative uncertainty on the basis for current reforms and service transformation • Lack of alternatives to hospital based care and instability of the Nursing and Care Home sector and Domiciliary Care • Changing structure of the NHS and role of NHSI • Workforce challenges for the acute and primary care sector • Continued increases in demand due to population demographics and health inequalities • NHS funding settlements since 2010

4. Trust vision and mission

In light of the environmental assessment the Board considered the vision for the future development of services and concluded that the existing vision continues to encapsulate all that the Board want to achieve during the next 3 years. This vision is recognised by existing staff and is easily understood by new staff; it is applicable to hospital services and services delivered in other settings.

Vision

5 Star Patient Care – which will be delivered through continuous improvements in; safety, care, communications, systems and pathways

Mission

The Trust's mission is to deliver 5 Star Patient Care by providing an excellent patient experience through high quality services.

This is captured in the "Star Chart" which is used in Trust publications and displayed on noticeboards throughout the Trust. It is a stable, consistent message that has been used by the Trust for over 14 years and remains accessible and identifiable for staff and

patients. It is embedded in the culture of the organisation and drives both service and personal objectives, every year.

Five Star Patient Care - Star Chart

The Five Star Patient Care vision is supported by the Trust values, behavioural standards and a number of strategic aims.

Trust Values

OUR VALUES
Kind & Compassionate
OUR VALUES
Respectful & Considerate
OUR VALUES
Listening & Learning
OUR VALUES
Friendly & Welcoming
OUR VALUES
Open & Honest

5. Strategic Aims

The Board considered its six high level strategic aims for the next 3 years. In line with the visons and values of the Trust, these remain similar to the previous strategic aims, but have been focused on the wider health system(s) in which the Trust operates rather than being solely organisation and sector focused;

Strategic Aims	
1	Provide high quality personalised care
2	Be the services of choice for our patients
3	Respond to local health needs
4	Attract and develop, caring, highly skilled staff
5	Work in partnership to improve health outcomes
6	Create sustainable and efficient health systems

The strategic aims frame the detailed planning process and have enabled the Board to agree a number of specific medium term service and organisational development plans. To inform this process the Board undertook a SOAR (Strengths, Opportunities, Aspirations and Results) analysis.

SOAR Analysis

Inquiry into STRENGTHS	Innovate to meet ASPIRATIONS
• Excellent hospital facilities and patient environment • Relationships with main commissioners & key stakeholders • Started partnership working with other Trusts e.g. NWB • Ring fenced elective capacity at St Helens Hospital • High patient satisfaction ratings • Track record of high quality care and good operational performance • Excellent staff satisfaction ratings • CQC rating • NHSI segmentation (2) • The hospital of choice for an increasing number of patients • Expertise in non-elective care • Strong leadership and consistent vision for high quality care • Associate teaching status • Highly motivated, engaged and skilled staff • Trend of Increasing market share • Benchmark well on may measures of productivity • Low staff turnover compared to many NHS organisations • Already started to diversify into Community	• Improve A&E access for patients who need it • Create and deliver effective /safe alternatives to A&E for patients needing urgent care • Create and deliver effective and safe alternatives to hospital care for patients who are medically optimised • Work with system partners to reduce DTOCs – by early assessment and discharge planning, creating more alternative settings and ability to deliver packages of care • Maintain financial stability and sustainability • Maintain elective capacity /throughput • Improve patient flow to create capacity for patients who need hospital care • Become the principle acute hospital for Mid-Mersey • Lead more acute services collaboration and shared services across Mid-Mersey e.g. stroke • Become the 'lead provider' /senior partner in the development of Integrated Care Systems for St Helens, Knowsley and Halton • Operate single pathways of care for the majority of acute and long term conditions across the whole of Mid-Mersey • Acquire the knowledge, skills and capacity to deliver safe and effective care across the whole health and care service spectrum • Maintain current quality, performance and delivery

Services and Primary Care in St Helens	levels • Maintain or improve staff engagement and the culture of the Trust • Protect and grow our reputation for delivering high quality care
Imagine the OPPORTUNITIES	**Inspire to achieve RESULTS**
• Place based & Integrated care models as vehicles to achieve better value and patient centred services • Increasing demand and opportunities to expand e.g. some specialities, wider geography, diversification • Diversification into community , primary and social care as a Lead Provider or in partnership to increase integration and end to end pathways of care • Policy drivers for integration of services and care pathways • C&M Health and Care Partnership Sustainability and Transformation programmes e.g. Pathology Networks • Policy of service and acute care collaboration and consolidation • Technological advances – new PASs implementation to drive quality and productivity/Shared Care Records/ Telemedicine • To expand and take on new shared services e.g. payroll, pathology, lead employer, HIS • Increased NHS funding • NHS Workforce plan and the removal of the visa cap • Development of new roles and opportunities to provide career development for staff	• Provide Walk in and Urgent Care Centres as a single urgent care network to simplify the entry routes to the NHS and reduce NEL hospital demand • Provide an outreach domiciliary and care home staffing to reduce hospital LoS • Create Integrated care Systems in each of the Boroughs to reduce barriers between health and social care – to improve early intervention, health promotion and influence on local policy to reduce health inequalities • Secure or create the additional capability and capacity to deliver this agenda, including contracting, social care, primary care, community services • Maintain involvement and influence across C&M and with the new combined NHSE/NHSI combined regional structure • Work with all of the local health and social care providers to build relationships and partnership arrangements – positioning ourselves as the natural leaders • Develop a strategic estates plan with options to expand (consolidation of services) at Whiston e.g. Eastern Cancer Hub, Stroke, O&G • Secure capital to invest in key enablers e.g. IT, infrastructure • Attract funding for transformation and double running costs • Creative and innovative strategies to overcome national workforce shortages – to attract and retain staff within the local health system, so they can progress and develop throughout their careers.

6. Stakeholders

The future of the NHS is now based on the principles of collaboration and integration across clinical pathways, organisations and other services e.g. Local Authority Social Care, Public Health, Housing, voluntary sector etc. Although there remain legal requirements, established by the 2012 NHS Act the emphasis is moving away from competition and market forces. This change means that the relationship with our key stakeholders is changing: with other local providers we are working collaboratively across care pathways to provide end to end care; with our commissioners and local authorities the relationship is increasingly aligned to a system response to the pressures being faced by the whole health and care system, for example winter plans and the collective response to delayed transfers of care; and with our regulators there is more emphasis on support and service improvement.

The Trust has undertaken stakeholder mapping to characterise the changing nature of the key stakeholder groups and how these relationship need to be evolve and develop into effective partnerships and joint responses to the challenges facing the health and care system.

Stakeholder Alignment Heat Map

Stakeholders	Future Strategy	Quality of Services	Safety	Range of Services	Access to services	Value for Money	Activity/ Demand	Financial Sustainability	In competition	Partner	Collaborator
Patients, relatives & carers											
The public											
Staff											
Staff organisations and professional bodies											
Other Providers/Trusts											
Primary Care											
Commissioners											
NHS England/ NHS Improvement											
CQC											
Local Authority											
Cheshire and Merseyside Health and Care Partnership											
Politicians – Councillors and Local MPs											
Government/DoHSC											

Goods and services suppliers											
Customers (Shared services, Lead Employer etc.)											
Media											
Third and voluntary sector											
Health Watch											

Importance	
	Critical
	Very
	Moderate
	Limited

7. Strategic Development Plans

The proposed development plans are detailed in the table below.

Strategic Aim	Plan	Desired Outcomes	Timescales
Provide high quality personalised care	**Support the creation of Integrated Care Systems in St Helens, Knowsley and Halton**	**Be the lead provider for St Helens Cares, including the development of payment, contract management and risk sharing arrangements to improve health outcomes**	**2019/20**
		Play integral part in the development and delivery of sustainable integrated care systems in Knowsley and Halton	**2020/21**
	Technology – shared care record	**Introduce and maximise the potential of the shared care record to deliver the St Helens Cares aspirations**	**2018/19**
		Demonstrate the clinical benefits of the shared care record and achieve equivalent capability to share patient level information with other Integrated Care Systems	**2019/20**
	Tailored health and care packages supporting people to live well	**Working across health and care sectors to develop proactive care packages for patients identified at highest risk to maintain healthy, independent lives and reduce hospital admissions. Maximise the potential of technology to enable these developments.**	**2020/21**
Be the services of choice for our patients	**Integrated end to end pathways**	**Create single care pathways for long term condition and frailty management across the whole health and care spectrum i.e. primary, voluntary, 3rd sector, social, community, secondary and specialist care settings to reduce handoffs and improve continuity for patients and their carers.**	**2020/21**
	Overarching single identify for health and care locally – one NHS	**Develop a single identity for local health and care services in each care system, that are responsive, easy to navigate, high quality and cater for individual patient needs**	**2020/21**
	Maximise the capacity of existing resources to respond to future increases in demand	**Continue to develop ambulatory pathways, convert elective procedures to day case or outpatient settings and optimise length of stay to ensure that patients, who require inpatient hospital care when they are acutely ill, are able to access it.**	**2018 - 2021**
Respond to local health needs	**Place based and locality working**	**Develop multi-disciplinary locality based services, with responsive and creative use of a wide range of staff (including the voluntary sector) who work together to understand and respond to the needs of the locality population and maximise the care that can be delivered in the**	**2019/20**

		community.	
	Addressing determinants of ill health	Use the collective authority and purchasing power of the combined services to influence beyond the sphere of health to improve people's lives and tackle local health issues	2018 - 2021
	Primary care	Work with primary care colleagues to strengthen the resilience and accessibility of services, and support general practice staff to maximise the capacity.	2018 - 2020
Attract and develop, caring, highly skilled staff	Developing people throughout their career	Attract, train, develop and support local people to take up health and care careers and be able to fulfil their career ambitions within the local health and care systems.	2021
	Pipeline of opportunity	Develop the future workforce to meet the predicted increased in demand, by working at international, national, regional and local level to maximise opportunities to attract, train and retain staff of all disciplines	On-going
	Working with others to maximise scarce skills	Work across networks and health systems to maximise the impact of scare skills e.g. use of technology and alternative practitioners to maintain the clinical sustainability of acute services	2021
	Increase staff retention	Create the right conditions and culture in the local integrated care systems to reduce staff turnover and increase retention. This will include responding to changing social norms and patterns of work and offering opportunities for development and career flexibility	2018 - 2021
Work in partnership to improve health outcomes	Continue the development of wider clinical networks C&M e.g. Women's and Children's	Work across a Cheshire and Merseyside footprint to achieve clinical sustainability and reduce unwarranted variation for specialist acute services to improve quality of patient experience and clinical outcomes e.g. cancer services, maternity care	2018 - 2021
	Acute collaborations	Work with other local acute service providers to improve the quality and outcomes of services that need to be provided on a sub-regional basis but are not clinically or financially sustainable in the current configuration	2018 - 2021
Create sustainable and efficient health systems	Continue to improve the value, efficiency and productivity of clinical services – GIRFT, Model Hospital, Reference Costs	Maximise the quality, value, productivity and efficiency of the services provided making use of national benchmarking and peer review programmes, to contribute to the health system's financial sustainability and continued viability	On- going
	Increase collaboration and shared service models for corporate and support services	Deliver a greater proportion of shared corporate and support services on behalf of the wider health system and work with other	On- going

		providers to develop collaborative ventures to maximise economies of scale and increase efficiency	
	Innovation, learning and Continuous improvement	**Create a shared culture that embraces continuous improvement, supports learning and encourages all staff**	

8. Supporting strategies

There is a range of supporting strategies that set out the detailed plans for delivering each of the Trust's strategic aims which underpin this overarching strategy, including;

1) Clinical and Quality Strategy
2) Workforce Development Strategy
3) Communication and Engagement Strategy
4) Estates and Facilities Strategy
5) Technology and Innovation Strategy
6) Finance and Information Strategy

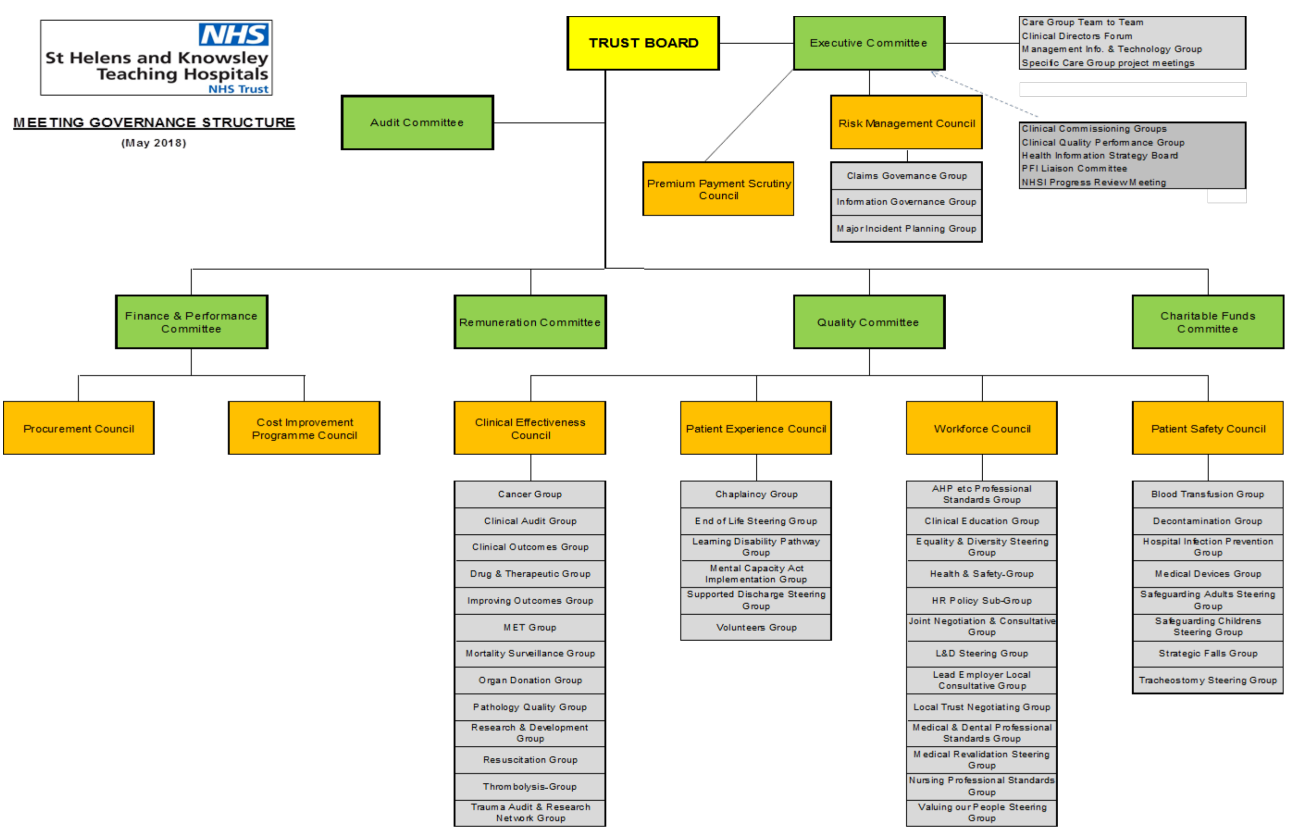
These strategies are updated regularly and progress is monitored by the Board and its Committees.

9. Governance and performance management

The risks to delivery of the strategic aims are managed via the Board Assurance Framework which enables the Board to oversee the sources of assurance and control that it relies on to deliver the Trust's strategy.

The operational management and governance structure of the Trust will need to adapt and develop in line with the strategic aims and to remain fit for purpose as new NHS structures emerge. The principles of effective leadership and robust governance systems need to be carried forward into these new arrangements, so that there continue to be clear lines of accountability and the NHS Constitution is upheld.

Governance Structure 2018



The strategy will be reviewed each year and a detailed operational plan produced to set out the improvement objectives and performance and quality framework for the following financial year. This will ensure that the Trust continues to move toward its vision of providing **Five Star Patient Care.**

END

TRUST BOARD

Paper No: NHST(18)75
Title of paper: Learning from Deaths Quarterly Report 2017/18 Q4
Purpose: To describe mortality reviews that have taken place in both specified and non- specified groups; to provide assurance that all specified groups have been reviewed for deaths, and key learning disseminated throughout the Trust.
Summary: Data is given for 2017/18 and key learning described
Corporate objectives met or risks addressed: 5 star patient care: Care, Safety, communication
Financial implications: None
Stakeholders: Trust patients and relatives, clinicians, Trust Board, Commissioners
Recommendation(s): To approve the report
Presenting officer: Dr Francis Andrews, Assistant Medical Director
Date of meeting: 25th July 2018

STHK Learning From Deaths Board Report

	Deaths in Scope [1]	Specified Groups									
		LD Deaths	SMI Deaths [2]	Child Deaths	Neonatal Deaths & Stillbirths	Maternal Deaths	CQC Alert Deaths	Diagnosis Group [3] Deaths	SIRI Deaths	Concern [4] Deaths	**Total [5]**
Apr-17	121	0	1	0	3	0	0	10	0	3	**17**
May-17	133	1	0	0	3	0	0	11	1	2	**17**
Jun-17	132	0	0	0	2	0	0	9	1	0	**12**
Jul-17	143	1	1	0	0	0	0	12	1	1	**16**
Aug-17	130	2	2	0	2	0	0	8	0	1	**14**
Sep-17	150	1	3	0	5	0	0	11	1	1	**22**
Oct-17	128	1	0	1	3	0	0	14	0	4	**23**
Nov-17	130	2	1	0	2	0	0	12	0	1	**18**
Dec-17	149	0	0	0	1	0	0	9	0	2	**12**
Jan-18	213	1	0	0	2	0	0	24	1	0	**28**
Feb-18	154	0	0	0	1	0	0	13	0	0	**14**
Mar-18	149	2	1	0	2	0	0	8	0	0	**13**
Total	**1,732**	**11**	**9**	**1**	**26**	**0**	**0**	**141**	**5**	**15**	**206**

	Specified groups			Non-Specified groups		
	Total [5]	Reviewed	**% Reviewed**	Total	Reviewed	**% Reviewed (Target 25%)**
Apr-17	17	17	100.0%	104	30	28.8%
May-17	17	17	100.0%	116	37	31.9%
Jun-17	12	12	100.0%	120	32	26.7%
Jul-17	16	16	100.0%	127	34	26.8%
Aug-17	14	14	100.0%	116	37	31.9%
Sep-17	22	22	100.0%	128	23	18.0%
Oct-17	23	23	100.0%	105	28	26.7%
Nov-17	18	18	100.0%	112	29	25.9%
Dec-17	12	12	100.0%	137	40	29.2%
Jan-18	28	28	100.0%	185	47	25.4%
Feb-18	14	14	100.0%	140	35	25.0%
Mar-18	13	13	100.0%	136	34	25.0%
Total	**206**	**206**	**100.0%**	**1,526**	**406**	**26.6%**

	% of reviews with RAG review [6]		
	Total Reviewed	RAG Reviewed [6]	**% RAG Reviewed**
Apr-17	47	42	**89.4%**
May-17	54	48	**88.9%**
Jun-17	44	41	**93.2%**
Jul-17	50	46	**92.0%**
Aug-17	51	45	**88.2%**
Sep-17	45	33	**73.3%**
Oct-17	51	44	**86.3%**
Nov-17	47	41	**87.2%**
Dec-17	52	46	**88.5%**
Jan-18	75	72	**96.0%**
Feb-18	49	48	**98.0%**
Mar-18	47	34	**72.3%**
Total	**612**	**540**	**88.2%**

	Outcome of RAG Reviewed deaths			Outcome % of RAG Reviewed deaths		
	where no concerns	where significant doubt about whether or not, problems in care delivery/service provision contributed to death – refer to multi professional review	where balance of probability is that death may have resulted from problems in care delivery/service provision - refer to SIRI Investigation	where no concerns	where significant doubt about whether or not, problems in care delivery/service provision contributed to death – refer to multi professional review	where balance of probability is that death may have resulted from problems in care delivery/service provision - refer to SIRI Investigation
Apr-17	41	1	0	97.6%	2.4%	0.0%
May-17	41	7	0	85.4%	14.6%	0.0%
Jun-17	40	1	0	97.6%	2.4%	0.0%
Jul-17	39	6	1	84.8%	13.0%	2.2%
Aug-17	40	5	0	88.9%	11.1%	0.0%
Sep-17	31	2	0	93.9%	6.1%	0.0%
Oct-17	41	3	0	93.2%	6.8%	0.0%
Nov-17	35	6	0	85.4%	14.6%	0.0%
Dec-17	41	5	0	89.1%	10.9%	0.0%
Jan-18	67	3	2	93.1%	4.2%	2.8%
Feb-18	45	2	1	93.8%	4.2%	2.1%
Mar-18	33	1	0	97.1%	2.9%	0.0%
Total	**494**	**42**	**4**	**91.5%**	**7.8%**	**0.7%**

[1] This includes all inpatient deaths at STHK and all stillbirths. If a patient was transferred and died at another provider then they are out of the scope of this data - even if the cause of death relates to care at STHK.

[2] For the purpose of this report SMI is defined as DOLs or patients under the Mental Health Act during the spell

[3] Diagnosis groups under internal monitoring

[4] Any death associated with a complaint, PALs or an expression of concern by a member of staff

[5] If a patient is attributed to more than one specified group, the Total will only count each patient once

[6] Some nationally specified review processes don't include RAG rating.

Learning & Sharing 2017/18 Q3

2017/18 Q3 Key Priorities

(1) AF causes stroke. AF strokes are bigger. AF strokes have higher mortality. AF strokes leave more disability. AF strokes are PREVENTABLE. If you find AF, do a CHADS2-VASC score and anticoagulate if indicated;

(2) 'Difficult relatives' are typically frustrated people trying to do the best for their loved ones. Show compassion - it might be you one day.

Assurance

Sharing: (Current Q-3) Board (mins) ☐, Quality Committee (mins) ☐, F&P (mins) ☐, CEC (mins) ☐, PSC (mins) ☐, PEC (mins) ☐, MCG Governance (mins) ☐, SCG Governance (mins) ☐, Grand Rounds (mins) ☐, ED Teaching (record) ☐, FY Teaching (record) ☐, Team Brief (record) ☐, Intranet Message Board (record) ☐, Global Email (record) ☐, Directorate meetings (mins) ☐. List any policies/procedures or guidelines changed:

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Effectiveness: (Current Q-3) Audit of DATIX ☐, SIRIs ☐, Complaints ☐, PALS ☐, Litigation ☐, Mortality Reviews for evidence of failure to deliver these priorities ☐.

Comments: