St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 28TH NOVEMBER 2018
IN THE BOARDROOM, LEVEL 5, WHISTON HOSPITAL

PUBLIC BOARD AGENDA				Paper	Presenter
09:30	1.	Patient Story		Verbal	Chair
09:45	2.	Employee of the Month – November		Verbal	
09:50	3.	Apologies for Absence		Verbal	
	4.	Declaration of Interests		Verbal	
	5.	Minutes of the Previous Meeting held on 31st October 2018		Attached	
		5.1	Correct Record & Matters Arising	Verbal	
		5.2	Action Log	Attached	
Performance Reports					
10:00	6.	Integrated Performance Report		NHST(18) 99	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					
10.20	7.	Committee Report – Executive		NHST(18) 100	Ann Marr
10:30	8.	Committee Report – Quality		NHST(18) 101	Val Davies
10:40	9.	Committee Report – Finance & Performance		NHST(18) 102	Jeff Kozer
Other Board Reports					
10:50	10.	Trust Objectives Mid-Year Review		NHST(18) 103	Ann Marr
BREAK					

11.15	11.	Research & Development Operational Capability Statement 2019	NHST(18) 104	Kevin Hardy
11.20	12.	Research & Development Annual Report 2017/18	NHST(18) 105	Kevin Hardy
11.30	13.	Trust Board Meeting Arrangements 2019/20	NHST(18) 106	Nicola Bunce
11:40	14.	Effectiveness of Meeting	Verbal	Chair
	15.	Any Other Business		
	16.	Date of Next Meeting – Wednesday 30th January 2019		

Minutes of the St Helens and Knowsley Teaching Hospitals NHS Trust Board meeting held on Wednesday 31st October 2018 in the Boardroom, Whiston Hospital

PUBLIC BOARD

Chair:	Mr D Mahony	(DM)	Deputy Chair
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
	Mr P Growney	(PG)	Non-Executive Director
	Mrs J Quinn	(JQ)	Associate Non-Executive Director
	Mrs A-M Stretch	(AMS)	Deputy Chief Executive/Director of HR
	Prof K Hardy	(KH)	Medical Director
	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
	Ms N Bunce	(NB)	Director of Corporate Services
	Mr R Cooper	(RC)	Director of Operations & Performance
	Dr T Hemming	(TH)	Director of Transformation
In Attendance:	Cllr A Lowe	(AL)	Halton Council *(Co-opted Member)*
	Mr M Weights	(MW)	Governing Body Lay Member, St Helens CCG
	Ms J Byrne	(JBy)	Executive Assistant *(Minute Taker)*
Apologies:	Mr R Fraser	(RF)	Chair

1. Employee of the Month

1.1. The Employee of the Month Award for October was presented to Dianne Green, Nurse Specialist, Community COPD team.

2. Apologies for Absence

Apologies for absence were received from RF.

3. Declaration of Interests

3.1. There were no declarations of interest.

4. Minutes of the previous meeting held on 26th September 2018

4.1. Correct Record

The minutes were accepted as a correct record, once the initials (TH) were clarified as representing Tiffany Hemming, Director of Transformation and THa for Dr Terry Hankin.

4.2. Action List

4.2.1. Action 5 – Minute 10.6 (25.07.18) - *Quality Ward Round (QWR) "You Said We Did" Quarterly Report* – SRe informed members that the proposed QWR schedule for 2019/20 would be presented to the Quality Committee in November, this was to be expanded to include corporate and support departments as well as clinical areas, as previously agreed. The programme of QWRs was always reduced over the winter period and the next programme would therefore commence in March. In future, Director would be given a summary of key themes before the QWR and initial feedback would be given to the teams at the QWR. As part of the new programme there would be a quarterly report to Quality Committee on the QWR activity which would include a "You Said We Did" section to detail the issues that had been raised, and how they had been responded to as an assurance that the loop had been closed. **ACTION CLOSED.**

4.2.2. In response to a query from JQ SRe confirmed that each QWR had a Non-Executive and Executive Director attending and that dates for the 2019/20 programme would be coordinated to ensure that all Directors were involved. DM felt that the presence of the whole clinical team at the QWRs was important to their success.

4.2.3. CW would consider how the Health Informatics Service (HIS) could replicate the QWR process for its staff. **ACTION: CW**

4.2.4. Minute 15 (26.09.18) CQUIN 1b – Healthy Food for NHS Staff, Visitors and Patients (NHST(18)84) – SRe briefed members that even though all indicators for the CQUIN had been achieved, the information had not been submitted to the CCG in time and as a result the Trust was not being awarded the £203,042 payment, relating to Q4 2017/18.

4.2.5. All other actions were due in future months.

5. Integrated Performance Report (IPR) – NHST(18)87

The key performance indicators (KPIs) were reported to the Board, following in-depth scrutiny of the full IPR at the Quality and Finance and Performance Committees.

5.1. **Quality Indicators**

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

5.1.2. The Trust had received the draft CQC report following the recent Well led inspection and was currently completing the factual accuracy review.

5.1.3. There had been one never event year to date (July).

5.1.4. There had been no MRSA bacteraemia cases in the year to date.

5.1.5. There were 2 C.Diff positive cases in August 2018. Year to date there had been 13 cases, of which two were still subject to appeal. The annual tolerance for 2018/19 was 40.

5.1.6. There were no grade 3 or 4 avoidable pressure ulcers in the year to date.

5.1.7. The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for September 2018 was 94.5% and year to date performance was 96.2%.

5.1.8. There had been 1 patient fall resulting in severe harm year to date, which had occurred in August.

5.1.9. Venous thromboembolism (VTE) performance for August was 98.47%. Year to date performance was 95.81% against a target of 95%.

5.1.10. Year to date Hospital Standardised Mortality Ratio (HSMR) for (April to May) 2018/19 was 90.8.

5.1.11. VD asked when the nurse vacancy rate would be added to the IPR. NK confirmed that the whole IPR was being reviewed and updated with the aim of agreeing the new KPIs and format for the next financial year.

5.1.12. DM asked how the Trust compared nationally on the nurse staffing fill rate, SRe responded that formal benchmarking data was not published however when she reviewed the fill rates of other local Trusts STHK compared favourably. Some organisations had a target fill rate of 85% rather than the 90% that was the target at this Trust.

SR joined the meeting.

5.2. **Operational Indicators**

5.2.1. RC presented the update on the operational performance.

5.2.2. The 62-day cancer standard was achieved in August at 88.9%.

5.2.3. The 31-day cancer target was also achieved with 97.7% performance against a target of 96%.

5.2.4. The 2-week cancer rule compliance had underperformed at 87% against a target of 93%. The underperformance was due to a combination of increases in 2-week wait referrals and patients rearranging their appointments. Action plans had been put in place for each speciality and RC was monitoring the improvement with positive results being seen for September and October. RC also reported that work was being undertaken with GPs to help them explain to patients the importance of attending the appointment, if they were referred under the two week rules.

5.2.5. A&E access time performance was 79.2% (type 1). The all types mapped footprint performance for September was 89.7%. The action plan to improve 4 hour performance, following the Urgent and Emergency Care summit in September was now being implemented and a progress report had been given to the Finance and Performance Committee.

5.2.6. Whiston A&E ambulance notification to handover time was 10 minutes on average for September, against a target of 15 minutes. The Trust was the best performing adult A&E department in Cheshire, Merseyside and Greater Manchester for this KPI.

5.2.7. The Trust had already achieved a 15% reduction in the number of Super Stranded patients (patients with a length of stay of greater than 21 days) and was on target to achieve the 25% (or 94 patients) reduction target, by December.

5.2.8. Following the migration of the Trust patient administration system in April, the issues within outpatients meant that the Trust had suspended the reporting of RTT performance. The actions to address this were ongoing, but there was confidence that accurate RTT reporting would resume by the end of Q3 as agreed with NHS Improvement and Commissioners.

5.2.9. AL commented on a positive experience his son had received at Whiston Hospital A&E department recently; everything had been very efficient and he was seen within 2 hours, which all members agreed was a good outcome.

5.2.10. SR enquired whether there had been an increase in the number of complaints relating to outpatient appointment as a result of the issues implementing the new PAS. RC confirmed patient were contacting the Trust as a result of receiving multiple or duplicate letters and changes to appointments, but there had not been an increase in formal complaints. The issues were being addressed and patients received a letter of apology. The system was now operating

effectively and KH confirmed that from his clinical practice he had seen that clinics were now operating as normal following the Medway transition period.

5.3. **Financial Indicators**

5.3.1. NK presented the update on the financial performance.

5.3.2. At the end of month 6, the Trust reported a deficit of £2.1m which was £0.6m behind plan. The deterioration related to failure to achieve Provider Sustainability Fund (PSF) relating to A&E performance. The Trust has also been instructed by NHSI that as part of month 7 reporting the Q2 A&E PSF of £769k will also need to be removed because 90% performance has not been achieved. However with the inclusion of the Huyton Walk-in Centre (WiC) activity the system performance could improve. NK confirmed that any change to the forecast outturn position would need to be formally notified via the NHSI change procedures.

5.3.3. Within the year to date position the Trust had utilised £2.7m non-recurrent resources, which was offsetting some of the cost pressures and impacts from Medway as well as under-performance in clinical income.

5.3.4. The Trust continued to deliver above the year-to-date CIP target with £5.2m delivered year to date against a plan of £4.9m. Whilst plans and ideas for delivery of the full £19m CIPs had been discussed in detail at the Finance and Performance Committee, a significant proportion remained high risk.

5.3.5. The Trust cash balances at the end of month 6 were £3.2m. The Trust was yet to receive over-performance payments from one of its main commissioners relating to Q1. The Trust now employed 9,000 trainee doctors for 5 HEE across the country as part of its Carter at scale innovations. If provider organisations failed to pay their invoices in time this would put significant strain on the Trust cash balances. NHSI had agreed to support the Trust in ensuring that all Trusts paid on time.

5.3.6. In response to a query from VD, NK confirmed the future commercial strategy in relation to the future for the shared corporate services delivered by the Trust had been discussed at the Executive Away Day in October, and AMS/NK were currently developing a draft strategy, which would be presented at the strategy Board in February.

5.3.7. PG had recently attended a NED Induction course and noted there had been considerable frustration around the table in relation to control totals.

5.3.8. The financial performance in the month delivered a Use of Resources level of 3.

5.4. **Workforce Indicators**

5.4.1. AMS presented the update on the workforce indicators.

5.4.2. Absence in September remained static at 4.7%. Qualified nursing and HCA sickness had also remained static in month at 5.9%. YTD performance had increased to 5.5% against the target of 5.3%.

5.4.3. Mandatory training compliance for the core skills framework subjects was 96% (target = 85%). Appraisal compliance was 82% which was below the target of 85%.

5.4.4. Board members noted the Finance & Performance Committee had requested a 'deep dive' into sickness figures.

6. Committee Report – Executive – NHST(18)88

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

6.2. **Cold Decontamination Business Case for referral to the Trust Board for approval**

The Executive Committee had supported the business case which was subsequently approved at the Trust Board in September.

6.3. **Options Appraisal for the future of Outpatient Pharmacy Dispensing**

Options for the future provision of outpatient pharmacy dispensing services for the Trust, in line with the national Carter efficiency recommendations had been presented to the Executive Committee. It was agreed national procurement frameworks currently in place would be explored.

6.4. **SafeCare Acuity Monitoring Module Roll Out to all Wards by December 2018**

The first phase of the SafeCare roll out had been completed on 4 wards. This had gone well, was producing useful information to support staffing decisions, and staff had found the system easy to use. When roll out to the remainder of wards was completed in December it would provide "real time" staffing and patient acuity information across all inpatient areas.

6.5. **Business case to recruit additional staff for the urology services in response to increased demand**

The Executive Committee had approved the business case as the investment would result in clinical improvements and a positive financial contribution.

6.6. JK queried what item 3.7 St Helens Reminisce Festival was. AM explained it was a music festival at which there had been some drug issues causing an increase in attendances in ED.

6.7. In relation to item 5.1 "General Medical Council – National Trainee Survey Results" and the proposed action to increase the role of advanced nurses to work alongside doctors in training, VD queried whether there was a high-level strategy on how nursing support roles would be integrated into the workforce. AMS confirmed that Ash Bassi, Divisional Director for the Medical Care Group, had agreed to lead a group to identify how this should be undertaken.

6.8. VD noted that during conversations with staff during Quality Ward Rounds, she believed it would be helpful for existing staff to know how these additional staff would help ease the workload. **ACTION: AMS to present findings to the February Strategy Board.**

6.9. In relation to a query from PG, NK confirmed the Trust struggled to spend the annual apprenticeship levy of c £1m, in line with other NHS organisations as there were currently not sufficient health-related apprenticeships available. Also Apprentices had to undertake 20% of classroom study off the job, which created a cost and workforce pressure to backfill the posts.

6.10. VD asked if the National Inpatient Survey action plan had been reviewed by the Executive Committee. SRe confirmed it was due to be discussed at the Executive Committee meeting the next day.

8.8 Board members noted the report.

7. Committee Report – Quality – NHST(18)89

7.1. VD presented the Chair's report to the Board, which summarised key issues arising from the Quality Committee meeting held on 23rd October 2018 and reports from the Patient Safety, Patient Experience and Clinical Effectiveness Councils.

7.2. Issues for note by the Trust Board included intermediate life support training, where there were new targets for the numbers of staff that needed to be trained at this level. There was discussion regarding the identification of staff for this training and it was agreed that the requirements would be reviewed. **Action: AMS to review which staff need to receive Intermediate Life Support Training and provide an update to the Quality Committee**

7.3. Mortality Surveillance Group – JQ had attended a recent meeting of the group and noted the capacity needed to complete the mortality reviews in line with the learning from deaths' guidance.

7.4. SR noted the recent significant improvement in Hospital Standardised Mortality Ratio (HSMR). KH confirmed he had commissioned a piece of work to understand what had caused this change. **ACTION: KH.**

7.5. Board members noted the report.

8. Committee Report – Finance and Performance – NHST(18)90

8.1. JK presented the Chair's report to the Board which summarised key issues arising from the Finance and Performance Committee meeting held on 25th October 2018.

8.2. Members had discussed the forecast outturn and the risk to achieving it, as a result of the system (STP) level CIPs and the operational impacts of Medway in Q1/Q2. This would be discussed further at next month's meeting, once planning guidance from regulators was issued, and a report brought back to the Board.

8.3. There was also concern around the possible impact of winter pressures given there were no funding allocations; however it was noted the Trust was in a better position than last year. NK had briefed the Committee on the required protocol for changing the forecast outturn with NHSI, should this become necessary.

8.4. Briefings were accepted from CIP Council and Procurement Steering Council.

8.5. It was noted that ambulance handover time was the best in the north-west region and the committee thanked all involved in that achievement.

8.6. Work streams that had been implemented within ED were discussed and members agreed a timeline for each action needed to be added as well as the expected improvement in performance.

8.7. Members had received a presentation from the Medical Care Group, which had good schemes assured and had already achieved 70% of its £5.2m target.

8.8. It had been recognised the GP streaming service in A&E wasn't being utilised as effectively as possible, with fewer patients seen than had been planned. This was partly due to a lack of consistency as the posts had been filled by locums however a GP had now been recruited to the position. It was agreed the A&E GP service should be treated in exactly the same way as a primary care GP in terms of onward referrals to other Trust services.

8.9. In relation to Marshalls Cross Medical Centre, Board members noted there had been a 20% reduction in A&E attendances from patients registered with the practice since the Trust had taken over, which was thought to be as a result of improved access to appointments.

8.10. A temporary loan facility was discussed in light of the increasingly challenging cash position and the additional cash requirement from lead employer contracts, and the Committee agreed to recommend to the Board the taking out of a loan.

8.11. Board members noted the report and agreed the taking out of a temporary loan.

9. Committee Report – Charitable Funds – NHST(18)91

9.1. NK presented key issues arising from the Charitable Funds Committee meeting held on Thursday 25th October 2018.

9.2. Options for a physical presence for the hospital charity had been discussed.

9.3. It was noted that some of the investment portfolio may need to be redeemed in the near future because of increased expenditure, NK would advise when that happened.

9.4. The committee had approved funding for the purchase of a cardiology scanner which would improve the accuracy of scans and enhance the quality of the existing service within the Respiratory Department.

9.5. Agreement was given to fund the attendance of the Lead Sonographer at the International Radiology Conference in Chicago to ensure the Trust stays at the top of its field.

9.6. The Charity Manager detailed fundraising activities and briefed on donations, one of which being a £3,000 donation from Tesco for new toys for the Paediatrics Department, for which NK expressed his thanks on behalf of the Trust.

9.7. The amount of £5 per patient to be spent on Christmas gifts had been agreed, plus biscuits and sweets for visitors.

9.8. The Committee agreed to the purchase of a cyber security tool which was free if purchased through a registered charity. The tool would allow IT to find and fix problems and potential weaknesses with devices on the network.

9.9. The charitable funds annual accounts and report for 2017/18 had been received and approved.

9.10. PG had agreed to become a NED member of the Charitable Funds Committee.

9.11. The Board noted the report.

10. Committee Report – Audit – NHST(18)92

10.1. SR presented the report which provided an update on key issues arising from the Audit Committee on 17th October 2018.

10.2. Good progress had been made on the audit log and the committee had been assured that actions were being taken in response to recent internal audit report recommendations.

10.3. The committee was closely monitoring the cash flow and aged debt.

10.4. Board members noted the content of the report.

11. Strategic and Regulatory Update – NHST(18)93

11.1. NB presented an update on key policy and regulatory developments since the last meeting.

11.2. NHSI and NHSE had issued joint planning guidance for 2019/10, as a transitional year to enable development of new 5 year STP plans in response to the NHS 10 year plan that was due to be published in November or December. This was to be discussed at the Board Time Out on 12th and 13th December.

11.3. Payment reforms were being proposed from 2019/20 and NB confirmed the finance team would be modelling the implications of the proposals for the Trust once the formal consultation document was published.

11.4. NB informed members time would need to be set aside at Board meetings in January and March 2019 for approving the 2019/20 operational plan.
ACTION: NB

11.5. In relation to the new UK Corporate Governance Code, NB confirmed that the changes didn't apply to the NHS immediately, however the code was used to inform best practice and the Trust therefore needed to be aware of the changes.

11.6. CQC had published a second State of Care report bringing together their conclusions from inspections of a range of health and social care providers in 2017/18. The implications of the report's findings for the local care systems were discussed by Board members, particularly the impact of the increases in the percentage of older people with unmet healthcare needs in the community across the country.

11.7. There was now a formal requirement from the Department of Health and Social Care for Trust to undertake self-assessments of risks in the eventuality of Brexit no deal and this had also been added to the Corporate Risk Register.

11.8. VD acknowledged the focus on the supply of medicines and medical equipment supplies, but enquired about the impact on the workforce. AMS confirmed there was regular ongoing communication with the Trust workforce who were from the EU to keep abreast of any concerns, however for this Trust it was a relatively small number. Discussions were also ongoing about the BRNO initiative, where junior doctors were recruited from the Czech Republic.

11.9. PG had noted an unprecedented increase in demand for social and home care this year and believed the figure of 20% of unmet need could be an understatement of the true position. KH stated that information had recently been published on the state of the care home and nursing home sector in each Borough and these changes had an impact on the acute sector. JQ asked how the Trust was responding and AM confirmed that the work with each of the Boroughs to create Place based care was part of the solution.

11.10. Board members noted the report.

12. Statement of Compliance with NHS Emergency Preparedness, Resilience and Response (EPRR) Core Standards - NHST(18)94

12.1. SRe presented the paper, which contained an annual self-assessment on core standards. SRe, as the lead for emergency planning, was assured that the Trust was compliant and requested the Board approve the annual compliance declaration.

12.2. The assessment consisted of 64 questions, with which the Trust was 'fully compliant' with 59 and 'partially compliant' with 5. There were an additional 8 'deep dive' questions, with which the Trust was 'fully compliant'.

12.3. Last year the Trust achieved 98.4% compliance and was rated as 'fully compliant'. This year's audit showed the Trust as 'substantially compliant' at 92.19%, due to the addition of new assessment criteria rather than any deterioration.

12.4. In response to a query from DM, SRe confirmed that there were detailed procedures in place for each service and Trust-wide processes to respond to a major incident that were regularly tested.

12.5. In response to a query from JQ, SRe outlined the how the Trust would respond to an emergency by setting up a control room, as had been tested and operated smoothly during the recent 'Golden Eagle' exercise.

12.6. Board members noted and approved the report.

13. Workforce Equality, Diversity and Inclusion Quarterly Update incorporating the Workforce Race Equality Standard (WRES) Annual Update 2018 – NHST(18)95

13.1. AMS presented the paper which provided assurance to Board members that the actions contained within the Workforce Equality, Diversity and Inclusion three-year improvement programme were being monitored on a quarterly basis by the Quality Committee. An integral component of the action plan was to undertake the annual WRES survey and incorporate any new actions into the wider programme.

13.2. AMS thanked Board members for their comments on the WRES data and briefing that had been shared in August 2018.

13.3. Board members noted the Trust had accepted an invitation to participate in a national GMC-commissioned research programme to better understand why statistically more black and minority ethnic (BME) doctors across the country were subject to disciplinary or grievance procedures than white staff. The learning and any action required would also be built into the Workforce Equality, Diversity and Inclusion (ED&I) action plan and the learning would be shared across the NHS.

13.4. NK asked how the Trust supported its international nurses with their cultural needs. AMS confirmed the pastoral care for these nurses was very

comprehensive and had proved successful. They were met at the airport, given a working mobile phone, taken to their accommodation and shopping for groceries. They were also introduced to local faith groups if they wanted, to build social networks. A 'buddy system' had also been introduced on wards to help individuals integrate successfully with existing staff.

13.5. AMS explained the WRES comprised 9 indicators and the Trust scored favourably across all of these. With regard to respect at work (bullying and harassment), the Trust was better than the national picture, however there was no complacency and this was also being addressed by the Trust.

13.6. PG asked how the Trust monitored and reported incidents of violence to staff. PW confirmed that these were reported via the Health and Safety committee, and he would circulate provide a consolidated report on recent cases for the Quality Committee in January. **ACTION: PW.**

13.7. SR had seen articles in the press regarding violence towards staff and asked whether there was anything more the Trust needed to do to protect its staff. Board members noted A&E and some of the inpatient ward staff were often the most vulnerable as they had most contact with patients who could be aggressive or confused. The Trust had an excellent security service that supported staff and there was training on managing difficult situations.

13.8. AMS confirmed there was also a designated clinical safety lead who worked with staff.

13.9. In response to a query from DM, RC confirmed NHS England was currently undertaking a 'deep dive' into mental health support for patients in acute settings and the Trust was taking part as an exemplar. The Trust had been fortunate enough to receive funding from Core 24 for 12 months for an A&E-based mental health practitioner. This meant that mental health assessments and support was available to the A&E staff, and this meant patients could access the expert help they needed and potentially violent situations were de-escalated. The continuation of this service, provided by North West Boroughs Healthcare NHSFT, at the end of the 12 months' pilot was currently being discussed with commissioners. DM asked the Quality Committee to monitor this situation.

13.10. PG asked if any new mental health funding would be given to Mental Health providers. NK confirmed that this was likely, however the Trust worked closely with North West Boroughs to achieve the objectives of any funding increases, as they related to acute hospital patients.

13.11. Board members noted the assurance provided by the Quality Committee and that the ED&I action plan was being delivered.

14. Corporate Risk Register (CRR) – NHST(18)96

14.1. NB presented the Corporate Risk Register (CRR), which gave a breakdown of how the overall Trust risk profile had changed over the previous three months, as well as the risk profile of each care group.

14.2. There were 789 risks across the Trust, 335 of which were moderate or high risks, with 11 being escalated to the CRR. There were three new risks on the CRR since the last report in July. Some risks had been de-escalated from the CRR but would still be monitored via the care group risk registers. Marshalls Cross Medical Centre had now been included as a separate profile in the report and in response to a query from VD, NB confirmed community services were included in the care group reports, as there was currently no separate Community and Primary Care Services Care Group, although this development would come into place in 2019.

14.3. JQ expressed concern that some of the risks had been on the register since 2015. NB explained all risks were regularly monitored and reviewed by the risk owner and at the Risk Management Council each month. JQ requested additional information be added to the CRR summary to provide assurance that the risks were being reviewed and where the action plans were being monitored. NB agreed to amend the next scheduled report to incorporate these suggestions. **ACTION: NB to update CRR report format**

14.4. SR asked why there would be 9 risks that were unscored and 121 risks with an overdue review date. NB explained that as the report was a 'snapshot' from the live DATIX system there would always be a number of risks that had been reported but not yet scored. The Risk Management Council monitored this and the standard was for all risks to be scored within 7 days of being reported. With regard to the review dates, these were set by the risk owner in accordance with the mitigation plans; this was also monitored by the Risk Management Council as the numbers fluctuated. However the DATIX system sent reminders to risk owners when the reviews were due. The numbers would include some review dates that were on the same day that the report was produced from DATIX.

14.5. The Board noted the report.

15. Review of the Board Assurance Framework (BAF) – NHST(18)97

15.1. NB presented the BAF which was the Board's mechanism for ensuring it had the necessary controls and sources of assurance in place to deliver its statutory duties, strategic plans and long-term objectives. The BAF had been updated to reflect progress against the agreed actions and to include new actions requested by the Board since the last report.

15.2. JK suggested that, in light of the increased risks discussed at the meeting, failure to deliver CIP should be added as a cause in relation to strategic risk 2. This was agreed.

15.3. The proposed changes to the BAF were approved.

16. Learning from Deaths Quarterly Report 2018/19 Quarter 1 – NHST(18)98

16.1. KH presented the quarterly update for quarter 1 2018/19.

16.2. Two deaths in April had been rated ‘red’ and were currently subject to a Serious Incident Requiring Investigation (SIRI) review.

16.3. It was noted the dates in the table “Outcome % of RAG Reviewed Deaths” should state “2018” not “2017”.

16.4. KH confirmed that the sharing of the previously agreed key learning objectives had been audited and it could be demonstrated that they had been shared and discussed widely. The next phase of the process was to demonstrate that the shared information had made a difference to clinical practice.

16.5. A thematic analysis of all deaths was also being planned, however the current limitations of the DATX system which was used to track all the learning from deaths reviews, was not easy to interrogate in this way, although system upgrades might help to make this easier.

16.6. Two key learning points had been identified and would be shared throughout the organisation:

16.6.1. Where there is concern that a patient is at risk of falling out of bed, a low rise bed must be used. Bedrails are likely to introduce more risk and should never be used as a form of restraint;

16.6.2. If a patient has a suspected hip fracture, the plain XR is normal, but the patient cannot mobilise, please ask the responsible Consultant to speak to a Radiologist to discuss an MRI scan.

16.7. SR asked why bedrails would not be used and KH explained that confused patients may try to climb over the bed rails therefore fall from a greater height. There were other more effective methods, such as low beds, that were more effective in preventing harm.

16.8. JQ confirmed that she had now started attending the mortality surveillance group meetings.

17. Effectiveness of Meeting

17.1. DM asked Mark Weights (MW) of St Helens CCG and Alan Lomas (AL) of Halton Council for feedback.

17.2. MW had received the papers in advance of the meeting and found the minutes to be very clear and give a good background to the meeting, which was very effectively chaired. He felt the warmth shown during the presentation of Employee of the Month Award and publicity for Breast Cancer charity set the tone for the rest of the meeting and made for a more relaxed atmosphere. The reports and questions were clear and it was apparent all members understood their roles and shared common goals underpinned by the Trust’s values.

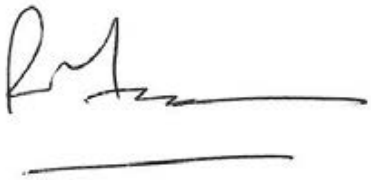
17.3. AL seconded MW's comments and added he always found the meetings extremely informative.

18. Any Other Business

18.1. Board members sent Richard Fraser, Chairman, best wishes for a speedy recovery following his recent surgery.

19. Date of Next Meeting

19.1. The next meeting is scheduled for Wednesday 28th November 2018 in the Boardroom, Level 5, Whiston Hospital, commencing at 09:30 hrs.



Chairman: ……

Date: 28th November 2018 ……

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

TRUST PUBLIC BOARD ACTION LOG – 28TH NOVEMBER 2018

No	Date of Meeting (Minute)	Action	Lead	Date Due
~~1.~~	~~25.07.18 (10.6)~~	~~SRe to develop a QWR "You Said, We Did" quarterly report to Board for members to understand whether issues raised at QWRs had been resolved, to be reported to Quality Committee~~. ACTION CLOSED	~~SRe~~	~~31.10.18~~
2.	25.07.18 (11.5)	KH to review Learning from Deaths policy in light of the Working with Families Guidance and consider the appropriate controls to provide assurance and update the Trust Policy.	KH	~~30.11.18~~ Revised to 30.01.19
3.	25.07.18 (12.7)	AMS to include employee relations' cases time to resolve KPIs in future HR Indicators reports.	AMS	30.01.19
4.	25.07.18 (15.5)	The Executive to develop an integration strategy to support the Trust Strategy 2018 to 2021.	NB	Revised to 30.01.19
~~5.~~	~~26.09.18 (13.7)~~	~~Quarterly Complaints, Claims and Incidents Report Chart 8 indicated that the Trust had received the highest number of claims over the past 2 years but paid lower clinical negligence scheme contributions compared to other neighbouring Trusts. SRe asked to provide analysis of the benchmarking data~~. **ADDRESSED IN BOARD DEVELOPMENT SESSION 31.10.18. ACTION CLOSED**	~~SRe~~	~~28.11.18~~
~~6.~~	~~26.09.18 (17.3)~~	~~SRe to report the RCA for Orthopaedics infections to a future Quality Committee meeting~~. **ACTION CLOSED**	~~SRe~~	~~Quality Committee~~
7.	31.10.18 (4.2.3)	SRe to ensure 'back office' departments are included in QWR schedule for 2019.	SRe	28.11.18
8.	31.10.18 (6.8)	AMS to present action plan of how new advanced nurse practitioners will be introduced into the workforce to the February Strategy Board.	AMS	27.02.19
~~9.~~	~~31.10.18 (7.2)~~	~~AMS to review the guidance on which staff require training in immediate life support and provide a report for the Quality Committee in January~~. **ACTION CLOSED**	~~AMS~~	~~Quality Committee~~
10.	31.10.18 (7.4)	KH to investigate the positive shift in HSMR and report back to Board.	KH	28.11.18
11.	31.10.18 (11.4)	NB to ensure Board has scheduled time to review the annual plans in accordance with the timetable published by NHSE/NHSI.	NB	30.01.19
~~12.~~	~~31.10.18 (13.6)~~	~~PW to prepare a consolidated report on recent cases for the Quality Committee in January~~. **ACTION CLOSED**	~~PW~~	~~Quality Committee~~
13.	31.10.18 (14.3)	NB to include date of last review and more assurance about where risks are being monitored in the next quarterly Corporate Risk Register Report.	NB	30.01.19
14.	31.10.18 (15.2)	NB to add failure to deliver CIP as a cause to strategic risk 2 in the BAF.	NB	30.01.19

STHK Public Board – 28.11.18

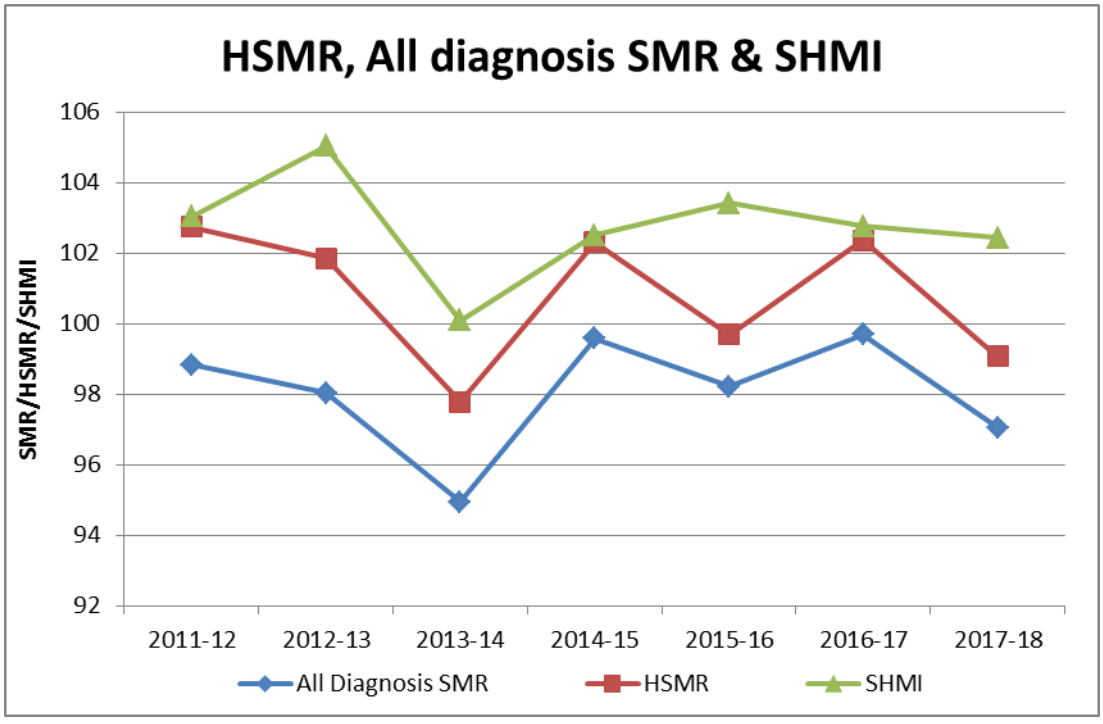
5.2 Action Log Update

Action No 10, Minute 7.4 (31.10.18): KH to investigate the positive shift in HSMR and report back to Board.

SMR – Are we as good as we think?

In recent months the All Diagnosis SMR, HSMR and SHMI figures have all been coming down (which is positive news). This papers looks at whether there has been a change in the expected mortality rate driving this drop, or whether there has been a change in crude mortality underpinning this reduction (or a combination of the 2).

The graph below shows the trends in the 3 metrics over the last 7 financial years.



It can be seen that for all 3 metrics there was a drop in the standardised ratio in 17-18, albeit this drop is more marked for the HSMR and all diagnosis SMR.

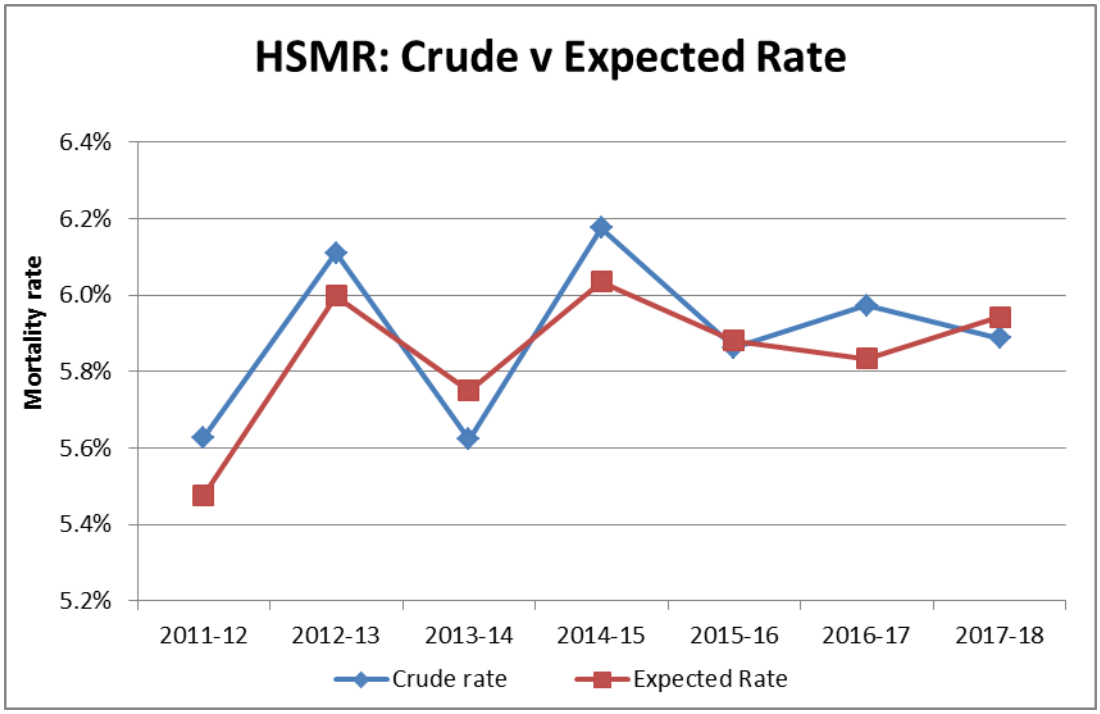
Since the above graph there is more recent data available for SMR and HSMR, up to and including June 2018. The drop seen in the graph above has continued for these 2 metrics, with the latest 12 months (Jul-17 to Jun-18) showing the HSMR down at 98.0 and the all diagnosis SMR down to 95.9.

Given the larger drop in SMR and HSMR this paper focuses on these 2 metrics.

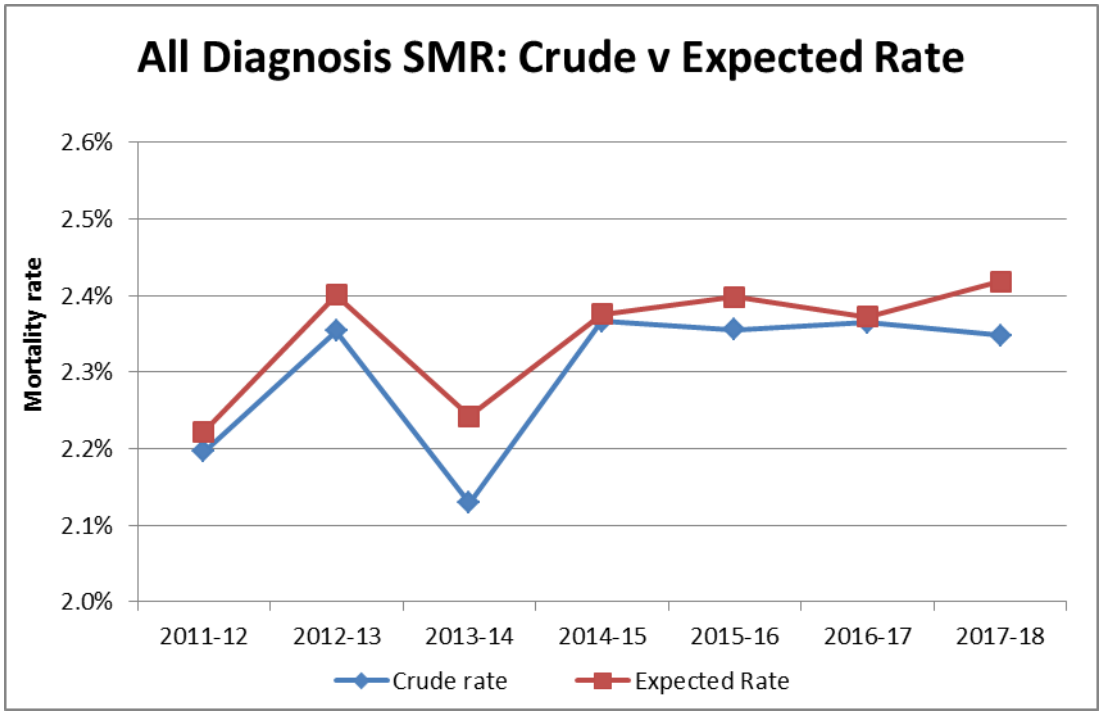
Before looking in greater detail at the drop, it should be noted that both the SMR and HSMR have been variable over time and the Trust has seen similar drops in 13-14 and to a lesser extent in 15-16.

Expected Mortality Rate v Crude Mortality rate

In 17-18 there was an increase in the expected mortality combined with a reduction in the crude mortality. These 2 factors combined led to the 3.3 point drop in the HSMR. The national expected HSMR crude rate for 17-18 acute Trusts was 5.8%. It is reassuring that STHK expected is marginally higher than this. One would expect the Trusts expected rate to be higher than the national average due to the catchment area the Trusts serves and the associated level of deprivation within some of these areas. This means that the Trusts low HSMR is not due to over reporting of expected rates.



A similar pattern can be seen for the all diagnosis SMR where the crude rate is dropping and the expected rate rising. This resulted in a 2.6 point drop in SMR. It should be noted that the national acute Trust expected mortality rate is 2.5% which is higher than the STHK expected rate. Given the Trusts catchment area one would have expected STHK to have a higher expected rate than the national figure. If the Trusts expected mortality rate was at the national 2.5% rate for 17-18 then this would have resulted in the SMR dropping to 93.9.



What is the impact of ED EAC on HSMR and SMR

Patients admitted to and discharged from ED EAC are low risk patients that don't tend to result in a death. Given some of the current noise surrounding some of this cohort of patients we have had a look to see what impact they have on the HSMR and SMR.

Linking the SMR data from HED to Trust PAS data we are able to identify which patients meet these criteria. The table below shows the impact that excluding these patients from the figures would have on the SMR and HSMR. For the latest 12 months data (Jul-17 to Jun-18) the table below shows that even if these patients were excluded, the Trusts HSMR and all diagnosis SMR would remain below 100 (which is good).

	Actual	Excl ED EAC
HSMR	98.0	99.0
ALL Diagnosis SMR	95.9	97.8

In summary the Trusts standardised mortality using HSMR and all diagnosis SMR is in a positive position and we are confident that this is not as a result of artificially high expected rates and as such the standardised ratios show a genuine position for the Trust.

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(18)100
Title of paper: Executive Committee Chair's Report – November 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 October 2018. There were a total of 3 Executive Committee meetings held during this period. There was an Executive Time Out on 4th October, instead of an Executive Committee meeting. The Executive Committee agreed: • To support the process of implementing a system that could record and report NEWS2 by March 2019. • The timescales and roll out proposals for Electronic Prescribing subject to a business case for the additional costs • Additional temporary capacity in switchboard to improve the Trust call handling performance • To pilot clinical placements for armed forces personnel from medical regiments The Executive Committee also considered regular assurance reports covering; the Integrated Performance Report, above framework cap agency and locum request Chief Executive approvals, agency and locum staff usage, appraisal and mandatory training compliance, the Risk Management Council and Corporate Risk Register, and the Board Assurance Framework. There was also a weekly progress report on the action taken to resolve the Medway PAS implementation issues. There were no specific issues that required escalation to the 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: 28th November 2018

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE
October 2018

1. Introduction

There were 3 Executive Committee meetings in October 2018.

2. 11th October 2018

2.1 Winter Planning – Bed Capacity

The Director of Estates and Facilities Management presented an update on the different options to secure additional community step down bed capacity for the coming winter. The timescales were extremely challenging to complete any transactions and building work before the end of the year, but these options continued to be developed and other short term capacity solutions were also being explored.

2.2 Internal Audit Report – Serious Incident Process

The Director of Nursing, Midwifery and Governance presented the initial report of the audit undertaken by MIAA as part of the internal audit programme. The report had resulted in limited assurance and changes to the Trust policy and processes were being implemented in response to the recommendations.

2.3 Board Assurance Framework(BAF)

The Director of Corporate Services presented the quarterly review of the BAF, in advance of the October Trust Board meeting. Updates to a number of the actions were noted to be included in the paper to Trust Board.

2.4 Risk Management Committee (RMC) Chair's Report

The Director of Corporate Services presented the Chair's report from the RMC and detailed the changes to the Corporate Risk Register (CRR). The Executive Committee agreed that the issues with mandatory and professional training requirements should be added to the Trust risk register. The RMC had reviewed the Emergency Planning, Preparedness and Response (EPPR) annual self-assessment and the annual declaration was recommended to the Trust Board for approval.

2.5 Trust Board Agenda

The Director of Corporate Services presented the proposed Trust Board agenda for the October meeting.

2.6 Marshalls Cross Primary Care Centre

The Director of Transformation presented the monthly performance report. This showed that the number of registered patients had increased and patient feedback on NHS Choices was mostly positive. There remained a concern in relation to the recruitment and retention of suitably qualified and experienced staff at the practice

and the staffing model was being reviewed to see if reliance on locum and agency staff could be reduced.

2.7 Weekly Medway Update Report

The Director of Informatics reported on the developments to improve patient communications and order comms, from Medway. The committee also discussed the implications for clinicians of implementing NEWS2 and electronic prescribing while Medway continued to be developed. The Director of Operations and Performance reported on the discussions with NHS Improvement and NHS England about the timescales for resuming RTT reporting. This remained on track for the end of Q3 as originally agreed with regulators and commissioners. The work to validate new patient referrals and implement the clinic naming convention was also continuing. The ongoing work of staff in the patient booking and IT teams to undertake the system changes and validate the records was recognised and ways of providing additional support were discussed.

2.8 CQUIN – Health Food

The Director of Nursing, Midwifery and Governance reported that the Commissioners had not accepted the additional information presented by the Trust and as a result of administrative omissions the Q4 2017/18 payment for the Healthy Food CQUIN had not been awarded. The Committee agreed a number of operational measures to improve the CQUIN performance management process going forward.

3. 18th October 2018

3.1. New Early Waring Score 2 (NEWS2) Options Appraisal

The Director of Informatics presented the options to be able to implement NEWS2 by 31st March 2019, in line with the national CQUIN requirement. Four different system options had been evaluated and a preferred option identified that was complimentary to the existing Trust patient information systems and would replace the current Patientrack system. Pending the development of a formal business case for approval the committee agreed that due to the timescales involved, the initial project set up could commence. The implications for staff training and the Medical Emergency Team (MET) service needed to be included in the business case.

3.2 Electronic Prescribing Supplementary Business Case

The Director of Informatics presented the supplementary business case for completing the roll out of electronic prescribing across the Trust. The original bid had been for central NHS funding in 2012, but there had been a series of delays due to supplier issues. In 2017 the system had been piloted on 2 wards but problems had been identified which also needed to be addressed by the supplier. Following this, the roll out had been suspended to allow for the implementation of the new Medway PAS. The roll out was now in a position to continue, but learning from the pilot wards had identified additional requirements to safely implement the

system. The committee agreed the roll out timetable and preparatory work but requested an additional breakdown of the costs compared to the original bid to achieve clarity on what had changed from the baseline assumptions. Regular reports on the implementation progress were also requested to ensure that the clinical staff were receiving the support they needed.

3.3 Mandatory Training and Appraisals

The Deputy CEO/Director of Human Resources presented the performance report for September for mandatory training and appraisals. The appraisal figures had improved but were not yet back on target. There was also an update on the review of mandatory and core professional training requirements and performance monitoring that was due to report in November.

3.4 Integrated Performance Report (IPR)

The Director of Finance and Information presented the September IPR, commentary was agreed and there was discussion about the ICU discharge standard, cancer two week waits and A&E access times performance.

3.5 Trust Telephone Services

There were concerns arising from complaints and “Ask Ann” queries that the Trust was not performing well in answering calls from patients and the public. This related to the hospital switchboard and when calls were put through to the wards or departments. The Director of Informatics agreed to undertake a review of the telephony service and the technology currently being used to bring back recommendations for improvement. Additional temporary resources were also approved to increase the capacity in switchboard pending the outcome of the review. Options for improving timely answering of phones on the wards were also discussed and the Director of Nursing, Midwifery and Governance agreed to explore these and monitor the impact.

3.6 Armed Forces Clinical Placements

The Director of Transformation presented proposals to work with 3 Regiment Medical to offer staff clinical placements at the Trust, which would provide the Trust with additional capacity and support the army personal to maintain their clinical skills. An initial pilot was approved to assess the impact and benefits.

3.7 Medway Weekly Report

The Director of Informatics reported on the recent Information Governance issues with patient letters, and the resulting review of appointment processes. The Medway system pathway changes for referrals had now been completed which meant that the Patient Tracking List (PTL) had been stabilised, although validation of patients on the list was on going. The impact on patients with changing appointments was also discussed, although it was hoped that this would now begin to reduce. Plans were being developed in increase capacity to ensure that all patients had their first outpatient appointment as soon as possible.

3.8 Executive Time-out Action Plan

The Chief Executive presented the action plan from the Executive time-out on 4th October and timescales for completion were agreed.

3.9 Feedback from external meetings

There were reports from a number of external meetings attended by members of the Executive Team including; the Cheshire and Merseyside Chief Executives meetings, a North Region STP progress review meeting, St Helens Cares governance development workstream, Eastern Cancer Hub evaluation visit.

4. 25th October 2018

4.1 Nurse Safer Staffing and Vacancy Dashboard

The Director of Nursing, Midwifery and Governance presented the September nurse safer staffing report and vacancy dashboard. The new format report had been presented at Quality Committee and a number of minor changes to improve the clarity had been suggested. The Registered Nurse (RN) fill rate for the month was 94.29% and the care staff overall fill rate was 112.19%. The fill rates for ward 4E had improved and were once again over 90%. 70.82% of bank requests were filled during the month, and there had been a reduction in RN vacancies to 36.2 WTE.

4.2 Feedback from CQPG Meeting – 16th October

The Director of Nursing, Midwifery and Governance provided feedback from the recent meeting where infection control performance, flu vaccination programme progress, CQUINs, and consultant to consultant referrals had been discussed.

4.3 Golden Eagle Major Incident Exercise Feedback

The Director of Nursing, Midwifery and Governance presented the formal feedback on the major incident exercise that had been undertaken across Merseyside in June. Feedback on the Trust's response had been mainly positive however there were lessons that could be learnt and a number of actions had been identified which are being actioned and the major incident plan updated. Additional training was being arranged for the Executive team who would take the role of incident "commander" for the Trust.

4.4 Register of Interests and Hospitality

The Director of Finance and Information presented the updated register which was due to be published on the Trust website, in line with NHS England guidelines.

4.5 Primary Care Strategy

The Director of Transformation presented an update on the strategy, the financial modelling and implementation plan timescales. The Committee discussed the proposals to create the capacity and expertise to commence the information sharing process. The implementation and operational risks relating to the current

primary care service were also debated and the cost: benefits of expanding this model.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(18)101

Title of paper: Committee Report – Quality Committee Chair's Report

Purpose: To summarise the meeting papers from the 20 November 2018 and escalate issues of concern.

Summary:

QC(18)128 Fasting Audit Update: Findings highlighted that the fasting documentation could be improved, a number of records were not compliant with the policy and there is little documented evidence of information being given to patients in AED, CPAU and SAU regarding fasting times for foods and fluids. Actions in place to address. Re-audit April 19 using improved tool.

QC(18)138 Complaints Update Report: 28 1st stage complaints were received and opened in October 2018; an increase of 18 from September 2018. At the end of October 2018, there were 54 open 1st stage complaints, (a decrease of 5.2%) in comparison to 51 at the end of September 2018. The Trust responded to 84.6% of 1st stage complaints within agreed timeframes; a slight decrease compared to 88.9% in September 2018. Clinical treatment was the primary cause of complaint in October 2018, which is consistent with previous months

QC(18)139 IPR:

- 1 never event has been reported, against a target of 0
- No MRSA bacteraemia cases reported, against a target of 0
- 1 C.difficile positive case reported against a tolerance of 40. YTD there have been 14 cases
- No Grade 3/4 Pressure Ulcers reported.
- Safer staffing fill rate was 95.1%. YTD performance is 96%.
- There were 2 inpatient falls resulting in severe harm which occurred in September within inpatient areas.
- VTE assessment was 95.8%, YTD performance is 95.81% against a target of 95%.
- Year to date HSMR for 2018-19 is 93.4%.

QC(18)140 Safer Staffing Reports: M7 has seen an increase of RN overall fill rate by 0.82% and a decrease in Care staff overall fill rate by 2.73%. There were a total of 11 wards with a fill rate of <90% for RN days, trend remains the same for the past three months.

CQC Update: the final CQC report remains outstanding, the 12 week KPI period having expired last Friday. AM confirmed she has emailed twice requesting an update.

QC(18)142 Infection Control Report: 14 cases of CDI YTD against a target of 40, 3 of which are being appealed. RCAs have been completed in relation to all cases. 29 E.coli Bacteraemias YTD which is a small number when compared to the number of community cases. 2 VRE Bacteraemias reported in the last two months on ward 1C found to have the same ribotyping. Deep cleaning is being undertaken. MSSA Gram Negative Bacteraemias: Lessons learned include the appropriate management of invasive devices; Continued monitoring of site after cannula removal; Inconsistent blood culture documentation; and the timely review of patients with sepsis.

QC(18)143 Safeguarding Update: The Trust is now compliant at all levels for Safeguarding training with the exception of PREVENT L3 & 4. The number of staff requiring PREVENT Level 3 & 4 training has increased dramatically from 103 to 3282 due to a change in the TNA following a recommendation from the CCG. It is forecast that it will take approximately 18 months to achieve compliance. An e-learning package is available and instructions for completion circulated and escalated to Matrons and Ward Managers. Some staff have the necessary experience to deliver

face to face training. A Safeguarding Lead Nurse has recently been appointed and will commence in post in December 2018.

QC(18)144 Medicine Storage & Security Update: At the time of the audit medicines were being stored securely in 90% of areas. Overall results were good, there are only a small number of areas still to meet the standard. Action plans are in place to address issues.

QC(18)145 Maternity Survey: The Trust response rate was 27% which is an improvement on the previous year. The majority of STHK scores are in the middle 60% when compared to all Trusts surveyed by Quality Health. An action plan has been developed to address outstanding issues.

QC(18)146 Policies Audit Update: Audit showed that 7% are currently overdue (40/572), 19 of which are policies and 21 are guidelines. There is a manual system in place. It is anticipated that a fully automated system will be live from early 2019.

QC(18)147 Quality Ward Round Quarterly Update: 43 QWRs have been completed, 15 areas remain outstanding. The next round of QWRs begins in February 2019. Themes are focussed around the following 5 areas: Safety, Effectiveness, Responsive, Caring and Well Led. Recommendations to the QWR process include all areas completing the required template to ensure consistency; Wider representation of the ward team including medical staff ensuring a multidisciplinary approach when possible; Consideration to be given to inviting patient representatives to be part of the QWR and the possibility of including a dashboard with key performance indicators including mortality where appropriate. Chair requested a quarterly report to include a section entitled 'You Said, We Did' noting the challenges and frustrations.

Feedback from Councils/Committees:
QC(18)148 Patient Safety Council: The summary page was noted. There were no issues to escalate.

QC(18)149 Patient Experience Council: The summary page was reviewed and noted by the Committee.

QC(18)150 Clinical Effectiveness Council: The summary page was noted. The following were identified for escalation:

- Continued high performance of the Organ Donation Team has been recognised by NHS B&T
- NCEPOD Guidance themes and recommendations common to all hospital specialties: an action plan will be developed and circulated within the Care Groups

QC(18)151 CQPG: The summary page was noted, there were no issues to escalate.

QC(18)152 Workforce Council: The summary page was noted by the Committee. There were no issues to escalate.

Policies/Documents for Approval: There were no items presented for approval.

Policies/Documents for Approval by Councils: None received.

Items to be brought to the attention of the Board:

- Anticipated AED Staffing risk in January 2019

Corporate objectives met or risks addressed: Five star patient care and operational performance.

Financial implications: None directly from this report.

Stakeholders: Patients, the public, staff and commissioners

Recommendation(s): It is recommended that the Board note this report.

Presenting officer: Val Davies, Non-Executive Director

Date of meeting: 28 November 2018

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(18)102

Title of paper: Committee Report – Finance & Performance

Purpose: To report to the Trust Board on the Finance and Performance Committee, 22nd November 2018

Summary:

Agenda Items

For Information

- Sickness Rates
    - The committee reviewed the report around sickness and took assurance from the Trust's performance within the Cheshire & Merseyside footprint and the escalation processes in place to support staff and their departments.
- Budget Setting 2019/20
    - The committee reviewed the indicative timetable that has been issued nationally. It was agreed that a draft paper would go through January F&P with a final plan expected in March for Board approval.
- Briefings were accepted from:
    - CIP Council
- Integrated Performance Report Month 7
    - Discussion took place around operational performance. There had been no grade 3 or 4 avoidable pressure ulcers YTD and no MRSA bacteraemia cases YTD.
    - The committee noted that VTE assessment continues to be above the 95% target.
- Finance Report Month 7 2018/19
    - The month 7 financial position was presented to the committee showing a £0.3m deficit position which includes all PSF funding for M7. It was noted that all A&E PSF relating to Q1 & Q2 has now been removed valued at c£1.3m as instructed by NHSI.
    - The following elements were reviewed and discussed:
        - Cash of £12m, with cash balances challenging as a result of delays in payments from NHS organisations;
        - The YTD financial position was supported by £4m non-recurrent support which will be affecting the underlying position.
- UoR of 3 which was in line with plans.
    - CIP is above plan by £0.47m with green schemes now representing 2.5% of total income, which is higher than the national planning assumptions.

For Assurance

- A&E Performance
    - The Committee reviewed the presentation from the ADO for Urgent Care and Deputy Director of Ops.
    - The Committee praised the continued work of the department in areas of ambulance handover times. They requested for next meeting more on the Trust and system actions to achieve A&E performance as it was not just down to A&E department.

- CIP Programme update
    - The committee noted the improvement in green rated schemes with £11.704m now delivered. This is an increase from M6 by £1.382m.
- CIP Programme update – SCG
    - The Care Group presented their position along with an overview of the NHSI Outpatients Workshop which identified potential efficiency opportunities for the Trust.
    - The Committee reviewed the proposals that the Care Group had identified to deliver the remainder of their CIP target and were assured that progress is being made.

For Approval

- Forecast Outturn
    - The committee discussed and challenged the assumptions/risks and mitigations within the current forecast outturn.
    - The committee felt assured that all recovery actions had been undertaken to support the delivery of the Trust's plan.
    - The committee agreed that forecast outturn would need to be adjusted and that this would be agreed at the November Board.
    - As there is no F&P in December the committee agreed to recommend to Board that the CE/DOF and Chair would submit the final outturn.
- Capital Planning Council Approval
    - The committee agreed to the formation of the Trust's Capital Planning Council. The council would give assurance the F&P on the formation of a rolling five-year capital programme inclusive of MES.

Risks noted

- Forecast outturn
- Non-recurrent measures utilised within financial position and forecast
- A&E performance
- Underlying financial position

Items to be raised at Board

- Cash risk as a result in delays to payments from other NHS organisations (Lead Employer). NHSI agreement for loan support during December.
- Risk to achievement of our planned outturn position, changes to the Trust's forecast position need to be agreed at the November Board in line with the NHSI protocols.

Corporate objectives met or risks addressed: Finance and Performance duties
Financial implications: None as a direct consequence of this paper
Stakeholders: Trust Board Members
Recommendation(s): Members are asked to note the contents of the report
Presenting officer: Jeff Kozer, Non-Executive Director
Date of meeting: 28th November 2018

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(18)103

Title of paper: Mid-Year Review of Trust Objectives

Purpose: To present the mid-year progress review against the 2018/19 Trust objectives.

Summary:

1. The Trust Board agreed twenty-seven objectives for 2018/19 at the Board meeting in March 2018.
2. The objectives are split into 9 categories; 5 representing the Trusts Five Star Patient Care criteria of care, safety, pathways, communication, and systems. There are then 4 categories covering; organisational culture and support for the workforce, operational performance, financial performance, efficiency and productivity and strategic plans
3. This paper summarises the progress achieved to date and gives an assessment of the likely delivery by the end the financial year;

	Completed or on track for completion by 31st March 2019
	In progress but may not be completed/achieved by 31st March 2019
	Behind schedule or at risk of not achieving

4. The ratings show that:
   a. 15 objectives are rated green (55%)
   b. 11 objectives are rated graded amber (41%)
   c. One objective is rated as red (4%)

Trust objective met or risk addressed: provides assurance to the Board that the Trust is making sufficient progress in delivering its annual plan.

Financial implications: None directly from this report.

Stakeholders: The Trust, its staff and all stakeholders.

Recommendation(s): The Board is asked to note the progress being made to deliver the 2017/18 objectives.

Presenting officer: Ann Marr, Chief Executive

Date of meeting: 28th November 2018.

Trust Objectives 2018/19 – Mid Year Progress Review

	Completed or on track for completion by 31st March 2019		In progress but may not be completed/achieved by 31st March 2019		Behind schedule or at risk of not achieving

Objective	Lead Director	Measurement	Governance Route	Progress Report	RAG
1. 5 STAR PATIENT CARE – Care ***We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families***					
1.1 Improve the effectiveness of discharge planning (QA Priority) 1.1.1 Increase the proportion of discharges achieved before midday to at least 33% 1.1.2 Increase discharges at the weekend to be at least 85% of the weekday average 1.1.3 Improve effective communication with patients with regard to discharge planning	DoOps	33% of patients to leave hospital by noon on the day of discharge, including weekends. Reduce the number of complaints associated with discharge processes.	Quality Committee	There has been an increase in the number of patients discharged by midday to circa 20%, but further work is required to achieve the target of 33% consistently across all in-patient wards. There is targeted work to increase weekend discharges as part of the Executive led Urgent and Emergency Care Council improvement programme. A Trust wide communications initiative has been undertaken to improve information to patients and relatives about hospital discharge, but this has not yet translated into a reduction in complaints associated with the discharge process.	Red
1.2 Maintain effective assessment and monitoring of all patients in the Emergency Department (QA Priority) 1.2.1 The Emergency Department safety checklist is used and recorded for all patients 1.2.2 Undertake eMEWS or National Early Warning Score (NEWS) - which must be implemented during 2018/19 – assessments for all patients 1.2.3 Effective allocation of appropriate staffing, to be able to undertake the assessments	DoOps	Regular audit, monitoring of patient safety incidents and eRoster compliance	Quality Committee	The emergency department safety checklist is incorporated into patient documentation, and its consistent use is being audited. eMEWS is in place in the department and plans have been approved to move to NEWS2 before the end of 2018/19, following the inpatient ward roll out. Effective scheduling of staff to meet demand is a key workstream for the Medical Care Group, and is monitored daily to ensure appropriate allocation.	Green
1.3 Achieve the national seven day services clinical standards across the Trust (QA	DoOps & MD	Pharmacy, Therapy, Diagnostics, Frailty	Quality Committee	7-day service provision has been improved (quantity and quality).	Amber

Objective	Lead Director	Measurement	Governance Route	Progress Report	RAG
Priority) 1.3.1 Expand the range of services available 7 days a week 1.3.2 Increase the reported % of patients receiving a senior clinical review each day 1.3.3 Increase the reported % of patients being assessed by a Consultant within 14 hours of admission		National Target - 90% of patients		The latest NHSE 7-day services audit shows that the Trust is achieving all of the standards for 7 day consultant led services, except patients assessed by a consultant within 14 hrs of admission, which has improved to 64%. The Trust is therefore making progress towards the 2020 national targets, but there remains work to do. The Trust has expanded other services to 7 days including the frailty service, extended opening hours for pharmacy at the weekend and increased therapy presence at the weekend.	
2. 5 STAR PATIENT CARE – Safety ***We will embed a culture of safety improvement that reduces harm, improves outcomes and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care***					
2.1 Reduce further the rate of avoidable harm from falls, pressure ulcers and medication incidents (QA Priority) 2.1.1 Falls – 10% reduction from 2017/18 baseline for moderate and severe harm 2.1.2 Pressure Ulcers – maintain zero tolerance of grade 3 or 4. Deliver a 15% reduction in grade 2 pressure ulcers compared to 2017/18 2.1.3 Medication Incidents – Following the implementation of ePrescribing (in Q3) to identify trends and develop a targeted action plan e.g. Insulin prescribing and administration	DoN	Monthly monitoring and reporting /RCA process and lessons learnt	Quality Committee	Trust reported 22% less number of falls in moderate and severe category falls for Q1 and Q2 for 2018/19 compared with the same period 2017/18 No grade 3 or 4 pressure ulcer reported for Q1 and Q2 of 2018/19 The number of avoidable hospital acquired grade 2 pressure ulcers is higher than expected year-to-date (19 compared to 28 for the whole of 2017-18) and extensive work is ongoing to ensure this reduces. New interventions include posters on beds relating to heel pressure ulcer prevention and a moisture lesion prevalence audit being completed to identify the benchmark and enable more targeted actions. EPMA roll out is in progress (Q3 measurement). In 2017/18, there were 15 medication incidents of moderate category or above, with only 2 incidents reported by month 5 2018/19.	Amber
2.2. Implement changes as a result of lessons learned from incidents and complaints (QA Priority) 2.2.1 Annual complaints report to identify themes from 2017 -18 2.2.2 Monthly publication of lessons learnt and discussion at Ward/Department governance	DoN	Incidents, complaints and claims quarterly reports. Audit and spot checks via QWRs	Trust Board	QWR summary reports 6 monthly (November Quality Committee). The QWR process has been revised and is supported by new SOP, summary and feedback template for “you said, we did” Audit of dissemination process of sharing learning though safety huddles has been undertaken, evidencing high levels of compliance and usage.	Amber

Objective	Lead Director	Measurement	Governance Route	Progress Report	RAG
meetings 2.2.3 Audit compliance and impact				Lessons learned and safety messages are shared through Team Brief's bi-monthly safety bulletin. As part of the mortality review process, key learning is disseminated across the organisations and also forms the agenda for key governance groups and committees. Each complaint response includes any learning that has been identified and the necessary actions for each area. A summary of lessons learned and actions taken from complaints across the Trust is included in reports to the Board, Quality Committee and Patient Experience Council. Complaints are a standing agenda item on the Care Group and ward governance meetings to ensure that lessons are shared and to embed any actions taken to improve the quality of patient care. However, further work is needed to gain assurance that lessons learnt are embedded in practice	
2.3. Fully establish the systems for reviewing hospital deaths, identifying and sharing learning and reporting the outcomes, in line with best-practice national guidance. 2.3.1 Quarterly publication of the Trust's screening and review of all deaths 2.3.2 Identification of two learning points 2.3.3 Evidence that the learning points have been disseminated throughout the Trust 2.3.4 Evidence that the learning has changed practice	MD	Publication of mortality reviews each quarter Audit of lessons learnt and changes in practice	Trust Board	Learning from deaths continues to improve. Board reporting is now clearly established and a system for tracking 'sharing' is in place. Version 3 of the policy is on track and will include incorporation of learning from CQC inspection and latest (July 2018) guidance on dealing with bereaved relatives. The trust is engaging with DATIX to identify a solution to thematic analysis of DATIX. 2.3.1 Completed 2.3.2 Completed 2.3.3 Completed 2.3.4 In progress	Green
3. STAR PATIENT CARE – Pathways ***As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient***					
3.1. Increase the percentage of e-discharge summaries sent within 24 hours to 85% (QA Priority)	DoI	Achieve 85% by Q4 2018/19	IPR	All inpatient discharges (100%) are transferred electronically within area. The Trust is achieving 69% of inpatient discharges sent within 24 hours against a 85% target and 73% sent within 14 days (Trust Month 6 Integrated Performance Report).	Amber
3.2. Maximise the benefits of the adult community Nursing services in St Helens	DoOps	Improved patient experience	Quality Committee	These services have been successfully transferred to the Trust in April 2018 and work is on-going to realise the	Green

Objective	Lead Director	Measurement	Governance Route	Progress Report	RAG
3.2.1 Deliver end to end pathways to reduce duplication and number of handoffs e.g. Adult Continence, Heart Failure and Respiratory.		Fewer hospital admissions		benefits of single integrated pathways. Admissions for over 65's from St Helens have plateaued at month 5 compared to the same period in 2017/18, despite showing growth in other boroughs. Amalgamation of the specialist community services in to the acute Trust has also reduced patient handoffs.	
3.3. Implement solutions to increase Car Parking capacity to improve the experience and access for staff, patients and visitors.	DoE&F	Increase car parking spaces by 419 by September 2018	Executive Committee	Work to create additional car parking spaces is nearing completion, with measures to relocate staff to increases spaces for patients and visitors in the multi storey care park.	Green
4. 5 STAR PATIENT CARE – Communication We will respect the privacy, dignity and individuality of every patient. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services					
4.1. We will improve the systems used to investigate and respond to complaints and to respond to 90% of complaints within the agreed timescale. 4.1.1 Improve the accuracy and quality of complaints responses – 85% right at first draft 4.1.2 Improve the learning from complaints to change practice (same process as 2.3) 4.1.3 Respond to 90% of complaints within the agreed timescales 4.1.4 Reduce the number of 2nd level complaints where the complainant is unsatisfied with the initial response 4.1.5 Produce a quarterly report on complaint satisfaction survey results	DoN	Achieve 90% by September 2018 Reduction on 2nd level complaints Audit of lessons learnt	Quality Committee	Compliant response times have been consistently improving and were 95.3% at the end of Quarter 2 2018-19. The average number of second stage complaints has remained fairly consistent compared to 2017/18. 110 first stage complaints were closed in Q1 and Q2, with 21 second stage complaints received in this period, but the majority were satisfied with the initial response and were raising supplementary issues. A summary of the findings from the complainant satisfaction survey is included in each quarterly report with good levels of satisfaction reported in the Q2 paper to the Quality Committee, in that 100% of the respondents confirmed that they were very satisfied or fairly satisfied with the outcome of the complaint and the way the complaint was handled.	Green
4.2. We will fully implement the action plans developed in response to the results of the; 4.2.1 National inpatient survey 4.2.2 National maternity inpatient survey	DoN	Monitoring of action plans	Quality Committee	Action plans are in place for all national patient surveys, including cancer experience, maternity and inpatient surveys. These are monitored at the Patient Experience Council and reported to the Quality Committee. In addition, the Executive Committee undertook a deep dive of the inpatient survey action plan to ensure effective actions were being taken.	Green
4.3. Use patient feedback to shape future service developments – identifying themes from all sources of feedback e.g. F&FT,	DoN	Feedback from Healthwatch	Quality Committee	Healthwatch for Q1 and Q2 reports have been positive. The F&FT response rates are consistent and the approval	Amber

Objective	Lead Director	Measurement	Governance Route	Progress Report	RAG
Healthwatch, patient surveys, ask Ann, complaints, PLACE 4.3.1 Produce a thematic annual report from all patient feedback 4.3.2 Agree 2 -3 priority initiatives in response to the key issues identified 4.3.3 Publicise the changes made and the difference it has made to patients		F&F test responses and approval ratings. Annual PLACE assessment You said we did reports		ratings have remained high for all areas. The annual PLACE score results were excellent with the Trust achieving the highest scores in all categories. Examples of changes made in response to patient feedback are reported to the Patient Experience Council and a thematic annual report needs to be completed for the year.	
5. 5 STAR PATIENT CARE – Systems ***We will improve Trust arrangements and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes***					
5.1 Implement the new Patient Administration System with minimal disruption to contractual or operational performance.	DoI	Achieve BAU state by August 2018	Executive Committee	Delivery of the new Patient Administration System, in the majority of Trust operational areas without disruption. There have been some specific areas of additional support required to minimise disruption caused through the significant change of systems. Informatics and operational services continue to focus on transferring to BAU state for the affected areas in a safe and efficient manner and to minimise disruption to contractual and operational performance. This is expected to be completed by the end of November.	Green
5.2 Make the most effective use of the skills of the nursing workforce by implementing an electronic system (SafeCare) to ensure optimal deployment of nursing resources. (QA Priority) 5.2.1 Appoint the lead nurse 5.2.2 Implement the system to be able to use to inform staffing decisions from September 2018	DoN/DoHR	Safer staffing reports – maintain over 90% Care Hours Per Patient – maintain 3 hours	Quality Committee	SafeCare has been rolled out successfully to 75% of all adult inpatient wards. The final wave of ward uptake will commence mid-November to ensure that all wards are live on the system by December 2018. The lead nurse has been appointed. Safer staffing fill rates are 96% YTD at month 6. 3 CHPPD is achieved on the majority of wards	Amber
5.3 Implement phase 1 of the Shared Care Record with partners in St Helens.	DoI	Shared care record operational by March 2019	Executive Committee	The project is currently on target with three of the four organisations in scope actively feeding data into the CareCentric system. With the system now technically live the focus of the project will change to more time focusing on the User Roll-Out. The system already has Social Care,	Green

Objective	Lead Director	Measurement	Governance Route	Progress Report	RAG
				Pharmacy and ED users, with phase 1 expected to be completed 2 months ahead of schedule.	
6. DEVELOPING ORGANISATIONAL CULTURE AND SUPPORTING OUR WORKFORCE ***We will use an open management style that encourages staff to speak up, in an environment that values, recognises and nurtures talent through learning and development. We will maintain a committed workforce that feel valued and supported to care for our patients.***					
6.1 Implement innovative approaches to recruitment and retention 6.1.1 Recruit 80 permanent new nurses to the Trust 6.1.2 Recruit 50 nurses via international recruitment/global learners programme 6.1.3 Increase the number of staff who retire and return and promote flexible working 6.1.4 Provide development opportunities including rotational programmes 6.1.5 Expand the Trust preceptorship and whole career development to more staff groups	DoHR	HR Indicators Reports	Trust Board	41 international recruits are currently progressing through the recruitment processes, to be able to work at the Trust, and 33 will have started at the Trust by the end of November 2018. In total 84 WTE permanent new nurses have been recruited to the Trust since April. 89 HCAs have been recruited to the Care Certificate programme and 6 have successfully completed the qualification. Numbers of nurse vacancies has reduced by circa 40% Clinical Education Support Tutor appointed and commenced in post in May 2018 to support preceptorship and whole career learning, with the new preceptorship programme launched in April.	Green
6.2 Make further improvements to the Trust so it is increasingly recognised as an employer of choice. 6.2.1 Act on feedback from staff survey to include an increase in rate of appraisals, staff satisfaction in care they provide and reduction in staff experiencing physical violence from patients 6.2.2 Conduct local impact assessment surveys, prior to the 2018 staff survey	DoHR	Quarterly Reports NHS Staff Survey Action Plan	Workforce Council	A staff survey report and action plan was presented to the Trust Board in April. This included specific actions to address reported incidents of violence to staff. There are quarterly progress reports to the Quality Committee via Workforce Council. Use of local mini cultural surveys has enabled a more detailed understanding of the areas in need of additional support which had led to individualised OD plans. Appraisal- a revised Appraisal 'e' form launched. Training amended and also relaunched. Management and Appraisal tool (WorkPal) currently in implementation to be launched 1st April 2019.	Amber
6.3 Optimise the apprenticeship levy to support	DoHR	E-rostering Programme Board	Executive Committee	The Trust is offering a range of apprenticeships utilising the funding paid through the Apprenticeship Levy. To date 127	Green

Objective	Lead Director	Measurement	Governance Route	Progress Report	RAG
staff in realising their potential. 6.3.1 Offer a broad range of apprenticeship schemes to staff to develop skills and aid retention 6.3.2 Utilise the levy to support new roles such as c12 nursing associates, c20 apprenticeship nurse degrees and physician associates when frameworks are in place. 6.3.3 Support the development of new roles e.g. advanced care practitioners to address staff shortages		reports		staff are accessing apprenticeships in addition to; 2 initial cohorts (13 staff) of Nurse Apprenticeships, with a further cohort (of 10) due to commence in March 2019. In January 2019 the first cohort of 20 Nursing Associates, will commence. 4 Operating Department Practitioners apprenticeships to commence in March 2019. Funding for a range of Advanced Clinical/ Nurse Practitioner roles has been secured through HEE to support advanced practice in ED, Care of the Elderly/ Frailty and Oncology.	
6.4 Expand the implementation of e-rostering to allied health professionals to support effective use of resources across all staff groups 6.4.1 Implement e rostering for AHP's by end of Q3 2018/19 6.4.2 Optimise the benefits of e rostering for doctors in training to ensure effective deployment of staff.	DoHR	E-rostering Programme Board reports	Executive Committee	The project to implement e-rostering for AHP's is on track. The rosters will be "built" by the end of Q3 and will then go live 8 weeks later. All doctors in training are now e-rostered following the August rotation and work is on-going to optimise the use of the system moving forward.	Green
7. OPERATIONAL PERFORMANCE ***We will meet and sustain national and local performance standards***					
7.1 Plan to achieve national performance access standards including: 7.1.1. The agreed trajectory for emergency access standards 7.1.2. Cancer treatment standards 7.1.3. 18 week access to treatment for planned care 7.1.4. Diagnostic tests completed within 6 weeks 7.1.5. Ambulance handover	DoOps	IPR	Finance and Performance Committee	The Trust continues to achieve all national performance access standards, except for Accident and Emergency 4 hour access. There is targeted Trust wide actions underway, as part of the Urgent and Emergency Care Council to improve patient flow, and result in achievement of the emergency access standard. Cancer treatment access targets are achieved 18 week access standard is achieved Diagnostic waiting time standard is achieved The ambulance handover standard has been achieved consistently for the first 7 months of 2018/19, following an	Amber

Objective	Lead Director	Measurement	Governance Route	Progress Report	RAG
				improvement programme	
7.2 **Plan to achieve local performance indicators including**: 7.2.1 CQUINS 7.2.2 Contract performance indicators and compliance 7.2.3 Activity levels to meet Trust operational plans.	DoOps	Contract Monitoring	Finance and Performance Committee	The CQUIN progress is on course at Q2 The Trust is achieving contract performance indicators and quality standards There is a risk to achieving the activity plans, due to service disruption caused during the implementation of the new PAS and any cancellations or delays resulting from increased DTOC patients over winter	Amber
7.3 We will use benchmarking and comparative data e.g. GIRFT and Model Hospital to increase the productivity of our Theatres and outpatient clinics	DoOps	GIRFT Model Hospital		The Trust has completed a Use of Resources assessment with NHSI based on Model Hospital data. The Trust has nominated 2 Model Hospital champions to work with the national NHSI team The Trust continues to participate in GiRFT reviews and relevant data from both GiRFT and Model Hospital is actively used at speciality level to support delivery of productivity improvements e.g. Ophthalmology	Green
8. FINANCIAL PERFORMANCE, EFFICIENCY AND PRODUCTIVITY ***We will achieve statutory and other financial duties set by regulators within a robust financial governance framework, delivering improved productivity and value for money***					
8.1 We will use benchmarking and reference costs to achieve best practice; 8.1.1 Maintain reference cost index of less than 100 8.1.2 Improve performance against all three of the procurement efficiency standards	DoF	Annual Reference Costs NHSI Annual Benchmarking review Annual procurement performance score Model Hospital	Finance and Performance Committee	Draft Reference Cost results for 2017/18 are lowest ever at 91, improvement of 7 points. One of the best results for acute hospital in the north. StHK procurement is ranked 26th nationally. For 2016/17 we were ranked 103 out of 136.	Green
8.2 We will continue to work with partners across Cheshire and Merseyside and in local Integrated care systems to provide non-clinical back-office services, where economies of scale can be demonstrated; 8.2.1 Pathology Network 8.2.2 HR Services 8.2.3 Business Information 8.2.4 Informatics and IT 8.2.5 Financial Services	DoF	Annual Reference Costs NHSI Annual Benchmarking review Annual procurement performance score Model Hospital	Finance and Performance Committee	NHSI back office benchmarking performance has improved compared nationally and against the STP organisations. In the STP all functions are within the best for 2nd best quartile. Best quartile opportunity is calculated at only £1.4m with £0.9m being IT related. This does not factor in quality of service in achieving best quartile. Heavily engaged with Pathology developments at both Southport & Ormskirk level and STP level. HR continues to provide strong services and recently won HEE tender for lead employer across the North West. Joint Business Information Unit being established for St	Green

Objective	Lead Director	Measurement	Governance Route	Progress Report	RAG
				Helens Cares	
9. STRATEGIC PLANS ***We will work closely with NHS Improvement, and commissioning, local authority and provider partners to develop proposals to improve the clinical and financial sustainability of services***					
9.1 We will work closely with community, primary and social care to support; 9.1.1 Integrated out of hospital pathways 9.1.2 Admission avoidance	DoT	IPR & Corporate Activity Reports	Executive Committee	This is a strategic ambition that will take longer than 12 months to achieve. Community COPD team, community cardiac nurses and rehabilitation team and frailty nurses are now working in St Helens to avoid admissions and provide integrated out of hospital pathways. Collection of accurate and timely falls data for over 60 year olds in ED is supporting increased referrals to community falls team. Executive MADE held on a monthly basis to ensure timely discharge and a reduction in DTOCs across our footprint. Marshalls Cross Medical Centre is working closely with the End of Life Care teams in the community to avoid admissions and manage patients well in the community. Marshalls Cross Medical Centre is working with St Helens Central locality primary care network to support primary care at scale.	Amber
9.2 We will collaborate with partners in the development and implementation of integrated care partnerships in order to benefit patient experience through the provision of integrated high quality, safe, efficient and effective services.	DoT		Executive Committee	This is a strategic ambition that will take longer than 12 months to achieve. **St Helens:** Joint Director of Integration appointed. Governance and accountability system is being established with a MOU to support closer partnership working be formally agreed by all partners in January. Trust representatives attend the St Helens Cares Executive Board; People's Board and Local Care System Programme Board. A review of therapy services across primary, secondary and community care is ongoing across St Helens.	Amber

Objective	Lead Director	Measurement	Governance Route	Progress Report	RAG
				Knowsley: Integrated care system (ICS) proposals continue to develop. The Trust is supporting the development of a community frailty service. Trust representatives attend the Knowsley Health and Wellbeing Board and the Early Intervention and Prevention Steering Group. **Halton:** Integrated care system (ICS) proposals continue to develop. The Trust is supporting the development of a community frailty service. DoT is the SRO for the Enablers workstream of One Halton, and coordinates the enabler subgroups. All local CCGs are partners in the single handed care initiative, seeking to reduce length of stay in acute/intermediate care, and enable patients/ residents to remain in their own homes as long as possible.	
9.3 We will meet all the compliance requirements set by NHSI in the Single Oversight Framework to maintain the long-term sustainability of clinical services for local people, collaboratively with partners where appropriate. 9.3.1 Commission an independent Well Led Review 9.3.2 Participate fully in the Cheshire and Merseyside Health and Care Partnership	DoCS	Meet all reporting and compliance requirements and deadlines Maintain segmentation rating	Executive Committee	CQC completed the Well Led inspection in August 2018. The Trust continues to be classified as segment 2 by NHSI The Trust has a leading role in several of the C&M H&SCP workstreams and senior representation on all relevant workstreams	Green

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(18)104
Title of paper: Research & Development Operational Capability Statement (RDOCS)
Purpose: As part of the National Institute for Health Research (NIHR) Research Support Services Programme, each NHS organisation is required to publish a Research and Development Operational Capability Statement.
Summary: The statement provides researchers with an operational overview of resources available to support Research & Development in the organisation and an overview of research collaborations and partnerships with other organisations, including areas of special interest. The statement is a tool to improve effectiveness and collaborations in research activities. This Statement also provides a Board level approved operational framework which sets out how the organisation plans to meet its research related responsibilities/requirements as stated in the UK Policy for Health and Social Care Research, Clinical Trials Regulations, Operating Framework for the NHS in England, Handbook to the NHS Constitution and other relevant guidance and regulations.
Corporate objectives met or risks addressed: We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families **Risks** • Non-compliance with DOH directive • Lose potential research partners who want to work with STHK
Financial implications: None, however the RDOCS is viewed by commercial companies who are looking to invest in research and will use the RDOCS to seek out potential sites.
Stakeholders: • St Helens & Knowsley Teaching Hospital's NHS Trust • North West Coast Clinical Research Network (NWC CRN) • Commercial Partners • External Partners
Recommendation(s): This statement should be on STHK website as we have to provide a link to the NWC CRN and they in turn submit to the DOH.
Presenting officer: Prof Kevin Hardy, Medical Director
Date of meeting: 28th November 2018

ENDS

NIHR Guideline B01
RDI Operational Capability Statement

May 2011

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

Version History

Version number	Valid from	Valid to	Date approved	Approved by	Updated by
Statement 001					
Statement 002	01/11/2013	01/11/2014	27/11/2013	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 003	18/11/2014	18/11/2015	18/11/2014	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 004	31/12/2015	31/12/2016	27/01/2016	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 005			12/01/2017	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 006	01/12/2017	01/12/2018	29/11/2017	Trust Board	Mrs Jeanette Anders
Statement 007	01/12/2018	01/12/2019		Trust Board	Mrs Jeanette Anders

Contents

Organisation RDI management arrangements

Information on key contacts.

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

Name:	Amy Millington
Contact number:	0151 430 1274
Contact email:	amy.millington@sthk.nhs.uk

Information on staffing of the RDI office.

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

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

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

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

Research networks	
Research network (name/location)	Role/relationship of the research network e.g. host organisation
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 7 (Cancer) 0.8WTE

St Helens and Knowlsey Teaching Hospitals NHS Trust	Nursing and Midwifery, Research Nurse, band 7 (Commercial) 1.0 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 6 (Cancer) 1 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 6 (Cross Divisional) 1 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 6 (Cross Divisional) 1 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 6 (Cross Divisional) 1 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 6 (Stroke /Cross Divisional) 1 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 6 (Rheumatology) 1 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 6 (Paediatric / Cross Divisional) 0.5 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 6 (Maternity /Cross Divisional) 0.4 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 6 (Maternity /Cross Divisional) 0.5 WTE
Clinical Research Network, North West Coast (CRN NWC)	Data Support, band 3, 0.6WTE
Clinical Research Network, North West Coast (CRN NWC)	Data Support, band 4, 0.7WTE
Clinical Research Network, North West Coast (CRN NWC)	Data Support, band 4, 0.8WTE
Clinical Research Network, North West Coast (CRN NWC)	Data Support, band 2 0.4WTE

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

Current collaborations / partnerships

Organisation name	Details of collaboration / partnership (e.g. university/organisation joint office, external provider of pathology services to organisation, etc., effective dates)	Contact name	Email address	Contact number
Southport and Ormskirk NHS Trust	St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) provide Research Management support to Southport and Ormskirk NHS Trust (SOHT). They support the delivery, performance and oversight of research conducted at SOHT.	Dr K Thomas	kevin.thomas@nhs.net	01704 704765
Liverpool John Moores University (LJMU)	The Trust is involved in a number of research projects with Liverpool John Moores University.	Dr Dave Harriss, Research Governance Manager	D.harriss@ljmu.ac.uk	0151 904 6236
NIHR Research Design Service -North West	The Research Design Service in the North West is part of the NIHR infrastructure and exists to provide support and advice for people preparing NIHR grant applications.	Dr P Dolby, Communications and information Manager	www.rds-nw.nihr.ac.uk	

Clatterbridge Centre for Oncology (CCC)	STHK & CCC have come to an agreement whereby patients will have access to Systemic Anti-Cancer Therapy (SACT) trials through the availability of CCC employed saff working to CCC governance arrangmetns.	Dr Maria McGuire	Maria.Maguire@clatterbridgecc.nhs.uk	0151 334 1155 x4917
Innovation Agency (Academic Health Science Network, North West Coast)	The Trust is a partner of the AHSN, we work together to embed innovation as a core part of the business within STHK .	Dr Liz Mear	info@nwcahsn.nhs.uk	01772 520250
Clinical Commissioning Groups	The Trust is involved in a small number of primary care research projects.	For further information contact Jeanette Anders, RDI Manager	jeanette.anders@sthk.nhs.uk	0151 430 2334
Liverpool University	The Trust is involved in a number of research projects with Liverpool University.	For further information contact Jeanette Anders, RDI Manager	jeanette.anders@sthk.nhs.uk	0151 430 2334
St Helens Clinical Commissioning Groups	The Trust has links to Primary Care through the CCG. These links are vital and offer us the potential to collaborate on joint research projects as well as recruiting from the primary care sector.	Professor Sarah O'Brien Accountable Officer and Strategic Director for Peoples Services St Helens CCG	saraho'brien@sthelens.gov.uk	01744 676309
Liverpool University	Mr Rowan Pritchard Jones, Consultant Plastic Surgeon at STHK and Honorary Clinical Lecturer at Liverpool University	Mr Rowan Pritchard Jones	rowan.pritchardjones@sthk.nhs.uk	

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

Organisation study capabilities

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

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

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

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

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

Number/notes on General Practitioner (GP) practices

Organisation services

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

Clinical service departments					
Service department	Specialist facilities that may be provided (e.g. number/type of scanners)	Contact name within service department	Contact email	Contact number	Details of any internal agreement templates and other comments
Pathology	Minus 20, 30 and 80 freezers	Samantha Bonney	samantha.bonney@sthk.nhs.uk	0151 430 1838	
Pharmacy	Designated Research Pharmacist	Jodie Kirk	jodie.kirk@sthk.nhs.uk	0151 290 4284	
Pharmacy	Back up Research Pharmacist	Sophie Helsby	Sophie.Helsby@sthk.nhs.uk	0151 430 1678	
Radiology	Clinical Radiation Expert	Nabile Mohsin	Nabile.Mohsin@sthk.nhs.uk	0151 426 1600	Clinical Director for Radiology
Radiology	Medical Physics Expert	Mike Higgins	mikehiggins@irs-limited.com	0151 709 6296	Mike Higgins from IRS Ltd is one of the Medical Physics experts for the Trust
Radiology	Medical Physics Expert	Paul Connolly	paulconnolly@irs-limited.com	0151 709 6296	Paul Connolly from IRS Ltd is one of the Medical Physics experts for the Trust
Radiology	2x 1.5 GE MRI 1 x 3.0T MRI 3 X GE 64 slice CT scanners	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	2x Digital Mammography including tomosynthesis	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	2x Digital dental including cephalometry Cone Beam CT	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	2x Fluoroscopy /1 x interventional	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	20X Ultrasound including Cardiac /Elastography	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Radiology	6x Digital radiography including tomosynthesis	David Anwyl	david.anwyl@sthk.nhs.uk	0151 430 1263	
Cardio-Respiratory Department	24 hour ambulatory electrocardiography Extended ambulatory electrocardiography Cardiomemo Event Recording Carotid sinus massage test Ambulatory blood pressure monitoring Electrocardiograms: 12 lead ECGs Transthoracic echocardiography Transoesophageal echocardiography Stress echocardiography Exercise electrocardiography Spirometry Measurement of maximum expiratory and inspiratory flow volume loop Oximetry assessment Carbon monoxide transfer factor test Simple lung function exercise test Measurement of static lung volume Measurement of respiratory muscle strength Measurement of maximum expiratory and inspiratory flow volume loop Bronchial Reactivity Overnight oximetry (Includes: Measurement of oxygen desaturation index	Gina Rogers	gina.rogers@sthk.nhs.uk	0151 430 2424	

Cardio-Respiratory Department	Assessment for fitness to fly (hypoxic challenge) - flight assessment Pacemaker Implantation - single / dual [plus Box Changes] Implant/Removal of electrocardiography loop recorders ILRs Remote Follow-up inc. Pacemakers /ICDs Coronary Angiography	Gina Rogers	gina.rogers@sthk.nhs.uk	0151 430 2424	

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

Management Support e.g. Finance, legal services, archiving					
Department	Specialist services that may be provided	Contact name within service department	Contact email	Contact number	Details of any internal agreement templates and other comments
Archiving	Archiving arrangements are part of the Trust approval process and are detailed in the Clinical Trial Agreement for each study. The Trust holds a corporate archiving contract with Cintas.	Jeanette Anders	jeanette.anders@sthk.nhs.uk	0151 430 2334	
Contracts (study related)	Advice and support - See comments	Jeanette Anders	jeanette.anders@sthk.nhs.uk	0151 430 2334	The model agreement for non-commercial research and the model agreement for pharmaceutical and biopharmaceutical industry sponsored research is used by St Helens and Knowsley Teaching Hospitals NHS Trust
Contracts (study related)	Sign off of clinical trial agreements	Professor K Hardy	kevin.hardy@sthk.nhs.uk		The model agreement for non-commercial research and the model agreement for pharmaceutical and biopharmaceutical industry sponsored research is used by St Helens and Knowsley Teaching Hospitals NHS Trust
Finance	Corporate Accountant	Michelle Booth	Michelle.Booth@sthk.nhs.uk	0151 426 1600	The RDI Department has links with finance and are fully supported in all areas relating to research.
Information Technology	Director of Informatics	Christine Walters	christine.walters@sthk.nhs.uk	0151 430 1134	RDI Department is fully supported by the Director of ICT. IT training, IT system set up, hardware and software configuration set up, firewall configuration and connection to external servers.
Legal	Head of Complaints & Legal Services	Modupe.Oyedeji	Modupe.Oyedeji@sthk.nhs.uk	0151 426 1600	Support and advice with the legal aspects of research is provided when necessary.
HR	Research Passports, Honorary Contracts, Letters of Access	Andrea Wisdom	andrea.wisdom@sthk.nhs.uk	0151 290 4185	
Training	Essential In house Standard Operating Procedure Training	Jeanette Anders, Amanda McCairn, Susan Dowlling	research@sthk.nhs.uk	0151 430 2334/ 2315	In house training on essential Standard Operating Procedures is provided for new starters or as updates if required.
Training	Good Clinical Practice (GCP) training. The Trust has 2 NIHR GCP Facilitators.	Jeanette Anders, Susan Dowlling	research@sthk.nhs.uk	0151 430 2334/ 2315	The GCP facilitators are required to facilitate 4 courses per year.

Performance Management of studies	Audit and on-going review of studies.	Contact via RDI Department	research@sthk.nhs.uk	0151 430 2334/ 2315	During the RDI approval process, feasibility, capacity and capability checks take place including requirement for nurse support, appropriate resources, equipment & facilities, realistic recruitment target etc. After approval is granted, the RDI Department remain a point of contact, reviewing the progress of each study. A yearly Research Governance Framework (RGF) audit is conducted and when a need is identified ad hoc audits will be completed..

Organisation RDI interests

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

Organisation RDI areas of interest				
Area of interest	Details	Contact name		Contact number
Anaesthetics	Anaesthetist for Obs & Gynae	Dr P Yoxall	peter.yoxall@sthk.nhs.uk	0151 430 1267
Anaesthetics		Dr K Mukhtar	karim.mukhtar@sthk.nhs.uk	0151 430 1268
Anaesthetics		Dr Goel	Vandana.Goel@sthk.nhs.uk	
Burns and Plastics		Mr R Pritchard-Jones	rowan.pritchardjones@sthk.nhs.uk	
Burns and Plastics		Mr P Brackley	philip.brackley@sthk.nhs.uk	0151 430 1664
Burns and Plastics		Mr K Shokrollahi	kayvan.shokrollahi@sthk.nhs.uk	
Lung Cancer (Radiology)		Dr Meenal Abhyankar	Meenal.Abhyankar@sthk.nhs.uk	
Cancer		Dr Puneet Malhotra	Puneet.Malhotra@sthk.nhs.uk	
Cancer		Ms Leena Chagla	leena.chagla@sthk.nhs.uk	
Cancer		Dr T Nicholson	toby.nicholson@sthk.nhs.uk	0151 430 1825
Cancer		Dr E Hindle	elaine.hindle@sthk.nhs.uk	
Cancer		Dr Z Khan	zahed.khan@clatterbridgecc.nhs.uk	
Cancer		Dr R Lord	rosemary.lord@clatterbridgecc.nhs.uk	
Cancer		Dr H Innes	helen.innes@clatterbridgecc.nhs.uk	
Cancer		Dr E Marshall	ernie.marshall@sthk.nhs.uk	01744 646771
Cancer		Miss T Kiernan	Tamara.Kiernan@sthk.nhs.uk	
Cancer		Mr A Khattak	Altaf.Khattak@sthk.nhs.uk	
Cancer		Dr Taylor	David.Taylor4@sthk.nhs.uk	
Cancer		Mr Samad	Ajai.Samad@sthk.nhs.uk	
Care of the Elderly		Dr Gandecha	Dipen.Gandecha@sthk.nhs.uk	
Cardiology		Dr R Katira	Ravish. Katira@sthk.nhs.uk	0151 430 1041
Palliative Care		Dr A Thompson	Anthony.Thompson2@sthk.nhs.uk	0151 290 4266
Palliative Care		Dr S Coyle	SeamusC@willowbrookhospice.org.uk	0151 430 8736
Critical Care		Dr J Wood	julie.wood@sthk.nhs.uk	0151 430 2394
Critical Care		Ascanio Tridente	Ascanio.Tridente@sthk.nhs.uk	0151 430 1421
Dermatology		Dr J Ellison	judith.ellison@sthk.nhs.uk	01744 646584
Dermatology		Dr E Pang	evelyn.pang@sthk.nhs.uk	01744 646614
Dermatology		Dr M Walsh	Maeve.Walsh@sthk.nhs.uk	
Dermatology		Dr K Eustace	Karen.Eustace@sthk.nhs.uk	
Dermatology		Dr A Alkali	Abba.Alkali@sthk.nhs.uk	
Dermatology		Dr Ngan	Kok.Ngan@sthk.nhs.uk	
Diabetes		Professor K Hardy	kevin.hardy@sthk.nhs.uk	01744 646490
Diabetes		Dr N Furlong	naill.furlong@sthk.nhs.uk	01744 646496
Diabetes		Dr P Narayanan	Prakash.Narayanan@sthk.nhs.uk	
Emergency Medicine		D Frazer	David.Frazer@sthk.nhs.uk	0151 430 2373
Emergency Medicine		Dr S Langston	Sarah.Langston@sthk.nhs.uk	
Emergency Medicine		Dr J Matthews	john.matthews@sthk.nhs.uk	
Emergency Medicine		Dr C Maloy	Claire.Molloy@sthk.nhs.uk	
Emergency Medicine		Dr M Hedley	Mike.Hedley@sthk.nhs.uk	
Emergency Medicine		Dr C O'Leary	Clare.OLeary@sthk.nhs.uk	
Emergency Medicine		Professor P Nee	patrick.nee@sthk.nhs.uk	
Emergency Medicine		Dr G Inkster	Graeme.Inkster@sthk.nhs.uk	
Musculoskeletal		Dr R Abernethy	rikki.abernethy@sthk.nhs.uk	01744 646586
Musculoskeletal		Dr J Dawson	Julie.Dawson@sthk.nhs.uk	
Gastro		Dr A Bassi	ash.bassi@sthk.nhs.uk	
Gastro		Dr R Chandy	rajiv.chandy@sthk.nhs.uk	
Gastro		Dr J McLindon	john.mclindon@sthk.nhs.uk	
Gastro		Dr D McClememts	dave.mcclements@sthk.nhs.uk	
Gastro		Dr S Priestley	Sue.Priestley@sthk.nhs.uk	
Gastro		Dr V Theis	Vanessa.Theis@sthk.nhs.uk	0151 290 4274
Gastro		Dr K Clarke	Katie.Clark2@sthk.nhs.u	
Haematology		Dr M Gharib	majed.gharib@sthk.nhs.uk	0151 430 1315
Haematology		Dr Eleana Loizou	Eleana.Loizou@sthk.nhs.uk	
Orthopaedics		Mr Ballester	Jordi.Ballester@sthk.nhs.uk	0151 290 4234
Orthopaedics		Mr Lipscombe	Stephen.Lipscombe@sthk.nhs.uk	
Paediatrics		Dr R Garr	Rosaline.Garr@sthk.nhs.uk	
Paediatrics		Dr M Aziz	maysara.aziz@sthk.nhs.uk	
Paediatrics		Dr L Chilukuri	lakshmi.chilukuri@sthk.nhs.uk	
Paediatrics		Dr H Bentur	Hemalata.Bentur@sthk.nhs.uk	

Paediatrics		Dr Basavaraju	Jasavanth.Basavaraju@sthk.nhs.uk	
Paediatrics		Dr Ijaz Ahmad	ijaz.ahmad@sthk.nhs.uk	0151 430 1636
Reproductive and Child Health		Mrs Sandhya Rao	Sandhya Rao@sthk.nhs.uk	0151 430 2289
Reproductive and Child Health		Miss Vicky Cording	vicky.cording@sthk.nhs.uk	0151 430 1495
Reproductive and Child Health		Mrs Nidhi Srivastava	nidhi.srivastava@sthk.nhs.uk	
Reproductive and Child Health		Mrs Susmita	susmita.pankaja@sthk.nhs.uk	
Sexual Health		Dr E Acha	Estibaliz.Acha@sthk.nhs.uk	
Sexual Health		Dr Rebecca Thompson Glover	Rebecca.ThomsonGlover@sthk.nhs.uk	
Stroke		Dr Lalitha Ranga	Lalitha.ranga@sthk.nhs.uk	0151 430 2441
Stroke		Dr S Mavinamane	sunandra.mavinamane@sthk.nhs.uk	0151 430 1224
Stroke		Dr S Meenakshisundaram	sanjeevikumar.meeakshisundaram@sthk.nhs.uk	
Stroke		Dr A Hill	andrew.hill@sthk.nhs.uk	
Stroke		Dr T Smith	tom.smith@sthk.nhs.uk	0151 430 1245
Surgery		Mr R Rajaganeshan	raj.rajaganwshan@sthk.nhs.uk	
Urology		Mr J McCabe	john.mccabe@sthk.nhs.uk	
Urology		Mr A Omar	Ahmad.Omar@sthk.nhs.uk	
Urology		Mr A Samsudin	azi.samsudin@sthk.nhs.uk	

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

Specialty group membership (local and national)					
National / local	Specialty group	Specialty area (if only specific areas within group)	Contact name	Contact email	Contact number
North West	Managers meeting	Research and Development	*Jeanette Anders*	jeanette.anders@sthk.nhs.uk	*0151 430 2334*

Organisation RDI planning and investments

Planned investment			
Area of investment (e.g. Facilities, training, recruitment, equipment etc.)	Description of planned investment	Value of investment	Indicative dates
Grant Development	Advice and support in the development of new STHK led grant applications		

Organisation RDI standard operating procedures register

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

Information on the processes used for managing research passports.

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

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

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

Planned and actual studies register

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

Comments
STHK records every research project on the local ReDA database and the NIHR CRN NWC Edge system. These systems are used to register and manage all research projects.

Other information

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

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

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(18)105
Title of paper: Research, Development & Innovation (RDI) Annual Report 2017-18
Purpose: To provide an overview of the RDI activity undertaken across the Trust during the financial year 2017-18 (Apr 17–Mar 18)
Summary: The following report provides an overview of reported RDI activity in the Trust 2017-18: • During 2017- 2018 STHK were involved in 104 studies, and the National Institute of Health Research (NIHR) supported 85% (n88) of these; • NIHR recruitment figures have exceeded those forecasted during 2017-18. STHK successfully recruited 1006 participants against the proposed target of 500; • STHK have also performed extremely well against HLO 4 (Proportion of studies achieving NHS set-up at all sites in 40 calendar days). However there are still challenges in meeting HLOs, 5a and 5b. The report also provides an update on the key aspects of progress and performance of Research and Innovation within the Trust during 2017/18.
Corporate objectives met or risks addressed: Contributes towards good governance arrangements; providing assurance on the quality of research conducted at STHK to the Board.
Financial implications: The Trust receives funding from the NIHR Clinical Research Network, North West Coast, based on our performance against the High Level Objectives. Failure to achieve the High Level Objectives and deliver Industry studies to the agreed Time and Target will result in a risk to NIHR funding at the local level. This poses a real threat to Trust income, local infrastructure and capacity for expansion.
Stakeholders: Council (CEC) members; RDI Staff; other Trust staff; Commissioners; and Regulators.
Recommendation(s): Members are asked to read the Report with a view to further dissemination across clinical areas.
Presenting officer: Prof Kevin Hardy, Medical Director
Date of meeting: 28th November 2018

ENDS

Research Development & Innovation Department

Annual Report

2017/2018

Lead Author – Mrs Jeanette Anders
Produced – May 2018

Published June 2018

Research Development & Innovation Department

FOREWORDS

This report describes research activity within the Research Development & Innovation Department (RDI) at St Helens and Knowsley Teaching Hospital NHS Trust (STHK) and provides an update on the key aspects of progress, performance and financial management from April 2017 to March 2018.

It includes the current position and progress against National Institute for Health Research (NIHR) and Clinical Research Network North West Coast (CRN NWC) Performance Metric as well as the on-going areas of work and future developments for 2018-2019.

The NHS Constitution 2012/13 states: The promotion and conduct of research continues to be a core NHS function and continued commitment to research is vital if we are to address future challenges.

Clinical research is a vital part of the work of the NHS, helping improve treatments for patients, both now and in the future. Indeed, there is a strong link between research and improved patient outcomes.

The Trust's Research Development and Innovation (RDI) Strategy resonates with the Board objectives, vision, values and goals, and ensures that we have robust systems to facilitate high quality research. We are committed to ensuring that our patients are given the opportunity to participate in safe research.

Professor Kevin Hardy
Medical Director
St Helens and Knowsley Teaching Hospitals NHS Trust

May I take this opportunity to express appreciation for the work of all those who have contributed to the Trust's research agenda, our Principal Investigators, Research Practitioners, Data Staff and other support staff, without whose commitment this report would not have been possible. Most of all we would like to thank the patients and carers for giving up their time for the greater good.

Mrs J Anders RDI Manager
St Helens & Knowsley Teaching Hospitals NHS Trust

C O N T E N T S

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SECTION ONE: BACKGROUND

1.1 People being cared for in the NHS benefit from past and present research. Healthcare professionals know much about health, disease and treatments, but much remains uncertain. Research fills gaps in knowledge and changes the way healthcare professionals work. Treatment, care and patients' quality of life are all improved, and premature deaths are prevented. St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) is committed to providing the best possible care to patients, and recognises the value of high quality research in the successful promotion of health and well-being for the population it serves. Research & Innovation play an essential role, not only in developing new approaches to managing disease, but also in improving the effectiveness of existing treatments. Here at STHK, we continuously drive to improve the quality of services we provide through Research and Innovation. It means that patients attending the Trust may be offered pioneering trial treatments as an option, even though they are not available as standard across the NHS.

1.2 The UK government has stated its firm commitment to promote research throughout the NHS, which it sees as essential to continually improve effectiveness of health services and patient outcomes. In 2017 the UK Policy Framework for Health and Social Care Research replaced the Research Governance Framework. This new policy sets out principles of good practice in the management and conduct of health and social care research that take account of legal requirements and other standards. These principles protect and promote the interests of patients, service users and the public in health and social care research, by describing ethical conduct and proportionate, assurance-based management of health and social care research, so as to support and facilitate high-quality research in the UK that has the confidence of patients, service users and the public[1.]

1.3 Research and research evidence is now established across the UK as part of the day to day operation of the NHS and is fundamental to creating an evidence-based decision making culture. As such, clinical research is now part of core NHS business. The NHS in England has a statutory responsibility to promote health and social care research funded by both commercial and non-commercial organisations (NHS Constitution 2013, Health and Social Care Act 2012). As part of this vision, the National Institute for Health Research (NIHR) was set up in 2006/07 to establish a health research system in which the NHS supports outstanding individuals working in world-class facilities, conducting leading-edge research focused on the needs of patients and the public. Since its establishment the NIHR has contributed significantly to the health and wealth of the nation and is now the most comprehensive research system in the world.

1.4 All research funded by the DOH is distributed through one of the NIHR funding streams and supports only those studies that are adopted on to the NIHR 'portfolio' of studies. The Trust is a member of North West Coast research network (CRN NWC), one of the 15 NIHR Research Networks. Funding is received from the CRN NWC to cover the costs of working on NIHR adopted studies e.g. research nurses, research administrative staff and research-related activities in key service support departments. The Trust also receives income from industry-sponsored research, the majority of which goes directly to the speciality undertaking the research, though the RDI Department utilises a proportion to cover Trust overhead costs and capacity building. All research income is managed centrally within RDI with support from the Finance Department to ensure consistency, accountability and transparency of research income and expenditure.

1.5 In order for clinical research to be meaningful, researchers need to be able to complete their study within an acceptable timescale. They also need to be able to meet recruitment targets with the number of patients or other participants required to make the study feasible. The Trust is performance managed by the CRN NWC against a set of NIHR High Level Objectives (HLO). In broad terms, these objectives include:

- HLO 1 Proportion of agreed recruitment goals being met
- HLO 2a Proportion of commercial studies recruiting to time and target

- HLO 2b Proportion of non - commercial studies recruiting to time and target
- HLO 4 Proportion of studies achieving NHS set-up at all sites in 40 calendar days
- HLO 5a Proportion of commercial contract studies achieving first participant recruited within 30 days at confirmed network sites
- HLO 5b Proportion of non - commercial studies contract studies achieving first participant recruited within 30 days

1.6 Health Research Authority (HRA) was fully implemented in April 2016. HRA Approval is the process for the NHS in England that brings together the assessment of governance and legal compliance, undertaken by dedicated HRA staff, with an independent Research Ethics Committee (REC) opinion provided through the UK Health Departments' Research Ethics Service. It replaces the need for local checks of legal compliance and related matters by each participating organisation in England. This allows participating organisations to focus their resources on assessing, arranging and confirming their capacity and capability to deliver the study[2]. We have systems in place to assess our capacity and capability to conduct research according the HRA guidance.

1.7 STHK has an approved RDI strategy. The purpose of this strategy is to clearly state a 3 year vision for research at STHK, to set clear goals and objectives that will enable fulfilment of the vision, and to lay down clear markers of what constitutes success in delivery. It is also intended to provide the Trust Board with assurance that RDI activity is underpinned by strategic aims that fit with national goals and priorities.

As the systems and processes for undertaking research improve and we develop the capability of the organisation, our capacity to undertake more research will improve. This will facilitate improvements in care, a growth in RDI income and contribute to our reputation as a high quality organisation.

Influencing and changing capability, capacity and culture is core to this strategy, and objectives with measurable outcomes have been identified to facilitate this and are outlined below:

- Foster a vibrant Research, Development and Innovation culture across all areas
- Pursue appropriate research partnerships and collaborations with Universities, Clinical Commissioning Groups (CCGs)
- Engage and enhance patient and staff involvement in NIHR portfolio and non-portfolio research
- Grow staff capability and capacity to undertake research
- Collaborate with the Academic Health Science Network to drive the adoption and spread of innovation across the Trust
- Engage & communicate with patients and service users
- Maintain Research Governance and Assurance for Trust staff undertaking research

The strategy is relevant to anyone undertaking research and to Managers/ Leaders in all disciplines who have responsibility for patient care.

1.8 STHK continues to provide Southport and Ormskirk department's management service. This includes support from the Research Manager, Senior Research Nurse and RDI Co-ordinator. This was agreed in a formal 3 year Service Level Agreement which is due for review on 31st March 2019.

SECTION TWO: OVERVIEW / SUMMARY OF RESEARCH ACTIVITY

2.1 During 2017-2018 the Trust was involved in 104 active studies and the NIHR supported 88 of these. 16 studies were non-NIHR adopted studies, (i.e. that is local) and student studies.

2.2 For Non NIHR studies, in some cases the Trust takes on the role as Sponsor. The Sponsor is the individual, company, institution or organisation which takes on the ultimate responsibility for the initiation, management (or arranging the initiation and management) and/or financing (or arranging the financing) for that research. The sponsor takes primary responsibility for ensuring that the design of the study meets appropriate standards, and that arrangements are in place to ensure appropriate conduct and reporting[3].

STHK sponsored 3 studies during 2017/18; none of these were CTIMPs (Clinical Trial of an Investigational Medicinal Product).

2.3 A key priority for the Department of Health is for the Trust and Research Networks to engage with Industry. During 2017/18 we had 17 active commercial studies open to recruitment, compared to 9 during 2016/17, this is an 89% increase in activity since 2016/17. The Gastroenterology team at STHK has again successfully expanded its research portfolio, this has been a very busy year for the team, they are fast becoming recognised as a site that exceeds in this specialty.

Table 1 - Commercial Studies at STHK (N17)

Activity Area	Number of Studies
Cancer	1
Cardiology	4
Diabetes	1
Gastroenterology	6
Injuries and Emergency	2
Paediatrics	1
Stroke	1
Woman and Child	1

2.4 The Trust also leads or collaborates on a range of studies across the health care priorities for research identified by the Department of Health. There was a 318% increase in the number of NIHR studies where capacity and capability was assessed between the 1st April 2017 and the 31st March 2018. A total of 46 new studies were assessed in 2017/18 compared to 11 in 2016/17. Of these 4 were commercial CTIMP studies. See table 2 overleaf:

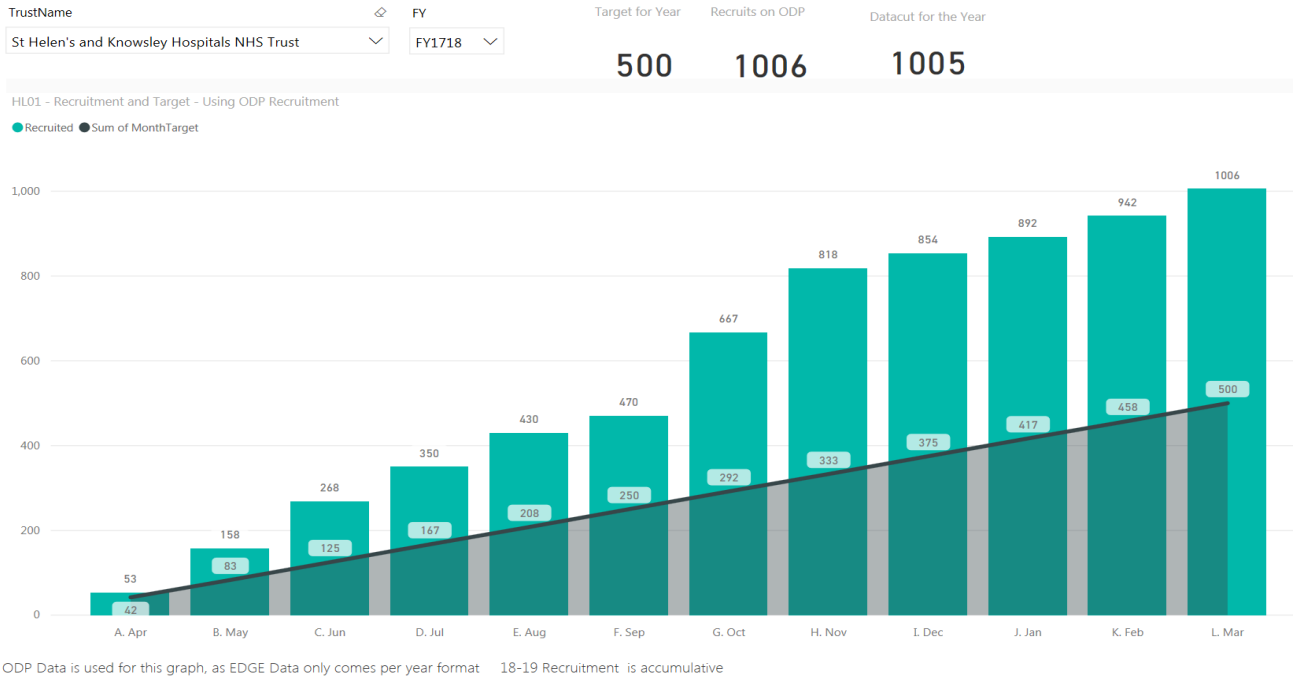
Table 2 - STHK - Studies assessed for Capacity and Capability during 2017/18 at STHK (N46):

Speciality	Number of Studies	CTIMP	Commercial
Burns and Plastics	1	0	0
Cancer	8	0	1
Cardiology	2	0	2

Critical Care	2	0	0
Diabetes	2	1	1
Gastroenterology	1	1	1
General Surgery	3	0	0
Genetics	1	0	0
Haematology	1	0	0
Injuries and Emergencies	2	0	1
Neurology	1	0	0
Orthopaedics	4	0	0
Paediatrics	4	1	0
Rheumatology	4	0	0
Sexual Health	1	0	0
Stroke	3	1	1
Trust Wide	1	0	0
Urology	2	0	0
Woman and Child Health	3	1	1

2.5 We were pleased that NIHR recruitment figures surpassed the target during 2017/18. STHK successfully recruited 1006 participants against a target of 500. This is an increase of 16% since the previous year (n868), 2016/17. (See appendix 1 for list of studies)

HLO 1 Chart 1: Recruitment to NIHR Portfolio studies (2017/18)



2.6 The format of the Chief Executive reports was replaced in early 2018 and the NIHR NWC are now using a new system called POWER BI to run comprehensive reports. The following chart demonstrates compliance against HLO2 -5

Chart 2: HLO Compliance 2- 5 (2017/18)

High Level Objectives HL02 to HL05

HL02A Edge HLO	Amber BRAG	3 Green Studies	2 Red Studies	60 % Percent Passed
HL02B Edge HLO	Red BRAG	5 Green Studies	4 Red Studies	56 % Percent Passed
HL04 Edge HLO	Hatch Green BRAG	24 Green Studies	5 Red Studies	83 % Percent Passed
HL05A Edge HLO	Red BRAG	3 Green Studies	3 Red Studies	50 % Percent Passed
HL05B Edge HLO	Red BRAG	8 Green Studies	13 Red Studies	38 % Percent Passed

2.7 The follow up of patients recruited to research studies can be very time consuming for Research Nurses and Administrative Staff. This can impact on the resources allocated by the CRN for recruitment to active studies. Follow up of patients includes scheduling research visits according to trial protocols, collecting data for the Case Report Forms (CRFs) and answering data queries. Follow up can range from weeks to years and in some cases it can be for life. Currently we have studies in follow up. Responding to data queries can be time consuming and in some cases the Research Nurse may receive requests from Sponsors of studies that are closed to recruitment.

2.8 The NIHR Clinical Research Network (NIHR CRN) provides funding for service infrastructure, including pharmacy, pathology and radiology services, to support clinical research in the NHS in England. We have a dedicated research pharmacist who supports the delivery of Clinical Trials of Investigational Medicinal Products (CTIMPs).

The Medicines and Healthcare Products Regulatory Agency (MHRA) is required under European law to inspect Clinical Trials of Investigational Medicinal Products (CTIMPs) conducted by both commercial and non-commercial organisations. GCP Inspectors assess compliance with all relevant legislation and guidance. In particular, the MHRA assesses whether organisations sponsoring and/or conducting CTIMPs have systems in place to meet the requirements of the Clinical Trials Regulations[5]. In order to address the pharmacy requirements of the MHRA a full suite of pharmacy Standard Operating Procedures are in place. The Trust does not sponsor CTIMPS.

2.9 The Trauma Audit and Research Network (TARN) is a national organisation that collects and processes data on moderately and severely injured patients in England and Wales. In doing so, it allows networks, major trauma centres, trauma units, ambulance services and individual clinicians to benchmark their trauma service with other providers across the country. STHK is a Trauma Receiving Unit (TU) within the Cheshire & Mersey Major Trauma Network (CMMTN) and submits data on all TARN-reportable patients, with injuries ranging from minor (ISS 0-8) (Injury Severity Score) to major (ISS >15) trauma. STHK have a local audit programme with the Accident & Emergency department which addresses areas highlighted by the national TARN data.

2.10 ICNARC (Intensive Care National Research & Audit Centre) was set up in 1994 to provide a national resource for the monitoring and evaluation of intensive care (ICNARC, 1994). STHK joined ICNARC in 1996. ICNARC help critically ill patients by providing information/feedback about the quality of care to those who work in critical care. They provide high quality information:

- through national clinical audits, where hospitals/critical care units use information from reports to help them improve care;
- through research, where data are collected to answer specific questions or to test theories[4].

The information that generates these data is obtained from every single patient admitted to the Critical Care unit.

SECTION THREE: RESEARCH CONDUCT, GOVERNANCE AND FINANCE

3.1 The Trust is committed to the promotion of good research practice, ensuring that research is conducted according to appropriate ethical, legal and professional frameworks, obligations and standards. Research should be undertaken in accordance with commonly agreed standards of good practice. Good Clinical Practice (GCP) is a set of internationally recognised ethical and scientific quality requirements which must be observed for designing, conducting, recording and reporting clinical trials that involve the participation of humans. An understanding of GCP is a prerequisite for anyone carrying out, or involved in, clinical research and clinical trials. The RDI department ensures that information and support is available to researchers, and that GCP training is made available to all staff involved in research. The RDI department has a set of instructions which act as a guide to researchers and assists them in accessing and setting up NIHR online GCP training.

3.2 The 19 principles in the UK Policy Framework for Health and Social Care Research (2017) serve as a benchmark for the conduct of research. Adhering to these standards is a must and ensures the health and safety of research staff and participants.

3.3 The RDI Department have a suite of Standard Operating Procedures (SOPs). The SOPs cover all aspects of the set up and conduct of a research project. These SOPs are reviewed and amended to reflect changes in the regulations.

3.4 In order to maintain the highest standards of rigour and integrity at all times, Principal Investigators are expected to sign an Investigator Declaration form prior to commencing any new research study. The declaration form very clearly outlines the Investigators responsibilities when undertaking research at STHK.

3.5 An audit of Compliance with Good Clinical Practice re Consent, Record Keeping and Storage of Documents was undertaken in March 2018 and where possible any identified issues were immediately addressed. Overall, there were significant improvements in most areas since the previous audit. It was also encouraging to note the good compliance for the CTIMP studies examined in the audit.

3.6 Progress reporting is an essential activity that allows the Research Office to monitor the progress of the research study. Regular progress reports are sent to Principal Investigators and include information regarding recruitment targets, start and end dates of the study, patient safety notifications and amendments to the study.

3.7 It is good practice for the PI to be involved with, or be aware of all, aspects of the research study, particularly with regard to Clinical Trials of an Investigational Medicinal Product (CTIMP). The research Nurses meet regularly with the PI to complete a review form, which demonstrates PI oversight of the study.

3.8 Anyone connected with research which involves NHS patients, samples, information, facilities, staff or services is expected to conduct research to the appropriate standards. This includes staff with letters of access, students and part-time staff, or those on short term attachments. The RDI office work with Human Resources department to ensure that the correct employments checks are in place prior to issuing research approval.

3.9 The RDI Manager has regular reviews with the research workforce; this is to ensure that all staff are given the opportunity to discuss the workload, CRN recruitment targets and training opportunities, and it also enables any issues to be highlighted at an early stage. This is formally documented and fits in with the Trust's PDR process.

3.10 The RDI department is accountable through its Medical Director to the Trust Board sequentially through the Research Development and Innovation Group (RDIG), Clinical Effectiveness Committee and the Quality & Safety Committee. The RDIG meet quarterly; membership includes key local research stakeholders to ensure the Trust works collaboratively with partner organisations, as well as key internal and external personnel, who enable the RDIG to meet strategic objectives in relation to Research Development & Innovation. Members are selected for their specific role or because they are a representative of a professional group/speciality/directorate or division.

3.11 The Research Practitioner Group (RPG) at STHK also meets quarterly and plays an important role in the delivery of good quality research at STHK. NIHR recruitment is a standing item on the agenda, and updates on performance are discussed, and plans put in place to achieve compliance.

3.12 The NIHR Clinical Research Network is responsible for the provision of the NHS Support resources to enable studies to be conducted in the local NHS regions they are responsible for. Within many Trusts this funding covers a number of different areas as follows:

- Research Nurses - feasibility support and to recruit and manage patients in research studies
- Non clinical research support staff – administrative staff who assist with study feasibility along with record keeping and data collection as part of research studies
- Service Support departments – Pharmacy, Radiology and Pathology (where this service is provided by organisations as an NHS support activity in the delivery of clinical research).

National funding to the clinical research networks is allocated annually across all CRNs based on a number of parameters, including performance. As stated previously each local network has a number of High Level Objectives (HLOs) that they must achieve annually. Performance is monitored across the CRNs and funding is in part allocated dependant on performance across the region. Each organisation that is a member of the CRN NWC is responsible for working with the network to support delivery of the HLOs. Funding is allocated to each CRN on an annual basis from the Department of Health. Funding each year to CRNs is variable and is based in part on network performance against HLOs in previous years. Funding to local Trusts within the CRN is also variable to each year, as some research studies will end and other studies will commence.

Research income from the CRN NWC is measured by the number of participants recruited to trials weighted by study complexity. This is known as Activity Based Funding, or ABF. In 2016/17 there was no change to recruitment-related component. However the study complexity bands and weighting applied in the recruitment-related component of activity based funding were revised for the 2016/17 CRN funding model, following a review of the NHS Support costs (as specified in the DH guidance document "Attributing the costs of health and social care Research & Development (AcoRD), for a wide sample of studies.

The 2017/18 funding model has maintained the 2016/17 study complexity bands and ratios/weightings, but with the addition of a new mechanism for handling 'large interventional' studies ('Band 4') and the removal of these studies from the 'standard interventional' category ('Band 3').

The following table displays the NIHR complexity weighting, including the changes in 2017/18.

Table 3 - NIHR Complexity Weighting

	Complexity Weighting	Complexity Weighting	Complexity Weighting

	15/16	16/17	17/18
Band 1 – large observational (UK total sample size =/> 10000)	1	1	1
Band 2 – (standard) observational	3	3.5	3.5
Band 3 – interventional	14	11	-
Band 3 – (standard) interventional (UK total sample size < 5000	-	-	11
Band 4 – large interventional (UK total sample size > 5000)	-	-	Individual

A small number of NIHR CRN Portfolio studies collect data from NHS patients using methods that do not meet the current DH definition of recruitment as set out in the Department of Health policy document 'Eligibility Criteria for NIHR Clinical Research Network Support' (April 2013). The common feature of these studies is that participants are not knowingly recruited into the study (usually because the studies use anonymised datasets, or because the patient lacks capacity to consent) i.e. informed consent is not required or taken. While these studies are included in the NIHR CRN Portfolio, recruitment data is not uploaded.

3.13 Core funding is allocated from the CRN NWC to support the RDI team and Support Services. The total amount of funding allocated to STHK for 2017/18 was £487,059 compared to £477,884 in 2016/17.

3.14 STHK Return on Investment (ROI) has significantly improved since 2016/17 and is within the £100 threshold set by the CRN NWC. ROI is the method used by the CRN NWC which assists them when allocating funding; calculations take into account study complexity in line with national NIHR CRN Activity Based Funding models. It is calculated based on clinical delivery staff funding provided by CRN NWC. In 2016/17 the ROI was £112.33 compared to £75.36 for 2017/18. This demonstrates our ability to ensure that we have a balanced portfolio comprising of both complex interventional and observational studies.

3.15 All Trusts were instructed by the CRN to produce an Income Distribution Plan. This provides a transparent and consistent approach to the distribution of income from commercial research studies. Commercial research is defined as research that is sponsored and funded by commercial companies, usually pharmaceutical or device manufacturers, and is directed towards product licensing and commercial development. It is a key strategic goal within the Trust RDI Strategy to increase commercial research contracts. The money generated from commercially-sponsored studies is a valuable source of income for NHS Trusts. This income can be used to encourage key stakeholders to develop capacity for new research within the Trust and increase the volume, and therefore future income generation.

The principles of commercial income distribution are:

- Departments are recognised for their contribution to commercial research within the Trust and can use a proportion of the income for capacity building and appropriate individual and service development
- All costs incurred by the Trust are fully recovered
- Commercial research continues to afford both investigators and the Trust the opportunity to fund additional research related activities.

The Trust will be able to:

- Set research priorities across the Trust
- Grow research capacity for the long-term

3.16 The RDI Department also supports smaller studies, including individual research undertaken as part of higher qualifications, such as MSc or PhD. This involves guidance through the RDI approval process and ethics review, and the provision of advice and training. As part of their continuing professional development, many staff aim to progress through higher qualifications and/or research work.

SECTION FOUR: KEY ACHIEVEMENTS

The following are examples of how STHK continuously drive to improve the quality of service provided through research:

4.1 STHK was recognised as a top recruiting site in a number of areas of research:

- In In July, August and November 2017 we were the top recruiters to the FUTURE initiative study in the North West Coast
- In June 2017 top reciter to the Mammo 50 study
- Second top recruiter in 2017 to the BRAGGs study

In addition, the Research Team have been inspirational in the delivery and set up of a number of high recruiting studies including the FUTURE initiative, Penthrox pass and the SPIRE, study which have collectively recruited 581 patients. The success of this is due to team work, including setting a recruitment strategy/ goals and clarifying responsibilities for each member of the team.

4.2 The Cancer Research team is committed to providing patients with the opportunity to take part in high quality cancer research studies and can report continuing patient recruitment to an expanding portfolio. At present there are 17 open studies, actively recruiting across different tumour groups. This year 119 patients diagnosed with cancer have participated in a cancer research study. Breast cancer research achieved national recognition in recruiting to a surgical trial and the skin cancer research is highly recognised for its contribution to recruitment into a rare skin cancer. These sustained efforts have allowed patients to benefit from access to new treatments and the opportunity to help researchers find better treatments for others in the future.

4.3 The Cancer Research Team was featured in the autumn (2017) Macmillan magazine. The team was the first research team in the country to be adopted by Macmillan (August 2016,) which is a truly great and praiseworthy achievement. Amanda McCairn, the Senior Cancer Research Nurse, produced the article highlighting the vital work that they carry out into cancer research.

4.4 The Gastroenterology team at STHK has successfully expanded its commercial research portfolio. A major achievement has been recruiting the 1st patient in Europe for one of the studies.

4.5 All of our other research specialties including Diabetes, Stroke, Cardiology, Paediatrics, and Rheumatology, have worked extremely hard and with their input we are pleased that the annual NIHR recruitment target for 2017/18 was met during quarter 3.

4.6 Congratulations to Michael Lloyd, Medical Education and Training Pharmacist, who won the “Excellence in Hospital Pharmacy Award” at the Clinical Pharmacy Congress 2017 for his Prescribing Errors research.

4.7 STHK was acknowledged for their fantastic support with the PRISM trial. The PRISM trial was an important research study looking at whether progesterone can prevent miscarriage in women with early pregnancy bleeding. The Chief Investigator sent a complimentary copy of the following book "Gynecologic and Obstetric Surgery: Challenges and Management Options" to be made available to all relevant local colleagues.

4.8 The Trust also participated in the MINESS study "Association between maternal sleep practices and late stillbirth" and the findings of the research were published in November 2017. The evidence concluded that that supine (lying on the back) going-to-sleep position is associated with late stillbirth. Further work is required to determine whether intervention(s) can decrease the frequency of supine going-to-sleep position and the incidence of late stillbirth. Following the new research women, after 28 weeks of pregnancy, are advised to go to sleep on their side because it is safer for the baby.

4.9 We are committed to making sure that our patients have the chance to participate in clinical trials and encourage our patients to discuss research opportunities with their doctors and nurses. We promote research with our regular research awareness stands which showcase the NIHR "I Am Research" campaign. In June 2017 two of our Research Nurses took part in a sponsored abseil and took the opportunity to promote research with all proceeds donated to the STHK Charity fund.

4.10 International Clinical Trials Day is celebrated around the world, on or near 20 May each year, to raise awareness of the importance of clinical trials for advances in research and healthcare. On

19th May 2017 our research team here at STHK celebrated with a stall promoting the campaign. This was a great opportunity to promote clinical research trials and let patients, staff and the public know more about what research trials are on offer here at our trust.

The NIHR want to understand more about patient experience of clinical research taking placing in the NHS, and in October 2017 launched a patient experience survey. STHK made a significant contribution by contacting our patients who have been involved in research.

STHK have promoted Research and Innovation to staff via social media and regularly post good new stories on the STHK Facebook and Twitter. Our Paediatric Research Nurse champions our Twitter page.

These achievements have only been made possible by the continued support from the committed Consultants, who take the role of Chief and Principal Investigators, the research teams, support services and, most importantly, the patients, who give up their time to take part in clinical trials.

SECTION FIVE: EDUCATION AND TRAINING

5.1 There was evidence that all staff had annual PDRs and appraisals, and also evidence that staff had the opportunity to set objectives.

5.2 All of the Research Nurses at STHK were issued with the research SOPS. They were asked to sign the training and reading log declaring that they had read and understood all of the SOPs.

5.3 The principles of Good Clinical Practice (GCP) state that each individual involved in conducting a trial should be qualified by education, training and experience to perform his or her respective task(s). In order to ensure that researchers are up to date with GCP, the Research Office maintains a record of all staff requiring a renewal / refresher course.

5.4 The RDI Manager and the Senior Research Nurse are both GCP Facilitators, and between them they have successfully delivered both Introductory and Refresher NIHR GCP courses last year to research staff across the North West Coast.

5.5 The NIHR offer career development opportunities including training programmes and fellowships based in the NIHR research infrastructure. Training and career development awards are available at different levels and accessible by different professional backgrounds. These awards are all managed by the NIHR Trainees Coordinating Centre and comprise both personal awards, which can be applied for directly, and institutional awards, which should be applied for through the host institution. They also develop and support the people who conduct and contribute to the NIHR CRN Portfolio of studies. This is done by providing training opportunities via the NIHR Learning Management System, which includes a variety of online and taught courses.

5.6 RDI office staff also attended various training sessions, seminars, and R&D Forums to maintain knowledge and expertise in order to provide a good service, with appropriate advice and signposting to researchers, as well as ensuring quality data management and timely returns of performance data to the CRN, DOH and Trust Board as required.

SECTION SIX: LINKS WITH OTHER GROUPS / PARTNERS

6.1 The collaboration between STHK and SOHT launched in April 2016 with the intent to share the same vision and purpose continues. "We want to enrich the working lives of our clinical and academic staff sharing our expertise to improve the efficiency and effectiveness of clinical care".
STHK continues to work closely with SOHT and the benefits have led to:

- Improved performance as measured by NIHR CRN
- Reduced sickness and reduced staff turnover
- Identification of a high recruiting study
- Shared knowledge and skills

The Trust benefits from having a flexible workforce who are multi-skilled and work collaboratively, supporting not only the studies but each other.

6.2 The Trust has links with key external stakeholders such as the CRN, who provide funding from the National Institute of Health Research (NIHR), the research arm of the Department of Health. Regular business planning meetings with the Delivery Managers enable us to scope the NIHR portfolio and identify any potential new studies.

6.3 We are pleased to report that following discussions with St Helens CCG and the CRN NWC, we have been able to identify 3 GP practices who are now actively recruiting to portfolio studies. This collaboration has been welcomed and recognised by the CRN NWC.

6.4 The Trust is a partner in the Innovation Agency North West Coast Academic Health Science Network (NWC AHSN) which aims to:

- Transform and improve patient outcomes
- Improve quality and productivity
- Drive economic growth and wealth creation

6.5 Within the organisation, RDI is linked with the Clinical Audit, as part of the Trust governance requirements.

6.6 The RDI department now has links with Library and Knowledge Service and has a specific section on their website where staff can now access information about research services and resources. The Research Twitter account is now well established.

6.7 The Trust will have the potential to build upon, and make relationships with, new and existing commercial companies.

SECTION SEVEN: INNOVATION AT STHK

7.1 All staff are encouraged to solve clinical and service problems and to develop new ways of working which benefit patients and improve their care. Many innovations will not be patentable or copyrightable, but nevertheless have enormous potential benefits if successfully implemented. We are keen to provide staff with opportunities to pursue their ideas, and the Trust has a responsibility to ensure that advancements in working practices are disseminated across the Trust and, if appropriate, regionally and nationally, through our links with the Innovation Agency North West Coast Academic Health Science Network.

7.2 The Trust's RDI Department has responsibility for disseminating information on Intellectual Property (IP) rights, promoting awareness of those rights across the Trust, and offering advice as required to ensure activities are managed appropriately. STHK worked with 2Bio Ltd, who through its Impact Science Team provided intellectual property support. However in December 2017 2Bio joined forces with the Royal Liverpool and Broadgeen University Hospital Trust (RLBUH) and the contact with 2Bio ceased.

7.3 At the core of the Department of Health mandate is Innovation, and the gold standard for any trust is to develop their own innovations in care. However, all trusts are not equal in terms of academic infrastructure and resource and the funding required to develop such innovations. Therefore, before entering into a new agreement with the RLBUH, the RDI Manager was asked to produce an options paper describing alternative arrangements for IP services, including costings. The paper will be presented to the RDI Group at STHK in June 2018 for comments and recommendations.

SECTION EIGHT: CONCLUSIONS

8.1 In conclusion, I am pleased to report that STHK have had a successful year by recruiting 1006 participants into NIHR CRN portfolio research studies against the proposed NIHR target of 500. This is an exceptional achievement. STHK have also performed extremely well against HLO 4 (Proportion of studies achieving NHS set-up at all sites in 40 calendar days). However there are still challenges in meeting HLOs, 5a and 5b.

8.2 85% (n88) of studies conducted at STHK were high-quality NHIR portfolio supported studies.

8.3 The number of new studies registered has increased by 318%, from n11 in 2016/17 to n46 in 2017/18.

8.4 In line with the DOH recommendations we have increased our commercial activity by 88% with 17 studies open to recruitment, compared to 9 during 2016/17.

8.5 Return on Investment as calculated by the CRN NWC and used for making funding decisions has improved significantly.

8.6 For the first time last year due to collaboration with St Helens CCG, 3 GP practices are now recruiting to NIHR portfolio studies.

8.7 We recruited exceptionally well to the FUTURE initiative study and were top recruiter in the North West Coast for July, August and November 2017.

8.8 Michael Lloyd, Medical Education and Training Pharmacist, won the "Excellence in Hospital Pharmacy Award" at the Clinical Pharmacy Congress 2017 for his Prescribing Errors research.

8.9 An audit of Compliance with Good Clinical Practice was undertaken in March 2018,and there have been improvements in most areas since the previous audit.

8.10 All members of staff have had an appraisal and regular one to ones, which are conducted by the RDI Manager.

8.11 Regular business planning meetings have taken place with the CRN to discuss our performance and to identify new studies in the pipeline.

SECTION NINE: RECOMMENDATIONS FOR 2018-2019

It is essential to continue to raise the standards of research and perform well against the CRN NWC high level objectives. In order to achieve this there are a number of recommendations to be addressed in the coming year, including the following:

9.1 The only way to continue to maintain/increase our activity based funding is to continue to:

- increase our patient recruitment into NIHR adopted clinical trials
- supplement income by funding from commercial trials
- continue to explore research options in specialities which are not research active
- carry out thorough feasibility so that studies reach targets
- submit business cases to the CRN for additional income when opportunities arise

9.2 It is widely recognised that there are difficulties in meeting certain CRN NWC targets and there are ongoing discussions both regionally and nationally. We will ensure that we are up to date with any changes and will escalate them to the Clinical Effectives Committee.

9.3 We will promote research with regular research awareness stands which will showcase the NIHR Research campaigns. The running of these displays will involve research nurses and support staff, and give them the opportunity to discuss their involvement in research projects with patients and staff interested in finding out more about research.

9.4 We will increase the use of social media and regularly post good news stories on Facebook and Twitter. We will also promote Research to patients and public by liaising with the Patient Experience Manager and the Trusts Communication Team.

9.5 By July 2018 we will ensure that Standard Operating Procedures are amended in line with recent and up and coming changes to legislation.

9.6 We will continue to liaise with the clinical audit department and ensure that the research department is included in the annual audit plan.

9.7 Going forward we aim to collaborate with Edge Hill University to conduct medical research. This will be beneficial to both STHK and Edge Hill who have a longstanding research culture.

9.8 We will continue to send out regular progress reports on actively recruiting studies.

9.9 A key priority for the Department of Health, Trust and Research Networks is to engage with industry. In 2018/2019 we aim to generate increased research funding by increasing the number of commercially sponsored studies on our portfolio.

9.10 In line with performance updates we will encourage staff to work generically on studies which are at risk of not meeting the NIHR CRN objectives. The importance of both first patient recruitment, and recruitment to time and target, will be discussed at internal research meetings.

9.11 We will Invest in training our research staff, as it is imperative that they possess an understanding of the important issues that underpin research practices. This will include advertising GCP throughout the Trust to encourage as many staff as possible to participate in research.

9.12 We will continue to engage with the library and knowledge services to encourage researchers to publish their findings in peer-reviewed journals.

9.13 With regards to Intellectual Property, the RDI Manager will seek alternative providers and escalate this to the Clinical Effectiveness Committee.

9.14 In May 2018 the CQC are expected to release the indicators for research. The RDI Manager will keep the Clinical Effectiveness Committee informed of any communication and updates regarding this issue.

SECTION TEN: REFERENCES

1 UK Policy Framework for Health and Social Care Research
https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/

2&3 The Health Research Authority
www.hra.nhs.uk/resources/before-you-apply/roles-and-responsibilties/sponsor/

4 Intensive Care National Audit and Research Centre
https://www.icnarc.org/About/Overview

5. MHRA – GCP and inspections
www.gov.uk/government/collections/good-clinical-practice-guidance-and-inspections

SECTION ELEVEN: APPENDIX 1

Appendix 1 List of NIHR portfolio studies 2017/18

Research studies with recruits from 01/04/2017 until 31/03/2018				
Short Name	**Managing Specialty**	**Status**	**Opening Date**	**Recruits**
MAMMO-50	Cancer - Breast	Open, With Recruitment	03/04/2014	46
Bridging the Age Gap in Breast Cancer	Cancer - Breast	Open, With Recruitment	29/01/2013	15
TissuGlu Mastectomy Study	Cancer - Breast	Closed to Recruitment, In Follow Up	21/03/2017	2
Proxy decision making for older women with breast cancer	Cancer - Breast	Open, With Recruitment	01/01/2017	2
FOCUS-4: Molecular selection of therapy in colorectal cancer	Cancer - Colorectal	Open, With Recruitment	10/01/2014	4
Patient Concerns Inventory in head and neck cancer clinics	Cancer - Head & Neck	Open, With Recruitment	18/01/2017	19
VOCs in Lung ca	Cancer - Lung	Open, With Recruitment	01/06/2016	8
Minitub (EORTC 1208)	Cancer - Skin	Open, With Recruitment	29/04/2016	10
Rational MCC	Cancer - Skin	Open, With Recruitment	01/06/2016	6
UK Genetic Prostate Cancer Study	Cancer - Urology	Open, With Recruitment	15/06/1992	4
Molecular Genetics of Adverse Drug Reactions (MOLGEN)	Cancer/ Burns & Plastics	Open, With Recruitment	01/06/2009	21
CARD 4754	Cardiology	Closed to Recruitment, In Follow Up	22/11/2016	33
Assessment of real life care (ARIADNE)	Cardiology	Closed to Recruitment, In Follow Up	01/11/2016	20
EMIT-AF/VTE	Cardiology	Open, With Recruitment	16/05/2017	1

Short Name	Managing Specialty	Status	Opening Date	Recruits
ETNA-DUS	Cardiology	Open, With Recruitment	03/04/2017	9
Optimising neonatal service provision for preterm babies (27-31 weeks)	Children & Young People	Open, With Recruitment	19/07/2017	19
Study of Preterm Infants and Neurodevelopmental Genes (SPRING)	Children & Young People	Open, With Recruitment	05/05/2017	11
CF START	Children & Young People	Open, With Recruitment	02/02/2017	1
The early use of Antibiotics in at Risk Children with InfluEnza-ARCHIE	Children & Young People	Open, With Recruitment	10/02/2015	2
The RE-ENERGIZE Study	Critical Care	Open, With Recruitment	21/06/2017	4
BADBIR	Dermatology	Open, With Recruitment	01/01/2007	8
ALPHA.	Dermatology	Open, With Recruitment	15/10/2015	2
SUSTAIN-10	Diabetes	Closed to Recruitment, In Follow Up	27/06/2017	7
DRN 552 (Incident and high risk type 1 diabetes cohort – ADDRESS-2)	Diabetes	Open, With Recruitment	12/09/2011	3
INJU 5495	Emergency Department	Open, With Recruitment	05/12/2016	121
Identification of Novel Psychoactive Substances (IONA)	Emergency Department	Open, With Recruitment	10/03/2015	12
INJU 5581	Emergency Department	Open, With Recruitment	02/12/2016	7
Injury, inflammatory markers & the exacerbation confusion: ASCRIBED	Emergency Department	Open, With Recruitment	01/06/2017	3
AIR - Ankle Injury Rehabilitation	Emergency Department	Open, With Recruitment	09/10/2017	2
Efficacy and Safety of Filgotinib in Active Ulcerative Colitis	Gastroenterology	Open, With Recruitment	15/02/2017	4
GAST 4560	Gastroenterology	Open, With Recruitment	12/11/2015	2
Long Term Safety of Filgotinib in Active Ulcerative Colitis	Gastroenterology	Open, With Recruitment	17/02/2017	2
Short Name	**Managing Specialty**	**Status**	**Opening Date**	**Recruits**

STARDUST - CNTO1275CRD3005	Gastroenterology	Open, With Recruitment	24/08/2017	1
AML19	Haematology	Open, With Recruitment	06/11/2015	7
AML18	Haematology	Open, With Recruitment	24/10/2014	4
UKALL 14	Haemotology	Open, With Recruitment	30/12/2010	1
SPiRE Study	Obstetrics & Gynaecology	Closed to Recruitment, In Follow Up	10/07/2017	163
STOPPIT-2	Obstetrics & Gynaecology	Open, With Recruitment	30/10/2014	10
PRISM: PRogesterone In Spontaneous Miscarriage	Obstetrics & Gynaecology	Closed to Recruitment, No Follow Up	18/05/2015	5
UK STAR	Orthopaedics	Open, With Recruitment	16/08/2016	11
DRAFFT 2 - Distal Radius Acute Fracture Fixation Trial 2	Orthopaedics	Open, With Recruitment	05/01/2017	8
BRAGGSS Study	Rheumatology	Open, With Recruitment	23/09/2005	14
Toxicity from biologic therapy (BSRBR)	Rheumatology	Open, With Recruitment	01/10/2001	12
The Genetics of Ankylosing Spondylitis	Rheumatology	Open, With Recruitment	01/01/1998	8
OUTPASS	Rheumatology	Open, With Recruitment	26/04/2013	4
BSRBR-AS	Rheumatology	Closed to Recruitment, In Follow Up	03/12/2012	3
BILAG Biologics Prospective Cohort	Rheumatology	Open, With Recruitment	01/06/2010	1
STROke, Life and LeisurE Research Survey (STROLLERS)	Stroke	Open, With Recruitment	01/12/2017	29
Developing and validating a therapeutic alliance measure	Stroke	Open, With Recruitment	29/08/2017	6
CONVINCE - Protocol Version 2.1 29th November 2016	Stroke	Open, With Recruitment	20/12/2017	1
Implementation, impact & costs of policies for safe staffing	Trust Wide - External Researchers	Closed to Recruitment, In Follow Up	01/02/2017	1
Initial Interviews: GPED	Trust Wide - External Researchers	Open, With Recruitment	14/08/2017	1
Short Name	**Managing Specialty**	**Status**	**Opening Date**	**Recruits**
FUTURE Initiative	Trust Wide - Healthy Volunteers	Open, With Recruitment	13/04/2016	297
The FUTURE Study	Urology	Open, With Recruitment	01/10/2017	1

PUrE	Urology	Open, With Recruitment	12/05/2016	5

Managing Specialty	Number of Studies	Number of Participants
Cancer - Breast	4	65
Cancer - Colorectal	1	4
Cancer - Head & Neck	1	19
Cancer - Lung	1	8
Cancer - Skin	2	16
Cancer / Burns & Plastics	1	21
Cancer - Urology	1	4
Cardiology	4	63
Children & Young People	5	36
Critical Care	1	4
Dermatology	2	10
Diabetes	2	10
Emergency Department	5	145
Gastroenterology	4	9
Haematology	3	12
Obstetrics & Gynaecology	3	178
Orthopaedics	2	19
Rheumatology	6	42
Stroke	3	36
Trust Wide - External Researchers	2	2
Trust Wide - Healthy Volunteers	1	297
Urology	2	6
Total	**56**	**1006**

APPENDI X II PUBLICATIONS /POSTER PRESENTATIONS/REVIEW ARTICLES/AWARDS

Publications (both research and academic)

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St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(18)106
Title of paper: Arrangements for 2019/20 Board Meetings.
Purpose: To advise Board members of the proposed dates for Trust Board meetings throughout the next Financial Year; the supporting timetable, and agreed work plan.
Summary: 1. Board meetings have been held on the last Wednesday of each month and it is proposed that this arrangement will continue during 2019/20. 2. The paper attached confirms the dates for agenda setting, collation and distribution of papers and of actual meetings. 3. The Board also maintains a work plan to schedule agenda items throughout each year to ensure that it meets all statutory requirements and delivers the duties and responsibilities in the Trust's standing orders. 4. This schedule, once approved, will be used to inform the business cycle of the Board committees 5. The schedule may be amended as a result of the annual board effectiveness review that is conducted between January and April each year, or in light of any new statutory or regulatory requirements.
Corporate objective met or risk addressed: Contributes to the Trust's Governance arrangements which ultimately support the Trust in achieving its Annual Objectives.
Financial implications: None directly from this report.
Stakeholders: Directors, Commissioners, Regulators and other stakeholders and partners.
Recommendation(s): The Trust Board are asked to: 1. Approve the proposed dates and associated administrative timetable for Trust Board meetings. 2. Approve the proposed schedule of planned agenda items for Trust Board meetings.
Presenting officer: Nicola Bunce, Director of Corporate Services
Date of meeting: 28th November 2018

SCHEDULE OF BOARD MEETING DATES (2019/20)

1. Meeting Schedule

1.1. Board meetings are held on the last Wednesday of each month with the exception of August and December where no meetings are scheduled.

1.2. The Trust believes in being open and transparent and members of the public are able to attend the public section of each Board meetings. Public Board Meetings, commence at 9:30a.m.and are scheduled to run for 2 and 3 hours.

1.3. Four meetings a year (April, June, October and February) include discrete sessions for discussion on strategy, which are held in private following Public Board Meetings.

1.4. In addition, where necessary, meetings include discrete closed sessions for discussion on items of a sensitive or confidential nature, which are held in private following Public Board Meetings.

2. Administrative Arrangements

2.1. Board agendas are developed by the Executive Committee on behalf of the Chairman at least ten days in advance of meetings.

2.2. Both hard copies and electronic versions of the Board papers are distributed to members on the Friday preceding each Board meeting.

2.3. Papers for Public Board Meetings are uploaded onto the Trust internet site on the day preceding each meeting.

2.4. The following table captures the schedule for the 2019/20 Financial Year. Meetings that include a strategy session are shaded grey.

Financial Year 2019/20	Draft Agenda to Executive Committee	Agenda set	Board papers to be received	Electronic & hard copies circulated	Electronic copies on internet	Board date
April	Thu 04 Apr	Mon 08 Apr	Tue 16 Apr	Fri 19 Apr	Tue 23 Apr	Wed 24 Apr
May	Thu 09 May	Mon 13 May	Tue 21 May	Fri 24 May	Tue 28 May	Wed 29 May
June	Thu 06 Jun	Mon 10 Jun	Tue 18 Jun	Fri 21 Jun	Tue 25 Jun	Wed 26 Jun
July	Thu 11 Jul	Mon 15 Jul	Tue 23 Jul	Fri 26 Jul	Tue 30 Jul	Wed 31 Jul
August	No scheduled Board meeting					
September	Thu 05 Sep	Mon 09 Sep	Tue 17 Sep	Fri 20 Sep	Tue 24 Sep	Wed 25 Sep
October	Thu 10 Oct	Mon 14 Oct	Tue 22 Oct	Fri 25 Oct	Tue 29 Oct	Wed 30 Oct
November	Thu 07 Nov	Mon 11 Nov	Tue 19 Nov	Fri 22 Nov	Tue 26 Nov	Wed 27 Nov
December	No scheduled Board meeting					
January	Thu 09 Jan	Mon 13 Jan	Tue 21 Jan	Fri 24 Jan	Tue 28 Jan	Wed 29 Jan
February	Thu 06 Feb	Mon 10Feb	Tue 18 Feb	Fri 21 Feb	Tue 25 Feb	Wed 26 Feb
March	Thu 05 Mar	Mon 09Mar	Tue 17 Mar	Fri 20 Mar	Tue 24 Mar	Wed 25 Mar

3. PROPOSED TRUST BOARD CALENDAR (2019/20)

ANNUAL TRUST BOARD CALENDAR 2019/20																	
Month			ToR	A	M	J	J	A	S	O	N	D	J	F	M	Report	Presenter
Scheduled agenda items	General	Employee of the month		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Anne-Marie	Richard
		Patient story			✔		✔		✔		✔		✔		✔	Sue	Various
		Apologies		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Declaration of interests	8	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Minutes of the previous meeting		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Action list / matters arising		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Meeting Effectiveness Review		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Any other business		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
	Committee Reports	Audit (inc approval of Corp Governance Manual and Standing Financail Instructions)	2,6,7,10, 11,14,15, 32,33,34	✔		✔			✔	✔				✔		Nik	Su
		Executive (inc approval of Major Incident Plan)	3,11,16,1 8	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Nicola	Ann
		Finance and Performance	11	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Nik	Jeff
		Quality (inc Safer Staffing and infection control)	11, 25	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Sue	Val
		Charitable Funds	11			✔				✔				✔		Nik	Paul
	Operational performance reports	Strategic and regulatory report (inc annual compliance declarations)	3	✔		✔			✔		✔		✔		✔	Nicola	
		Integrated performance report	3,4	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Nik	
		Corporate Risk Register	3	✔			✔			✔			✔			Nicola	
		Board Assurance Framework	3	✔			✔			✔			✔			Nicola	
		Complaints, claims & incidents report	3,9		✔				✔				✔			Sue	
		Informatics Report and Strategy update	3			✔										Christine	
		Learning from Deaths Quarterly Report	3	✔			✔			✔			✔			Kevin	
		Workforce Strategy and HR indicators report	3				✔						✔			Anne-Marie	
	Annual reports	Adoption of Annual Accounts	1		✔											Nik	
		Approval of Quality Account	25		✔											Sue	
		Audit Plan approval	33		✔											Nik	
		Board and Committee Effectiveness Review	5,12,13		✔											Nicola	
		Information Governance Annual Report	1,3		✔											Alex Benson	
		Trust objectives & mid year review	3,24,31		✔						✔					Nicola	Ann
		Medical revalidation annual declaration	20				✔									Jacqui Bussin	
		Knowsley Public Health Annual Report	24				✔									CCG Rep	
		Audit Letter sign-off	1,33						✔							Nik	
		Charitable Funds Accounts & Annual Report	1							✔						Nik	
		Research & Development Annual Report									✔					Kevin	
		Research & Development Annual Capability Statement	4								✔					Kevin	
		Biennial Review of NHS Constitution	1								✔					Nicola	
		Trust Board meeting arrangements	1								✔					Nicola	
		EPRR Compliance statement							✔							Sue	
		WRES Report and Action Plan	1,3						✔							Anne-Marie	
		Clinical and quality strategy update	24,25										✔			Kevin	
		Annual Safeguarding Report (Adult & Children)	1										✔			Sue	
		Operational Plan - Budget and activity approval	1,2,7,29, 30										✔		✔	Nik	
		National Quality Board - annual workforce plan approval and 6 month staffing review	1, 3							✔				✔		Sue	Anne-Marie
		Infection Control Annual Report	3						✔							Sue	
		CQC registration	1,25												✔	Sue	
		Mixed sex annual declaration	1												✔	Sue	
		Fit and Proper Persons Chair's Report	8			✔										Nicola	Richard
		Staff survey report and action plan	20												✔	Anne-Marie	
	Total scheduled items			16	20	16	17	0	19	18	18	0	21	14	17		
Closed Session	Chair and NED meeting (or as required)			✔		✔				✔				✔		Richard	
	Chief Executives report				✔		✔		✔		✔		✔		✔	Ann	
	Serious untoward incidents		1		✔		✔		✔		✔		✔		✔	Sue	
	Suspensions		17		✔		✔		✔		✔		✔		✔	Anne-Marie	
	Feedback from external meetings and events				✔		✔		✔		✔		✔		✔	All	
	Review of meeting effectivness				✔		✔		✔		✔		✔		✔	Richard	
	Director mandatory training / Corporate Law update		20							✔						External facilitators	

* Bi ennial unless national changes to the NHS Constitution