St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 27TH NOVEMBER 2019
IN THE BOARDROOM, LEVEL 5, WHISTON HOSPITAL

AGENDA				Paper	Presenter
09:30	1.	Employee of the Month		Verbal	Chair
09:40	2.	Patient Story		Verbal	
10:00	3.	Apologies for Absence		Verbal	
	4.	Declaration of Interests		Verbal	
	5.	Minutes of the Previous Meeting held on 30th October 2019		Attached	
		5.1	Correct Record & Matters Arising	Verbal	
		5.2	Action Log	Attached	
Performance Reports					
10:10	6.	Integrated Performance Report		NHST(19) 95	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					
10:30	7.	Committee Report – Executive		NHST(19) 96	Ann Marr
10:40	8.	Committee Report – Quality		NHST(19) 97	Val Davies
10:50	9.	Committee Report – Finance & Performance		NHST(19) 98	Jeff Kozer
BREAK					

AGENDA			Paper	Presenter
Other Board Reports				
11:10	10.	Strategic & Regulatory Report	NHST(19) 99	Nicola Bunce
11:20	11.	Trust Objectives & Mid-Year Review	NHST(19) 100	Nicola Bunce
11.30	12.	Workforce Strategy Progress Report	NHST(19) 101	Anne-Marie Stretch
11:40	13.	Research & Development Annual Report and Research & Development Annual Capacity Statement	NHST(19) 102	Rowan Pritchard-Jones
11:50	14.	Biennial Review of NHS Constitution Compliance	NHST(19) 103	Nicola Bunce
11:55	15.	Trust Board Meeting Arrangements for 2020/21	NHST(19) 104	Nicola Bunce
12.00	16.	7 Day Services Board Assurance Report	NHST(19) 105	Rowan Pritchard-Jones *(Peter Williams in attendance)*
Closing Business				
12:10	17.	Effectiveness of Meeting	Verbal	Chair
	18.	Any Other Business		
	19.	Date of Next Meeting – Wednesday 29th January 2020		

Minutes of the St Helens and Knowsley Teaching Hospitals NHS Trust Board meeting held on Wednesday 30th October 2019 in the Boardroom, Whiston Hospital

PUBLIC BOARD

Chair:	Mr R Fraser	(RF)	Chairman
Members:	Ms A Marr	(AM)	Chief Executive
	Mr D Mahony	(DM)	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 L Knight	(LK)	Non-Executive Director
	Mr I Clayton	(IK)	Non-Executive Director
	Mrs G Brown	(GB)	Associate Non-Executive Director
	Mrs A-M Stretch	(AMS)	Deputy Chief Executive/Director of HR
	Mrs S Redfern	(SR)	Director of Nursing, Midwifery & Governance
	Mr N Khashu	(NK)	Director of Finance
	Mrs C Walters	(CW)	Director of Informatics
	Dr T Hemming	(TH)	Director of Transformation
	Mr R Pritchard-Jones	(RPJ)	Medical Director
In Attendance:	Mr G Appleton	(GA)	Chair, St Helens CCG *(co-opted member)*
	Cllr A Lowe	(AL)	Halton Borough Council *(co-opted member)*
	Mrs J Richardson	(JR)	Business Development Manager, Coloplast Ltd *(Observer)*
	Mrs S Robinson	(SRo)	Apprentice Accountant, STHK *(Observer)*
	Ms J Byrne		Executive Assistant *(Minute Taker)*
Apologies:	Ms N Bunce	(NB)	Director of Corporate Services
	Mr R Cooper	(RC)	Director of Operations & Performance

1. Employee of the Month

1.1. The Employee of the Month Award for October 2019 was presented to Mr Chris McNamara, Head of Procurement.

2. Apologies for Absence

Apologies were noted as above.

3. Declaration of Interests

3.1. GB declared her Governing Body Lay Member term of office with Southport & Formby CCG ended the following day on 31st October 2019.

4. Minutes of the previous meeting held on 25th September 2019

4.1. Correct Record

4.1.1. The minutes were accepted as a correct record.

4.2. Action List

4.2.1. Action 5, Meeting Date 31.07.19 (Minute 13.4) – AMS to clarify the difference between model hospital turnover vs retention figures – AMS confirmed it was a measurement of two different things and although AM did not personally agree with the national formulae, she was satisfied the methodology was being applied correctly. STHK turnover was low compared to the national figure and to a peer group of similar Trusts. The Trust's stability index was high, which was good, again this was better than the national position and in comparison with the Trust's peers. It had been agreed at Executive Committee to include more detail in relation to the percentages in future HR Indicators reports to provide greater context. **ACTION CLOSED**.

4.2.2. Action 11, Meeting Date 25.09.19 (Minute 5.2.2) – AM to share response to letter to St Helens CCG re activity and delayed discharges – AM explained a letter had not been sent as there had been a discussion with the various parties involved. At a meeting of the Mid-Mersey A&E Delivery Board (AEDB) on 29th October an improvement had been noted; activity was still high but it was envisaged changes in the management of the St Helens Urgent Treatment Centre would help to deflect this. Work was ongoing with St Helens CCG/Council to support super stranded patients. GA stressed that only by working as a whole system could the issue be tackled. He informed members that the CCG was working with the public to raise the profile of alternatives to using A&E. Discussions with partners were also ongoing in relation to increasing the number of local nursing home beds in order to move patients out of hospital, thereby reducing the number of super stranded patients, which currently equated to two full wards. **ACTION CLOSED**

4.2.3. Action 13, Meeting Date 25.09.19 (Minute 6.3.12) – CW to discuss £4m funds which had been allocated to the C&M STP from the Health System Led Investment (HSLI) programme to extend system capacity management to improve hospital flow, at the next Mid Mersey AEDB meeting – Andrew Brown, STP Digital Programme Lead had been invited to attend the next AEDB meeting on 26th November. **ACTION CLOSED.**

4.2.4. Action 14, Meeting Date 31.10.18 (Minute 6.3.12) – AMS to investigate whether there has been a spike in Trust staff attending A&E due to difficulty accessing the Trust's Health & Work Wellbeing (HWWB) services – AMS explained this had originally been raised by the ED Matron during a Workforce Council meeting. Currently, there was an informal arrangement with North West Boroughs Foundation Trust (NWB) who offered ED staff an informal mental health de-brief, following traumatic incidents. Discussions were being undertaken with the ED Matron to understand whether the ongoing arrangement with

NWB remained appropriate or whether something more formal needed to be introduced. SR informed Board members there had been an increase in incidents of violence towards staff over the last few months. Work was being done with the clinical risk team to ensure all such incidents were recorded on Datix so the Trust would know which staff may need support. She acknowledged and thanked VD for making informal visits to ED to talk to members of staff. **ACTION CLOSED.**

4.2.5. Action 16, Meeting Date 25.09.19 (Minute 16.8) – Dr Bussin to investigate the Trust's responsibilities in supporting GPs working in Trust medical practices with appraisals/revalidation – although this item was not discussed in Matters Arising, an update clarifying that NHSE are responsible for the revalidation of all Primary Care GPs, was circulated to Board members on 14th November 2019. **ACTION CLOSED**.

5. Integrated Performance Report (IPR) – NHST(19)83

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

5.2. **Quality Indicators**

5.2.1. SR wished the Trust luck for the forthcoming HSJ Awards, having been shortlisted in two categories - Acute/Specialist Trust of the Year and Reservist Support Initiative Award. RF concurred, believing it to be an achievement to reach the shortlist for each award.

5.2.2. SR presented the performance against the key quality indicators.

5.2.3. There had been no never events in September and none year to date.

5.2.4. There had been no MRSA reported in month and none year to date.

5.2.5. There were 3 C.Diff positive cases reported in September 2019 (2 hospital onset and 1 community onset). Year to date there had been 25 cases (22 hospital onset and 3 community onset). The annual tolerance was 48. SR reported that the Trust was still awaiting a response to its challenge to NHSE/I in relation to the appropriateness of the annual tolerance figure, but that many other Trusts had also challenged this and it was now being reviewed nationally.

5.2.6. The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for September 2019 was 92.5% and year to date performance was 96.8%.

5.2.7. There were no grade 3 or 4 avoidable pressure ulcers reported in month or year to date.

5.2.8. There was 1 fall resulting in severe harm year in August (Ward 2D) and 5 in the year to date.

5.2.9. Venous thromboembolism (VTE) assessment performance for August was 95.20%. Year to date performance was 95.26% against a target of 95%.

5.2.10. The latest report HSMR (April – May 2019) was 103.7.

5.3. **Operational Indicators**

5.3.1. NK presented the update on the operational performance on behalf of RC.

5.3.2. The 62-day cancer standard was achieved overall in August at 85.9% against the target of 85%. In relation to the Head and Neck pathway, GB noted that although the number of patients was very small, a high percentage were waiting longer than 62 days from referral to first treatment. She asked whether plans were in place to address this. AM confirmed that this was an on-going issue, as Head and Neck was a multiple Trust pathway. Liverpool University Hospitals (Aintree) was the pathway lead and meetings were on going to resolve the problems and reduce delays.

5.3.3. The 31-day cancer target was achieved with 96.3% performance against a target of 96%.

5.3.4. The 2-week rule cancer target was not achieved with 88.5% in month against the target of 93%. Actions were in place to improve breast cancer diagnostic capacity and improvements were expected.

5.3.5. A&E access time performance was 77.8% (type 1). The all types mapped footprint performance for September was 88.3%. The Trust received 10,223 Type 1 attendances in September 2019 and year to date growth of 6% compared to 2018/19.

5.3.6. PG queried how ED staff managed stress in light of the increased number of attendances. AMS confirmed the Trust was seeing an increase in stress-related illnesses although often this was home-related, rather than work-related stress. Good processes, such as courses on mindfulness and resilience were in place, and the previously mentioned mental health de-brief in Minute 4.2.4 would help staff.

5.3.7. PG asked if there was an actual number of attendances at which the Trust would be unable to cope. AM explained the problem was more to do with flow and getting people from ED to where they needed to go and at the moment there were not enough beds in the system, e.g. currently the Trust had 124 patients who were ‘good to go’ but had nowhere to be discharged to. The work being done as a system, in the community and with technology, was intended at the ‘front end’ to give the public a sensible alternative to attending A&E and at the ‘back end’ a place to be discharged to, thereby freeing up beds to treat acutely ill patients who needed to be admitted.

5.3.8. Ambulance notification to handover time was achieved in September 2019 with 12.02 mins/seconds on average, against a target of 15 minutes. There were 2,801 ambulance conveyances (second highest for all EDs in Cheshire and Merseyside).

5.3.9. The average number of Super Stranded patients (patients with a length of stay of greater than 21 days) during September was 121 compared with 132 in August.

5.3.10. The 18 week referral to treatment target (RTT) was achieved in September with 92.3% against a target of 92%.

5.4. **Financial Indicators**

5.4.1. NK presented the update on the financial performance.

5.4.2. At the end of month 6, the Trust reported a deficit of £3.6m which was in line with agreed plans and assumed full achievement of this year's Provider Sustainability Fund (PSF) funding.

5.4.3. To achieve the year to date position the Trust had utilised £1.8m of non-recurrent resources and was forecasting to have a surplus of £3.9m including PSF.

5.4.4. Agency expenditure at month 6 was £3.9m which was £0.2m under the planned trajectory. NK confirmed Consultants had now been offered mitigations to counteract the impact of the NHS pension taxation issues, which were reducing the number of waiting list initiatives (WLIs) being undertaken, however it was too early to accurately predict the impact.

5.4.5. The Trust continued to deliver above the year-to-date CIP target with £6.4m delivered and £15.3m transacted year to date against a plan of £16.1m.

5.5. **Workforce Indicators**

5.5.1. AMS presented the update on the workforce indicators.

5.5.2. Absence in September increased to 4.9%, against the Q2 target of 4.35%.

5.5.3. AMS had asked NHS Improvement (NHSI) for details of any further good practice that could be adopted by the Trust; however, NHSI gave assurance that the Trust already had good processes in place, particularly the comprehensive rollout of e-Roster for absences.

5.5.4. Qualified and HCA sickness was 6.4% for September. All qualified nursing and midwifery sickness was 5.6%.

5.5.5. Mandatory training compliance for the core skills framework subjects was 82.1% (target = 85%). Appraisal compliance was 82.9% (target 85%). AMS confirmed a suite of online training programmes had

recently been introduced which enabled staff to complete training in the workplace.

6. Committee Report – Executive – NHST(19)84

6.1. AM presented the report summarising the key issues considered by the Executive Committee at meetings held during September 2019.

6.2. The Executive Committee approved Modular Building proposals, a Windows 10 deployment strategy, and a Medway upgrade go live decision.

6.3. Modular Building Proposal – in addition to needing extra bed capacity, the hospital building was now 10 years old and life-cycle maintenance was required. A modular building could provide much needed step-down bed capacity and decant space.

6.4. Medway Upgrade – CW reported that the upgrade had been very well managed, as a result of a big joint effort by clinical staff, the HIS team and System C. RF joined CW in thanking all involved in making the upgrade go smoothly.

6.5. The Committee had received updates on BLS/ILS training compliance, and the industrial action taken by Unison in its pay dispute with Medirest. The Committee also considered regular assurance reports covering the Risk Management Council and Corporate Risk Register, the Integrated Performance Report and progress reports for a number of other key projects.

6.6. VD asked NK for more detail regarding the 'contractual issues that could increase the income risk for the Trust' in feedback from the Contract Review Board' on page 4 of the report. NK explained that there were 2 main commissioner contract issues. One related to 2017/18, where 2 CCGs had suggested that there was no extension to freeze data at month 12 worth c£600k. NK advised that he had provided the CFO of the CCGs with this evidence and was awaiting a response. The second issue related to a clinical audit of short stay admissions. NK was pleased to advise the Board that this issue had been resolved with no further risks/actions from the CCGs on this.

7. Committee Report – Quality – NHST(19)85

7.1. VD presented the Chair's report to the Board, which summarised key issues arising from the Quality Committee meeting held on 22nd October and reports from the Patient Safety, Patient Experience and Clinical Effectiveness Councils.

7.2. Issues for note by the Trust Board included the increased incidence of CDI positive cases and the increase of avoidable grade 2 pressure ulcers.

7.3. Board members noted the Trust's dementia team had been shortlisted for the National Dementia Awards.

7.4. AMS confirmed John McCabe, Assistant Medical Director, would be working with Clinical Directors to improve assurance in relation to NICE Guidance Compliance.

7.5. Actions had been presented to achieve 85% compliance for BLS/ILS resuscitation training across all clinical areas.

7.6. Board members noted the report.

8. Committee Report – Finance & Performance – NHST(19)86

8.1. DM presented the Chair's report to the Board on behalf of JK, which summarised key issues arising from the Finance & Performance Committee meeting held on 24th October.

8.2. Committee had received a report on the Cheshire & Merseyside STP financial position at month 6 which was £78.1m deficit against a plan of £51.2m deficit. Pro rata position would indicate an outturn deficit of c£187m against a current planned deficit of £16m, which was clearly a risk to the system. In response to IC's request for more clarification, NK explained there was no individual risk to the Trust's position; however as a system there was a risk to credibility – if the Trust achieved its control total but other organisations in the system did not, it would be viewed negatively by the Regulator.

8.3. The Board discussed the financial risks for the local health economy, focussing on St Helens CCG. NK advised that there was an open, honest and regular dialogue with the all CCG CFO's on year to date and forecast outturn positions. St Helens CCG was at risk of not achieving its control total due to 3 main factors; actual demand exceeding plans across all providers, drug spend and finally cost of packages of care.

8.4. The Board discussed what support or managements actions could be taken to mitigate this risk to ensure system delivery. NK advised that admission avoidance schemes were in place, CIP sharing such as biosimilars done; RTT was at 92% already and the offer to consider an agreeable outturn position earlier than normal in the financial year. NK advised that in his opinion this was more to reduce the CCG expected gap rather than recover the position given the expected risks.

8.5. NK advised that it was his intention to discuss the system financial gap in more detail at the scheduled CCG/Trust executive to executive meeting in November. The Board requested that NK and the executive team do all they could to support the system in achieving the financial system control totals without compromise to its own delivery.

8.6. The performance of E-Discharges had been highlighted and RC had explained that actions were being taken in a number of areas, and performance was expected to improve significantly once these were operational.

8.7. The Committee had discussed the performance in relation to thrombolysis of stroke patients and while some patients didn't receive this within one hour, all patients were thrombolysed. Further analysis had been requested for the next meeting.

8.8. The Committee reviewed the presentation from the ADO and CD for Emergency Care, which included a breakdown of stroke patients arriving at the

department including those that were confirmed and mimic strokes.

8.9. Actions to improve the 4-hour target had been presented including a focus on GP streaming within the department; while streaming capacity had improved there was still work needed to improve cover at weekends.

8.10. Aged debt had increased to c£13.5m in September but Committee had recognised that cash turnover was now c£1bn.

8.11. Board members noted the report.

9. Committee Report – Audit – NHST(19)87

9.1. IC presented the report, which summarised key issues from the meeting held on 9th October 2019.

9.2. Grant Thornton presented a progress report on delivery of their responsibilities as the Trust's external auditors, all of which was proceeding to plan.

9.3. A report by Mersey Internal Audit Authority (MIAA) included detail on the latest finalised reports audit reports; Tender and Quotation Waivers (substantial assurance) and Data Quality: Did Not Attends (limited assurance). An update on the latter report was presented by the ADO for Outpatients and the Committee was assured with the management action plan and progress to date.

9.4. Overdue debt as at 30th September 2019 had risen to £13.4m. This was reflective of the cash challenges within the NHS, but against an annual cash turnover of c£1bn this would be expected to grow proportionally. All aged debt had been escalated and the appropriate management action taken. It was recommended that the Board and Finance & Performance Committee continue to consider the risks to cash given financial challenges of other organisations and shared service growth.

9.5. Board members noted the report and the recommendation contained within it.

10. Committee Report – Charitable Funds – NHST(19)88

10.1. PG briefed the Board on the key issues discussed and decisions made at the Committee meeting on 22nd October 2019.

10.2. The Charity Manager, had now left the Trust and a part-time Community Fundraiser had been recruited to raise the profile of the charity locally. This change would be monitored carefully to ensure the Charity did not lose any of its current investment streams. The Board requested an analysis of charitable income trends be considered by the Executive Committee to assess if further targeted action was needed. **ACTION: NK.**

10.3. The Committee agreed £5 per patient should be spent on Christmas gifts, plus biscuits/sweets for visitors.

10.4. Board Members noted the content of the report.

11. Charitable Funds Accounts and Annual Report – NHST(19)88b

11.1. Board members noted that the Charitable Funds Annual Accounts and Report for 2018/19 had been approved by the Charitable Funds Committee on behalf of the Trust Board.

11.2. The accounts showed that for the year 2018/19, Income was £279.8k with expenditure of £348.5k, giving an in year net movement of funds of £60.5k (loss). Brought forward into 2018/19 was a positive balance of £655.7k, giving a 2018/19 year-end balance of £595.1k.

11.3. VD queried whether the Committee should aim to keep the balance neutral so the same amount could be spent each year. NK explained sometimes special requests were received by the Charitable Funds Committee which required more than 12 months' funds.

11.4. DM believed it was important for the Non-Executive Directors to encourage staff to approach the Charitable Funds Committee for funding and often found the opportunity to remind them arose during Quality Ward Rounds.

11.5. GB was pleased to observe the Committee had spent more than it had received as this indicated the funds were being put to good use.

11.6. RF queried whether the process regarding access to charitable monies had been resolved. NK confirmed that where monies were donated with specific instructions attached, eg for a specific item, the funds were used for this purpose. All other donations were channelled to the general fund where there was more flexibility on how they were spent.

11.7. Board members noted the report.

12. Corporate Risk Register (CRR) – NHST(19)89

12.1. AMS presented the CRR on behalf of NB to provide assurance that the Trust was operating an effective risk management system, and that risks identified and raised by front line services could be escalated.

12.2. The report was a snap shot of the risks reported and reviewed in September 2019 rather than a summary of the quarter, and included more information regarding the previous reporting period (July 2019) and the same period the previous year.

12.3. The total number of risks on the risk register was 779 compared to 753 in July.

12.4. 14 risks that scored 15 or above had been escalated to the CRR; Board members noted there had been 10 risks escalated in July 2019.

12.5. GB suggested that although there were only a few overdue risks in relation to the total number of risks, it would be helpful to have some summary text explaining the information in the tables, in particular the table at the top of page 3 for the next report. **ACTION: NB**

12.6. JK queried whether the Risk Lead for Risk 2370 should be changed to RPJ from KH. AMS confirmed this had been done, but as the report was a snapshot at the time it was produced while KH was still in post.

12.7. Board members noted the report.

13. Board Assurance Framework (BAF) – NHST(19)90

13.1. AMS presented the quarterly review of the BAF on behalf of NB.

13.2. Board members noted the change in rating to Risk 1 to reflect difficulties in bed capacity and completed actions.

13.3. IC thought it was an excellent paper and suggested, due to the cash flow risk identified by the Finance & Performance and Audit Committees, that a bullet point be added to Risk 2. **ACTION: NK**

13.4. Board Members approved the changes to the BAF.

14. Q2 Complaints, Claims and Incidents – NHST(19)91

14.1. SR presented the key points from the complaints, claims and incidents summary report covering data from Q2 (1st July to 30th September 2019).

14.2. The report summarised the number and type of incidents, complaints and claims reported during the period and any trends compared to Quarter 1 or Quarter 2 of the previous year.

14.3. The total number of incidents reported in the quarter was 3,988.

14.4. There had been 9 incidents that needed to be reported to StEIS during the quarter.

14.5. The number of new first stage formal complaints was 76, which was an increase of 2.7% on Q1. Clinical treatment was the primary cause of complaint.

14.6. The number of PALS contacts had increased to 870

14.7. There had been 53 new clinical negligence claims. These claims were being closely monitored.

14.8. Board members agreed it would be useful to have more clarity in relation to the information. **ACTION: SR to work with LK/GB to contextualise complaints, claims and Incidents information to provide greater assurance for Board members.**

14.9. SR confirmed that although there was an increase in the number of incidents being reported, there was a downward trend in levels of significant harm resulting from the incidents, indicating a positive culture of safety reporting.

14.10. No inquests were concluded in Q2, however 20 new inquests were opened, which was an increase compared to Q1. SR explained a meeting had been arranged with the new Interim Coroner who appeared to be taking most cases

through to an inquest, which was a different approach from the previous Coroner. There was a need to establish an effective working relationship with the new Interim Coroner.

14.11. Board members noted the report.

15. Learning from Deaths Quarterly Report – NHST(19)92

15.1. RPJ presented the Q1 learning from deaths report, to provide assurance that all deaths in specified groups had been reviewed and key learning had been disseminated throughout the Trust. He praised the work undertaken by the Mortality Lead, Dr Elspeth Worthington (EW), in transforming the process, which was now enabling the Trust to review trends.

15.2. The report demonstrated that the agreed "lessons" from the previously quarterly reports had been widely disseminated and discussed across the Trust, but more work was still required to be able to demonstrate that practice had changed. SR confirmed she had met with EW to ensure the dissemination of the key learning points was recorded in meetings.

15.3. VD queried whether national trends should be added to the report to show how the Trust compared. She also suggested adding whether Deprivation of Liberty Safeguards (DoLS) was in place for each patient should be added to the report as the Trust Board was already aware there was an issue in this regard. **ACTION: Layout of the quarterly Learning from Deaths Report to be reviewed and themes incorporated (RPJ/SR).**

15.4. The report was noted.

16. Workforce Safeguards – NHST(19)93a and b

16.1. SR and RPJ presented the papers for Allied Health Professionals and Medical & Dental Staff respectively. The Workforce Safeguards national guidance had been developed to support Trusts to use best practice in effective staff deployment and workforce planning. It also set out guidance on governance issues relating to redesigning roles and responding to unplanned changes in workforce. The guidance included 14 recommendations to strengthen workforce safeguards, against which the Trust had undertaken a self-assessment.

16.2. Further to September's Board paper in relation to nursing staff, the self–assessment against the recommendations for the Allied Health Professional (AHP) and Medical & Dental (MD) staff groups had been completed, which identified that the Trust was currently compliant for 8 of the 14 recommendations. Board members noted more work was required on the remaining 6 recommendations before the Trust was fully compliant.

16.3. RPJ believed the Medical & Dental workforce planning required further development but was facilitating the Trust to have dialogue with Royal Colleges to establish a sensible benchmark.

16.4. Metrics for other elements of the NHS workforce were being developed by Model Hospital and once in use, would also be incorporated into the Trust's

workforce governance and benchmarking processes and were expected to be in place by the end of the financial year.

16.5. Although Recommendation 6 stated that 'as part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement to their Board that they were satisfied with the outcome of any assessment that staffing was safe, effective and sustainable', members agreed the Trust had a unitary Board and therefore would recommend back to NHSE/I that the Board should approve the statement. **ACTION: SR**

16.6. The Board noted the reports.

17. Infection Prevention and Control (IPC) Annual Report 2018/19 – NHST(19)94

17.1. SR presented the 2018/19 IPC Annual Report, to provide assurance that the Trust was taking the necessary action to monitor and prevent hospital acquired infections. Infection prevention and control was a statutory duty of the Trust Board and an annual report had to be made on performance in the previous year.

17.2. Health Care Acquired Infections (HCAIs) were reported every month via the Integrated Performance Report (IPR), and the Quality Committee also gained assurance via regular in-depth reports of the actions taken and lessons learnt.

17.3. During 2018/19, IPC performance improved in comparison to the previous year and the following were reported:

17.3.1. 13 cases of Trust attributable Clostridium Difficile Infection (CDI) cases against an objective of no more than 40;
17.3.2. 1 case of Meticillin Resistant Staphylococcus Aureus (MRSA) positive sample which was a contaminant and resulted in no harm to the patient;
17.3.3. 31 cases of Meticillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia;
17.3.4. 62 Hospital Acquired E coli bacteraemia;
17.3.5. Zero cases of CPE bacteraemia;
17.3.6. 4 surgical site infections following surveillance of 716 procedures in orthopaedics.

17.4. There were 10 outbreaks of infection resulting in 58 lost bed days.

17.5. LK asked what the process was when individual areas were not meeting mandatory levels. SR confirmed Matrons and Ward Managers would be contacted and assessments would be observed.

17.6. JK observed the dates in section 10.5 (p22) of the Infection Prevention Annual Report to be updated for 2018/19 rather than 2017/18. **ACTION: SR**

17.7. The annual report also set out the planned improvements for 2019/20.

17.8. Improvement in performance had been achieved in 2018/19, which had been reported in the Quality Account.

17.9. Board members noted the IPC annual report had been approved by the Quality Committee.

18. Effectiveness of Meeting

18.1. RF asked for observations of the meeting.

18.2. GA believed what came across was the joint collaboration across the system. There was good interrogation and timely and useful information. He wished the Trust good luck in the forthcoming HSJ Annual Awards and expressed pride in the Trust on behalf of one of its partner organisations.

18.3. AL confirmed the Board meeting were always interesting and particularly liked the Board's honesty in discussing negative, as well as positive, performance.

18.4. SRo also found the meeting very interesting, which had given her a wider perspective of the organisation.

18.5. JR worked for one of the Trust's suppliers across a large geographical area and stated the Trust stood out from other Trust organisations in a positive way and hoped to work with the Trust in the future.

19. Any Other Business

19.1. RF had attended a positive STP meeting, partly due to Bill McCarthy's positive impact. AM had presented to the group on staff engagement and the staff survey results, which had been well received.

19.2. AM noted a definite change in Team Talk lunches; attendees were more prepared; there seemed to be more investment in the event as attendees received direct feedback from senior management.

19.3. PG had attended a QWR in Diabetes and learnt about carbohydrate counting. RF commented on the excellent format of QWR meetings and the dedication of staff.

20. Date of Next Meeting

20.1. The next meeting will be held on Wednesday 27th November 2019 at 09:30 hrs in the Executive Boardroom, Level 5, Whiston Hospital, L35 5DR.

Chairman: ……

27th November 2019

Date: ……

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

TRUST PUBLIC BOARD ACTION LOG – 27TH NOVEMBER 2019

No	Date of Meeting (Minute)	Action	Lead	Date Due
6	31.07.19 (13.6)	AMS to report HR KPIs against BAME characteristics in the next HR indicators report.	AMS	29.01.20
7	31.07.19 (13.9)	AMS reviewing the overall visibility of the Board, the ward buddy system being one element of that. AMS to bring proposal back to Board for approval. **DISCUSSION IN CLOSED BOARD**	AMS	27.11.19
9	31.07.19 (14.6)	AMS to arrange a training and awareness session for Board members on what to consider when implementing a just culture for a future Board development session.	AMS	29.01.20
10	31.07.19 (15.3)	AMS to prepare an update on achievement of the Workforce Strategy actions. **ON AGENDA**	AMS	27.11.19
~~17~~	~~30.10.19 (10.2)~~	~~NK to analyse work stream trends of charitable income and share with Executive Committee in the first instance~~. **Email detailing income streams circulated to Board members 20.11.19**. **ACTION CLOSED**	~~NK~~	~~27.11.19~~
18	30.10.19 (12.6)	NB to provide summary text explaining the risk information in the tables, in particular the table at the top of page 3 of the Corporate Risk Register.	NB	20.01.20
19	30.10.19 (13.3)	NK to add reference to the cash risk to 'Risk 2: failure to develop or deliver long term financial sustainability plans for the Trust and with system partners'.	NK	20.01.20
20	30.10.19 (14.7)	SRe to work with LK/GB to contextualise complaints information to provide greater clarity for Board members.	SRe/LK/GB	27.05.20
21	30.10.19 (15.3)	Layout of the quarterly Learning from Deaths Report to be improved and themes incorporated.	RPJ/SRe	20.01.20
22	30.10.19 (16.5)	Workforce Safeguards Assurance Statement - SRe to feedback to NHSE/I that the Trust Board is unitary and wants to approve the statement that they were satisfied with the outcome, rather than RPJ/SRe.	SRe	27.11.19
23	30.10.19 (17.6)	The dates in section 10.5 (p22) of the Infection Prevention Annual Report to be updated for 2018/19 rather than 2017/18.	SRe	27.11.19

Paper No: NHS(19)95
Title of Paper: Integrated Performance Report
Purpose: To summarise the Trusts performance against corporate objectives and key national & local priorities.

Summary

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

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

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

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

Patient Safety, Patient Experience and Clinical Effectiveness

The CQC rated the Trust as **outstanding** overall following its inspection in July/August 2018. The caring and well-led domains were rated as **outstanding**, with safety, responsive and effective rated as **good.**

There were no Never Events in October 2019. (YTD =0)

There were no cases of MRSA in October 2019 (YTD=0)

There were 7 C.Difficile (CDI) positive cases reported in October 2019 (4 hospital onset and 3 community onset).
YTD there have been 32 cases (26 hospital onset and 6 community onset). The annual tolerance for CDI for 2019-20 is 48. The new guidance now requires us to include hospital onset and any community cases that have been discharged from hospital in the previous 28 days.

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for October 2019 was 94.1%. YTD rate is 96.4%.

There were no grade 3 or 4 avoidable pressure ulcers in August 2019. (YTD = 0).

During the month of September 2019 there were 2 falls resulting in severe harm (Wards 1B and 4A).
(YTD Severe harm fall = 7)

Performance for VTE assessment for September 2019 was 95.11% against a target of 95%. (YTD = 95.23%)

YTD HSMR (April -June) for 2019-20 is 104.5

Corporate Objectives Met or Risk Assessed: Achievement of organisational objectives.
Financial Implications: The forecast for 19/20 financial outturn will have implications for the finances of the Trust
Stakeholders: Trust Board, Finance Committee , Commissioners, CQC, TDA, patients.
Recommendation: To note performance for assurance
Presenting Officer: N Khashu
Date of Meeting: 27th November 2019

Operational Performance

Performance against the 62 day cancer standard was above the target of 85.0% in month (September 2019) at 86.2%. YTD 86.7%. The 31 day target was achieved with 99.4% performance in month and YTD 97.2% against a target of 96%. The 2 week rule target was not achieved with 87.8% in month and 87.9% YTD against a target of 93.0%.

Accident and Emergency Type 1 performance for October 2019 was 74.3% and YTD 71.5%. The all type mapped STHK Trust footprint performance was 86.0% in month and 84.9% YTD**.** The Trust received 10,627 Type 1 attendances in October 2019 (highest on record) . Year to date growth in ED attendances is 6.3% up on 2018/19. The work streams, designed to increase performance against the 4 hour standard, continue to focus on driving forward the required improvement.

Ambulance notification to handover time was not achieved in October 2019 with 18.27 mins/seconds on average (target 15 mins). There were 2,928 ambulance conveyances in October, an increase of 4.5% on the previous month. STHK had the second highest number of ambulance conveyances in Cheshire and Merseyside .

The Trust has been set a 40% reduction target in the number of super stranded patients (length of stay 21day+) by year end 2019/20. Working from the baseline figure of 154, a 40% reduction would equate to 92 patients. The average number in October was 119 which equates to 23% reduction (121 was the average in September). Medical and Surgical clinical /managerial teams and all CCG and local authority partners are actively engaged in the achievement of the reduction in super stranded. Progress and actions to address are monitored daily.

The 18 week referral to treatment target (RTT) was achieved in October 2019 with 92.3% compliance YTD 92.3% (Target 92%). There were no 52+ week waiters. The 6 week diagnostic target was fully achieved in October with 100% compliance and YTD compliance 99.6% (Target 99%).

Financial Performance

At the March 2019 Board the Trust agreed to accept the issued Control Total of a £2.6m deficit excluding the Provider Sustainability Fund (PSF). This allowed the Trust to access £6.5m of PSF assuming the planned deficit is achieved.
Key assumptions within the plan include:-
- Full achievement of CQUINs
- Activity within planned levels
- Achievement of CIPs (£16.1m)
- Agency spend within cap levels

Surplus/Deficit - At the end of Month 7 StHK has reported a deficit of £1.6m which is in line with agreed plans and assumes full achievement of this years PSF funding. The Trust has utilised c£2.4m of non-recurrent options to achieve the reported deficit. The Trust is forecasting to have a surplus of £3.9m including PSF funding.

An additional £0.5m relating to 2018/19 PSF has been allocated to the Trust following the redistribution of funds that were unachieved by other organisations. This has been included in our YTD and Forecast position but excluded as a technical adjustment so there is no benefit in this financial year as per guidance from NSHi.

The annual target for agency is £7.6m which is an increase of £0.3m on 2018/19. Agency expenditure at Month 7 is £4.5m which is £0.2m under our planned trajectory.

The Trust set a challenging CIP target of £16.1m in order to deliver the financial plan, this equated to c3.8% of the Trusts turnover and is in excess of the 1.6% target included within planning assumptions. At the end of Month 7 the Trust has delivered £7.8m which is £1.6m more than the YTD plan. The Trust currently has £15.4m of transacted CIP with plans in place for the full £16.1m.

Human Resources

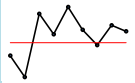
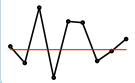
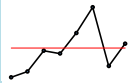
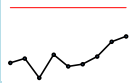
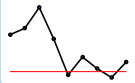
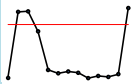
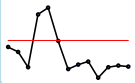
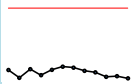
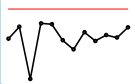
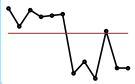
In October sickness was 5.3%, a 0.4% increase from September. It is 0.58% higher than Q3 target of 4.72% and 0.3% higher than the 2018-19 position. Qualified & HCA sickness was 6.0%, a 0.4% reduction since September.
All qualified Nursing & Midwifery sickness has significantly reduced by 0.9% since September from 5.6% to 4.7%. Mandatory Training compliance is 81.9% (target = 85%). Appraisal compliance is 80.9%

The following key applies to the Integrated Performance Report:

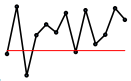
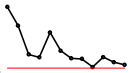
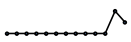
▲ = 2019-20 Contract Indicator
▲£ = 2019-20 Contract Indicator with financial penalty
● = 2019-20 CQUIN indicator
T = Trust internal target
UOR = Use of Resources

Oct-19

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

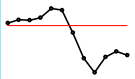
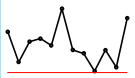
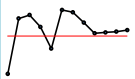
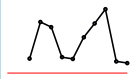
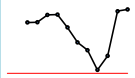
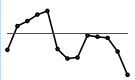
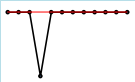
	Committee		Latest Month	Latest month	2019-20 YTD	2019-20 Target	2018-19	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (appendices pages 32-38)												
Mortality: Non Elective Crude Mortality Rate	Q	T	Oct-19	2.3%	2.2%	No Target	2.2%		SHMI (governments preferred measure) stable and consistently better than NW average. Following a reduction in the previous 2 months, HSMR has risen again in May. Weekend admission mortality is a 'noisy metric' because numbers are small.	Patient Safety and Clinical Effectiveness	The Board commissioned external review of Winter HSMR has been completed. Documentation of comorbidities is still below expected (which artificially increases HSMR) - action to improve electronic capture of comorbidities started in Oct-19.	RPJ
Mortality: SHMI (Information Centre)	Q	▲	Mar-19	1.04		1.00						
Mortality: HSMR (HED)	Q	▲	Jun-19	105.7	104.5	100.0	101.1					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	Jun-19	109.2	98.9	100.0	106.9					
Readmissions: 30 day Relative Risk Score (HED)	Q UOR	T	May-19	100.8	98.8	100.0	98.3		The trust historically has a relatively high percentage of readmissions, but when adjusted for 'expected' falls within national norms.	Patient experience, operational effectiveness and financial penalty for deterioration in performance	The Trust continues to work internally and with healthcare partners to minimise unnecessary readmissions.	RPJ
Length of stay: Non Elective - Relative Risk Score (HED)	F&P	T	Jun-19	94.7	93.1	100.0	90.4		Sustained reductions in NEL LOS are assurance that Trust patient flow practices continue to successfully embed.	Patient experience and operational effectiveness	Drive to maintain and improve LOS across all specialties. This includes robust management of delayed patients and scrutiny of superstranded patients.	RC
Length of stay: Elective - Relative Risk Score (HED)	F&P	T	Jun-19	103.6	100.7	100.0	111.5					
% Medical Outliers	F&P	T	Oct-19	1.2%	0.4%	1.0%	0.5%		Patients not in right speciality inpatient area to receive timely, high quality care.	Clinical effectiveness, ↑ in LoS, patient experience and impact on elective programme	Robust arrangements to ensure appropriate clinical management of outlying patients are in place.	RC
Percentage Discharged from ICU within 4 hours	F&P	T	Oct-19	40.0%	39.5%	52.5%	45.7%		Failure to step down patients within 4 hours who no longer require ITU level care.	Quality and patient experience	Critical care step down patients discussed at all Emergency Access Meetings. Targeted senior manager support to ensure patients are listed and transferred out of ICU in a timely manner	RC
E-Discharge: % of E-discharge summaries sent within 24 hours (Inpatients) - TOTAL	Q	▲	Sep-19	70.5%	71.8%	90.0%	71.3%		eDischarge performance remains poor. Inpatient performance is stable and is not expected to improve until new (pending) electronic solutions are implemented. Outpatient performance and ED performance require investigation and remediation.		For IP an interim Discharge Notification is being developed by informatics and will be available for review by the end of November. This summary will be sent within 24 hours. Thereafter a full discharge summary will be sent within 14 days. For ED discharge summaries the NHS Number issue was resolved on 10th October and it is expected that following this fix we will achieve the target.	RPJ
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients) - TOTAL	Q	▲	Sep-19	87.8%	84.0%	95.0%	85.0%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	Sep-19	93.1%	93.4%	95.0%	96.3%					

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

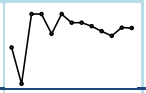
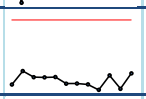
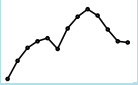
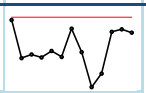
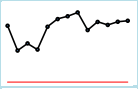
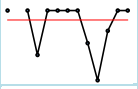
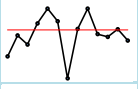
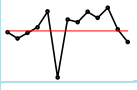
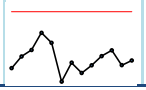
	Committee		Latest Month	Latest month	2019-20 YTD	2019-20 Target	2018-19	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (continued)												
Stroke: % of patients that have spent 90% or more of their stay in hospital on a stroke unit	Q F&P	▲	Oct-19	90.6%	89.2%	83.0%	85.7%		Target is being achieved YTD. With effect from April 2017, STHK is also treating patients from the Warrington Area.	Patient Safety, Quality, Patient Experience and Clinical Effectiveness	Continued achievement.	RC
PATIENT SAFETY (appendices pages 40-43)												
Number of never events	Q	▲£	Oct-19	0	0	0	1		No never events reported YTD	Quality and patient safety	Safer surgery actions and checks in place to minimise the likelihood of never events.	SR
% New Harm Free Care (National Safety Thermometer)	Q	T	Oct-19	98.6%	98.8%	98.9%	99.1%		Achieving standard YTD	Quality and patient safety	Reducing hospital acquired harm is a key priority for the quality and risk teams, the continued development of both risk assessments and harm mitigation strategies will further reduce the risk of harm to patients	SR
Prescribing errors causing serious harm	Q	T	Oct-19	0	0	0	0		The trust continues to have no inpatient prescribing errors which cause serious harm. Trust has moved from being a historic low reporter of prescribing errors to a higher reporter - which is good.	Quality and patient safety	Intensive work on-going to reduce medication errors and maintain no serious harm. This is supported by EPMA.	RPJ
Number of hospital acquired MRSA	Q F&P	▲£	Oct-19	0	0	0	1		YTD there have been 41 C Diff cases, of which 9 have been successfully appealed. Internal RCAs on-going with more recent cases of C. Difficile.	Quality and patient safety	The objective (i.e. target) for cases of CDI set for our Trust in 2019-20 by NHS Improvement (NHSI) is no more than 48 cases. From April 2019 onwards, the Trust's objective will include community onset healthcare associated: cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks. All CDI cases are subject to an Exec RCA review	SR
Number of hospital onset and community onset C Diff	Q F&P	▲£	Oct-19	7	32	48						
Number of Hospital Acquired Methicillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections	Q F&P		Oct-19	1	20	No Target	31					
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	Aug-19	0	0	No Contract target	0		No grade 3 avoidable pressure ulcers YTD	Quality and patient safety	The Trust provides ongoing tissue viability training for all nursing staff including bank staff . New pressure ulcer reduction actions being implemented.	SR
Number of falls resulting in severe harm or death	Q	▲	Sep-19	2	7	No Contract target	18		The falls occurred on ward 4A and 1B	Quality and patient safety	RCA is currently being undertaken. Bespoke improvement work in areas being undertaken.	SR
VTE: % of adult patients admitted in the month assessed for risk of VTE on admission	Q	▲£	Sep-19	95.11%	95.23%	95.0%	95.94%		VTE performance monitored since implementation of Medway and newly introduced ePMA. An electronic solution is in the IT pipeline. Performance remains above target.	Quality and patient safety	Every effort is being made to supplement routine reviews with additional activity to improve performance pending electronic solution (this can be challenging when new doctors start in August).	RPJ
Number of cases of Hospital Associated Thrombosis (HAT)		T	Oct-19	2	14	No Target	26					
To achieve and maintain CQC registration	Q		Oct-19	Achieved	Achieved	Achieved	Achieved		Through the Quality Committee and governance councils the Trust continues to ensure it meets CQC standards. Trust rated as outstanding following the 2018 inspection.	Quality and patient safety		SR
Safe Staffing: Registered Nurse/Midwife Overall (combined day and night) Fill Rate	Q	T	Oct-19	94.1%	96.4%	No Target	96.5%		Shelford Patient Acuity undertaken bi-annually	Quality and patient safety	Safe Care Allocate has been implemented across all inpatient wards. All wards are receiving support to ensure consistency in scoring patients. Recruitment into posts remains a priority area. Unify report has identified some specific training relating to rostering and the use of the e-Roster System. This is going to be addressed through the implementation of a check and challenge process at ward level.	SR
Safe Staffing: Number of wards with <80% Registered Nurse/Midwife (combined day and night) Fill Rate	Q	T	Oct-19	1	3	No Target	0					

Oct-19

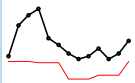
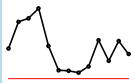
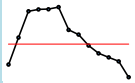
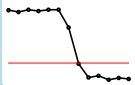
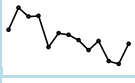
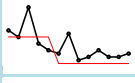
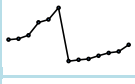
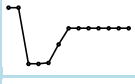
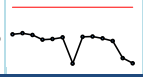
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2019-20 YTD	2019-20 Target	2018-19	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (appendices pages 44-52)												
Cancer: 2 week wait from referral to date first seen - all urgent cancer referrals (cancer suspected)	F&P	▲ £	Sep-19	87.8%	87.9%	93.0%	92.2%		2 week performance remains below standard with continued pressures on Breast Service and the ability to provide 1 stop service. 31 day Target achieved in month. 62 Day target met but pressures remain with Consultant workforce constraints. Radiological capacity in Breast and Dermatology patient rearrangements contributed to the performance.	Quality and patient experience	1. All DMs producing speciality level action plans to provide 2 week capacity 2. Capacity demand review on going at speciality level 3. Breast Radiologist recruited, to start ? January 2020. 4. Trust pilot site for SFIT lower GI which will improve cancer access and pathways. full roll out of pilot expected early 2020 5. Trust to commence Rapid Diagnostic Service early 2020	RC
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Sep-19	99.4%	97.2%	96.0%	98.1%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	Sep-19	86.2%	86.7%	85.0%	88.3%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	Oct-19	92.3%	92.3%	92.0%	92.4%		Impact of pension / tax rules on Consultant WLI activity resulting in increase in WL and wait times	Surgical Beds have now been converted to Medical bed capacity. Bed availability to manage the Surgical demand could result in backlog increasing. Additional risk also caused by impact of RMS and MCAS	18 weeks performance continues to be monitored daily and reported through the weekly PTL process. A backlog management plan is in place and alternatives to Whiston theatre and bed capacity are being sought to counter the significant non-elective demand. Actions to maintain and improve RTT performance reliant on theatre and bed capacity along with staff availability in collaboration with CCG's in ensuring RMS delivers in a sustainable and manageable way. ongoing pension / tax negotiations locally and nationally	RC
18 weeks: % of Diagnostic Waits who waited <6 weeks	F&P	▲	Oct-19	100.0%	99.6%	99.0%	99.9%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	Oct-19	0	0	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Oct-19	0.4%	0.6%	0.8%	0.8%		There was one breach of the 28 day re-list target in January due to difficulties in communicating with the patient.	Patient experience and operational effectiveness Poor patient experience	Proactive system in place to monitor, manage and prevent cancelled operations within the care group. Lessons learned from the 28 day re-list patient in January have been feedback to the relevant departments for learning and reflection.	RC
Cancelled operations: % of patients treated within 28 days after cancellation	F&P	▲ £	Sep-19	100.0%	100.0%	100.0%	99.5%					
Cancelled operations: number of urgent operations cancelled for a second time	F&P	▲ £	Oct-19	0	0	0	0					
A&E: Total time in A&E: % < 4 hours (Whiston: Type 1)	F&P	▲	Oct-19	74.3%	71.5%	95.0%	74.3%		Accident and Emergency Type 1 performance for October 2019 was 74.3% and YTD 71.5%. The all type mapped STHK Trust footprint performance was 86.0% in month and 84.9% YTD. The Trust received 10,627 Type 1 attendances in October 2019 (highest on record) . Year to date growth in ED attendances is 6.3% up on 2018/19. The work streams, designed to increase performance against the 4 hour standard, continue to focus on driving forward the required improvement. Ambulance notification to handover time was not achieved in October 2019 with 18.27 mins/seconds on average (target 15 mins). There were 2,928 ambulance conveyances in October, an increase of 4.5% on the previous month. STHK had the second highest number of ambulance conveyances in Cheshire and Merseyside.	Patient experience, quality and patient safety	The urgent and emergency care transformation plan has several interconnected work streams designed to improve overall 4 hour access performance. Emergency Department/Front Door processes in place including 'walk in' streaming, Stretcher Triage streaming and internal departmental efficiencies and exit from ED. GP streaming in place as per NHSE recommendations. Flow through the Hospital New and refreshed workstreams aimed at improving discharges before midday also supported by a media campaign #HomeForLunch. Daily board rounds and afternoon huddles. Twice weekly discharge tracking meetings to manage medically optimised and DTOC escalation. Monthly Executive Multi-Agency Discharge Events (MADE) continue across the whole system to remove barriers and blocks that prevent patients with complex needs being discharged safely from hospital. Continue with daily AMU/ED huddles which is proving beneficial. COPD pilot in place from December continues with benefits realised of avoiding admission.	RC
A&E: Total time in A&E: % < 4 hours (Mapped STHK Footprint – All Types)	F&P	▲	Oct-19	86.0%	84.9%	95.0%	87.1%					
A&E: 12 hour trolley waits	F&P	▲	Oct-19	0	0	0	0					

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2019-20 YTD	2019-20 Target	2018-19	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (continued)												
MSA: Number of unjustified breaches	F&P	▲ £	Oct-19	2	2	0	0		MSA breach occurred on ICU due to delay in stepping level 1 patients down for 24 hours (involved 2 patients only) as Trust was at full capacity and patients in ED waiting beds. All actions taken to try prevent this.	Patient Experience	All patients waiting step down are highlighted at bed meeting x 3 daily and an escalation plan is in place to prevent this reoccurring where possible.	RC
Complaints: Number of New (Stage 1) complaints received	Q	T	Oct-19	34	184	No Target	266		% new (Stage 1) complaints resolved in month within agreed timescales continues to remain above the 90% target. Number of new complaints received continues to rise.	Patient experience	The Complaints Team continue to work hard to respond to complaints within agreed timescales and to proactively monitor each complaint that is likely to exceed this. The backlog of overdue complaints continues to remain extremely low as reported previously. To increase performance, weekly reminders are sent to Care Groups regarding complaint responses due a fortnight before to ensure improved performance is maintained. Additional actions to be taken to sustain the improved performance include messages to all staff via global email and Team Brief.	SR
Complaints: New (Stage 1) Complaints Resolved in month	Q	T	Oct-19	31	183	No Target	241					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	Oct-19	93.5%	93.4%	No Target	92.1%					
DTOC: Average number of DTOCs per day (acute and non-acute)	Q	T	Sep-19	23	20	No Target	19		In September 2019 the average number of DTOCS (patients delayed over 72 hours) was 23.		Tracking meetings happen with LA/CCG and wards twice weekly to ensure the numbers of DTOCs are maintained below 20.	RC
Average number of Stranded patients per day (7+ days LoS)	Q	T	Oct-19	321	336							
Average number of Super Stranded patients per day (21+ days LoS)	Q	T	Oct-19	119	130							
Friends and Family Test: % recommended - A&E	Q	▲	Oct-19	88.3%	86.5%	90.0%	86.0%		The YTD recommendation rates are above target for inpatients, antenatal, postnatal and community postnatal, but slightly below target for ED and delivery. Community postnatal continue to achieve 100% recommendation rates.	Patient experience & reputation	The profile of FFT continues to be raised by members of the Patient Experience Team, by attendance at ward meetings, the Patient Experience and Dignity Champions and monthly Team Brief. The display of FFT feedback via the 'You said, we did' posters continues to be actively monitored and regular reminder emails are issued to wards that do not submit the posters by the deadline. Improved performance was noted in August with a greater % of posters submitted. At least two members of staff have been identified in each area to take responsibility for production of the 'you said, we did' posters which are used to identify specific areas for improvement. Easy to use guides were issued to each ward to support completion and the posters are now distributed centrally to ensure that each ward has up-to-date posters. Areas continue to review comments to identify any emerging themes or trends, and significantly negative comments are followed up with the contributor if contact details are provided to try and resolve issues. A random spot check audit was conducted during September to review performance in displaying posters. 79% (23/29) had a poster on display, with 65% of these displaying the latest month's data. The Patient Experience Council Chair wrote to each area that has not displayed a current poster for the last three months in October.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Oct-19	95.5%	95.4%	90.0%	94.7%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q		Oct-19	100.0%	98.3%	98.1%	98.7%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Oct-19	97.1%	97.5%	98.1%	98.1%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q		Oct-19	93.4%	96.7%	95.1%	94.8%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q		Oct-19	100.0%	100.0%	98.6%	98.0%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Oct-19	94.4%	94.4%	95.0%	94.2%					

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2019-20 YTD	2019-20 Target	2018-19	Trend	Issue/Comment	Risk	Management Action	Exec Lead
WORKFORCE (appendices pages 54-61)												
Sickness: All Staff Sickness Rate	Q F&P UOR	▲	Oct-19	5.3%	4.9%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	5.0%		In October sickness was 5.3%, a 0.4% increase from September. It is 0.58% higher than Q3 target of 4.72% and 0.3% higher than the 2018-19 position. Qualified & HCA sickness was 6%, a 0.4% reduction since September. It is 0.7% above 2019-20 target, and 0.1% lower than the 2018-19 position.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	The large scale review of the current HR policies and procedures continues inline with "Just Culture" including the Attendance Management policy with the aim of driving improvements in engagement levels, attendance and streamlining. The programme of wellbeing awareness events continue, including Mental Health First Aid Training and Mindfulness Sessions facilitated within the workplace. Case conference meetings continue into November between HR and HWWB to review those long-term cases that may require further intervention to enable timely actions inline with policy. The Compassionate Leadership Culture development is being devised following NHSI course attendance by HR.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P UOR	T	Oct-19	6.0%	5.9%	5.3%	6.1%					
Staffing: % Staff received appraisals	Q F&P	T	Oct-19	80.9%	80.9%	85.0%	89.6%		Appraisal compliance in October is below target by 4.1%. Mandatory training compliance is below the target by 3.1%.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	The HRBP's alongside Education, Training & Development and Workforce Planning teams continue to ensure improvements in compliance for Mandatory Training & work with managers to ensure on-going maintenance of compliance for Appraisals. Non-compliances being reviewed by the Trusts Executive Committee on a monthly basis and also at department level finance & performance meetings.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Oct-19	81.9%	81.9%	85.0%	95.3%					
Staff Friends & Family Test: % recommended Care	Q	▲	Q2	94.1%		No Contract Target			For both questions the Trust returned the best scores nationally.	Staff engagement, recruitment and retention.	The Q3 survey is underway covering all areas of the Trust and closes on 30th November with results expected in February 2020.	AMS
Staff Friends & Family Test: % recommended Work	Q	▲	Q2	82.8%		No Contract Target						
Staffing: Turnover rate	Q F&P UOR	T	Oct-19	0.9%		No Target	9.2%		Staff turnover remains stable and well below the national average of 14%.		Turnover is monitored across all departments as part of the Trusts Recruitment & Retention Strategy with action plans to address areas where turnover is higher than the trust average. The Trust is undertaking a project with NHSE regarding retention of Nurses and this is part of our wider retention strategy and action plan for 2018/19 for the Trust.	AMS
FINANCE & EFFICIENCY (appendices pages 62-67)												
UORR - Overall Rating	F&P UOR	T	Oct-19	3.0	3.0	3.0	3.0		At the March 2019 Board the Trust agreed to accept the issued Control Total of a £2.6m deficit excluding the Provider Sustainability Fund (PSF). This allowed the Trust to access £6.5m of PSF assuming the planned deficit is achieved. Key assumptions within the plan include:- - Full achievement of CQUINs - Activity within planned levels - Achievement of CIPs (£16.1m) - Agency spend within cap levels Better payment compliance is currently not being achieved on invoice numbers but is being achieved on value.	Delivery of Control Total	Weekly update to be provided to DoF on current progress of internal schemes. Divisions to report progress at Finance & Performance Committee. Executives to engage external stakeholders regarding progress of transformational programmes that will assist in delivering the Cost Improvement Programme. The approval of invoices within the Trust is impacting compliance. The Finance department will continue to work with areas of the Trust that need to improve.	NK
Progress on delivery of CIP savings (000's)	F&P	T	Oct-19	7,760	7,760	16,100	14,978					
Reported surplus/(deficit) to plan (000's)	F&P UOR	T	Oct-19	(1,644)	(1,644)	3,900	(597)					
Cash balances - Number of days to cover operating expenses	F&P	T	Oct-19	5	5	2	5					
Capital spend £ YTD (000's)	F&P	T	Oct-19	3,131	3,131	7,872	9,642					
Financial forecast outturn & performance against plan	F&P	T	Oct-19	3,900	3,900	3,900	(597)					
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Oct-19	88.0%	88.0%	95.0%	91.2%					

APPENDIX A

St Helens and Knowsley Teaching Hospitals NHS Trust

			Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	2019-20 YTD	2019-20 Target	FOT	2018-19	Trend	Exec Lead
Cancer 62 day wait from urgent GP referral to first treatment by tumour site																					
Breast	% Within 62 days	▲ £	100.0%	100.0%	100.0%	100.0%	96.0%	83.3%	100.0%	100.0%	84.6%	73.7%	100.0%	89.7%	100.0%	90.0%	85.0%		96.5%		RC
	Total > 62 days		0.0	0.0	0.0	0.0	0.5	2.5	0.0	0.0	1.0	5.0	0.0	2.0	0.0	8.0			5.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.5	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
Lower GI	% Within 62 days	▲ £	100.0%	36.4%	88.9%	100.0%	87.5%	72.7%	80.0%	94.4%	100.0%	88.9%	60.0%	60.0%	85.7%	82.5%	85.0%		86.6%		
	Total > 62 days		0.0	3.5	1.0	0.0	1.0	1.5	1.0	0.5	0.0	0.5	3.0	2.0	1.0	7.0			10.5		
	Total > 104 days		0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0					
Upper GI	% Within 62 days	▲ £	77.8%	66.7%	33.3%	63.6%	84.6%	88.9%	75.0%	88.9%	85.7%	83.3%	90.9%	100.0%	85.7%	88.1%	85.0%		74.7%		
	Total > 62 days		1.0	0.5	1.0	2.0	1.0	0.5	1.5	0.5	1.0	1.0	0.5	0.0	1.0	4.0			12.0		
	Total > 104 days		0.0	0.5	0.0	0.5	0.0	0.0	0.5	0.0	0.0	0.0	0.5	0.0	0.0	0.5					
Urological	% Within 62 days	▲ £	80.6%	90.3%	75.0%	89.4%	85.2%	87.8%	90.9%	87.1%	91.3%	96.9%	87.5%	83.3%	92.3%	89.1%	85.0%		86.0%		
	Total > 62 days		3.0	1.5	3.5	2.5	2.0	2.5	1.5	2.0	1.0	0.5	2.5	3.0	1.0	10.0			29.0		
	Total > 104 days		0.0	0.0	2.0	0.5	0.0	0.0	0.5	0.5	1.0	0.0	0.5	0.5	0.0	2.5					
Head & Neck	% Within 62 days	▲ £	83.3%	50.0%	80.0%	57.1%	25.0%	0.0%	100.0%	0.0%	25.0%	0.0%	16.7%	50.0%	28.6%	25.8%	85.0%		57.1%		
	Total > 62 days		0.5	1.0	0.5	1.5	1.5	0.5	0.0	1.5	3.0	0.5	2.5	1.5	2.5	11.5			12.0		
	Total > 104 days		0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	1.5	2.0					
Sarcoma	% Within 62 days	▲ £	100.0%	0.0%	100.0%	100.0%			50.0%			100.0%		100.0%	50.0%	71.4%	85.0%		85.2%		
	Total > 62 days		0.0	1.0	0.0	0.0			0.5			0.0		0.0	1.0	1.0			2.0		
	Total > 104 days		0.0	0.0	0.0	0.0			0.0			0.0		0.0	0.0	0.0					
Gynaecological	% Within 62 days	▲ £	50.0%	62.5%	100.0%	81.8%	57.1%	88.9%	77.8%	66.7%	100.0%	40.0%	83.3%	40.0%	50.0%	66.1%	85.0%		77.8%		
	Total > 62 days		0.5	1.5	0.0	1.0	1.5	0.5	1.0	2.0	0.0	3.0	1.0	3.0	1.0	10.0			10.0		
	Total > 104 days		0.0	0.5	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0					
Lung	% Within 62 days	▲ £	81.8%	66.7%	94.1%	100.0%	92.9%	81.8%	92.9%	71.4%	100.0%	88.2%	100.0%	100.0%	57.1%	85.3%	85.0%		90.4%		
	Total > 62 days		1.0	2.0	0.5	0.0	0.5	1.0	0.5	1.0	0.0	1.0	0.0	0.0	3.0	5.0			8.0		
	Total > 104 days		0.0	1.0	0.5	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0					
Haematological	% Within 62 days	▲ £	90.9%	50.0%	85.7%	66.7%	50.0%	0.0%	83.3%	100.0%	80.0%	100.0%	50.0%	85.7%	100.0%	85.4%	85.0%		76.7%		
	Total > 62 days		0.5	1.0	1.0	1.0	2.0	2.0	1.0	0.0	1.0	0.0	1.0	1.0	0.0	3.0			9.5		
	Total > 104 days		0.5	0.0	1.0	0.0	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
Skin	% Within 62 days	▲ £	93.3%	84.6%	90.2%	98.0%	93.7%	88.1%	94.9%	95.0%	97.1%	94.4%	92.8%	95.0%	98.2%	95.2%	85.0%		93.4%		
	Total > 62 days		3.0	4.0	2.5	0.5	2.0	2.5	1.0	1.0	0.5	1.5	2.5	1.5	0.5	7.5			20.5		
	Total > 104 days		1.0	1.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	1.5	1.0	0.5	0.0	3.0					
Unknown	% Within 62 days	▲ £	100.0%	100.0%	100.0%		100.0%	66.7%	100.0%	100.0%	50.0%	100.0%		100.0%		70.0%	85.0%		93.9%		
	Total > 62 days		0.0	0.0	0.0		0.0	0.5	0.0	0.0	1.5	0.0		0.0		1.5			1.0		
	Total > 104 days		0.0	0.0	0.0		0.0	0.5	0.0	0.0	0.5	0.0		0.0		0.5					
All Tumour Sites	% Within 62 days	▲ £	90.9%	77.8%	88.4%	89.0%	86.7%	82.6%	90.0%	89.6%	87.6%	85.6%	85.7%	85.9%	86.2%	86.7%	85.0%		88.3%		
	Total > 62 days		9.5	16.0	10.0	8.5	12.0	14.0	8.0	8.5	9.0	13.0	13.0	14.0	11.0	68.5			119.5		
	Total > 104 days		2.0	3.5	5.0	1.0	2.0	2.0	1.0	1.5	2.0	1.5	3.0	1.0	2.5	11.5					
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																					
Testicular	% Within 31 days	▲ £	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%				100.0%	66.7%			80.0%	85.0%		90.0%		
	Total > 31 days		0.0	1.0	0.0	0.0	0.0	0.0				0.0	0.5			0.5			1.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0				0.0	0.0			0.0					
Acute Leukaemia	% Within 31 days	▲ £	0.0%	100.0%										100.0%		100.0%	85.0%		66.7%		
	Total > 31 days		1.0	0.0										0.0		0.0			1.0		
	Total > 104 days		0.0	0.0										0.0		0.0					
Children's	% Within 31 days	▲ £															85.0%				
	Total > 31 days																				
	Total > 104 days																				

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(19)96
Title of paper: Executive Committee Chair's Report
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 2019. There were a total of 5 Executive Committee meetings held during this period. The Executive Committee approved: • Revised Extra and Additional Activity Payments Policy • Midwifery and midwifery support worker staffing business case • Shadow board development programme • Winter flu campaign resources • Safeguarding staff business case There were updates on developments in the pay dispute between UNISON and Medirest. The Committee also considered regular assurance reports covering; the Risk Management Council and Corporate Risk Register, the Board Assurance Framework, safer staffing and the integrated performance report. There were also progress reports for a number of key organisational objectives.
Trust objectives met or risks addressed: All 2019/20 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: 27th November 2019

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE
November 2019

1. Introduction

There were 5 Executive Committee meetings in October 2019. At every meeting the committee reviews any bank or agency staff requests that would breach the NHSI cost thresholds.

2. 3rd October 2019

2.1 Five year financial plan and capital programme 2020/21

The Director of Finance and Information introduced a paper which outlined the proposed system financial plan submission to the Cheshire and Merseyside Health and Care Partnership (HCP). This had highlighted some issues for capital resourcing in 2020/21, which included the PFI capital repayment profile for the year, maintaining planned equipment replacements, and the implications of the removal of the Provider Sustainability Fund (PSF), which would result in less internally generated cash. There were also a number of critical patient safety schemes to which the Trust was already committed. It was noted that this was likely to be an issue for other PFI Trusts and further discussions were needed with regulators to ensure they understood the implications. The draft financial plans were agreed for submission to the HCP.

2.2 Care Quality Commission (CQC) Insight Report

The Director of Corporate Services presented a summary of the most recent CQC insight report for the Trust, which covered published data to July 2019. The report included some inaccurate data which was being queried by the information team with CQC/NHS Digital. Committee agreed this provided a useful overview of many different metrics and was a good source of external assurance. The Insight report composite performance score placed the Trust in the highest 25% of acute Trusts.

2.3 St Helens Cares Place Based Plan

The Director of Integration presented the draft St Helens Cares 5 year plan, that was feeding in to the overall Cheshire and Merseyside Health and Care Partnership (HCP) 5 year plan. Further work was required to align the place based strategic and financial plans across the HCP. Committee agreed that the Board needed to be briefed on the place based plans for St Helens, Knowsley and Halton where the Trust was a key provider of services.

2.4 Additional and Extra Activity Payments Policy

The Director of Operations and Performance presented the revised policy which set out a consistent approach for the authorisation and payment for additional activities for medical staff. The updated policy was approved.

2.5 Medirest pay dispute

The Director of Corporate Services reported that UNISON had notified Medirest of further planned industrial action that would be taken between the 14th and 24th October on alternative days. Business continuity arrangements were being made to ensure that patient services were maintained.

3. 10th October 2019

3.1 Midwifery and Midwifery Support Worker Business Case

The Director of Nursing, Midwifery and Governance presented the business case which set out the case to increase the maternity service staffing establishment and make permanent HCA positions that had historically been filled via the staff bank. Other proposals to increase the midwifery establishment in specialist areas to meet the National Maternity Ambition recommendations were also presented, alongside a request to recruit from the cohort of newly qualified midwives. The proposals were approved.

3.2 Risk Management Council (RMC) and Corporate Risk Register (CRR) Report

The Director of Corporate Services presented the Chair's assurance report from the RMC meeting on 8th October, which included the risks escalated to the CRR during September.

3.3 Trust Board Agenda

The Director of Corporate Services presented the draft Trust Board meeting agenda for review.

3.4 Medirest Pay Dispute

The Director of Corporate Services updated the Committee on recent developments in the on-going dispute between Medirest and UNISON. An improved pay offer had been made by Medirest directly to their staff. It was unclear what impact this would have in achieving a resolution to the dispute.

4. 17th October 2019

4.1 Theatre Utilisation and Capacity Modelling

The Director of Operation and Performance introduced the latest modelling of the Trust's theatre capacity. The presentation identified how current practice could be developed to improve utilisation across the two hospital sites and maximise the available capacity, e.g. different operating session times and weekend working. With demand continuing to increase a number of actions were being explored to ensure waiting time targets would continue to be achieved and planned service developments, such as bariatric surgery could be delivered.

4.2 Shadow Board Development Programme

The Deputy CEO/Director of HR outlined proposals for the Trust to participate in the North West Leadership Academy Shadow Board Development Programme, which was

designed to give staff the opportunity to experience a Trust Board environment and the challenges of being a corporate director on a unitary board. The staff would consider the same issues as the real Trust Board and the meetings would be chaired by a Non-Executive Director. Directors would support the trainees in understanding the issues behind the papers prior to the meetings. The Committee agreed that this was an excellent development opportunity for staff aspiring to become Directors.

4.3 National Cancer Patient Experience Survey (NCPES) 2018 Results

Members of the Cancer Services team presented the Trust results from the 2018 NCPES. The Trust had a 60% response rate from the sample of patients who had been asked to complete the survey and of these 86% reported a positive experience. Although it was recognised that the survey covered the whole patient journey including their experiences of Primary Care and tertiary cancer services (Clatterbridge Cancer Centre NHSFT), there were a number of areas where improvements could be made. Action plans were being developed with the tumour site specialist services to ensure that these improvements were made.

4.4 Board Assurance Framework (BAF)

The Director of Corporate Services presented the quarterly review of the BAF which was to be presented to the next Trust Board. Committee agreed that a change to the score of risk 1 should be recommended.

4.5 Modernising the Outpatient delivery model

The Director of Transformation presented an overview of the initiatives being taken across the country to modernise the delivery of outpatient services. The Trust had already adopted many of these in specific services and there was now a need to understand which initiatives could be scaled, and how this would support the Trust in achieving the ambitions set out in the NHS Long Term Plan to reduce face to face outpatient appointments by a third.

4.6 Integrated Performance Report (IPR)

The Director of Operations and Performance presented the IPR for September and this was reviewed by the Committee.

4.7 Winter Flu Campaign

The Deputy CEO/Director of HR presented a proposal for 3 months additional nursing support to supplement the Health Work and Wellbeing staff and peer vaccinators, to deliver the flu vaccinations to staff ahead of winter. This was approved.

4.8 Safeguarding Staff Business Case – additional information

The Director of Operations and Performance outlined the additional work that had been undertaken to clarify the requirements of the Trust Safeguarding Team to meet current demand and the future changes to safeguarding regulations. On the basis of this clarification the business case for additional staffing was approved.

5. 24th October 2019

5.1 Dermatology Staffing

The Director of Operations and Performance presented alternative proposals to create additional capacity in Dermatology. A business case had previously been approved to increase specialist staffing, however due to national shortages it had not been possible to recruit, so an alternative staffing model was proposed within the same funding envelope. This proposal would also increase the proportion of nurse led care, which was in line with the GiRFT review recommendations. The proposals were agreed.

5.2 Modular Ward Business Case

The Director of Corporate Services and Director of Operations and Performance presented the draft business case to create additional bed capacity for step down patients and life cycle maintenance decanting facilities at Whiston Hospital. The case was agreed to go to Trust Board for formal approval.

5.3 Urgent and Emergency Care (UEC) Improvement Week

The Director of Operations and Performance presented proposals for a UEC improvement week from 12th November to evaluate the combined impact of all the UEC projects that had been initiated during the last 12 months. Following the improvement week a UEC council would agree which initiatives should be adopted as business as usual.

5.4 Clinical Quality and Performance Group (CQPG) Feedback

The Director of Nursing, Midwifery and Governance reported on the CQPG meeting with Commissioners, and the change of name to the Clinical Quality Group (CQG).

5.5 Safer Staffing

The Director of Nursing, Midwifery and Governance presented the monthly safer staffing, shift shortfall and vacancy dashboard reports for September. Assurance was given that all three reports indicated the Trust had been able to provide safe levels of staffing for the majority of ward areas and shifts throughout the month, and there had been no patient safety incidents related to staff shortfalls.

6. 31st October 2019

6.1 Maternity Patient Survey 2019

The Director of Nursing, Midwifery and Governance introduced a presentation of the 2019 Maternity Patient Survey results. The Trust results were known at this time but the full national results of the survey would not be published until January 2020. The Trust scores in the 12 areas that had been targeted for improvement in 2018 had all increased and the maternity service staff were congratulated on this achievement. A number of further areas for improvement had been identified from the feedback contained in this latest survey and an action plan was being developed to target these for next year.

6.2 EU Exit Preparations Update

The Director of Nursing, Midwifery and Governance gave an update on national guidance in respect of EU Exit preparations, as a result of the extension to the exit deadline to January 2020. The Trust remained compliant with all requirements.

6.3 Cheshire and Merseyside Chief Nurse Appointment

The Director of Nursing, Midwifery and Governance reported that Marie Bowles had been appointed as the new Chief Nurse for Cheshire and Merseyside.

ENDS

TRUST BOARD

Paper No: NHST(19)97

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

Purpose: To summarise the meeting papers from the Quality Committee meeting held on 19th November and escalate any issues of concern.

Agenda Items Discussed:

Matters Arising

- The Director of Operations and Performance gave a short presentation detailing the reasons for the increase in the number of patients awaiting fast track discharge to 24 hour care or for packages of care (POC), a process for identifying and prioritising EOL patients with an immediate need for discharge is being devised. QC will monitor the impact.
- ILS/BLS training compliance was improving and the RQI cart was proving successful in making the training more accessible. QC will continue to monitor the progress.

Integrated Performance Report (IPR) – QC(19)136
Committee reviewed the IPR with a focus on the Quality and Workforce KPIs, with the main areas of scrutiny continuing to be the increased incidence of CDI positive cases. A mixed sex breach had also occurred in Critical Care, which was the first case for a number of years.

Patient Safety Council (PSC) – QC(19)137
There were no issues for escalation. Assurance was provided in relation to; falls, where a reduction in falls per 1000 bed days had been reported and improvements in safeguarding training compliance rates. Concerns about Maternity specialist safeguarding capacity had been raised in the Q2 report. A recommendation was made to introduce new mandatory training for Sepsis awareness (which needs to be approved via the agreed process for changes to mandatory training).

C.Diff update and action plan – QC(19)139
Paper provided further detail on the incidence of C.Diff – with 41 cases identified year to date (with 9 successfully appealed , a further 7 subject to appeal and 12 where the RCAs were not completed). Assurance was provided on the actions being taken to reduce the incidence, with a particular emphasis on antibiotic prescribing, where clinical practice seemed to have changed following the implementation of EPMA. QC referred this issue to the Executive for management action and requested a further update in January.

Maternity Safer Staffing (Q1 2019/20) – QC(19)140
The maternity service staffing is delivering a 1.27.2 ratio of midwives to births, which achieves the Birthrate Plus recommended ratio of 1:28.

Patient Experience Council (PEC) – QC(19)141
The PEC had received; a patient story, the September complaints and PALs report, feedback from Healthwatch St Helens and Healthwatch Halton and an update on the capital plans for the ED to improve same day emergency care. The council approved a learning Disability and Autism Strategy and new guidance for the support of carers. New

national guidance on mixed sex breaches will be reviewed and then the Trust policy will be updated.

Maternity Annual Inpatient Survey results and action plan – QC(19)142
The Trusts results from the 2019 survey had been received, although the national results will not be published in January. From the 12 recommended areas for action from the 2018 survey there had been an improvement in 10. A preliminary action plan has been developed to drive further improvements based on the feedback from the Trust results, particularly in relation to contact numbers for patients who need advice following birth. The Maternity service was congratulated on these excellent results.

Maternity – Achieving the continuity of carer ambition – QC(19)143
The national targets from "Better Births" are to achieve 20% of women having continuity of carer by March 2019, 35% by March 2020 and 51% by March 2021. The Trust achieved the first milestone and reported that by September 2019 41% had been achieved from two pathways; Midwifery led care and next birth after caesarean, with further initiatives planned for vulnerable women's pathways to achieve 51% before March 2021.

CQC Insight Report – October 2019 – QC(19)145
The CQC Insight report brings together 79 indicators covering all the CQC core services and quality domains. The Trusts composite score is in the top quartile of acute Trusts. The Trust position has improved compared to data from 12 months previous, with 8 indicators showing an improvement and none a decline.

Clinical Effectiveness Council (CEC) and Mortality Surveillance – QC(19)146 & 147
CEC had proposed the trust should have a Trichotomy lead. National data from the latest ICNARC (Critical Care) and NLCA (Lung Cancer) audits was reviewed, with no areas of concern identified. Presentations had been made by Obstetrics and Gynaecology, Dermatology and Rheumatology. These had highlighted requirements for additional capacity/support for which business cases will be developed. Learning from deaths lessons had been discussed. Concerns about attendance and quoracy of the Council were escalated to Quality Committee and a review is to be undertaken.

Workforce Council – QC(19)148
The report highlighted initiatives being taken to improve health and wellbeing support for staff, the delivery of the WDES and WRES action plans, implications of the changes to the national Junior Doctors contract and the Guardian of Safe working Quarterly report, where 15 exceptions had been reported but all had been resolved and no fines levied against the Trust.

Safe Staffing Report Month 7 – QQC(19)149
The overall nurse fill rates for October were 94.12% for RNs and 111.98% for HCAs.

Freedom to speak up (FTSU) report – QC(19)150
The Freedom to Speak up lead presented the report covering activity for the first 6 months of the year. In total 19 concerns had been raised via the FTSU Guardians, askann emails or the Speak in Confidence helpline. The National Guardians Office (NGO) had benchmarked Trusts for their culture of raising concerns and STHK had been rated in the top 15%. The NGO had also published a training framework and was developing a training package.

Learning lessons to improve people practices – QC(19)151

A Trust working group had undertaken a self-assessment in response to the letter sent by Baroness Dido Harding in May 2019 and developed an action plan. 10 of the actions had been completed, 4 were in progress and on track for completion and 1required additional work to identify how the Trust could better support the timely completion of investigations. **Matters for Escalation:** • Actions being taken in response to the increased incidence of CDI • Review of the effectiveness of CEC
Corporate objectives met or risks addressed: Effectiveness, Experience, Safety and Workforce.
Financial implications: None directly from this report.
Stakeholders: Patients, the public, staff, regulators and commissioners
Recommendation(s): It is recommended that the Board note this report.
Presenting officer: Val Davies, Non-Executive Director and Chair of Committee
Date of meeting: 27th November 2019

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(19)98

Title of paper: Committee Report – Finance & Performance

Purpose: To report to the Trust Board on the Finance and Performance Committee, 21st November 2019

Summary:

Agenda Items

For Information

- DoF verbal update – GL gave an update on a number of issues for the Committee's attention. These included:
  - Exec to Exec Meeting – St Helens CCG have agreed to amend their forecast outturn position at month 9. The Trust has proposed to help them mitigate some of the risks within their forecast by agreeing an outturn position between the Trust and CCG.
  - LTP – There has been no formal feedback for the final submission.
  - Planning Guidance – It was expected to have the full planning guidance in December but this will be pushed back to January due to the General Election. A first draft will still be brought to the Committee in January although this may not have the full impact of the guidance within it.

- Integrated Performance Report
  - The Committee discussed the cancer wait times and while the 62 day performance is to be commended there was some concern on 2 week wait performance since March. AF informed the Committee this was due to capacity within the Breast team which has now been resolved.
  - There have been a number of mixed sex accommodation breaches this month which was due to the closure of some beds due to norovirus.
  - The Committee also noted the ambulance handover time of 15 minutes had not been achieved during October and this was discussed further in the A&E presentation.

- Finance Report
  - The Trust is reporting a £1.6m deficit YTD which is in line with plans. £2.4m of non-recurrent resources were utilised to achieve this position, an increase of £0.6m from last month.
  - Capital resources of £3.1m have been utilised year to date and the Trust has plans for the entire programme.
  - The Trust delivered a UoR of 3 in line with plan.
  - The financial position includes Provider Sustainability Funding (PSF) of £2.3m; this is excluding the £0.5m of PSF relating to 2018/19.
  - The Trust had a cash balance of c£5.5m at the end of October which equates to 5 days of operating expenses.
  - GL summarised the financial risks within the forecast outturn positon:
    - The Trust's ability to deal with the volume of emergency admissions as a

result of the high occupancy rate in non-elective beds;
    - Clinical income achievement resulting from the pension tax impact. While there has been more uptake from the Medical staff this may not be sufficient to fulfil the full activity plan.
- Workforce KPI's
    - AMS presented a paper updating the Committee on a number of workforce indicators including recruitment, compliance with e-rostering and recruitment onto the Trust bank.
    - The Committee discussed a number of initiatives the Trust is trying to implement to fill gaps within qualified nursing and medical staff and AB was thanked for his input into this.
- Contract KPI's & CQUIN
    - GL presented the financial performance of CQUINS (the quality aspects are discussed at Quality Committee) it was noted that the Trust has currently achieved £1.7m at Q2 against a target of £1.9m.
    - There is one scheme which represents a risk to the Trust relating to UTIs; the Trust is the best performing within the North West and 13th nationally but this is not sufficient to achieve the CQUIN targets. The Trust is in discussions with regulators over the challenging targets.
- Briefings were accepted from:
    - Procurement Steering Council
    - CIP Council

For Assurance

- Modular Ward (Action from Board)
    - The Committee reviewed the methodology underpinning the income assumptions used within the business case to invest in two modular wards during 2020.
    - The Committee felt assured by the paper and the assumptions made.

- A&E Performance
    - The Committee reviewed the presentation from the ADO and CD for Emergency Care.
    - JF presented an analysis of the effect of having a second triage nurse within the department. The Committee also discussed the streaming of patients to the GP which has increased for the second month.
    - There was also a presentation to explain the patient surveys which have taken place in the department over the previous months. Patients will continue to be surveyed to help the Trust and CCGs to understand the choices patients make for their care.
- CIP Programme update
    - The Committee noted the £15.4m of CIP plans which have already been transacted this year. A list of potential schemes for 2020/21 were shared with the Committee which totalled £16.5m; Once RAG-rated these schemes will form the basis of next year's CIP programme.
    - The Committee were assured around the governance arrangements of CIPs having tested a scheme at random.

- CIP Programme update – CSS
    - The ADO for Clinical Support presented an updated on their CIP performance to date including details on the process within the division of how CIPs are identified and the plans so far for 2020/21.
    - The Care Group has identified c.£2.1m of schemes for 2020/21 and is continuing to work on those ideas which need an indicative financial value.
- Lead Employer (Action from Audit Committee)

- The Committee received an update on the Lead Employer contract which was awarded to the Trust during 2018.
- The Committee was impressed by the work done by the teams to integrate a number of Lead Employer contracts and provide an efficient service to the trainees.
- The financial aspects of the service were discussed and they were assured that costs are being controlled within the margins expected.

Risks noted/Items to be raised at Board

- Committee were assured of the income assumptions relating to the modular ward.
- Summary financial risks reported in briefing which are being actively managed.

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: 27th November 2019

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(19)99
Title of paper: Strategic and Regulatory Update Report – November 2019
Purpose: To provide the Board with assurance that the Trust continues to take account of external strategic developments that could impact the future direction of the organisation and all regulatory requirements to comply with governance good practice.
Summary: The report provides a briefing on the key policy and regulatory developments including; 1. General Election guidance for NHS organisations 2. CQC State of Healthcare and Adult Social Care in England 2018/19 3. 2020 National tariff consultation
Trust objectives met or risks addressed: Provide high quality sustainable services
Financial implications: This paper does not include a request for additional funding
Stakeholders: Patients, Staff, C&M H&CP, Commissioners, Regulators
Recommendation(s): The Board is asked to note the report.
Presenting officer: Nicola Bunce, Director of Corporate Services
Date of meeting: 27th November 2019

Strategic and Regulatory Update Report – November 2019

1. General Election guidance for NHS organisations

The NHS is now subject to the usual "purdah" restrictions that are put in place before any general or local elections. This guidance is issued by the Cabinet Office and applies to all public bodies.

The restrictions apply from 6th November until 13th December, when the election results will be known and a new government formed.

The principles underpinning the guidance are;

- the day to day operations of the NHS must continue unimpeded
- the NHS must act and be seen to act with political impartiality, and its resources must not be used for party political purposes
- during the election period, democratic debate between candidates and parties should not be overshadowed by public controversy originating from NHS bodies themselves.

What this means in practice is;

- no new decisions or announcements of policy or strategy;
- no decisions on large and/or contentious procurement contracts;
- no participation by official NHS representatives in debates and events that may be politically controversial, whether at national or local level.

These restrictions apply in all cases other than where postponement would be detrimental to the effective running of the local NHS, or wasteful of public money.

The suspension of parliament means that the future of the proposed NHS legislative changes announced in the Queens Speech in October are now also unclear, pending the outcome of the general election and formation of a new government.

2. CQC State of Healthcare and Adult Social Care in England 2018/19

CQC published its annual report in October 2019 summarising the findings of the 32,000 inspections that had been undertaken up to 31st July 2019;

- 22,949 adult social care services
- 146 NHS acute hospital trusts
- 244 independent acute hospitals
- 71 NHS or independent community health providers or locations
- 10 NHS ambulance trusts
- 33 independent ambulance locations
- 200 hospices
- 55 NHS mental health trusts

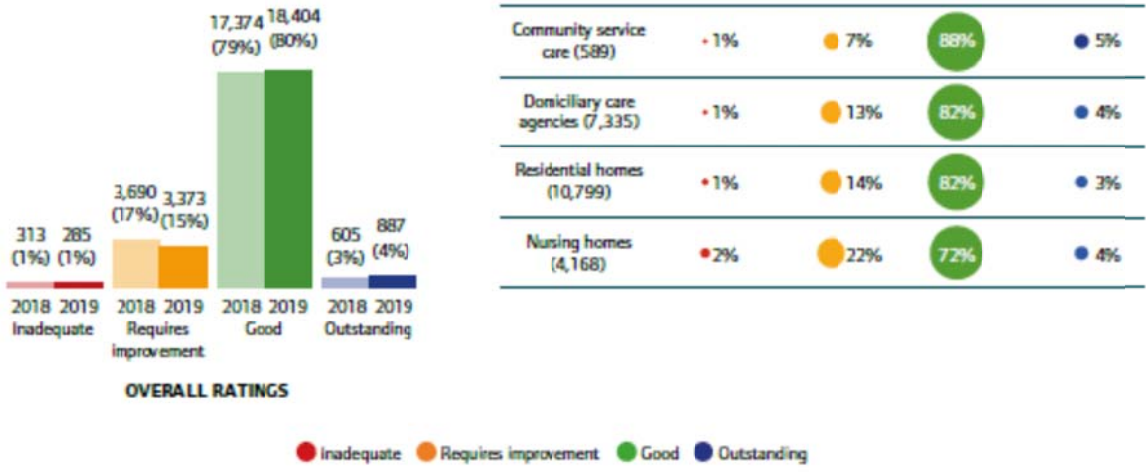
- 234 independent mental health locations
- 6,706 GP practices
- 1,033 dental practices
- 144 urgent care and out-of-hours GP services.

The key points for noting were;

The overall quality of care that people receive in England has improved very slightly from last year. When people are receiving care, it is mostly of good quality. As at 31 July 2019:

- 90% of GP practices were rated as good and 5% as outstanding
- 80% of adult social care services were rated as good and 4% as outstanding
- 65% of NHS acute core services were rated as good and 7% as outstanding
- 71% of NHS mental health core services were rated as good and 10% as outstanding.

For adult social care the position was;



The report identified access, workforce, community care provision, support for people with mental health issues and autism and integration as particular challenges for both the Health and Social care sectors.

3. 2020 National tariff consultation

On 4th November NHSE/I published their proposals for changes to the national tariffs for 2020/21 and these are subject to a formal consultation period in December (following the general election).

The main points in the proposals are;

- The proposals are for 2020/21 only

- The blended tariff approach will be extended to outpatients, maternity and adult critical care
- Commissioners and providers will be required to have a “meaningful system collaboration and financial management agreement”
- Review of how some elements of the Market Forces Factor (MFF) are weighted
- Service specific tariff changes for; specialist orthopaedic services, chemotherapy delivery tariffs, a number of best practice tariffs to reflect latest clinical guidance and to incentivise the use of artificial intelligence.

The Finance and information department are evaluating the potential impact for Trust income and will be responding to the consultation when it is published.

The delay in finalising the 2020/21 tariffs will impact on the financial planning assumptions for the next financial year and possibly the timetable for developing and approving the 2020/21 operational and financial plans.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(19)100

Title of paper: Mid-Year Review of Trust Objectives

Purpose: To present the mid-year progress review against the 2019/20 Trust objectives.

Summary:

1. The Trust Board agreed thirty one objectives for 2019/20 at the Board meeting in March 2019.

2. The objectives are split into 9 categories; 5 representing the Trust's 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 2020
	In progress but may not be completed/achieved by 31st March 2020
	Behind schedule or at risk of not being achieved by 31st March 2020

4. The ratings show that:
   a. 22 objectives are rated green (71%)
   b. 9 objectives are rated graded amber (29%)
   c. No objectives are rated as red (0%)

5. Setting and monitoring the delivery of the annual plan and objectives is a key role for the Board and part of the CQC Well Led assessment.

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, patients and all stakeholders.

Recommendation(s): The Board is asked to note the progress being made to deliver the 2019/20 objectives.

Presenting officer: Ann Marr, Chief Executive

Date of meeting: 27th November 2019

Trust Objectives 2019/20 – Mid Year Review

Objective	Lead Director	Measurement	Governance Route	Progress and RAG Rating October 2019
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 Further improve discharge planning by replicating the success of the "home for lunch" initiatives at weekends	DoOps	33% of patients to leave hospital by noon on the day of discharge consistently across all wards. 85% of the weekday average discharges to be achieved before noon at the weekends consistently across all wards.	Finance and Performance Committee	Maintained improvement within MCG (37%). Now rolling out principles within SCG. NHSE/I review concluded that the trust is within the upper quartile nationally for weekend discharges. Continued focus on processes over the weekend to improve further.
1.2 Implement a new system (NEWS2) for identifying deteriorating patients and improve the timeliness of treatment	DoN & DoI	Implement and embed the use of NEWS2 across all adult services, including Accident and Emergency Department Monitor the impact of NEWS2 on the MET team Maintain NEWS2 compliance of at least 98% for all adult inpatient areas (daily e-Vitals report)	Quality Committee	ED went live in June 2019 and Paediatrics and Maternity are due to go live on 19th and 27th November respectively. Compliance is greater than 98%. The MET team impact is being monitored by the eVitals Steering Group and reported to the Trust Executive by exception.
1.3 Continue to increase the range of services provided 7 days a week	MD	Achieve the national targets for 90% of patients across all the 7 day services metrics by 2021, in particularly improve performance in 2019/20 against the targets for: 90% of patients to receive a senior clinical review each day 90% of patients to be assessed by a Consultant within 14 hours of admission	Quality Committee and Board assurance reports	The Trust continues to make progress against the two improvement targets, as demonstrated in the 6 monthly Board Assurance reports.
1.4 Reduce the number of new legal claims against the Trust	DoN	Reduce the number of new claims by 10% compared to 2018/19 Implement improved systems for learning	Quality Committee	Review in progress planned to be presented to QC January 2020. Reviews of maternity, ED and

Objective	Lead Director	Measurement	Governance Route	Progress and RAG Rating October 2019
		lessons from claims and monitoring the changes put in place to improve patient outcomes and reduce future claims		orthopaedic historic claims undertaken to confirm if agreed actions were still in place and if further actions need to be taken. Reports shared at Claims Governance Group. Consent session held 14th November and well attended by Surgical Care Group clinicians.
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 Continue to improve the timely and effective assessment and delivery of care within the emergency department (QA Priority)	DoOPs	• Patients triaged within 15 minutes of arrival • First clinical assessment median time of <2 hours • Application of NEWS2, and escalation of patients who trigger • 100% compliance with sepsis screening and treatment guidance	Quality Committee	Marginal improvement within triage and first clinical assessment times but further improvement required to achieve target. NEWS2 compliant (see 1.2) 90% target for Sepsis screening achieved in Q1
2.2 Reduce the number of patient falls by 10% compared to 2018/19	DoN	Delivery of the Falls Strategy objectives and continue to undertake RCA's and share lessons learnt from all falls. Regular audits of lying and standing BP, prescribing of hypnotics and undertaking mobility assessments within 24 hours of admission Implement the national CQUIN high impact changes across all inpatient areas	Quality Committee	Baseline data falls in 2018-19 0.14 per thousand bed days for moderate and above Reduction year to date is 0.12 per thousand bed days as a result of revised falls assessment Achieved Q1 and Q2 Falls CQUIN on target for Q3.
2.3 Implement a new electronic monitoring system in the maternity unit (CTG monitoring) to ensure patients receive appropriate interventions at the right time	DoN	Complete the business case and procurement of the new system Install and implement the new monitoring system and train staff in its use Monitor outcomes and changes in practice	Executive Committee	Business case approved and produce purchased and will be installed in December 2019. Benefits realisation evaluation planned for 2020/21

Objective	Lead Director	Measurement	Governance Route	Progress and RAG Rating October 2019
2.4 Continue to learn lessons and improve practice as a result of reviewing and investigating hospital deaths	MD	Publication of quarterly learning from deaths reports Audit of themes, lessons learnt and changes in practice	Trust Board	Quarterly reports are now an established part of the Board annual work plan and these include learning themes and evidence of dissemination. Further work needed to evidence that lessons have been embedded in practice
3. 5 STAR PATIENT CARE – Pathways ***As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient***				
3.1. Achieve the target of sending 85% of e-discharge summaries to GPs within 24 hours, to allow appropriate care to be continued outside of hospital	DoI	Achieve 85% of discharge summaries sent to Primary Care within 24 hours by Q3 2019/20	Quality Committee	An auto interim Discharge notification is being developed and will be available for review by the end of November.
3.2. Maximise the benefits of providing primary and community health services to support integrated care in our local health systems	DoOps	Reduce duplication and amount of handoffs between teams across new end to end pathways Improved patient experience Reduced rate of A&E attendances and hospital admissions	Quality Committee	Cardiology, Frailty, Tissue Viability and Adult Continence end to end pathways are in place. There is a weekly cardiology MDT for community patients. The next priority is to standardise the urgent and emergency care pathways from Urgent Treatment Centres and on-board the new community services transferring to the Trust in 2020. Marshalls Cross Medical Centre has many more positive reviews on the NHS website The Trusts community services consistently achieve a 100% FFT recommendation rate. A&E attendances continue to rise.
3.3. Increase capacity and improve clinical adjacencies at Whiston Hospital, to create more assessment space and support the expansion of Same Day Emergency Care (SDEC)	DoOps & DoCS	Develop the Full Business Case for approval of the capital schemes by NHS Improvement and commence work on site by the end of Q3	Trust Board	SDEC/Ambulatory Care business case now approved by NHSE/I and being progressed in line with timescales agreed. Work to commence in Q4 Additional capacity business case

Objective	Lead Director	Measurement	Governance Route	Progress and RAG Rating October 2019
				approved by the Trust Board in October 2019 to create a further 60 beds for step down and decant.
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 Improve information for patients, so it is available at the right time and in the right format to meet individual needs (QA Priority)	DoN	Undertake a review of patient information and communication methods across the Trust Develop an improvement plan to enhance the quality, consistency and accessibility of information given to patients Improve scores for responses to questions relating to patient information in patient questionnaires and national surveys	Quality Committee	Project Manager to lead on improving communication and information across the Trust has been appointed and will take up post in January. Master database of all leaflets in place with ongoing work to increase the number of leaflets available online. Communication is discussed at induction of medical staff and the Patient Experience Team have attended FY1 training to discuss patient stories and share actions.
4.2 Increase the use of Patient feedback, to identify themes which help shape service developments and improvement plans – identifying themes from all sources of feedback e.g. F&FT, Healthwatch, patient surveys, ask Ann e mails, complaints, PLACE	DoN	Develop and comprehensive Patient Engagement Strategy Produce a thematic annual report from all patient feedback Agree and deliver 2 -3 priority initiatives that will have the greatest impact on improving patient experience Publicise the changes made and the difference it has made to patients in the Quality Account	Quality Committee	Patient Engagement Strategy in place with update provided to the Quality Committee in June 2019 and quarterly reports to the Patient Experience Council, including updates on NHS website postings, FFT, Healthwatch feedback. Improvements will be included in the 2019/20 Quality Account.
4.3 Increase the range and effectiveness of communication methods with the Trust to improve access and responsiveness for patients, relatives and others	DoN & DoI	Implement a new telephony system to Improve call answering times by switchboard and on the wards and reduce the % of abandoned calls	Quality Committee	The business case for a new switchboard is expected to be approved in November for implementation by the end of March 2020

Objective	Lead Director	Measurement	Governance Route	Progress and RAG Rating October 2019
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 Maximise the functionality of the new Medway system to support staff to deliver high quality care, including Electronic Prescribing, NEWS2, Medway PAS functionality, E-Handover and a Bed Management module (QA Priority).	DoI	• Reduction in medication errors • Improved discharge processes • More timely communications with GPs and community services • Introduction of a bed management module to improve capacity and demand modelling • Early detection of deteriorating patients • Reduce complaints related to outpatient appointments	Quality Committee	ePMA and eHandover will be fully rolled out in Medicine and Surgery by the end of the March 2020. eHandover in Paediatrics is complete. Implementation of ePMA into Newton, ITU step down beds, Endoscopy and Radiology will complete the scope for FY 19/20. NEWS2 rollout completes in all adult inpatient areas in Maternity (meows) by the end of November. The Trust intends to undertake an early adopted pilot of Medway Flow to support bed management/patient flow before the end of the financial year. A tactical BI solution has been deployed as an interim solution whilst the Trust awaits readiness of the Medway module.
5.2 Improve the systems for booking outpatient appointments and reduce the number of appointments that have to be rearranged	DoI & DoOps	Reduce DNA rates Reduce appointments being re-arranged less than 6 weeks in advance Reduce complaints relating to outpatient appointments	Executive Committee	2-way appointment reminders are live for patients who attend clinics managed by PBS and the downward DNA trend continues. Endoscopy and Admissions will be the next two services to implement 2-way messages for patients. Clinic procedures are being restructured to optimise Medway to support Hospital Cancellation processes. On-going review of booking schedules for follow-up appointments to optimise Medway functionality.

Objective	Lead Director	Measurement	Governance Route	Progress and RAG Rating October 2019
				Work continues with the system supplier to optimise functionality to maximise clinic utilisation.
5.3 Increase the use of the e-Rostering (SafeCare) system to improve the deployment of staff resources	DoN	Auto roster consistently used by all wards for nursing staff roster production by September 2019 Produce routine reports to demonstrate the optimal allocation of staffing resources in line with patient acuity	Quality Committee	e-Rostering and auto roster implemented. SafeCare producing routine patient acuity reports which support the Trust Workforce Safeguards processes.
5.4 Work with partners in St Helens to maximise the use of the Shared Care Record to share information relevant to decisions about patient care.	DoI	Shared care record used for joint care planning for St Helens patients by March 2020	Executive Committee	Circa 6000 patient records accessed in October 2019, a 28% increase on the previous month. Work is underway with Diabetes, end of life, COPD and Frailty to develop joint care plans. Diabetes pilot agreed.
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 Continue to implement innovative approaches to recruitment and retention, to provide high quality care	DoHR	HR Strategy and key Indicators Reports to demonstrate; • 80 additional permanent new nurses recruited to the Trust • 50 further nurses recruited via international recruitment programmes • 20 medical and dental posts recruited via international recruitment programmes • Create more opportunities for staff to retire and return, or adopt flexible working • Increase development opportunities for new staff including rotational programmes • Expansion of apprenticeships, preceptorship and whole career development initiatives	Trust Board	• 72.52 permanent Band 5 Nurses recruited (excluding international) since April 2019 • 31 International nurses recruited since April 2019 • 17 International Medical & Dental staff recruited since April 2019 • Policies currently being reviewed. Flexible working requests will be centralised to support conversations about what is possible. • A new Registered Nurse Development Programme comprising Preceptorship (up to 12 months) Leadership & Management Qualification (up to 18 months) and senior nurse competencies. • Use of Apprenticeships to support Masters level Leadership

Objective	Lead Director	Measurement	Governance Route	Progress and RAG Rating October 2019
				development for all staff groups. • Apprenticeships delivering the Trainee Nursing Associate programme.
6.2 Continue to respond to feedback from staff to improve the working environment, so that the Trust continues to be recognised as an employer of choice.	DoHR	Reduction in staff turnover rates NHS Staff Survey Action Plan monitoring WRES Action Plan monitoring Local impact assessment surveys Implement new talent management and appraisal tools	Quality Committee	• Staff turnover rates continue to benchmark positively. • 2018 Staff Survey Action Plan developed focussing on Appraisal and Conflict resolution, monitored through Workforce Council. • WRES action plan is in place with regular monitoring and review via ED&I Steering Group. • Workforce Development Steering Group we have introduced Quality Impact Assessments and Equality Impact Assessments for the introduction of new roles. • 'MyWorkpal' e-Appraisal and Talent Management tool implemented September 2019.
6.3 Offer more training and development opportunities, to support staff in realising their potential.	DoHR	Reduction in staff turnover rates Increase the number and range of apprenticeship opportunities open to staff Increase the % of the apprenticeship levy that is allocated Recruitment to 12 nurse associates and 20 apprenticeship nurse degree places Develop new posts and appropriate specialist training routes for Advanced Care Practitioners and Physician Associates	Trust Board	• A number of initiatives re on-boarding and retaining our staff. • Use of Apprenticeships to deliver Leadership development promoted. • Intranet tool to identify suitable apprenticeships, launched in November 2019. • Full value of Levy currently being utilised to prevent recovery. • 16 nurse associates and 5 degree nurse apprentices recruited since 1 April 2019. • 4 ODP apprentices within Theatres.
6.4 Implement a workforce capacity and demand modelling system (Activity Manager) to help plan the right number and skill mix of staff	DoHR	Activity Manager theatre management system to be implemented by Q2 and all surgical specialities by 2020	Executive Committee	• Theatres (theatre management), Obstetrics & Gynaecology and Anaesthetics complete. Remaining SCG specialties to follow.

Objective	Lead Director	Measurement	Governance Route	Progress and RAG Rating October 2019
		e-Rostering embedded for Medical Staff and Specialist Nurses by 31st March 2020 Produce reports from the Activity Manager and Safe Care systems to demonstrate safe levels of staffing based on the acuity of patients		• Job planning for Specialist Nurses currently ongoing. Medical Staff currently being reviewed. • Safe Staffing reports run directly from the system and reported to Executive Committee and Quality Committee.
7 OPERATIONAL PERFORMANCE ***We will meet and sustain national and local performance standards***				
7.1 Achieve national performance and access standards	DoOps	IPR to monitor delivery of; • Improvement trajectory for emergency access standards • 62 day cancer treatment standard • 18 week access to treatment for planned care • Diagnostic tests completed within 6 weeks • Ambulance handover times	Finance and Performance Committee	All access standards achieved with the exception of emergency access standard and some months in relation to ambulance handover.
7.2 Maximise the productivity and effectiveness of clinical services through the use of benchmarking and comparative data e.g. GIRFT and Model Hospital to ensure all services meet best practice standards	DoOps	Participation in national programme of GIRFT reviews and delivery of the resulting action plans Model Hospital reports detailing any issues where the trust is an outlier	Finance and Performance Committee	Participation in the GIRFT programme continues with some very favourable reviews e.g. diabetes. Improvement plans completed, actioned and monitored following each visit. Model hospital data utilised by all care groups to monitor performance.
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 Use the Model Hospital benchmarking and reference costs information to optimise the efficiency of services and deliver the cost improvement targets	DoF	Annual Reference costs maintained at less than 100 NHSI Annual Benchmarking review and action plans if the Trust is an outlier on any metrics Annual procurement performance score	Finance and Performance Committee	Current published Ref Cost rating is 91. Latest Model Hospital WAU is in best quartile Procurement league ranking is 7th in Country and best in North West

Objective	Lead Director	Measurement	Governance Route	Progress and RAG Rating October 2019
		maintained or improved		
8.2 Work with health care organisations across Cheshire and Merseyside to explore further opportunities for collaborative corporate services	DoF	Membership of the Collaboration at Scale Board and leadership of the Finance, HR Services Legal, Risk and Governance work streams.	Finance and Performance Committee	StHK lead on finance, Governance, Payroll and influential in areas of IT.
8.3 Improve demand and capacity prediction and modelling to better align resource utilisation	DoF	Continue to develop and embed the use of modelling tools for A&E, Bed capacity and LoS	Finance and Performance Committee	Developed a staff capacity model for A&E, demand model for surgical care and on track to expand this for Medical Care.
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 Working with health care system partners to develop plans to implement the ambitions of the NHS Long Term Plan for our local population	DoInt	IPR & Corporate Activity Reports Develop common pathway metrics and reporting to demonstrate the impact of integrated care Support the introduction of Primary Care Networks	Executive Committee	Five year place plans developed and submitted to C&M HCP. For St Helens Cares; • Additional community services contracts moving to STHK, including UTC. • Provider Board, Finance and Stakeholder groups established. • Joint executive leadership teams have agreed principles to develop a system financial plan. • A&E attendances higher than previous year, but admissions have been contained. • Primary Care Networks (PCNs) established and developing relationships with the Trust.
9.2 Collaborate with partners to develop plans for integrated care systems (ICS)	DoT	Development paths for ICS or ICP's to be in place by 2021 for St Helens, Knowsley and Halton	Executive Committee	St Helens Cares' continues to evolve with progress on StHK as Lead Provider (see 9.1). Knowsley 'Better Together' is developing further partnership working in health and social care, with priorities

Objective	Lead Director	Measurement	Governance Route	Progress and RAG Rating October 2019
				agreed for the five year place plan. Children and Young People is the pilot area to work more closely together in Knowsley over the next year. 'One Halton' providers and commissioners have agreed a set of priorities for the borough across health and social care, with workforce and IM&T being key enablers.
9.3 Work with the Cheshire and Merseyside Health and Care Partnership to develop sustainable plans for service delivery across the wider health economy	DoOps	Contribute to the C&M 5 year plan to be agreed by Q3 Develop internal plans based on the impact of the C&M 5 year plan for services delivered by the Trust	Trust Board	The Trust continues to be closely involved in all the C&M HCP clinical work streams, with the CEO leading on acute sustainability.
9.4 Meet all the statutory and regulatory standards expected of NHS organisations and maintain the highest standards of governance and use of public money	DoCS	Maintain or improve Single Oversight Framework segmentation Maintain or improve Use of Resources (UoR) score	Trust Board	Trust continues to comply with all oversight and regulatory requirements. New system oversight performance monitoring regime came into effect in October.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(19)101
Subject: STHK Workforce Strategy 2019/20 – Action Plan update
Purpose: To provide assurance to the Trust Board that the Trust is addressing the workforce priorities and that these are aligned with the direction of the NHS Long term plan and the interim people plan through the Workforce Strategy 2019/20 and its associated action plans.
Summary: The Trust is committed to developing the organisational culture and supporting our workforce. The attached Workforce Strategy action plan outlines the 6 key workforce priorities and details achievement to date to deliver the plan in 2019/20 : • Culture and our values • ACE place to work • Flexible working and well-being • Equality, diversity and inclusion • Education, training and careers • Leadership and development
Corporate Objective met or risk addressed: Developing organisation culture and supporting our workforce
Financial Implications: N/A
Stakeholders: Staff, Managers, Staff Side Colleagues and Patients
Recommendation(s): The Trust Board is requested to note the Workforce Council have received regular updates on the delivery of the Workforce Strategy action plan 2019/20 and that all actions are on trajectory to be delivered to plan. It is recommended that Trust Board receives the end of year update in April 2020.
Presenting Director: Anne-Marie Stretch, Deputy CEO/ Director of HR
Board date: 27th November 2019

1.0 The STHK Workforce Strategy Update

The Trusts Workforce Strategy has been developed to support the Trusts vision, to deliver 5 star patient care and align with our Trust values. The following diagram shows the elements of the strategy which will to support the successful delivery of the Trusts Workforce Strategy.

2.0 STHK Strategic Workforce Priorities 2019/20

The following 6 workforce priorities were developed following engagement across the Trust with staff from all departments, professional groups and staff side colleagues.

STHK Workforce Priorities 2019/20 – we will…

Culture & our values	Create a compassionate, kind and inclusive work environment Ensure our staff feel engaged, motivated with a supportive, just and learning culture Have common values and a shared purpose in line with our ACE Behavioural standards
Ace place to work	Create a workplace that attracts & retains staff Challenge behaviour regardless of role and promote insight to that ensure staff feel safe to have difficult conversations Continue to recognise the value of staff bring to patient care
Flexible working & Well-being	•Offer our staff the opportunity to work flexibly to improve their working lives and enhance their well being •Roll out e-job plans and e-rostering to all staff to improve the way services are delivered •Enable the "Wellbeing Champions" to signpost support networks/help to our staff
Equality, diversity & inclusion	Create a network of ED&I champions to support staff it all levels across the Trust Promote active staff groups to support staff members with disabilities or who identify as e.g. BME, LGBT Support BME staff to access development and career progression opportunities within the Trust
Education, training & careers	Develop new and existing roles to allow carer progression and job enrichment Make the best use of the apprenticeship levy to off staff at all level and professions Create new clinical roles to support working across professional boundaries
Leadership & development	Provide managers will the leadership skills to support staff and manage with kindness Extend the offer of coaching skills to a broader range of Clinical Directors & Matrons, Ward Managers Ensure that leaders have the right skills, values and attitude to deliver efficient, effective, safe and high quality services

STHK Strategic Workforce Priorities Action Plan 2019/20						
Objectives to meet Recommendations		**Status BRAG**	**Expected Completion Date**	**Actions Required**	**Actions Delivered**	**HR Lead**
1	Culture and Values		30/11/19	Recruit and train our network of Cultural Champions/Inclusion Allies to support our BME staff	Team of champions/allies across a range of inclusion groups have been invited to support networks with all groups have met at least once.	Equality, Diversity & Inclusion Lead
			31/03/20	Engage with staff about what our ACE behavioural standards mean to them and what good looks and feels like	Focus groups commissioned through Communications/Media to explore link between Values/ACE Behavioural Standards. Promotion and engagement to follow, link to MyWorkPAL.	Head of Learning & Development
			31/03/20	Promote the role of the Wellbeing Champions to increase staff resilience peer support	Ongoing team brief and other local communication with clinical and non-clinical team has taken place	Assistant Director of HWWB
			31/03/20 On-going	Promote a calendar of events for ED&I and Wellbeing	Calendar of events has been identified and awareness of these are promoted on Social Media (all Trust accounts tagged in).	Assistant Director of HWWB & Workforce E,D&I Lead
			31/03/20	Engage with staff and managers to undertake whole scale review of Managing Attendance Policy to support a more compassionate & supportive culture	The review continues with engagement from staff-side, managers and HWWB. This is one of many policies being reviewed to improve our people practices. A task & finish group has been held with Cheshire & Mersey trusts to share best practice, current practice and benchmarking.	Head of HR
			31/03/20	Provide awareness / training for staff and managers	All revised policies will have a wraparound training and communication plan.	Head of HR
			30/11/19	Review our on-boarding processes to ensure new starters are appropriately welcomed	Welcome pack developed and given to all new starters.	Head of Strategic Resourcing
			31/03/20		Welcome meetings for new starters and buddy scheme will be implemented.	

			30/11/19	Deliver the “lessons learned to improve our people practices” action plan	Staff-side engagement regarding policy language and employee impact of policies C&M HR Deputies ongoing review of policies to share best practice Policies revised where appropriate to include any new ACAS guidance Legal review undertaken of revised policies and procedures with HD Sample survey sent to staff and managers involved in conduct investigations/ hearing from August 2018-August 2019. Follow Up for completion undertaken. Review undertaken of current disciplinary cases using the Trusts Case Review Guidance & Remediation checklist & the NHSI recommendations Process established for greater Board oversight with the Workforce NED Terms of reference for an ER Scrutiny panel to include Workforce NED developed Regular Executive case management review on-going Equality impact assessment included in Case Review Guidance Just Culture & Remediation process implemented for new cases and existing cases reviewed against the new guidance to ensure that formal action justified Review of current cases has taken place against national guidance EAP re-offered throughout the process including at dismissal stage. Support offered by HWWB, Mental Health First Aiders or the designated manager as appropriate to the case monitored by the Case Manager and HR lead Newly appointed Workforce NED engaged with. Regular assurance meetings set up with Workforce NED lead to provide updates on ER cases	Head of HR

2	Ace Place to Work		01/09/2019	E-learning – 1 April 2019 Moodle launch	Moodle platform fully operational for the delivery of Mandatory training. Further development ongoing to support a 'blended approach' to other programmes of learning.	Assistant Director of OD
			31/01/20	Re-launch management skills for new managers including practical skills like having difficult conversations	Management/Leadership programme for Bands 5/6 in HIS/HR commissioned to start 29/11/19. To be evaluated and rolled out as appropriate. Management development included in Nurse Leadership programme Aspiring Sister/ Charge Nurse Programme to enrol first cohort Jan 2020. Bespoke senior leadership (MBA/MSc) programme under development with Liverpool John Moor University. Anticipated first cohort Jan 2020	Head of Learning & Development
			01/08/19	Re-launch the preceptorship programme for new clinical staff	Preceptorship programme review and redesign completed. Revised programme launched. August 2019. Further work underway to link Preceptorship to a comprehensive staff nurse development pathway	Assistant Director of OD
			31/03/20	Develop a career development pathway and training programme for Nurse progression through to Matron which could be extended to other staff groups in 2020/21	Nursing career pathway developed in consultation with senior nursing and matrons colleagues. Training programme for aspirant manager roles in development.	Assistant Director of Workforce Development
			30/11/19	Induction programme for new leaders	Creation of a benefits brochure as an attraction tool – incorporated into Welcome packs for new leaders. Resources relevant to new leaders available through the Trust intranet and Moodle.	Assistant Director of OD
			30/11/19	Review of the STHK "offer" to new starters	Welcome pack developed and given to all new starters.	Head of Strategic Resourcing
			30/11/19		Leaflet of benefits developed and given to new starters as part of their welcome pack.	
			31/03/20		Review of recruitment communications and website to include the benefits of working for STHK.	
			31/07/20	Recruitment of in excess of 50 additional international nurses	31 international nurses recruited since April 19, on track to deliver 53 international nurses by March 2020.	Head of Strategic Resourcing

			31/03/20	Implement the retention programme	Retention action plan in place outcomes monitored through Recruitment & Retention Steering Group.	Head of Strategic Resourcing

3	Flexible Working & well-being		31/03/21	Wider implementation of Allocate rostering software	Implementation plan in place for roll out plan of products for 2019/20 on target with further roll out required in 2020/21.	Head of Strategic Resourcing
			30/11/19	Maximise use of features of rostering including auto roster and self-roster tools	Good Rostering Steering Group established chaired by the Director of Nursing to ensure benefits realisation from –e-rostering solutions and sharing of best practice.	Head of Strategic Resourcing
			31/03/20		A focus on task and finish groups to promote better rostering, good system use, flexible rostering and maximising the benefits of the system.	
			31/03/20	Continue to challenge use of agency spend	Trust is currently on target to meet NHS Improvements control target of £7.571M.	Head of Strategic Resourcing
			31/03/20	Bespoke campaigns to attract bank staff from under-represented groups	Review of profile of bank staff and an action plan regarding campaigns will take place in the new year. Identifying links (via the E, D & I regional Task & Finish Group) with local community organisations to promote vacancies to under-represented groups.	Head of Strategic Resourcing
			31/03/20	Wellbeing champions – increasing awareness and signposting to support networks for staff	Meeting planned in December 2019 with HWWB to discuss Staff Networks and how wellbeing champions can promote the other staff networks.	Assistant Director of HWWB & Equality, Diversity & Inclusion Lead
			31/03/20	Review the Attendance Management Policy to support the reduction in sickness levels	The policy review is to ensure we take a holistic approach to managing absence and we have the framework to support it with HWWB. A task & finish group has been held with Cheshire & Mersey trusts to share best practice, current practice and benchmarking.	Head of HR

			31/03/20	Carry out stakeholder engagement to understand if there is a culture of presenteeism	Topical research is currently being explored to enable StHK to formulate its approach to this including exploring financial wellbeing providers and engagement with NHSi and NHSE.	Head of HR
			30/11/19	Comply with national guidance on the Board reporting Workforce Safeguards	Workforce Safeguards requires quarterly reviews of establishment and performance data for clinical areas. This will be fed into that process to ensure we are safely staffed.	Head of Strategic Resourcing
			31/03/20	Supportive approach to flexible working requests.	Currently reviewing the flexible working policy with a view to potentially centralising requests so that we can review the approach taken across the Trust.	Head of Strategic Resourcing & Head of HR

4.	Education, Training & Careers		31/03/20	Service leads to keep updated with national quality standards and governance process, mapping education provision to education curricula with outcomes aligned to national and local frameworks	Training delivery model updated to align to revised Medical Undergraduate curriculum. Representation of the Trust at a range of stakeholder forums regionally and nationally, to ensure currency of content and delivery.	Assistant Director of OD
			31/03/20	Development and implementation of competency frameworks for common clinical roles	Nursing career pathway developed in consultation with senior nursing and matrons colleagues. Software solutions being explored to develop online pathway that can be utilised for external recruitment and internal career development conversations and appraisals	Head of Clinical Education
			31/03/20	Creation and publication of career development “Tube Maps”	Nursing career pathway developed in consultation with senior nursing and matrons colleagues. Software solutions being explored to develop online pathway that can be utilised for external recruitment and internal career development conversations and appraisals.	Assistant Director of Workforce Development

			31/03/20	Utilisation of the Levy to support the development of new roles aligned to service need	Levy currently supporting development of 4 x ODP, 13xClinical Scientist, 15x Nursing Associates, 8x Pharmacy Technicians, 17xNurse Degree. Further use of the levy is being aligned to the work on Nursing Career Pathways and use of alternative roles to fill Junior Doctor Rota gaps.	Assistant Director of OD
			31/03/20	Early involvement in service redesign and planning to ensure opportunities are identified for different ways of working	Workforce design projects commenced across the Care Groups to test and develop integrating business planning and workforce design.	Assistant Director of Workforce Development
			31/12/19	New online appraisal and personal development system to support staff in their development and career planning throughout the year.	Launch and implementation of MyWorkPAL August 2019. Numerous workshops and awareness sessions run, MyWorkPAL fully incorporated into Appraisal Training. Transition - old paperwork removed from Intranet, only MyWorkPAL accepted for appraisals from 1 Jan 20.	Assistant Director of OD

5	Learning & Development		31/03/20	Extend coaching programme to Clinical Directors and Matrons	Internal coaches being identified and senior coaching offer under review. Plan to develop coaching/mentoring framework when L&OD team fully resourced in 01/ 2020.	Head of Learning & Development
			31/12/19	Development of competency frameworks in collaboration with senior managers /leaders and incorporated as part of our talent management approach	Competency frameworks developed as part of MyWorkPAL implementation. Additional frameworks developed to support relevant mandatory training, available through Intranet, individuals guided to appropriate training. Talent Management and Leadership Development Strategy updated to 2020.	Head of Learning & Development

			31/03/20	Review of our current recruitment / assessment centre materials to ensure fitness for purpose and alignment to frameworks in 2 above	Initial discussions have taken place regarding assessment centres and tools available to build the right assessment process for each role.	Head of Learning & Development & Head of Strategic Resourcing
			31/03/20	Introduction and Trust-wide implementation of MyWorkPAL Talent Management system	Launch and implementation of MyWorkPAL August 2019. Numerous workshops and awareness sessions run, MyWorkPAL fully incorporated into Appraisal Training. Transition - old paperwork removed from Intranet, only MyWorkPAL accepted for appraisals from 1 Jan 20.	Head of Learning & Development
			31/03/20	Use of Apprenticeships to support consistent leadership and management development at all levels	Several Apprenticeship programmes identified to deliver Management/Leadership at Levels 2 - 7 (Introductory – Masters). Promotion underway to senior managers in Directorates. Currently have 7 applications received and 1 on-going student at Masters.	Head of Learning & Development
			31/03/20	Enable staff to safely challenge bad practice/behaviour irrespective of role/position/seniority	Work underway to incorporate Freedom to Speak Up into promotional work on values/behaviours (see 1.2 above). Regional approach to be taken on FTSU material to support sharing of best practice.	Head of Learning & Development & Assistant Director of Patient Safety

6	Equality Diversity & Inclusion		31/03/20	Implementation of the Workforce Disability Equality Standard (WDES) in line with timescales provided by NHS England	WRES report and action plan has been completed. Actions being reviewed on an ongoing basis and updates provided to Workforce E, D & I Steering Group.	Equality, Diversity & Inclusion Lead
			31/03/20	Have active staff networks in place to support staff members with disabilities or who identify as BME or LGBT	Staff networks have been established and work is on-going to increase membership into the networks.	Equality, Diversity & Inclusion Lead
			31/03/20	Improve the results of the three key findings in the staff survey 2018 results for our BME staff:	BME staff network established, positive Case Studies, ward rounds to speak with staff and engagement events planned for Dec and March.	Equality, Diversity & Inclusion Lead

			31/03/20	% of staff experiencing harassment, bullying or abuse	Programme of work is planned for early 2020 to promote Inclusion Allies in the Trust that will support the E, D & I Agenda.	Equality, Diversity & Inclusion Lead
			31/03/20	% of staff believing the Trust provides equal opportunities	Working in conjunction with HWWB to enhance the calendar of events that has been identified for E, D & I.	Equality, Diversity & Inclusion Lead
			31/03/20	% of staff experiencing discrimination at work	Regular reporting to Trust Board will provide insight and assurance regarding formal disciplinary investigation cases.	Head of HR
			31/03/20	Have an active network of ED&I Champions in place to support staff in the Trust	Everyone matters campaign roll out with posters and promotional material cascaded via social media and team brief; e.g. Carers, Disability, BME, LGBT and the Armed Forces Networks	Equality, Diversity & Inclusion Lead
			31/07/20	Promotion of annual calendar of events for ED&I and Wellbeing	On-going as above	Equality, Diversity & Inclusion Lead
			30/11/19	Enhance the Board assurance process for the reporting of formal cases	Dido Harding – Improving People Practices action plan delivered on target to date with the establishment of an ER Scrutiny panel and ER Oversight Steering Group	Deputy Director of HR

3.0 Board Assurance

It is recommended that the Trust Board notes the progress to date and receives an update report detailing the outcomes delivered against the high level indicators for 2019/20 as detailed in this document.at the Trust Board in April 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(19)102

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 & Development Operational Capability Statement (RDOCS).

This Statement provides a Board-level approved operational framework which sets out how the organisation plans to meet its research-related responsibilities/requirements as stated in the UK Policy Framework 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.

Summary: The statement provides researchers with an operational overview of resources available to support Research & Development in the organisation and an overview of research collaborations and partnerships with other organisations, including areas of special interest. The statement is a tool to improve effectiveness and collaborations in research activities.

Corporate objectives met or risks addressed:

- We will maintain a positive organisational culture that supports the achievement of the Trust's objectives;
- We will achieve national performance indicators including - the National Institute for Health Research (NIHR) recruitment targets;
- We will collaborate with partners in reviewing integrated patient pathways which offer alternative ways of working to the benefit of patient care, safety and efficiency of services.

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: Mr Rowan Pritchard Jones

Date of meeting: 27th November 2019

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	28/11/2018	Trust Board	Mrs Jeanette Anders
Statement 008	01/12/2019	01/12/2020		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)	Mr Rowan Pritchard Jones
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
Contact number:	0151 430 2334
Contact email:	jeanette.anders@sthk.nhs.uk
Contact 2:	
Role:	Research Development and Innovation Co-ordinator
Name:	Paula Scott
Contact number:	0151 430 1218
Contact email:	paula.scott@sthk.nhs.uk
Contact 3:	
Role:	Research Development and Innovation Administrator
tsp.	Samantha Glover
Contact number:	0151 430 1424
Contact email:	samantha.glover@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 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
St Helens and Knowlsey Teaching Hospitals NHS Trust	Nursing and Midwifery, Research Nurse, band 7 (Commercial) 0.73WTE
St Helens and Knowlsey Teaching Hospitals NHS Trust	Nursing and Midwifery, Research Nurse, band 6 (Cross Divisional) 0.5 WTE

Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Senior Research Nurse, band 7 (Commercial) 0.8 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Senior Research Nurse, band 6 (Cancer) 1 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, band 6 (Cross Divisional) 2.5 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) 0.5 WTE
Clinical Research Network, North West Coast (CRN NWC)	Data Manager, band 4, 1.5WTE
Clinical Research Network, North West Coast (CRN NWC)	Project Support Officer band 3, 0.6WTE
Clinical Research Network, North West Coast (CRN NWC)	Research Administrator 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
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 staff working to CCC governance arrangements.	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 520263
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 627596
Manchester Metropolitan University	The Trust is planning to become involved in a number of research projects with Manchester Metropolitan University	Kayvan Shokrollahi Consultant Burns, Plastic & Laser Surgeon	Kayvan.Shokrollahi@sthk.nhs.uk	Secretary Whiston Hospital: 01514301623
Liverpool University	Mr Rowan Pritchard Jones, Consultant Plastic Surgeon at STHK is involved in a number of research projects with 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.)
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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			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	Kevin McLachlan	Kevin.McLachlan@sthk.nhs.uk	0151 290 4122	
Pharmacy	Designated Research Pharmacist	Jodie Kirk	jodie.kirk@sthk.nhs.uk	0151 426 1600 Bleep 7435	
Pharmacy	Back up Research Pharmacist	Sophie Helsby	Sophie.Helsby@sthk.nhs.uk	7825062945	
Radiology	Clinical Radiation Expert	Nabile Mohsin	Nabile.Mohsin@sthk.nhs.uk	0151 426 1600	Clinical Director for Radiology
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 his MPE number is 128
Radiology	2x 1.5 GE MRI 1 x 3.0T MRI 4 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	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 FENO testing	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	Mr Rowan Pritchard Jones	rowan.pritchardjones@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	Employment Services	Employment.Services@sthk.nhs.uk	0151 290 4185	
Training	Essential In house Standard Operating Procedure Training	Jeanette Anders, Amanda McCairn, Sandra Greer	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 1 NIHR GCP Facilitator. This will be increased to 3 during 2020.	Jeanette Anders	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 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	
Cancer		Dr E Hindle	elaine.hindle@sthk.nhs.uk	
Cancer		Dr Z Khan	zahed.khan@nhs.net	
Cancer		Dr R Lord	rosemary.lord@nhs.net	
Cancer		Dr H Innes	helen.innes@nhs.net	
Cancer		Dr E Marshall	ernie.marshall@sthk.nhs.uk	
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 R Pritchard-Jones	rowan.pritchardjones@sthk.nhs.uk	
Cancer		Mr P Brackley	philip.brackley@sthk.nhs.uk	
Cancer		Mr Samad	Ajai.Samad@sthk.nhs.uk	
Cancer		Mr J McCabe	John.mccabe@sthk.nhs.uk	
Cancer		Dr Eleana Loizou	Eleana.Loizou@sthk.nhs.uk	
Cancer		Miss Sonia Bathla	Sonia.Bathla@sthk.nhs.uk	
Cancer		Dr Shien Chow	Shien.chow@nhs.net	
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	
Dermatology		Dr Layla Hanna-Bashara	Layla.HannaBashara@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 J Matthews	john.matthews@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		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 McClements	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	
Orthopaedics		Mr Ballester	Jordi.Ballester@sthk.nhs.uk	0151 290 4234
Orthopaedics		Dr Wharton	Danielle.Wharton@sthk.nhs.uk	
Orthopaedics		Mr Lipscombe	Stephen.Lipscombe@sthk.nhs.uk	
Parkinson's		Dr D Gandecha	Dipen.Gandecha@sthk.nhs.uk	
Parkinson's		Dr S Williams	Sarah.Williams2@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
Paediatrics		Dr Archana Prasad	archana.prasad@sthk.nhs.uk	
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 Tabassum Safdar	tabassum.safdar@sthk.nhs.uk	
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 A L Kalathil	Latheef.Kalathil@sthk.nhs.uk	
Stroke		Dr H Cooper	Helen.cooper@sthk.nhs.uk	
Stroke		Dr T Smith	tom.smith@sthk.nhs.uk	0151 430 1245
Surgery		Mr R Rajaganeshan	raj.rajaganwshan@sthk.nhs.uk	
Surgery		Mr A Samad	Ajai.Samad@sthk.nhs.uk	
Urology		Mr J McCabe	john.mccabe@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*
Clinical Research Network,North West Coast	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)
Building our research strength is an important part of the Trust's strategy, which clearly states our vision for the continued advancement of Research Development and Innovation at STHK, and sets clear goals and objectives that will enable us to promote a culture where RDI drives better patient care, to improve the Trust's capacity, capability and delivery of clinical research. 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(19)102a

Title of paper: Research Development and Innovation (RDI) Annual Report: 2018-19

Purpose: To provide an overview of the RDI activity undertaken across the Trust during the financial year 2018-19 (Apr 18–Mar 19)

Summary: The following report provides an overview of reported RDI activity in the Trust: 2018-19,

- During 2018- 2019 STHK were involved in 65 actively studies, and the National Institute of Health Research (NIHR) supported 98% (n64) of these.
- NIHR recruitment figures have exceeded those forecasted during 2018-19. STHK successfully recruited 1400 participants against the proposed target of 600.
- STHK have also performed extremely well against HLO1 and 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 and these are under review by CRN NWC.
- We were extremely proud to be successful in 2 categories of the North West Coast Research and Innovation awards. We won the Delivery of Commercial Life Science Research award and were finalists in the Clinical Research Team of the year award. The Research Team at Southport and Ormskirk NHS Trust also won the Trusts Time to Shine Award, STHK provide a management service to SOHT and therefore it is evident that the support is having a positive impact on the service.

The report also provides an update on the key aspects of progress and performance of Research and Innovation within the Trust during 2018/19.

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.

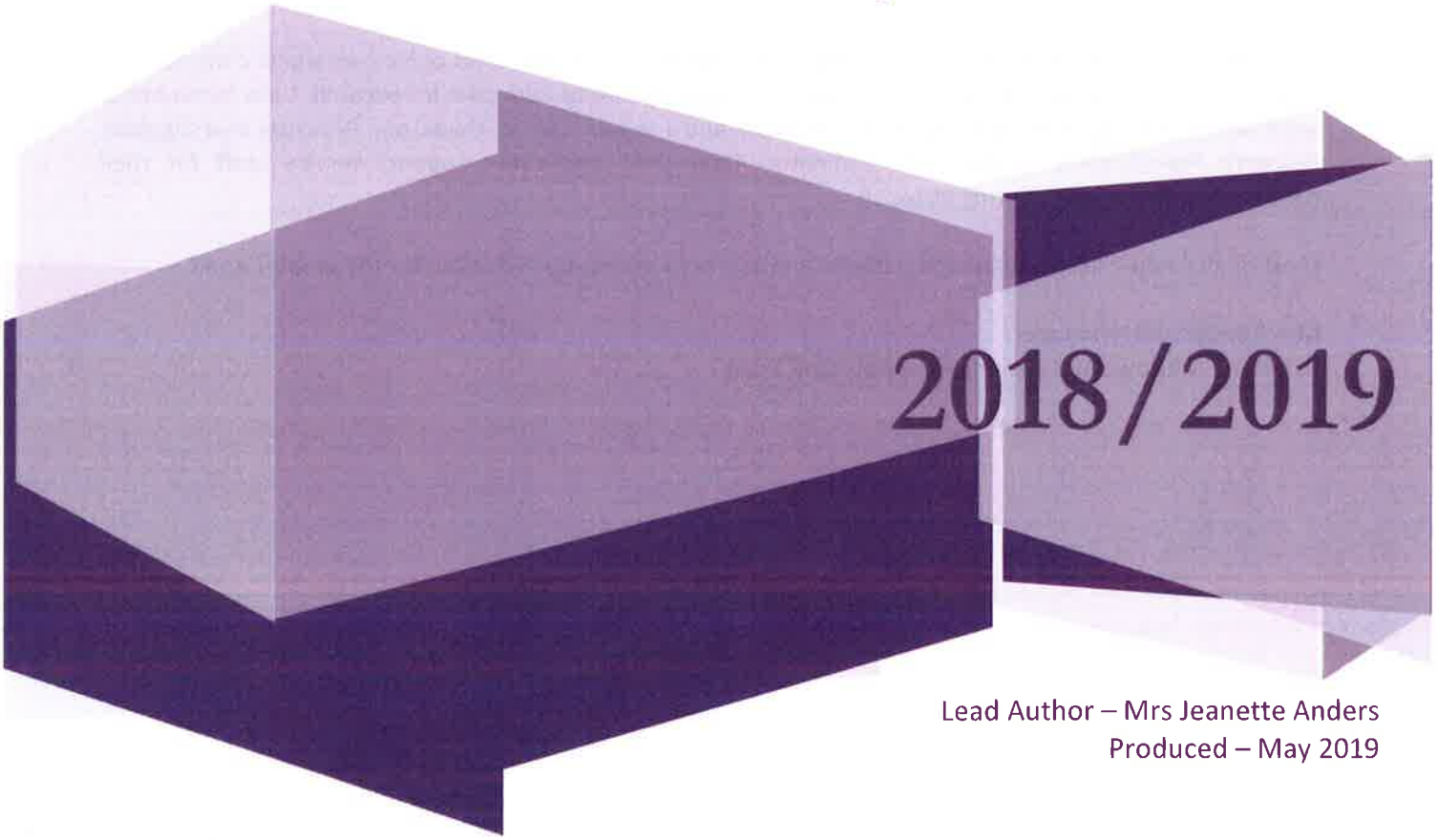
Recommendation(s): Members are asked to read the Report with a view to further dissemination across clinical areas.

Presenting officer: Mr Rowan Pritchard Jones

Date of meeting: 27th November 2019

Research Development & Innovation Department

Annual Report



Lead Author – Mrs Jeanette Anders
Produced – May 2019

FOREWORDS

The purpose of this Research, Development and Innovation (RDI) Annual Report is to present information to the Trust Board on the full year RDI activity for 2018-19. The report provides the evidence that St Helens and Knowsley Teaching Hospital Trust (STHK) maintains and develops their statutory duty to 'Promote Research, Innovation and the use of research evidence' (Health and Social Care Act, 2012). It provides an update on the key aspects of progress, performance and financial management from 1st April 2018 to 31st March 2019.

It includes the current position and progress against National Institute for Health Research (NIHR) and Clinical Research Network North West Coast (CRN NWC) High Level Objectives (HLOs) as well as the on-going areas of work and future developments for 2019-2020.

Under the NHS Constitution, patients already have the right to information on opportunities to join in relevant research studies. Evidence suggests that NHS Trusts that support high quality patient-centred research can show better healthcare outcomes for patients. This report showcases how the Trust has contributed and supported both high quality NIHR portfolio and non-portfolio research.

The Department of Health (DOH) wants to ensure that all parts of the NHS embrace research as core NHS business, and that well-led healthcare organisations support patients to join cutting-edge research projects and clinical trials.

Research drives better care. Building our research capacity, capability and delivery is therefore a crucial part of the Trust's strategy to deliver consistent safe, effective, 5-star care and a positive patient experience.

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

The Research workforce is central to our ability to meet the NIHR high level objectives whilst continuing to provide high quality care and offering patients the opportunity to take part in research. I am fortunate to work with such highly skilled and dedicated staff and I would like to thank our Principal Investigators, Research Practitioners, Research Co-Ordinator, Data Staff and other support service staff for their contribution to our work during 2018/19.

Most of all I 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

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SECTION ONE: BACKGROUND

1.1 Research has helped build our NHS and getting involved in healthcare research will shape our future NHS by discovering life-saving treatments, uncovering the secrets behind diseases, and developing the answers to problems causing ill health.

Every year more than half a million people take part in health research. Patients and members of the public also help design research studies and devise our priorities for future research.

The National Institute for Health Research (NIHR) is the research arm of the NHS, and works with patients, healthcare professionals and researchers to support healthcare research[1].

St Helens and Knowsley Teaching Hospitals NHS Trust is committed to providing the best possible care to patients, and acknowledges that research has been widely recognised as being an important factor in providing high quality care for healthcare organisations. Not only does organisational involvement in research improve clinical outcomes and service user satisfaction, but research-active organisations attract higher quality employees and have a better organisational culture. Employees are more interested in care and treatment decisions based on best available evidence and on measurable improvements in outcomes.

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. A number of current policy documents have placed a strong emphasis on research activity in the NHS:

Section 13L of the Health and Social Care Act 2012 places a legal duty on NHS England to promote research and the use of research evidence in the NHS, and the NHS Constitution[2] highlights our *"commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population"*. The Government's mandate[3] to NHS England for 2017-18 also asks the NHS to support research innovation and growth.

The UK Policy Framework for Health and Social Care Research (2017) 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[4].

In May 2018 a document named "Supporting Research in the NHS" was released: This consultation document sets out proposals for how NHS England, The Department of Health, and the Health Research Authority (HRA), working together, will implement changes to simplify NHS research proposals to: Manage excess treatment costs better[5]. In December 2018 the NIHR welcomed the publication of the Government's second Life Sciences Sector deal, which aims to strengthen the UK's position as a world leader in health research. The deal announced includes commitments from both the Government and the Life Sciences Industry to continue to significantly invest in the health research areas that provide the greatest opportunity for the UK [6].

"The NHS commits to inform you of research studies in which you may be eligible to participate." (Section 3a of the NHS Constitution) [7]

This pledge aims to give people better access to the potential benefits of participating in research studies, including clinical trials. Information that identifies individuals will not be given to researchers

unless they have given their consent or unless the research has been given approval under the Health Service (Control of Patient Information) Regulations 2002.

1.3 All research funded by the Department of Health & Social Care (DHSC) 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 does retain a proportion to cover Trust overhead costs and for 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.

All studies in England must comply with the DHSC established eligibility criteria[8] for commercial and non-commercial research to qualify for NIHR support.

From January 2018, eligibility criteria were expanded to include research taking place outside of traditional NHS settings. This change in policy was introduced to better reflect the environment and services that people access and live in today. This means the NIHR can support with the delivery of funded health and care research taking place in settings such as care homes, hospices, schools, prisons, or other social care and public health environments.

1.4 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

The Trust is grateful for the continuing support of the Clinical Research Network, North West Coast (CRN NWC), who has awarded core funding to support a variety of research posts at the hospital. We are actively working with the CRN NWC to grow the number of research Portfolio studies.

1.5 The Health Research Authority[9] was established as an executive non-departmental public body (NDPB) sponsored by the Department of Health on 1 January 2015. Its core purpose is to protect and promote the interests of patients and the public in health and social care research. In order to achieve this they:

- make sure research is ethically reviewed and approved
- promote transparency in research
- oversee a range of committees and services

- provide independent recommendations on the processing of identifiable patient information where it is not always practical to obtain consent for research and non-research projects.

All research conducted at the Trust must have HRA approval, Confirmation of Capacity and Capability (CCC) issued by the Research Management Office and where necessary Research Ethics approval.

1.6 The RDI Strategy outlines our vision as a fully research active organisation. The strategy is due for renewal in March 2020; however this will be reviewed sooner to reflect the change in policies and the direction of travel with regard to Research and Innovation at SOHT.

1.7 The Research Management Office at St Helens and Knowsley Teaching Hospitals (STHK) continue to provide a research management service to SOHT. This includes support from the Research Manager the Senior Research Nurse and the RDI Co-ordinator. This was agreed in a formal Service Level Agreement which is due for review on 31st March 2020.

SECTION TWO: OVERVIEW / SUMMARY OF RESEARCH ACTIVITY

2.1 During 2018/19 STHK were involved in 65 actively recruiting studies active studies and the NIHR supported 64 of these. The 1 non-portfolio study was an Orthopaedic study (External Researcher). In addition there were 19 studies actively screening for suitable participants.

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.

STHK sponsored 2 studies during 2018/19; neither of which was a CTIMP (Clinical Trial of an Investigational Medicinal Product).

2.3 A key priority for the DHSC is for the Trust and Research Networks to engage with Industry. During 2018/19 we had 15 active commercial studies open to recruitment compared to 17 during 2017/18. The Gastroenterology team at STHK have again successfully expanded their research portfolio, this has been a very busy year for the team, and their activity has significantly increased with 6 open studies in 2017/18 compared to 11 during 2018/19. They are fast becoming recognised as a site that exceeds in this specialty.

Table 1 - Commercial Studies at STHK (N15)

Activity Area	Number of Studies
Cardiology	2
Gastroenterology	11
Injuries and Emergency	1
Paediatrics	1

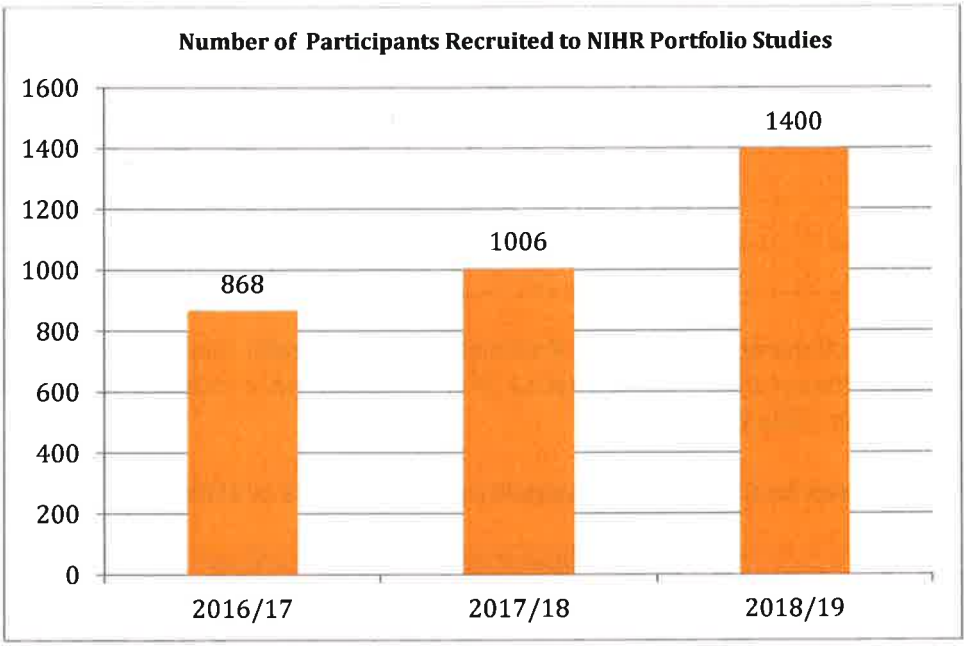
2.4 The Trust also leads or collaborates on a range of studies across the health care priorities for research identified by the Department of Health. A total of 26 new studies were assessed for capacity and capability in 2018/19, see table 2 below:

Table 2 - STHK - Studies assessed for Capacity and Capability during 2017/18 at STHK (N26):

Speciality	Number of Studies	CTIMP	Commercial
Anaesthetics	1	0	0
Burns and Plastics	1	0	0
Cardiology	2	1	0
Care of the Elderly	1	0	0
Cancer	3	0	1
Critical Care	3	0	0
Diabetes	1	1	0
Gastroenterology	9	6	6
Paediatrics	1	0	0
Rheumatology	2	0	0
Woman and Child Health	2	1	0

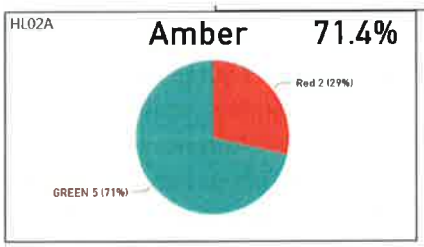
2.5 We were pleased that NIHR recruitment figures surpassed the target during 2018/19 by some distance. We successfully recruited 1400 participants against a target of 600. In 2017/18 we recruited 1006 participants, thus increasing our recruitment activity by 394. This is a great achievement and demonstrates our commitment to offering patients and public the opportunity to take part in research. The graph overleaf demonstrates our recruitment over the past 3 years.

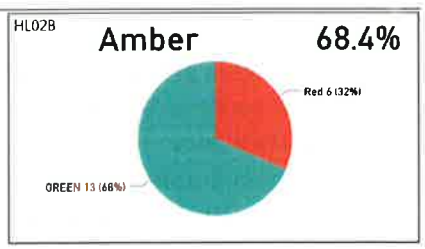
Chart 1: NIHR Portfolio Recruitment

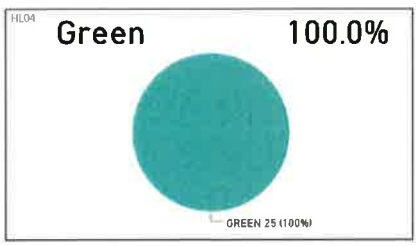


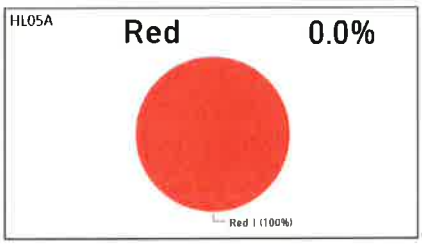
2.6 The following chart overleaf displays the Trust's performance against the NIHR High Level Objectives. We performed well against HLO1, and HLO4, however HLO5b (the proportion of non - commercial contract studies achieving first participant recruited within 30 days) is a challenging target and is sometimes out of our control. There have been discussions at the NWC CRN regarding this target and there is a possibility that this will be amended in the near future. It must be noted that for HLO2a 1 study closed early which was out of our control. The same applied with HLO2b where 3 studies closed early. Following a closer look at the data for HLO5b there was only 1 case that could be attributed to STHK, the other 11 were out of our control.

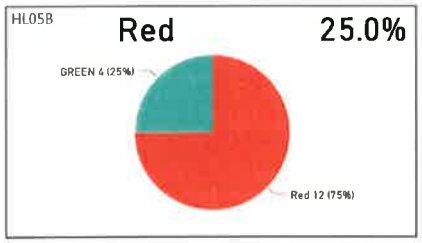
Chart 2 - Performance against the NIHR High Level Objectives











HL02A+B - Proportion of Studies achieving or surpassing their recruitment targets during their planned recruitment period

HL04 - Proportion of Eligible Studies achieving Set-Up at all Sites within 40 Days
Date Site Selected to Date Site Confirmed

HL05A + 5B - Proportion of Eligible Studies achieving Recruitment within 30 Days
Date Site Confirmed to First Recruit

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 32 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[10] (this includes the Medicines for Human Use (Clinical Trials) (Amendment) (EU Exit) Regulations 2019). 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 any 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.

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). SOHT joined ICNARC in 1996. Alongside being involved in national and government research projects, ICNARC collects data on patient outcomes from adult critical care units in England, Wales and Northern Ireland, known as the Case Mix Programme (CMP), and 100% of all adult general critical care units participate.

The information that generates this data is obtained from every single patient admitted to the Critical Care unit. The CMP is included as a National Clinical Audit for Department of Health Quality Accounts and the results are displayed on the National Critical Care dashboard of NHS England.

ICNARC compares the data from our patients with that of outcomes from other similar patients, other similar units and all the units in the CMP. It also shows trends over time

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 principals 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 2018 and where possible any identified issues were immediately addressed. Again there were improvements in most areas since the previous audit; the introduction of a consent checklist process form has had a significant impact on compliance.

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 the Human Resources department to ensure that the correct employment 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 that they are responsible for. Within many Trusts this funding covers a number of different areas. These are 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.

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 2018/19 there was no change to recruitment related component.

The following table displays the NIHR complexity weighting, including the changes in 2018/19.

Table 3 - NIHR Complexity Weighting

	Complexity Weighting 16/17	Complexity Weighting 17/18	Complexity Weighting 18/19
Band 1 – large observational (UK total sample size =/> 10000)	1	1	1
Band 2 – (standard) observational	3.5	3.5	3.5.
Band 3 – interventional	11	-	
Band 3 – (standard) interventional (UK total sample size < 5000	-	11	11
Band 4 – large interventional (UK total sample size > 5000)	-	Individual	

3.13 Funding is allocated from the CRN NWC to support the RDI team and Support Services. The total amount of funding allocated to STHK for 2018/19 was £486,236.

3.14 Return On Investment (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 2018/19 the Trusts ROI was in line with the CRN NWC threshold and as consequence the Trust did not receive a reduction in funding in the financial year 2018/19.

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. This will only be achieved if clinicians are supported to do this research, and are incentivised to do so in the form of income generation for their teams and departments. 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 and individuals are recognised for their contribution to commercial research within the Trust and are incentivised fairly
- 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.

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 drives to improve the quality of service provided through research:

The Trust has been recognised as a top recruiting site in a number of research areas:

- In August 2018 STHK were the second-top recruiter in the country to the RE-ENERGIZE Study, a study designed to learn more about the role of the nutritional supplement glutamine in burn patients.

- In September 2018, the Trust was again recognised as being one of the top recruiters to the MAMMO 50 study, Mammographic surveillance in breast cancer patients aged 50 years or over.

- Also in September 2018, STHK was the top recruiter to the PD COMM study (A Speech and language therapy interventions for people with Parkinson's disease).

- The Rheumatology department at STHK, alongside 3 other trusts, to have recruited the most MMF patients to the BILAG BR study, Biologics Prospective Cohort: The Use of Novel Biological Therapies in the Treatment of Systemic Lupus Erythematosus (SLE). The team also the recruited its first patient, within one hour of gaining approval, to the BSR PsA (British Society for Rheumatology Psoriatic Arthritis Register).

- In March 2019 the Biologic pro-forma produced by the Rheumatology department, to confirm eligibility for biologic treatment, was amended to include questions about research it now asks "Has this patient been approached regarding Research" and "Are they happy to speak to the Research Nurse"

Other Achievements in 2018/2019 include:

- Providing a Research Management Service to Southport and Ormskirk NHS Trust (SOHT) research department, resulting in the team winning the 2018 Time to Shine Award which was presented to the team at an awards ceremony in Formby Hall 12th October 2018.

- In March 2019, STHK were successful in 2 categories of the North West Coast Research and Innovation awards. We won the Delivery of Commercial Life Science Research award and were finalists in the Clinical Research Team of the year award. This was an outstanding achievement and demonstrates our commitment to offering patients and public the opportunity to take part in research.

- 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. Life science lung cancer research has developed and grown in 2018. At present there are 12 open studies actively recruiting across different tumour groups. Two new studies, one in haematology and one in skin to are to be opened in the near future. This year 129 patients diagnosed with cancer have participated in a cancer research study. A further 8 have been part of commercial haematology cancer research. 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. STHK have been commended by the CRN NWC for their good work and contribution to cancer research recruitment across the North West Coast.

- Congratulations to Michael Lloyd, Medical Education and Training Pharmacist, whose, "Exploring the impact of pharmacist-led feedback on prescribing behaviour: A qualitative study" was selected as the Best Paper 2018 by the Research in Social and Administrative Pharmacy Journal.

- Dr Seamus Coyle, Consultant in Palliative Care, initiated another exciting study that STHK, "Investigation of biological changes in urine in lung cancer – a pilot study". The study analyses the urine of patients with lung cancer to examine any changes as the disease progresses towards the end of life. Initial results are promising and there are plans to extend the research to include patients with different cancers. STHK made a major contribution to the study by recruiting a large proportion of the inpatients required for the study.

- Currently, lung cancer is number one cause of cancer deaths in UK, with >40,000 new patients every year. In September 2018 a 'ground breaking' study to find personalised Lung Cancer

Treatment started at STHK: the observational clinical trial aims to develop and validate the CancertainTM Test which will personalise the cancer treatment for lung cancer patients.

- The Gastroenterology team at STHK has continued to successfully expand its commercial research portfolio. 2018/19 was a very busy year for the team, and they are now recognised as a site that exceeds in this specialty.

- Mr Rowan Pritchard Jones, Consultant Plastic Surgeon, has been appointed to both the National Cancer Research Institute, Clinical Studies Group, for skin cancer as surgical adviser, and to the British Association Plastic Reconstructive Aesthetic Surgery (BAPRAS) Research Committee. In addition his Research group at Liverpool University has been awarded grant funding from North West Cancer Research, to support a PHD student, to look at "The role of ERK5 Signalling in the prevention of BRAF inhibitor resistant melanoma progression".

- During 2018/19 we are delighted to report that we opened 3 new NIHR portfolio studies in Intensive Care. This is thanks to Dr Ascanio Tridente, Consultant in Intensive Care, and Mr Greg Barton, Specialist Pharmacist in Intensive Care who agreed to act as Principal Investigators.

- 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 2018/19 was met during quarter 3.

- We are extremely pleased that the CRN NWC has successfully recruited staff from STHK into local Specialty Research Group (SRG) leads in the following areas :

  - Palliative Care- Dr Seamus Coyle
  - Plastic and Hand Surgery – Mr Rowan Pritchard Jones
  - Breast Cancer – Miss Tamara Kiernan

These are key roles for our Clinicians as they work in partnership with the research network locally. They co-ordinate and oversee activity at a national (UK) level, providing a national forum to share good practice, successes, opportunities and challenges, and helping influence and shape the clinical research environment.

- STHK have increased their research participation by promoting Research to staff and patients via:

  - Social media, and regularly posting good new stories on the STHK Facebook and Twitter
  - TV screens in the Diabetes outpatient clinic
  - Library Services
  - Training and Education

- 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.

- International Clinical Trials Day is celebrated around the world, on or near 20th May each year, to raise awareness of the importance of clinical trials for advances in research and healthcare. In May 2018, the research team 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 the research trials on offer at our Trust.

- The NIHR want to understand more about patient experience of clinical research taking placing in the NHS, and in 2018/19 STHK took part in the NIHR CRN NWC Patient Research Experience Survey. STHK made a significant contribution by contacting our patients who have been involved in research. In addition to this, in June 2018, our Senior Research Nurse presented a patient story to the Board; this was well received and highlighted how research impacts on patients, who in some cases, have tried all conventional treatment and are happy to try new novel therapies with the aim of helping to improve care in the future.

- In March 2019 two of our Research Nurses attended the Trusts Patient Experience council meeting to highlight and promote the research that we conduct at STHK, and again, this was well received with positive feedback given to the nurses.

- 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 In order to raise the profile of research throughout the Trust, in July 2018, members of the STHK research team attended an F1 induction programme, and in August 2018 the induction of new ST, CMT & SpRs. The aim was to showcase the good work done by the research department and also to signpost new staff to the correct people should they consider conducting research at the Trust.

5.6 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.

5.7 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.

5.8 Continuing education for the RDI staff is important and the RDI Manager fully supported the following staff:

- Cancer Data Manager successfully gained a Level 2 Team Leader NVQ qualification.
- Cancer Research Nurse successfully secured funding from Macmillan to enroll onto a Masters course, starting in September 2018.
- Band 6 Research Nurse - a learning agreement was put in place to continue with an MsC course including a module on research methods.

SECTION SIX: LINKS WITH OTHER GROUPS / PARTNERS

6.1 The collaboration between SOHT and STHK 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".
SOHT continues to work closely with STHK.

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 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

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

6.5 The RDI department now has links with the 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.

6.6 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 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 in developing such innovations. Historically STHK worked with 2Bio Ltd, who through its Impact Science Team provided Intellectual Property (IP) support to the Trust. However in December 2017, the contact with 2Bio ceased and currently we offer a sign posting service to various IP advisors. This will be reflected in an updated IP policy.

SECTION EIGHT: CONCLUSIONS

8.1 In conclusion, I am pleased to report that STHK have had a successful year by recruiting 1400 participants into NIHR CRN portfolio research studies against the proposed NIHR target of 600. This is an exceptional achievement.

8.2 STHK also performed extremely well against the most of the NIHR HLOs. However, there are still challenges in meeting HLOs, 5a and 5b.

8.3 98% (n62) of studies conducted at STHK were high-quality NHIR portfolio supported studies.

8.4 During 2018/19 a total of 26 new studies were assessed for capacity and capability, 25 were NIHIR portfolio studies and 100% of these met HLO4 (set up within 40 days).

8.5 We have significantly increased our commercial activity in Gastroenterology; another 11 new studies were opened in 2018/19.

8.6 We were extremely proud to be successful in 2 categories of the North West Coast Research and Innovation awards. We won the Delivery of Commercial Life Science Research award and were finalists in the Clinical Research Team of the year award. The Research Team at Southport and Ormskirk NHS Trust also won the Trusts Time to Shine Award, STHK provide a management service to SOHT and therefore it is evident that the support is having a positive impact on the service.

8.7 Cancer research at the Trust has continued to make excellent progress in 2018/19. At present there are 12 open studies actively recruiting across all tumour groups. This year 137 patients diagnosed with cancer have participated in a cancer research study.

8.8 More STHK Consultants have been recruited into local Specialty Research Group (SRG) leads by the CRN NWC than in previous years.

8.9 Michael Lloyd, Medical Education and Training Pharmacist, "Exploring the impact of pharmacist-led feedback on prescribing behaviour: A qualitative study" was selected as the Best Paper 2018 by the Research in Social and Administrative Pharmacy Journal.

8.10 STHK have increased and promoted Research to both staff and patients, and in particular made a significant contribution to the NWC CRN Patient Research Experience Survey.

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

SECTION NINE: RECOMMENDATIONS FOR 2019-2020

9.1 Liaise with the Managers involved in the Care Quality Commission (CQC) inspection process to ensure that the Trust is prepared for any forthcoming inspections. NHS trusts in England are now asked to look more closely at research as a priority for improving patient care, as a result of new questions being included in the CQC well-led framework. The RDI Manager will keep the Clinical Effectiveness Committee informed of any communication and updates regarding this issue.

9.2 The Trust Research Strategy is due for review in March 2020, therefore work will commence to ensure that this is updated in line with new legislation. The purpose of this 3-year strategy is to clearly state our vision for the continued advancement of Research Development and Innovation at STHK Trust, and to set clear goals and objectives that will enable us to promote a culture where RDI drives better patient care, and improves the Trust's capacity, capability and delivery of clinical research.

9.3 In 2020 Edge Hill University will be opening a new Medical School; training undergraduate medical students from 2020, with a foundation year available from 2019, the Medical School will provide much-needed additional doctors for the North West. This will be an excellent opportunity for STHK to collaborate with the University with the aim of improving the quality of health and social care through education, research, and innovation.

9.4 Develop mechanisms to generate more NIHR grants with the aim of ensuring that RDI becomes a self-sustaining function and providing a source of income for the Trust.

9.5 Maintain and increase our recruitment activity and thereby secure our income. The RDI Manager will continue to work with CRN NWC Divisional Managers across the Trust; this will enable us to maximise research opportunities in all specialities, but particularly in areas where there is currently either no or minimal research activity e.g. Dermatology, Melanoma and Mental Health (suicide).

9.6 STHK is developing a nationally recognised programme aiming at dynamic integration of health and social care, hospital care, community and primary care. This will provide an opportunity to work with local Clinical Commission Groups to increase the amount of research conducted in the community setting.

9.7 Support Life Sciences Industry (commercially funded research) as this is one of the Department of Health's primary research objectives. We aim to support this by working with the pharmaceutical industry and increasing the number of commercial studies that we participate in.

9.8 Find clinic space to conduct research visits as this is proving problematic, and in 2019 this resulted in the Trust almost rejecting a NIHR portfolio study. In order to address this, we need to work more closely with the Trust Estates Department to overcome this issue. The RDI Manager will monitor this situation closely and if no solution is found then it will be escalated accordantly.

9.9 Continue to promote research by increasing the use of social media and regularly posting 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 Trust's Communication Team. In addition to this we will explore new ways of promoting and increasing engagement in Trust research, i.e. using new methods to target patients and carers.

9.10 Work in partnership with the Clinical Research Network to ensure the NIHR high level objectives are met. We will also encourage healthcare professionals to join the relevant CRN specialty group so that they are aware of trials in their speciality.

9.11 Continue to liaise with the clinical audit department and ensure that the research department is included in the annual audit plan.

9.12 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.

9.13 Regularly review the RDI workforce as this will allow us to be responsive to the organisation and researchers. This ensures that local researchers have the skills and resources to recruit patients in a timely manner. Trust RDI staff are encouraged and supported to attend CRN training courses and conferences appropriate to their areas of work. We will provide face-to face and electronic Good Clinical Practice (GCP) training.

9.14 Continue to engage with the library and knowledge services to encourage researchers to publish their findings in peer-reviewed journals.

SECTION TEN: REFERENCES

1 National Institute for Health Research
https://www.nihr.ac.uk/

2 &7 NHS Constitution
https://www.gov.uk/government/publications/the-nhs-constitution-for-england

3 The Government Mandate 2017 -2018
https://www.gov.uk/government/publications/nhs-mandate-2017-to-2018

4 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/

5 Managing Excess Treatment Costs
https://www.nihr.ac.uk/funding-and-support/study-support-service/resources/excess-treatment-costs.htm

6 The Government's second Life Sciences Sector deal
https://www.gov.uk/government/publications/life-sciences-sector-deal

8 The Department of Health and Social Care established eligibility criteria
https://www.nihr.ac.uk/funding-and-support/study-support-service/eligibility-for-nihr-support/

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

10 The Medicines for Human Use (Clinical Trials) Regulations 2004
http://www.legislation.gov.uk/uksi/2004/1031/contents/made

APPENDIX 1 – LIST OF NIHR PORTFOLIO STUDIES 2018/2019

Short Title	Managing Specialty	Recruitment Actual 2018/19
UK IBD Registry - Maximising the value of the UK IBD Registry	Gastroenterology	332
Drug Allergy Labels in the Elective Surgical Population	Anaesthetics	326
STROke, Life and LeisurE Research Survey (STROLLERS)	Cardiology	91
PENTHROX-PASS	Injuries and Emergencies	82
IBD Bioresource	Gastroenterology	68
Patient Concerns Inventory in head and neck cancer clinics	Cancer	35
AIR - Ankle Injury Rehabilitation	Trauma & Orthopaedics	33
VOCs in Lung cancer	Palliative Care	28
Minitub (EORTC 1208)	Cancer	25
PrEP Impact Trial	Sexual and Reproductive Health	24
Clyz CanCertain Assay version 1.3	Cancer	23
Toxicity from biologic therapy (BSRBR)	Rheumatology	22
PRIMETIME	Cancer	18
Molecular Genetics of Adverse Drug Reactions (MOLGEN)	Burns & Plastics	19
Record-keeping in Inflammatory Bowel Disease	Gastroenterology	16
MAMMO-50	Cancer	15
POETICS 2	Critical Care	15
The 'Big Baby Trial'	Woman and Child	14
BLING III	Critical Care	13
BRAGGSS Study	Rheumatology	13
STARRT-AKI	Critical Care	13
STOPPIT-2	Woman and Child	12
The FUTURE Study	Woman and Child	12
DRAFFT 2 - Distal Radius Acute Fracture Fixation Trial 2	Injuries and Emergencies	11
PD COMM - Lee Silverman Voice Treatment	Care of the Elderly	11
Diagnosing Head and Neck Cancer in Merseyside	Cancer	10
OPTI-Prem - Optimising neonatal service provision for preterm babies (27-31 weeks)	Paediatrics	10
BADBIR	Dermatology	10
WORK PROMS- Work outcome measures in arthritis and musculoskeletal conditions	Musculoskeletal	9
OUTPASS	Rheumatology	8
The RE-ENERGIZE Study	Burns & Plastics	8
DIAPASS: Ayendi Observational Study	Injuries and Emergencies	8
Study of Preterm Infants and Neurodevelopmental Genes (SPRING)	Paediatrics	7
Rational MCC	Cancer	5
RETAKE - Return to Work After Stroke	Cardiology	5
AML18	Pathology	4
BILAG Biologics Prospective Cohort	Rheumatology	3
CONVINCE - Protocol Version 2.1 29th November 2016	Cardiology	3
UKALL 14	Pathology	3
Boehringer Ingelheim 1368.05 - 655130 in patients with active ulcerative colitis	Gastroenterology	3
Selection 2 - 3899 Long Term Safety of Filgotinib in Active Ulcerative Colitis	Gastroenterology	3
AML19	Pathology	2
ASCRIBED - Injury, inflammatory markers & the exacerbation confusion:	Anaesthetics	2

Short Title	Managing Specialty	Recruitment Actual 2018/19
CF START	Paediatrics	2
Myeloma XII (ACCoRd trial) Version 1.0	Pathology	2
UK Genetic Prostate Cancer Study	Cancer	2
UKIVAS	Rheumatology	2
EMIT-AF/VTE	Cardiology	2
Selection 1 - 3898 Efficacy and Safety of Filgotinib in Active Ulcerative Colitis	Gastroenterology	2
ADDRESS-2	Diabetes	1
ALPHA.	Dermatology	1
Bridging the Age Gap in Breast Cancer	Cancer	1
Investigating genes in patients with polymyositis and dermatomyositis	Rheumatology	1
LORIS	Cancer	1
Parkinson's Families Project (PFP)	Care of the Elderly	1
POSNOC	Cancer	1
PReCePT Study (Prevention of cerebral palsy in pre-term labour)	Paediatrics	1
UK STAR	Trauma & Orthopaedics	1
WORKWELL: Testing work advice for people with arthritis	Musculoskeletal	1
Diversity 1 - 3895 Efficacy and Safety of Filgotinib in Active Crohn's Disease	Gastroenterology	1
ETNA-DUS	Cardiology	1
STARDUST - CNTO1275CRD3005	Gastroenterology	1
EAGLE FM	Cancer	1

Recruitment by Managing Specialty

Managing Specialty	Number of Studies	Number of Recruits
Anaesthetics	2	328
Burns & Plastics	2	27
Cancer	12	137
Cardiology	5	102
Care of the Elderly	2	12
Critical Care	3	41
Dermatology	2	11
Diabetes	1	1
Injuries and Emergencies	3	101
Gastroenterology	8	426
Musculoskeletal	2	10
Woman & Child	3	38
Paediatrics	4	20
Palliative Care	1	28
Pathology	4	11
Rheumatology	6	49
Sexual & Reproductive Health	1	24
Trauma & Orthopaedics	2	34
Totals	63	1400

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST(19)103
Title of paper: Compliance with the NHS Constitution
Purpose: To provide assurance to the Board on the Trust's compliance with the patient, public and staff rights contained within the NHS Constitution
Summary: The NHS Constitution establishes a number of rights for patients and staff, with pledges that the NHS is committed to achieving and outlines the responsibilities of staff and patients to make the NHS work more effectively. The Trust is legally required to take account of the NHS Constitution in performing its NHS functions, in both the decisions made and actions taken. The Constitution contains seven areas relating to patients and nine areas to staff. It is good governance practice for Boards to gain assurance that the Trust meets, and can continue to meet, the requirements. This paper provides a summary of the Trust's position to provide the Board with assurance about our compliance. The last review was undertaken in 2017, and it was agreed that it should be repeated biennially going forward. Appendix 1 provides the position statement for the Trust's compliance with the rights of patients and the public and Appendix 2 outlines compliance with rights of staff.
Corporate objectives met or risks addressed: We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families.
Financial implications: There are no direct financial implications arising out of this assurance report.
Stakeholders: Patients, public, staff, commissioners and regulators.
Recommendation(s): Members are asked to consider the assurances provided in the report and approve the actions proposed to strengthen assurance.
Presenting officer: Nicola Bunce, Director of Corporate Services
Date of meeting: 27th November 2019.

Appendix 1: NHS Constitution – Patients and public rights

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
1.	Access to health services				
1.1.	You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.	The Trust provides NHS services free of charge, other than the exceptions sanctioned by Parliament (e.g. overseas visitors)	Director of Operations and Performance		Private Patient / Overseas Visitors Policy

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
1.2.	You have the right to access NHS services. You will not be refused access on unreasonable grounds.	Patients can access emergency care through the Emergency Department or via their GP for access to specific assessment units. Elective care is accessed via a patient's GP. Where necessary, referral criteria are agreed with commissioners to ensure that the most appropriate care is delivered to those who need it. The Trust has a Patient Access Policy in place to ensure that patients receive treatment in accordance with national objectives and targets and the Trust follows all the national guidance and criteria for patient selection. The Trust complies with the Equality Act 2010, ensuring that patients are not refused treatment on unreasonable grounds. It uses the Equality Delivery System for the NHS (EDS2) as the mechanism for reviewing compliance and this is monitored through the Trust's Equality and Diversity Steering Group, which includes representatives from the local community. Improved patient access and experience is rated as achieved for the 2019 submission of EDS2. The Trust has an Equality and Human Rights Policy which aims to: • Ensure that the Trust meets its statutory requirements as defined by the Equality Act 2010 • Support the Human Rights of patients, visitors and employees in the Trust as defined by the Human Rights Act 2008 • Ensure that the Trust anticipates the consequences of its actions on our local communities and ensure that, as far as possible, negative consequences are eliminated and opportunities for promoting equality are maximised wherever possible. Patients who have paid privately for some elements of the care are still able to access free NHS services at the Trust. Non-EEA residents are able to access free NHS care in certain circumstances including emergency care in line with national guidance. This will be reviewed following Brexit. An equality analysis is conducted on proposed service changes, including cost improvement plans to ensure that any disadvantages are identified and eliminated wherever possible.		Named Professional Safeguarding Adults/Patient Inclusion and Experience Lead	Equality and Human Rights Policy Equality and Diversity Steering Group reports to Workforce Council and EDS2 panel in February 2019 confirmed the Trust's improving position and approved the equality objectives.

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
1.3.	You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.	Assessment of patients' individualised needs and plans of care are documented within clinical records, including a number of risk assessments. These are regularly audited for completeness. A system of electronic alerts is in place to identify those who require reasonable adjustments to be made to their journey and adjusted pathways have been developed in a number of areas to provide bespoke processes for those with additional needs/protected characteristics, including accessible information. Suitably qualified staff are in place to support this right, with all staff required to complete robust recruitment checks, induction, mandatory training and annual appraisals.	Director of Operations and Performance & Director of Nursing, Midwifery and Governance		Trust wide record keeping audit programme reported to the Clinical Effectiveness Council (CEC) Patient surveys, complaint reports and nursing care indicator audits reviewed by the PEC
1.4.	Not Applicable – Commissioning responsibility to commission and put in place services to meet community needs.				
1.5.	Not Applicable – Commissioning responsibility in certain circumstances, to go to other countries for treatment				
1.6.	You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of sex, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.	See 1.2 above	Director of Nursing, Midwifery and Governance	Named Professional Safeguarding Adults	See 1.2 above

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
1.7.	You have the right to access certain services commissioned by NHS bodies within maximum waiting times or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution and relate to 2 week cancer target and 18 week target.	The Trust is meeting the majority of national referral to treatment times, which are monitored by the Board monthly with action plans in place to meet any areas of underperformance.	Director of Operations and Performance		Integrated Performance Report (IPR)
2.	Quality of care & environment				
2.1.	You have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.	The Trust is registered with the CQC without conditions and was rated as outstanding in March 2019. Clinical and Quality Strategy in place and progress reported to the Board. All staff are subject to the full recruitment checks prior to commencing in post and are required to complete induction/mandatory training and annual appraisals. Monthly safer staffing reports are reviewed by the Quality Committee. Medical and nursing staff are required to complete revalidation. Patient Safety Council maintains overview of the safety of services, including incident reporting and follow-up of actions arising from root cause analysis investigations into serious incidents. Lessons learned are shared via bimonthly safety briefing issued with Team Brief and team meetings at ward level to ensure safety culture across the Trust. System in place for cascading and acting on patient safety alerts via the Central Alerting System (CAS).	Director of Nursing, Midwifery and Governance		Clinical and Quality Strategy progress report IPR including training figures & CQC registration. Annual medical Revalidation Report. Patient Safety Council reports to the Quality Committee (QC) CAS report to Patient Safety Council. Safer staffing reports to the QC and the Board

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
2.2.	You have the right to be cared for in a clean, safe, secure and suitable environment.	Services are provided from two relatively new hospitals that are well-maintained through the PFI contract and a community hospital with effective contract monitoring in place. The Trust was ranked first in the latest patient-led assessment of the care environment (PLACE) and scored top marks for standards of cleanliness. Regular infection prevention and control audits are completed and actions developed to improve standards. The Trust is currently below the annual threshold for C-Difficile, although a stretching level has been set for 2019-20 following the revisions to the national guidance to include community onset cases. Root cause analysis reviews are undertaken on all cases and the outcomes shared to reduce the risk of future infection. The Trust is compliant with Health and Safety legislation. The Trust has a local security management specialist in place to actively promote a safe and secure environment, including awareness-raising via e-bulletins. The Trust has introduced an on-line hate crime reporting mechanism to support staff, patients, visitors and members of the local community who are victims of hate crime.	Director of Estates and Facilities		PLACE inspection reports IPR Health and Safety reports to the Workforce Council (WC) Friends and Family Test (FFT) results and Patient Surveys reported to the PEC Complaints and PALS reports to the QC
2.3.	You have the right to receive suitable and nutritious food and hydration to sustain good health and wellbeing.	Nutrition and hydration for patients is monitored via the monthly audits of nursing care indicators, which are reported to the Patient Experience Council. Patients are risk assessed using the National Institute for Health and Care Excellence (NICE) recommended Malnutrition Universal Screening Tool (MUST) to ensure appropriate nutrition is provided to the patients as per the documented plan of care. A number of wards throughout the hospital have protected mealtimes, which is assessed via the Quality Care Assessment Tool (QCAT). Significant improvements have been noted with the recording of MUST assessments since the introduction of e-risk assessments. A training book has been produced for nursing staff and this is being rolled out across the Trust.	Director of Nursing, Midwifery and Governance		Healthwatch, patient survey and Nursing Care Indicator reports to Patient Experience Council. QCAT accreditation

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
2.4.	You have the right to expect NHS bodies to monitor, and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services.	The Clinical and Quality Strategy has a number of key performance indicators to help monitor the delivery of the Strategy. These are reported to the Board via the IPR, which has a range of quality and safety targets. The Trust has a comprehensive Clinical Audit programme in place, which includes action plans to address any areas identified for improvement as part of the audit process. There is a QCAT accreditation scheme in place, which has been revised in 2019 in line with the CQC domains. Patient feedback is used to drive continuous improvement, through the 5-a-day, FFT, Healthwatch reports and patient surveys. Wards display their FFT results and the actions being taken to address issues. The Trust sets annual objectives, which include quality targets. The published Annual Quality Account provides a succinct summary of the quality of care provided by the Trust. Commissioners hold the Trust to account to deliver CQuIN and other quality targets. The Trust has implemented its policy for learning from deaths, 'Mortality Review – Responding to and Learning from the Death of Patients under the Management and Care of the Trust'	Medical Director/ Director of Nursing, Midwifery and Governance		Clinical and Quality Strategy progress report IPR Clinical Audit Programme reports to the CEC FFT report to PEC Annual Quality Account Trust's annual objectives Reports to Clinical Quality and Performance Group (CQPG)
3.	Nationally approved treatments, drugs & programmes				
3.1.	You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.	The Trust has a Medicines Management Policy and a Medicines Optimisation Strategy and Implementation Plan in place to ensure that patients receive appropriate drugs. All NICE guidance is reviewed to ensure it is relevant and compliance is monitored when guidance does apply, in line with the Policy for the Implementation of NICE Guidelines. Please note that a key part of this right relates to the funding of drugs and treatments, which is a commissioning responsibility.	Medical Director	Head of Pharmacy	NICE and medicines management reports to the CEC
3.2.	Not applicable – Commissioner responsibility regarding drug funding				
3.3.	Not applicable – Relates to national immunisation programme				

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
4.	Respect, consent & confidentiality				
4.1.	You have the right to be treated with dignity and respect, in accordance with your human rights.	The Trust has a Human Resources & Workforce Strategy in place that outlines the Trust's explicit values and behavioural standards. There are procedures in place for managing any instances where these standards are not maintained. Staff are actively encouraged to challenge poor behaviour and compliance with this is assessed during local quality reviews. Code of Confidentiality applicable to all staff, Chaperone Policy and Policy and Procedure for Eliminating Mixed Sex Accommodation in place, which is being updated to reflect updated guidance issued in Autumn 2019. Professional standards and codes of conduct in operation for a number of clinical staff, including medical and nursing staff, through their regulatory bodies. The Trust received positive scores (9/10 and 9.7/10) for ensuring privacy for discussing conditions and for patients being treated in the latest in-patient survey (2018). Both scores were better than the national average.	Director of Nursing, Midwifery and Governance		Human Resources & Workforce Strategy Trust vision, values and behavioural standards Policies available on intranet 2018 In-patient Survey reported to the PEC and Quality Committee
4.2.	You have the right to be protected from abuse and neglect, and care and treatment that is degrading.	Safeguarding Policy and Procedures in place. Safeguarding Steering Group for adults and children meets regularly to review the effectiveness of the policy and the Trust's arrangements for protecting patients from abuse. Safeguarding training is part of the mandatory training requirement for staff, with compliance monitored by the Steering Groups. Staff aware of the need to report any abuse and to take action to prevent further abuse. Any allegations of abuse raised by patients/carers are thoroughly investigated and actions taken.		Safeguarding Adults/ Named Nurse for Safeguarding	Safeguarding Policy Safeguarding Steering Group minutes reported to PSC IPR Incident Reporting and Management Policy

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
4.3.	You have the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests	Consent Policy in place and being implemented. Consent training provided quarterly. Consent audits undertaken as part of the Trust's Clinical Audit Programme. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Policy supported by checklist to aid communication, with increasing levels of reporting noted. MCA/DoLS training is mandatory for all staff. Learning Disability passports in use in the Trust.	Medical Director	Assistant Medical Director	Clinical Audit Programme reports to the CEC All policies are available on the intranet Mandatory training figures reported in IPR
4.4.	You have the right to be given information about the test and treatment options available to you, what they involve and their risks and benefits.	Consent Policy has been updated to reflect the Montgomery ruling and the need to ensure greater level of detail is provided when gaining consent. Two training sessions provided in 2019 by Hill Dickinson to reinforce best practice. Where possible, consent is obtained during pre-operative appointments to allow maximum time for information to be provided to patients and considered by them. Consent audits undertaken as part of the Trust's Clinical Audit Programme. Number of information leaflets in place for patients to support decision-making	Medical Director	Assistant Medical Director	Consent Policy Information leaflets Consent audit
4.5.	You have the right of access to your own health records and to have any factual inaccuracies corrected.	The Access to Health Records Policy is available on the Trust's website for patients/public. The policy includes flowchart of the process to obtaining health records and how to have amendments to inaccurate entries recorded.	Director of Informatics	Head of Complaints and Legal Services	Access to Health Records Policy
4.6.	You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure.	Code of Confidentiality applicable to all staff which gives staff clear guidance on how to keep information and secure. Information Governance training is mandatory for all staff and we have a proactive Information Governance Team who issue regular updates to all staff groups on the importance of information security. The Trust met the required standards of the Data Security and Protection Toolkit (DSP) and is externally audited on this annually, receiving significant assurance. The Trust has a robust Information Governance Structure and has a Caldicott Guardian and Senior Information Risk Owner (SIRO) in place.		Information Governance Manager	DSP Toolkit monitoring via Audit Committee IG report to the Board IG Steering Group Minutes

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
4.7.	You have the right to be informed about how your information is used.	In line with its obligations under the Data Protection Act the Trust displays its "fair processing notice" on the Trust website which informs service users how we use their information. This information is also displayed in all wards and other public facing locations in the form of leaflets entitled, "The NHS & Your Information" and "How We Use and Protect Your Personal Information" these leaflets clarify how service user information is used, stored, shared and kept secure.			Patient leaflets available on the Trust website
4.8.	You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered, and where your wishes cannot be followed, to be told the reasons including the legal basis.	See 4.6 and 4.7 above	Director of Informatics	Information Governance Manager	See 4.6 and 4.7 above
5.	Informed choice				
5.1.	Not applicable – Relates to Primary Care duty for GP practices				
5.2.	Not applicable – Relates to Primary Care duty for specific doctor within GP practices				
5.3.	You have the right to transparent, accessible and comparable data on the quality of local healthcare providers, and on outcomes, as compared to others nationally	The Trust publishes its Quality Account on an annual basis, complying with the information requirements established by the Department of Health and provides performance information as part of the public Board papers on-line. In addition, information is provided centrally via the CQC website on the outcomes of all inspections and from patient surveys. In addition the NHS website publishes direct feedback and ratings from patients, with an overall rating to enable comparison with other healthcare providers. The Trust publicises its CQC rating in line with the legal requirement	Director of Operations and Performance		CQC and NHS website

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
5.4.	You have the right to make choices about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs. Details are set out in the Handbook to the NHS Constitution	The Trust provides information about its services through the website and via GPs. Patients are able to select their provider of choice for services accessed through the NHS e-referral service (choose and book). Please note partial responsibility for upholding this right rests with commissioners – please refer to the NHS Constitution Handbook for further details.	Director of HR	Head of Communications	Patient & visitor and GP sections of Trust's website.

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
6.	Involvement in your healthcare & in the NHS				
6.1.	You have the right to be involved in planning and making decisions about your health and care with your care provider or providers, including your end of life care, and to be given information and support to enable you to do this. Where appropriate, this right includes your family and carers. This includes being given the chance to manage your own care and treatment, if appropriate.	A key part of the care planning process and patient documentation includes involvement of patients/carers. Carer Guidelines are in place, with a Carer's Passport launched in Autumn 2019 to ensure carers are supported and included in the patient's care where appropriate. The Trust endorses John's Campaign. The Individual Care and Communication Record for patients at the end of their life includes sections for communication and patient/carer preferences. Results from the latest in-patient survey show a score of 7.4/10 for patients feeling they were as involved as much as they wanted to be in decisions about care and treatment, which is in line with the national average. Please note an element of upholding this right rests with commissioners, including the options for personal health budgets.	Medical Director/ Director of Nursing, Midwifery and Governance		Clinical and nursing documentation Individual Care and communication record
6.2.	You have the right to an open and transparent relationship with the organisation providing your care. You must be told about any safety incident relating to your care which, in the opinion of a healthcare professional, has caused, or could still cause, significant harm or death. You must be given the facts, an apology, and any reasonable support you need.	The Trust has being open and honest as one of its five values. There are systems and processes in place to support staff and to ensure compliance with the duty of candour, including a Being Open Policy and mandatory fields in Datix when reporting moderate and severe harm incidents. Being open and the duty of candour are covered in the incident reporting section of mandatory training. In addition, the Trust has an approved Learning from Inpatient Deaths Policy in place, which includes the need to support carers and relatives following a death.	Director of Nursing, Midwifery and Governance	Assistant Director of Safety & Governance	Being Open Policy Duty of Candour fields on Datix Letters submitted to patients/carers following investigations. Learning from Inpatient Deaths Policy Mortality reviews and Board reports on learning from deaths

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
6.3.	You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.	Improvements to services are made as a result of feedback from patients through the friends and family test and through the complaints system. Full public consultations are undertaken as required. The Patient Engagement Group meets quarterly and is able to provide views on a number of issues, including proposed building works. Please note an element of upholding this right rests with commissioners when planning which services to commission.	Director of HR	Deputy Director of HR	Quality Account includes information on changes made as a result of patient input and the work of the Patient Engagement Group.

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
7.	Complaint and redress				
7.1.	You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated	The Managing Concerns and Complaints Policy includes the requirement to acknowledge complaints within 3 working days, which is reported to the Quality Committee. There is a formal process in place for ensuring that all complaints are managed appropriately, including a full investigation and feedback to complainants. The number of second stage complaints is monitored as a key indicator of the quality of responses and investigations.	Director of Nursing, Midwifery and Governance	Head of Complaints and Legal Services	Managing Concerns and Complaints Policy Complaint report to QC Complaints section in Quality Account
7.2.	You have the right to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent	The Managing Concerns and Complaints Policy includes a section on discussing the handling of the complaint with the complainant. The Complaints Team ensure that patients are fully involved in the process as required, with face-to-face meetings held where appropriate.			Managing Concerns and Complaints Policy
7.3.	You have the right to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken	The Complaints Team liaise with the complainant to ensure they are aware of any delays. Each complaint has a written response, which informs the complainant of the outcome of the investigation and what actions are to be taken to resolve any issues identified. Where required, face-to-face meetings are held between complainants and members of the Trust to ensure that the complainant is satisfied with the Trust's response. Complaint surveys are undertaken to ascertain if patients are happy with the process and the results are presented to the Quality Committee quarterly. Complaint responses are signed off by the Chief Executive, the Director of Nursing, Midwifery and Governance or the Deputy Chief Executive/Director of HR.			Managing Concerns and Complaints Policy
7.4.	You have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS	The Managing Concerns and Complaints Policy includes a section on Parliamentary and Health Service Ombudsman The quarterly Complaints Report to the Quality Committee provides an update on the number of complaints that have been sent to the Ombudsman, noting that a low number are opened for investigation by the PHSO.			Managing Concerns and Complaints Policy Complaint report to QC

No	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
7.5.	Not applicable – Relates to the right to seek judicial review, but any person with a direct/personal interest in a decision made or action taken by the Trust would seek independent legal advice				
7.6.	You have the right to compensation where you have been harmed by negligent treatment	There is a Claims Handling Policy in operation and overseen by the Legal Services Department. The Trust is covered by NHS Resolution and works closely with them on responding to any claims that are received.	Director of Nursing, Midwifery and Governance	Head of Complaints and Legal Services	Summary of claims included in Aggregated Data Report presented quarterly to the Board

Appendix 2: NHS Constitution – Staff rights

No.	Right	Position statement	Exec Lead	Lead officer	Comment/ Evidence
1.	Have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives				
1.1.	Right to fair treatment regarding leave, rights and flexible working and other statutory leave requests relating to work and family, including caring for adults with whom you live.	There are a number of workforce policies in place to ensure fair treatment including those for Equality & Diversity, Annual Leave and Flexible Working The Trust has positive staff survey results and was the top Trusts where the staff would recommend the organisation as a place to work in the last two annual surveys (2017 and 2018).	Director of HR	Deputy Director of HR	2018 Staff survey results Policies available on the intranet
1.2.	Right to request other 'reasonable' time off for emergencies (paid and unpaid) and other statutory leave (subject to exceptions).	Special Leave Policy in place, allowing for staff to take time off for emergencies and to undertake work in public positions, for example as a school governor or justice of the peace			Policies available on the intranet Staff survey results
1.3.	Right to expect reasonable steps are taken by the employer to ensure protection from less favourable treatment by fellow employees, patients and others (e.g. bullying or harassment)	Range of policies in place to protect staff, including Equality and Diversity, Respect and Dignity at Work, Grievance. Staff satisfaction is measured through the Staff Friends and Family Test (SFFT) and the national staff survey, which reported the highest score for staff not experiencing bullying or harassment.			Policies available on the intranet Staff survey results SFFT
2.	Have a fair pay and contract framework				
2.1.	Right to pay; consistent with the National Minimum Wage or alternative contractual agreement and right to fair treatment regarding pay.	All non-medical roles below very senior manager level are covered by Agenda for Change (A4C) – all these posts are reviewed against the job evaluation handbook. Medical and dental staff pay scales are compliant with appropriate Terms and Conditions. VSM posts are job evaluated as per the role and pay scales set accordingly – these are published in the Remuneration Report in the Trust's Annual Report Local negotiating committees meet to agree workforce policy.	Director of HR	Deputy Director of HR	A4C T&C and job evaluation handbook Trust Annual Report JNCC & LNC minutes

3.	Be involved and represented in the workplace				
3.1.	Right to be accompanied by either a Trade Union official or a work colleague at disciplinary or grievance hearings in line with legislation, your employer's policies or your contractual rights	This statutory right is covered in the relevant policies, including Disciplinary Policy and Grievance Policy	Director of HR	Deputy Director of HR	Policies available on the intranet in line with ACAS guidance and best practice
3.2.	Right to consultation and representation either through a Trade Union or other staff representatives (for example where there is no Trade Union in place) in line with legislation and any collective agreements that may be in force	Please see 3.1 Range of trade union representation throughout the Trust.			Policies available on the intranet Partnership Agreement signed by all trade unions representing a range of staff groups and professional bodies
4.	Have healthy and safe working conditions and an environment free from harassment, bullying or violence				
4.1.	Right to work within a healthy and safe workplace and an environment in which the employer has taken all practical steps to ensure the workplace is free from verbal or physical violence from patients, the public or staff, to work your contractual hours, take annual leave and to take regular breaks from work	Number of workforce policies in place, e.g. The Respect at Work policy, ACE Behavioural Standards, Violence & Aggression Against Staff policy – In addition there are a number of other relevant policies in place, including Incident Reporting and Management, Health and Safety and Security Management. Local Security Management Specialist in place in the Trust to provide expert advice and guidance. All frontline staff are required to undergo conflict resolution training every three years. Health and Safety Group meets and reports to Workforce Council Action plan in place to address any issues highlighted in staff survey, which is monitored by the Workforce Council Health Work and Wellbeing Service in place which offers a wide range of support for staff, including counselling, physiotherapy, smoking cessation.	Director of HR	Deputy Director of HR	H&S reports to Workforce Council Staff Survey results and action plan report to Workforce Council Analysis of incidents against staff at Valuing our people Steering Group with assurance on remedial action to Workforce Council

5.	Be treated fairly, equally and free from discrimination				
5.1.	Right to a working environment (including practices on recruitment and promotion) free from unlawful discrimination on the basis of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status	Equality and Human Rights Policy in place, supported by a number of other policies, including Recruitment and Selection, to reduce risk of discrimination. The Trust monitors compliance with the Equality Act through the Equality Delivery System (EDS2) which is overseen by local Healthwatch. This includes key elements relating to staff and working practices within the Trust. The Trust Board considered the letter issued by the Chair of NHS England and NHS Improvement, which reiterated why Trusts needed to learn lessons to improve their people practices and a working group has been established to review the Trusts current practices and bring forward recommendation for improvement, ahead of the publication of the national NHS People Plan.	Director of HR	Deputy Director of HR	Policies available on the intranet Equality Delivery System (EDS2) report 2018 Annual Staff Survey HR case tracker
6.	Can in certain circumstances take a complaint about their employer to an Employment Tribunal				
6.1.	Right to appeal against wrongful dismissal	This is covered in the Disciplinary Policy, which states that staff have the right of appeal for all the stages of the disciplinary procedure. There is a clear appeal process. It is also covered in the Capability Policy.	Director of HR	Deputy Director of HR	Policies available on the intranet
6.2.	If internal processes fail to overturn a dismissal, you have the right to pursue a claim in the employment tribunal, if you meet required criteria	The Trust Disciplinary Policy is in line with ACAS guidance and employment law. Staff have the right to an appeal against their dismissal. The Trust works with ACAS conciliation service try to mitigate cases being pursued at Employment Tribunal			Policies available on the intranet
7.	Can raise any concern with their employer, whether it is about safety, malpractice or other risk, in the public interest				
7.1.	Right to protection from detriment in employment and the right not to be unfairly dismissed for 'whistleblowing' or reporting wrongdoing in the workplace	The Raising Concerns Policy provides protection for staff who report wrongdoing. The Trust has signed up to the "Speaking our Safely" campaign and has 4 nominated Freedom to speak our Guardians, as well as a confidential telephone line and the anonymous Speak in Confidence email option for staff to raise concerns and to receive a response to these.	Director of HR	Deputy Director of HR	Policies available on the intranet
7.2.	Right to protection from detriment in employment and the right not to be unfairly dismissed for 'whistleblowing' or reporting wrongdoing in the workplace	The Raising Concerns Policy provides protection for staff who report wrongdoing. The Trust has signed up to the "Speaking our Safely" campaign, has 4 nominated Freedom to speak our Guardians and has the anonymous email route, Speak in Confidence in place.			Policies available on the intranet
8.	Have employment protection (NHS employees only).				

8.1.	Right to employment protection in terms of continuity of service for redundancy purposes if moving between NHS employers	There are a number of contractual obligations and Trust Policies in place for staff that are legally compliant, including Pay Protection and Managing Organisational Change.	Director of HR	Deputy Director of HR	Policies available on the intranet Agenda for Change Terms and Conditions Handbook
9.	Can join the NHS Pension Scheme				
9.1.	Right to join the NHS Pension Scheme	All new starters who are eligible to join the NHS Pension Scheme are automatically registered, with automatic renewal every three years. Staff are able to opt out if they wish to do so.	Director of HR	Deputy Director of HR	Included with new starter information when staff join the Trust

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(19)104
Title of paper: Arrangements for 2020/21 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 2020/21. 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: 27th November 2019.

SCHEDULE OF BOARD MEETING DATES (2020/21)

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 - 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 Tuesday before each meeting.

2.4. The following table captures the schedule for the 2020/21Financial Year. Meetings that include a strategy session are shaded grey.

Financial Year 2020/21	Draft Agenda to Executive Committee	Agenda set	Board papers to be received	Electronic & hard copies circulated	Electronic copies on internet	Board date
April	Thu 02 Apr*	Mon 06* Apr	Tue 21 Apr	Fri 24 Apr	Tue 28 Apr	Wed 29 Apr
May	Thu 07 May	Mon 11May	Tue 19 May	Fri 22 May	Tue 26 May	Wed 27 May
June	Thu 04 Jun	Mon 08 Jun	Tue 16 Jun	Fri 19 Jun	Tue 23 Jun	Wed 24 Jun
July	Thu 09 Jul	Mon 13 Jul	Tue 21 Jul	Fri 24 Jul	Tue 28 Jul	Wed 29 Jul
August	No scheduled Board meeting					
September	Thu 10 Sep	Mon 14 Sep	Tue 22 Sep	Fri 25 Sep	Tue 29 Sep	Wed 30 Sep
October	Thu 08 Oct	Mon 12 Oct	Tue 20 Oct	Fri 23 Oct	Tue 27 Oct	Wed 28 Oct
November	Thu 05 Nov	Mon 09 Nov	Tue 17 Nov	Fri 20 Nov	Tue 24 Nov	Wed 25 Nov
December	No scheduled Board meeting					
January	Thu 07 Jan	Mon 11 Jan	Tue 19 Jan	Fri 22 Jan	Tue 26 Jan	Wed 27 Jan
February	Thu 04 Feb	Mon 08 Feb	Tue 16 Feb	Fri 19 Feb	Tue 23 Feb	Wed 24 Feb
March	Thu 11 Mar	Mon 15 Mar	Tue 23 Mar	Fri 26 Mar	Tue 30 Mar	Wed 31 Mar

*due to Easter bank holidays

3. PROPOSED TRUST BOARD CALENDAR (2020/21)

ANNUAL TRUST BOARD CALENDAR 2020/21 (Proposed)																		
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 Financial Instructions)	2,6,7,10, 11,14,15, 32,33,34	✔	✔				✔	✔				✔		Nik	Ian
		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	Gill
		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	
		Aggregated Incidents, Complaints and Claims report	3,9		✔					✔			✔			Sue	
		Informatics Report and Strategy update	3			✔										Christine	
		Learning from Deaths Quarterly Report	3	✔			✔			✔			✔			Rowan	
		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	
		Audit Letter sign-off	1,33						✔							Nik	
		Charitable Funds Accounts & Annual Report	1							✔						Nik	
		Research & Development Annual Report	4								✔					Rowan	
		Research & Development Annual Capability Statement	4								✔					Rowan	
		Biennial Review of NHS Constitution	1								✔					Nicola	
		Trust Board meeting arrangements	1								✔					Nicola	
		EPRR Compliance statement	1						✔							Sue	
		WRES & WDES Reports and Action Plans	1,3						✔							Anne-Marie	
		Clinical and quality strategy update	24,25										✔			Rowan	
		Annual Safeguarding Report (Adult & Children)	1										✔			Sue	
		Operational Plan - Budget and activity approval	1,2,7,29, 30										✔		✔	Nik	
		National Quality Board - annual w orkforce plan approval and 6 month staffing review /Workforce Safeguards Report	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
		Freedom to speak up - Board Self Assessment	20											✔		Anne-Marie	
		7 - Day Services Assurance Reports	3, 20			✔					✔					Rowan	
		Staff survey report and action plan	20												✔	Anne-Marie	
	Total scheduled items			16	21	15	16	0	20	18	19	0	21	15	18		
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

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(19)105

Title of paper: Trust Board assurance for Seven Day Hospital Services Standards

Purpose: Assurance and information

Summary:

The Seven Day Hospital Services (7DS) Programme aims to ensure that patients requiring emergency admission receive high-quality care every day of the week through early and consistent senior decision making. Trust Performance against the "Priority" standards (as defined by NHSE) are audited 6 monthly and are reported to Trust Board and NHSE to provide assurance of progress towards the target of full compliance with the standards by 2020. They are:

CS2: Time to first consultant review - All emergency admissions must have a clinical assessment by a suitable consultant within 14h of the time of admission to hospital.

CS8: Ongoing daily review by consultant (or their delegate)

The audit has demonstrated continued improvement in Trust performance against Clinical Standard 2 on both weekdays and weekends. For the first time, the Trust has met the NHSE target for 90% of patients to receive Consultant review within 14h of admission at weekends.

Improved early transfer of patients from ED to Assessment Areas as well as early Consultant review of referred patients in the ED will continue to improve performance against CS 2.

The audit also demonstrated continued improvement in Trust performance against CS8, which is now met at both weekends and weekdays. Improved documentation and evidence of "Board Round" patient reviews is expected to improve performance further against CS 8.

Performance against the standards will be discussed individually with speciality CDs to ensure the changes implemented are maintained and the improvement continues.

Corporate objectives met or risks addressed: Contributes to Care and Safety Objectives

Financial implications: AMU Outreach (AMU Consultants seeing patients in the ED) is currently running as a trial which may require an increase in Consultant resource to make permanent.

Stakeholders: Patients, staff, regulators

Recommendation(s): Receive assurance of improvement in Trust performance against standards with plans to maintain improvement trajectory.

Presenting officer: Dr Peter Williams, Deputy Medical Director, 7-Day Services Lead

Date of meeting: 27th November 2019

Seven Day Hospital Services Standards

1.1 Introduction

The Seven Day Hospital Services Programme aims to ensure that patients requiring emergency treatment receive high quality, consistent care every day of the week. Ten clinical standards for Seven Day services (7DS) have been developed, against which trust performance is measured. Audits are carried out 6-monthly to monitor performance against two standards in particular, with results reported back to Trust Board and NHSE.

Clinical Standard 2 - Time to first consultant review

All emergency admissions must be seen and have a clinical assessment by a Consultant as soon as possible, but at the latest within 14 hours from the time of admission to hospital. The target set by NHSE is that 90% of patients meet CS2 by 2020.

Clinical Standard 8 – Ongoing review by consultant twice daily if high dependency patients, daily for others

All patients with high dependency needs should be seen and reviewed by a consultant twice daily. Once a clear pathway of care has been established, patients should be reviewed by a consultant (or their delegate) at least once every day, seven days a week. The target set by NHSE is that 90% of patients meet CS8 by 2020.

1.2 Measurement of Trust performance against 7DS Standards

A clinical audit of emergency admissions to hospital was completed to assess performance against Clinical Standards 2 and 8. A sample of patients admitted to the Trust during the period of September 7th-14th 2019 was drawn by the Trust Data Analysis Team and audited by the Deputy Medical Director.

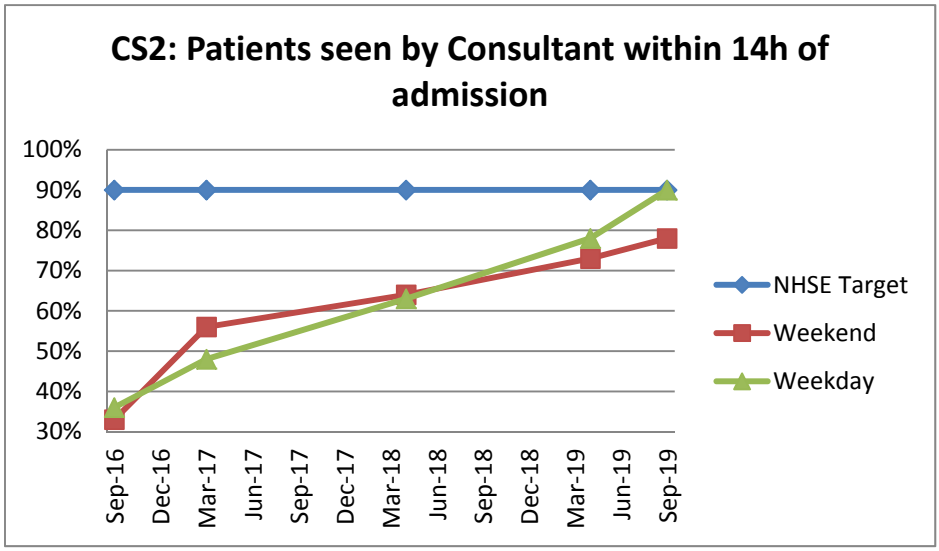
The audit showed that 78% of the Consultant reviews on weekdays and 90% of the Consultant reviews at weekends occurred within 14h of admission to hospital, showing an improvement in performance from the Spring 2019 audit (73% on weekdays and 78% at weekends)

Clinical Standard 2 - Consultant review within 14h of admission

Specialty	Records in Sample	No. of Fails	Weekday Fails	Weekend Fails	Not Documented	Review 14-15 hrs	Review 15-20 hrs	Review 20-40 hrs
Acute Int. Med	60	16	25%	23%	3	1	9	3
Paediatric Med	23	4	22%	0%	0	0	2	2
Emergency Med	37	12	30%	30%	1	0	4	7
General Surgery	16	3	18%	0%	0	0	1	2
T&O Surgery	7	1	16%	0%	0	0	1	0
			22%	**10%**				

Patients who were admitted to “Emergency Medicine” (ie. Observation Ward, EAU or ED SDEC) prior to transfer to an Assessment Area were more likely than any others to wait longer than 14 hours for a Consultant review, with an increase in the number waiting longer than 20h. The most common reason for this is congestion in Assessment Areas due to high bed occupancy in the Trust.

The graph below shows the improvement in the Trust’s performance since the introduction of the 7 Day Services Clinical Standards.

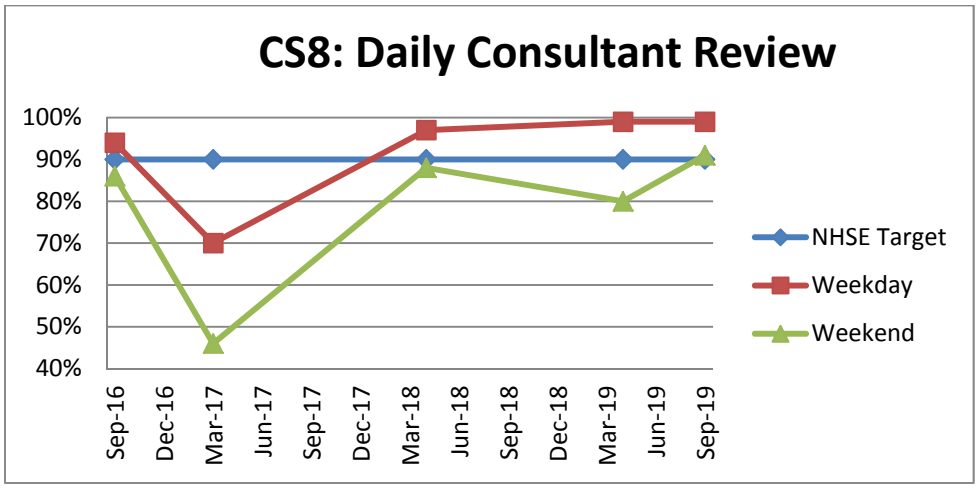


Clinical Standard 8 - Daily Consultant Review

Specialty	Weekdays requiring review	Weekends requiring review	Weekday fails	Weekend Fails	Weekday Fails %	Weekend Fails%
Acute Int. Med	105	41	0	11	0%	26%
Paediatric Med	20	7	0	0	0%	0%
Emergency Med	58	26	1	3	3%	11%
General Surgery	24	9	0	1	0%	11%
T&O Surgery	16	4	0	0	0%	0%
				Average	**1%**	**9%**

The audit demonstrated that Clinical Standard 8 was met on both weekends and weekdays for the first time due to an improvement in weekend performance against CS8 from 80% in April 2019 to 91% in September 2019.

The graph below shows Trust Performance against CS8 since the 7 Day Services Standards were introduced.



1.3 Benchmarking against other local NHS Trusts

Benchmarking against other NHS Trusts has limited value as there is no standard methodology for measurement against the 7 Day Standards, with each Trust adopting its own approach. However, of the Trusts who submitted results to NHSE, 38% (55/144) reported that they met Clinical Standard 2 on weekdays compared to 36% (52/144) at weekends. For Clinical Standard 8, 72% (104/144) reported meeting the standard on weekdays and 48% (70/144) at weekends.

The table below shows the Trust's performance against Clinical Standards 2 and 8 reported by surrounding local Trusts in June 2019.

Spring/Summer 2019	**CS2**		**CS8**			**Overall**	
Trust	Weekdays	Weekends	Weekdays	Weekends		CS2	CS8
Aintree University Hospital	N	N	N	N		N	N
Alder Hey Children's Hospital	N	N	N	N		N	N
Countess Of Chester Hospital	Y	Y	Y	Y		Y	Y
East Cheshire NHS Trust	N	Y	Y	Y		N	Y
Liverpool Heart And Chest Hospital	Y	Y	Y	N		Y	N
Liverpool Women's Hospital	N	N	Y	Y		N	Y
Mid Cheshire Hospitals NHS Foundation Trust	N	N	Y	N		N	N
Royal Liverpool And Broadgreen University Hospital	Y	Y	Y	Y		Y	Y
Southport And Ormskirk Hospital	N	N	Y	N		N	N
The Walton Centre	N	N	Y	Y		N	Y
Warrington And Halton Hospitals	N	N	Y	Y		N	Y
Wirral University Teaching Hospital	N	N	Y	Y		N	Y

1.4 Actions to improve performance against 7DS Standards

While improvements have been made in Trust performance against the 7 Day Services Standards, further work must be undertaken to meet and maintain Clinical Standard 2 and 8. The individual specialities' performance will be discussed with the relevant Divisional and Clinical Directors to allow them to continue to improve delivery of timely, consistent Consultant review.

Action	Comments	Responsibility
Implement pathways for streaming patients from ED to Assessment Areas	Pathways are in place, with engagement from clinical teams. At times of high bed occupancy, Assessment Area crowding prevents appropriate streaming from ED	▪ UEC Senior Leadership Team ▪ Medical and Surgical Divisional Leadership Teams ▪ ED, Surgical and Acute Medicine Teams ▪ Operational Services teams
Improve inpatient capacity to enable patients to be moved rapidly from ED to Assessment areas when referred	Assessment Area crowding can be reduced by early transfer of patients requiring speciality inpatient beds. Improving inpatient capacity through early discharge can	▪ UEC Senior Leadership Team ▪ Medical and Surgical Divisional Leadership Teams ▪ Operational Services teams
Increase Consultant presence in ED to review patients lodged in department due to poor inpatient flow.	In the event that patients cannot be rapidly transferred to an assessment area, they should receive a prompt Consultant review in the Emergency Department. AMU Outreach began in September 2019 with increased Medical Consultant presence due to be implemented for Winter 19/20.	▪ Divisional Medical Director ▪ Acute Medicine Team
Consistent Documentation of Board Round reviews	Daily Consultant review via a Board Round is not consistently documented in Medical Notes which can lead to failure against CS8. Consistent documentation makes daily review of the patient's clinical progress clear.	▪ Medical and Surgical Divisional Leadership Teams ▪ Clinical Directors

1.5 Further actions

Following Trust Board approval, the 7 Day Services Assessment Template for Autumn/ Winter 2019 will be submitted to NHSE. A repeat audit will be carried out in Spring 2020 and presented to Trust Board in June.

St Helens and Knowsley NHS Trust: 7 Day Hospital Services Self-Assessment - Autumn/Winter 2019/2020

Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	7DS Audit Results Autumn 2019: Weekday - 78% of patients seen within 14h of admission. Weekend -90% of patients seen within 14h of admission (Compared to 73% on weekdays and 78% at weekends in the Spring 2019 audit) Job Plan review shows that the main acute specialities have Consultant job plans which provide sufficient daily consultant presence to support the delivery of 7DS Clinical Standard 2 on weekdays. At present there is no evidence to suggest a difference between weekends and weekdays in the number of patient safety incidents or complaints across the organisation.	No, the standard is not met for over 90% of patients admitted in an emergency	Yes, the standard is met for over 90% of patients admitted in an emergency	Standard Not Met

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: • Within 1 hour for critical patients • Within 12 hour for urgent patients • Within 24 hour for non-urgent patients	Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?	Microbiology	Yes available on site	Yes available on site	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
	This standard is met for provision of emergency investigations irrespective of day of the week	Echocardiography	Yes available on site	Yes available on site	
		Magnetic Resonance Imaging (MRI)	Yes available on site	Yes available on site	
		Upper GI endoscopy	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Met
		Interventional Radiology	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Interventional Endoscopy	Yes available on site	Yes available on site	
		Emergency Surgery	Yes available on site	Yes available on site	
	The standard is met for provision of emergency interventions irrespective of day of the week.	Emergency Renal Replacement Therapy	Yes available on site	Yes available on site	
		Urgent Radiotherapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Cardiac Pacing	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	7DS Audit Results Spring 2019. Weekday: 99% of patients requiring once-daily Consultant reviews received this. Weekend: 91% of patients requiring once-daily Consultant review received this (Compared to 99% for weekdays and 80% for weekends in Spring 2018 audit) There is no evidence in patient safety and experience metrics to suggest that there is a difference between weekdays and weekends. Job Plan review shows that some, but not all main acute specialities have Consultant job plans which provide sufficient daily consultant presence to support the delivery of 7DS Clinical Standard 8. Documentation of Board Round reviews has improved performance against this standard.	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Standard Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	

7DS Clinical Standards for Continuous Improvement

Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10
Clinical Standard 1 and 10 (Patient experience and Quality Improvement) are covered within the assessment of CS 2 and 8. Clinical Standard 3 (Multidisciplinary Team Review) is fully met within Medicine and Critical Care (Pharmacy, Physio, Nursing) and partially in the other acute specialities. Clinical Standard 4 (Clinical Handovers) is met across all acute specialities. Clinical Standard 9 (Transfer to Community Care) is partially met within the Trust (Physiotherapy, Pharmacy support for discharge)

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 5	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 6	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 8	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust

Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
Consultant administered hyperacute stroke service is delivered onsite with ongoing daily Consultant review irrespective of day of admission.

Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.