

STHK Trust Board Papers – April 2020

issued in lieu of meeting

Public Board Papers attached:		
1.	Action Log	Attached
2.	Integrated Performance Report	NHST(20)30
3.	Committee Report – Audit Committee	NHST(20)31
4.	Corporate Risk Register	NHST(20)32

TRUST PUBLIC BOARD ACTION LOG – 29TH APRIL 2020

No	Date of Meeting (Minute)	Action	Lead	Date Due
9	31.07.2019 (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. Board Time Out now being arranged for later in the year – AM to discuss with Jacqui Wallis. DEFERRED DUE TO COVID-19	AM	TBC
20	30.10.2019 (14.7)	SRe to work with LK/GB to contextualise complaints information to provide greater clarity for Board members.	SRe/LK/GB	27.05.2020
21	30.10.2019 (15.3)	Layout of the quarterly Learning from Deaths Report to be improved and themes incorporated. Update: 29.01.2020 – work in progress and new format to be presented for Q3 report in April 2020. DEFERRED DUE TO COVID-19	RPJ	29.07.2020
30	29.01.2020 (12.4)	NB/NK to prepare a session on the Trust commercial strategy for the next Board Time Out. DEFERRED DUE TO COVID-19	NB/NK	TBC
33	29.01.2020 (15.7)	Include the introduction of a Shadow Board in the Trust's Workforce Leadership Priorities for 2020/21 in the next HR Workforce Strategy/HR Indicators Report.	AMS	29.07.2020
34	29.01.2020 (15.12)	AMS to include local information from the GMC survey relating to Speciality and Associate Specialist (SAS) and locally employed doctors in next HR Indicators Report.	AMS	29.07.2020
36	26.02.2020 (8.1.3)	Exec to Exec meeting (STHK Trust/St Helens CCG) to be arranged. DEFERRED DUE TO COVID-19	AM	TBC
37	26.02.2020 (8.1.6)	Circulate Immigration paper to NEDS following Exec Committee meeting on 27.02.20. COMPLETED	AMS	28.02.2020
38	26.02.2020 (10.1.7)	RF to meet with PG and the Charity Manager regarding raising the Hospital charity profile with local businesses.	RF	TBC

Paper No: NHST(20)030

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 was 1 Never Event in March 2020 relating to retained swab during surgery. (YTD = 1). RCA is being undertaken.

There were no cases of MRSA in March 2020. There has been 1 MRSA positive blood sample YTD (target = 0). The RCA indicated this was a contaminant and patient did not come to harm.

There were no C.Difficile (CDI) positive cases reported in March 2020. YTD there have been 43 cases (33 hospital onset and 10 community onset) which includes 1 further case for appeal and 9 RCA's to be completed. 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 February 2020 was 95.3%. YTD rate is 96.3%.

Performance for VTE assessment for February 2020 was 95.70% against a target of 95%. (YTD = 95.54%)

There were no grade 3 avoidable pressure ulcers in February 2020. (YTD = 1).

During the month of January 2020 there were 3 falls resulting in severe harm. (YTD Severe harm fall = 10)

YTD HSMR (April -November) for 2019-20 is 104.7

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: 29th April 2020

Operational Performance

Performance against the 62 day cancer standard was not above the target of 85.0% in month (February 2020) at 83.4%. YTD 86.0%. Performance in January 2020 was 85.2%. The 31 day target was not achieved with 95.95% performance in month against a target of 96%. YTD 97.2%. Performance in January 2020 was 98.0%.

The 2 week rule target was achieved with 95.7% in month and 90.7% YTD against a target of 93.0%. Performance in January 2020 was 93.1%. Cancer work continues in conjunction with Clatterbridge and Surgical Cancer hub in development.

Accident and Emergency Type 1 performance for March 2020 was 74.0% and YTD 69.8%. Type 1 Performance in February 2020 was 71.3% The all type mapped STHK Trust footprint performance for March was 85.6% and YTD 83.9%. All Types performance in February 2020 was 85.3%. The Trust received only 7,835 Type 1 attendances in March 2020 (compared with 10,021 in March 2019 and 9,192 in February 2020), consequently full year effect growth in ED attendances reduced to 2.95% 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. Plans are in place to increase the bed capacity within the Trust which will support the required reduction in bed occupancy leading to decongestion of the A&E department.

Ambulance notification to handover time was achieved in March 2020 with 14:37 mins on average (target 15 mins). There were 2,460 ambulance conveyances in March and 2,550 in February 2020. **NB: STHK had the highest number of ambulance conveyances across Cheshire and Merseyside and Greater Manchester in March.**

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 March was 100 which represented an achievement of 35% against the 40% target. (125 was the average in February). **It should be noted however, that on 31.3.2020 there were only 78 inpatients with a length of stay in excess of 21 days.**

The 18 week referral to treatment target (RTT) was not achieved in March 2020 with 90.3% compliance and YTD 90.3% (Target 92%). Performance in February 2020 was 92.1%. There were no 52+ week waiters. The 6 week diagnostic target was achieved in February with 99.7% compliance and YTD compliance 99.9% (Target 99%). Performance in January 2020 was 99.7% Elective programme closed down with only urgent and 2ww patients being managed.

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 12 StHK are expecting to report a YTD surplus of £3.9m which is in line with agreed plans and assumes full achievement of PSF funding. The Trust is awaiting confirmation of additional funding from NHSI in relation to costs incurred by COVID.

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 to the Trust in delivering its agreed control total as per guidance from NHSE/I.

The agency ceiling issued by regulators for 2019/20 is £7.6m. To the end of March the Trust has spent £7.9m on agency which has exceeded the agency ceiling issued due to additional resources needed during the pandemic. The current spend equates to a 5% reduction on last year.

The Trusts CIP target in year is £16.1m, the Trust has fully achieved its CIP target both in year and recurrently. The Trust continues to identify schemes which will support the delivery of the 20/21 CIP programme. The Trust has been notified by regulators that they will be supporting all health systems on the delivery of CIP in the coming financial year.

Human Resources

In February sickness was 5.6%, in March sickness is 7.3%, COVID-19 has contributed to this increase of 1.7%. There has been a 2.2% increase in Qualified and HCA sickness and a 2.4% increase in Qualified Nursing and Midwifery sickness. Mandatory Training compliance is 84.5% (target = 85%) and the appraisal compliance of 79.4% (target = 85%) was significantly affected in month by covid.

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

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	Mar-20	3.0%	2.4%	No Target	2.2%					
Mortality: SHMI (Information Centre)	Q	▲	Sep-19	1.08	1.00				A recent sudden and unexpected rise has been reported and key disease areas identified.	Patient Safety and Clinical Effectiveness	A detailed case note review of all deaths has begun, and close work with the CRAB system started to identify the themes and trends that have contributed. In addition to bringing together clinical leaders to go through the data, we have begun a Quality Improvement project in the most important area of Acute Kidney Injury. This is involving new pathways of care being implemented across surgery and then into medical wards. The Learning from Deaths group is closely involved to triangulate any findings and CRAB is being embedded with clinical leadership to allow us to track progress closer to real time and allow proactive rather than reactive management. The findings of the review will result in a detailed action plan to be brought back the governance structure.	RPJ
Mortality: HSMR (HED)	Q	▲	Nov-19	97.7	104.7	100.0	101.1					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	Nov-19	109.3	104.1	100.0	106.9					
Readmissions: 30 day Relative Risk Score (HED)	Q UOR	T	Oct-19	97.7	98.9	100.0	98.3					
Length of stay: Non Elective - Relative Risk Score (HED)	F&P	T	Nov-19	97.0	92.1	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 super stranded patients.	RC
Length of stay: Elective - Relative Risk Score (HED)	F&P	T	Nov-19	101.2	99.5	100.0	111.5					
% Medical Outliers	F&P	T	Mar-20	1.2%	1.0%	1.0%	0.5%		Patients not in right speciality inpatient area to receive timely, high quality care.	Clinical effectiveness, ↑ in Loss, 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	Mar-20	42.1%	39.3%	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. Improved performance in January.	RC
E-Discharge: % of E-discharge summaries sent within 24 hours (Inpatients) - TOTAL	Q	▲	Feb-20	74.0%	72.1%	90.0%	71.3%		For IP discharge summaries: An interim Discharge Notification has been developed and was reviewed at the CQPG meeting in January. This summary will be sent within 24 hours. Thereafter a full discharge summary will be sent within 14 days. For OP attendance letters the data which feeds the calculation has been updated with further data cleansing in progress. For ED discharge summaries the NHS Number issue was resolved on 10th October and is now above the target. ED have schedule a meeting at the end of Jan to discuss how we get back to 100% ensuring all discharge clinicians complete a summary.		IP Interim discharge summary is evolving to allow clinically rich and relevant data to be shared with GPs in a timely manner. Both hospital and GP clinical input is feeding into this project.	RPJ
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients) - TOTAL	Q	▲	Feb-20	91.0%	87.0%	95.0%	85.0%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	Feb-20	96.1%	94.8%	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	▲	Mar-20	91.2%	89.3%	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	▲ £	Mar-20	1	1	0	1		Never event reported in March 2020, relating to retained swab during surgery.	Quality and patient safety	RCA is being undertaken. Immediate actions in place to mitigate chances of recurrence. Safer surgery actions and checks in place to minimise the likelihood of never events.	SR
% New Harm Free Care (National Safety Thermometer)	Q	T	Mar-20	98.5%	98.7%	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	Mar-20	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	▲ £	Mar-20	0	1	0	1		There has been 1 MRSA positive blood sample in November 2019 (target = 0). The RCA indicated this was a contaminant and patient did not come to harm.	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	▲ £	Mar-20	0	43	48		YTD there have been 62 positive C Diff samples, of which 19 cases have been successfully appealed.				
Number of Hospital Acquired Methicillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections	Q F&P		Mar-20	0	25	No Target	31		Internal RCAs on-going with more recent cases of C. Difficile.			
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	Feb-20	0	1	No Contract target	0		One category 3 avoidable pressure ulcer reported in November 2019	Quality and patient safety	The incident is currently undergoing an RCA process and will be evaluated for any missed opportunities or lapse in case. If the incident is classified as unavoidable by the panel, the KPI will be amended.	SR
Number of falls resulting in severe harm or death	Q	▲	Jan-20	3	10	No Contract target	18		3 falls resulting in severe harm - reported from ward 5B, 1A and Newton	Quality and patient safety	Falls reduction and improvement work in all areas being undertaken.	SR
VTE: % of adult patients admitted in the month assessed for risk of VTE on admission	Q	▲ £	Feb-20	95.70%	95.54%	95.0%	95.94%		VTE performance monitored since implementation of Medway and ePMA. Performance remains above target.	Quality and patient safety	Every effort is being made to supplement routine reviews with additional activity to support performance pending electronic solution. The long term strategy will be to move assessment into e-prescribing allowing simultaneous assessment and therapeutic prescription.	RPJ
Number of cases of Hospital Associated Thrombosis (HAT)		T	Mar-20	3	26	No Target	26					
To achieve and maintain CQC registration	Q		Mar-20	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	Feb-20	95.3%	96.3%	No Target	96.5%		March 2020 submission suspended.	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	Feb-20	1	5	No Target	0		Shelford Patient Acuity undertaken bi-annually			

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	▲ £	Feb-20	95.7%	90.7%	93.0%	92.2%					
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Feb-20	95.95%	97.2%	96.0%	98.1%		Cancer services continue to operate a restricted service due to COVID. Ongoing tracking of patients and development of Cancer Surgical Hub begun	Quality and patient experience	1. All DMs producing speciality level action plans to provide two week capacity 2. Capacity demand review on going at speciality level 3. Trust pilot site for SFIT lower GI which will improve cancer access and pathways. full roll out of pilot commenced early 2020 4. Trust commenced Rapid Diagnostic Service early 2020 5. development of Cancer surgical Hub	RC
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	Feb-20	83.4%	86.0%	85.0%	88.3%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	Mar-20	90.3%	90.3%	92.0%	92.4%		COVID restrictions to elective programme causing drop in RTT performance. Each patient remains on PTL and tracked. OP process in place to manage referrals and existing PTL	COVID restrictions have stopped elective programme and therefore the ability to achieve RTT is not possible. Many surgical wards converted to Medical wards to support COVID admissions		
18 weeks: % of Diagnostic Waits who waited <6 weeks	F&P	▲	Feb-20	99.9%	99.7%	99.0%	99.9%				RTT continues to be monitored and patients tracked.	RC
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	Mar-20	0	0	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Mar-20	0.9%	0.7%	0.8%	0.8%		Reportable cancellations were higher in March due to COVID-19, consultant sickness, theatre staff sickness and re-deployment of staff to critical care areas. The trust achieve the national performance target for the year.	Patient experience and operational effectiveness Poor patient experience	Monitor cancellations and recovery plan when restrictions lifted	RC
Cancelled operations: % of patients treated within 28 days after cancellation	F&P	▲ £	Feb-20	100.0%	98.9%	100.0%	99.5%					
Cancelled operations: number of urgent operations cancelled for a second time	F&P	▲ £	Feb-20	0	0	0	0		All routine elective work cancelled until COVID restrictions lifted			
A&E: Total time in A&E: % < 4 hours (Whiston: Type 1)	F&P	▲	Mar-20	74.0%	69.8%	95.0%	74.3%		Accident and Emergency Type 1 performance for March 2020 was 74.0% and YTD 69.8%. The all type mapped STHK Trust footprint performance for March was 85.6% and YTD 83.9%. The Trust received only 7,835 Type 1 attendances in March 2020 (compared with 10,021 in March 2019), consequently full year effect growth in ED attendances reduced to 2.95% 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. Plans are in place to increase the bed capacity within the Trust which will support the required reduction in bed occupancy leading to decongestion of the A&E department.	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	▲	Mar-20	85.6%	83.9%	95.0%	87.1%					
A&E: 12 hour trolley waits	F&P	▲	Mar-20	0	0	0	0		Ambulance notification to handover time was achieved in March 2020 with 14:37 mins on average (target 15 mins). There were 2,460 ambulance conveyances in March. NB: STHK had the highest number of ambulance conveyances across Cheshire and Merseyside and Greater Manchester in March.			

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	▲ £	Feb-20	0	2	0	0		March 2020 submission suspended. 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	Mar-20	26	320	No Target	266		% new (Stage 1) complaints resolved within agreed timescales continues to remain above the 90% target, year to date. Number of new complaints received increased slightly in March.	Patient experience	The Complaints Team continue to focus on increasing response times with active monitoring of any delays and provision of support as necessary. Training in complaints investigations and statement writing was delivered in January at Whiston Hospital and February at St Helens Hospital to support staff across the Trust and to continue to raise the importance of responding in a timely manner. Additional meetings have been put in place with departments where support is required, including ED. Complainants made aware of significant delays that will be experienced in receiving responses going forward due to current operational pressures.	SR
Complaints: New (Stage 1) Complaints Resolved in month	Q	T	Mar-20	25	310	No Target	241					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	Mar-20	96.0%	92.9%	No Target	92.1%					
DTOC: Average number of DTOCs per day (acute and non-acute)	Q	T	Feb-20	24	21	No Target	19		March 2020 submission suspended. In February 2020, the average number of DTOCS (patients delayed over 72 hours) was 24.		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	Mar-20	287	333							
Average number of Super Stranded patients per day (21+ days LoS)	Q	T	Mar-20	100	126							
Friends and Family Test: % recommended - A&E	Q	▲	Feb-20	86.7%	86.5%	90.0%	86.0%		YTD recommendation rates remain above target for inpatients, antenatal, postnatal and community postnatal, but slightly below target for ED, Outpatients and delivery in line with previous month.	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. 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 are available for 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. Additional awareness raising of the need to increase the number of posters display is on the agenda for March's Ward Manager and Matron meeting.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Feb-20	96.1%	95.6%	90.0%	94.7%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q		Feb-20	100.0%	98.8%	98.1%	98.7%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Feb-20	100.0%	97.7%	98.1%	98.1%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q		Feb-20	100.0%	96.9%	95.1%	94.8%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q		Feb-20	100.0%	99.6%	98.6%	98.0%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Feb-20	95.0%	94.6%	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	▲	Mar-20	7.3%	5.3%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	5.0%		In February sickness was 5.6%. In March sickness is 7.3%, COVID-19 has contributed to this increase of 1.7%. There has also been a 2.2% increase in Qualified and HCA sickness.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	Due to COVID-19, there has been a steep increase in sickness. On a daily basis, the HR Advisory Team are reviewing COVID and non COVID absences to ensure staff eligible for swabbing are referred to HWWB, those who are near end of period of self isolation are returning to work and those who are on LTS due to non COVID are managed accordingly inline with policy.	AMS	
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P UOR	T	Mar-20	8.2%	6.1%		5.3%	6.1%					
Staffing: % Staff received appraisals	Q F&P	T	Mar-20	79.4%	79.4%		85.0%	89.6%		Appraisal compliance in March is below target by 5.6% due to appraisals being paused for 3 months due to covid.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	The improvements made last months have been impacted by COVID 19 with both Appraisal and Mandatory training compliance seeing a reduction in performance in month to below the target. Managers reported they were struggling to identify sufficient capacity to complete appraisals and release staff for training due to COVID19. The completion of appraisals has been paused for 3 months during COVID19 and the content of Mandatory training has been adjusted to allow focus on IV. ventilation skills, induction and clinical refresher courses.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Mar-20	84.5%	84.5%		85.0%	95.3%		Mandatory training compliance has reduced by 0.6% since last month and is below the target by 0.5%.			
Staff Friends & Family Test: % recommended Care	Q	▲	Q2			No Contract Target				Quarter 4 submission suspended.	Staff engagement, recruitment and retention.		
Staff Friends & Family Test: % recommended Work	Q	▲	Q2			No Contract Target				For both questions the Trust returned the best scores nationally.		The Q3 survey covering all areas of the Trust closed on the 30th November. Results were published 18th February 2020.	AMS
Staffing: Turnover rate	Q F&P UOR	T	Mar-20	0.9%	10.1%	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											
Progress on delivery of CIP savings (000's)	F&P	T											
Reported surplus/(deficit) to plan (000's)	F&P UOR	T										Weekly update to be provided to DoF on current progress of internal schemes. Divisions to report progress at Finance & Performance Committee.	
Cash balances - Number of days to cover operating expenses	F&P	T								Finance indicators within the IPR are greyed out subject to final accounts being submitted.	Delivery of Control Total	Executives to engage external stakeholders regarding progress of transformational programmes that will assist in delivering the Cost Improvement Programme.	NK
Capital spend £ YTD (000's)	F&P	T											
Financial forecast outturn & performance against plan	F&P	T										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.	
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T											

APPENDIX A

		Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	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	▲ £	83.3%	100.0%	100.0%	84.6%	73.7%	100.0%	89.7%	100.0%	89.5%	100.0%	100.0%	100.0%	100.0%	92.5%	85.0%	96.5%		
	Total > 62 days		2.5	0.0	0.0	1.0	5.0	0.0	2.0	0.0	2.0	0.0	0.0	0.0	0.0	10.0		5.0		
	Total > 104 days		1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Lower GI	% Within 62 days	▲ £	72.7%	80.0%	94.4%	100.0%	88.9%	60.0%	60.0%	85.7%	100.0%	78.9%	100.0%	50.0%	100.0%	83.3%	85.0%	86.6%		
	Total > 62 days		1.5	1.0	0.5	0.0	0.5	3.0	2.0	1.0	0.0	2.0	0.0	2.0	0.0	11.0		10.5		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0				
Upper GI	% Within 62 days	▲ £	88.9%	75.0%	88.9%	85.7%	83.3%	90.9%	100.0%	85.7%	100.0%	87.5%	88.9%	100.0%	100.0%	91.3%	85.0%	74.7%		
	Total > 62 days		0.5	1.5	0.5	1.0	1.0	0.5	0.0	1.0	0.0	1.0	0.5	0.0	0.0	5.5		12.0		
	Total > 104 days		0.0	0.5	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.5	0.0	0.0	1.0				
Urological	% Within 62 days	▲ £	87.8%	90.9%	87.1%	91.3%	96.9%	87.5%	83.3%	92.3%	84.6%	92.0%	86.4%	86.4%	69.2%	86.1%	85.0%	86.0%		
	Total > 62 days		2.5	1.5	2.0	1.0	0.5	2.5	3.0	1.0	2.0	1.0	1.5	1.5	6.0	22.0		29.0		
	Total > 104 days		0.0	0.5	0.5	1.0	0.0	0.5	0.5	0.0	0.0	0.5	0.5	1.0	1.0	5.5				
Head & Neck	% Within 62 days	▲ £	0.0%	100.0%	0.0%	25.0%	0.0%	16.7%	50.0%	28.6%	28.6%	20.0%	66.7%		25.0%	30.2%	85.0%	57.1%		
	Total > 62 days		0.5	0.0	1.5	3.0	0.5	2.5	1.5	2.5	2.0	1.0			1.5	18.5		12.0		
	Total > 104 days		0.0	0.0	0.0	0.5	0.0	0.0	0.0	1.5	1.0	0.0	0.0		0.0	3.0				
Sarcoma	% Within 62 days	▲ £		50.0%			100.0%		100.0%	50.0%	100.0%	0.0%	100.0%		66.7%	85.0%	85.2%			
	Total > 62 days			0.5			0.0		0.0	1.0	0.0	1.0	0.0		2.0		2.0			
	Total > 104 days			0.0			0.0		0.0	0.0	0.0	0.0	0.0		0.0					
Gynaecological	% Within 62 days	▲ £	88.9%	77.8%	66.7%	100.0%	40.0%	83.3%	40.0%	50.0%	0.0%	75.0%	54.5%	80.0%	66.7%	66.3%	85.0%	77.8%		
	Total > 62 days		0.5	1.0	2.0	0.0	3.0	1.0	3.0	1.0	0.5	1.0	2.5	1.0	2.0	17.0		10.0		
	Total > 104 days		0.5	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.5	0.0	0.0	0.0	0.0	1.5				
Lung	% Within 62 days	▲ £	81.8%	92.9%	71.4%	100.0%	88.2%	100.0%	100.0%	57.1%	90.0%	100.0%	58.3%	100.0%	71.4%	85.6%	85.0%	90.4%		
	Total > 62 days		1.0	0.5	1.0	0.0	1.0	0.0	0.0	3.0	1.0	0.0	2.5	0.0	1.0	9.5		8.0		
	Total > 104 days		0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0				
Haematological	% Within 62 days	▲ £	0.0%	83.3%	100.0%	80.0%	100.0%	50.0%	85.7%	100.0%	78.9%	100.0%	86.7%	80.0%	100.0%	85.6%	85.0%	76.7%		
	Total > 62 days		2.0	1.0	0.0	1.0	0.0	1.0	1.0	0.0	2.0	0.0	1.0	1.0	0.0	7.0		9.5		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0				
Skin	% Within 62 days	▲ £	88.1%	94.9%	95.0%	97.1%	94.4%	92.8%	95.0%	98.2%	80.2%	94.4%	95.8%	78.4%	93.9%	91.6%	85.0%	93.4%		
	Total > 62 days		2.5	1.0	1.0	0.5	1.5	2.5	1.5	0.5	8.0	1.5	1.0	5.5	1.5	25.0		20.5		
	Total > 104 days		0.0	0.0	0.0	0.0	1.5	1.0	0.5	0.0	1.5	0.5	0.5	1.5	1.5	8.5				
Unknown	% Within 62 days	▲ £	66.7%	100.0%	100.0%	50.0%	100.0%		100.0%				100.0%	0.0%		69.2%	85.0%	93.9%		
	Total > 62 days		0.5	0.0	0.0	1.5	0.0		0.0				0.0	0.0	0.5	2.0		1.0		
	Total > 104 days		0.5	0.0	0.0	0.5	0.0		0.0							0.5				
All Tumour Sites	% Within 62 days	▲ £	82.6%	90.0%	89.6%	87.6%	85.6%	85.7%	85.9%	86.2%	83.1%	88.9%	86.2%	85.2%	83.4%	86.0%	85.0%	88.3%		
	Total > 62 days		14.0	8.0	8.5	9.0	13.0	13.0	14.0	11.0	18.0	9.5	10.0	11.5	12.0	129.5		119.5		
	Total > 104 days		2.0	1.0	1.5	2.0	1.5	3.0	1.0	2.5	5.0	1.0	1.5	2.5	2.5	24.0				
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																				
Testicular	% Within 31 days	▲ £	100.0%				100.0%	66.7%							80.0%	85.0%	90.0%			
	Total > 31 days		0.0				0.0	0.5							0.5		1.0			
	Total > 104 days		0.0				0.0	0.0							0.0					
Acute Leukaemia	% Within 31 days	▲ £							100.0%		100.0%				100.0%	85.0%	66.7%			
	Total > 31 days								0.0		0.0				0.0		1.0			
	Total > 104 days								0.0		0.0				0.0					
Children's	% Within 31 days	▲ £														85.0%				
	Total > 31 days																			
	Total > 104 days																			

TRUST BOARD

Paper No: NHST(20)031
Title of Paper: Committee Report – Audit
Purpose: To feed back to members matters arising from the Audit Committee on 22 nd April 2020
<p>Summary</p> <p><u>For Assurance</u></p> <p>External Audit</p> <ul style="list-style-type: none"> • Audit Progress Report and Sector Update – Grant Thornton UK LLP (GT) presented the regular progress report. There is currently ongoing dialogue between GT and Finance. Potential accounts impact / uncertainties (COVID-19) were acknowledged, but at present, external audit work is proceeding to a revised national timeline, with the final financial statements audit commencing after 11 May. <p>Internal Audit</p> <ul style="list-style-type: none"> • Progress Report – MIAA provided detail on finalised reports [2 <i>substantial</i> and 1 <i>high assurance</i>] and progress against MIAA’s 19/20 plan. • Head of Internal Audit Opinion 2019/20 – the overall opinion provides substantial assurance. This will be incorporated into the Trust’s Annual Governance Statement (AGS). <p>Anti-fraud</p> <ul style="list-style-type: none"> • Anti-fraud Annual Report 2019/20 – this draft report was discussed and accepted. Specific COVID-related fraud risk was discussed and acknowledged. <p>Standing Items</p> <ul style="list-style-type: none"> • Audit Log – the Trust’s summary of progress in implementing MIAA recommendations was discussed and accepted. <p>Other Business</p> <ul style="list-style-type: none"> • Governance in the context of COVID-19 – this detailed account of additional governance and controls was scrutinised. The Committee noted its assurance, and wished to acknowledge and offer <i>sincere heartfelt thanks</i> to everyone involved in this significant undertaking. <p><u>For Information</u></p> <p>Standing Items</p> <ul style="list-style-type: none"> • Losses and Special Payments – report was discussed and accepted. • Aged Debt Report – invoiced debt over 90 days overdue has fallen from £13.42m (M6) to £9.07m (M12). • Waivers Report – The Head of Procurement’s paper was noted. <p>Other Business</p> <ul style="list-style-type: none"> • Trust response re Questions from External Auditor to Management / Chair’s response re Questions from External Auditor to Those Charged with Governance – the responses to GT, used in the course of audit planning, were noted.

For Decision

- **External Audit Plan Addendum** – the Committee approved GT’s addendum to the audit plan for the year ending 31 March 2020 relating to changes arising from COVID-19, including the removal of the requirement for audit of Quality Accounts 2019/20.
- **Internal Audit Draft Plan 2020-21 / Anti-Fraud, Bribery and Corruption Work Plan 2020-21** – the Committee approved both plans, subject to any necessary and risk-focussed flexing arising from COVID-19.
- **Draft Accounting Policies 2019/20 [and Going Concern]**
The draft policies for the Annual Accounts, subject to any further changes as suggested by central bulletins and guidance, were approved. Particular items of note are as follows:
 - The Committee noted that the Trust’s going concern status persists and can only be affected by a (currently non-existent) DHSC intention to dissolve the Trust;
 - The mandated ‘material uncertainties’ going concern disclosure was approved;
 - Disclosure of the *elevated estimation uncertainty* relating to the valuation of the Trust’s estate, arising from COVID-19, was approved. GT signalled that this may possibly be included in the final audit report as an *Emphasis of Matter*, ie a special disclosure.
- **Service Level Agreement (SLA) Policy** – this updated policy was approved.

Risks noted / items to be raised at Board

- None.

Corporate objectives met or risks addressed: Contributes to the Trust’s governance arrangements.

Financial implications: None as a direct consequence of this paper.

Stakeholders: The Trust, its staff and all stakeholders.

Recommendation(s): For Board members to note.

Presenting officer: Ian Clayton, NED and Chair of the Audit Committee

Date of meeting: 29th April 2020

TRUST BOARD

Paper No: NHST(20)32
Title of paper: Corporate Risk Register
Purpose: To inform the Board of the risks that have currently been escalated to the Corporate Risk Register (CRR) from the Care Groups via the Trust's risk management systems.
<p>Summary: The CRR is reported to the Board four times a year to provide assurance that the Trust is operating an effective risk management system, and that risks identified and raised by front line services can be escalated to the Executive. The risk management process is overseen by the Risk Management Council (RMC), which reports to the Executive</p> <p>Committee providing assurance , that all risks:</p> <ul style="list-style-type: none"> • Have been identified and reported; • Have been scored in accordance with the Trust risk grading matrix; • Any risks initially rated as high or extreme have been reviewed by a Director; • Have an identified target risk score, which captures the level of risk appetite and has a mitigation plan that will realistically bring the risk to the target level. <p>The RMC meeting was a virtual meeting in April to comply with government social distancing guidance.</p> <p>This report covers all the risks reported and reviewed in March 2020 and is a snap shot, rather than a summary of the previous quarter. A comparison with the previous Board report in January 2020 is included to illustrate the movement in risks during the period.</p> <p>The report shows:</p> <ul style="list-style-type: none"> • The total number of risks on the risk register is 784 compared to 778 in January 47% (366) of the Trusts risks are rated as Moderate or High compared to 45% (349) in January; • 21 risks that scored 15 or above had been escalated to the CRR (there were 15 risks escalated in January). 5 of these escalated risks relate to the impact of COVID-19. <p>The spread of CRR risks (Appendix 1) across the organisation is:</p> <ul style="list-style-type: none"> • 7 in the Medical Care Group; • 3 in the Surgical Care Group; • 2 in Clinical Support Care Group; • 9 in Corporate Services; • 0 in Primary Care and Community Services Care Group. <p>The risk categories of the CRR risks are:</p> <ul style="list-style-type: none"> • 14 x Patient Care; • 2 x Money; • 1 x Governance; • 2 x Staff; • 2 x Activity. <p>The report also includes comparisons between the quarterly reports and against the same period last year – April 2019 (Appendices 2 and 3).</p>
Corporate objectives met or risks addressed: The Trust has in place effective systems and processes to identify manage and escalate risks to the delivery of high quality patient care
Financial implications: None directly from this report
Stakeholders: Staff, Patients, Commissioners, Regulators
Recommendation(s): The Trust Board notes the risk profile of the Trust and the risks that have been escalated to the CRR
Presenting officer: Nicola Bunce, Director of Corporate Services
Date of meeting: 29 th April 2020

CORPORATE RISK REGISTER – APRIL 2020

1. Trust Risk Register Summary for the Reporting Period

RISK REGISTER	Current Reporting Period 01/04/2020	Previous Reporting Period 02/03/2020	Previous Reporting Period 03/02/2020
Number of new risks reported	13	11	24
Number of risks closed or removed	37	6	8
Number of increased risk scores	6	2	6
Number of decreased risk scores	5	6	4
Number of risks overdue for review	181	70	49
Total Number of Datix risks	784*	807	806

*This report is based on the 779 scored risks. 5 further risks had been reported to DATIX but not scored at the time of the report (risks can be reported by anyone and then should be assessed and scored by the manager within 7 days)

The number of risks which had not been reviewed has increased, which is partly due to staff absences and staff being redeployed to other tasks as a result of COVID-19.

2. Trust Risk Profile

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
64	48	21	116	9	155	60	128	31	126	6	12	3	0
133 = 17.07%			280 = 35.94%			345 = 44.29%				21 = 2.70%			

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

3.1 Surgical Care Group - 213 risks reported 27% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
9	10	7	39	3	45	14	44	9	30	2	1	0	0
26 = 12.21%			87 = 40.85%			97 = 45.54%				3 = 1.41%			

3.2 Medical Care Group – 180 risks reported 23%% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
27	23	2	29	0	28	9	23	10	22	2	4	1	0
52 = 28.89%			57 = 31.67%			64 = 35.56%				7 = 3.89%			

3.3 Clinical Support Care Group - 104 risks reported 13% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
8	8	0	13	0	17	12	14	6	24	1	0	1	0
16 = 15.38%			30 = 28.85%			56 = 53.85%				2 = 1.92%			

3.4 Primary Care and Community Services Care Group - 33 risks reported 4% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
0	0	0	7	0	3	4	7	3	9	0	0	0	0
0			10 = 30.30%			23 = 69.70%				0			

3.5 Corporate (Finance, Health Informatics/Health Records, Facilities, Nursing/Governance/Quality & Risk, HR and Medicines Management) - 249 risks reported 32% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
20	7	12	28	6	62	21	40	3	41	1	7	1	0
39 = 15.6%			96 =38.5%			105 =42.2%				9 =3.6%			

The highest proportion of the Trust's risks continues to be identified in the Corporate Care Group. The split of the risks across the corporate departments is:

	High	Moderate	Low	Very low	Total
Health Informatics/Health Records	1	21	4	0	26
Estates and Facilities Management	0	4	16	8	28
Nursing, Governance, Quality & Risk	2	16	8	7	33
Finance	3	6	16	12	37
Medicines Management	0	19	38	8	65
Human Resource	3	38	14	4	59
Information Governance	0	1	0	0	1
Total	9	105	96	39	249

3. The Trusts Highest Scoring Risks – Corporate Risk Register

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

Summary of the Corporate Risk Register – April 2020

KEY	Medicine		Surgical		Clinical Support		Corporate		Community	
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New Risk Category	Datix Ref	Risk	Current Risk Score I x L	Date of last review	Executive Lead	Target Risk Score I x L	Action plan in place	Governance
Patient Care	762	If the Trust cannot recruit sufficient staff to fill approved vacancies then there is a risk to being able to provide safe care and agreed of staffing	4 x 4 = 16	04/02/2020	08/07/2015 Anne-Marie Stretch	4 x 2 = 8	Action plan in place	Quality Committee
Patient Care	1043	If there is a global pandemic e.g. Coronavirus then the trust will need to put in place business continuity and service escalation plans	4 x 5 = 20	17/03/2020	17/03/2020 Sue Redfern	4 x 2 = 8	Action plan in place	Executive Committee
Money	1152	If there is an increase in bank and agency then there is a risks to the quality of patient care and ability to deliver financial targets	4 x 4 = 16	04/02/2020	08/07/2015 Anne-Marie Stretch	4 x 3 = 8	Action plan in place	Quality Committee
Patient Care	1280	If there is an increased demand for medical beds then some medical patients may need to outlie in surgical beds	3 x 5 = 15	03/03/2020	31/01/2020 Rob Cooper	1 x 3 = 3	Action plan in place	Quality Committee
Patient Care	1353	If activity at St Helens Hospital continues to be increased, then there is a risk that the current medical cover will not be sufficient	5 x 3 = 15	21/02/2020	26/02/2020 Rob Cooper	5 x 1 = 5	Action plan in place	Quality Committee
Patient Care	1605	If the Trust is unable to fill gaps on the SpR rota then there is a risk to patient safety	4 x 4 = 16	12/03/2020	01/04/2019 Rob Cooper	3 X 1 = 3	Action plan in place	Quality Committee
Governance	1772	If there is a malicious cyber-attack on the NHS then there is risk that patient information systems managed by the HIS will be compromised which could impact on patient care	4 x 4 = 16	31/03/2020	09/11/2016 Christine Walters	4 x 3 = 12	Action plan in place	Executive Committee
Activity	1874	If the Trust cannot maintain 92% RTT incomplete pathway compliance as a result of cancelling non urgent operations in response to the COVID-19 pandemic then it will fail the national access standard	4 x 5 = 20	30/03/2020	30/03/2020 Rob Cooper	4 x 2 = 8	Action plan in place	Finance and Performance Committee
Patient Care	2082	If there is not an established process for the medical review of patients who remain in ED/EAU then the decision to admit could be delayed	4 x 4 = 16	28/02/2020	31/01/2020 Rob Cooper	3 x 2 = 6	Action plan in place	Finance and Performance Committee
Patient Care	2083	If inpatient bed occupancy levels are over 95% then this will negatively adversely affect the admission of medical patients from the ED	3 x 5 = 15	28/02/2020	09/07/2019 Rob Cooper	2 x 2 = 4	Action plan in place	Finance and Performance Committee
Patient Care	2223	If ED attendances and admissions increase beyond planned levels then the Trust may not have sufficient bed capacity or staffing levels to provide safe levels of care	4 x 4 = 16	10/03/2020	31/12/2019 Rob Cooper	2 x 4 = 8	Action plan in place	Executive Committee

Patient Care	2258	If the flexible endoscopy Reverse Osmosis (RO) units cannot be maintained then the endoscopy service could be disrupted	4 x 4 = 16	02/04/2020*	02/03/2020 Rob Cooper	2 x 3 = 6	Action plan in place	Quality Committee
Staff	2370	If the critical care department cannot recruit to all the established consultant posts then there will be a risk to the quality of patient care	4 x 4 = 16	30/03/2020	30/03/2020 Rob Cooper	3 x 2 = 6	Action plan in place	Quality Committee
Patient Care	2502	If there the Brexit negotiations do not proceed then there could be an adverse impact on the supply of medical consumables and devices	4 x 4 = 16	31/03/2020	21/09/2018 Nik Khashu	3 x 2 = 6	Action plan in place	Finance and Performance Committee
Patient Care	2708	If a large number of senior medical staff are adversely impacted by the NHS pension tax rules then the Trust could experience reduced senior clinical capacity	4 x 4 = 16	04/02/2020	04/07/2019 Anne-Marie Stretch	4 x 2 = 8	Action plan in place	Executive Committee
Patient Care	2714	If an interim solution cannot be developed then the Trust may be unable to demonstrate compliance with the FAIR assessment CQUIN contract indicator	3 x 5 = 15	18/03/2020	Sue Redfern	3 x 1 = 3	Action plan in place	Finance and Performance Committee
Money	2746	If the Trust does not achieve its activity plans then the planned income may not be achieved	4 x 4 = 16	10/03/2020	Nik Khashu	4 x 3 = 12	Action plan in place	Finance and Performance Committee
Patient Care	2750	If there are national PDS spine data mismatch errors following the implementation of Medway then diagnostic imaging results could be affected	5 x 3 = 15	06/03/2020	04/09/2019 Rob Cooper	5 x 2 = 10	Action plan in place	Executive Committee
Patient Care	2848	If the Trust does not have sufficient anaesthetic and obstetric on call cover, then there is a risk of delayed medical management if there should be simultaneous medical emergencies.	5 x 3 = 15	21/02/2020	21/02/2020 Rowan Pritchard-Jones	5 x 2 = 10	Action plan in place	Quality Committee
Patient Care	2868	If the Trust is unable to increase critical care capacity during COVID-19 pandemic then it would not be able to meet the expected demand	4 x 5 = 20	30/03/2020	30/03/2020 Rob Cooper	4 x 1 = 4	Action plan in place	Quality Committee
Patient Care	2871	If there is disruption to the national supply of key goods such as PPE and other medical equipment and services during the COVID-19 pandemic then the Trust will not be able to ensure staff have the recommended equipment	4 x 4 = 16	01/04/2020	01/04/2020 Rob Cooper	3 x 3 = 9	Action plan in place	Executive Committee

Blue text = Risks escalated since the January Trust Board report

*Risk 2258 has now been deescalated and scored as a 12

Risks that have been de-escalated from the CRR since the January 2020 Board report are;

Risk Category	Datix Ref	Risk
Patient Care	1358	If the Cheshire and Mersey PACs system experiences system issues, then there is a risk to patient safety
Patient Care	2772	If appropriate nurse cover cannot be identified for ward 4E Medical at times of escalation then there is a risk to patient care

Trust Risk Profile – January 2020

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
63	53	21	119	11	166	59	130	29	119	3	9	0	0
137 = 17.52%			296 = 37.85%			337 = 43.09%				12 = 1.53%			

Trust Risk Profile – April 2019

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
54	59	23	109	12	148	63	113	36	114	1	7	2	0
136 = 18.35%			269 = 36.30%			326 = 43.99%				10 = 1.35%			

CRR – April 2019

The risks highlighted remain or have been re-escalated to the current CRR

Risk Category	Datix Ref	Risk	Current Risk Score I x L	Target Risk Score I x L	Monitoring and Governance
Governance	1772	Risk of Malicious Cyber Attack	4 x 4 = 16	4 x 3 = 12	Executive Committee
Money	1555	Risk of not receiving apprenticeship levy payments for Lead Employer Doctors in Training.	4 x 5 = 20	3 x 4 = 12	Finance and Performance Committee
Money	1152	Risk to the quality of care, contract delivery and finance due to increased use of bank and agency	4 x 4 = 16	4 x 3 = 8	Quality Committee
Patient Care	1080	Risk to patient safety risk and operational effectiveness if staffing levels are below establishment on wards 2B & 2C	4 x 5 = 20	2 x 2 = 4	Quality Committee
Staff	762	Risk that if the Trust cannot recruit sufficient staff to fill approved vacancies then there is a risk to being able to provide safe care and agreed of staffing	4 x 4 = 16	4 x 2 = 8	Quality Committee
Staff	2370	Risk to safe levels of medical cover, if consultant medical staff cannot be recruited to critical care vacancies	4 x 4 = 16	3 x 2 = 6	Executive Committee
Patient Care	2502	The potential impact of Brexit No Deal on the supply of medical consumables and devices	4 x 4 = 16	3 x 2 = 6	Finance and Performance Committee
Money	2521	If the Trust cannot deliver its agreed activity and CIP then there is a risk to the forecast outturn and the achievement of PSF funding	4 x 4 = 16	4 x 3 = 12	Finance and Performance Committee
Patient Care	2334	Medway migration issues in Patient Booking Services impacting on service delivery across the Trust	4 x 4 = 16	4 x 2 = 8	Executive Committee
Patient Care*	2385	Temporary relocation of the Plastics Trauma Unit due to winter pressures is not fit for purpose	3 x 5 = 15	3 x 2 = 6	Executive Committee