St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 26TH FEBRUARY 2020
IN THE BOARDROOM, LEVEL 5, WHISTON HOSPITAL

AGENDA				Paper	Presenter
09:30	1.	Employee of the Month - December 2019		Verbal	Chair
09:40	2.	Apologies for Absence		Verbal	
	3.	Declaration of Interests		Verbal	
	4.	Minutes of the Previous Meeting held on 29th January 2020		Attached	
		4.1	Correct Record & Matters Arising	Verbal	
		4.2	Action Log	Attached	
Performance Reports					
09:50	5.	Integrated Performance Report		NHST(20) 12	Nik Khashu
		5.1	Quality Indicators		Rob Cooper on behalf of Sue Redfern
		5.2	Operational Indicators		Rob Cooper
		5.3	Financial Indicators		Nik Khashu
		5.4	Workforce Indicators		Anne-Marie Stretch
Committee Assurance Reports					
10:10	6.	Committee Report – Executive		NHST(20) 13	Ann Marr OBE
10:20	7.	Committee Report – Quality		NHST(20) 14	Gill Brown
10:30	8.	Committee Report – Finance & Performance		NHST(20) 15	Jeff Kozer
10:40	9.	Committee Report – Audit		NHST(20) 16	Ian Clayton
10:50	10.	Committee Report – Charitable Funds		NHST(20) 17	Paul Growney
BREAK					

AGENDA			Paper	Presenter
Other Board Reports				
11.00	11.	Knowsley Council Public Health Annual Report for 2018/19 – Keeping Active	NHST(20)18	Dr Sarah McNulty Director of Public Health
Closing Business				
12:00	12.	Effectiveness of Meeting	Verbal	Chair
	13.	Any Other Business		
	14.	Date of Next Meeting – Wednesday 25th March 2020		

WORKING LUNCH

Minutes of the St Helens and Knowsley Teaching Hospitals NHS Trust Board meeting held on Wednesday 29th January 2020 in the Boardroom, Whiston Hospital

PUBLIC BOARD

Chair:	Mr R Fraser	(RF)	Chairman
Members:	Ms A Marr	(AM)	Chief Executive
	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	(IC)	Non-Executive Director
	Mrs G Brown	(GB)	Non-Executive Director
	Mrs A-M Stretch	(AMS)	Deputy Chief Executive/Director of HR
	Mrs S Redfern	(SR)	Director of Nursing, Midwifery & Governance
	Mrs C Walters	(CW)	Director of Informatics
	Ms N Bunce	(NB)	Director of Corporate Services
	Mr R Cooper	(RC)	Director of Operations & Performance
	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 Alan Lowe	(AL)	Halton CCG *(co-opted member)*
	Miss S Daniels	(SD)	HR e-Resourcing Administrator, STHK *(Observer)*
	Miss S McEvoy	(SMcE)	Management Accountant, MCG, *STHK (Observer)*
	Miss G Langton	(GL)	Deputy Management Accountant, STHK *(Observer)*
	Mr G Lawrence	(GL2)	Deputy Director of Finance *(Observer)*
	Mrs C Slocombe	(CS)	Quality Matron, STHK *(for Patient story only)*
	Mr P Hodgkins	(PH)	IV Nurse Specialist, STHK *(for Patient story only)*
	Mrs P McGrail	(PMcG)	IV Nurse Specialist, STHK *(for Patient story only)*
	Ms J Byrne		Executive Assistant *(Minute Taker)*
Apologies:	Mr N Khashu	(NK)	Director of Finance

1. Employee of the Month

The Employee of the Month for January 2020 was awarded to Dr Sumudu Bujawansa, Consultant in Diabetes and Endocrinology.

2. Patient Story

2.1. SR introduced AD and his wife PD to Board members, whose patient story focussed on the care he received from the community IV Therapy Team and the difference this had made to his quality of life.

2.2. AD had undergone a bowel resection in 2000 and due to some complications was in hospital for 6 months. As a result of short bowel syndrome, he had been admitted to hospital for dehydration 13 times during 2018 and 2019; the longest stay being 3 months.

2.3. Since the Community IV Therapy Team had started visiting AD at home to administer his therapy he had not been admitted since August 2019. AD was also provided with a rucksack which was specially designed for portable infusion devices, allowing AD to lead a much more independent life. PD described how the IV therapy initiative had improved AD's quality of life dramatically and had a knock-on effect for the whole family.

2.4. PMcG and PH had been running the community nurse-led IV service for 10 years, offering a wide range of therapies on behalf of Bridgewater Community Health NHS Trust. With the right support and STHK clinical leadership they now hoped to develop the scope of the service further, e.g. heart failure pathway, diuretics for Cardiology and Frailty patients and Dr Theis (Gastro) and Dr Thompson (Palliative Care) had also expressed an interest in using the service. However, in order to do this more capacity would be needed to take the additional referrals.

2.5. It was estimated that 50+ cardiac patients who currently have an average of 3 episodes per year could be treated at home. GA was very impressed with the service and its potential to help more patients, and felt was the type of service the CCGs should be investing in to reduce the growth of NEL admissions.

2.6. AM confirmed that the Trust's plans when taking over the management of community services had been to harness the benefits from the knowledge and expertise in both the Community and Trust teams to jointly improve services.

2.7. VD commented that it was good to see community services challenging the assumptions of the acute services and pushing the boundaries of what could be delivered to patients in their own homes.

2.8. It was noted the service was no longer commissioned by Halton CCG, who had changed to a community IV antibiotic service only. AM felt this was disappointing given the increase in ED attendances from Halton.

2.9. RPJ confirmed that a governance process for the team had now been put in place to approve new pathways and developments.

2.10. RF thanked Mr & Mrs D and staff members for attending the meeting and for participating in a very constructive and interesting discussion.

3. Apologies for Absence

Apologies were noted as above.

4. Declaration of Interests

4.1. There were no declarations of interest.

5. Minutes of the previous meeting held on 27th November 2019

5.1. Correct Record

5.1.1. The minutes were accepted as a correct record once the following changes were made:

5.1.2. Minute 12.2 - amended to reflect e-learning facilities at both Whiston and St Helens were required; and

5.1.3. Minute 18.1 – the Trust had been awarded "MOD Employers' Recognition Scheme Gold Award" for its work with veterans/the Armed Forces.

5.2. **Action List**

5.2.1. Actions 6, 18, 19, 21 were on the meeting agenda.

5.2.2. Actions 22, 23, 25 and 26 were closed.

5.2.3. Actions 9 and 20 were not due for this meeting.

6. Integrated Performance Report (IPR) – NHST(20)001

6.1. 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.

6.2. **Quality Indicators**

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

6.2.2. The CQC had now appointed a new Trust Engagement Lead, who would be visiting the Trust in the near future.

6.2.3. There had been no never events in December 2019 and none year to date.

6.2.4. There had been no cases of MRSA reported in December 2019. SR reported that there had been a positive blood sample for MRSA detected in November; however the Route Cause Analysis (RCA) investigation indicated this was a contaminant and the patient did not come to harm.

6.2.5. There were 4 C.Diff positive cases reported in December 2019 (1 hospital onset and 3 community onset). Year to date there had been 34 cases (26 hospital onset and 8 community onset), although 7 cases were in the process of being appealed and a further 7 had been identified for appeal.

6.2.6. The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for December 2019 was 95.5% and year to date performance was 96.3%.

6.2.7. There were 1 grade 3 avoidable pressure ulcer reported in November 2019 (year to date = 1), the findings of which were still being collated.

6.2.8. There were no falls resulting in severe harm year in November 2019 and 7 in the year to date.

6.2.9. Venous thromboembolism (VTE) assessment performance for November 2019 was 95.90%. Year to date performance was 95.50% against a target of 95%.

6.2.10. The latest report HSMR (April – July 2019) was 109.5.

6.3. **Operational Indicators**

6.3.1. RC presented the update on the operational performance.

6.3.2. Performance against the 62-day cancer standard was above the target of 85.0% in November 2019 at 88.9%.

6.3.3. The 31-day cancer target was achieved with 99.0% performance against a target of 96%.

6.3.4. The 2-week rule cancer target was achieved with 94.4% in month against the target of 93%. This was an improving position, although the YTD performance was still 89.4%

6.3.5. A&E access time performance was 65.0% (type 1) for December 2019. The all types mapped footprint performance was 78.2%. The Trust received 10,171 Type 1 attendances in December 2019 and year to date there had been growth of 6.4% compared to 2018/19. Members noted that historically, A&E mapped performance had included a proportion of the attendances from the Huyton Walk In Centre (WIC), however, from 1st December 2019 only activity from Urgent Treatment Centres (UTCs) would continue to be included in the mapped position. Huyton WIC was not designated as a UTC therefore those attendances would no longer be included, and this had a negative impact on performance. However, the transfer of the St Helens UTC to the Trust would mean that this activity became part of the type 1 position going forward, which would be a positive contribution.

6.3.6. LK noted the large percentage growth in the number of Type 1 attendances, which was a bigger growth than All Types walk in attendances. RC believed this could be attributed to seasonal variation and confirmed that attendances were analysed by post code and showed a drift from Liverpool residents who chose to come to Whiston.

6.3.7. RF informed members he had attended a meeting recently where Baroness Dido Harding had provided a different slant on 4 hour performance, where analysis had demonstrated that more patients had been seen in the ED within 4 hours than had ever been achieved in the history of the NHS. RC confirmed that this was the case for the Trust and RF believed the ED team should be congratulated on that achievement.

6.3.8. Board members praised ED staff for their tenacity in the face of the continued pressure and recognised that the lack of patient flow through the hospital meant the staff had two sets of patients to care for, those attending ED and requiring assessment and those being cared for until a bed could be found. JK reassured Board members that the Finance & Performance Committee regularly scrutinised the analysis and feedback provided by members of the ED department and the committee was completely assured everything possible was being done across the hospital to alleviate the pressure and keep patients safe.

6.3.9. RC reported the average number of 'good to go' patients in December was 31, which was impacting on length of stay and bed occupancy. When levels were so high the patients could not be admitted through the ED, however it was anticipated that the additional capacity afforded by the

modular wards would improve patient flow through the hospital. It was noted, however, there were a number of nursing homes in the community with varying levels of quality and delays could often be attributed to both patient/family choice and the differing services/criteria of Local Authorities.

6.3.10. VD queried whether the additional capacity would be sufficient for the Trust to achieve target. RC advised there would still be pressure, particularly when high numbers of attendances occurred at the same time, however, the staffing within ED had been strengthened and, as Board members had heard during the Patient Story, the IV Therapy initiative was one of many interventions that could be introduced to care for people in a community setting and take pressure away from the ED.

6.3.11. Ambulance notification to handover time was not achieved in December 2019 with 31:04 mins/seconds on average, against a target of 15 minutes. There were 2,940 ambulance conveyances in December, which was a slight increase on the previous month. In response to a query from PG querying how the Trust compared to other local Trusts, RC confirmed the Trust had seen the highest number of conveyances in Cheshire and Merseyside for the last 6 months.

6.3.12. RF had recently met with the Chair of NWAS, who had commented on good practice at Blackburn. RC confirmed a team had visited Blackburn to consider whether any of their initiatives could be adopted by STHK. The Finance & Performance Committee had also discussed this in detail and a number of the initiatives had already been adopted, however there were patient safety concerns for two, which had not been adopted. **ACTION: RC to email F&P presentation to RF for his response back to NWAS Chair.**

6.3.13. The average number of Super Stranded patients (patients with a length of stay of greater than 21 days) during December was 131 compared with 120 in November, but still a 20% reduction from the baseline of 154. PG had attended ED over the Christmas period with a family member and had experienced how busy the department had been. Although the wait had been quite long he praised the standard of care and staff attitude.

6.3.14. The 18 week referral to treatment target (RTT) was achieved in December with 92.5% against a target of 92%. There were no 52 week waiters. The 6-week diagnostic target was fully achieved in December with 100% compliance (YTD compliance 99.6%) against a target of 99%.

6.4. **Financial Indicators**

6.4.1. RC presented the update on the financial performance on behalf of NK.

6.4.2. At the end of month 9 (December), the Trust reported a deficit of £1.3m which was in line with agreed plans and assumed full achievement of this year's Provider Sustainability Fund (PSF) funding.

6.4.3. To achieve the year to date position the Trust had utilised c£4.1m of non-recurrent resources.

6.4.4. The impact of patient flow pressures was a fall in income because patients were being held and treated in ED, however the Trust costs to open

escalation beds and provide more nursing cover in ED was increasing the run rate.

6.4.5. Agency expenditure at month 9 was £5.9m which was slightly above the profile of £5.8m.

6.4.6. The Trust continued to deliver above the year-to-date CIP target with £7.8m delivered and £15.4m transacted year to date against a plan of £16.1m.

6.4.7. The Trust had seen a slight increase in the take up of waiting list sessions by medical staff in January following the most recent NHS Pensions Tax announcement by NHSE/I in December.

6.5. **Workforce Indicators**

6.5.1. AMS presented the update on the workforce indicators.

6.5.2. Absence in December increased to 5.7%, against the Q3 target of 4.72%.

6.5.3. Qualified nursing and HCA sickness was 6.0% for December, which was a 0.3% increase from November. All qualified nursing and midwifery sickness had reduced to 3.9%, a 1.7% reduction since September 2019. Mandatory training compliance for the core skills framework subjects was 83.0% (target = 85%). Appraisal compliance was 80.4% (target 85%).

6.5.4. AMS commented that although this was the usual annual profile for the winter months there were concerns about the capacity to "catch up" if activity remained at current levels

7. Committee Report - Executive – NHST(20)002

7.1. AM presented a summary of the issues considered by the Executive Committee at meetings held during November and December 2019.

7.1.1. Re-branding of the HIS to the Mid-Mersey Digital Alliance – Committee had approved the rebranding which encapsulated the diversity of services more accurately.

7.1.2. Copeland's Risk Adjusted Barometer (CRAB) Business Case – the Committee agreed to extend the Trust's use of CRAB to medical specialities which would provide detailed analysis of mortality and individual patient level risk factors. VD was reassured that the Trust had invested in the software but recognised the challenges in embedding it. RPJ confirmed Cardiac clinicians had been publishing their outcomes data for the past 12 years and it was expected that other groups of clinicians would be expected to do the same in the near future. IC queried whether the software would also help to identify whether early intervention helped with rehabilitation. RPJ confirmed it would not be predictive but it could say what percentage change in risk factors would if a patient changed their life style, eg stopped smoking.

7.1.3. Ward 2A Staffing Business Case – due to the complex mix of patients (eg neutropenic chemotherapy patients who needed ITU levels of care) on Ward 2A it was difficult to predict staffing levels, so it was agreed to deal with the ward outside of the normal staffing establishment protocols and increase the

nursing establishment to provide the necessary levels of cover at night.

7.1.4. Switchboard Replacement Business Case – the Committee had agreed to invest in replacement switchboard equipment to improve call answering times and implement voice recognition and virtual operator technology, to enhance the quality of the service.

7.1.5. Accident and Emergency Staff Review – the Committee had partially approved the case for a temporary increase in staffing subject to the impact of the modular wards and further development of Same Day Emergency Care (SDEC), which would increase bed and assessment capacity.

7.1.6. NB confirmed the pay dispute between UNISON and Medirest had been resolved on 16th December.

7.1.7. Board members noted the report.

8. Committee Report - Quality – NHST(20)003

8.1. GB presented a summary of the meeting from the Quality Committee meeting held on 21st January.

8.2. A number of reports had been received which provided updates on performance in the latest quarter including; infection prevention and control, serious incidents, and patient complains and concerns.

8.3. Committee had reviewed the Safeguarding annual information and assurances reports for Adults and Children, and recommended these to the Board for approval.

8.4. Committee had also noted the Internal Auditors' report which provided assurance that the CQC action plan for Marshalls Cross Medical Centre had been implemented and the changes embedded.

8.5. There had been Chairs' reports from the Patient Safety, Patient Experience, Clinical Effectiveness and Workforce Councils.

8.6. GB reported that although there were no issues that the committee needed to escalate, a concern had been identified relating to the increased HSMR and committee had asked the Executive to investigate this and report back at the next meeting.

8.7. The report was noted.

9. Committee Report – Finance & Performance – NHST(20)004

9.1. JK presented the Chair's assurance report from the Finance & Performance Committee meeting held on 23rd January and highlighted the following points:

9.2. The Committee received an update on continued discussions with commissioners around agreement of financial outturn positions for 2019/20 and the risks to achievement.

9.3. Planning guidance had not yet been released nationally but some assumptions were known and the implications for 2020/21 had been discussed. The timetable for submission of draft plans was unknown and could fall before the next committee meeting or Trust Board, therefore delegated authority was sought for the draft plans to

be agreed by the Executive, if the planning assumptions did not change materially. The Board approved this delegation, if it was required.

9.4. The Committee were assured that the ED department had full understanding and grip on the controllable factors within the department. The Committee noted that the increase in bed stock was the key enabler to improving performance, therefore ED scrutiny by the Committee would be quarterly going forward.

9.5. JK commented on the attendance of junior members of the finance team to observe the Finance and Performance Committee, which felt was good experience for them.

9.6. GB had recently attended a NHS Providers' NED finance training day and the Trust finance report had been reviewed and assessed as meeting best practice standards.

9.7. The report was noted.

10. Strategic & Regulatory Report – NHST(20)005

10.1. NB provided an update on key policy and regulatory developments since the last report.

10.1.1. Following the general election there was a Queen's Speech on 19th December 2019, which introduced three bills directly related to health and social care (the NHS Funding Bill, the Health Service Safety Investigations Bill and the Medicines and Medical Devices Bill).

10.1.2. NHS Standard Contract changes - the consultation period for feedback on these changes would end on 31st January 2020 and it was anticipated that the final revised contract would be issued to allow the annual contract negotiations to be completed by April 2020. The review of NHS access standards, was not due to be concluded until April 2020, so no changes were proposed to the standard contract, except to add the 28 day faster diagnosis standard which had been planned for some time. The indicative operational planning timetable was also shared, as discussed in 9.3 above.

10.1.3. Joint agreement on offences against emergency workers - the agreement came into effect on 6th January 2020 to ensure more effective investigation and prosecution of cases where emergency workers were the victim of a crime during the course of their work. The agreement was being reviewed by the Trust's security team and non-clinical health and safety staff to ensure that Trust policies and procedures were compliant with this new agreement.

10.1.4. The report was noted.

11. Corporate Risk Register (CRR) – NHST(20)006

11.1. NB presented the CRR 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. The report was a snap shot of the risks reported and reviewed in December 2019 rather than a summary of the quarter.

11.2. The total number of risks on the risk register was 778 compared to 779 in October 2019.

11.3. 12 risks that scored 15 or above had been escalated to the CRR (there were 14 risks escalated in October).

11.4. The report also included comparisons between the quarterly reports and against the same period last year - January 2019.

11.5. The report was noted.

12. Board Assurance Framework (BAF) – NHST(20)007

12.1. NB presented the quarterly review of the BAF.

12.2. No changes to the risk scores were proposed for this quarter but a number of updates on the actions.

12.3. At VD's suggestion, Board members agreed the addition of "and NED attending CCG Governing Body meetings" to Key Controls bullet point 13 under BAF Risk 5, and adding "Employee Relations Oversight Steering Group" and "Shadow Board" to the list of Key Controls in BAF Risk 6.

12.4. NB highlighted a note had been added relating to the cash flow risk further to IC's comment at the previous review. JK clarified that whilst cash flow was a risk; it was driven by the recouping of Lead Employer (LE) monies rather than the Trust being far behind target. IC queried how many of the monthly LE invoices were more than £1.6m. GL (observer) confirmed it was the majority; Trust turnover was c£400m and LE service had cash turnover of £600k. IC clarified that he could see that the situation was being closely managed, but he felt this remained a concern. GL explained the regulators had been supportive in talking to providers when the Trust had taken over the contract from Pennine Acute Hospitals NHS Trust as they recognised the benefit of Carter at Scale. AMS added that the Dean was also supportive and put pressure on any providers who did not pay their payroll costs on time. It was agreed to hold a session on the future commercial strategy and management of commercial risks at the forthcoming Board Time Out. **ACTION: NB/NK.**

12.5. The proposed changes to the BAF were approved.

13. Aggregated Complaints, Claims & Incidents Report – NHST(20)008

13.1. SR presented the key points from the complaints, claims and incidents report covering data from Q3 (1st October to 31st December 2019).

13.2. The total number of incidents reported in the quarter was 3,944.

13.3. There had been 6 incidents that needed to be reported to StEIS during the quarter and 48 categorised as moderate harm, sever harm or death. Board members noted a thematic review on pressure ulcers was being undertaken as a result of the increase in incidents both hospital and community acquired, the outcome of which had been reported to the Quality Committee.

13.4. The number of new first stage formal complaints was 85, and clinical treatment was the primary cause of complaint with ED having the highest number of complaints, which was linked to the ongoing capacity pressures.

13.5. The number of PALS contacts had increased to 739.

13.6. There had been 14 new clinical negligence claims in Q3. Two of the claims had previously been investigated as incidents and 2 others had previously been

investigated as complaints. The number of stage two complaints was also being closely monitored and reflected the increasing complexity of many complaints.

13.7. There was a decrease in the number of inquests received in Q3 in comparison to the previous quarter. Three inquests were closed in Q3, two of which were third party inquests and one interested party inquest with a conclusion of a narrative verdict, with no actions for the Trust.

13.8. In response to a query from VD, AM confirmed all the Ask Ann queries were registered as concerns or complains and therefore captured in the Trust figures.

13.9. The report was noted.

14. Learning from Deaths Quarterly Report – NHST(20)009

14.1. RPJ introduced Dr Elspeth Worthington, who was the Mortality Lead for the Trust. He praised the work undertaken by EW in developing the learning from deaths process, which was now enabling the Trust to identify trends.

14.2. EW presented the Q2 2019/20 learning from deaths report, to provide assurance that deaths in specified groups had been reviewed and key learning had been disseminated throughout the Trust.

14.3. Since July 2019 a number of learning themes and trends had been identified. The learning themes and actions being taken to address them were:

14.3.1. Correct completion of EOL / DNACPR – a working group, including Trust Solicitors, would deliver a learning package for clinicians that focussed on timely identification of a dying patient and ensured clinicians, patients and families were legally and morally supported in decision-making;

14.3.2. Multiple MET calls on individual patients – an aggregated comprehensive report would be maintained to identify learning and gain assurance that MET policy was followed in a timely and appropriate manner. Senior clinical involvement in ongoing care added quality to the last hours or days of life for an individual patient where this was the anticipated outcome and dignity was to be preserved;

14.3.3. Death Certificate completion – examples had been fed into FY1/FY2 case review teaching. There was ongoing learning where errors had occurred which would ultimately be superseded by the appointment of senior clinicians in the Medical Examiner role;

14.3.4. Recognition of exceptionally good care; this was acknowledged by the Mortality Surveillance Group in writing and could be used by the individual to support appraisal and revalidation.

14.4. Despite regular submissions to the care groups of the learning generated from the structured judgement reviews (SJRs), and inclusion of the key messages at every meeting, the identification of the learning themes outlined above indicated that more work was required to ensure that this communication was reaching direct patient care givers and generated the changes required to improve care.

14.5. SR suggested the learning should be included in the quarterly Patient Safety Briefing (Editor: Rajesh Karimbath) which was circulated via the Team Brief, with additional

copies circulated to Ward Managers and Matrons. **ACTION: RPJ.**

14.6. Board members noted the report but felt that the paper was difficult to understand without the accompanying verbal narrative provided by EW, and could be misleading. A more detailed narrative and explanation was required. It was agreed that an amended paper would be included in the Board pack uploaded to the Trust website. **ACTION: RPJ.**

15. Workforce Strategy & HR Indicators Report – NHST(20)010

15.1. AMS presented the report to provide assurance on the delivery of the Workforce Strategy over the previous 6 months and an update on recent or expected changes to legislation or NHSE/I guidance.

15.2. Anthony Hassle had now been appointed as the regional People Lead for the North West and had recently visited the Trust.

15.3. AMS reported work was ongoing on equality inclusion, which now had a dedicated resource, and staff networks were in place and running successfully.

15.4. The Trust was continuing to see a high level of requests for rota gaps to be filled by bank and agency workers, with 84% of requests filled by staff from the Trust internal staff bank.

15.5. AM queried the Model Hospital data in Table 1 on page 4. AMS explained this was related to the national definition and calculation of the stability index, which was different to turnover rates where the differences arose.

15.6. AMS highlighted that Equality and Diversity protected characteristics data on page 15 had been included in the paper as requested by the Board, and these showed that the Trust had a higher % BAME workforce than the local population.

15.7. VD proposed “the introduction of a Shadow Board” should be added to the list of the Trust’s Workforce Leadership Priorities for 2019/20 (para 4.10.5). **ACTION: AMS.**

15.8. In response to a query from VD, AMS confirmed that although exit interviews were not mandatory, reasons for leaving were recorded so the Trust could measure why people were leaving.

15.9. IC commented on the large number of Trust volunteers. RF asked if all NEDS could thank anyone wearing one of the Trust’s red Trust Volunteer shirts when they were at any of the hospitals, as they genuinely made a difference in improving patient experience.

15.10. IC commented on the Trust induction process and felt that improvements could be made. AMS agreed to discuss the feedback with IC.

15.11. IC also asked about health care scientists which appeared to be a particularly challenging area for recruitment and asked if this was impacting on capacity to deliver services to other organisations or meet turnaround targets. AMS explained that some specialist work has to be outsourced to specialist centres so this was not always a straightforward assessment, as the staff shortages in this area where a national issues.

15.12. In relation to GMC’s first Speciality and Associate Specialist Doctors and Locally Employed Doctors Survey, GB noted that national data was being reported and the results were worrying and asked when the local information would be known. AMS

confirmed this was reviewed at the Workforce Council and some work had already been undertaken based on the national survey, the outcomes of which were usually reported back to the Quality Committee. It was agreed that more information would be included in the next HR Indicators Report. **ACTION: AMS**

15.13. RF commented that this was a very comprehensive report and indicated how much work the Trust was doing to support staff.

15.14. The report was noted.

16. Annual Safeguarding Report (Adults & Children) 2018/19 – NHST(20)011 & 011a

16.1. SR presented the annual safeguarding report for both adults and children to provide the Board with information and assurance that it effectively discharged its safeguarding responsibilities during 2018/19, which had previously been reviewed by the Quality Committee.

16.2. SR confirmed that plans were in place to improve both mental capacity and deprivation of liberty safeguards understanding in the Trust to ensure staff were acting in accordance with legislation. A paper was being prepared for the Executive Committee on the DoLs/Liberty Protection Safeguards (LiPS) process to ensure the Trust would be compliant.

16.3. SR confirmed specific training and support had been given to the ED staff in the management of 16 -17 year olds and Safeguarding Adults training would be rolled out to staff from spring 2020 and the local authority would be contacted to estimate demand.

16.4. Members approved the reports, agreed the future developments recommended in the report and supported the initiatives to achieve PREVENT Level 3 training compliance.

17. Effectiveness of Meeting

17.1. RF asked the meeting's observers for feedback.

17.2. SMcE thought the meeting was very insightful and being an accountant, found it extremely useful to hear about operational performance.

17.3. GL enjoyed the patient story.

17.4. SD was reassured to see matters being addressed by Board members. The patient story had made a particular impact on her as her partner suffered from an illness where the same treatment would make a big difference to their lives.

17.5. RF reflected that sometimes Board members may consider why they were in that position. He cited the numerous errors that had been identified with the Grenfell Tower building, where many opportunities to rectify mistakes were missed. He believed the Trust should never allow that to happen and must be willing to change when change was required.

18. Any Other Business

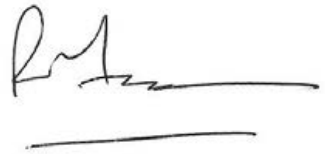
18.1. RF asked Board members to join him in congratulating AM on being awarded an OBE in the 2019 New Year's Honours List.

18.2. On hearing that two members of STHK staff had given CPR to a student of Sutton Academy following a road accident, RF asked the Board Secretary to send an email of

thanks on behalf of the Board to Dr Nick Leaver and Dr Kath Brougham for their swift action. The Academy had confirmed they have undoubtedly saved the pupil's life.

19. Date of Next Meeting

19.1. The next meeting will be held on Wednesday 26th February 2020 at 09:30 hrs in the Executive Boardroom, Level 5, Whiston Hospital, L35 5DR.



Chairman: ……

Date: 26th February 2020 ……

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

TRUST PUBLIC BOARD ACTION LOG – 26TH FEBRUARY 2020

No	Date of Meeting (Minute)	Action	Lead	Date Due
~~6~~	~~31.07.2019 (13.6)~~	~~AMS to report HR KPIs against BAME characteristics in the next HR indicators report~~. **DONE. ACTION CLOSED.**	~~AMS~~	~~29.01.2020~~
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. ~~**SCHEDULED FOR JANUARY 2020.**~~ Board Time Out now being arranged for later in the year.	AMS	25.03.2020
~~18~~	~~30.10.2019 (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~~. **DONE. ACTION CLOSED**	~~NB~~	~~20.01.2020~~
~~19~~	~~30.10.2019 (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'~~. **DONE. ACTION CLOSED**	~~NK~~	~~20.01.2020~~
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.**	RPJ	29.04.2020
~~28~~	~~29.01.2020 (6.3.12)~~	~~RC to email the ED slide indicating which Blackburn improvement initiatives could not be supported at STHK~~. **DONE. ACTION CLOSED.**	~~RC~~	~~26.02.2020~~
29	29.01.2020 (12.3)	Add wording to: BAF Risk 5 – "and NED attending CCG Governing Body meetings" to Key Controls bullet point 13; and BAF Risk 6 – "Employee Relations Oversight Steering Group" and "Shadow Board" to the list of Key Controls.	NB	29.04.2020
30	29.01.2020 (12.4)	NB/NK to prepare a session on commercial strategy for the next Board Time Out.	NB/NK	-
31	29.01.2020 (14.5)	Key learning from deaths to be included in the Patient Safety Newsletter to provide further coverage to Trust staff.	RPJ	29.04.2020
~~32~~	~~29.01.2020 (14.6)~~	~~Public Board papers to be withdrawn from website until NHST(20)009 Learning from Deaths report has been revised.~~ **DONE. ACTION CLOSED**	~~NB~~	~~14.02.2020~~
33	29.01.2020 (15.7)	Include the introduction of a Shadow Board in the Trust's Workforce Leadership Priorities for 2019/20.	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
~~35~~	~~29.01.2020 (18.2)~~	~~Email of thanks to be sent to Nicholas Leaver and Katherine Brougham who gave CPR to student of Sutton Academy following a road accident~~. **DONE. ACTION CLOSED.**	~~JB~~	-

St Helens and Knowsley Teaching Hospitals NHS Trust

Paper No: NHST(20)012
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 January 2020. (YTD = 0)

There were no cases of MRSA in January 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 11 C.Difficile (CDI) positive cases reported in January 2020 (9 hospital onset and 2 community onset).
YTD there have been 45 cases (35 hospital onset and 10 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 January 2020 was 97.1%. YTD rate is 96.4%.

There were no grade 3 avoidable pressure ulcers in December 2019. (YTD = 1).

During the month of December 2019 there were no falls resulting in severe harm. (YTD Severe harm fall = 7)

Performance for VTE assessment for December 2019 was 96.16% against a target of 95%. (YTD = 95.57%)

YTD HSMR (April -August) for 2019-20 is 109.7

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: 26th February 2020

Operational Performance

Performance against the 62 day cancer standard was above the target of 85.0% in month (December 2019) at 86.2%. YTD 86.4%. The 31 day target was achieved with 97.1% performance in month and YTD 97.2% against a target of 96%. The 2 week rule target was achieved with 93.9% in month and 89.9% YTD against a target of 93.0%.

Accident and Emergency Type 1 performance for January 2020 was 67.4% and YTD 69.9%. The all type mapped STHK Trust footprint performance for January was 82.8% and YTD 83.7%**.** The Trust received 10,077 Type 1 attendances in January 2020. Year to date growth in ED attendances is 5.2% 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 not achieved in January 2020 with 27 mins on average (target 15 mins). There were 2,807 ambulance conveyances in January . NB: ***STHK had the second highest number of ambulance conveyances across Cheshire and Merseyside and Greater Manchester in January .***

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 January was 133 which maintains a 20% reduction from 154 baseline. (131 was the average in December). 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 January 2020 with 92.2% compliance and YTD 92.2% (Target 92%). There were no 52+ week waiters. The 6 week diagnostic target was fully achieved in December 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 10 StHK has reported a YTD surplus of £0.2m which is in line with agreed plans and assumes full achievement of PSF funding. The Trust has utilised c£4.2m of non-recurrent options to achieve the reported deficit.

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 January the Trust has spent £6.6m on agency which is £0.1m above the agency ceiling issued. While above the ceiling there has been a 2% reduction on last year.

The Trusts CIP target in year is £16.1m, the Trust has full plans that deliver this target 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

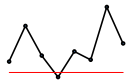
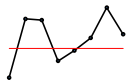
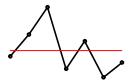
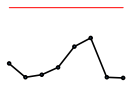
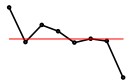
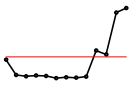
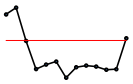
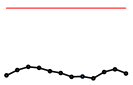
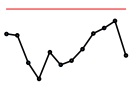
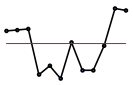
In January sickness was 5.5%, which is above the Q4 target of 4.68%.
Qualified & HCA sickness remained at 6% in January against a Q4 target of 5.3%.
All qualified Nursing & Midwifery sickness was 4.0 % below the Q4 target of 4.68% and the YTD figure is 4.6%
Mandatory Training compliance is 84.9% (target = 85%).
Appraisal compliance is 78.4% (target = 85%)

The following key applies to the Integrated Performance Report:

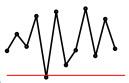
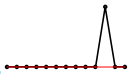
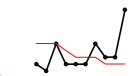
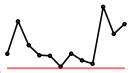
▲ = 2019-20 Contract Indicator
▲£ = 2019-20 Contract Indicator with financial penalty
● = 2019-20 CQUIN indicator
T = Trust internal target
UOR = Use of Resources

Jan-20

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	Jan-20	2.7%	2.4%	No Target	2.2%		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: SHMI (Information Centre)	Q	▲	Jun-19	1.05		1.00						
Mortality: HSMR (HED)	Q	▲	Aug-19	111.2	109.7	100.0	101.1					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	Aug-19	111.7	107.9	100.0	106.9					
Readmissions: 30 day Relative Risk Score (HED)	Q UOR	T	Jul-19	98.0	98.1	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	Aug-19	89.0	91.5	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	Aug-19	84.9	97.4	100.0	111.5					
% Medical Outliers	F&P	T	Jan-20	2.9%	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	Jan-20	53.5%	41.2%	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	▲	Dec-19	72.0%	72.0%	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	▲	Dec-19	84.5%	86.0%	95.0%	85.0%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	Dec-19	97.3%	94.5%	95.0%	96.3%					

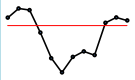
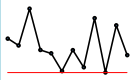
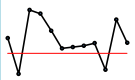
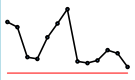
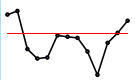
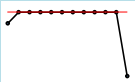
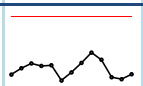
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	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	▲	Dec-19	87.2%	88.9%	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	▲£	Jan-20	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	Jan-20	98.2%	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	Jan-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	▲£	Jan-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	▲£	Jan-20	11	45	48			YTD there have been 60 positive C Diff samples, of which 15 cases have been successfully appealed.			
Number of Hospital Acquired Methicillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections	Q F&P		Jan-20	0	24	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	▲	Dec-19	0	1	No Contract target	0		One 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	▲	Dec-19	0	7	No Contract target	18		No severe harm or above category falls	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	▲£	Dec-19	96.16%	95.57%	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	Oct-19	2	14	No Target	26					
To achieve and maintain CQC registration	Q		Jan-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	Jan-20	97.1%	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	Jan-20	1	4	No Target	0					

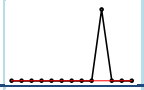
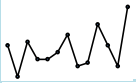
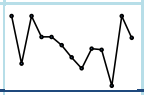
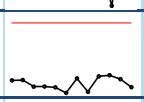
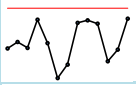
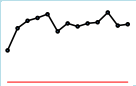
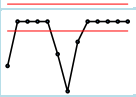
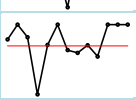
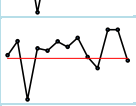
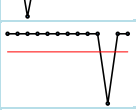
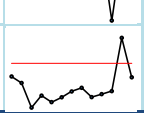
Jan-20

St Helens and Knowsley Teaching Hospitals NHS Trust

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

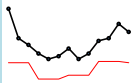
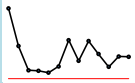
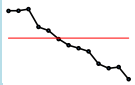
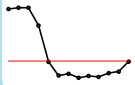
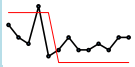
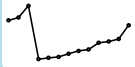
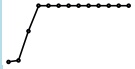
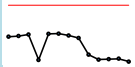
	Committee		Latest Month	Latest month	2019-20 YTD	2019-20 Target	2018-19	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (appendices pages 44-52)												
Cancer: 2 week wait from referral to date first seen - all urgent cancer referrals (cancer suspected)	F&P	▲ £	Dec-19	93.9%	89.9%	93.0%	92.2%		2 week performance continues to achieve the standard although YTD is still slightly behind. 2 week access remains a pressure for services. 31 day Target achieved in month. 62 Day target met. Ongoing cancer service redesign happening in collaboration with commissioners including SFIT and RDC pilots commencing early 2020.	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 early 2020. 4. Trust pilot site for SFIT lower GI which will improve cancer access and pathways. full roll out of pilot commenced early 2020 5. Trust commenced Rapid Diagnostic Service early 2020	RC
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Dec-19	97.1%	97.2%	96.0%	98.1%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	Dec-19	86.2%	86.4%	85.0%	88.3%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	Jan-20	92.2%	92.2%	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	▲	Dec-19	100.0%	99.6%	99.0%	99.9%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	Jan-20	0	0	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Jan-20	0.9%	0.7%	0.8%	0.8%		Reportable cancellations were slightly higher in January due to bed capacity issues and the temporary conversion of the CDC into a bedded area.	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	▲ £	Dec-19	87.9%	98.5%	100.0%	99.5%					
Cancelled operations: number of urgent operations cancelled for a second time	F&P	▲ £	Jan-20	0	0	0	0					
A&E: Total time in A&E: % < 4 hours (Whiston: Type 1)	F&P	▲	Jan-20	67.4%	69.9%	95.0%	74.3%		Accident and Emergency Type 1 performance for January 2020 was 67.4% and YTD 69.9%. The all type mapped STHK Trust footprint performance is 83.7% YTD. The Trust received 10,077 Type 1 attendances in January 2020. Year to date growth in ED attendances is 5.2% 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. Please Note: The A&E mapped performance has historically included attendances mapped from the Huyton Walk-In Centre (WIC). From 1st December 2019, only departments classed as Urgent Treatment Centres (UTC) will continue to be included in the mapped position. Huyton WIC is not designated as a UTC so these attendances will no longer be included in the mapped position. Ambulance notification to handover time was not achieved in January 2020 with 27 mins on average (target 15 mins). There were 2,807 ambulance conveyances in January . NB: STHK had the second highest number of ambulance conveyances in Cheshire and Merseyside and Greater Manchester in January.	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	▲	Jan-20	82.8%	82.8%	95.0%	87.1%					
A&E: 12 hour trolley waits	F&P	▲	Jan-20	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	▲ £	Jan-20	0	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	Jan-20	39	273	No Target	266		% new (Stage 1) complaints resolved within agreed timescales continues to remain above the 90% target, year to date, although there was a slight dip in November, which was recovered in December. Number of new complaints received decreased in November and December, but rose substantially in January.	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 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 taken to sustain the improved performance include messages to all staff via global email and Team Brief in December. Training provided in January on complaints investigations to support further improvements.	SR
Complaints: New (Stage 1) Complaints Resolved in month	Q	T	Jan-20	24	255	No Target	241					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	Jan-20	95.8%	93.3%	No Target	92.1%					
DTOC: Average number of DTOCs per day (acute and non-acute)	Q	T	Dec-19	19	21	No Target	19		In December 2019, the average number of DTOCS (patients delayed over 72 hours) was 19.		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	Jan-20	349	337							
Average number of Super Stranded patients per day (21+ days LoS)	Q	T	Jan-20	133	129							
Friends and Family Test: % recommended - A&E	Q	▲	Jan-20	88.8%	86.4%	90.0%	86.0%		The YTD recommendation rates are 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. The Patient Experience Council Chair wrote to each area that has not displayed a current poster for the last three months in October and lower performing areas will continue to be supported. Additional awareness raising of the need to increase the number of posters display is on the agenda for February's Ward Manager and Matron meeting.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Jan-20	95.3%	95.5%	90.0%	94.7%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q		Jan-20	100.0%	98.7%	98.1%	98.7%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Jan-20	100.0%	97.6%	98.1%	98.1%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q		Jan-20	94.7%	96.8%	95.1%	94.8%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q		Jan-20	100.0%	99.6%	98.6%	98.0%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Jan-20	94.7%	94.5%	95.0%	94.2%					

St Helens and Knowsley Teaching Hospitals NHS Trust

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	▲	Jan-20	5.5%	5.1%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	5.0%		In January sickness was 5.5%, a 0.2% improvement since December, 0.82% higher than Q4 target of 4.68%. Qualified & HCA sickness increased from 5.7% to 6% in December and has remained at 6% in January, 0.7% above 2019/20 target, but is 0.1% lower than the 2018-19 position.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	The Trust is carrying out a review of HWWB service to ensure the capacity and capability is aligned to the needs of staff. A business case will be presented to the Executive Committee in January. The consultation process on the revised Attendance Management policy will commence in the new year. A programme of wellbeing awareness events continue, including Mental Health First Aid Training and Mindfulness Sessions facilitated within the workplace. Case conference meetings continue into January between HR and HWWB to review those long-term cases that may require further intervention to enable timely actions inline with policy. A more compassionate approach to leadership is being promoted as part of the Trust's Improving People Practices action plan.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P UOR	T	Jan-20	6.0%	5.9%	5.3%	6.1%					
Staffing: % Staff received appraisals	Q F&P	T	Jan-20	78.4%	78.4%	85.0%	89.6%		Appraisal compliance in January is below target by 6.6%. Mandatory training compliance has improved by 1.9% since last month, but remains below the target by 0.1%.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	Appraisal compliance has seen a fall in performance in month and is below the target. This may be impacted by the transfer to and implementation of the new Workpal system. To mitigate this, use of the legacy appraisal system is being extended to ensure recovery of compliance. L&OD continue to support managers using MyWorkPAL for the first time. Managers report they are struggling to identify sufficient capacity to complete appraisal due to activity levels. HRPS and L&OD are monitoring performance across all mandatory subjects and supporting managers and Subject Matter Experts to make improvements where necessary.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Jan-20	84.9%	84.9%	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 covering all areas of the Trust closed on the 30th November. Results will be published 18th February 2020.	AMS
Staff Friends & Family Test: % recommended Work	Q	▲	Q2	82.8%		No Contract Target						
Staffing: Turnover rate	Q F&P UOR	T	Jan-20	0.7%		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	Jan-20	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	Jan-20	12,567	12,567	16,100	14,978					
Reported surplus/(deficit) to plan (000's)	F&P UOR	T	Jan-20	196	196	3,900	(597)					
Cash balances - Number of days to cover operating expenses	F&P	T	Jan-20	6	6	2	5					
Capital spend £ YTD (000's)	F&P	T	Jan-20	6,217	6,217	7,872	9,642					
Financial forecast outturn & performance against plan	F&P	T	Jan-20	3,900	3,900	3,900	(597)					
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Jan-20	87.7%	87.7%	95.0%	91.2%					

APPENDIX A

St Helens and Knowsley Teaching Hospitals NHS Trust

			Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-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%	96.0%	83.3%	100.0%	100.0%	84.6%	73.7%	100.0%	89.7%	100.0%	89.5%	100.0%	100.0%	91.4%	85.0%		96.5%		
	Total > 62 days		0.0	0.5	2.5	0.0	0.0	1.0	5.0	0.0	2.0	0.0	2.0	0.0	0.0	10.0			5.0		
	Total > 104 days		0.0	0.5	1.0	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	▲£	100.0%	87.5%	72.7%	80.0%	94.4%	100.0%	88.9%	60.0%	60.0%	85.7%	100.0%	78.9%	100.0%	84.2%	85.0%		86.6%		
	Total > 62 days		0.0	1.0	1.5	1.0	0.5	0.0	0.5	3.0	2.0	1.0	0.0	2.0	0.0	9.0			10.5		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0					
Upper GI	% Within 62 days	▲£	63.6%	84.6%	88.9%	75.0%	88.9%	85.7%	83.3%	90.9%	100.0%	85.7%	100.0%	87.5%	88.9%	89.1%	85.0%		74.7%		
	Total > 62 days		2.0	1.0	0.5	1.5	0.5	1.0	1.0	0.5	0.0	1.0	0.0	1.0	0.5	5.5			12.0		
	Total > 104 days		0.5	0.0	0.0	0.5	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.5	1.0					
Urological	% Within 62 days	▲£	89.4%	85.2%	87.8%	90.9%	87.1%	91.3%	96.9%	87.5%	83.3%	92.3%	84.6%	92.0%	86.4%	88.7%	85.0%		86.0%		
	Total > 62 days		2.5	2.0	2.5	1.5	2.0	1.0	0.5	2.5	3.0	1.0	2.0	1.0	1.5	14.5			29.0		
	Total > 104 days		0.5	0.0	0.0	0.5	0.5	1.0	0.0	0.5	0.5	0.0	0.0	0.5	0.5	3.5					
Head & Neck	% Within 62 days	▲£	57.1%	25.0%	0.0%	100.0%	0.0%	25.0%	0.0%	16.7%	50.0%	28.6%	28.6%	20.0%	66.7%	30.6%	85.0%		57.1%		
	Total > 62 days		1.5	1.5	0.5	0.0	1.5	3.0	0.5	2.5	1.5	2.5	2.5	2.0	1.0	17.0			12.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	1.5	1.0	0.0	0.0	3.0					
Sarcoma	% Within 62 days	▲£	100.0%			50.0%			100.0%		100.0%	50.0%	100.0%	0.0%	100.0%	66.7%	85.0%		85.2%		
	Total > 62 days		0.0			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	0.0					
Gynaecological	% Within 62 days	▲£	81.8%	57.1%	88.9%	77.8%	66.7%	100.0%	40.0%	83.3%	40.0%	50.0%	0.0%	75.0%	54.5%	64.6%	85.0%		77.8%		
	Total > 62 days		1.0	1.5	0.5	1.0	2.0	0.0	3.0	1.0	3.0	1.0	0.5	1.0	2.5	14.0			10.0		
	Total > 104 days		0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.5	0.0	0.0	1.5					
Lung	% Within 62 days	▲£	100.0%	92.9%	81.8%	92.9%	71.4%	100.0%	88.2%	100.0%	100.0%	57.1%	90.0%	100.0%	58.3%	84.8%	85.0%		90.4%		
	Total > 62 days		0.0	0.5	1.0	0.5	1.0	0.0	1.0	0.0	0.0	3.0	1.0	0.0	2.5	8.5			8.0		
	Total > 104 days		0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	2.0					RC
Haematological	% Within 62 days	▲£	66.7%	50.0%	0.0%	83.3%	100.0%	80.0%	100.0%	50.0%	85.7%	100.0%	78.9%	100.0%	86.7%	85.5%	85.0%		76.7%		
	Total > 62 days		1.0	2.0	2.0	1.0	0.0	1.0	0.0	1.0	1.0	0.0	2.0	0.0	1.0	6.0			9.5		
	Total > 104 days		0.0	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0					
Skin	% Within 62 days	▲£	98.0%	93.7%	88.1%	94.9%	95.0%	97.1%	94.4%	92.8%	95.0%	98.2%	80.2%	94.4%	95.8%	92.8%	85.0%		93.4%		
	Total > 62 days		0.5	2.0	2.5	1.0	1.0	0.5	1.5	2.5	1.5	0.5	8.0	1.5	1.0	18.0			20.5		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	1.5	1.0	0.5	0.0	1.5	0.5	0.5	5.5					
Unknown	% Within 62 days	▲£		100.0%	66.7%	100.0%	100.0%	50.0%	100.0%		100.0%				100.0%	75.0%	85.0%		93.9%		
	Total > 62 days			0.0	0.5	0.0	0.0	1.5	0.0		0.0				0.0	1.5			1.0		
	Total > 104 days			0.0	0.5	0.0	0.0	0.5	0.0		0.0				0.0	0.5					
All Tumour Sites	% Within 62 days	▲£	89.0%	86.7%	82.6%	90.0%	89.6%	87.6%	85.6%	85.7%	85.9%	86.2%	83.1%	88.9%	86.2%	86.4%	85.0%		88.3%		
	Total > 62 days		8.5	12.0	14.0	8.0	8.5	9.0	13.0	13.0	14.0	11.0	18.0	9.5	10.0	106.0			119.5		
	Total > 104 days		1.0	2.0	2.0	1.0	1.5	2.0	1.5	3.0	1.0	2.5	5.0	1.0	1.5	19.0					
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																					
Testicular	% Within 31 days	▲£	100.0%	100.0%	100.0%				100.0%	66.7%						80.0%	85.0%		90.0%		
	Total > 31 days		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					
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																				

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)013
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 January 2020. There were a total of 4 Executive Committee meetings held during this period. The Executive Committee approved: • Additional capacity and re-structuring in the Cancer Management Services team • E-Learning business case funding approved to scope out the challenges for mandatory training • Developing robotic process automation for payroll business case • Microsoft Licence Funding • Business case to establish a bariatric surgery service The Committee also considered regular assurance reports covering; the Risk Management Council and Corporate Risk Register, Board Assurance Framework, mandatory training and appraisals. There were also progress reports for a number of other 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: 26th February 2020

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE

1. Introduction

There were 4 Executive Committee meetings in January 2020. There was no meeting on 2nd January due to the number of apologies received.

At every meeting the committee reviews any bank or agency staff requests that would breach the NHSI cost thresholds.

2. 9th January 2020

2.1 Cancer Management Services

The Director of Operations and Performance presented the paper detailing how the work of the Cancer Management Services team had grown since 2015 and the proposals to enable it to support the future expansion of cancer services at the Trust. There was a need for additional capacity to provide strategic leadership and liaison with other partners in the cancer network. A new operational manager post was approved and other elements of the restructure supported in principle, subject to some further clarification about the roles.

2.2 Library and Knowledge Services Self-Assessment

The Director of Informatics presented the new Library and Knowledge Management quality and improvement outcomes framework developed by Health Education England. The Trust service had undertaken a shadow self-assessment against the new criteria and developed an action plan to ensure the service could meet all the standards by the formal submission date in June.

2.3 Lead Employer Opportunities

The Deputy CEO/Director of Human Resources discussed potential bids for further Lead Employer contracts and committee debated the capacity issues and risks of taking on more contracts in other parts of the country.

2.4 Trust Board agenda

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

2.5 ICE Upgrade

The Director of Informatics reported that the ICE system was due to be upgraded on 12th January and this had been planned to avoid disruption to services.

3. 16th January 2020

3.1 MIAA Audits Limited Assurance – Ward Spot Checks

The Director of Finance and Information introduced the item. The Executive Committee discuss any MIAA audits which are rated as limited assurance. The Director of Nursing, Midwifery and Governance explained that the actions arising from the recommendations

in the report had now been completed and that the 4 wards inspected were now subject to enhanced monitoring and additional support and would be selected again in 2020/21 for the annual spot check audit.

3.2 Community Services Update

The Director of Operations and Performance introduced the presentation which detailed the work being undertaken to prepare for the further tranche of community services to transfer to the Trust on 1st April 2020. There was also an update on the services that had transferred on 1st December and how the plan to develop and transform these was already demonstrating benefits.

3.3 Integrated Performance Report (IPR) - December

The Director of Finance and Information presented the IPR for review and agreement of the commentary. A number of issues were highlighted for further investigation.

3.4 Mandatory Training and Appraisal Data

The Deputy CEO/Director of HR presented the monthly performance for December and also reported on the flu vaccination uptake which had reached 84%. It was noted that a number of actions had been put in place to support staff to carry out mandatory training and appraisals and the compliance pattern was following the normal annual trend.

3.5 Board Assurance Framework (BAF)

The Director of Corporate Services presented the BAF for review and a number of changes were recommended to present to the Trust Board.

3.6 Risk Management Council (RMC) and Corporate Risk Register (CRR)

The Director of Corporate Services presented the assurance report from the RMC meeting on 14th January. No new risks had been escalated to the CRR in December. An issue escalated to the Executive from the RMC was the need to put in place the new arrangements for a Medical Examiner and it was agreed that a proposal for how this would operate needed to come forward to the committee for consideration.

3.7 Pathology Executive Oversight Group

The Director of Operations and Performance provided feedback from a recent meeting, which was developing the pathology network business case. Committee agreed that there were a number of items that required further clarification and these should be formally registered with the group.

4. 23rd January 2020

4.1 E-Learning Business Case

The Deputy CEO/Director of HR and the Director of Informatics had developed the case to increase the capacity and resilience of the E-Learning developer for the Trust. The committee discussed the challenges of staff undertaking mandatory training in a busy clinical environment and agreed that before investing in a specific solution a piece of work was needed to understand the current barriers. The funding was therefore

approved, but to be used for a project manager in the first instance, to scope out the issues and make recommendations on the most effective solutions.

4.3 Developing robotic process automation for payroll

The Deputy CEO/Director of HR presented the business case which outlined the efficiency and productivity benefits of investing in robotic process automation for routine repetitive tasks, in this case for the payroll service, although there were also many other potential applications to be explored. Committee approved the business case.

4.4 Upper GI Cancer Project Results

The Director of Operations and Performance introduced the item which summarised the results of a Macmillan Cancer Relief sponsored project. The research showed that there were patient experience and outcome improvements that could be achieved with earlier diagnosis of patients and better support for patients when they were on a complex care pathway involving multiple hospitals. The committee asked the team to now bring forward specific proposals for how the Trust could address the issues for patients in our care.

4.5 Review of Anaesthetic Rota Arrangements

The Medical Director reported that a review of the anaesthetic on call rota for Obstetrics had been initiated following a recent emergency situation and a report with recommendations would be brought to the committee for consideration in the near future.

5. 30th January 2020

5.1 Cancer Patient Experience Collaborative

The Director of Nursing, Midwifery and Governance introduced a presentation which summarised the work that had been undertaken to improve communications and support for cancer patients, which due to be presented at a national conference on 6th February. The role of Cancer Support Workers was shown to make a significant improvement to patient experience.

5.2 Clinical Quality and Safety Group (CQSG)

The Director of Nursing, Midwifery and Governance provided feedback from the CQSG meeting with Commissioners.

5.3 Microsoft Licencing

The Director of Informatics presented proposals for the future Microsoft product licencing following the ending of national licensing arrangements. The committee approved the recommended option in order that a new agreement could be entered into for all HIS partners by the deadline of 31st January.

5.4 Bariatric Surgery Business Case

The Director of Operations and Performance introduced the business case which detailed the proposals to establish a bariatric surgery service at the Trust. The case of need was established and demand and capacity were reviewed based on a limited

referral acceptance model in the first instance. A specialist team could be assembled and more staff trained as demand increased. The case was approved.

5.5 2019 PLACE Results

The Director of Corporate Services reported that the PLACE results for 2019 had been received and StHK was the best performing NHS organisation with an overall score of 99% and had achieved 100% in two of the five assessment categories.

5.6 Coronavirus

The Director of Nursing, Midwifery and Governance provided an update on the developing situation and latest guidance from Public Health England for NHS organisations.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)014

Title of paper: Committee Report – Quality Committee

Purpose: To summarise the meeting papers from the Quality Committee meeting held on 18th February and escalate any issues of concern.

Agenda Items Discussed:

Matters Arising

- ILS/BLS Training compliance improvement plan delivering 77% in January 2020, monitoring to continue
- Research recruitment targets discussed with NIHR and also the basis for allocating research funding to Trusts

Integrated Performance Report (IPR)

Committee reviewed the IPR with a focus on the Quality and Workforce KPIs, with the main areas of scrutiny were; HSMR, CDI infection rates, readmissions to ED and ADT compliance. Challenges to some of the quality KPIs were noted and Committee discussed the capacity and resource requirements to reflect the growth in activity/services.

Patient Safety Council (PSC)

There were no outstanding patient safety alerts and the reduction in patient falls as a result of the patient falls strategy action plan was noted. Issues /risks highlighted to Quality Committee were; the review of obstetric and anaesthetic out of hours medical cover being undertaken in response to recent incidents, additional training to reduce the time taken for reported incidents to be scored, the actions being taken to reduce HCAI, plans to improve the maternity de-brief process, and use of the ePMA system to alerts patients with myasthenia gravis.

Safeguarding Quarter 3 Report

The report highlighted the Section 11 Scrutiny Visit, an update on safeguarding training with all areas now reporting compliance except PREVENT level 3 which achieved the Quarter 3 improvement target of 81%, the increased number of DoLs referrals and an update on recruitment to the team. The report also detailed the increased numbers of mental health act detentions in 2019 and the work that was being undertaken with commissioners in respect of CAMHS support for the Trust. Assurance was received that the community services delivered by the Trust were included in the overall figures.

Medical Emergency Team Update

Recent KPI report gave assurance that the MET was effective. Challenges had been identified in relation to calls to patients with a DNACPR in place, which has led to a wider review of services for the deteriorating patient.

NEWS2 Benefits Realisation

Benefits realisation report now due to be reported in March. Committee discussed opportunities to optimise the system beyond the original benefits that had been identified.

Resuscitation Trolley Audit
The results of the most recent audit had demonstrated an improvement, but concerns remained with the audit tool, which was to be reviewed. There had been no critical incidents reported relating to access to or equipment on resuscitation trolleys.

Patient Experience Council
The report highlighted the progress made in delivering action plans for the inpatient survey, equality objectives and discharge work stream. The 2019 PLACE results were noted and provided assurance in respect of the patient environment and facilities. The recommendations of the Paterson Report had been considered with implications identified for the handling of complaints and concerns. The council escalated the actions being taken to improve FFT response rates and had initiated a deep dive to understand themes and learning from the increase in clinical care concerns being raised with PALS.

Clinical Effectiveness Council
CEC had received performance reports from Maternity Services and the Laboratory Services. Assurance reports had been received from the Drugs and Therapeutics Group and the Mortality Surveillance Group. Council received an effectiveness presentation from AMU and the most recent information on SMR/HSMR. Concerns were escalated regarding a fall in the staff FFT ratings for AMU, which was attributed to winter pressures and the unit not being able to function optimally.

HSMR Investigation
The spike in HSMR reported for July 2019 had been investigated and case note reviews initiated. Of the top 10 conditions AKI only had flagged as red and a quality sprint rapid improvement plan has been put in place. A review of coding and initial diagnosis has also been initiated with an external expert. The situation will continue to be monitored very closely.

CNST Maternity Updates
Committee received a report on midwifery staffing in Q2, which demonstrated that there were sufficient midwives for the number of births. Committee requested community midwifery to be reported separately in the next quarterly report. There was also a report on perinatal mortality reviews undertaken in Q2. Three cases had been reported to MBRRACE-UK in Q2 and will undergo a PMRT investigation. 1 case from Q1 2019/20 was reported and although there was learning identified the report confirmed that these would not have altered the outcome.

Safe Staffing Report – Month 10
The paper detailed the high level staffing figures for January 2020 and undertook the triangulation reporting for December 2019. For both months the overall registered nurse staffing levels were above 90%. There were no red flag incidents that had been as a result of reduced staffing. The success of the recent nurse recruitment event was noted.

2018 Staff Survey Action Plan
The paper detailed the progress that had been made in delivering the 2018 staff survey action plan, with 26 actions completed, 4 in progress, 1 postponed and 2 not yet started. The delayed actions all related to the introduction of the new electronic appraisal system. The results of the 2019 Staff Survey were published on 18th February and will be analysed and reported to the Trust Board with the resulting action plan in March.

Assurance
Committee was assured in respect of; safeguarding, CNST Discount Scheme progress, safe staffing and the 2018 staff survey action plan.

Additional Information Requested
Committee has requested further information / monitoring in respect of; HSMR, Obstetric out of hours medical cover, and proposals to improve the identification of deteriorating patients.

Matters for Escalation to the Board:
There were no matters for escalation to the Board from the meeting, but the Committee had concerns in relation to the number of reports / presentations deferred and the impact on future the agendas.

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: Gill Brown, Non-Executive Director and Chair of Committee

Date of meeting: 26th February 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)015

Title of paper: Committee Report – Finance & Performance

Purpose: To report provide an update on the Finance & Performance Committee meeting of 20th February 2020

Summary:

Agenda Items

For Information

- 'Let's do it together' Campaign
  - AF presented a paper to give an update on the impact of the campaign and the Urgent Treatment Centre transition on walk in attendances/urgent care activity.
  - Capacity within the UTC was discussed and having visited the facility recently RPJ felt there was capacity in terms of physical space but there may be a need for more diagnostic capability at the centre before some type of patients could be treated there.
  - The Committee requested the medical and operational lead for the UTC attend next month to update on their future plans for the UTC.

- DoF verbal update – GL gave an update on several issues for the Committee's attention. These included:
  - National Cost Collection (formally reference costs) – The Trust has received its NCCI score of 94 which means we are 6% more efficient that the national average. A paper with the full details will be on the agenda next month.
  - Year-end deals – agreement has been reached with St Helens, Knowsley and Liverpool CCG which will de-risk the position for both parties.
  - St Helens CCG have changed their forecast outturn position this month to a deficit of c£18m; the Trust were aware of this change and have been offering support to the CCG where appropriate. Contract negotiations are ongoing for 2020/21 and the level of activity which should be planned for by both the Trust and CCG's; while the CCG's agree with the Trust's methodology the level of activity is unaffordable to them.

For Assurance

- Integrated Performance Report
  - Areas highlighted as part of the report included the number of outliers, cancelled operations and A&E performance.
  - The Committee discussed the cancer performance relating to Gynaecology. A deep dive on the performance was requested for the next meeting.
  - The Committee also discussed the C-Diff target and whether it would be exceeded this year; AM confirmed that while there is has been 61 cases a number of these have been successfully appealed and more are still going through the RCA process so that number will reduce.

- Finance Report
  - The Trust is reporting a £0.2m surplus year to date which is in line with plans. £4m of non-recurrent resources were utilised to achieve this position. It is forecast that £7m of non-recurrent support will be required by year end.
  - Capital resources of £6.2m have been utilised year to date and the Trust has plans for the entire programme.

- The forecast financial position includes Provider Sustainability Funding (PSF) of £6.5m; this is excluding the £0.5m of PSF relating to 2018/19.
- The Trust had a cash balance of c£6.7m at the end of January which equates to 6 days of operating expenses. It was noted about the reduction in aged debt over the last 3 months.

- Briefings were accepted from:
  - Capital Planning Council
  - CIP Council
- CIP Programme update
  - The Committee noted the CIP plans which have already been transacted this year and were assured by the list of potential schemes for 2020/21 totalling £19.0m.
  - The Committee were assured around the governance arrangements of CIPs having tested a scheme at random.
- CIP Programme update – SCG
  - The ADO for Surgical Care 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. £4.8m of schemes for 2020/21 and is continuing to work on those ideas which need an indicative financial value.

- Budget Setting/Planning 2020/21
  - GL took the Committee through an overview of the guidance for 2020/21 planning including the Financial Recovery Fund (FRF) which the Trust will be eligible to receive to be able to submit a balanced position.
  - The Committee approved the draft plan contained within the presentation.
  - The Committee thought the presentation was excellent and gave them a good overview of the guidance.

Risks noted/Items to be raised at Board

- The Committee recommended the approval of the draft plan to be submitted in March and should any further items that require decision before the submission date can be delegated to the Executive Committee.

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: 26th February 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)016

Title of Paper: Committee Report – Audit

Purpose: To feed back to members on matters arising from the Audit Committee meeting held on 12th February 2020

Summary

The following matters were noted, discussed and / or approved.

External Audit

- **Audit Progress Report and Sector Update** – Grant Thornton UK LLP (GT) presented the regular progress report. External audit work is proceeding to plan at present.
- **External Audit Plan** – the Committee approved GT's plan for the year ending 31 March 2020.
- **Annual Report & Accounts (AR&A) Timetable** – the Director of Corporate Services presented the Trust's key deliverable dates from April to June 2020, for noting. The need to ensure members' availability for Board approval (27 May) was acknowledged.

Internal Audit

- **Progress Report** / **Follow-up Reviews** – MIAA provided detail on finalised reports and follow-ups.
- **Internal Audit Plan 2020/21 –** MIAA presented the 'draft' plan as an early discussion document.

Anti-fraud

- **Progress Report** – the Trust's Anti-Fraud Specialist presented an update, which was discussed and accepted.

Standing Items

- **Audit Log** – a summary of Trust progress in implementing MIAA recommendations was accepted.
- **Losses and Special Payments –** report was discussed and accepted.
- **Aged Debt –** aged debt (over 90 days overdue) has fallen from £13.42m (M6) to £7.65m (M10). The M6 balance had previously been reported to Board. The Chair wished to thank the teams in Finance for their effective actions.
- **Waivers Report –** The Head of Procurement's paper was noted.

Other Business

- **Use of the Trust's Common Seal** – the Committee noted that the Seal was used 3 times in 2019.
- **Cyber Champion** – MIAA's Cyber Security Review had recommended that the Trust should appoint Champion from the membership of the Audit Committee to support the activities of the SIRO. After discussion, the Committee decided not to action this recommendation.

Issues / risks to be escalated to 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 the Board to note

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

Date of meeting: 26th February 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)017

Title of paper: Committee Report – Charitable Funds Committee

Purpose: To brief the Board on the main issues discussed and decisions made at the Committee meeting on 20th February 2020.

Summary

1. Action Log:
   - Discussion of progression of departmental/staff fundraising and getting their engagement.
   - Provision of information around the role of the Charity and how it fits within the Trust for current and new staff.
   - Evaluation of items bought from the Charity and how they have benefitted staff/patients both directly and indirectly.

2. Financial position:
   - The Committee noted the level of investments and recent income and expenditure.

3. Approval of expenditure:
   - Artec 3D body and face scanner for Prosthetics Department.
   - Patient pager system for Pharmacy on both sites.

4. Fundraising update:
   - There are various fundraising events booked – abseil, celebrity football match, dementia ball, Lilac Centre Easter walk.
   - Discussion of a strategy for the Charity, eg targeted fundraising and getting more local businesses on board.

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

Financial implications: None directly from this report.

Stakeholders: The Trust, its staff and all stakeholders.

Recommendation(s): The Board are asked to note the contents of the report.

Presenting officer: Paul Growney, Chair, Charitable Funds Committee

Date of meeting: 26th February 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)018
Title of Paper: Public Health Annual Report 2018/19
Purpose: To update Board members
Summary The Director of Public Health is required to produce an independent annual report on the health and wellbeing of their population highlighting key issues. This year's report – Keeping Knowsley Active is about physical activity and covers all ages and includes why keeping active is so important and what we as a Council and our partners are doing locally to improve our residents' physical activity levels.
Corporate objectives met or risks addressed: N/A
Financial implications: None as a direct consequence of this paper
Stakeholders: The Trust, its staff and all stakeholders
Recommendation(s): For the Board to note
Presenting officer: Dr Sarah McNulty, Director of Public Health, Knowsley Council
Date of meeting: 26th February 2020

Healthy KNOWSLEY

Knowsley Public Health Annual Report 2018/19

Keeping Knowsley Active

Knowsley Council

What do we mean by physical activity?

Knowsley Council

The impact of physical inactivity

Knowsley Council

Benefits of physical activity

Physical health
Prevention and management of long term conditions
Helps maintain a healthy weight
Reduces risk of falls and hip fractures
Increases life-expectancy

Individual development
Improves school readiness
Increases academic attainment
Increases confidence and self-esteem
Improves quality of life and independent living

Economic benefits
Reduces burden on health and care services
Enhances productivity
Decreases sickness absence and staff turnover
Improves employment prospects

What are the health benefits of physical activity?

Social and community wellbeing
Reduces anti-social behaviour
Improves perceptions of community safety
Helps build new friendships and develop social skills
Encourages connectedness and reduces isolation

Mental wellbeing
Helps with decision making and learning
Improves emotional resilience
Reduces anxiety and depression
Reduces risk of Dementia

Knowsley Council

Creating health promoting environments

Latest figures from 2015/16 show that

21% OF KNOWSLEY RESIDENTS USE GREEN SPACES FOR EXERCISE

17.4% IN THE NORTH WEST

17.9% IN ENGLAND

THIS IS AN INCREASE FROM **9.3%** IN 2014/15

Knowsley Council

Physical activity throughout the life course

Early Years

Aim for at least 180 minutes per day

Under 1s

at least 30 minutes of tummy time across the day

Children & Young people

Aim for an average of at least 60 minutes per day across the week

Pregnancy

Not active? Start gradually
Already active? Keep going

After birth

If active before birth, restart gradually

Adults and older adults

Aim for at least 150 minutes moderate intensity activity or 75 minutes vigorous intensity activity or a combination of both across the week

Disabled adults

Aim for at least 150 minutes each week of moderate intensity activity within capabilities

Just keep active, any activity is better than none

Do strength and balance activities on at least 2 days a week

Knowsley Council

Recommendations

- Create environments that encourage physical activity.
- Employers encourage physical activity in their workforce.
- Schools encourage pupils and staff to be more physically active.
- The Health Service supports patients to be more active.
- Physical activity is promoted to all.

Knowsley Council

Further information

Key contacts, electronic version and latest health statistics

available at

www.knowsley.gov.uk/publichealth

Knowsley Council